

Wake County Community Health Needs Assessment

Executive Summary



Opportunities and Challenges

EXECUTIVE SUMMARY

Wake County: A Great Place to Live

The community health needs assessment process identifies the needs of Wake County, particularly as they relate to the health of its residents, as well as the resources that are currently available or are needed to positively address those needs.

Wake County is home to a large and diverse community within its twelve municipalities. The county is also home to numerous colleges and universities, three major hospital systems, and the capital of North Carolina. Wake County is consistently ranked as one of the best places in which to live, work, play, and learn.

- #1 Healthiest County in North Carolina (Wake County, NC), County Health Rankings, March 2016
- #9 Fastest Growing City (Raleigh, NC), Forbes, March 2016
- #4 Best Place to Live (Raleigh-Durham, NC), US News, March 2016
- #7 Highest Well-being Community, Large Communities (Raleigh, NC), Gallup-Healthways Well-being Index, January 2016
- #3 Best City for Young Professionals (Raleigh, NC), Forbes, March 2016
- #3 County in NC with the Most Incoming Investments (Wake County, NC), SmartAsset, July 2015
- #1 Most Affordable City in NC (Knightdale, NC), SmartAsset, March 2016
- #1 Best City to Live (Apex, NC), Money Magazine, August 2015
- #3 American City to Visit in 2015 (Raleigh, NC), Huffington Post, February 2015
- #1 School System with the Most National Board Certified Teachers, (Wake County Public Schools), National Board for Professional Teaching Standards, December 2014

Source: Wake County Economic Development, http://www.raleigh-wake.org/files/rankings_flr.pdf, Last updated April 27, 2016.

2016 Community Health Needs Assessment Overview

From September 2015 through June 2016, over 80 agency and community partners in Wake County collaborated to complete the 2016 Community Health Needs Assessment (CHNA). The 2016 CHNA examines the overall health needs of the residents of Wake County and allows the county to continuously evaluate how best to improve and promote the health of the community. The overarching goals of the 2016 CHNA are to:

- Evaluate the impact of implementation strategies and action plans that resulted from the 2013 CHNA
- Collect and analyze primary (new) and secondary (existing) data to identify areas of need within the county
- Report findings to the residents of Wake County, hospitals, community agencies, and the North Carolina Department of Health and Human Services
- Engage the community to determine the priorities to be addressed
- Develop a community-based action plan to address the priorities

To avoid the development of multiple CHNAs and the duplication of efforts among agencies in Wake County, a joint CHNA has been developed through the collaborative efforts of Wake County Human Services, WakeMed Health and Hospitals, Duke Raleigh Hospital, UNC Rex Healthcare, Advance Community Health, United Way of the Greater Triangle, and the Wake County Medical Society Community Health Foundation.

What is a Community Health Needs Assessment?

A Community Health Needs Assessment (CHNA) is the foundation for improving and promoting the health of community members. The role of the CHNA is to identify factors that affect the health of a population and determine the availability of resources within the community to adequately address these factors. It is a “systematic collection, assembly, analysis, and dissemination of information about the health of the community”.

Who Participates in a Community Health Needs Assessment?

Through collaborative efforts forged among community leaders, public health agencies, businesses, hospitals, private practitioners, and academic centers, an assessment team works to identify, collect, analyze, and disseminate information on community assets, strengths, resources, and needs. A CHNA usually culminates in a report or a presentation that includes information about the health of the community as it is today and about the community’s capacity to improve the lives of residents. By providing the basis for discussion and action, a CHNA is the foundation for improving and promoting the health of community members.

There are eight phases in the CHNA process:

1. Establish a community health assessment team
2. Collect primary (new) data
3. Collect secondary (existing) data
4. Analyze and interpret county data
5. Determine health priorities
6. Create the CHNA document
7. Disseminate the CHNA document
8. Develop community health action plans

For more information about the CHNA process visit:

<http://publichealth.nc.gov/lhd/cha/>

As outlined through this document, a significant amount of data and information have been reviewed and incorporated in this process, and the planning partners have been careful to ensure that a variety of sources were leveraged to develop a truly comprehensive report. Assessment methods included both existing statistical data as well as new data that were collected directly from the community throughout this process.

Summary of Wake County Priority Areas

As discussed previously, Wake County truly is a great place to live and is currently considered to be the healthiest county in North Carolina. While it is clearly important to recognize those truths, the individuals and organizations that dedicated time and resources to this assessment are continuing to strive for further improvements to provide residents of our county with tailored resources to meet their greatest needs.

The details of the process used in this assessment are discussed later, but based on the data findings and the input gathered from community organizations and residents, the following four priority areas have been identified:

Wake County Priority Areas

- Health Insurance Coverage
- Transportation
- Access to Health Services
- Mental Health and Substance Abuse

These four priority areas will be addressed through community health improvement planning initiatives over the next three years. It is important to note that health, healthcare, and associated community needs rarely exist in a vacuum. Instead they are very much interrelated with each other, with improvements in one need area driving advancements within another. As such, although it was necessary for this process to separate the various areas for purposes of measuring need, the interrelationship should be acknowledged as we consider improvement initiatives going forward.

A high-level summary of each priority area is included below. More detailed findings and supporting data have been included in the full report.

Health Insurance Coverage

Access to health insurance coverage rose to the top as one of the most important issues faced by residents of Wake County. Specifically, regardless of survey method (telephone or Internet-based), individuals identified this issue most frequently when asked what most affects our community's quality of life.

While this concern certainly relates to those not having coverage at all, more frequently than ever concerns are being raised by those who have insurance regarding other critical issues, such as:

- Limitations on what insurance does or does not cover.
- Complexity of the system and the need for education related to how insurance works and how to use it.
- Ability to afford post-insurance financial obligations related to visits and prescriptions, particularly for those with chronic diseases or conditions.
- Remaining barriers to access for certain insurance types, namely Medicare and Medicaid, as some physicians and providers have limited or suspended their acceptance of those insurance types.

Transportation

Access to and cost of transportation is an issue that impacts every resident of Wake County, regardless of their background or social status. It also has multiple implications on health as it can impact healthy lifestyle choices, physical activity levels, air quality, and traffic incidents. For the elderly or those with limited resources, lack of timely transportation can have an even more direct impact on health as it can limit their ability to make physician appointments or visit their local pharmacy to obtain needed prescriptions. When asked about the service needing the most improvement, transportation was frequently selected across all survey methods utilized in this assessment.

Through the hard work of its residents, community leaders, hospitals, and providers, Wake County is very fortunate to have significant levels of health resources beyond what most communities might ever imagine. However, particularly for our most disadvantaged residents, transportation issues can significantly limit their ability to access those resources. In fact, results from this assessment cited transportation concerns as one of the major reasons why residents might put off going to the doctor.

Access to Health Services

Access to health services is a key topic that continues to be discussed and analyzed at the local, state, and national levels. From a health need perspective for Wake County it encompasses those areas or items that present a barrier to residents receiving the care they need. As such, this need area can be fairly broad; however, through the work and

research completed in this assessment the key access concerns for Wake County appear to relate most to:

- System Complexity – Residents are either unaware of available resources or unable to access resources given confusion regarding how to navigate the system.
- Affordability – Very much related to the Health Insurance Coverage priority discussed previously, this relates to the need for increased numbers of sliding scale providers and facilities.
- Provider Availability – Long wait times, limited availability of appointments, and inconvenient hours of operation were all cited as barriers to access and drivers of inappropriate emergency department usage in the county.
- Primary Care Access – The need for access to primary and preventive care (including dental) was cited as one of the top community need areas by those surveyed and is considered a key need area given the associated implications on quality of life and longer term health needs and costs.

Mental Health and Substance Abuse

Although historically considered a more personal need area, acknowledgement by the general community regarding the need for mental health and substance abuse resources has continued to increase as most are recognizing that it impacts not only the individual but also their families, friends, and the broader community. Also, at a time when the prevalence of mental illness and substance abuse has been increasing, there is an understanding and belief that associated resource levels are not expanding to meet that need, which has compounded the concern. Specifically, when asked to select the top community need, individuals identified this issue most frequently regardless of survey method (telephone or Internet-based).

Expanded education and public information was cited as a need in order to combat associated stigmas and help individuals understand where assistance is available. In fact, when asked about the health behavior for which residents need more information, emotional and mental health was the most frequently selected across all survey methods utilized in this assessment.

In addition, many believe that access to providers and facilities, particularly for the uninsured, remains a significant concern as limited access increases heroin and inappropriate prescription drug use.

Changes since the 2013 CHNA

Since the completion of the 2013 Wake County CHNA much work has been done to positively impact the previously identified priority areas, which included:

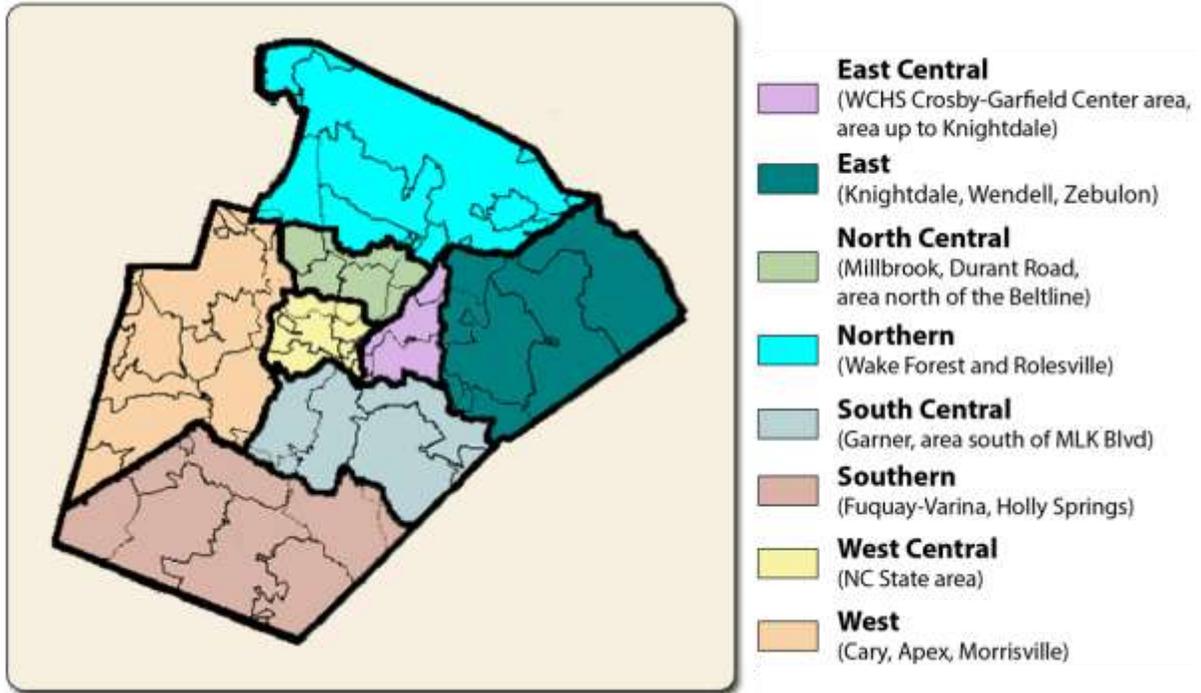
- Poverty and unemployment
- Healthcare access and utilization
- Mental health and substance abuse

Various efforts and programs have been established to address these priority areas in recent years; however, room for continued improvement still exists. As evidenced by the priority findings discussed throughout this assessment, some of the needs identified in 2013 are still applicable today. In other cases, needs that were not highly prioritized in 2013 are now being increasingly discussed and identified as a priority.

Such changes may be attributed to the growth of the population in the county, recent legislative decisions impacting health and well-being, and the complexity of the healthcare system as a whole.

Summary of Priority Areas by Service Zone

The Wake County Department of Planning has identified eight service zones within the county. Given the diversity and size of Wake County, both in population and geography, it is critical to understand how needs vary within Wake County. Data were collected for each of the eight service zones to determine more specific priority areas based on geography. A map outlining each of the zones is shown below.



The following table includes the priority areas by service zone. As shown below, many of the priority areas are similar among the various zones. For example health insurance coverage was identified as a priority area in all eight of the services zones. The number indicates the rank of the priority area for each particular zone.

Need Category	East Central	East	North Central	Northern	South Central	Southern	West Central	West
Health Insurance Coverage	2	3	1	2	3	4	2	1
Mental Health and Substance Abuse	4	2	3		1	1	3	2
Employment	3	1	4	1			4	
Transportation		4		3	4	2		3
Income and Poverty	1		2		2		1	
Housing and Homelessness								4
Oral Health						3		
Health Professionals				4				

Three of the four priorities for Wake County overall were also identified as priority areas of need in five or more of the eight service zones. Although access to health services was not specifically identified as a priority area for any of the service zones, the interrelationship of the areas identified include those that exist as barriers to access. As a result, addressing the identified priorities may also impact other need areas as well.

Summary of Process Components

Existing Statistics

The assessment process included the collection of existing data from national, state, county, and local sources. Wake County data were compared to targets identified by Healthy People 2020, a national health promotion and disease prevention initiative, and Healthy NC 2020, which serves as our state's health improvement plan. Additionally, Wake County data were compared to the University of Wisconsin Population Health Institute's County Health Rankings Top Performers. Wake County data were also compared to three peer geographies: Mecklenburg County (NC), Dane County (WI), and the state of North Carolina. Although Wake County is generally considered to be one of the healthiest and best performing counties in North Carolina, there is still room for continued improvement. Mecklenburg County was chosen as a peer geography based on its similarities to Wake County in terms of demographics, population, and its designation as a metropolitan area. Dane County, WI was selected as a peer geography due to its designation as the Healthiest Capital County in 2014. These target, benchmark, and peer geography comparisons allow Wake County to gauge its performance in a broader context. Data were also analyzed across the eight service zones within Wake County, as available.

Focus Groups

Data were collected directly from community members through focus groups. Focus groups are in-person meetings, usually of about eight to 10 people, which allow people of different backgrounds to generate direct and open discussions about the health needs in Wake County and their local communities. Nine focus groups were held throughout the county in November and December 2015. Seven focus groups were specific to service zone geographies while the remaining two focused on the Spanish-speaking population and the homeless population, respectively. Through these groups, 101 participants were given the opportunity to engage in the CHNA process.

Telephone Survey

The telephone survey included 47 questions about community needs, health services, and individual health preferences and decisions. Telephone surveys randomly selected

listed phone numbers of Wake County residents and used random digit dialing to contact Wake County residents to ask them a series of questions related to the health of their community. The telephone survey methodology provided a statistically valid sampling of the entire county. In total, 301 responses were captured from residents from all eight service zones within the county. Responses were analyzed by service zone.

Internet-based Community Survey

The questions asked in the community Internet-based survey were very similar to the telephone survey in terms of content. The Internet-based community survey was a website where people could go and respond to questions related to the health of their community. This survey was available in both English and Spanish. Unlike the telephone survey which garnered responses from randomly selected members of the community, the Internet-based survey provided an opportunity for additional community members to participate in the data collection process. In fact, 901 community members chose to provide their input through this Internet-based survey. Responses were also analyzed by service zone.

Internet-based Key Leader Survey

Key leaders and organizations in Wake County were engaged in the data collection process via an Internet-based survey consisting of 20 questions related to the health needs, community services, and the health decisions of the population served by their organization. Sixty-four key leaders completed the survey representing organizations that serve each of the eight service zones in the county. As such, responses were also analyzed by service zone.

Prioritization of Need Areas

The prioritization process included two additional sources of new data – input provided from community members in attendance at community prioritization forums held throughout the county and input provided from Steering Committee members via an Internet-based prioritization survey. Five community prioritization forums were held simultaneously throughout Wake County in March 2016. Residents and organizational leaders were invited to attend and hear the main findings from the assessment, including the results of the various surveys, topics of focus group discussions, and the results of the analysis of the existing statistical data. The individual data measures from all of these sources were categorized based on “common themes” and twenty one data categories were developed.

The prioritization process included multiple sources including the findings from all data sources (both existing and new), the input provided by community members at the

community prioritization forums (new data), and the input from Steering Committee members provided through an Internet-based prioritization survey (new data). These sources were analyzed through a prioritization matrix with new and existing data weighted equally to identify the priorities. Based on the results of the matrix, the top four of the twenty one categories were identified as the priorities for Wake County for the next three years. The prioritization process used to identify the top priorities for each of the eight service zones was very similar to the process used to identify the priorities for the entire county.

Given the size of Wake County, both in geography and population, significant variations in demographics and health needs exist within various sub-populations and sub-geographies within the county. At the same time, consistent themes are also present across the county as a whole, which serve as the foundation for determining priority needs at the county level. This CHNA will outline priority areas for the county, as well as discuss how the severity of those needs might vary among certain segments of the population, specifically among the eight service zones as identified by the Wake County Planning Department.

As discussed within the report, many health needs are the result of underlying societal and socioeconomic factors. Numerous studies have been conducted which tie factors such as income, education, and the physical environment to the health status of individuals and communities. This CHNA acknowledges that linkage and focuses on identifying and documenting the greatest health needs as they present themselves today. The successes of implementation strategies and action plans that will be developed to address the priority areas identified in this CHNA rely on the collaborative efforts of community organizations and residents to address more systemic factors that have the potential for long-term improvements to the population's health.

Next Steps

The next and final step in the CHNA process is to develop community-based health improvement strategies and action plans to address the priorities identified in this assessment. The CHNA partners will be reaching out to invite members of the community and community organizations to a community action planning meeting to discuss the best ways to address these priorities. Strategies and action plans will be developed for the county overall as well as for the individual service zones. The most effective strategies will be those that have the collaborative support of community organizations and residents. We strongly encourage you to get involved!

Get Involved:

- Check the www.wakegov.com/wellbeing website for the date, time, and location of the CHNA strategy and action planning meeting that will take place closest to you.
- Plan to attend a community action planning meeting that will be held throughout the county. You may want to be involved in the Wake County planning process, the service zone planning process for your specific community, or both! We encourage you to become involved in whichever group(s) most interests you.
- Encourage your family, neighbors, co-workers, and community organizations to read the CHNA and get involved in the planning process as well.