

EXECUTIVE SUMMARY

2013

WAKE COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT



Challenges and Opportunities

Wake County, North Carolina



WakeMed Health & Hospitals



ACKNOWLEDGEMENTS

We would like to thank all of the community members who agreed to participate in the community health needs assessment process and help prioritize issues that are most important to us.

COMMUNITY HEALTH ASSESSMENT TEAM

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- Michele Crenshaw, Wake County Human Services
- Andi Curtis, WakeMed Health & Hospitals
- Susan Davis, Community Care of Wake & Johnston Counties
- Petra Hager, Wake County Human Services
- Kerry Grace Heckle, Rex Healthcare
- Ted Kunstling, Duke Raleigh Hospital
- Sue Lynn Ledford, Wake County Human Services
- Peter Morris, Urban Ministries
- Regina Petteway, Wake County Human Services
- Stan Taylor, WakeMed Health & Hospitals
- Lechelle Wardell, Wake County Human Services
- Penny Washington, Wake Health Services
- Kristina Wharton, Wake Health Services
- Laurie Williamson, United Way of the Greater Triangle



COMMUNITY HEALTH ASSESSMENT STEERING COMMITTEE

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Susan Davis, Co-Chair, Wake County Medical Society-Community Health Foundations

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- Charlotte Blackwell, Wake Technical Community College
- Dianne Boardley Suber, St. Augustine University
- Roland Bullard, St. Augustine University
- Irene Caicedo Gonzales, Univision Local Media
- Kevin Cain, John Rex Endowment
- Leonor Clavigo, Hispanic Chamber of Commerce
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- Gwen Ferrone, State Employees Credit Union
- Albert Fisher, Community Partnership Inc.
- Joselito Garcia Ruiz, American Red Cross
- Julie Garza, La Ley Radio Station
- Scoop Green, Holly Springs Chamber of Commerce
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- Mary Graff, Duke Raleigh Hospital
- Brian Gunter, Wake County Human Services
- Hope Hancock, SPCA of Wake County
- Alicia Hardy, Wake Technical Community College
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- Sue Lynn Ledford, Wake County Human Services
- Howard Manning, Dorcas Ministries
- Robert Matheny, Town of Zebulon
- James Miller, LGBT Center of Raleigh
- Dave Olsen, PNC Arena
- Dennis Parnell, The Healing Place
- Dwayne Patterson, City of Raleigh Community Service Dept.
- Joan Pellettier, Triangle Agency on Aging
- Christine Peterson, Risk Management Association
- Sharon Peterson, Wake County Government
- Regina Petteway, Wake County Human Services
- Andre Pierce, Wake County Dept. of Environmental Services
- Teresa Piner, Town of Wendell
- Barry Porter, American Red Cross
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- Gary Raiford, Wake County Human Services
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- Ramon Rojano, Wake County Human Services
- Ann Rollins, Alice Aycock Poe Center for Health Education
- Justin G. Roy, William Peace University
- Harvey Schmitt, Greater Raleigh Chamber of Commerce
- Tamara Smith, Alliance Behavioral Health Organization
- Jill Staton-Bullard, Interfaith Food Shuttle
- Stan Taylor, WakeMed Health & Hospitals
- Sarah Tencer, United Way of the Greater Triangle
- Sheree Thaxton-Vodica, NC State Alliance of YMCAs
- John Thoma, Hospice of Wake County
- Joseph Threadcraft, Wake County Dept. of Environmental Services
- Aracelys Torrez, City of Raleigh
- Kristina Wharton, Wake Health Services
- Penny Washington, Wake Health Services
- Mike Williams, Wake County Emergency Medical Service
- Jean Williams, Women's Center for Wake County
- Graham Wilson, Apex Chamber of Commerce
- Michelle Zechmann, Haven House Services

June 2013

Dear Wake County Citizens,

In March 2013, Wake County was ranked as the healthiest county in North Carolina for the fourth consecutive year. This is due to the work and partnership of public health, the community, government, hospital partners and most importantly our Wake County citizens. This accomplishment underscores the importance of our Community Health Assessment, because it helps us identify and address factors that affect the health of our community. As our County continues to evolve and grow we must make sure that we take the necessary steps to ensure that the needs of all our citizens are being addressed. We realize that when it comes to public health, the community itself is the patient and the health of the community must be assessed by focusing on key areas such as behavioral and social health, the economy, education, environmental health, physical health and safety.

Every three - four years, Wake County conducts a comprehensive community examination through a process known as the Community Health Needs Assessment (CHNA). This year, the assessment process was a collaborative effort between WakeMed Health and Hospitals, Duke Raleigh Hospital, Rex UNC Healthcare, Wake County Human Services, Wake Health Services, United Way of the Greater Triangle, Wake County Medical Society Community Health Foundation and Urban Ministries. Additionally, guidance was provided through a Steering Committee of more than 60 non-profit, government, faith-based, education, media, and business organizations. The many hours volunteered by the Steering Committee and the input provided by Wake County residents has been invaluable to this process.

Working with the UNC Gillings School of Global Public Health, the assessment included collecting information from citizen opinion surveys, focus groups, and statistical data to identify community health needs and resources. We hope the findings of this CHNA will be used to develop strategies that address our community's priorities and promote the health of residents across Wake County.

We know that with all of us working together, we can create a healthier, safer community while having a better idea of where we need to focus our resources over the next few years.

Warm Regards,



Susan L. Davis

Susan Davis
Executive Director,
Wake County Medical Society-Community Health Foundation



Joe Bryan

Joe Bryan
Chairman,
Wake County Board of Commissioners

Co-Chairs of the Wake County Community Assessment Steering Committee

Wake County: A Great Place to Live

The community health needs assessment process not only identifies the factors affecting the county's health, but also the resources available and needed to address those factors.

Home to 5 colleges and universities, 3 major hospital systems, the state capital, the Research Triangle Park, and a strong network of community-based and non-profit organizations, Wake County is a resource-rich community compared to the majority of other counties in North Carolina.

Wake County has also been consistently ranked as one of the best places in the United States to live, work, and raise a family. Over the past two years, the Wake County area has been recognized as:

*#1 Healthiest County in NC
(Wake County, NC)
CountyHealthRankings.org
March 2013*

*#1 Best Place to Live
(Raleigh-Wake County, NC)
Bloomberg-Businessweek.com
America's Best Cities January 2012*

*#1 Real Estate Market to Watch in
2012
(Raleigh-Cary, NC)
Inman News, February 2012*

*#1 Fastest Growing City in the U.S.
(Raleigh, NC)
Forbes, March 2013*

*Top 10 City for Business in 2013
(Raleigh-Durham, NC)
Thumbtrack.com, April 2013*

*#5 Best City for Raising a Family
(Raleigh, NC)
Forbes, April 2012*

*#5 Most Cost-Attractive Business
Location
(Raleigh, NC)
KPMG, March 2012*

*#5 America's New Tech Hot Spots
(Raleigh-Cary, NC)
Forbes, March 2013*

*#5 Most Eco-Friendly City
(Raleigh, NC)*

Thumbtack.com, July 2012

*#7 Metro with Most College-
Educated Residents
(Raleigh-Cary, NC)
Brookings Metropolitan Policy
Program, May 2012*

*#7 Best Bang For Your Buck City
(Raleigh-Durham, NC)
TheFiscalTimes.com, June 2012*

*#8 Mid-Sized American City of the
Future for 2013-14
(Raleigh, NC)
fDi Intelligence, April 2013*

*#8 Largest Increase in Jobs from
2011-2012
(Raleigh-Cary, NC)
U.S. Bureau of Labor Statistics, May
2013*

*#11 Healthiest City for Women
(Raleigh, NC)
Women's Health, January 2013*



The wealth of resources, services, and collaboratives working to improve the health of residents in Wake County are major community assets that should be celebrated and leveraged to help residents who are facing major health disparities, needs, and challenges.

Health is affected by where and how we live, work, play, and learn. To improve the health of our community, it is important that we understand how different factors can influence our health. Part of a larger health planning process is to identify the health status, disparities, gaps and unmet needs of the community in balance with community resources, strengths and perceptions. Understanding the factors that affect our health in a larger context helps us develop action plans to address those needs. To accomplish this planning process, Wake County Human Services in collaboration with WakeMed Health and Hospitals, Duke Raleigh Hospital, Rex Healthcare, Wake Health Services, and the United Way of the Greater Triangle are leading a comprehensive community health planning effort to measurably improve the health of Wake County, NC residents.

From January-June 2013, over 60 agency and community partners in Wake County came together to conduct the collaborative Community Health Needs Assessment. Based on the assessment findings and a community priority-setting process, the priority areas that will be addressed in community health improvement planning over the next 3 years are:

- Poverty and unemployment
- Health care access and utilization
- Mental health and substance use

What is a Community Health Needs Assessment (CHNA)?

Community Health Needs Assessment is the foundation for improving and promoting the health of community members. The role of a 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 Community Health Needs Assessments?

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 8 phases in the CHNA process:

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

For more information about the Community Health Needs Assessment process, visit:

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

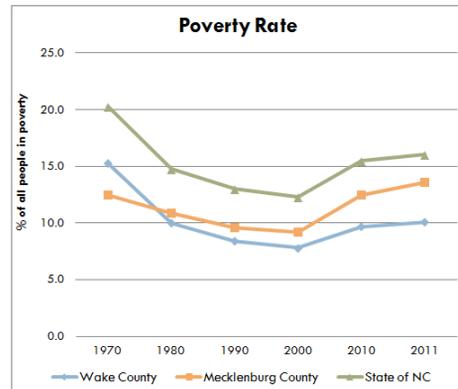
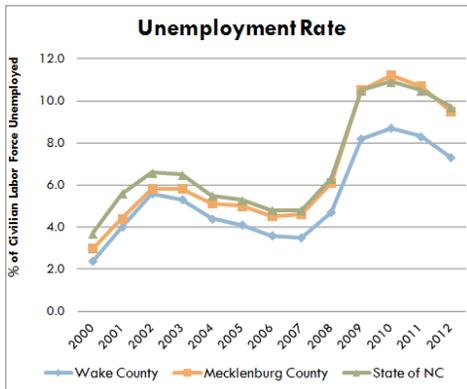
To view the 2013 Wake County Community Health Needs Assessment report, visit:

www.wakegov.com/humanservices/data/

Priority #1: Poverty and Unemployment

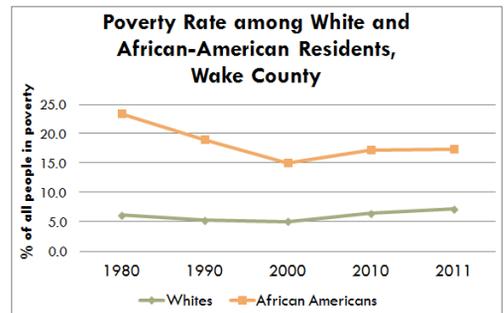
- People in poverty are more likely to engage in risky health behaviors, and are also less likely to have affordable housing
- Racial and ethnic minorities are more likely to live in poverty than Non-Hispanic whites

Source: NC Institute of Medicine. Healthy North Carolina 2020: A Better State of Health. Morrisville, NC: NC Institute of Medicine; 2011.



Log Into North Carolina (LINC) Database, Topic Group Unemployment and Income

- In 2012, there were 4,547 reported lay-offs in Wake County (NC Employment Security Commission, Labor Market Information, Workforce Information, Employed, Unemployed and Unemployment Rates, Labor Force Statistics)
- The poverty rate in Wake County is 37% lower than the rate in North Carolina (Log Into North Carolina (LINC) Database, Topic Group Employment and Income)
- The percent of African-American residents who live in poverty is 2.4 times higher than their white peers (Log Into North Carolina (LINC) Database, Topic Group Employment and Income)
- Unemployment rated #1 community concern in Wake County and poverty rated #4 (2013 Wake County Community Health Opinion Survey)



Log Into North Carolina (LINC) Database, Topic Group Unemployment and Income

"It's hard for them [felons] to get a job. There's jobs out here but they can't get it because they have a criminal record. And I don't think that's fair."

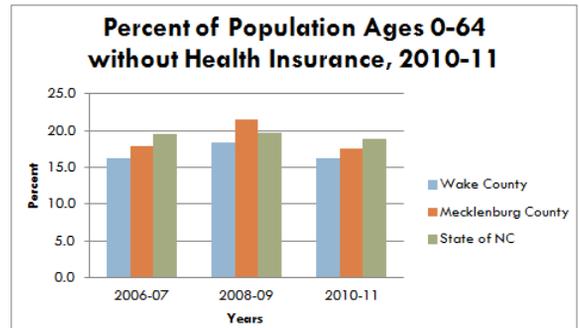
- Community member

"There's a lot of teenagers who want a job but they can't get one because adults, and it's not their fault, got laid off at their job. We're not getting opportunities for jobs, it's just in the way its set up."

- Community member

Priority #2: Health Care Access and Utilization

- Health insurance coverage helps patients get into the health care system
- Uninsured people are:
 - Less likely to receive medical care
 - More likely to die early
 - More likely to have poor health status
- Access to comprehensive, quality health care services is important for:
 - The achievement of health equity
 - Increasing the quality of a healthy life for everyone

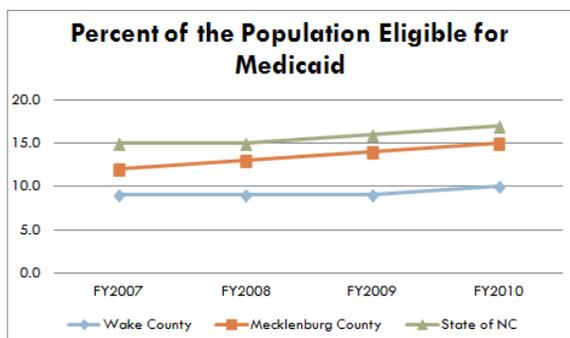


North Carolina Institute of Medicine, NC Health Data, Uninsured Snapshots

Source: U.S. Department of Health and Human Services. Healthy People 2020.

Active Health Professionals per 10,000 Population in 2011 (Cecil G. Sheps Center for Health Services Research)					
	Medical Doctors	Primary Care Medical Doctors	Dentists	Registered Nurses	Pharmacists
Wake County	23.85	8.72	6.96	105.04	12.14
Mecklenburg County	27.71	9.46	6.3	116.12	10.67
State of NC	22.07	7.78	4.35	98.60	9.51

- For every 1,000 hospital stays in Wake County, 50 are considered preventable (Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees, 2010, Dartmouth Atlas of Health Care)
- 6% of residents in Wake County reported that they use the Emergency Room as a place they most often go to when sick (2013 Wake County Community Health Opinion Survey)
- 70% of Wake County residents reported that they got a routine health check up in the past year (2013 Wake County Community Health Opinion Survey)



NC Division of Medical Assistance, Statistics and Reports, Medicaid Data, County-Specific Snapshots for NC Medicaid Services, 2006-2010

"I think we have wonderful resources and opportunities for those who can afford them. I don't think all of us are able to have access to them though."
- Community member

"I've had a lot of recent experience with it and continue to, and that is that a lot of the health care delivery is in silos, it's not linked. What happens is that you get one provider who knows one piece of you, another provider knows another piece, and never do they communicate."

- Community member

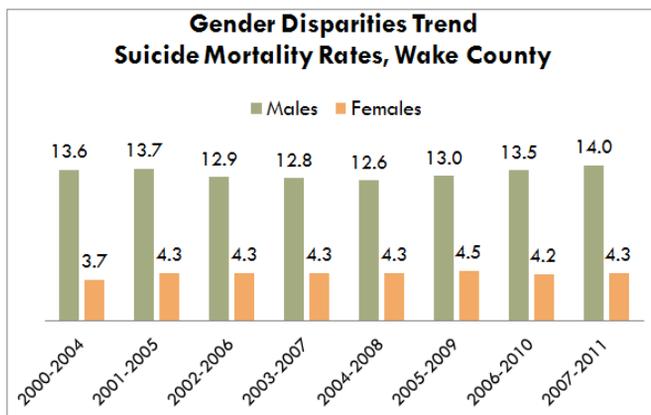
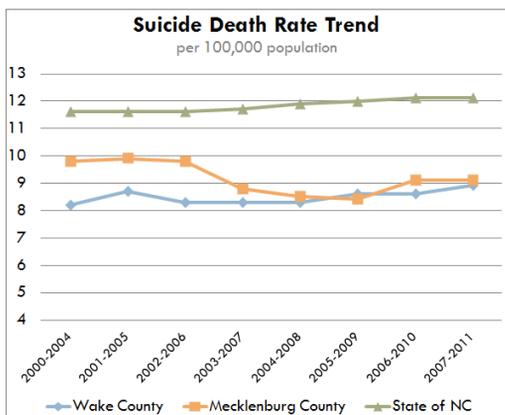
"If people can't get basic health care which is a crime really and they always fall back on 'yeah but they can always go to the emergency room' and that's not the answer. We need to take care of our people – even the people who don't have money."

- Community member

Priority #3: Mental Health and Substance Abuse

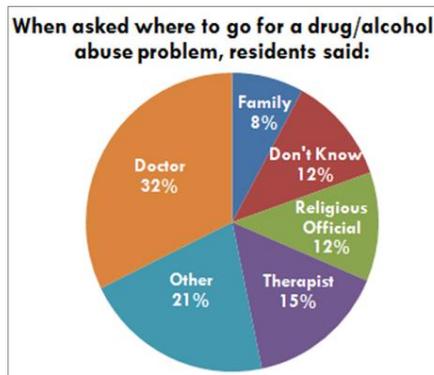
- Individuals with poor mental health may have difficulties with interpersonal relationships, productivity in school or the workplace, and overall sense of well-being
- Substance use and abuse are major contributors to death and disability in North Carolina

Source: NC Institute of Medicine. Healthy North Carolina 2020: A Better State of Health. Morrisville, NC: NC Institute of Medicine; 2011.



NC State Center for Health Statistics, County Health Data Book (2013), Mortality, 2007-2011 Race/Ethnicity Specific and Sex-Specific Age-Adjusted Death Rates by County

- 17% of Wake County adults reported being diagnosed with depression at some point in their lives (2013 Wake County Community Health Opinion Survey)
- 15% of Wake County residents binge drink (males having five or more drinks on one occasion OR females having four or more drinks on one occasion) (County Health Rankings and Roadmaps, 2013)
- The number of Wake County residents being served in state drug and alcohol treatment centers has increased, from 30 in 2005 to 140 in 2010 (Log Into North Carolina (LINC) Database, Topic Group Vital Statistics and Health)
- Drug and alcohol abuse rated #4 community concern (2013 Wake County Community Health Opinion Survey)



2013 Wake County Community Health Opinion Survey

“Mental health care is not covered on most insurance plans. And so, I feel like it’s very difficult for people to access mental health care resources.”

- Community member

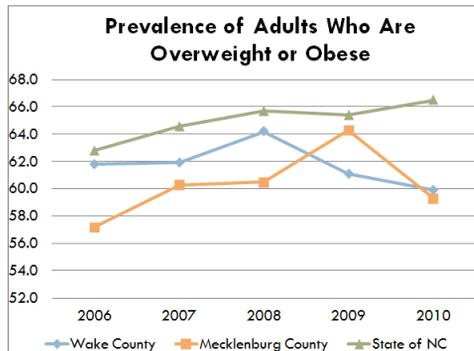
“Now, right now, North Carolina’s facing a huge influx of veterans coming home with PTSD and brain injury who are likely to get into substance abuse issues, to get into behavioral issues, and so forth, and their families are going to be victims of all of that. And so those kids of those families are also going to need supports. So we have to have a system that’s capable not only of serving the needs and providing support to now, but also monitoring and anticipating what’s going to be needed down the road. You can’t just stop at one point; you’ve got to be looking.”

- Community member

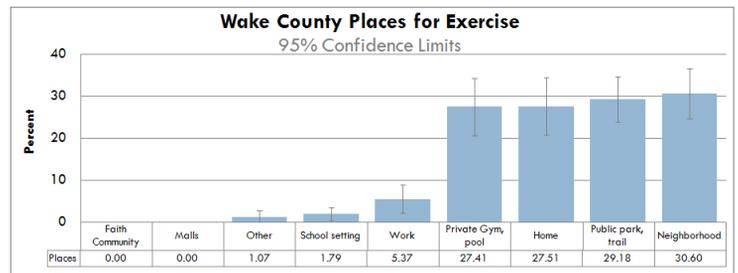
Priority #4: Nutrition, Physical Activity and Obesity Prevention

- Overweight and obesity pose significant health concerns for both children and adults
- Excess weight increases an individual's risk of developing type 2 diabetes, high blood pressure, heart disease, certain cancers, and stroke
- Increased physical activity and improved nutrition can help individuals reach and maintain a healthy weight

Source: NC Institute of Medicine. Healthy North Carolina 2020: A Better State of Health. Morrisville, NC: NC Institute of Medicine; 2011.



NC State Center for Health Statistics, Behavioral Risk Factor Surveillance System



2013 Wake County Community Health Opinion Survey

- In Wake County, almost 2 out of 3 adults (59.9%) is either overweight or obese (NC State Center for Health Statistics, Behavioral Risk Factor Surveillance System, 2010)
- 10% of Wake County residents do not engage in any physical activity (2013 Wake County Community Health Opinion Survey)
- Males in Wake County are more likely than females to be physically active (88.1% versus 77.9% in 2010). Income and education are also related: those with some college and household income over \$50k are more likely to exercise (NC State Center for Health Statistics, Behavioral Risk Factor Surveillance System, 2010)
- 74.1% of Wake County residents do not eat enough fruits and vegetables (NC State Center for Health Statistics, Behavioral Risk Factor Surveillance System, 2009)
- Households with income of \$50k or more are 1.8 times more likely to eat 5 fruits and vegetables than those earning less than \$50k (NC State Center for Health Statistics, Behavioral Risk Factor Surveillance System, 2009)
- Eating well/nutrition was the top issue that residents wanted more information about (2013 Wake County Community Health Opinion Survey)

"I didn't realize how many -- and even in my own neighborhood that I've lived in for seven years, I never really noticed that there was this much stuff to do, like outside activities. There's like biking and then you can have camp areas. And I had no clue of that, which I think it's amazing."

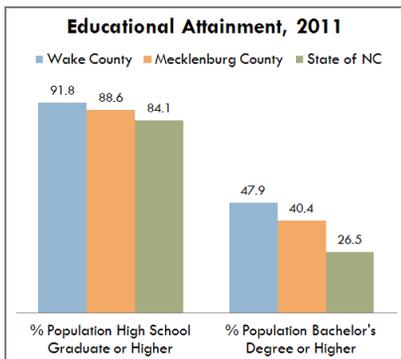
- Community member

"That's why in the Southeast Raleigh area, the low populated areas and low economic rates, they're suffering from chronic illnesses. Why? Because it's -- they're obese because of the food options that we have. Just recently, they shut down two of the Kroger's that are in the Southeast Raleigh area. A lot of the people that lived over there, that was their only source to get some type of healthy food. The closest market is -- it's not even close, actually. It's at least 20, 30 minutes away."

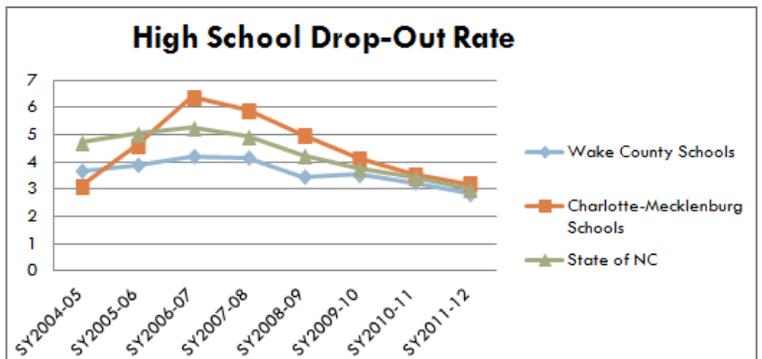
- Community member

Priority #5: Education and Lifelong Learning

- People with higher incomes, more years of education, and who live in a healthy and safe environment have better health outcomes and generally have longer life expectancies (NC Institute of Medicine. Healthy North Carolina 2020: A Better State of Health. Morrisville, NC: NC Institute of Medicine; 2011)
- Education is strongly linked to health and to determinants of health such as health behaviors, risky contexts and preventative service use (Feinstein L, Sabates R, Anderson TM, Sorhaindo A, Hammond, C. (2006). What are the effects of education on health? Proceedings of the Copenhagen Symposium)

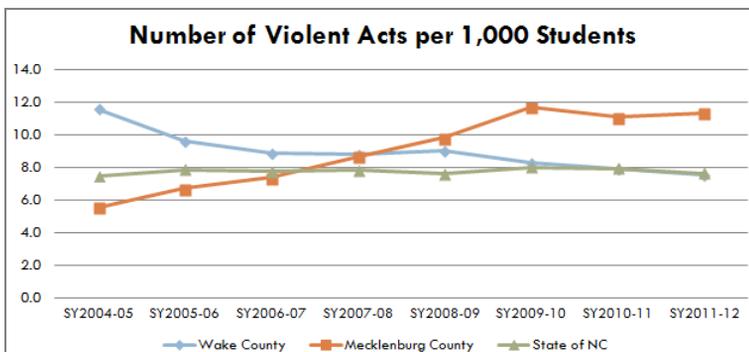


US Census Bureau, American Fact Finder, American Community Survey, 2005-2009



NC Dept of Public Instruction, Research and Evaluation, Dropout Data and Collection Process, Annual Dropout Reports

- Wake County schools graduated 80.6% of the 9th graders who entered high school four years previously (Public Schools of North Carolina, Cohort Graduation Rate. 4-Year Cohort Graduation Rate Report, 2008-09 Entering 9th Graders Graduating in 2011-12 or Earlier)
- The high school drop-out rate has been on a general decline since SY2006-07 in Wake County and in 2011-12 was at the lowest point since 2004-05, at 2.83% (NC Dept of Public Instruction, Research and Evaluation, Dropout Data and Collection Process, Annual Dropout Reports)
- The number of students enrolled in Wake County Schools in the 2011-12 school year has increased 27.6% since 2004-05 (NC Department of Public Instruction, Data and Statistics, Education Data: NC Statistical Profile)
- School reassignment rated #2 community concern in Wake County (2013 Wake County Community Health Opinion Survey)



NC Department of Public Instruction, Research and Evaluation, Discipline Data, Annual Reports, Annual Reports of School Crime and Violence, NC Department of Public Instruction, Research and Evaluation, Discipline Data, Consolidated Data Reports

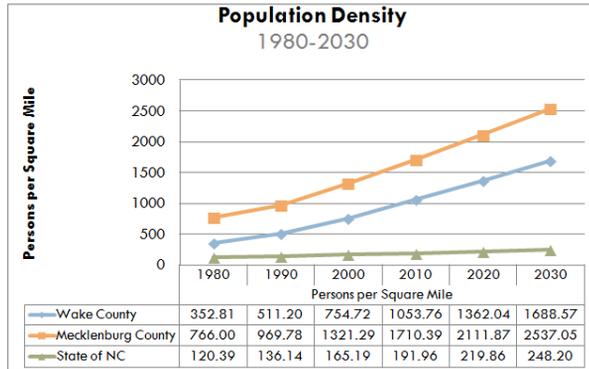
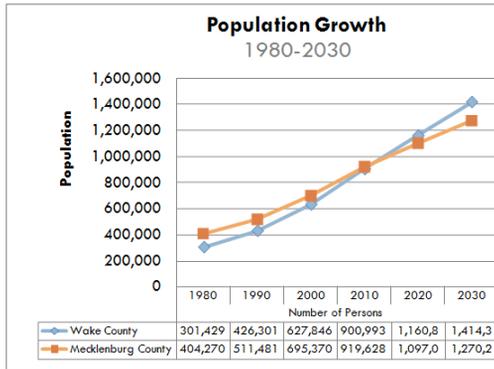
“There’s so many people that are going to school and it’s hard to - I mean, where are you going to put everyone? You can’t have classes that are 50, 60 people...teachers can’t manage that.”

- Community member

Priority #6: Population Growth

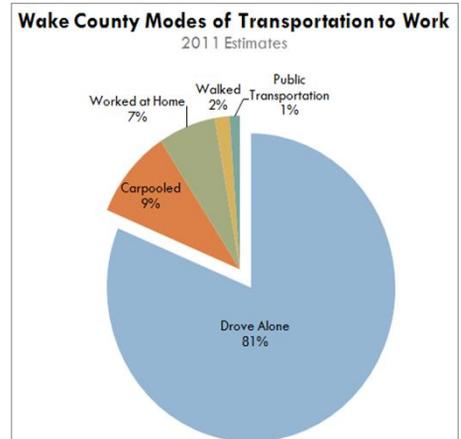
- Wake County's population is predicted to be over 1.1 million by 2020
- Wake County is almost seven times as densely populated as NC as a whole

Source: Log Into North Carolina (LINC) Database, Topic Group Population and Housing

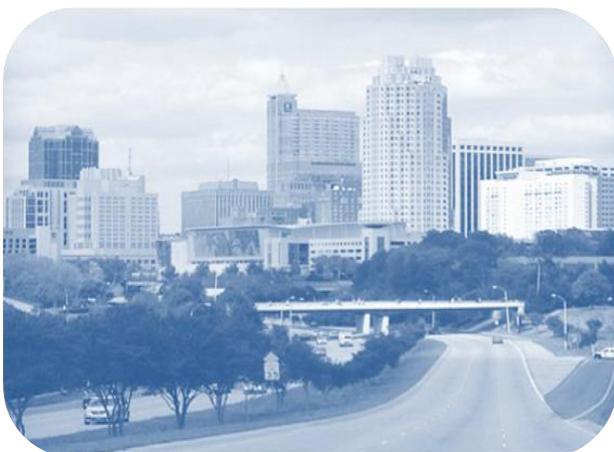


Log Into North Carolina (LINC) Database, Topic Group Population and Housing

- In 2012, Raleigh-Durham ranked #1 least congested metro city with a population 1-3 million in the U.S. (Texas A&M Transportation Institute, 2012 Urban Mobility Report)
- Traffic congestion was the #3 community concern (2013 Wake County Community Health Opinion Survey)
- Average daily measure of fine particulate matter:
 - Wake County: 12.6
 - National Benchmark: 8.8
 (County Health Rankings, 2012. CDC WONDER Environmental data)



US Census Bureau, American Fact Finder, 2011



"This place has really evolved. I think they have to accommodate the new people who come here because it wasn't like this when I came here. There are a lot of new things, new roads, that's been added. I've seen even where I live the road has been expanded because there's more traffic. The traffic is amazing. I mean, it's truly amazing. When I first came here, you just went through and okay. Now, no matter what time you go out there, it reminds me of New York, Manhattan."

- Community member

Priority #7: Disability and Care-giving

“Because we’ve got an aging population of kids with developmental disabilities with aging parents...and it really concerns me that it doesn’t seem like the county is paying attention to that need.”

- Community member



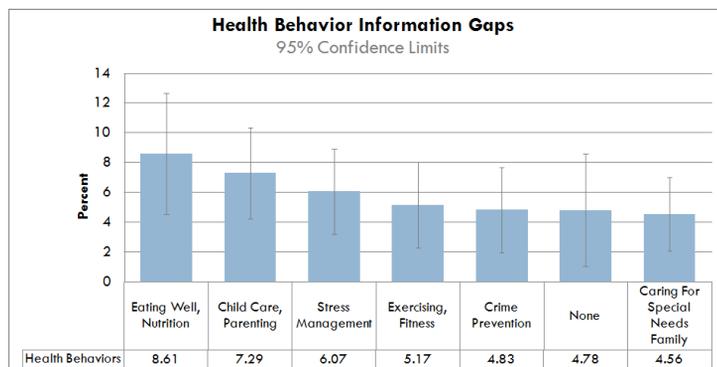
“Unless you have a sighted guide or a companion to help you interact with the medical system, then you’re shunted off to the side, such as the nurse may not talk to you. You’re the patient. She should talk to you. They’re talking to this visual person next to you. They give instructions to the visual person next to you instead of giving it to you, the blind person.”

- Community member

- People with disabilities play an important and valued role in every community
- The U.S. Census in 2000 counted 49.7 million people with some type of long-lasting condition or disability
- Disability is part of human life, and an impairment or condition does not define individuals, their health, or their talents and abilities
- Compared with people without disabilities, people with disabilities are more likely to experience difficulties or delays in getting the health care they need

Source: U.S. Department of Health and Human Services. Healthy People 2020.

- 24.9% of Wake County residents report disability status (NC State Center for Health Statistics, Behavioral Risk Factor Surveillance System, 2010)
- Wake County is home to 1,348 blind or visually impaired individuals, which is 6.4% of all blind or visually impaired individuals in the state of NC (Log into North Carolina (LINC) Database, Topic Group Vital Statistics and Health)
- 26% of households in Wake County provide some care for family member/friend with disability or long-term illness (2013 Wake County Community Health Opinion Survey)
- Caring for a special needs family member was the #7 issue that residents wanted more information about (2013 Wake County Community Health Opinion Survey)



2013 Wake County Community Health Opinion Survey

Priority #8: Risky Youth Behavior

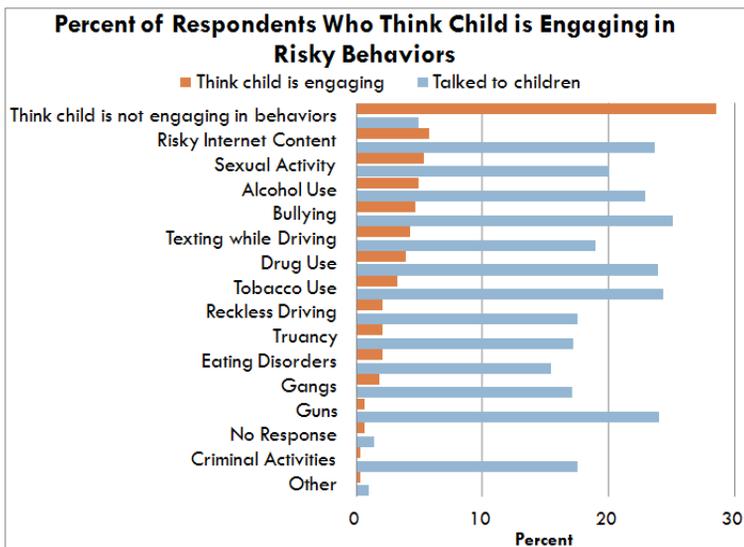


Photo Credit: Youth Empowered Solutions

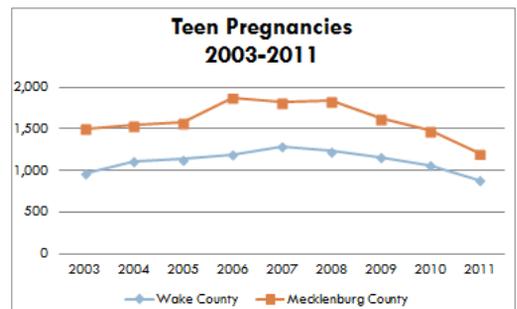
Positive youth development helps predict health and education outcomes.

Source: Madsen KA, Hicks K, Thompson H. (2011). Physical activity and positive youth development: Impact of a school-based program. *J Sch Health*, 81 (8): 462-470.

- More than half of all reported cases of Chlamydia (66%) and gonorrhea (51%) occur among 15-24 year olds (NC DHHS, Division of Public Health, Epidemiology Section, Communicable Disease Branch)
- Almost 1 out of 3 (29%) of parents said they do not think their child or child's friends is engaging in any risky behaviors (2013 Wake County Community Health Opinion Survey)
 - Top risky behaviors parents do think their child or friend is engaging in include: risky internet content (6%), sexual activity (5%), alcohol use (5%), bullying (5%), and texting while driving (4%)
 - Top behaviors parents are talking to their children about: bullying (25%), risky internet content (24%), drug use (24%), guns (24%), and tobacco use (24%)



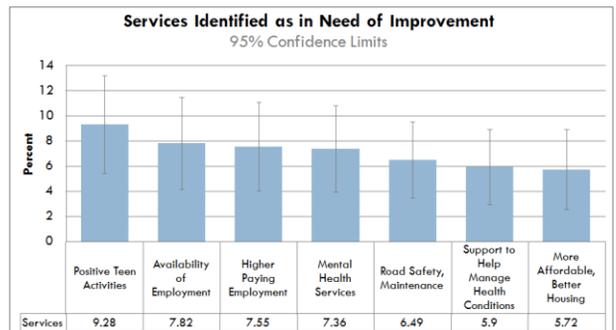
2013 Wake County Community Health Opinion Survey



NC State Center for Health Statistics, North Carolina Health Data Query System. Pregnancy Data. North Carolina Reported Pregnancy Data.

"The youth also need good programs for them for after school and about gang prevention. They don't have any programs at the schools."

- Community member



2013 Wake County Community Health Opinion Survey

Priority #9: Housing and Homelessness

“For about three months in a row I was getting citations for being homeless. And the last two times I got tickets for being homeless, my caseworker went with me to court and she told the DA, she said, ‘The reason why she homeless is because she don’t have nowhere to go’. And so they asked me where I was living and I said, ‘I’m living in the woods’.”

- Community member

“I saw a homeless girl yesterday. I can tell she has some mental issues and she’s pregnant. And she’s still homeless. And probably because of whatever her dysfunctional habit she has, she might not never go and see a doctor. Somebody should be giving her prenatal advice or things like that. There has to be some [mobile health clinic] service to go into the woods and talk to people and see if they have any health problems. That is necessary because some of these people are so addicted to whatever they are addicted to. If it doesn’t hurt, they’re not going to go check it.”

- Community member

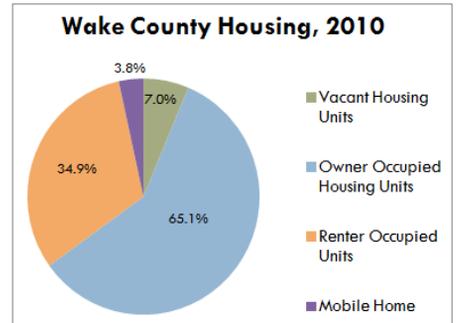
Families with difficulties paying rent and utilities are more likely to report barriers to accessing health care, higher use of the emergency department, and more hospitalizations.

Source: NC Institute of Medicine. Healthy North Carolina 2020: A Better State of Health. Morrisville, NC: NC Institute of Medicine; 2011.



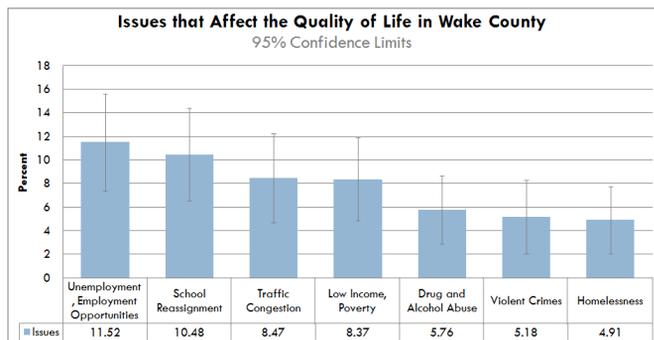
- Median monthly housing cost:
 - Wake County: \$1,580
 - NC: \$1,244
- Median monthly rent:
 - Wake County: \$845
 - NC: \$715

Source: US Census Bureau, American Fact Finder, 2010 ACS 5-Year Estimates, Table DP04



US Census Bureau, American FactFinder, 2010 US Census, Summary File 1 (SF-1)

- 1,150: number of homeless persons living in Wake County in 2011 (2011 Point-in-Time Estimates of Homelessness: Supplement to the Annual Homeless Assessment Report)
- Homelessness was rated the #7 community concern in Wake County (2013 Wake County Community Health Opinion Survey)
- 8% of households in Wake County had someone living with them in the past year due to homelessness (2013 Wake County Community Health Opinion Survey)



2013 Wake County Community Health Opinion Survey

2013-2016 Wake County Community Priorities

Poverty and unemployment
Health care access and utilization
Mental health and substance use

Assessment Methods

Wake County's Community Health Needs Assessment was created using both existing statistics and data that was collected directly from the community.

Existing Statistics

The assessment process included collecting existing statistics from state, county and local sources. The collection of data from existing sources helped create a snapshot of the social, economic and health status of Wake County residents.

Health Opinion Survey

Data was also collected directly from the community through surveys and focus groups. A Community Health Opinion Survey consisted of 59 questions about various community and health topics, including issues that concern residents the most, services needing improvement, topics the community needs more information about, and health care access. In March 2013, the NC Institute of Health in collaboration with volunteers, completed 281 door-to-door surveys that were randomly selected across the County.

Focus Groups

Focus groups explored participants' perceptions of their communities, key health concerns, health care services, and suggestions for improving services. Nine focus groups (including 2 in Spanish) were conducted in March and April 2013, reaching 76 participants. On average, the focus group sessions lasted one hour and included 5-12 participants. Participants were recruited by community and social service agencies located throughout Wake County and received a small gift incentive for participation. The focus group sessions were recorded and transcribed for analyzing and coding into major themes.

Comparisons, Targets, and Benchmarks

Wake County data is compared to two peer jurisdictions: Mecklenburg County and the state of North Carolina. Data was also compared to *Healthy NC 2020* which serves as the state's health improvement plan. In addition, Wake County data was compared to the national benchmarks from the University of Wisconsin Population Health Institute's *County Health Rankings and Roadmap*.

Prioritization of Health Issues

Five community forums were held throughout Wake County where residents were invited to hear the main findings from the assessment, which included nine focus areas identified by looking at the intersection of the Community Health Opinion Survey results, focus group themes, and existing health statistics:

- Mental health and substance use
- Disability and care-giving
- Education and lifelong learning
- Health care access and utilization
- Housing and homelessness
- Nutrition, physical activity, and obesity prevention
- Population growth
- Poverty and unemployment
- Risky youth behavior

Ninety-five residents voted on the 3 priority areas that will be addressed over the next 3 years: poverty and unemployment, health care access and utilization, and mental health and substance use.

What's Next?

Community priority setting represents marks the beginning of the community health improvement process. An important use of the community priorities and assessment findings is to develop effective community health improvement strategies. The next step in this process is to develop plans of action and improvement for addressing the community priorities. Within their organizations, CHNA partners will be developing measurable objectives to address these priorities, using evidence-based strategies to address the priorities, and planning realistic evaluation methods.

Get Involved!

1. Pick an area or issue that interests you and let us know that you want to help. You may want to volunteer your time and expertise to help determine an improvement plan or plan of action, link us to other communities and organizations that are interested in the issue, or help us find the resources to address the issue.
2. Tell your family, neighbors, co-workers, faith groups, community organizations, and business associates about the Community Health Needs Assessment. Encourage them to read the information and get involved.
3. Stay involved and informed. Check the wakegov.com website for updates on progress of the Community Health Needs Assessment action planning process.

Call (919) 431-4034 or (919) 250-4643 for more information.



Hard copies of the full 2013 Community Health Needs Assessment and Executive Summary are available for review at all Wake County Public Libraries and can be downloaded at www.wakegov.com/humanservices/data/

