

2016

WAKE COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT

Opportunities &
Challenges



Message from the Co-Chairs

Dear Wake County Citizens,

Wake County was ranked as the healthiest county in North Carolina in March 2016 and is consistently ranked as one of the best places in which to live, work, play, and learn. This success is largely due to the collaborative efforts of various partners, including those involved in the development of this Community Health Needs Assessment, and the residents of Wake County.

We realize that many interrelated factors, such as behavioral and physical health, environmental health, access to services, and social and economic determinants impact the health of the community. In addition, we realize that Health and needs may differ 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. As our county continues to evolve and grow, we must ensure that we as a community are taking the steps necessary to address the needs of all of our citizens and neighbors.

Every three years, Wake County conducts a Community Health Needs Assessment (CHNA) to identify areas of need within the county. The CHNA that follows 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. Additional input and support was provided by the dozens of organizations and community partners represented on the Steering Committee. Most importantly, completion of the CHNA process would not be possible without input provided by the residents of Wake County.

The assessment includes the collection and analysis of existing statistical data as well as community and organizational input gathered via various surveys, focus groups, and prioritization meetings to identify priority areas of needs and related resources. Despite the publishing of this report, our work is not yet done. Action plans and strategies to address the identified priority areas will be developed through the continued efforts of local organizations, partners, and most importantly community residents.

We hope that you will join us as we strive to make Wake County an even healthier community.



A handwritten signature in black ink that reads "Donald R. Gintzig".

DONALD GINTZIG
President and Chief Executive Officer,
WakeMed Health and Hospitals



A handwritten signature in black ink that reads "James West".

DR. JAMES WEST
Chair,
Wake County Board of Commissioners

ACKNOWLEDGEMENTS

This Community Health Needs Assessment represents the culmination of work completed by multiple individuals and groups during the past year. We would like to thank all of the community members who provided their input via focus groups, Internet-based surveys, telephone surveys, and the community prioritization forums. In addition, we would like to thank the following groups and individuals:

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CHAPTER 1: EVALUATION OF 2013 IMPLEMENTATION STRATEGIES/ACTION PLANS

2013 CHNA Overview

A Community Health Needs Assessment (CHNA) is an ongoing, continual process that starts with the evaluation of the previous CHNA. In order to determine the strengths and areas of improvement from the last CHNA, the 2016 CHNA began with an evaluation of the implementation strategies and action plans developed in 2013 to address the priority areas. The priority areas identified in Wake County's 2013 CHNA were:

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

Throughout the past three years, the members of the Community Health Assessment Team (CHAT) and other community partners worked to address these three areas, as well as other areas of need identified in the 2013 process. To understand how the efforts to improve health in these areas have been effective, the members of the CHAT were asked to provide input on what worked well during the previous process as well as areas of potential improvement. While many different ideas were provided, a few common themes were clear, as follows:

- The CHAT members believe that the 2013 CHNA and resulting action plans were good; however, there were time constraints on the process that should not be repeated in the future, if possible.
- Many of the members pointed out that the 2013 CHNA considered the needs for the county as a whole, but did not collect data specific to smaller areas or population groups within the county. While they believe the county-wide priorities were appropriate, they believe that the 2016 process needed to collect data specific to various parts of the county (the "service zones") and for specific underserved groups, including the homeless and Spanish-speaking populations.
- While all of the members addressed at least one of the priority areas in their action plans, some focused on needs outside of the priority areas as well. The CHAT members believe that more collaboration on the action plans would be beneficial.
- Most of the members noted that the action plans from the 2013 CHNA had either already been completed or would be complete before the publication of the 2016 CHNA.

Wake County Human Services issues an annual report on the State of the County's Health (SOTCH), which includes an update on the CHNA priorities and action plans. For more detailed information about the previous CHNA, please see the online report, which is at <http://www.wakegov.com/wellbeing>.

As part of the data collection process for the 2016 CHNA, residents who participated in a survey (telephone or Internet-based) or a focus group were asked to provide feedback on the three priority areas from the 2013 CHNA and whether they believed they had improved in the last three years. The majority of Wake County residents who responded to the surveys were

unaware that a CHNA was completed in 2013 and many did not believe or were unsure as to whether improvements have been made in any of the three priority areas identified during that process. Residents most often responded that no improvements have been made relative to mental health and substance abuse, and many indicated that mental health and substance abuse issues were worse than they were three years ago.

While the majority of key leaders believed that health access and utilization has improved, they did not think that poverty and unemployment or mental health and substance abuse have improved since 2013. In addition, they overwhelmingly believed that all three areas remain concerns for the community today.

Responses also varied by geography. Participants in the outlying areas of the county, particularly the northern, southern and eastern areas of the county, believed that access was still an issue, with some health services not available and lack of sufficient public transportation options contributing to the issue.

For the complete responses to questions regarding the 2013 CHNA, please see Appendix 3.

CHAPTER 2: METHODOLOGY

Study Design

A multi-step process was used to assess the community health needs, challenges, and opportunities of Wake County. Multiple sources of publicly-available information along with diverse community input were incorporated in the study to paint a more complete picture of Wake County's health needs. As described in detail in Chapter 4, quantitative (numbers and statistics) and qualitative (opinions and beliefs) data were weighted equally for measures for which both types of data were available. Multiple methodologies, including ongoing community and stakeholder engagement, analysis of data, and content analysis of community feedback were used to identify key areas of need. Please see the appendices for a detailed discussion of these methodologies. Specifically the following data types were collected and analyzed:

Primary (New) Data

Community members provided input for the study through Internet-based and telephone surveys, focus groups, and prioritization meetings that were held throughout the county. Additionally, key leaders of organizations representing broad interests of the community provided input through an Internet-based survey, participation on the Steering Committee, and a prioritization survey. The process also had significant input and direction from the Community Health Assessment Team. Considering all of these sources, input from more than 1,500 Wake County residents and organizational leaders is included in this Community Health Needs Assessment.

Secondary (Existing) Data

Key sources for existing data on Wake County included numerous public data sources related to demographics, social and economic determinants of health, environmental health, health status and disease trends, mental/behavioral health trends, and modifiable health risks. Further, some local organizations provided internal data that were also incorporated into the analysis process.

Comparisons

All of the data collected in the process is only valuable if compared to a benchmark or goal. In other words, without the ability to compare Wake County with an outside measure, it would be impossible to determine how the county was performing. For the 2016 CHNA, each data measure was compared with outside measures as available, including the following:

- **Healthy North Carolina 2020:** This is a statewide health improvement plan, which address all aspects of health with the aim of improving the health status of every North Carolinian;
- **Healthy People 2020:** This provides science-based, 10-year national objectives for improving the health of all Americans;
- **County Health Rankings Top Performers:** This is a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute that ranks counties across the nation by various health factors;

- **Mecklenburg County, North Carolina:** As part of the process, the CHAT determined that Mecklenburg County was the most appropriate comparison county within North Carolina. While certain differences exist, the counties both include large, similarly-sized and diverse populations that increase the meaningfulness of comparisons;
- **North Carolina:** The CHAT also determined that comparisons with the state as a whole would be appropriate, as Wake County strives to maintain its position as the healthiest county in the state;
- **Dane County, Wisconsin:** As part of the Healthiest Capital County Initiative, an appropriate comparison for Wake County, the capital county for North Carolina, is the current healthiest capital county in the nation. According to 2014 data, Dane County, home of Madison, Wisconsin, is that county and was used for comparison purposes.

Study Limitations

This study utilized a broad range of data to assess the needs in Wake County; however, gaps in information for the eight service zones exist given that most of the publicly available data are provided at the county level. As such, the service zone prioritization process did not include as many secondary (existing) measures as the county prioritization process due to the lack of available data. Additionally, discrete ZIP code level definitions for each of service zones were not available; instead, the Wake County Planning Department defines the service zones by census tract, and many of the existing data measures were not available at the census tract level.

To estimate health needs for the individual service zones, ZIP codes were allocated to each service zone based on the original census tract definitions provided by the Wake County Planning Department and the US Department of Housing and Urban Development (HUD) ZIP/Tract crosswalk file. The HUD file provided information regarding which ZIP codes fall into which service zone(s) based on their census tract definitions. While some ZIP codes may be contained to only one service zone, others may cross the individual service zones boundaries and be present in two or more zones. The HUD ZIP-to-Tract crosswalk file can be used to determine the ratio of residential addresses by ZIP code that fall into each service zone. This allowed any available ZIP code health data to be split by the ratio of residential addresses in each service zone. Under this approach, in the event that a ZIP code expands beyond the Wake County line, the percentage of residential addresses that lie within another county was also determined and the ZIP code level health data were adjusted accordingly.

The development of a community health needs assessment is a lengthy and time-consuming process. The data collection process for the 2016 Wake County CHNA began in September 2015. As such, more recent data may have been made available after the collection and analysis period of this process. Existing data are typically available at a lag time of one to three years from the data occurrence. One limitation in the data analyses process is the staleness of the data which may not depict the most recent occurrences experienced within the community. Given the staleness of existing data and the fact that data are typically only available at the county level, the CHNA partners attempted to compensate for these limitations through the collection of new data, including focus groups, telephone surveys, Internet-based community surveys, and Internet-based key leader surveys. While some additional existing data were provided during and after the prioritization process, they were not available in time to be incorporated into the data analysis phase of the process.

Additionally, gaps in information for particular sub-segments of the population exist. Many of the available data sets do not necessarily isolate the uninsured, low-income persons, or certain minority groups. In attempts to compensate for the lack of these data, attempts were made to include these sub-segments of the greater population through qualitative data gathered throughout the CHNA process, including focus groups, Internet-based surveys, and telephone surveys. Limitations regarding age-specific data across the lifespan resulted in the lack of meaningful comparisons of needs across different age cohorts.

Limitations in the availability of both new and existing data for the non-adult (children and youth) population have impacted the extent to which this sub-population and its related health needs are discussed in this assessment. While some data were collected through the new data collection processes, the legal and practical issues associated with surveying children directly or including them in focus group discussion limited the analysis mostly to the existing data that were available. There were some instances where existing data were available only for Wake County, which did not allow for comparative analysis with peer geographies or benchmarks. For additional information about the children and youth of Wake County, please refer to the [Wake County Youth Well-being Profile](#) which was produced by Youth Thrive and its network of partners.

Limitations in the ability to gather data and input from the non-English-speaking population within the county have impacted the extent to which these populations and their related health needs are discussed throughout this assessment. The telephone survey could not be conducted in Spanish given the inability to complete a random, statistically valid survey in various languages. In order to include input from non-English-speaking members of the community, the CHNA partners chose to focus on the Spanish-speaking population through a focus group conducted in Spanish, an Internet-based community survey that was available in Spanish, and the offering of Spanish interpretation service at the community prioritization meeting held in Raleigh.

Finally, components of this assessment, with regard to both the county overall and each of the eight service zones, have relied on input from community members and key leaders through the telephone survey, Internet-based surveys, focus groups, and prioritization process. Since it would be impossible to gather input from every single member of the community, the community members that participated have offered their best expertise and understanding on behalf of the entire community. As such, with the exception of the telephone survey, which was statistically valid for the county as a whole, the CHNA partners have assumed that the community members that were surveyed accurately and completely represented their fellow residents.

CHAPTER 3: COMMUNITY PROFILE OVERVIEW

Wake County was founded in 1771 and occupies approximately 860 square miles in the Piedmont region of North Carolina. In 1792, the city of Raleigh was named the capital of North Carolina and it remains the most populous municipality in Wake County. With a population in excess of 998,000 persons, the county is the second most populous county in the state. Wake County is home to the following twelve municipalities:

- Apex
- Cary
- Fuquay-Varina
- Garner
- Holly Springs
- Knightdale
- Morrisville
- Raleigh
- Rolesville
- Wake Forest
- Wendell
- Zebulon

These municipalities offer opportunities for both urban and rural living while still offering proximity to all that Wake County has to offer.

Wake County has experienced population growth over recent years and that growth is expected to continue. According to data from Claritas, Wake County is projected to grow at a higher annual rate than its peer geographies at 1.9 percent annually from 2010 to 2020 with the addition of over 182,000 people.

Total Population

Year	Wake County	Mecklenburg County	North Carolina	Dane County, WI
2010	900,993	919,628	9,535,483	488,073
2015	998,488	1,015,129	9,993,105	519,790
2020	1,083,811	1,099,678	10,485,265	545,725
2010-2020 CAGR*	1.9%	1.8%	1.0%	1.1%

Source: Claritas, Pop-Facts Demographic Trend 2015.
*Compound Annual Growth Rate

The population distribution by gender is similar between Wake County and its peer geographies. Comparisons of the median age of each population show that Wake County has a higher median age than both Mecklenburg and Dane counties although it is lower than North Carolina overall.

2015 Population Characteristics

	Wake County	Mecklenburg County	North Carolina	Dane County, WI
Male as % of Total	48.7%	48.3%	48.7%	49.6%
Female as % of Total	51.3%	51.7%	51.3%	50.4%
Median Age	35.9	35.1	38.2	35.6

Source: Claritas, Pop-Facts Demographic Trend 2015.

Wake County's racial diversity is most similar to North Carolina as whole, although Wake County has a larger Asian population as a percentage of total population. Wake County is more diverse than Dane County but less diverse than Mecklenburg County.

2015 Population - Racial Diversity

Race	Wake County	Mecklenburg County	North Carolina	Dane County, WI
White	64.8%	53.5%	67.3%	83.5%
Black or African American	21.0%	31.2%	21.6%	5.3%
American Indian or Alaska Native	0.6%	0.5%	1.3%	0.4%
Asian	6.0%	5.3%	2.6%	5.3%
Native Hawaiian/Other Pacific Islander	0.1%	0.1%	0.1%	0.0%
Some Other Race	4.8%	6.6%	4.7%	2.7%
Two or More Races	2.8%	2.8%	2.4%	2.8%

Source: Claritas, Pop-Facts Demographic Trend 2015.

With regards to ethnicity, Wake County is less ethnically diverse than Mecklenburg County but is more diverse than both North Carolina and Dane County.

2015 Population - Ethnic Diversity

Ethnicity	Wake County	Mecklenburg County	North Carolina	Dane County, WI
Hispanic/Latino	10.3%	13.0%	9.2%	6.4%
Non-Hispanic/Latino	89.7%	87.0%	90.8%	93.6%

Source: Claritas, Pop-Facts Demographic Trend 2015.

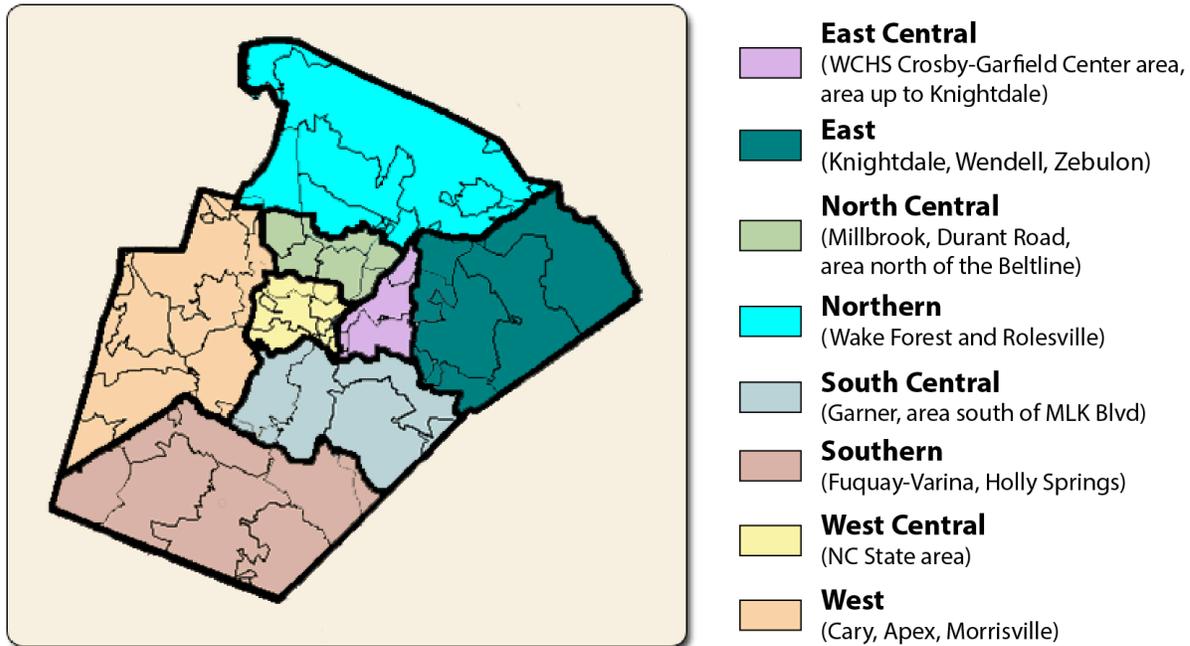
Wake County has a higher median income than its peer geographies with Dane County being the closest at nearly \$3,000 less than Wake County.

2015 Population – Median Income

	Wake County	Mecklenburg County	North Carolina	Dane County, WI
Median Income	\$66,465	\$57,319	\$46,737	\$63,626

Source: Claritas, Pop-Facts Demographic Trend 2015.

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. In order to account for variations based on geography, this CHNA utilizes the census tract definitions of eight service zones within the county as developed by the Wake County Planning Department. ZIP code definitions were developed as part of the CHNA process. Please see the map below for geographical representation by zone.

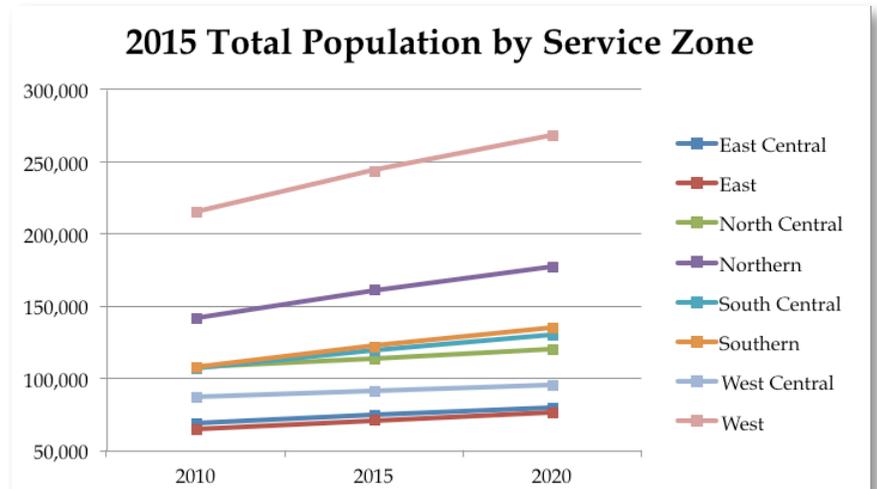


Variation among the service zones based on demographic composition exists. The major differences are summarized below.

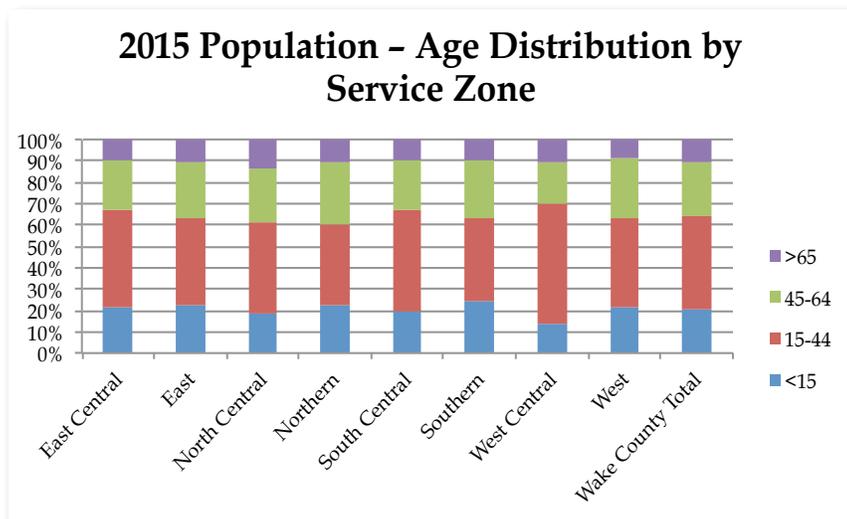
- The East Central zone is the most racially and ethnically diverse of the eight service zones. This zone also has the lowest median household income when compared to the other zones.
- The East zone is the smallest in terms of population size and represents approximately seven percent of the total Wake county population.
- The North Central zone has the highest percent of its population aged 65 or older.
- The Northern zone is the least ethnically diverse of the eight service zones with approximately six percent of its population identifying as Hispanic/Latino. It is also projected to experience the most growth from 2010 to 2020.
- The South Central zone is the second most racially diverse zone within Wake County.
- The Southern zone is the least racially diverse when compared to the other zones.
- The West Central zone is the projected to experience the least amount of growth among the eight zones from 2010 to 2020.
- The West zone is the largest in terms of population size and represents approximately 24 percent of Wake County’s total population. This service zone also has the highest median household income of the eight zones.

Detailed demographic data by service zone are included below.

The Northern zone is projected to be the highest growing area in the county from 2010 to 2020 while the West Central zone is projected to grow the least. The West zone is the largest zone in terms of population size while the East zone is the smallest.



Source: Claritas, Pop-Facts Demographic Trend 2015.

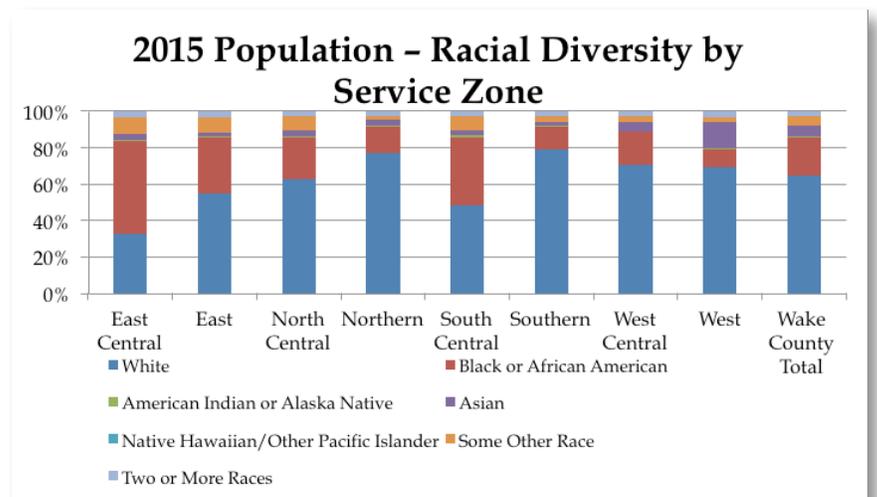


Source: Claritas, Pop-Facts Demographic Trend 2015.

The age distribution varies by service zone with the North Central zone having the largest percentage of its population over the age of 65. However, the highest median age is within the Northern zone while the lowest median age is in the West Central zone.

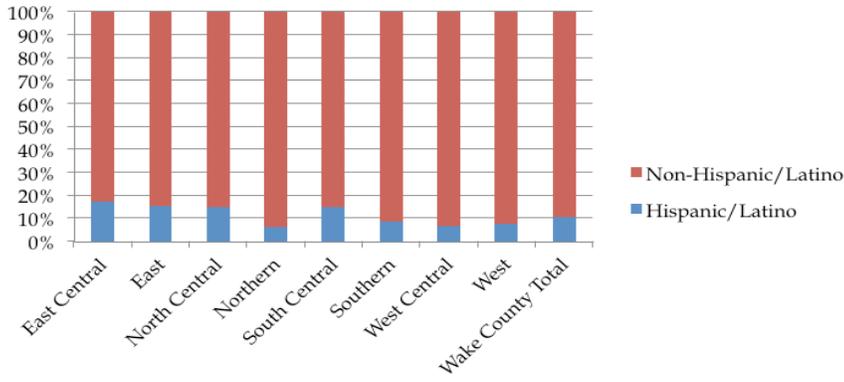
The East Central zone is the most diverse while the Southern zone is the least diverse.

The East Central zone is the most ethnically diverse while the Northern zone is the least diverse with regards to Hispanic/Latino and non-Hispanic/Latino ethnicities.



Source: Claritas, Pop-Facts Demographic Trend 2015.

2015 Population - Ethnic Diversity

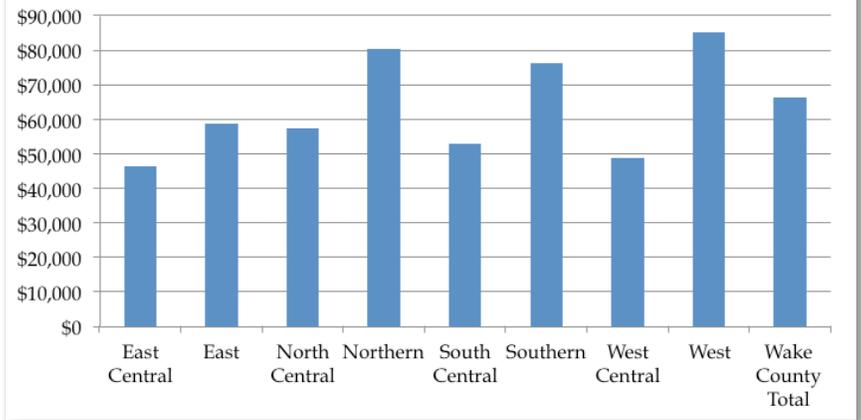


Source: Claritas, Pop-Facts Demographic Trend 2015.

Variation also exists as related to median income with the West zone having the highest median income and the East Central zone having the lowest median income among the eight service zones.

As the health needs and priorities of the county are discussed in the sections to follow, the characteristics of and differences among the eight service zones are important to consider, as they impact the variation in health needs and the zone-specific priorities.

2015 Population - Median Income



Source: Claritas, Pop-Facts Demographic Trend 2015.

CHAPTER 4: HEALTH NEEDS PRIORITIZATION PROCESS

Process Overview

The process of determining the priority health needs for the 2016 CHNA began with the collection and analysis of hundreds of data points. All individual data measures from both primary (new) and secondary (existing) sources were gathered, analyzed, and interpreted. In order to combine data points into more easily discussable categories, data measures were sorted by common themes and developed into twenty-one² data categories. Given the large number of individual data measures that were collected, analyzed, and interpreted throughout this process to develop the twenty-one categories, it was not feasible to make each of them a priority. In an effort to identify the top priorities for the county overall and each of the service zones, a prioritization matrix was developed.

The prioritization matrix included the findings from the analysis of the primary (new) and secondary (existing) data, which were presented to the Steering Committee in February 2016 and to community members during the prioritization meetings held on March 8, 2016. Additionally, Steering Committee members were provided the opportunity to complete an Internet-based survey in which they were asked to identify the significance of the need for each of the twenty-one categories as high, medium, or low. Community members were asked to provide the same information at the community prioritization meetings. These various data components were then analyzed and the results were weighted as follows:

- Secondary (existing) data – Weighted 50 percent;
- Primary (new) data – Weighted 50 percent in total, as follows:
 - Focus group findings, telephone survey results, and Internet-based community survey results – Weighted 20 percent;
 - Community prioritization meeting results – Weighted 20 percent; and,
 - Steering Committee prioritization survey results – Weighted 10 percent.

The final priority score was calculated by summing the weighted scores of the individual data components mentioned above. Each category has a score between one and three, with a score of three demonstrating the highest need. Please refer to the appendices for detailed descriptions of the methodologies used to analyze and determine the priority scores for each data component mentioned above. Please see Appendix 5 for the definitions and data measures for each category.

² Please note that during the data analysis and prioritization meeting phases of the CHNA process, Mental Health and Substance Abuse were two separate categories, for a total of 22 categories. These were combined into one priority area based on discussion among the CHNA partners.

Results of Prioritization Matrix

The following categories were identified as the four priority areas for Wake County that will be addressed over the next three years:

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

The final prioritization score for each of the twenty-one categories are provided in the table below.

Need Category	Final Priority Score
Health Insurance Coverage	2.73
Transportation	2.56
Access to Health Services	2.51
Mental Health and Substance Abuse	2.27
Income and Poverty	2.26
Employment	2.17
Health Professionals	2.16
Physical Activity, Nutrition, and Obesity	2.16
Housing and Homelessness	2.16
Community Engagement	2.10
Caregiving	2.02
Environmental Health	1.98
Education and Lifelong Learning	1.95
Child Welfare and Financial Assistance	1.93
Health Status (Infectious and Chronic Disease and other causes of death)	1.88
Injury and Violence	1.85
Maternal and Infant Health	1.72
Oral Health	1.68
Crime and Safety	1.63
Disabilities	1.48
Cultural and/or Language Barriers	1.25

CHAPTER 5: COUNTY PRIORITY AREAS

This chapter examines the four selected priority areas in greater detail. In particular, the discussion below provides more information about what is included in each priority area, the data and information that supports each priority, and a summary of the specific issues identified for each priority during the data collection process. For more detailed supporting data, please see the appendices of this document.

Priority 1: Health Insurance Coverage

As noted by Healthy People 2020, “Uninsured people are:

- Less likely to receive medical care
- More likely to die early
- More likely to have poor health status³”.

Health insurance coverage has continued to be a frequently discussed and politicized topic since 2013. Although the Affordable Care Act did result in an increase in the availability of insurance to more residents, the lack of Medicaid expansion in North Carolina has left many low-income residents without insurance.

Not only do issues related to health insurance coverage exist for the uninsured and underinsured but also for those who are newly insured or who are covered by certain types of insurance, such as Medicare and Medicaid. While the problems experienced by these various groups may vary, they are all important to address. Whether or not an individual or family has health insurance directly impacts their ability to access to health services and their health status.

Information collected during the process indicates that some physicians and other healthcare providers are no longer accepting new Medicare and Medicaid patients, and given the costs associated with an urgent care visit, many patients will forego care entirely or instead rely on area emergency departments as their primary care provider. Lack of health insurance significantly influences one’s ability to have access to healthcare services, particularly if there are not many providers who offer services on a sliding fee scale. A sliding fee scale is one in which the amount paid for services is based on the patient’s income; those with lower incomes pay less than those with higher incomes. The need for more providers to provide care based on a sliding scale was specifically mentioned by focus group participants as an area for potential improvement.

Health insurance coverage was identified as a priority area in all eight service zones and in Wake County overall. The rationale for identifying health insurance coverage as a priority area in Wake County include:

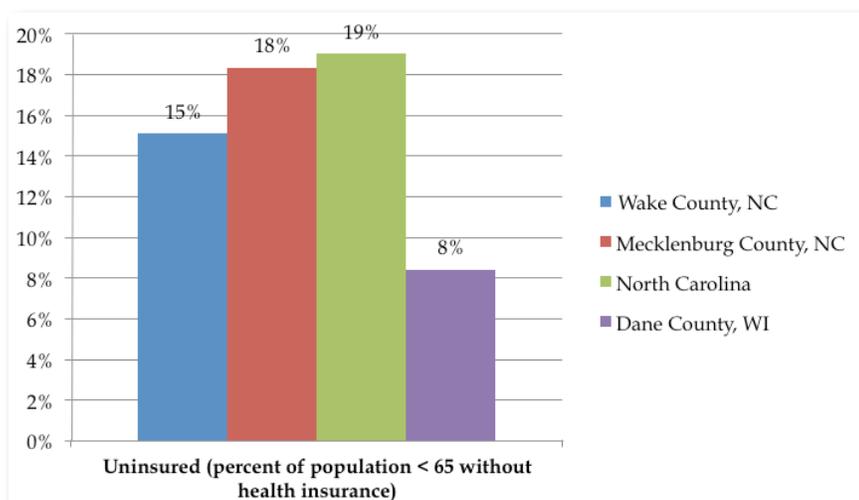
- *Percentage of population under age 65 without health insurance* – Wake County’s percentage of uninsured exceeds the Healthy People 2020 target, the Healthy NC 2020 target, and the University of Wisconsin Population Health Institutes’ Top Performers benchmark.

³ Healthy People 2020, Washington, DC: U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. <https://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services>

- **Focus group findings** – Health insurance coverage was a frequent topic of discussion in six of the nine focus groups.
- **Survey results** – Financial status/health insurance coverage was identified as a top issue affecting quality of life in the telephone survey, community Internet-based survey, and Internet-based key leader survey.
- **Community and Organization Prioritization Input** – Health insurance coverage received the ninth highest average score from community members and the eighth highest average score from the Steering Committee.

These factors are discussed in more detail below.

Percentage of population under age 65 without health insurance



Existing data show that while Wake County has a lower percent of its population that is uninsured than both Mecklenburg County and the state of North Carolina, it is still higher than Dane County. Additionally, the percentage of uninsured in Wake County is higher than the Healthy People 2020 target (zero percent), the Healthy NC 2020 target (eight percent), and the University of Wisconsin Population Health Institute’s 2015 Top Performers (11 percent).

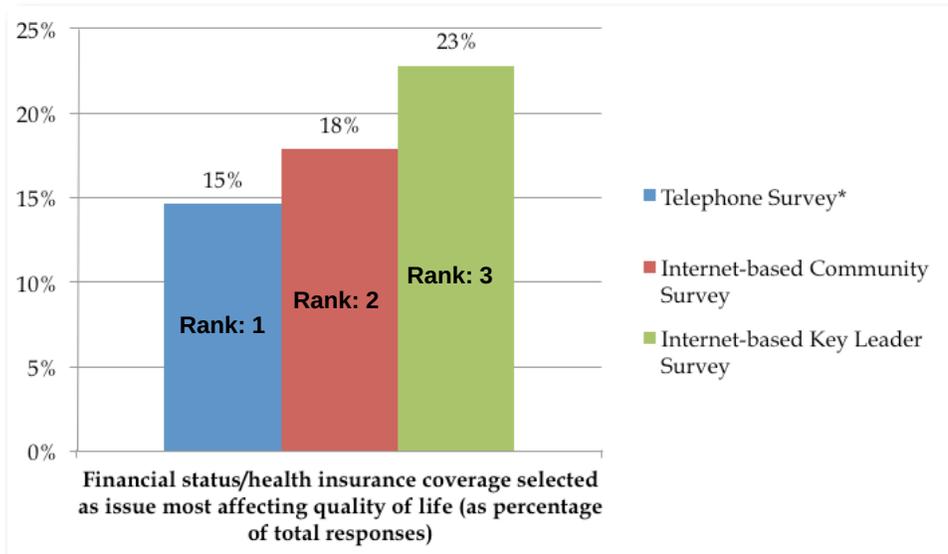
Source: University of Wisconsin Population Health Institute’s 2015 County Health Rankings.

Focus Group Findings

Focus group participants expressed frustrations regarding the cost of health insurance coverage, stating that many people either do not qualify for insurance coverage and/or cannot afford to purchase insurance. Not only were the costs associated with insurance coverage itself mentioned, but the compounding additional financial obligations that are associated with visits, treatments, and prescriptions were identified. Many participants noted that these issues particularly impact the working poor population within the county.

Additionally, concerns were expressed related to the sheer complexity of the health system and the confusion associated with trying to navigate that system to get needed care. There was a general consensus that there is a need for better education on how insurance works and how to use it. This is a vital component to addressing health insurance coverage because if the community does not understand how to use insurance then the benefits associated with having insurance are not fulfilled.

Survey Results



In response to a question asking respondents to select the issue that most affects the quality of life in the community, financial status/health insurance coverage was selected as the most frequently chosen response in all three surveys – the telephone survey, Internet-based community survey, and Internet-based key leader survey.

*Please note that transportation tied financial status/health insurance coverage for the most frequently chosen response in the telephone survey.
Source: 2016 Wake County CHNA Surveys

Moreover, when asked what factors have the greatest impact on why they themselves or the population served by their organization may put off going to the doctor for issues related to physical health, 17 to 44 percent of responses from the various surveys were related to the inability to pay for services, insurance not covering needed services, insurance not being accepted by healthcare provider, or lack of health insurance. These reasons were also cited by five to 36 percent of total responses when asked for the greatest impact relative to putting off going to the doctor for issues related to mental health.

Community and Organization Prioritization Input

The significance of health insurance coverage as a community need received an average score of 2.3, on a scale from one to three, from community members, making it the ninth most significant need. It also received a score of 2.3 from Steering Committee members, making it the eighth most significant need among the categories.

Summary

The level and type of insurance held by individuals can significantly impact their ability to obtain healthcare services, and more specifically to obtain services in the most appropriate healthcare setting. More patient education and community resources are needed to help residents become insured. Further, more providers who accept Medicare and Medicaid is needed to ensure that when people become insured they can access basic preventative services. Additional sliding scale providers could also help to ensure that these residents have access to healthcare services regardless of their insurance status and ability to pay.

Priority 2: Transportation

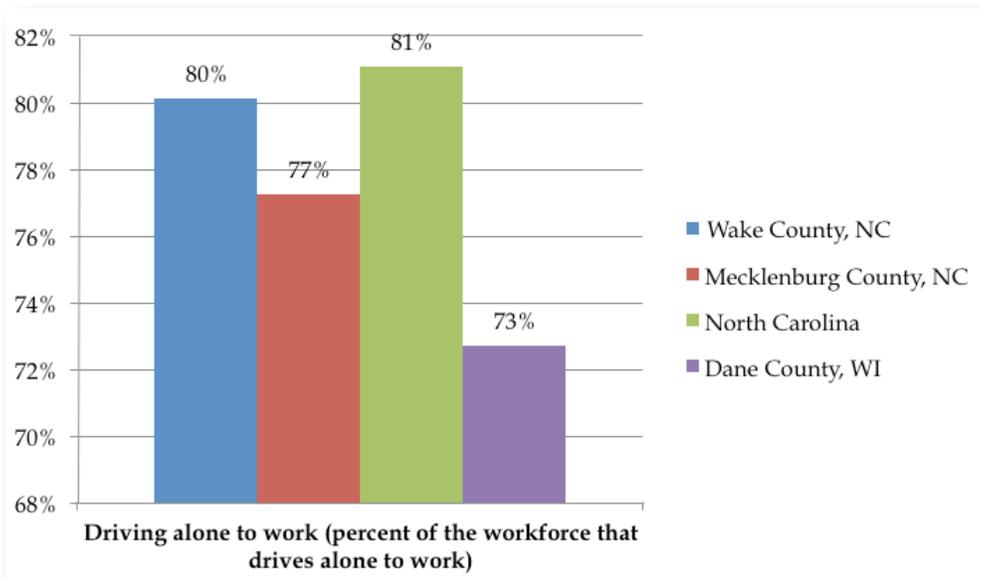
While transportation may not seem related to health needs, many aspects of daily life require use of transportation, including employment, education, access to nutritional foods, and access to healthcare services, and all of these factor into one's overall health. Further, transportation also impacts physical activity. The transportation infrastructures in Wake County have struggled to keep up with the population growth experienced within the county over recent years. As the population has increased, so have commute times, traffic, and demand for public transit systems. Access to reliable and timely transportation options can improve the well-being of the community.

Transportation was identified as a priority need in five service zones and in Wake County overall. The rationale for identifying transportation as a priority area in Wake County include:

- *Percentage of workforce that drives alone to work* – Wake County's percentage exceeds the University of Wisconsin Population Health Institutes' Top Performers benchmark, Mecklenburg County, and Dane County data.
- *Percentage of workers who commute more than 30 minutes, among workers who commute in their car alone* – Wake County's percentage exceeds the University of Wisconsin Population Health Institutes' Top Performers benchmark, North Carolina, and Dane County data.
- *Focus group findings* – Transportation was a frequent topic of discussion in eight of the nine focus groups.
- *Survey results* – Transportation was identified as a service needing improvement in the telephone survey, community Internet-based survey, and Internet-based key leader survey.
- *Community and Organization Prioritization Input* – Transportation received the sixth highest average score from community members and the second highest weighted score from the Steering Committee.

These factors are discussed in more detail below.

Percentage of workforce that drives alone to work

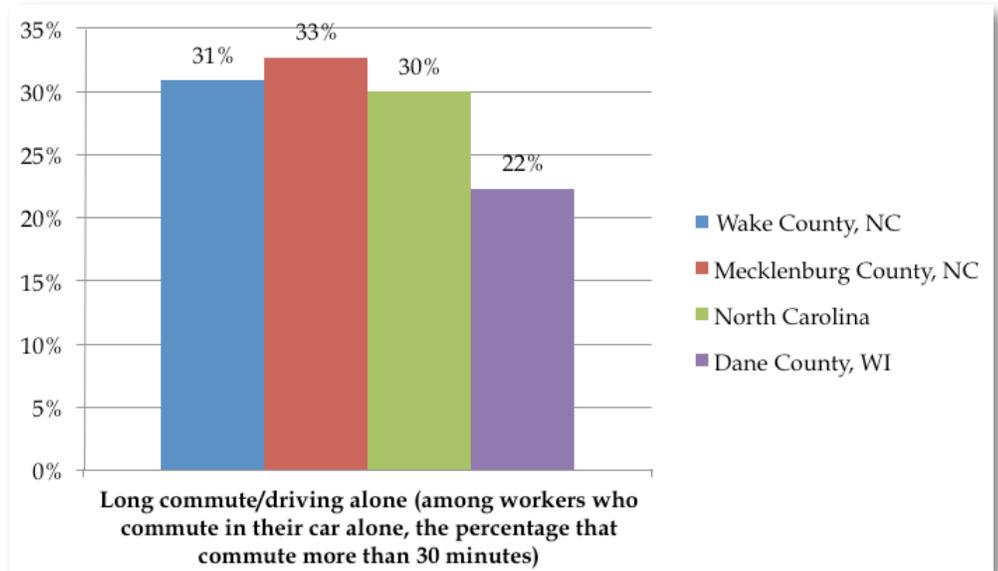


Existing data show that while Wake County has a lower percent of its population driving to work alone than the state of North Carolina, it is still higher than Mecklenburg and Dane counties. Additionally, Wake County is higher than the University of Wisconsin Population Health Institutes' Top Performers benchmark (71 percent).

Source: University of Wisconsin Population Health Institute, 2015 County Health Rankings.

Percentage of workers who commute more than 30 minutes, among workers who commute in their car alone

Existing data show that while Wake County has a lower percent of its population driving to work alone and commuting more than 30 minutes than Mecklenburg County, it is still higher than North Carolina and Dane County. Additionally, Wake County's percentage is more than double the University of Wisconsin Population Health Institute's Top Performers benchmark (15 percent).



Source: University of Wisconsin Population Health Institute, 2015 County Health Rankings.

Focus Group Findings

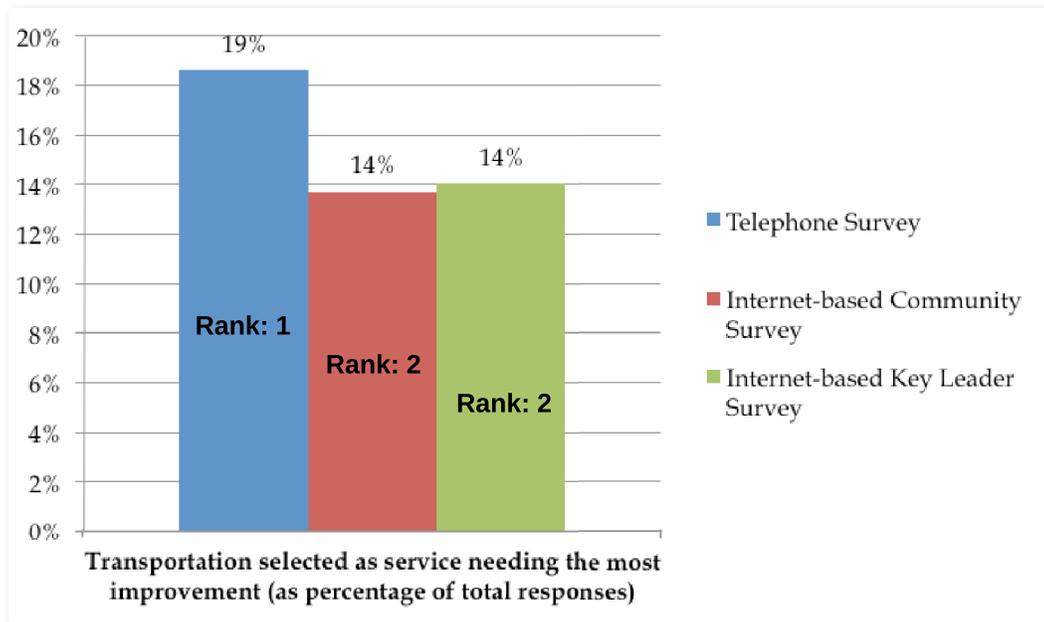
Residents described problems with existing public transportation services, noting that sometimes in order to reach their final destination they would have to coordinate bus schedules and catch multiple buses. This is time consuming and creates additional stress in trying to get around town. Issues related to transportation services are particularly troublesome for the elderly and those in poverty, which can compound health concerns for this population.

Some residents noted that the lack of well-designed sidewalks and crosswalks make the need for access to transportation services even greater, as walking is often not an option even when the destination is within a reasonable distance. While this may not negatively impact those who have access to a personal vehicle, for those who rely on public transportation it is a greater concern. Further, for those who do not live or work near a public transit location, getting to where they need to go becomes extremely difficult.

Regarding access to existing healthcare services and resources, many residents said that there may be enough resources but people may simply not be able to access them, particularly if they live outside of Raleigh. Transportation was identified as a barrier to accessing healthcare in general and more specifically with regard to accessing specialized services, as these specialty services are not offered in many of the outlying areas of the county.

While much of the discussion in the focus groups was centered on transportation as related to automobiles or public transit, there was also some discussion related to the difficulties accessing non-automobile transportation options, such as sidewalks and greenways.

Survey Results



Source: 2016 Wake County CHNA Surveys

In response to a question asking respondents to select the service needing the most improvement in the community, transportation was selected as the most frequently chosen response in the telephone survey and the second most frequently chosen response in both the Internet-based community and key leader surveys.

Additionally, respondents to the telephone survey most frequently chose transportation (tied with financial status/health insurance coverage) as the issue that most affects the quality of life in the community.

Community and Organization Prioritization Input

The significance of transportation as a community need received an average score of 2.3, on a scale from one to three, from community members, making it the sixth most significant need. It also received a score of 2.7 from Steering Committee members, making it the second most significant need among the categories.

Summary

Long range transportation planning efforts are currently underway under the direction of the Wake County Board of Commissioners. Community outreach efforts to garner community input on the recommended Wake County Transit Plan took place in May 2016 and the Board of Commissioners voted to officially adopt the plan in June 2016. The recommended plan includes a regional commuter rail, connecting all twelve municipalities, ensuring frequent and reliable urban mobility, and enhancing access to transit.⁴

Wake County also has numerous programs and initiatives related to non-auto-centric transportation options, including the [North Carolina Department of Transportation's Complete Streets Policy](#), [Wake Safe Routes to School Model Program](#), the recently adopted bike rental program in Raleigh, and the updated [BikeRaleigh Plan](#). In addition, all twelve municipalities and the county itself have greenways and trails that offer additional recreational and transportation alternatives.⁵ As Wake County continues to grow, additional and continued efforts gearing towards improving how residents travel throughout the county will be necessary.

⁴ For more information on the Wake County Transit Plan please visit <http://www.waketransit.com>.

⁵ For more information on greenways and trails please visit <http://www.wakegov.com/parks/about/pages/trailsgreenways.aspx>.

Priority 3: Access to Health Services

Access to health services was also a priority identified in the 2013 Wake County CHNA. There were some differences in opinion regarding whether or not this area has experienced any improvement over the past three years; however, there was general consensus that room for improvement still exists as evidenced by its prioritization in the current CHNA.

Access to health services was identified as a priority need in Wake County overall. The rationale for identifying access to health services as a priority area in Wake County include:

- **Rate of preventable hospital stays (ambulatory sensitive conditions) per 1,000 Medicare enrollees** – Wake County’s rate of preventable hospital stays is higher than the University of Wisconsin Population Health Institutes’ Top Performers benchmark as well as all peer geographies.
- **Focus group findings** – Discussions related to access to health services occurred in all nine focus groups held throughout the county.
- **Survey results** – Primary and preventative healthcare (including dental) was identified as a community health need in the telephone survey, community Internet-based survey, and Internet-based key leader survey.
- **Community and Organization Prioritization Input** – Access to health services received the second⁶ highest average score from community members and the third highest average score from the Steering Committee.

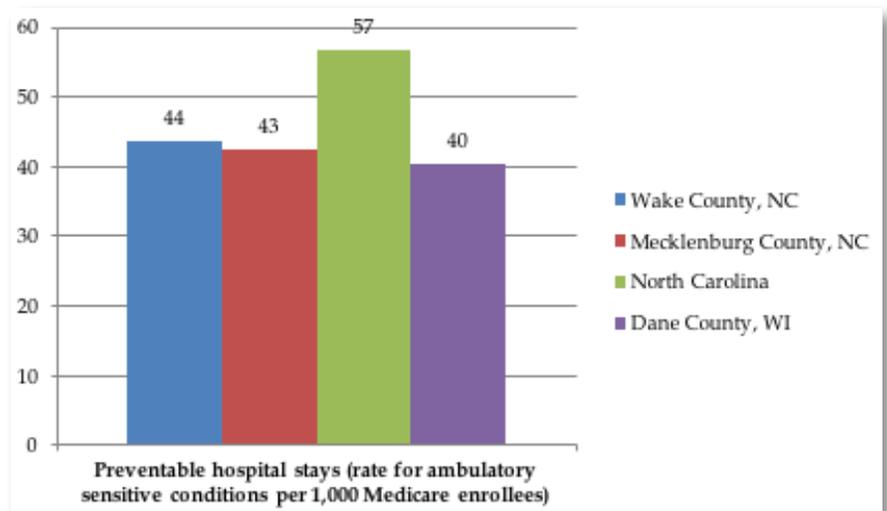
These factors are discussed in more detail below.

Rate of preventable hospital stays (ambulatory sensitive conditions) per 1,000 Medicare enrollees

Existing data show that Wake County has a higher rate of preventable hospital stays when compared to Mecklenburg County and Dane County. Additionally, Wake County has a higher rate than the University of Wisconsin Population Health Institute’s 2015 Top Performers (41.2 per 1,000).

Focus Group Findings

Problems accessing health services were noted due to a variety of reasons, including insurance status, issues related to transportation options, location of provider offices, hours of availability for scheduling visits, and the lack of knowledge of available resources. When access to care is viewed as being limited, many residents resort to visiting local emergency departments to get the care they need, including management of chronic illnesses. A lack of facilities and specialists in local communities across the county were noted as being barriers to accessing care. The need for more sliding scale providers to ensure affordable care was cited as a needed resource throughout the community.



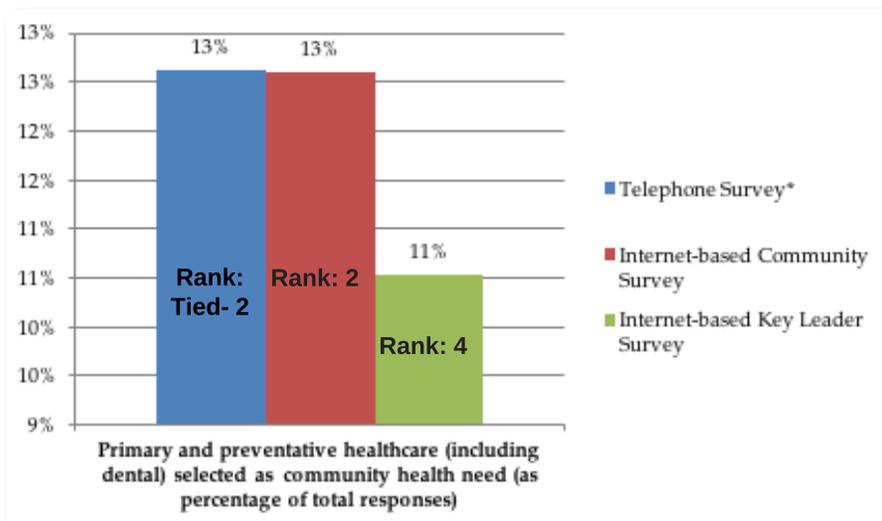
Source: University of Wisconsin Population Health Institute, 2015 County Health Rankings.

⁶ Tied with Income and Poverty

The traditional hours offered by many healthcare providers also create a barrier to accessing care for many individuals and families who are forced to miss an entire or partial day of work in order to go to the doctor. While the number of retail clinics and urgent care centers offering extended hours has increased since 2013, many people in the community do not know that these facilities are available nor do they know how to use such services. More education on the availability of services is needed. Extended hours, both during the week and on weekends in traditional physician offices would help to alleviate time-related barriers related to obtaining care. Additionally, long wait times were also cited as reasons why people may not seek care. For example, if a sick person calls the doctor to schedule an appointment but cannot be seen for a week or two, many are likely to forego care or to try to treat the symptoms on their own prior to that available appointment.

Personal preferences and feelings associated with accessing services, such as fear of receiving a bad diagnosis, can also contribute to individuals putting off accessing health services. Financial concerns regarding not being able to pay for the services rendered also prevent people from seeking care out of fear that an outstanding bill may hurt other aspects of their life, such as the ability to get housing.

Survey Results



In response to a question asking respondents to select the top community need in the community, primary and preventive healthcare (including dental) was selected as the second most frequently chosen response in the both the telephone survey and the Internet-based community survey and the fourth most frequently chosen response in the second most frequently chosen response in both the Internet-based key leader survey.

*Please note that obesity tied primary and preventative healthcare (including dental) for the second most frequently chosen response in the telephone survey.
Source: 2016 Wake County CHNA Surveys

In addition, healthcare access and disease management was frequently mentioned in the Internet-based community and key leader surveys as a service needing improvement and preventive health services were noted as a health behavior for which community members need more information based on the results of the key leader survey.

Community and Organization Prioritization Input

The significance of access to the health services as a community need received an average score of 2.6, on a scale from one to three, from community members, making it the second⁷ most significant need. It also received a score of 2.6 from Steering Committee members, making it the third most significant need among the categories.

⁷ Tied with Income and Poverty

Summary

The ability to access health services is a critical public health issue, as primary and preventative services can help to prevent or manage chronic illnesses thus improving the health of the community. Expanded access can be achieved by placing facilities and providers throughout the local communities of Wake County and expanding hours of operation for existing practices. More educational resources regarding the services available, how to access services, and how to prevent and manage health conditions are needed.

Priority 4: Mental Health and Substance Abuse

Wake County has experienced an increase in the prevalence and severity of mental health and substance abuse problems over recent years. At the same time, the availability of resources and access to services for people suffering with these problems has declined. The closure of the Dorothea Dix campus in 2012 has further exacerbated the need for additional mental health resources in the county. Residents are increasingly finding that those that need help related to mental health and substance abuse are not being seen due to capacity constraints at existing facilities.

Mental health and substance abuse were identified as priority areas in seven of the eight service zones and Wake County overall. The rationale for identifying mental health and substance abuse as priority area in Wake County include:

- *Suicide rate per 100,000 population* – The rate of suicide within Wake County is higher than the Healthy NC 2020 target as well as Mecklenburg County.
- *Percentage of adults who report smoking \geq 100 cigarettes and are currently smoking* – Wake County’s percentage of current adult smokers is higher than the Healthy People 2020 target.
- *Percentage of people reporting any poor mental health days* – Wake County’s percentage of people reporting any poor mental health days is higher than the Healthy People 2020 target and similar to North Carolina overall.
- *Rate of mental health emergency department visits per 10,000 population* – Wake County’s rate of emergency department visits due to mental health-related issues is higher than the NC Healthy People 2020 target.
- *Alcohol-impaired driving deaths* – The proportion of proportion of driving deaths with alcohol impairment in Wake County is higher than the University of Wisconsin Population Health Institutes’ Top Performers benchmark and the state of North Carolina.
- *Percentage of people exposed to secondhand smoke in the workplace in the past seven days* – The percentage of people exposed to secondhand smoke is higher in Wake County than the Healthy NC 2020 target and Mecklenburg County.
- *Rate per 100,000 population of persons served in NC State Alcohol and Drug Treatment Centers* – The rate of the population who receive care at a State Alcohol and Drug Treatment Center is higher in Wake County than in Mecklenburg County.
- *Focus group findings* – Discussions related to mental health and substance abuse occurred in all nine focus groups held throughout the county.
- *Survey results* – Behavioral health (mental, drugs, etc.) was selected as the most frequently chosen response regarding the top community health need in all three surveys – the telephone survey, Internet-based community survey, and Internet-based key leader survey. Additionally, emotional and mental health was the most frequently selected response in all

three surveys to a question regarding the health behavior for which people in the community need more information.

- **Community and Organization Prioritization Input** – Mental health received the highest average score from both community members and the Steering Committee while substance abuse received the eighth highest average score from community members and the fourth highest average score from Steering Committee members.

Due to the number of measures included within this priority area, please see Appendix 2 for more detailed information related to the secondary (existing) data measures listed above.

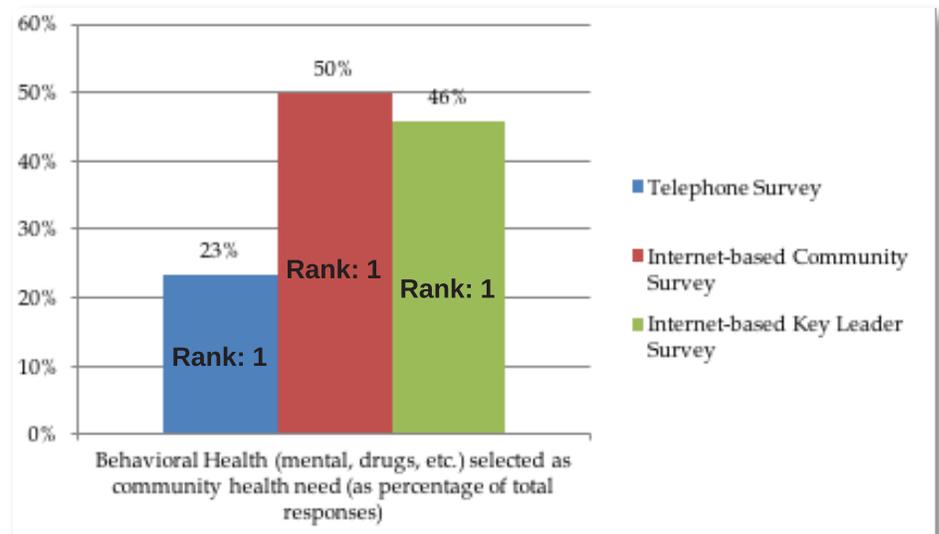
Focus Group Findings

Focus group participants noted that mental health and substance abuse issues are on the rise but that the availability of resources to help are declining. Specifically, feelings of hopelessness, prescription drug abuse, and heroin use were all mentioned by community residents as growing concerns. Given that these issues relate to many other aspects of the community, including but not limited to crime, poverty, and physical health, it is important that residents can receive the care they need. More education and outreach efforts to combat the stigma generally associated with mental health and substance abuse problems and to inform the public as to what resources are available were noted as specific needs. Ensuring access to facilities, for individuals of all socioeconomic levels, was also noted as an important component of addressing these issues.

Survey Results

In response to a question asking respondents to select the top community need in the community, behavioral health (mental, drugs, etc.) was selected as the most frequently chosen response in all three surveys – the telephone survey, Internet-based community survey, and Internet-based key leader survey.

Additionally, emotional and mental health was the most frequently selected response in all three surveys to a question regarding the health behavior for which people in the community need more information.



Source: 2016 Wake County CHNA Survey

Community and Organization Prioritization Input

Mental health was the most highly ranked category with a score of 2.7 based on the community prioritization input while substance abuse was the eighth most highly ranked with a score of 2.3. Steering Committee input ranked mental health the highest with a score of 2.9 and substance abuse fourth with a score of 2.5.

CHAPTER 6: HEALTH RESOURCE INVENTORY

The previous chapters discuss the health needs in the county, particularly the four areas of priority determined in the 2016 CHNA process. While some of those priorities relate to a lack of sufficient resources in the community, there are many existing resources that address some of these priority areas, as well as the other health needs of the community. To provide the public with information about the resources available to address these needs, this chapter provides a discussion of the health resources in Wake County related to the four identified priority areas, including a description of the available healthcare facilities and services, and the need for additional facilities and services in the county. Please note that while the county as a whole may be adequately served by existing capacity, not every area of the county is equally served, and the need for additional resources may be greater in one area as compared to another. For a complete listing of health resources available in Wake County, please refer to Appendix 4.

AVAILABLE RESOURCES RELATED TO PRIORITY AREAS

Priority 1: Health Insurance Coverage

As discussed previously, an individual's type or lack of health insurance coverage can exist as a barrier to accessing healthcare services. In addition, even those who have insurance may not understand how to use it or how to navigate the complex healthcare system. Due to this lack of understanding, even those who have insurance may still not have access to needed health services.

In order to ensure that patients are being seen in the most appropriate healthcare setting, regardless of their insurance status or ability to pay, additional community resources are needed. The following facilities and resources are available to those who are uninsured, homeless, or have limited or no income.

Primary Care for the Homeless and/or Uninsured	City
Advance Community Health - Apex	Apex
Advance Community Health - Dental	Raleigh
Advance Community Health - Fuquay-Varina	Fuquay-Varina
Advance Community Health - Horizon Healthcare for the Homeless Program	Raleigh
Advance Community Health - Pediatrics	Raleigh
Advance Community Health - S. Wilmington Outreach Center	Raleigh
Advance Community Health - Southeast Raleigh	Raleigh
Alliance Medical Ministry	Raleigh
Eastern Regional Center	Zebulon
Mariam Clinic	Raleigh

Primary Care for the Homeless and/or Uninsured	City
Millbrook Human Services Center	Raleigh
Northern Regional Center	Wake Forest
People's Medical Center	Raleigh
Project Access of Wake County	
Shepherd's Care Medical Clinic	Zebulon
Southern Regional Center	Fuquay-Varina
SouthLight Healthcare	Raleigh
The Salvation Army	Raleigh
The Women's Center	Raleigh
Urban Ministries (Open Door Clinic)	Raleigh
Wake County Public Health Center	Raleigh

Sources: 2016 Wake County Human Services Resource Guide; Community Care of Wake/Johnston Counties Provider Lists.

Advance Community Health is one of 34 Federally Qualified Health Centers (FQHC's) in North Carolina. FQHC's provide comprehensive medical services to those who would otherwise have barriers to accessing care, commonly due to financial, geographic, language, cultural, or other issues. Advance Community Health serves residents of Wake and Franklin counties. The total number of patients utilizing Advance Community Health has increased nearly seven percent from 2013 to 2014, with more than an eight percent increase in uninsured patients over the same time period, further demonstrating the need for additional sliding scale/accessible providers.

Prescription drug assistance is offered by the following organizations.

Prescription Assistance	City
Advance Community Health - Southeast Raleigh Pediatrics	Raleigh
Advance Community Health - Southeast Raleigh Adults	Raleigh
Advance Community Health - Horizon Healthcare for the Homeless Program	Raleigh
Advance Community Health - Apex	Apex
Advance Community Health - Fuquay-Varina	Fuquay-Varina
Dorcas Ministries	Cary
North Carolina Drug Card	
Drug Assistance Program (HIV/AIDS)	Raleigh
NC Division of Medical Assistance	Raleigh
North Raleigh Ministries	Raleigh
Southern Wake Crisis Ministries	Fuquay-Varina

Prescription Assistance	City
Urban Ministries	Raleigh
UNC Health Care Facility Based Crisis at WakeBrook	Raleigh
UNC Health Care Alcohol and Drug Detoxification Unit at WakeBrook	Raleigh
Wake County Human Services, Medicaid - Swinburne	Raleigh
Wake County Human Services, Medicaid - Southern Regional Center	Fuquay-Varina
Wake County Human Services, Medicaid - Eastern Regional Center	Zebulon
Wake County Human Services, Medicaid - Northern Regional Center	Wake Forest
Wake County Human Services, Medicaid - Millbrook Human Services Center	Raleigh

Source: 2016 Wake County Human Services Resource Guide, Steering Committee.

Priority 2: Transportation

The following transportation services are available to residents of Wake County, with most available only in part of the county. As discussed previously, the Wake County Transit Plan was adopted by the Board of Commissioners in June 2016. In addition, Wake County has numerous programs and initiatives related to non-auto-centric transportation options.

Transportation	City
C-Tran	Cary
GoRaleigh Access (previously Accessible Raleigh Transportation (A.R.T.))	Raleigh
GO Raleigh Capital Area Transit (CAT) - Admin Office	Raleigh
GO Raleigh Capital Area Transit (CAT) - Route Info	Raleigh
Resources for Seniors, Inc.	Raleigh
Traveler's Aid (Cornerstone)	Raleigh
GO Raleigh Triangle Transit Authority (TTA)	Raleigh
Wake County Transportation Center	Raleigh
TRACS (Wake County Human Services)	Raleigh
Wolfline	Raleigh
Wheels for Hope	Raleigh
GO Triangle - Triangle Transit Authority	Regional

Source: 2016 Wake County Human Services Resource Guide

Priority 3: Access to Health Services

Healthcare Professionals

This section identifies the availability of healthcare providers and facilities in Wake County. In 2013, there were 23.8 actively practicing physicians for every 10,000 Wake County residents. This ratio is higher than that of North Carolina (22.7), but lower than Mecklenburg County (29.1).

	Active Health Professionals in Wake County				
	2009	2010	2011	2012	2013
Physicians	23.6	23.7	23.8	23.8	23.8
Primary Care Physicians	10.0	10.2	8.7	8.6	9.3
Dentists	6.7	6.8	7.0	6.9	7.0
Registered Nurses	103.5	104.3	105.0	105.6	107.4
Pharmacists	11.5	12.1	12.1	13.1	13.2
Physician Assistants	3.8	4.1	4.1	4.3	5.1

Source: Cecil G. Sheps Center for Health Services Research, North Carolina Health Professions Data System, North Carolina Health Professions 2009-2013 Data Books.

As shown above, the ratio of physicians and dentists to the population have remained relatively constant over the five-year time period presented while some improvements are clear with regard to the availability of registered nurses, pharmacists, and physician assistants. Availability of primary care physicians in Wake County has fluctuated, but showed some improvement in the most recent year; however, with anticipated transitions in care delivery it is anticipated that the need for primary care providers will continue to increase.

As a result of the difficulty accessing services, particularly primary and preventative services, many uninsured individuals either forego seeking medical attention or utilize Emergency Department (ED) services to get the care that they need.

ED utilization has risen from 2010 to 2014, with the largest percent increase among unassigned patients, which are usually uninsured. The second largest percent increase in ED visits by Wake County residents from FFY 2010 to FFY 2014 was among Medicaid patients. The number of visits by self-pay/charity cases also increased over this time period.

Insurance Type	2010	2011	2012	2013	2014	Percent Change
Unassigned	85	175	62	200	842	890.6%
Medicaid	57,730	59,938	69,923	71,848	71,857	24.5%
Commercial/BCBS/managed	94,881	97,298	100,689	103,951	110,056	16.0%
Self-pay/charity	64,927	71,091	73,064	71,428	71,557	10.2%
Medicare	44,890	48,796	53,477	47,015	49,247	9.7%
Other	4,406	4,928	4,713	4,442	4,667	5.9%
Workers comp	2,552	2,544	2,533	2,512	2,350	-7.9%
Total	269,471	284,770	304,461	301,396	310,576	15.3%

Source: Truven, prepared by WakeMed Health and Hospitals, 2015. Excludes normal newborns.
Note: Data corresponds to Federal Fiscal Year (October 1 to September 30).

Licensed Healthcare Facilities

The following table highlights key statistics of Wake County's four acute care hospitals.

Hospital	Hospital Beds	Nursing Home Beds	Operating Rooms	Trauma Designation
Duke Raleigh Hospital	General: 186	0	Shared Inpatient/Ambulatory: 15	--
UNC REX Healthcare	General: 433	120	Shared Inpatient/Ambulatory: 24 Dedicated Ambulatory: 3 C-Section: 3	--
WakeMed Raleigh Campus	General: 628 Rehab: 98	19	Shared Inpatient/Ambulatory: 16 Dedicated Ambulatory: 4 Open Heart: 4 C-Section: 3	Level I
WakeMed Cary Hospital	General: 156	36	Shared Inpatient/Ambulatory: 9 C-Section: 2	--

Source: <http://www2.ncdhhs.gov/dhsr/reports.htm>, as of September 2015.

Together, these four hospitals offer the citizens of Wake County the following:

- Level One Trauma Center
- Heart Centers
- Critical Care
- Children's Emergency Department
- Women's Pavilion and Birth Centers
- Cancer Centers
- Medical Helicopter Services

Source: Wake County Department of Emergency Medical Services. <http://www.wakegov.com/ems/system/Pages/systemhospitals.aspx>

Wake County has had fewer general hospital beds per 10,000 population in each of the past five years than both Mecklenburg County and North Carolina. Further, Wake County has experienced a decline in the rate of hospital beds while the rates for state and Mecklenburg County have both increased.

General Hospital Beds per 10,000 population

	2010	2011	2012	2013	2014
Wake County	15.0	14.5	14.2	13.8	13.5
Mecklenburg County	21.7	21.7	21.7	21.9	22.3
North Carolina	21.7	21.7	21.8	21.8	21.9

Source; Log Into North Carolina (LINC) Database.

Note: Defined as "general acute care beds" in hospitals, that is, beds which are designated for short-stay use, as licensed at the end of the third calendar quarter of the year. Excluded are beds in service for dedicated clinical research, substance abuse, psychiatry, rehabilitation, hospice, and long-term care. Also excluded are beds in all federal hospitals and state hospitals. NCHS Bridged Population estimates were used to calculate rates.

At the same time, Wake County residents are increasingly receiving inpatient services at hospitals located outside of Wake County. In Federal Fiscal Year (FFY) 2010, only 16 percent of Wake County resident sought inpatient care at facilities outside of the county. Although total

inpatient discharges for Wake County residents has declined from FFY 2010 to FFY 2014, patients seeking care elsewhere has increased to nearly 19 percent in FFY 2014. Of the patients leaving Wake County for care, 7.0 percent are going to UNC Hospitals in Orange County and 6.2 percent are going to Duke University Hospital in neighboring Durham County.

Inpatient Discharges of Wake County Residents

	FFY 2010	FFY 2011	FFY 2012	FFY 2013	FFY 2014
Wake County Residents Discharged from Wake County Hospitals	62,305	61,637	60,569	60,336	59,631
Wake County Residents Leaving Wake County for Inpatient Care	11,848	12,834	12,789	13,148	13,932
Total Wake County Patients	74,153	74,471	73,358	73,484	73,563

Source: Truven, prepared by WakeMed Health and Hospitals, 2015. Excludes normal newborns.
 Note: Data corresponds to Federal Fiscal Year (October 1 to September 30).

The number of nursing facility beds per 10,000 population in Wake County has declined over the five-year period shown in the table below and has consistently been lower than both Mecklenburg County and North Carolina.

Nursing Facility Beds per 10,000 population

	2010	2011	2012	2013	2014
Wake County	15.0	14.5	14.2	13.8	13.5
Mecklenburg County	21.7	21.7	21.7	21.9	22.3
North Carolina	21.7	21.7	21.8	21.8	21.9

Source; Log Into North Carolina (LINC) Database.
 Note: Includes beds licensed as nursing facility beds, meaning those offering a level of care less than that offered in an acute care hospital, but providing licensed nursing coverage 24 hours a day, seven days a week. In addition to these beds, licensed long-term nursing care (extended nursing care) beds in nonfederal, non-state general hospitals are included. NCHS Bridged Population estimates were used to calculate rates.

Wake County also has the following number and types of healthcare facilities and service providers:

- 21 Skilled Nursing Facilities (SNFs);
- 33 adult care homes;
- 50 family care homes;
- seven hospice providers (including one inpatient facility);
- 13 home health providers;
- 147 home care providers;
- 16 ambulatory surgery/GI Endoscopy centers;
- 15 dialysis centers; and,
- 40 Emergency Medical Service (EMS) stations.

Please see Appendix 4 for the full list of healthcare facilities and service providers as well as additional community services and resources available to Wake County residents.

Priority 4: Mental Health and Substance Abuse

Wake County currently has 268 licensed mental health and substance abuse facilities/providers offering the following services⁸:

- Adult developmental and vocational programs for individuals with developmental disabilities
- Community respite services for individuals of all disability groups
- Day activity for individuals of all disability groups
- Developmental day centers for preschool children with developmental disabilities, developmental delays, or atypical development
- Day treatment for children and adolescents with emotional or behavioral disturbances
- Day treatment for individuals with substance abuse disorders
- Facility crisis services for individuals of all disability groups
- Non-hospital medical detoxification
- Outpatient methadone
- Partial hospitalization for individuals who are acutely mentally ill
- Psychosocial rehabilitation for individuals with severe and persistent mental illness
- Residential treatment level ii (for children and adolescents)
- Residential treatment level iii (for children and adolescents)
- Residential treatment/rehabilitation for individuals with substance abuse disorders
- School year, before/after school and summer developmental day services for children with or at risk for developmental delays, developmental disabilities, or atypical development
- Sheltered workshops for individuals of all disability groups
- Social setting detoxification for substance abuse
- Specialized community residential centers for individuals with developmental disabilities
- Substance abuse comprehensive outpatient treatment
- Substance abuse intensive outpatient program
- Supervised living developmental disability (for adults)
- Supervised living developmental disability (for minors)
- Supervised living mental illness (for adults)
- Supervised living substance abuse (for adults)
- Supervised living/alternative family living (for adults)
- Therapeutic homes for individuals with substance abuse disorders and their children

A few of the healthcare facilities and organizations offering services related to health and substance abuse treatment are listed below.

Mental Health Psychiatric Hospitals	City
UNC Hospitals at WakeBrook	Raleigh
Holly Hill Hospital	Raleigh
Strategic Behavioral Center-Garner	Garner

Source: DHHS Licensed Facilities as of September 2015.

⁸ Please refer to the following link for a full list of mental health and substance abuse facilities offering these services: <https://www2.ncdhhs.gov/dhsr/data/mhllist.pdf>

Intermediate Care Facilities	City
Avent Ferry Home	Holly Springs
Bass Lake	Holly Springs
Blanche Drive	Raleigh
Country Lane	Holly Springs
Dartmouth Road Group Home	Raleigh
Dickens Drive Home	Raleigh
Electra Drive Group Home	Cary
Forest Creek Group Home	Raleigh
Georgia Court	Cary
Helmsdale Group Home	Cary
Hickory Avenue Home	Holly Springs
Hilltop Home	Raleigh
Huntleigh	Raleigh
Jade Tree	Raleigh
Lockley Road	Holly Springs
Mason Street	Apex
Rockwood	Raleigh
Rolling Meadows	Raleigh
Stonegate	Raleigh
Tammy Lynn Center for Developmental Disabilities	Raleigh
Trotters Bluff	Holly Springs
VOCA-Creekway	Fuquay-Varina
VOCA-Olive Home	Apex

Source: DHHS Licensed Facilities as of September 2015.

Mental Health & Substance Abuse Services	City
Advance Community Health - Southeast Raleigh Pediatrics	Raleigh
Advance Community Health - Southeast Raleigh Adults	Raleigh
Advance Community Health - Horizon Healthcare for the Homeless Program	Raleigh
Advance Community Health - Apex	Apex
Advance Community Health - Fuquay-Varina	Fuquay-Varina
UNC Health Care Facility Based Crisis at WakeBrook	Raleigh
UNC Health Care Alcohol and Drug Detoxification Unit at WakeBrook	Raleigh

Mental Health & Substance Abuse Services	City
Wake County Human Services	Raleigh
NAMI (National Alliance on Mental Illness)	Raleigh
Monarch (Walk-in Mental Health Clinics)	Raleigh
Monarch (Walk-in Mental Health Clinics)	Zebulon
Monarch (Walk-in Mental Health Clinics)	Cary
Monarch (Walk-in Mental Health Clinics)	Wake Forest
Fellowship Health Resources	Raleigh
Strategic Behavioral Center	Garner
Easter Seals UCP	Raleigh
Hope Services, LLC	Raleigh
Carolina Community Mental Health	Raleigh
RHA Health Services, Inc.	Creedmoor
Community Partnerships, Inc.	Raleigh
The Healing Place of Wake County (Men's Facility)	Raleigh
The Health Place of Wake County (Women's Facility)	Raleigh
Holly Hill Hospital	Raleigh
SouthLight Adult Services	Raleigh
SouthLight Adult Services	Raleigh
SouthLight Youth & Family Services	Raleigh
SouthLight Criminal Justice Service	Raleigh
SouthLight Primary Care	Raleigh
Triangle Family Services	Raleigh
The Catholic Center	Raleigh
Jewish Family Services	Raleigh
Women's Center	Raleigh
Armstrong House	Raleigh
Life Resources of NC	Raleigh
The Lucy Daniels Center	Cary
SecurePath	Cary

Source: 2016 Wake County Human Services Resource Guide, Steering Committee.

Additionally, the Wake County Tobacco Prevention and Control initiative is a local collaborative effort of local, regional and state partners working on smoke-free environments, tobacco-free lifestyles, awareness education about the harms of all tobacco products, and promo-

tion of evidence-based quit interventions to reduce the burden of tobacco in our community. This initiative is funded by the Centers for Disease Control and Prevention. Through these efforts, Wake County now has implemented 100 percent tobacco free policies in government buildings, government vehicles, government grounds, government-owned parks, and recreation areas, although these policies vary among the various municipalities as shown below.

NORTH CAROLINA MUNICIPALITY 100% TOBACCO-FREE OR SMOKE-FREE WRITTEN REGULATIONS

LEGEND:

- 100% Tobacco Free Policy
- 100% Smoke Free Policy
- No Written Regulation or Less than 100% Written Regulation



	County	Local Health Dept. Region	Gov't Buildings	Gov't Vehicles	Gov't Grounds	Gov't-Owned Parks Only	Recreation Areas	Public Places
Apex	WAKE	7	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cary	WAKE	7	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fuquay-Varina	WAKE	7	<input type="checkbox"/>	<input type="checkbox"/>				
Garner	WAKE	7	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Holly Springs	WAKE	7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Knightdale	WAKE	7	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Morrisville	WAKE	7	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Raleigh	WAKE	7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rolesville	WAKE	7	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Wake Forest	WAKE	7	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Wendell	WAKE	7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Zebulon	WAKE	7	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TOTAL # OF POLICIES STATEWIDE			226	146	53	80	79	8

Source: Tobacco Prevention and Control Branch, http://www.wakegov.com/humanservices/publichealth/information/promotion/Documents/Wake%20Municipalities_Local%20Tobacco%20Policy%20Database%20Cleaned%2005.01.15.pdf

State-Identified Needs for Wake County

Each calendar year, the Governor of North Carolina, under advisement from the State Health Coordinating Council, publishes the *State Medical Facilities Plan (SMFP)*, which identifies the need for certain types of beds, equipment, and other services in the state. The following table summarizes the existing Wake County inventory by category in the *2016 SMFP*, including the identified surplus or deficit where available, as well as the identified need for additional resources.

SMFP Category	Current Planning Inventory	Surplus	Deficit	Identified Need
Acute Care Beds	1,547	297	-	0
Operating Rooms	97	12.27	-	0

SMFP Category	Current Planning Inventory	Surplus	Deficit	Identified Need
Inpatient Rehabilitation Beds	118	Not available	Not available	0
Nursing Home Beds	2,494	-	657	0
Adult Care Home Beds	3,203	256	-	0
Home Health Agencies	13	-	-	0
Hospice Agencies	7	-	-	0
Hospice Inpatient Beds	24	-	3	0
Adult Inpatient Psychiatric Beds*	235	-	32	32
Child/Adolescent Psychiatric Beds*	92	15	-	0
Intermediate Care Facilities*	172	Not available	Not available	0
Adult Substance Abuse Beds^	28	-	22	22
Child/Adolescent Substance Abuse Beds^	0	-	19	19
Linear Accelerator	9	Not available	Not available	0
PET Scanner (Fixed Only)	2	Not available	Not available	0
MRI Scanner (Fixed Only)	16	Not available	Not available	1
Cardiac Catheterization (Fixed Only)	17	Not available	Not available	0

*Planning inventory reflects Wake County beds only; surplus/deficit reflects entire Alliance Behavioral Healthcare LME

^Planning inventory reflects Wake County beds only; surplus/deficit reflects entire Central Region

As shown above, the most significant deficits are for nursing home beds, many of which are needed by Medicaid recipients, and for psychiatric and substance abuse beds for adults, children and adolescents. The *SMFP* also regulates the need for lithotripsy, gamma knife, dialysis facilities, heart-lung bypass machines, burn intensive care services, and transplantation services, none of which show an identified need in the *2016 SMFP*.

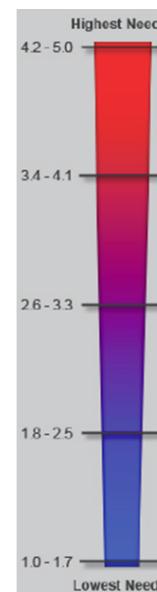
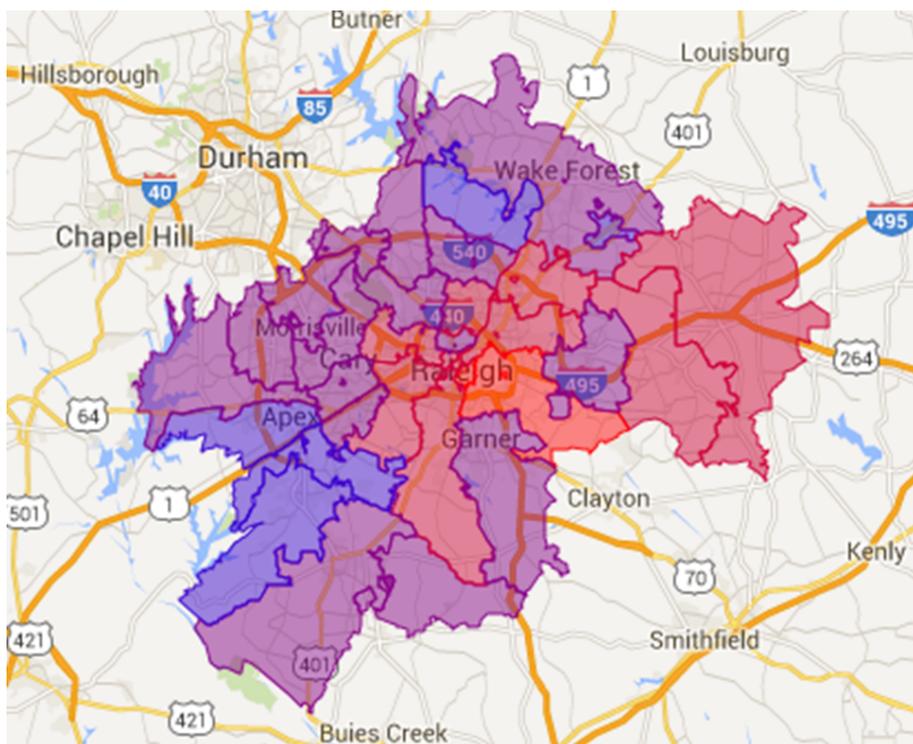
While Wake County as a whole may be well served by the available capacity of healthcare resources, not all areas of the county are equally served and thus, different geographies may have different needs, as discussed in the following section.

CHAPTER 7: PRIORITIES BY SUB-POPULATION

This chapter of the assessment includes a discussion of the differences that exist among the various geographic locations of the county as well as for the Spanish-speaking and homeless population sub-groups within the county.

As discussed throughout this document, health needs can vary based on numerous factors. One such cause of variation is geographic location. Given the size of Wake County, both in population and geography, the eight service zones were analyzed individually to determine localized health needs. Summaries by zone can be found on the following pages.

One resource utilized to determine localized health needs was the Community Need Index (CNI) developed by Dignity Health and Truven Health Analytics. The CNI identifies the severity of health disparity at the ZIP code level and demonstrates the link among community need, access to care, and healthcare utilization. Rather than relying solely on public health data, the CNI accounts for the underlying economic and structural barriers that affect overall health. The CNI identifies five prominent barriers that make it possible to quantify healthcare access in communities across the nation. These barriers include those related to income, culture/language, education, insurance, and housing.



Using data related to these barriers, a score is assigned to each barrier condition (with one (1) representing less community need and five (5) representing more community need). The scores are then aggregated and averaged for a final CNI score (each barrier receives equal weight in the average). A score of 1.0 indicates a ZIP

code with the lowest socioeconomic barriers, while a score of 5.0 represents a ZIP code with the most socioeconomic barriers. Although Wake County received an overall CNI score of 3.1, there is significant variability within the county as almost one third of the county's ZIP codes fall into the mid to mid-high CNI score range indicating the presence of socioeconomic barriers to health and healthcare for the population in those areas. As shown on the map below, areas of greatest need are located in the central portion of the county. Please note that since the CNI is based on ZIP code, some of the highlighted areas extend beyond the county borders.

Further by stratifying and analyzing the county based on geographic, demographic, or socio-economic factors, there is the potential to discover discrepancies related to the needs that are most significant for each area. Such differences between population sub-groups are discussed in further detail below.

Service Zone Priorities

This portion of the assessment includes a discussion of the identified priority areas for each of the service zones. As discussed previously, existing data were not as readily available at a localized level so the existing data analysis by service zone was not as extensive as the county overall. The CHNA partners leveraged the collection and analysis of new data via focus groups, various surveys, and the community prioritization meetings to ensure that residents could provide input regarding the needs of their specific communities. Summaries by service zone can be found below.

East Central Service Zone Priorities

The East Central service zone represents approximately seven percent of Wake County’s total population. This zone is the most racially and ethnically diverse zone in Wake County. Based on the analysis of existing and new data, the following four categories were identified as the priorities to be address within this geography:

East Central Service Zone Priorities	
<ul style="list-style-type: none"> • Income and Poverty • Health Insurance Coverage • Employment • Mental Health and Substance Abuse 	

The following table summarizes the existing data measures that support the identification of these four priorities and their relationship to national and state benchmarks and targets, as applicable.

East Central Service Zone Priorities: Supporting Existing Data						
Priority	Data Measure	Healthy People 2020 Target	Healthy NC 2020 Target	Univ. of Wisconsin Top Performer Benchmark	Wake County	East Central Service Zone
Income and Poverty	Percentage of individuals living in poverty	-	12.5%	-	11.0%	19.9%
Income and Poverty	Percentage of children in Poverty	-	-	-	14.2%	32.0%
Health Insurance Coverage	Uninsured (percent of population < 65 without health insurance)	0.0%	8.0%	11.0%	14.5%	22.4%

Employment	Unemployment rate (percent of population age 16+ unemployed)	-	-	4.0%	6.2%	11.8%
Mental Health and Substance Abuse	Suicide attempts per 100,000 population	-	-	-	110.74	117.70
Mental Health and Substance Abuse	Rate of mental health-related visits to emergency departments (per 100,000 population)	-	82.8	-	2,605.6	3,254.7

Note: Please see Appendix 2 for details regarding the measures shown above including the data periods of the most recently available data and sources.

The analysis of newly collected data also supported these four priorities. Community members who participated in the focus group held at Revelation Missionary Baptist Church believe that poverty and unemployment are issues that impact many other aspects of healthy living, including ability to pay for health insurance, access to services, and healthy food alternatives. Residents of this zone also discussed the lack of affordable health insurance coverage for those who do not meet the requirements to be eligible for Medicaid and for children who age out of Medicaid eligibility. Mental health and substance abuse were discussed heavily during this focus groups session. With regards to mental health, resident discussed the negative impact that the closure of Dorothea Dix Hospital has had on the community. Regarding substance abuse, they noted that they feel liquor stores are being placed on “every corner,” making it easier to obtain alcohol, while there are no substance abuse resources reaching the community.

Residents of the East Central zone responded as follows to the surveys:

East Central Service Zone Priorities: Supporting New Data					
Priority	Question Type	Response	% of Total Responses		
			Telephone Survey	Internet-based Community Survey	Internet-based Key Leader Survey
Health Insurance Coverage and Income and Poverty	Issue affecting quality of life	Financial status/health insurance coverage	12.0%	13.6%	12.5%
Employment	Issue affecting quality of life	Unemployment/employment opportunities	21.1%	9.7%	0.0%
Employment	Service needing improvement	Employment	15.0%	7.8%	0,0%
Mental Health and Substance Abuse	Community Health Need	Behavioral health (mental, drug, etc.)	23.0%	50.6%	25.0%
Mental Health and Substance Abuse	Service needing improvement	Mental health services	8.3%	26.9%	37.5%
Mental Health and Substance Abuse	Health behavior needing more information	Emotional and mental health	12.5%	28.3%	25.0%

Note: Please see Appendix 3 for complete findings from the new data, including focus groups, telephone surveys, Internet-based community surveys, and Internet-based key leader surveys.

Finally, the community prioritization participants from the East Central zone ranked Income and Poverty as the top issue in their community, followed by Health Insurance Coverage as the sixth most important issue. Employment and Mental Health were tied for third, and Substance Abuse was ranked as the thirteenth most important issue facing residents of this zone.

East Service Zone Priorities

The East service zone represents approximately seven percent of Wake County’s total population. This zone represents the smallest current and projected populations of all the zones in Wake County.

Based on the analysis of existing and new data, the following four categories were identified as the priorities to be address within this geography:

East Service Zone Priorities	
<ul style="list-style-type: none"> • Employment • Mental Health and Substance Abuse • Health Insurance Coverage • Transportation 	

The following table summarizes the existing data measures that support the identification of these four priorities and their relationship to national and state benchmarks and targets, as applicable.

East Service Zone Priorities: Supporting Existing Data						
Priority	Data Measure	Healthy People 2020 Target	Healthy NC 2020 Target	Univ. of Wisconsin Top Performer Benchmark	Wake County	East Service Zone
Employment	Unemployment rate (percent of population age 16+ unemployed)	-	-	4.0%	6.2%	8.7%
Mental Health and Substance Abuse	Suicide rate (per 100,000)	10.2	8.3	-	8.6	11.8
Mental Health and Substance Abuse	Rate of mental health-related visits to emergency departments (per 10,000 population)	-	82.8	-	260.6	348.7
Health Insurance Coverage	Uninsured (percent of population < 65 without health insurance)	0.0%	8.0%	11.0%	14.5%	19.4%
Transportation	Driving alone to work (percent of the workforce that drives alone to work)	-	-	71.0%	80.1%	83.6%

East Service Zone Priorities: Supporting Existing Data						
Priority	Data Measure	Healthy People 2020 Target	Healthy NC 2020 Target	Univ. of Wisconsin Top Performer Benchmark	Wake County	East Service Zone
Transportation	Long commute/driving alone (among workers who commute in their car alone, the percentage that commute more than 30 minutes)	-	-	15.0%	30.9%	42.2%

Note: Please see Appendix 2 for details regarding the measures shown above including the data periods of the most recently available data and sources.

The focus group discussion held at Eastern Regional Center further supports the findings of the existing data analysis. Participants mentioned unemployment as a growing problem in their community. Despite jobs being available, many residents of this zone may not be qualified. Increased hopelessness was also mentioned as a major change over the past five years. More proactive approaches with combating mental health issues was mentioned as a specific need rather than waiting until a major event or crime occurs to take action. Additionally, the need for more accessible care and resources in the eastern portion of the county was discussed with transportation issues creating a barrier to access.

Residents of the East zone responded as follows to the surveys:

East Service Zone Priorities: Supporting New Data					
Priority	Question Type	Response	% of Total Responses		
			Telephone Survey	Internet-based Community Survey	Internet-based Key Leader Survey
Employment	Issue affecting quality of life	Unemployment/employment opportunities	4.9%	12.3%	0.0%
Mental Health and Substance Abuse	Community Health Need	Behavioral health (mental, drug, etc.)	10.9%	46.8%	25.0%
Mental Health and Substance Abuse	Service needing improvement	Mental health services	10.0%	30.1%	25.0%
Mental Health and Substance Abuse	Health behavior needing more information	Emotional and mental health	15.2%	34.6%	25.0%
Health Insurance Coverage	Issue affecting quality of life	Financial status/health insurance coverage	14.6%	20.8%	0.0%
Transportation	Issue affecting quality of life	Transportation	2.8%	10.2%	25.0%
Transportation	Service needing improvement	Transportation	14.3%	10.0%	0.0%

Note: Please see Appendix 3 for complete findings from the new data, including focus groups, telephone surveys, Internet-based community surveys, and Internet-based key leader surveys.

Finally, participants of the East zone prioritization process ranked Transportation as the top issue in their community, while Employment was ranked third, Mental Health was ranked fourth, Substance Abuse was ranked sixth, and Health Insurance Coverage was ranked seventh.

North Central Service Zone Priorities

The North Central service zone represents approximately eleven percent of Wake County’s total population.

Based on the analysis of existing and new data, the following four categories were identified as the priorities to be address within this geography:

North Central Service Zone Priorities	
<ul style="list-style-type: none"> • Health Insurance Coverage • Income and Poverty • Mental Health and Substance Abuse • Employment 	

The following table summarizes the existing data measures that support the identification of these four priorities and their relationship to national and state benchmarks and targets, as applicable.

North Central Service Zone Priorities: Supporting Existing Data						
Priority	Data Measure	Healthy People 2020 Target	Healthy NC 2020 Target	Univ. of Wisconsin Top Performer Benchmark	Wake County	North Central Service Zone
Health Insurance Coverage	Uninsured (percent of population < 65 without health insurance)	0.0%	8.0%	11.0%	14.5%	19.0%
Income and Poverty	Children in Poverty	-	-	-	14.2%	22.0%
Mental Health and Substance Abuse	Suicide rate (per 100,000)	10.2	8.3	-	8.6	9.8
Mental Health and Substance Abuse	Rate of mental health-related visits to emergency departments (per 10,000 population)	-	82.8	-	260.6	231.8
Employment	Unemployment rate (percent of population age 16+ unemployed)	-	-	4.0%	6.2%	8.4%

Note: Please see Appendix 2 for details regarding the measures shown above including the data periods of the most recently available data and sources.

Newly collected data supporting the identification of these priority areas included the focus group discussion, survey results, and the community prioritization findings. Focus group participants at the Millbrook Human Services Center mentioned that despite the Affordable Care Act, health insurance is still not affordable, contributing to physical health problems particularly for those with chronic disease. Unemployment, poverty, and access to mental health services were also mentioned as areas of concern in this zone.

North Central residents and leaders responded as follows to the surveys:

North Central Service Zone Priorities: Supporting New Data					
Priority	Question Type	Response	% of Total Responses		
			Telephone Survey	Internet-based Community Survey	Internet-based Key Leader Survey
Health Insurance Coverage and Income and Poverty	Issue affecting quality of life	Financial status/health insurance coverage	21.9%	17.8%	18.2%
Mental Health and Substance Abuse	Community Health Need	Behavioral health (mental, drug, etc.)	23.3%	57.4%	27.3%
Mental Health and Substance Abuse	Service needing improvement	Mental health services	11.9%	44.0%	54.5%
Mental Health and Substance Abuse	Health behavior needing more information	Emotional and mental health	23.7%	36.4%	45.5%
Employment	Issue affecting quality of life	Unemployment/employment opportunities	6.9%	6.1%	9.1%

Note: Please see Appendix 3 for complete findings from the new data, including focus groups, telephone surveys, Internet-based community surveys, and Internet-based key leader surveys.

Finally, participants of the North Central zone prioritization process ranked Health Insurance Coverage as the tenth most important issue in their community, Income and Poverty was ranked first, Mental Health was ranked second, Substance Abuse was ranked ninth, and Employment was tied for sixth.

Northern Service Zone Priorities

The Northern service zone represents approximately sixteen percent of Wake County’s total population. This zone is the least ethnically diverse zone within Wake County with 6.2 percent of its population identifying as Hispanic/Latino.

Based on the analysis of existing and new data, the following four categories were identified as the priorities to be address within this geography:

Northern Service Zone Priorities	
•	Employment
•	Health Insurance Coverage
•	Transportation
•	Health Professionals

The following table summarizes the existing data measures that support the identification of these four priorities and their relationship to national and state benchmarks and targets, as applicable.

Northern Service Zone Priorities: Supporting Existing Data						
Priority	Data Measure	Healthy People 2020 Target	Healthy NC 2020 Target	Univ. of Wisconsin Top Performer Benchmark	Wake County	Northern Service Zone
Employment	Unemployment rate (percent of population age 16+ unemployed)	-	-	4.0%	6.2%	6.1%
Health Insurance Coverage	Uninsured (percent of population < 65 without health insurance)	0.0%	8.0%	11.0%	14.5%	9.1%
Transportation	Driving alone to work (percent of the workforce that drives alone to work)	-	-	71.0%	80.1%	81.8%
Transportation	Long commute/driving alone (among workers who commute in their car alone, the percentage that commute more than 30 minutes)	-	-	15.0%	30.9%	41.4%

Note: Please see Appendix 2 for details regarding the measures shown above including the data periods of the most recently available data and sources.

Newly collected data supporting the identification of these priority areas included the focus group discussion, survey results, and the community prioritization findings. A focus group was held at the Northern Regional Center. Focus group participants mentioned that while Wake County as a whole may have the resources needed, these resources are not located in the Northern zone and not everyone has the transportation needed to access these services elsewhere. This issue was discussed heavily as related to the lack of specialty care providers within the zone. Employment and health insurance coverage were discussed in tandem. It was noted that many employers are now hiring temporary workers so that they do not have to provide health insurance

benefits. As a result, many people are falling into the gap of earning too much to qualify for Medicaid but not making enough to be able to afford insurance plans offered through the exchanges.

Northern zone residents and leaders responded as follows to the surveys:

Northern Service Zone Priorities: Supporting New Data					
Priority	Question Type	Response	% of Total Responses		
			Telephone Survey	Internet-based Community Survey	Internet-based Key Leader Survey
Employment	Issue affecting quality of life	Unemployment/employment opportunities	12.6%	9.1%	12.5%
Employment	Service needing improvement	Employment	6.6%	7.7%	0.0%
Health Insurance Coverage	Issue affecting quality of life	Financial status/health insurance coverage	17.6%	20.8%	0.0%
Transportation	Issue affecting quality of life	Transportation	11.7%	9.7%	12.5%
Transportation	Service needing improvement	Transportation	10.9%	16.1%	12.5%

Note: Please see Appendix 3 for complete findings from the new data, including focus groups, telephone surveys, Internet-based community surveys, and Internet-based key leader surveys.

Finally, Employment was tied as the sixth most important issue in the community, Health Insurance Coverage was ranked fifth, Transportation was ranked third, and Health Professionals was tied for thirteenth based on the responses gathered from the Northern zone prioritization process.

South Central Service Zone Priorities

The South Central service zone represents approximately twelve percent of Wake County’s total population.

Based on the analysis of existing and new data, the following four categories were identified as the priorities to be address within this geography:

South Central Service Zone Priorities
<ul style="list-style-type: none"> • Mental Health and Substance Abuse • Income and Poverty • Health Insurance Coverage • Transportation

The following table summarizes the existing data measures that support the identification of these four priorities and their relationship to national and state benchmarks and targets, as applicable.

South Central Service Zone Priorities: Supporting Existing Data						
Priority	Data Measure	Healthy People 2020 Target	Healthy NC 2020 Target	Univ. of Wisconsin Top Performer Benchmark	Wake County	South Central Service Zone
Mental Health and Substance Abuse	Suicide rate (per 100,000)	10.2	8.3	-	8.6	11.3
Mental Health and Substance Abuse	Suicide attempts (per 100,000 population)	-	-	-	110.74	155.38
Mental Health and Substance Abuse	Rate of mental health-related visits to emergency departments (per 10,000 population)	-	82.8	-	260.6	344.8
Income and Poverty	Percentage of individuals living in poverty	-	12.5%	-	11.0%	18.0%
Income and Poverty	Children in Poverty	-	-	-	14.2%	23.7%
Health Insurance Coverage	Uninsured (percent of population < 65 without health insurance)	0.0%	8.0%	11.0%	14.5%	21.0%
Transportation	Driving alone to work (percent of the workforce that drives alone to work)	-	-	71.0%	80.1%	80.2%
Transportation	Long commute/driving alone (among workers who commute in their car alone, the percentage that commute more than 30 minutes)	-	-	15.0%	30.9%	30.1%

Note: Please see Appendix 2 for details regarding the measures shown above including the data periods of the most recently available data and sources.

Newly collected data supporting the identification of these priority areas included the focus group discussion, survey results, and the community prioritization findings. A focus group was held at the WakeMed Garner Healthplex. Focus group participants did not believe that there have been any notable improvements related to mental health and substance abuse since 2013. They felt that the issue of poverty has also remained stagnant or worsened over recent years. This group discussed access issues related to uninsured and Medicaid populations and the impact that the type or lack of insurance is limiting their ability to receive care. Transportation was also noted as a factor influencing why residents may put off seeking care.

South Central zone residents and leaders responded as follows to the surveys:

South Central Service Zone Priorities: Supporting New Data					
Priority	Question Type	Response	% of Total Responses		
			Telephone Survey	Internet-based Community Survey	Internet-based Key Leader Survey
Mental Health and Substance Abuse	Community Health Need	Behavioral health (mental, drug, etc.)	23.4%	45.0%	55.6%
Mental Health and Substance Abuse	Service needing improvement	Mental health services	14.3%	31.2%	33.3%
Mental Health and Substance Abuse	Health behavior needing more information	Emotional and mental health	6.7%	23.7%	11.1%
Health Insurance Coverage and Income and Poverty	Issue affecting quality of life	Financial status/ health insurance coverage	7.7%	19.0%	11.1%
Transportation	Issue affecting quality of life	Transportation	13.9%	14.7%	22.2%
Transportation	Service needing improvement	Transportation	16.6%	14.1%	11.1%

Note: Please see Appendix 3 for complete findings from the new data, including focus groups, telephone surveys, Internet-based community surveys, and Internet-based key leader surveys.

Finally, participants of the South Central zone prioritization process ranked Mental Health as the second most important issue in their community, Substance Abuse was tied for ninth, Income and Poverty was ranked first, Health Insurance Coverage was tied for seventeenth, and Transportation was tied for third.

Southern Service Zone Priorities

The Southern service zone represents approximately twelve percent of Wake County’s total population. This zone is the least racially diverse among the eight service zones of Wake County. It is also projected to experience the most population growth from 2015 to 2020.

Based on the analysis of existing and new data, the following four categories were identified as the priorities to be address within this geography:

Southern Service Zone Priorities
<ul style="list-style-type: none"> • Mental Health and Substance Abuse • Transportation • Oral Health • Health Insurance Coverage

The following table summarizes the existing data measures that support the identification of these four priorities and their relationship to national and state benchmarks and targets, as applicable.

Southern Service Zone Priorities: Supporting Existing Data						
Priority	Data Measure	Healthy People 2020 Target	Healthy NC 2020 Target	Univ. of Wisconsin Top Performer Benchmark	Wake County	Southern Service Zone
Mental Health and Substance Abuse	Suicide rate (per 100,000)	10.2	8.3	-	8.6	10.8
Mental Health and Substance Abuse	Suicide attempts (per 100,000 population)	-	-	-	110.74	117.60
Mental Health and Substance Abuse	Rate of mental health-related visits to emergency departments (per 10,000 population)	-	82.8	-	260.6	291.1
Transportation	Driving alone to work (percent of the workforce that drives alone to work)	-	-	71.0%	80.1%	82.2%
Transportation	Long commute/driving alone (among workers who commute in their car alone, the percentage that commute more than 30 minutes)	-	-	15.0%	30.9%	51.8%
Oral Health	Wake County Human Services Dental Services Utilization (per 100,000)	-	-	-	3,530.9	1,815.5
Health Insurance Coverage	Uninsured (percent of population < 65 without health insurance)	0.0%	8.0%	11.0%	14.5%	12.6%

Note: Please see Appendix 2 for details regarding the measures shown above including the data periods of the most recently available data and sources.

Newly collected data supporting the identification of these priority areas included the focus group discussion, survey results, and the community prioritization findings. A focus group was held at the Southern Regional Center. The lack of mental health and substance abuse rehabilitation facilities coupled with rising heroin and prescription drug abuse were noted as areas of concern among these residents. Additionally, public transportation schedules and dental health services were noted as some of the most important issues to address. Southern zone residents and leaders responded as follows to the surveys:

Southern Service Zone Priorities: Supporting New Data					
Priority	Question Type	Response	% of Total Responses		
			Telephone Survey	Internet-based Community Survey	Internet-based Key Leader Survey
Mental Health and Substance Abuse	Community Health Need	Behavioral health (mental, drug, etc.)	17.0%	43.8%	20.0%
Mental Health and Substance Abuse	Service needing improvement	Mental health services	15.5%	41.8%	20.0%
Mental Health and Substance Abuse	Health behavior needing more information	Emotional and mental health	11.2%	24.8%	20.0%
Transportation	Issue affecting quality of life	Transportation	25.6%	18.1%	40.0%
Transportation	Service needing improvement	Transportation	36.0%	12.8%	20.0%
Health Insurance Coverage	Issue affecting quality of life	Financial status/ health insurance coverage	18.4%	12.5%	0.0%

Note: Please see Appendix 3 for complete findings from the new data, including focus groups, telephone surveys, Internet-based community surveys, and Internet-based key leader surveys.

Finally, participants of the Southern zone prioritization process ranked Mental Health as the top most important issue in their community, Substance Abuse was tied for fourth, Transportation was tied for second, Oral Health was ranked 21st, and Health Insurance Coverage ranked eighth.

West Central Service Zone Priorities

The West Central service zone represents approximately nine percent of Wake County’s total population. This zone has the highest percentage of its total population in poverty when compared to its counterparts. It is also projected to experience the slowest growth in population from 2015 to 2020.

Based on the analysis of existing and new data, the following four categories were identified as the priorities to be address within this geography:

West Central Service Zone Priorities
<ul style="list-style-type: none"> • Income and Poverty • Health Insurance Coverage • Mental Health and Substance Abuse • Employment

The following table summarizes the existing data measures that support the identification of these four priorities and their relationship to national and state benchmarks and targets, as applicable.

West Central Service Zone Priorities: Supporting Existing Data						
Priority	Data Measure	Healthy People 2020 Target	Healthy NC 2020 Target	Univ. of Wisconsin Top Performer Benchmark	Wake County	West Central Service Zone
Income and Poverty	Percentage of individuals living in poverty	-	12.5%	-	11.0%	21.9%
Income and Poverty	Children in Poverty	-	-	-	14.2%	23.9%
Health Insurance Coverage	Uninsured (percent of population < 65 without health insurance)	0.0%	8.0%	11.0%	14.5%	14.4%
Mental Health and Substance Abuse	Suicide attempts (per 100,000 population)	-	-	-	110.74	188.34
Mental Health and Substance Abuse	Rate of mental health-related visits to emergency departments (per 10,000 population)	-	82.8	-	260.6	246.1
Employment	Unemployment rate (percent of population age 16+ unemployed)	-	-	4.0%	6.2%	6.8%

Note: Please see Appendix 2 for details regarding the measures shown above including the data periods of the most recently available data and sources.

Efforts to hold a focus group within the West Central service zone were unsuccessful despite numerous attempts. However, newly collected data supporting the identification of these priority areas included the survey results, and the community prioritization findings.

West Central zone residents and leaders responded as follows to the surveys:

West Central Service Zone Priorities: Supporting New Data					
Priority	Question Type	Response	% of Total Responses		
			Telephone Survey	Internet-based Community Survey	Internet-based Key Leader Survey
Health Insurance Coverage and Income and Poverty	Issue affecting quality of life	Financial status/health insurance coverage	14.7%	15.3%	12.5%
Mental Health and Substance Abuse	Community Health Need	Behavioral health (mental, drug, etc.)	25.2%	59.1%	50.0%

Mental Health and Substance Abuse	Community Health Need	Driving while impaired (alcohol, drugs, distracted driving, etc.)	1.8%	8.1%	0.0%
Mental Health and Substance Abuse	Service needing improvement	Mental health services	28.0%	41.9%	50.0%
Mental Health and Substance Abuse	Health behavior needing more information	Suicide education and prevention	0.5%	1.4%	12.5%
Mental Health and Substance Abuse	Health behavior needing more information	Emotional and mental health	27.9%	35.4%	25.0%
Employment	Issue affecting quality of life	Unemployment/employment opportunities	9.0%	8.5%	12.5%

Note: Please see Appendix 3 for complete findings from the new data, including focus groups, telephone surveys, Internet-based community surveys, and Internet-based key leader surveys.

Finally, Income and Poverty was tied as the second most important issue in the community, Health Insurance Coverage was ranked eleventh, Mental Health was ranked first, Substance Abuse was ranked fourth, and Employment was tied for fifth based on the responses gathered from the West Central zone prioritization process.

West Service Zone Priorities

The West service zone represents approximately 24 percent of Wake County’s total population and is the largest of the eight service zones in terms of population size. This zone has the highest percentage of its total population in poverty when compared to its counterparts. This zone also has the highest median income and lowest poverty rate when compared to its counterparts.

Based on the analysis of existing and new data, the following four categories were identified as the priorities to be address within this geography:

West Service Zone Priorities
<ul style="list-style-type: none"> • Health Insurance Coverage • Mental Health and Substance Abuse • Transportation • Housing and Homelessness

The following table summarizes the existing data measures that support the identification of these four priorities and their relationship to national and state benchmarks and targets, as applicable.

West Service Zone Priorities: Supporting Existing Data						
Priority	Data Measure	Healthy People 2020 Target	Healthy NC 2020 Target	Univ. of Wisconsin Top Performer Benchmark	Wake County	West Service Zone
Health Insurance Coverage	Uninsured (percent of population < 65 without health insurance)	0.0%	8.0%	11.0%	14.5%	9.7%
Mental Health and Substance Abuse	Rate of mental health-related visits to emergency departments (per 10,000 population)	-	82.8	-	260.6	178.1
Transportation	Driving alone to work (percent of the workforce that drives alone to work)	-	-	71.0%	80.1%	80.7%
Transportation	Long commute/driving alone (among workers who commute in their car alone, the percentage that commute more than 30 minutes)	-	-	15.0%	30.9%	23.4%
Housing and Homelessness	Median monthly housing costs	-	-	-	\$1,389	\$1,593
Housing and Homelessness	Median monthly rent	-	-	-	\$913	\$1,152

Note: Please see Appendix 2 for details regarding the measures shown above including the data periods of the most recently available data and sources.

A focus group for West zone residents was held at the Cary YMCA. Participants mentioned topics related to all four of the priority areas during the discussion. Of note, it was mentioned that due to a lack of affordable housing individuals who work in Cary, in particular young professionals, cannot afford to live in Cary.

West zone residents and leaders responded as follows to the surveys:

West Service Zone Priorities: Supporting New Data					
Priority	Question Type	Response	% of Total Responses		
			Telephone Survey	Internet-based Community Survey	Internet-based Key Leader Survey
Health Insurance Coverage	Issue affecting quality of life	Transportation	19.7%	14.6%	20.0%
Health Insurance Coverage	Issue affecting quality of life	Financial status/ health insurance coverage	11.5%	20.0%	12.5%
Mental Health and Substance Abuse	Community Health Need	Behavioral health (mental, drug, etc.)	25.8%	50.8%	20.0%
Mental Health and Substance Abuse	Service needing improvement	Mental health services	13.0%	36.7%	20.0%

Mental Health and Substance Abuse	Health behavior needing more information	Emotional and mental health	16.3%	30.2%	40.0%
Transportation	Service needing improvement	Transportation	20.6%	17.8%	0.0%
Housing and Homelessness	Service needing improvement	Housing	4.1%	5.3%	20.0%
Housing and Homelessness	Issue affecting quality of life	Affordable, safe housing/Homelessness	8.2%	9.8%	0.0%

Note: Please see Appendix 3 for complete findings from the new data, including focus groups, telephone surveys, Internet-based community surveys, and Internet-based key leader surveys.

Finally, Health Insurance Coverage was tied as the seventh most important issue in the community, Mental Health was ranked first, Substance Abuse was ranked fifth, Transportation was ranked third, and Housing and Homelessness was tied for ninth based on the responses gathered from the West zone prioritization process.

Sub-population Focus Group Findings

As discussed previously, many of the available data sets do not necessarily isolate the uninsured, low-income persons, or certain minority groups. In attempts to compensate for the lack of these data, attempts were made to include these sub-segments of the greater population through qualitative data gathered throughout the CHNA process. This portion of the assessment includes a summary discussion of the needs identified by two specific sub-population groups, the Spanish-speaking population and the homeless population, through focus groups.

Spanish-speaking Population

The Spanish-speaking individuals who participated in the focus group at Millbrook Human Services Center identified the following as areas of need:

- Access to Health Services
- Crime and Safety
- Cultural and/or Language Barriers
- Education and Lifelong Learning
- Employment
- Health Insurance Coverage
- Health Status (Infectious and Chronic Disease and other causes of death)
- Housing and Homelessness
- Income and Poverty
- Mental Health
- Physical Activity, Nutrition, and Obesity
- Substance Abuse
- Transportation

Notable themes emerged during the discussion, including discussions related to the priority areas that were later identified for Wake County. Many programs, particularly for older adults, are not offered in Spanish. This was noted not only as a barrier to obtaining healthcare but also exists as a barrier to recreation and other social activities in the community. The need for more interpreters across multiple aspects of community services was noted as an area for improvement. Particularly, the need for a more integrated community was overwhelmingly agreed upon as an issue for Hispanics and Latinos who no longer feel welcome in the community. This negatively impacts the health of this population, both physically and mentally. Stress

and mental health issues was noted as an area that has worsened over recent years; however, this community is less willing to admit that they are struggling with mental health issues based on cultural beliefs.

Cultural differences in how Hispanics and Latinos have historically accessed healthcare services versus how the current healthcare system is structured causes confusion. In other countries, hospitals are not expensive sites of care and it is common to go to a hospital for non-emergent matters, unlike the hospitals here. Further, the lack of health insurance coverage among this population was noted as an additional reason why hospitals are typically utilized more than primary care practices and urgent care centers. However, given the complexity of the system, even those who have insurance often do not fully understand how it works or how best to use it.

Finally, transportation is of major concern to this population since many cannot get a driver's license and therefore experience difficulties accessing healthcare when needed and getting to and from work. Public transportation is often also difficult to use as many people do not work in the same areas where they live. As a result, they have to take multiple buses to get to work which is not only financially difficult but also time consuming and make it difficult to ensure timeliness.

The group also discussed specific vulnerable sub-groups within the Spanish-speaking population, including men, the elderly, and those with drug addictions and their families. Health services were noted as being more accessible for women and younger populations than for men and the elderly. Men were particularly noted as having more substance abuse problems and the lack of resources available to them and their families hinder this issue from improving.

Homeless Population

The homeless individuals who participated in the focus group at Love Wins Ministries identified the following as areas of need:

- Access to Health Services
- Employment
- Health Insurance Coverage
- Health Status (Infectious and Chronic Disease and other causes of death)
- Housing and Homelessness
- Income and Poverty
- Mental Health
- Oral Health
- Physical Activity, Nutrition, and Obesity
- Transportation

Again, common themes emerged in this conversation, including those related to the four priority areas identified for Wake County as a whole. Many homeless individuals are falling into a “coverage gap” where they do not qualify for disability or Medicaid because they are working but are not earning enough to purchase even what is marketed as affordable. As a result, many try to access services at sliding scale providers but experience lengthy wait times that make getting care when they need it difficult. The need for additional resources for the uninsured and homeless was mentioned as well as the need for additional education on the resources that are already available. Limited access, costs, transportation, and feelings of embarrassment were specifically mentioned as barriers to accessing care. Difficulty in getting help for

mental health and substance abuse issues was mentioned as an area of concern, specifically due to the lack of resources and the shutdown of Dorothea Dix which has resulted in the mentally ill being either on the street or in jail, neither of which is providing them with the help that they need.

Overlooked and vulnerable sub-groups include children and youth, married couples, and the disabled. Physical activity and mentorship programs for homeless children and youth were mentioned as a specific need. Many parents who are working multiple jobs struggle to find programs for their children that are affordable. More positive experiences for kids through mentorship programs were also mentioned. There are many who want to help but do not know how to get involved and connect with organizations who work with these kids. Married homeless couples were also mentioned as an underserved population based on the lack of facilities and shelters that will allow them both to stay. These couples are faced with the option of either separating for the night and staying at gender-specific shelters or staying on the street to be together. Disabled individuals who are homeless experience additional difficulties, particularly with regard to transportation.

Finally, the need for the government and agencies to reach out and hear from the homeless population directly was discussed. Additionally, the desire to break the stigmas that many associate with being homeless was a strongly advocated component of the conversation.

Both sub-populations that participated in focus groups – the Spanish-speaking and the homeless – directed attention to the need for a more inclusive, welcoming community. Both discussed the need to be treated fairly and equally and to break through the stigmas and stereotypes.

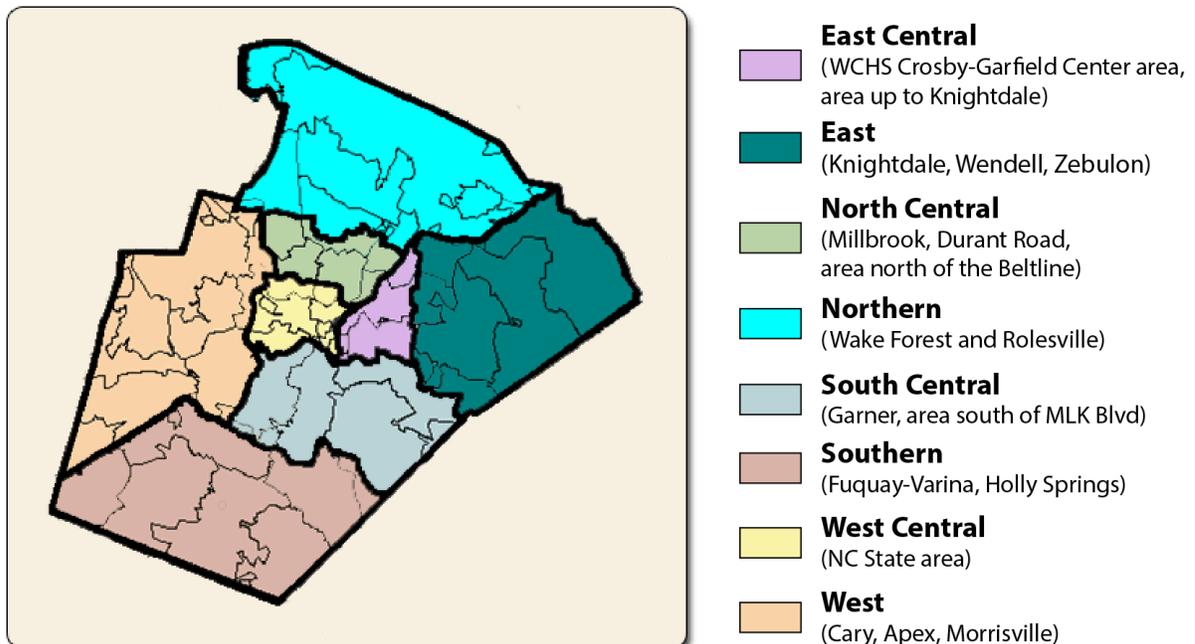
CHAPTER 8: NEXT STEPS

The priorities and CHNA findings are used to develop an effective implementation plan to address the needs identified throughout the process. The next and final step in the CHNA process is to develop the implementation plan containing 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 action planning meetings 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 CHNA partners believe that the most effective strategies will be those that have the collaborative support of community organizations and residents. The strategies developed will include measurable objectives through which progress can be measured.

APPENDICES

APPENDIX 1: COMMUNITY DEMOGRAPHIC PROFILES

Wake County occupies approximately 860 square miles in the Piedmont region of North Carolina. With a population of approximately one million persons, the county is the second most populous county in the state. As mentioned previously, given the diversity and size of Wake County, both in geography and population, the eight service zones were analyzed to determine need within sub-geographies in the county. Please see the map below for geographical representation by zone.



As outlined below, Wake County has experienced a steady increase in overall population in the past couple of years and that growth is projected to continue in the future. As discussed throughout this assessment, health is dependent on multiple factors, including, but not limited to individual characteristics and the environment and community in which one lives. Such information can guide efforts to identify gaps in the existing system and to improve the health and healthcare available to communities. By examining the population of Wake County and its service zones, local needs that may be obscured when data are aggregated on a state or national level can be identified.

Detailed information regarding the demographics of Wake County can be found below.

Total Population

According to data from Claritas, Wake County is projected to grow 1.9 percent annually from 2010 to 2020 with the addition of over 182,000 people. The table below shows the total population of Wake County, as well as the populations by service zone, for 2010, 2015, and 2020.

Year	East Central	East	North Central	Northern	South Central	Southern	West Central	West	Wake County Total
2010	69,065	64,944	107,536	142,124	106,891	107,897	87,268	215,268	900,993
2015	74,699	71,233	113,853	161,526	119,258	122,329	91,463	244,127	998,488
2020	79,914	76,949	120,184	177,859	130,235	134,907	95,526	268,237	1,083,811
2015-2020 CAGR*	1.5%	1.7%	1.1%	2.3%	2.0%	2.3%	0.9%	2.2%	1.9%

Source: Claritas.

*Compound Annual Growth Rate.

The Northern and Southern services zone are expected to experience the most growth in this decade while the West Central zone is expected to grow the least.

Age

The tables below show the population by age cohort and as a percentage of total population for 2010, 2015, and 2020 in Wake County. The Southern zone has the largest percent of total population ages 15 and under. The West Central zone has the largest percent of total population ages 15-44. The Northern zone has the largest percent of total population ages 45-64 and the North Central zone has the largest percent of total population ages 65 and older. The highest median age is in the Northern zone while the lowest median age is in the West Central zone.

2010 Population	East Central	East	North Central	Northern	South Central	Southern	West Central	West	Wake County Total
<15	15,586	15,384	20,160	35,069	22,240	28,031	11,636	49,600	197,706
15-44	32,270	27,800	48,531	55,325	52,157	44,394	50,926	95,791	407,194
45-64	15,580	16,120	26,486	39,720	23,704	27,204	16,782	53,948	219,544
>65	5,629	5,640	12,359	12,010	8,790	8,268	7,924	15,929	76,549
Total	69,065	64,944	107,536	142,124	106,891	107,897	87,268	215,268	900,993
Median Age	32.8	34.8	35.5	37.2	31.8	35.6	29.5	35.3	37.3

Source: Claritas.

2010 Population	East Central	East	North Central	Northern	South Central	Southern	West Central	West	Wake County Total
<15	22.6%	23.7%	18.7%	24.7%	20.8%	26.0%	13.3%	23.0%	21.9%
15-44	46.7%	42.8%	45.1%	38.9%	48.8%	41.1%	58.4%	44.5%	45.2%
45-64	22.6%	24.8%	24.6%	27.9%	22.2%	25.2%	19.2%	25.1%	24.4%
>65	8.2%	8.7%	11.5%	8.5%	8.2%	7.7%	9.1%	7.4%	8.5%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Source: Claritas.

2015 Population	East Central	East	North Central	Northern	South Central	Southern	West Central	West	Wake County Total
<15	16,243	15,817	21,103	36,618	23,709	29,750	12,524	52,641	208,405
15-44	33,606	29,471	49,124	60,290	56,452	47,484	51,419	102,944	430,790
45-64	17,754	18,597	28,503	47,588	27,590	33,093	17,979	66,608	257,712
>65	7,096	7,348	15,123	17,030	11,507	12,002	9,541	21,934	101,581
Total	74,699	71,233	113,853	161,526	119,258	122,329	91,463	244,127	998,488
Median Age	34.4	36.3	37.2	38.3	33.3	37.0	31.4	36.6	35.9

Source: Claritas.

2015 Population	East Central	East	North Central	Northern	South Central	Southern	West Central	West	Wake County Total
<15	21.7%	22.2%	18.5%	22.7%	19.9%	24.3%	13.7%	21.6%	20.9%
15-44	45.0%	41.4%	43.1%	37.3%	47.3%	38.8%	56.2%	42.2%	43.1%
45-64	23.8%	26.1%	25.0%	29.5%	23.1%	27.1%	19.7%	27.3%	25.8%
>65	9.5%	10.3%	13.3%	10.5%	9.6%	9.8%	10.4%	9.0%	10.2%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Source: Claritas.

2020 Population	East Central	East	North Central	Northern	South Central	Southern	West Central	West	Wake County Total
<15	16,691	16,004	21,750	36,475	24,777	30,197	12,980	53,101	211,975
15-44	34,338	30,516	48,858	64,128	59,198	49,835	51,476	107,305	445,654
45-64	19,893	20,826	30,927	54,226	31,351	38,751	19,429	77,786	293,189

2020 Population	East Central	East	North Central	Northern	South Central	Southern	West Central	West	Wake County Total
>65	8,992	9,603	18,649	23,030	14,909	16,124	11,641	30,045	132,993
Total	79,914	76,949	120,184	177,859	130,235	134,907	95,526	268,237	1,083,811
Median Age	36.3	38.1	39.4	39.5	35.4	38.1	33.3	38.3	37.6

Source: Claritas.

2020 Population	East Central	East	North Central	Northern	South Central	Southern	West Central	West	Wake County Total
<15	20.9%	20.8%	18.1%	20.5%	19.0%	22.4%	13.6%	19.8%	19.6%
15-44	43.0%	39.7%	40.7%	36.1%	45.5%	36.9%	53.9%	40.0%	41.1%
45-64	24.9%	27.1%	25.7%	30.5%	24.1%	28.7%	20.3%	29.0%	27.1%
>65	11.3%	12.5%	15.5%	12.9%	11.4%	12.0%	12.2%	11.2%	12.3%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Source: Claritas.

During the coming years, the population aged 65 and over is expected to grow significantly faster than any other age cohort in every service zone and Wake County overall as shown in the tables below.

	<15 Population			CAGR* (2010-2020)
	2010	2015	2020	
East Central	15,586	16,243	16,691	0.7%
East	15,384	15,817	16,004	0.4%
North Central	20,160	21,103	21,750	0.8%
Northern	35,069	36,618	36,475	0.4%
South Central	22,240	23,709	24,777	1.1%
Southern	28,031	29,750	30,197	0.7%
West Central	11,636	12,524	12,980	1.1%
West	49,600	52,641	53,101	0.7%
Wake County Total	197,706	208,405	211,975	0.7%

Source: Claritas.

*Compound Annual Growth Rate

	15-44 Population			CAGR* (2010-2020)
	2010	2015	2020	
East Central	32,270	33,606	34,338	0.6%
East	27,800	29,471	30,516	0.9%
North Central	48,531	49,124	48,858	0.1%
Northern	55,325	60,290	64,128	1.5%
South Central	52,157	56,452	59,198	1.3%
Southern	44,394	47,484	49,835	1.2%
West Central	50,926	51,419	51,476	0.1%
West	95,791	102,944	107,305	1.1%
Wake County Total	407,194	430,790	445,654	0.9%

Source: Claritas.

*Compound Annual Growth Rate

	45-64 Population			CAGR* (2010-2020)
	2010	2015	2020	
East Central	15,580	17,754	19,893	2.5%
East	16,120	18,597	20,826	2.6%
North Central	26,486	28,503	30,927	1.6%
Northern	39,720	47,588	54,226	3.2%
South Central	23,704	27,590	31,351	2.8%
Southern	27,204	33,093	38,751	3.6%
West Central	16,782	17,979	19,429	1.5%
West	53,948	66,608	77,786	3.7%
Wake County Total	219,544	257,712	293,189	2.9%

Source: Claritas.

*Compound Annual Growth Rate

	65+ Population			CAGR* (2010-2020)
	2010	2015	2020	
East Central	5,629	7,096	8,992	4.8%
East	5,640	7,348	9,603	5.5%
North Central	12,359	15,123	18,649	4.2%
Northern	12,010	17,030	23,030	6.7%
South Central	8,790	11,507	14,909	5.4%

Southern	8,268	12,002	16,124	6.9%
West Central	7,924	9,541	11,641	3.9%
West	15,929	21,934	30,045	6.6%
Wake County Total	76,549	101,581	132,993	5.7%

Source: Claritas.
*Compound Annual Growth Rate

Gender

Males

According to Claritas, the distribution of males in Wake County is equal to the statewide distribution of males for the same time periods, as demonstrated in the tables below. Additionally, the distribution of males in the zones varies with the West Central zone having the largest percentage of males in all three years and the East Central zone having the lowest percentage of males in all three years.

	Males as % of 2010 Population	Males as % of 2015 Population	Males as % of 2020 Population
East Central	46.9%	47.2%	47.4%
East	48.6%	48.7%	48.7%
North Central	47.9%	48.0%	48.1%
Northern	48.3%	48.3%	48.3%
South Central	49.0%	49.1%	49.1%
Southern	49.1%	49.0%	49.0%
West Central	51.1%	51.2%	51.3%
West	48.6%	48.6%	48.7%
Wake County Total	48.7%	48.7%	48.8%
North Carolina	48.7%	48.7%	48.8%

Source: Claritas.

Moreover, the compound annual growth rate of the male population in Wake County indicates that it is growing at a faster rate than the statewide male population for the same time period, as demonstrated in the table below. Additionally, the compound annual growth rate of the male population in the Northern, South Central, Southern, and West zones indicates that these areas are growing at rates faster than both the Wake County and North Carolina statewide male populations.

	Male Population			CAGR* (2010-2020)
	2010	2015	2020	
East Central	32,419	35,243	37,884	1.6%
East	31,539	34,657	37,498	1.7%
North Central	51,500	54,633	57,772	1.2%
Northern	68,687	78,074	85,964	2.3%
South Central	52,394	58,513	63,974	2.0%
Southern	52,932	59,975	66,114	2.2%
West Central	44,618	46,839	48,974	0.9%
West	104,703	118,698	130,519	2.2%
Wake County Total	438,792	486,632	528,699	1.9%
North Carolina	4,645,492	4,870,406	5,116,029	1.0%

Source: Claritas.

*Compound Annual Growth Rate

Females

According to Claritas, the distribution of females in Wake County is equal to the statewide distribution of females for the same time periods, as demonstrated in the tables below. Additionally, the distribution of females in the zones varies with the East Central zone having the largest percentage of females in all three years and the West Central zone having the lowest percentage of females in 2019.

	Females as % of 2010 Population	Females as % of 2015 Population	Females as % of 2020 Population
East Central	53.1%	52.8%	52.6%
East	51.4%	51.3%	51.3%
North Central	52.1%	52.0%	51.9%
Northern	51.7%	51.7%	51.7%
South Central	51.0%	50.9%	50.9%
Southern	50.9%	51.0%	51.0%
West Central	48.9%	48.8%	48.7%
West	51.4%	51.4%	51.3%
Wake County Total	51.3%	51.3%	51.2%
North Carolina	51.3%	51.3%	51.2%

Moreover, the compound annual growth rate of the female population in Wake County is grow-

ing at double the rate of the statewide female population for the same time period, as demonstrated in the table below. Additionally, the compound annual growth rate of the female population in the Northern, South Central, Southern, and West zones indicates that these areas are growing at rates faster than both the Wake County and North Carolina statewide female populations.

	Female Population			CAGR* (2010-2020)
	2010	2015	2020	
East Central	36,646	39,456	42,030	1.4%
East	33,405	36,576	39,451	1.7%
North Central	56,036	59,220	62,412	1.1%
Northern	73,437	83,452	91,895	2.3%
South Central	54,497	60,745	66,261	2.0%
Southern	54,965	62,354	68,793	2.3%
West Central	42,650	44,624	46,552	0.9%
West	110,565	125,429	137,718	2.2%
Wake County Total	462,201	511,856	555,112	1.8%
North Carolina	4,889,991	5,122,699	5,369,236	0.9%

Source: Claritas.
*Compound Annual Growth Rate

Race and Ethnicity

Race

According to Claritas, the majority of Wake County residents originate from one race. Also, as demonstrated in the table below, the race distribution in Wake County is more diverse than that of the state as a whole, particularly with regards to the Asian community.

	2015 Wake County	% of 2015 Population Wake County	2015 North Carolina	% of 2015 Population North Carolina	2020 Wake County	% of 2020 Population Wake County	2020 North Carolina	% of 2020 Population North Carolina
One Race								
White	647,101	64.8%	6,725,796	67.3%	685,138	63.2%	6,931,478	66.1%
Black or African American	209,804	21.0%	2,162,113	21.6%	231,289	21.3%	2,284,537	21.8%
American Indian or Alaska Native	5,510	0.6%	127,259	1.3%	6,574	0.6%	133,635	1.3%
Asian	59,639	6.0%	256,468	2.6%	71,402	6.6%	309,152	2.9%

	2015 Wake County	% of 2015 Population Wake County	2015 North Carolina	% of 2015 Population North Carolina	2020 Wake County	% of 2020 Population Wake County	2020 North Carolina	% of 2020 Population North Carolina
Native Hawaiian/Other Pacific Islander	684	0.1%	7,826	0.1%	1,033	0.1%	9,377	0.1%
Other	47,808	4.8%	470,252	4.7%	54,693	5.0%	532,058	5.1%
Two or More Races	27,942	2.8%	243,391	2.4%	33,682	3.1%	285,028	2.7%

Source: Claritas.

Further, the eight zones vary vastly with regards to racial composition as documented in the tables below.

Percentage of 2015 Population								
	East Central	East	North Central	Northern	South Central	Southern	West Central	West
One Race								
White	32.6%	54.6%	62.6%	77.2%	48.4%	78.7%	70.8%	69.2%
Black or African American	50.9%	31.2%	23.2%	14.2%	37.4%	12.5%	17.8%	9.8%
American Indian or Alaska Native	0.7%	0.8%	0.6%	0.4%	0.9%	0.6%	0.4%	0.4%
Asian	3.5%	1.5%	3.0%	3.6%	2.8%	2.4%	5.2%	14.6%
Native Hawaiian/Other Pacific Islander	0.1%	0.1%	0.1%	0.0%	0.1%	0.1%	0.1%	0.1%
Other	9.3%	8.4%	7.7%	1.9%	7.7%	3.0%	3.4%	2.8%
Two or More Races	3.0%	3.4%	2.8%	2.6%	2.7%	2.6%	2.3%	3.0%

Source: Claritas.

Percentage of 2020 Population								
	East Central	East	North Central	Northern	South Central	Southern	West Central	West
One Race								
White	30.8%	52.2%	60.5%	76.2%	47.6%	78.6%	69.7%	66.2%
Black or African American	51.2%	32.4%	24.5%	14.6%	37.3%	11.9%	18.3%	10.4%
American Indian or Alaska Native	0.8%	0.9%	0.6%	0.4%	0.9%	0.6%	0.5%	0.5%
Asian	3.6%	1.6%	2.9%	3.8%	3.0%	2.7%	5.5%	16.5%

Percentage of 2020 Population								
	East Central	East	North Central	Northern	South Central	Southern	West Central	West
Native Hawaiian/Other Pacific Islander	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%
Other	10.3%	8.9%	8.3%	2.0%	8.2%	3.0%	3.5%	3.0%
Two or More Races	3.2%	3.9%	3.0%	3.0%	2.9%	2.9%	2.5%	3.4%

Source: Claritas.

As shown above, the East Central zone is the only zone in the county for which African Americans are the largest racial group. The remaining zones are all predominantly white.

Ethnicity

As illustrated in the table below, Wake County is more ethnically diverse than North Carolina. Variation among the service zones exists regarding ethnic composition, as the East Central zone has the greatest proportion of Hispanics/Latinos when compared to the other service zones and Northern zone is the least ethnically diverse.

	Hispanic/Latino as % of Total Population	
	2015	2020
East Central	17.1%	18.9%
East	15.5%	16.5%
North Central	14.6%	15.5%
Northern	6.2%	6.6%
South Central	14.9%	15.9%
Southern	8.4%	8.7%
West Central	6.5%	6.5%
West	7.6%	7.9%
Wake County Total	10.3%	10.9%
North Carolina	9.2%	10.0%

Source: Claritas.

	Hispanic/Latino Population		
	2015	2020	CAGR
East Central	12,806	15,067	3.3%
East	11,055	12,692	2.8%
North Central	16,636	18,586	2.2%
Northern	10,038	11,727	3.2%
South Central	17,783	20,730	3.1%
Southern	10,289	11,740	2.7%
West Central	5,921	6,253	1.1%
West	18,434	21,284	2.9%
Wake County Total	102,962	118,079	2.8%
North Carolina	916,412	1,044,289	2.6%

Source: Claritas.

The Hispanic/Latino population in Wake County is projected to grow at a faster rate than that of the state as demonstrated in the table below. Further, the annual rate of growth within the Hispanic/Latino community is expected to grow at rates higher or equal to the county within five of the eight zones.

APPENDIX 2: SECONDARY (EXISTING) DATA ANALYSIS

Many individual existing data measures were analyzed as part of the CHNA process. These data provide detailed insight into the health status and health-related behavior of residents in the county. These publicly reported data are based on statistics of actual occurrences, such as the incidence of certain diseases, as well statistics based on interviews of individuals about their personal health condition and health concerns from the Behavioral Risk Factor Surveillance System (BRFSS).

Methodology

As discussed previously in this assessment, all individual data measures were grouped into twenty one categories based on “common themes”. In order to assign a “score” to each individual secondary (existing) data measure, all measures for Wake County were compared to the targets/benchmarks/peer geographies as data were available. The most recently available Wake County data were compared to these targets/peers in the following order (as applicable):

- Healthy NC 2020 target
- Healthy People 2020 target
- University of Wisconsin Population Health Institute’s 2015 County Health Rankings Top Performers Benchmark
- Mecklenburg County, NC
- North Carolina
- Dane County, WI

If a Healthy NC 2020 target existed for the particular data measure, then Wake County data were compared to this target and assigned a “health score” as described below. If no Healthy NC 202 target were available then Wake County’s performance was compared to the Healthy People 2020 target. If a Healthy People 2020 target was available then a “health score” was assigned based on the comparisons. If not, then Wake County data were compared to the County Health Rankings Top Performer’s benchmark and so on and so forth.

The following methodology used to assign a “health score” to each individual data measure:

- If the data were 5 percent worse = A health score of 3 was assigned
- If the data were within 5 percent (better or worse) = A health score of 2 was assigned
- If the data were 5 percent better = A health score of 1 was assigned

Existing data were weighted 50 percent within the prioritization matrix. The “health score” for each individual data measure were determined and then averaged based on the category to which they were assigned. For example, let’s say the Access to Health Services category contained two individual secondary (existing) data measures. Data measure A was assigned a “health score” of 2 and Data measure B was assigned a “health score” of 1. The average of the two data measures is 1.5. The Access to Health Services category secondary (existing) data score would be calculated as follows: The average of the individual data measure “health scores” multiplied by the weight assigned to the criterion. In this example, this calculation is $1.5 \times 50\%$ for a secondary (existing) data score of 0.75.

Data Analysis

The existing data included below are presented by the category(ies) to which each individual data measure was assigned.

When reading the summary tables please note the icons that have been included to identify how Wake County compares to the targets/benchmarks/peer geographies.



Represents measures in which Wake County scores are at least five percent better than the benchmark.



Represents measures in which Wake County scores are comparable to the benchmark, scoring within five percent.



Represents measures in which Wake County scores are at least five percent worse than the benchmark.

Health Insurance Coverage

The following table describes the measures included within the Health Insurance Coverage category as well as the source and time period of the county/state/service zone data analyzed through this process.

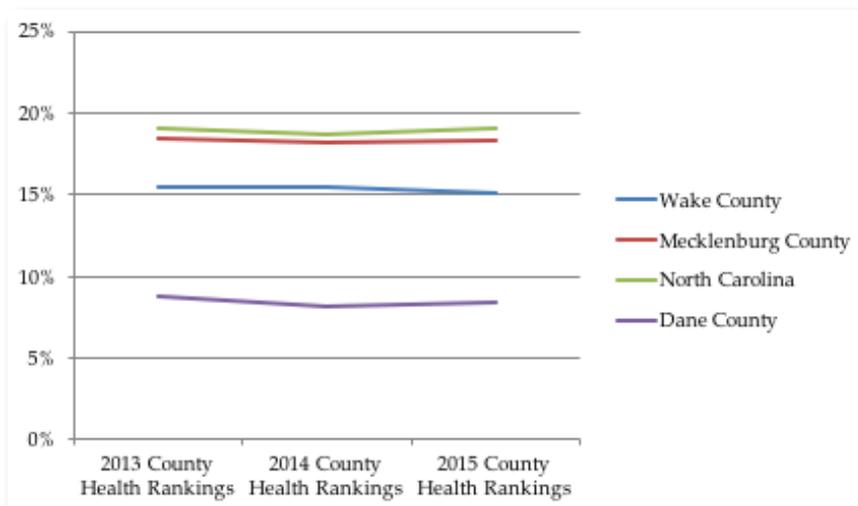
Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/State	Most Recent Data for Service Zones
Uninsured	Percentage of population under age 65 without health insurance	US Census Bureau, American Fact Finder, American Community Survey, 2009-2013 American Community Survey (ACS) 5-Year Estimates.	2009-2013 five-year estimate	2009-2013 five-year estimate
Percentage of non-elderly uninsured individuals	Percentage of population under age 65 without health insurance	University of Wisconsin Population Health Institute, 2015 County Health Rankings.	2012	-

Data pertaining to each of the aforementioned measures can be found in the table below. Based on data from the American Community Survey, the percentage of Wake County's population under age 65 that are uninsured was less than both Mecklenburg County and North Carolina but remained higher than all three targets/benchmarks which demonstrates that there is room for continued improvement. The ultimate goal, as identified by Healthy People 2020, is to have zero percent of the population uninsured.

The uninsured population is also a data measure that contributes to the University of Wisconsin Population Health Institute's County Health Rankings. Based on the data used in the 2015 County Health Rankings, Wake County's percent of population uninsured was nearly twice that of Dane County, WI.

Measure	Healthy People 2020 Target	Healthy NC 2020 Target	Univ. of Wisconsin Top Performer Benchmark	Wake County	Mecklenburg County	North Carolina	Dane County
Uninsured	0.0% 	8.0% 	11.0% 	14.5%	18.6% 	18.6% 	-
Percentage of non-elderly uninsured individuals	0.0% 	8.0% 	11.0% 	15.1%	18.3% 	19.0% 	8.4% 

5-year estimate data were available from the American Community Survey for only two time periods – 2008-2012 and 2009-2013. There was little to no change in the percentage of uninsured in Wake County, Mecklenburg County, and North Carolina over these two time periods.



Trended data used in the County Health Rankings were available for Wake and all three peer geographies based on the data used in the 2013, 2014, and 2015 County Health Rankings as shown in the chart below. Wake County has reduced its percentage of uninsured at a rate faster than both Mecklenburg County and North Carolina but has not improved as quickly as Dane County.

Source: University of Wisconsin Population Health Institute, County Health Rankings.

Further analyses were conducted regarding the variation of these measures among the service zones. The following table summarizes the measures for which more detailed data were available. The East Central zone has the largest percentage of its population uninsured with over 22 percent of the 65 and under population uninsured. The Northern zone performs the best on this measure with only 9.1 percent of the population uninsured, which is close to meeting the Healthy NC 2020 target of eight percent.

Measure	East Central	East	North Central	Northern	South Central	Southern	West Central	West
Uninsured	22.4%	19.4%	19.0%	9.1%	21.0%	12.6%	14.4%	9.7%

Transportation

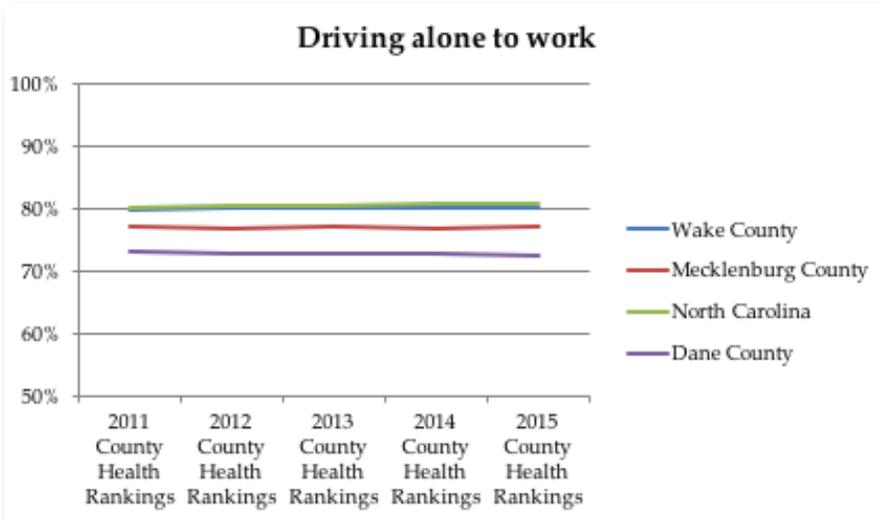
The following table describes the measures included within the Transportation category as well as the source and time period of the county/state/service zone data analyzed through this process.

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/State	Most Recent Data for Service Zones
Driving alone to work	Percent of the workforce that drives alone to work	University of Wisconsin Population Health Institute, 2015 County Health Rankings; US Census Bureau, American Fact Finder, American Community Survey, 2009-2013 American Community Survey (ACS) 5-Year Estimates.	2009-2013 five-year estimate	2009-2013 five-year estimate
Long commute/driving alone	Among workers who commute in their car alone, the percentage that commute more than 30 minutes	University of Wisconsin Population Health Institute, 2015 County Health Rankings; US Census Bureau, American Fact Finder, American Community Survey, 2009-2013 American Community Survey (ACS) 5-Year Estimates.	2009-2013 five-year estimate	2009-2013 five-year estimate

Data pertaining to each of the aforementioned measures can be found in the table below. The percent of the workforce that drives alone to work in Wake County is higher than the University of Wisconsin Top Performer's benchmark and two of its three peer geographies. Wake County data related to percentage of those who drive alone and commute more than 30 minutes is also worse than this benchmark and two of its peer geographies. Based on this performance, Wake County should work to reduce the number of people driving alone and commuting more than 30 minutes to work.

Measure	Healthy People 2020 Target	Healthy NC 2020 Target	Univ. of Wisconsin Top Performer Benchmark	Wake County	Mecklenburg County	North Carolina	Dane County
Driving alone to work	-	-	 71.0%	80.1%	 77.3%	 81.1%	 72.7%
Long commute/driving alone	-	-	 15.0%	30.9%	 32.7%	 30.0%	 22.3%

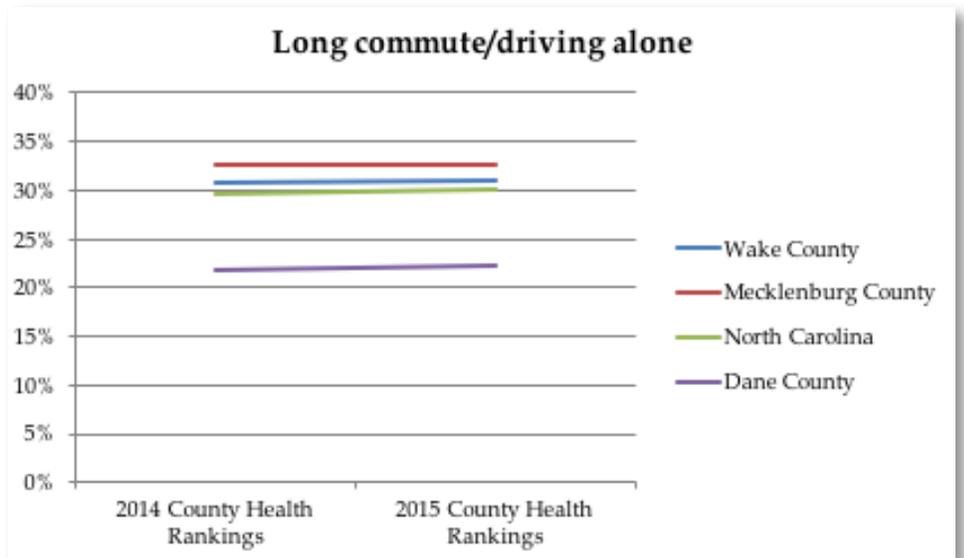
Trended data used in the County Health Rankings were available for Wake and all three peer geographies based on the data used in the 2011 through 2015 County Health Rankings as shown in the chart below. Please note that this data measures was not included in the ranking methodology until 2014 but was previously included as additional information in prior ranking assessments. Dane County is the only peer geography that has reduced its percentage of the workforce that commutes alone to work. Wake County's percentage has increased more than Mecklenburg County but less than the state.



Source: University of Wisconsin Population Health Institute, County Health Rankings.

Data related to the percentage that commute more than 30 minutes of those who drive alone were available for Wake and all three peer geographies based on the data used in the 2014 through 2015 County Health Rankings as shown in the chart below. Over this time period, Wake County experienced a higher percentage of its workforce population both driving alone and commuting 30 or more minutes. However, its percentage increase was less than both Dane County and North Carolina.

Within Wake County, residents of the East service zone have the highest percentage of the workforce driving alone to work while residents of the Southern zone have the highest percentage of the workforce driving alone and also having a long commute. The West Central performs the best on both of these measures.



Source: University of Wisconsin Population Health Institute, County Health Rankings.

Measure	East Central	East	North Central	Northern	South Central	Southern	West Central	West
Driving alone to work	76.7%	83.6%	78.2%	81.8%	80.2%	82.2%	75.5%	80.7%
Long commute/driving alone	26.4%	42.2%	21.1%	41.4%	30.1%	51.8%	15.1%	23.4%

Access to Health Services

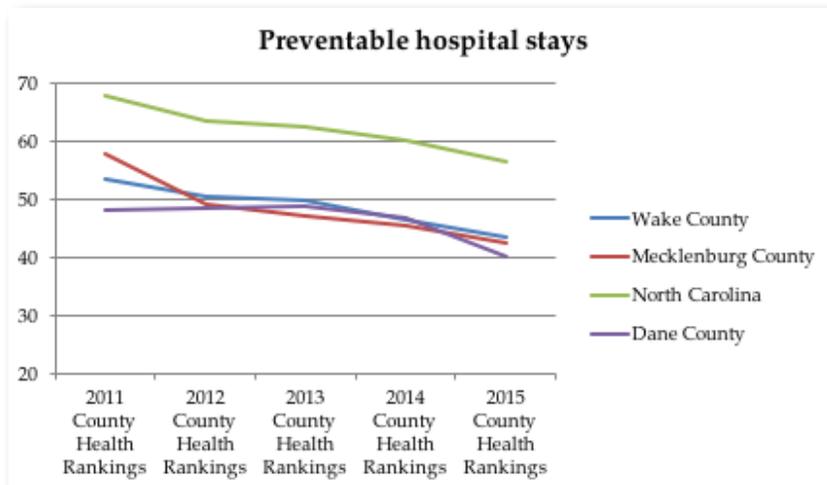
The following table describes the measures included within the Access to Health Services category as well as the source and time period of the county/state/service zone data analyzed through this process.

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/State	Most Recent Data for Service Zones
Preventable hospital stays	Number of hospital stays for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	University of Wisconsin Population Health Institute, 2015 County Health Rankings	2012	-
Mammography screening	Percentage of female Medicare enrollees ages 67-69 that receive mammography screening	University of Wisconsin Population Health Institute, 2015 County Health Rankings	2012	-
Overall Hospital IP Utilization	IP Hospital Utilization by Wake County Residents per 100,000 population	Truven IP Data, 2014. County rates based on NCHS Bridged Population Data. Service zones rates based on Claritas/NCHS Bridged population-scendent estimates.	2014	2014
Overall Hospital ED Utilization	ED Hospital Utilization by Wake County Residents per 100,000 population	Truven ED Data, 2014. County rates based on NCHS Bridged Population Data. Service zones rates based on Claritas/NCHS Bridged population-scendent estimates.	2014	2014
Wake County Human Services Overall Utilization	Wake County Human Services utilization per 100,000 population	Wake County Human Service Patient Management System, 2014. County rates based on NCHS Bridged Population Data. Service zones rates based on Claritas/NCHS Bridged population-scendent estimates.	2014	2014
Advance Community Health Overall Utilization	Advance Community Health Utilization by Wake County residents only per 100,000 population	Advance Community Health 2014 UDS Report; County rates based on NCHS Bridged Population Data. Service zones rates based on Claritas/NCHS Bridged population-scendent estimates.	2014	2014

Data pertaining to each of the aforementioned measures can be found in the table below. The rate of preventable hospital stays in Wake County is higher than the University of Wisconsin Top Performer's benchmark and two of its three peer geographies. The percentage of female Medicare enrollees that received a mammography screening in Wake County is better than both Mecklenburg County and the state overall.

Given that the utilization data is based on internal data from Wake County organizations, no comparisons were available.

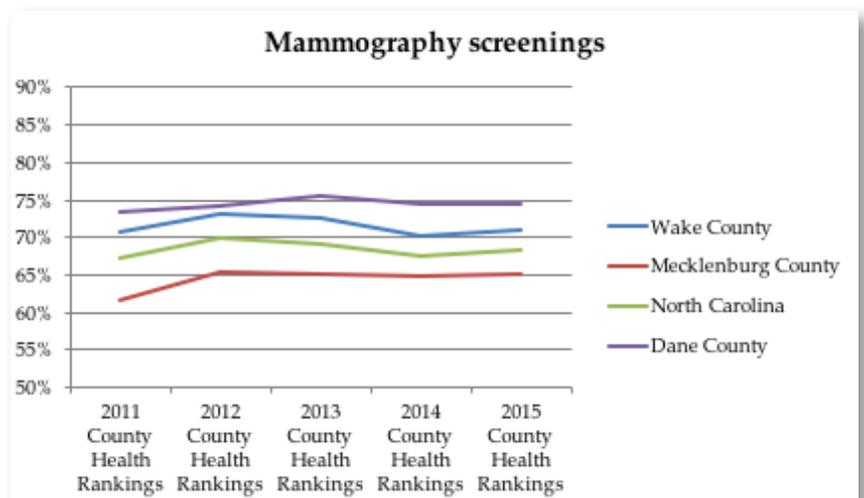
Measure	Healthy People 2020 Target	Healthy NC 2020 Target	Univ. of Wisconsin Top Performer Benchmark	Wake County	Mecklenburg County	North Carolina	Dane County
Preventable hospital stays	-	-	 41.2	43.7	 42.6	 56.7	 40.3
Mammography screening	-	-	 71.0%	71.0%	 65.0%	 68.2%	 74.4%
Overall Hospital IP Utilization	-	-	-	7,365.9	-	-	-
Overall Hospital ED Utilization	-	-	-	31,098.3	-	-	-
Wake County Human Services Overall Utilization	-	-	-	40,882.7	-	-	-
Advance Community Health Overall Utilization	-	-	-	1,547.1	-	-	-



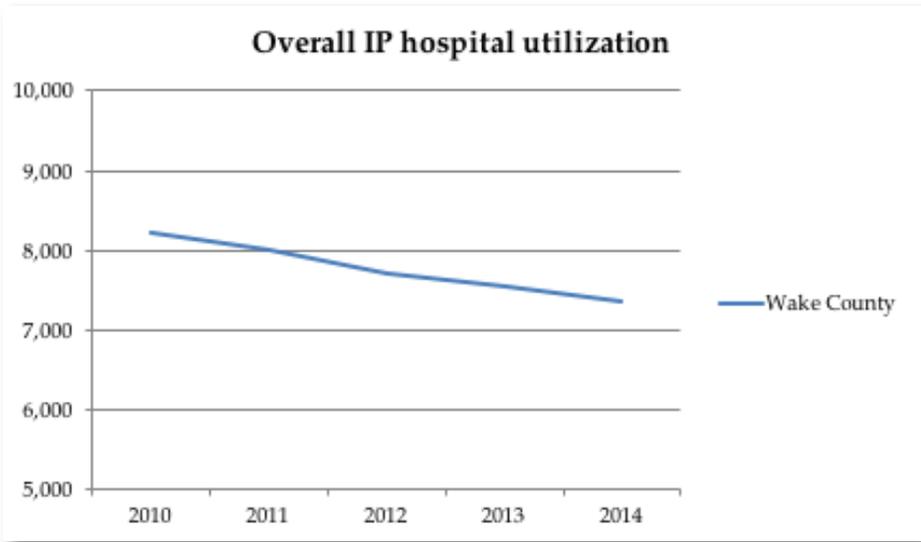
A five-year trend was available for the rate of preventable hospital stays based on the data used in the 2011 through 2015 County Health Rankings. While all four geographies experienced a decrease in the rate of preventable stays, Wake County experienced the second largest decline behind Mecklenburg County.

Source: University of Wisconsin Population Health Institute, County Health Rankings.

A five-year trend for mammography screenings was also available based on the 2011 through 2015 County Health rankings data. All four geographies experienced an increase in the percentage of female Medicare enrollees receiving a screening; however, Wake County's increase was less than all three of its peer geographies.



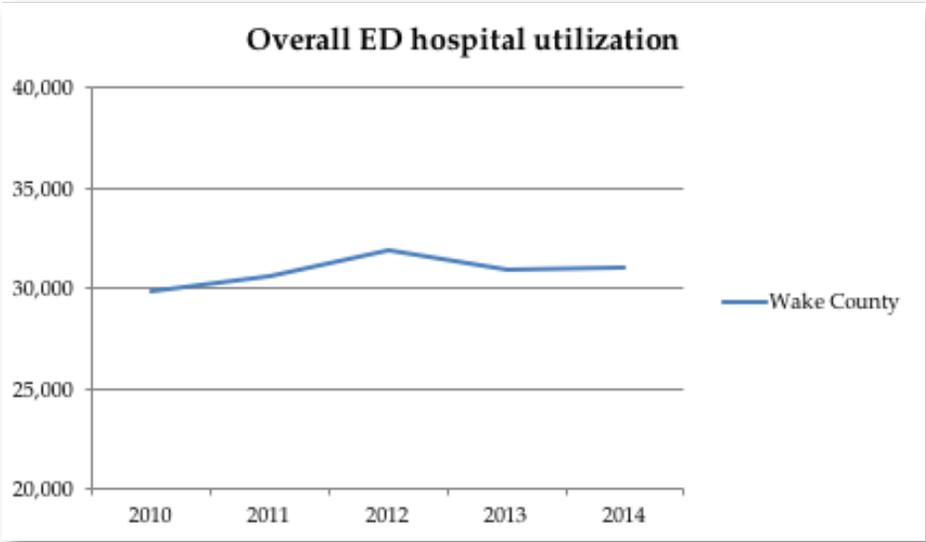
Source: University of Wisconsin Population Health Institute, County Health Rankings.



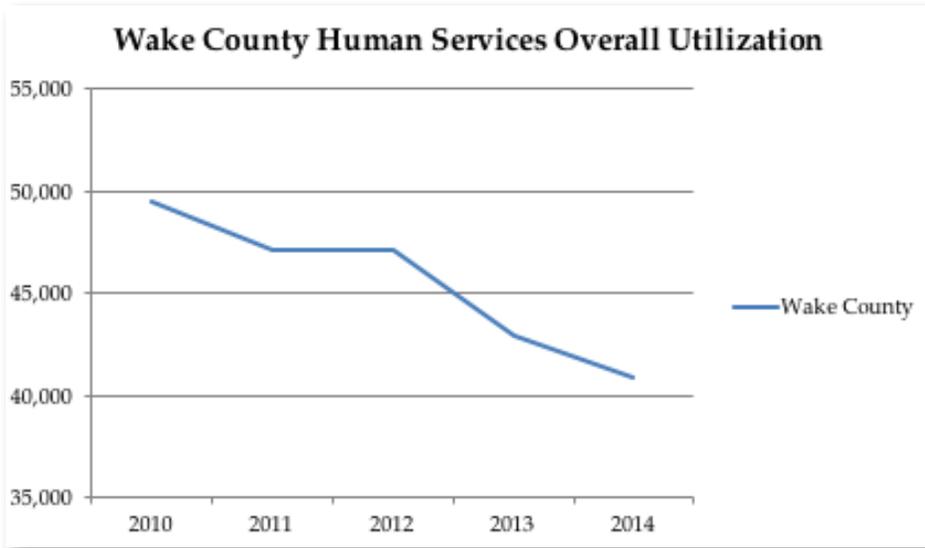
The rate of inpatient discharges by Wake County residents has declined 10.5 percent from 2010 to 2014.

Source: Truven IP Data. County rates based on NCHS Bridged Population Data. Service zones rates based on Claritas/NCHS Bridged population/Ascendient estimates.

Over the same time period, the rate of emergency department encounters by Wake County residents has increased four percent.



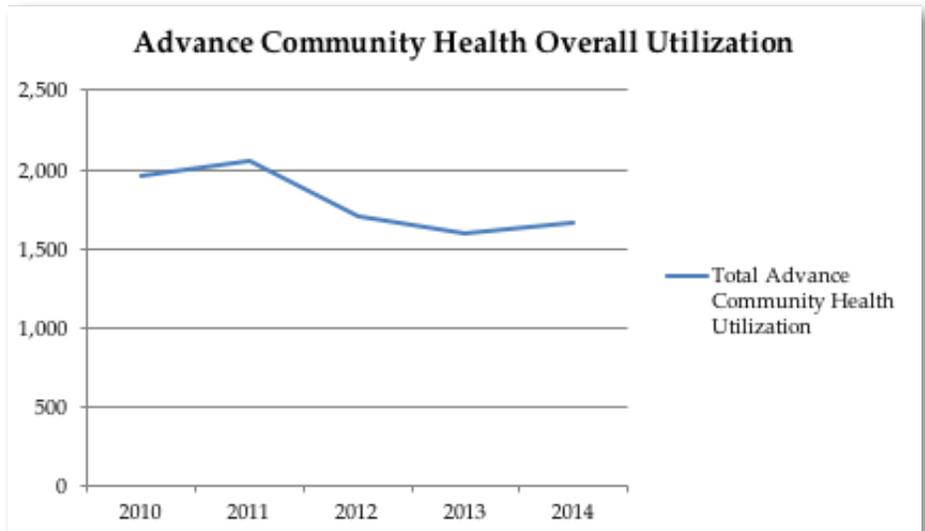
Source: Truven ED Data. County rates based on NCHS Bridged Population Data. Service zones rates based on Claritas/NCHS Bridged population/Ascendient estimates.



The rate of Wake County Human Services visits per 100,000 population has declined over 17 percent over the most recent five-year period.

Source: Wake County Human Service Patient Management System. County rates based on NCHS Bridged Population Data. Service zones rates based on Claritas/NCHS Bridged population/Ascendient estimates.

The rate of visits to Advance Community Health per 100,000 population of Wake and Franklin counties has declined approximately 15 percent over the most recent five-year period but increased from 2013 to 2014.



Note: While the data shown previously was relative to only Wake County residents, the trended data shown in the chart above is total facility utilization. Rates are based on the total populations of Wake and Franklin counties. Source: Advance Community Health UDS Report; County rates based on NCHS Bridged Population Data.

Further analyses were conducted regarding the variation of these measures among the service zones. The following table summarizes the measures for which more detailed data were available.

The East Central zone most highly utilizes inpatient and emergency department hospital services, services offered by Wake County Human Services, and Advance Community Health. Residents of the West zone utilize these four services less than residents of the other seven zones.

Measure	East Central	East	North Central	Northern	South Central	Southern	West Central	West
Overall Hospital IP Utilization	8,829.1	10,495.1	7,299.9	6,232.0	8,604.9	8,199.3	6,909.0	5,918.9
Overall Hospital ED Utilization	51,429.2	45,597.9	29,416.0	22,432.1	46,436.7	33,100.5	28,932.7	19,363.9
Wake County Human Services Overall Utilization	94,994.0	66,221.2	44,371.6	22,331.8	73,005.7	24,413.0	45,458.6	13,724.4
Advance Community Health Overall Utilization	4,134.2	1,330.9	870.8	337.7	3,393.7	2,060.0	1,482.5	793.8

Mental Health and Substance Abuse

The following table describes the measures included within the Mental Health and Substance Abuse categories as well as the source and time period of the county/state/service zone data analyzed through this process.

Measure	Description	Data Source(s) for Counties/ State/Service Zones	Most Recent Data for County(ies)/State	Most Recent Data for Service Zones
Percentage of respondents with 30 Poor Mental Health Days	Percentage of respondents whose mental health, including stress, depression, and problems with emotions, were not good for 30 of the past 30 days	NC State Center for Health Statistics, Behavioral Risk Factor Surveillance System Data, 2013.	2013	-
MH/DD/SA ED visits	Rate of mental health/developmental disability/substance abuse ED visits per 10,000 population	NCDETECT Data, 2014. County rates based on NCHS Bridged Population Data. Service zones rates based on Claritas/NCHS Bridged population estimates.	2014	2014
Psychiatric ED visits	Rate of psychiatry ED visits per 100,000 population	Truven ED Data, 2014. County rates based on NCHS Bridged Population Data. Service zones rates based on Claritas/NCHS Bridged population estimates.	2014	-

Measure	Description	Data Source(s) for Counties/ State/Service Zones	Most Recent Data for County(ies)/State	Most Recent Data for Service Zones
Persons served by Area Mental Health Programs as rate per 100,000 population	All clients of a community-based Area Program for mental health, developmental disabilities, and drug and alcohol abuse active at the beginning of the state fiscal year plus all admissions during the year. Also included are persons served in three regional mental health facilities. Multiple admissions of the same client are counted multiple times.	Log Into North Carolina (LINC) Database, Topic Group Vital Statistics and Health, 2014. County rates based on NCHS Bridged Population Data.	2014	-
Percentage of respondents with Any Poor mental Health Days	Percentage of respondents whose mental health, including stress, depression, and problems with emotions, were not good for any of the past 30 days	NC State Center for Health Statistics, Behavioral Risk Factor Surveillance System Data, 2013.	2013	-
Poor mental health days (avg number in past 30 days age-adjusted)	Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	University of Wisconsin Population Health Institute, 2015 County Health Rankings	2006-2012 aggregate	-
Suicide attempts per 100,000 population	Rate of suicide attempts per 100,000 population	NCDETECT Data, 2014. County rates based on NCHS Bridged Population Data. Service zones rates based on Claritas/NCHS Bridged population-scendent estimates.	2014	2014
Suicide attempts by adolescents per 100 population aged 14-19 years	Rate of suicide attempts per 100 population aged 14-19 years	NCDETECT Data, 2014. County rates based on NCHS Bridged Population Data. Service zones rates based on Claritas/NCHS Bridged population-scendent estimates.	2014	2014
Suicide rate (per 100,000 population)	Age-adjusted death rate per 100,000 population due to suicide	NC Center for Health Statistics, County-level Data, County Health Data Books (2009-2013 aggregate)	2009-2013 aggregate	-
Suicide rate (per 100,000 population)	Rate of suicide or intentional self-harm deaths per 100,000 population	NC Department of Public Health, Chronic Disease and Injury Section, Injury and Violence Prevention Branch, NC-VDRS Data Request, 2013 Data	2013	2013

Measure	Description	Data Source(s) for Counties/ State/Service Zones	Most Recent Data for County(ies)/State	Most Recent Data for Service Zones
Adult smoking	Percentage of the adult population that currently smokes every day or most days and has smoked at least 100 cigarettes in their lifetime	University of Wisconsin Population Health Institute, 2015 County Health Rankings	2006-2012 aggregate	-
Alcohol-impaired driving deaths	Percentage of motor vehicle crash deaths with alcohol involvement.	University of Wisconsin Population Health Institute, 2015 County Health Rankings	2009-2013 aggregate	-
Excessive drinking	Percentage of adults that report either binge drinking, defined as consuming more than 4 (women) or 5 (men) alcoholic beverages on a single occasion in the past 30 days, or heavy drinking, defined as drinking more than one (women) or 2 (men) drinks per day on average.	University of Wisconsin Population Health Institute, 2015 County Health Rankings	2006-2012 aggregate	-
Percentage of adults who are current smokers	Percentage of the adult population that self-reported that they currently smokes every day or most days and has smoked at least 100 cigarettes in their lifetime	NC State Center for Health Statistics, Behavioral Risk Factor Surveillance System Data, 2013.	2013	-
Percentage of people exposed to secondhand smoke in the workplace	Percentage of people who self-reported that someone in their indoor workplace smoked while they were there in the past seven days	NC State Center for Health Statistics, Behavioral Risk Factor Surveillance System Data, 2013.	2013	-
Percentage of traffic crashes that are alcohol-related	Percentage of total reported traffic crashes that are alcohol-related	Highway Safety Research Center, University of North Carolina at Chapel Hill. North Carolina Alcohol Facts, 2013	2013	-
Persons served in NC State Alcohol and Drug Treatment Centers as rate per 100,000 population	Sometimes referred to as "episodes of care", these counts reflect the total number of persons who were active (or the resident population) at the start of the state fiscal year plus the total of first admissions, readmissions, and transfers-in which occurred during the fiscal year at the three state alcohol and drug abuse treatment centers. Excluded are visiting patients and outpatients. Multiple admissions of the same client are counted multiple times.	Log Into North Carolina (LINC) Database, Topic Group Vital Statistics and Health, 2014	2014	-

Measure	Description	Data Source(s) for Counties/ State/Service Zones	Most Recent Data for County(ies)/State	Most Recent Data for Service Zones
Heroin deaths	Heroin deaths as a rate per 100,000 population	Injury and Violence Prevention Branch, NC Division of Public Health, 4/19/2016.	2015 (provisional)	-
Opioid deaths	Any opioid deaths as a rate per 100,000 population	Injury and Violence Prevention Branch, NC Division of Public Health, 4/19/2016.	2014	-

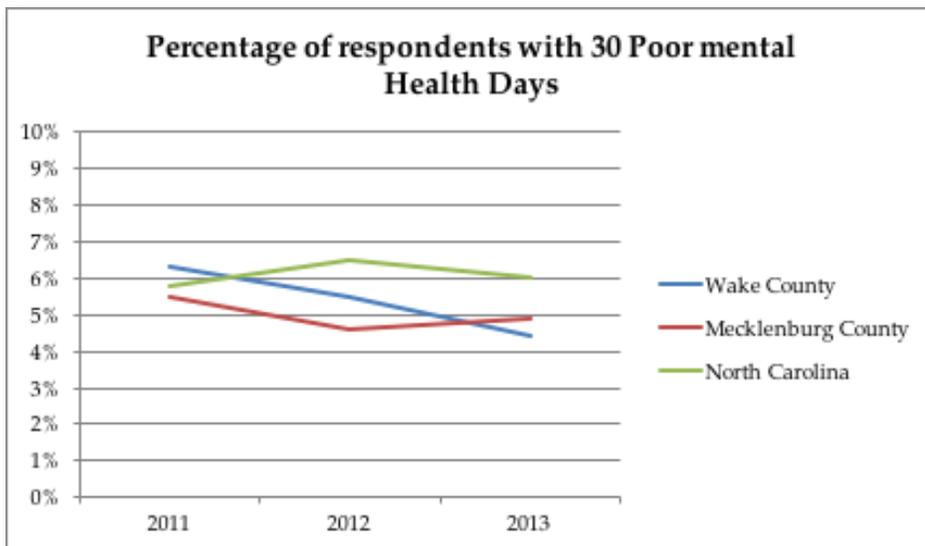
Data pertaining to each of the aforementioned measures can be found in the table below. As shown in the table below, Wake County performs better than the targets/benchmarks/peer geographies on some measures but worse on others. Notably, Wake County has a higher average of poor mental health days than the University of Wisconsin Top Performer's benchmark but remains better than its peer geographies. Based on data from the NC-Violent Death Reporting System, Wake County's rate of suicides is higher than both the NC Healthy 2020 target and Mecklenburg County but is lower than Healthy People 2020 and the state overall. Data measures related to drinking and smoking including secondhand smoke exposure show that Wake County has room for improvement as compared to the targets/benchmarks and its peer geographies.

Measures where Wake County worse than the targets/benchmarks/peer geographies include the rate of MH/DD/SA ED visits, residents reporting any poor mental health days, average number of poor mental health days, suicide rate, adult smoking, alcohol-impaired driving deaths, excessive drinking, and the percentage of people exposed to secondhand smoke in the workplace.

Measure	Healthy People 2020 Target	Healthy NC 2020 Target	Univ. of Wisconsin Top Performer Benchmark	Wake County	Mecklenburg County	North Carolina	Dane County
Percentage of respondents with 30 Poor mental Health Days	-	-	-	4.4%	 4.9%	 6.0%	-
MH/DD/SA ED visits	-	 82.8	-	260.6	-	-	-
Psychiatric ED visits	-	 82.8	-	66.1	-	-	-
Persons served by Area Mental Health Programs as rate per 100,000 popula- tion	-	-	-	1,185.8	 2,526.4	 3,186.5	-

Measure	Healthy People 2020 Target	Healthy NC 2020 Target	Univ. of Wisconsin Top Performer Benchmark	Wake County	Mecklenburg County	North Carolina	Dane County
Percentage of respondents with Any Poor mental Health Days	 19.9%	-	-	30.0%	 32.8%	 30.4%	-
Poor mental health days (avg number in past 30 days age-adjusted)	-	 2.8	 2.3	2.6	 3.2	 3.4	 3.0
Suicide attempts per 100,000 population	-	-	-	110.7	-	-	-
Suicide attempts by adolescents per 100 population aged 14-19 years	 1.7	-	-	0.3	-	-	-
Suicide rate (per 100,000 population)	 10.2	 8.3	-	8.6	 9.4	 12.2	-
Suicide rate (per 100,000 population)	 10.2	 8.3	-	9.2	 7.6	 13.3	-
Adult smoking	 12.0%	-	 14.0%	12.9%	 13.8%	 20.2%	 13.6%
Alcohol-impaired driving deaths	-	-	 14.0%	36.3%	 37.3%	 32.8%	 43.0%
Excessive drinking	 25.4%	-	 10.0%	15.0%	 15.6%	 13.2%	 22.9%
Percentage of adults who are current smokers	 12.0%	 13.0%	-	14.0%	 16.6%	 20.2%	-
Percentage of people exposed to secondhand smoke in the workplace	 33.8%	 0.0%	-	8.2%	 7.8%	 9.9%	-
Percentage of traffic crashes that are alcohol-related	-	 4.7%	-	4.1%	 3.9%	 4.9%	-

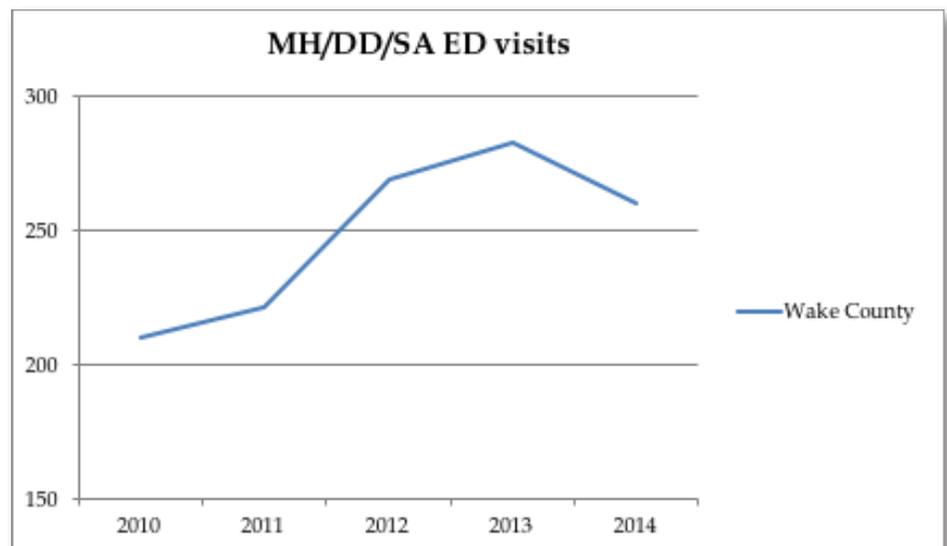
Measure	Healthy People 2020 Target	Healthy NC 2020 Target	Univ. of Wisconsin Top Performer Benchmark	Wake County	Mecklenburg County	North Carolina	Dane County
Persons served in NC State Alcohol and Drug Treatment Centers as rate per 100,000 population	-	-	-	20.6	 8.7	 40.7	-
Heroin deaths	-	-	-	2.9	-	-	-
Opioid deaths	-	-	-	5.1	-	-	-



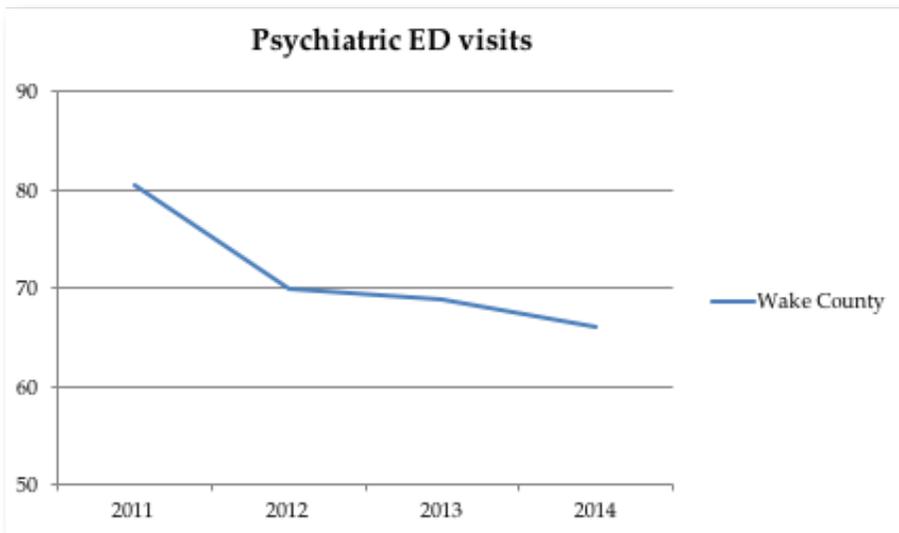
Wake County has experienced in the most drastic decline from 2011 to 2013 regarding the percentage of respondents to the North Carolina Behavioral Risk Factor Surveillance System survey who self-reported that their mental health was not good for all 30 of the past 30 days.

Source: NC State Center for Health Statistics, Behavioral Risk Factor Surveillance System Data.

Based on the data provided from NC DETECT, the rate of emergency departments visits due to mental health, developmental disabilities, or substance abuse have increased nearly 24 percent over the five-year period shown below. However, from 2013 to 2014 there was a decline of approximately eight percent.



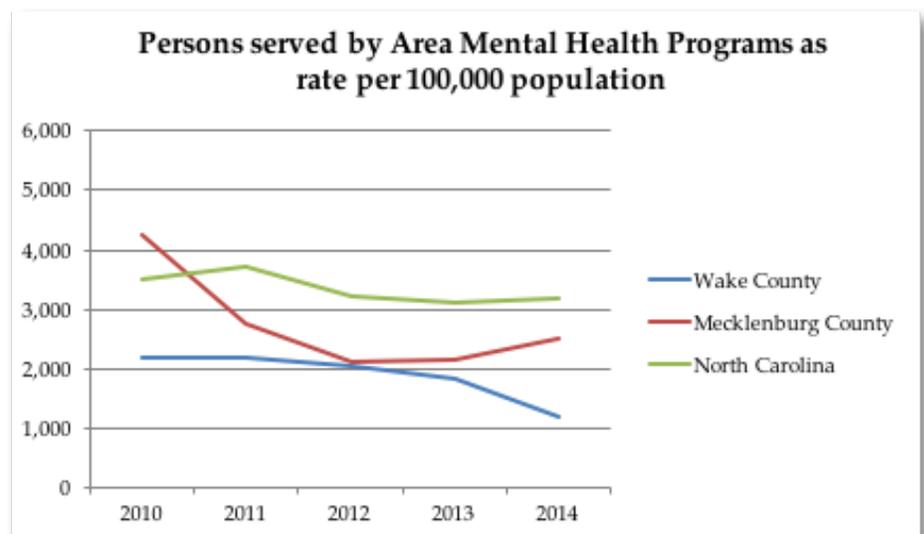
Source: NCDETECT Data, 2014. County rates based on NCHS Bridged Population Data. Service zones rates based on Claritas/NCHS Bridged population/Ascendient estimates.



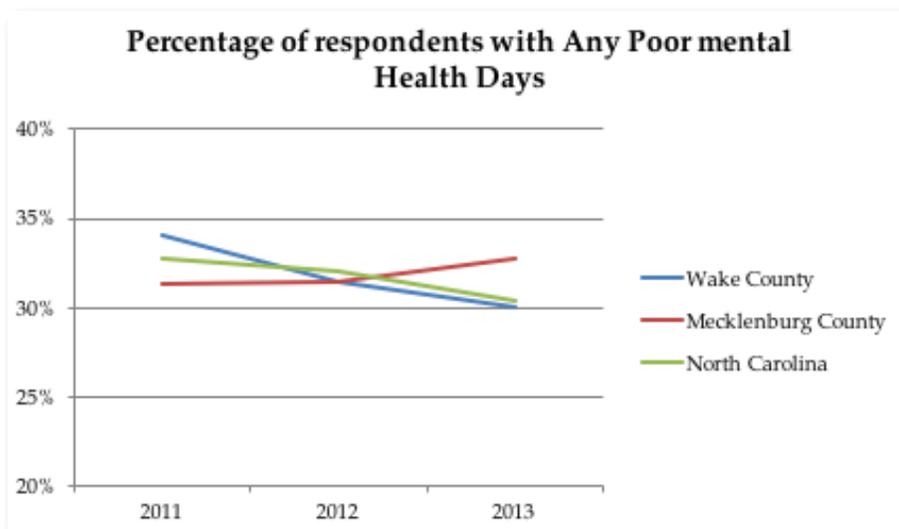
The rate of psychiatric emergency department visits per 100,000 population has declined eighteen percent from 2011 to 2014.

Source: Truven ED Data, 2014. County rates based on NCHS Bridged Population Data. Service zones rates based on Claritas/NCHS Bridged population/Ascendant estimates.

The rate per 100,000 population of persons served in area mental health programs has declined most rapidly in Wake County.

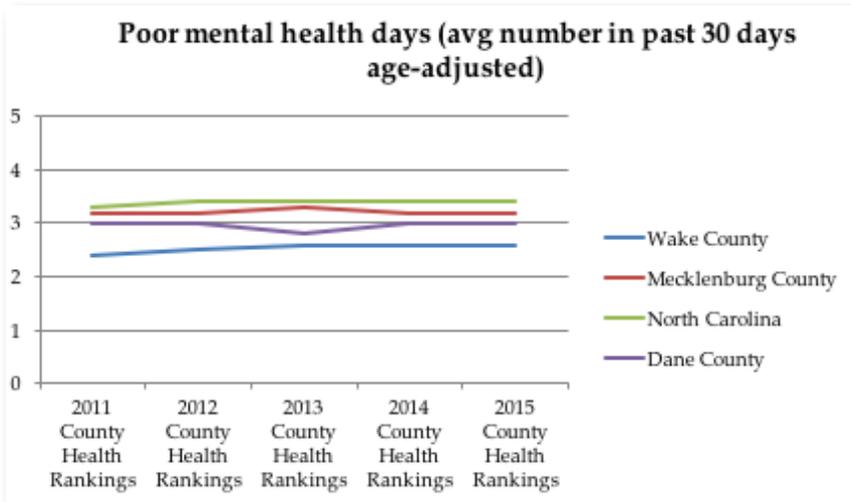


Source: Log Into North Carolina (LINC) Database, Topic Group Vital Statistics and Health. County rates based on NCHS Bridged Population Data.



The percentage of respondents to the Behavioral Risk Factor Surveillance System survey who self-report that they experience any poor mental health days within the last 30 days has declined across all three geographies from 2011 to 2013 with Wake County experienced the highest percentage decline.

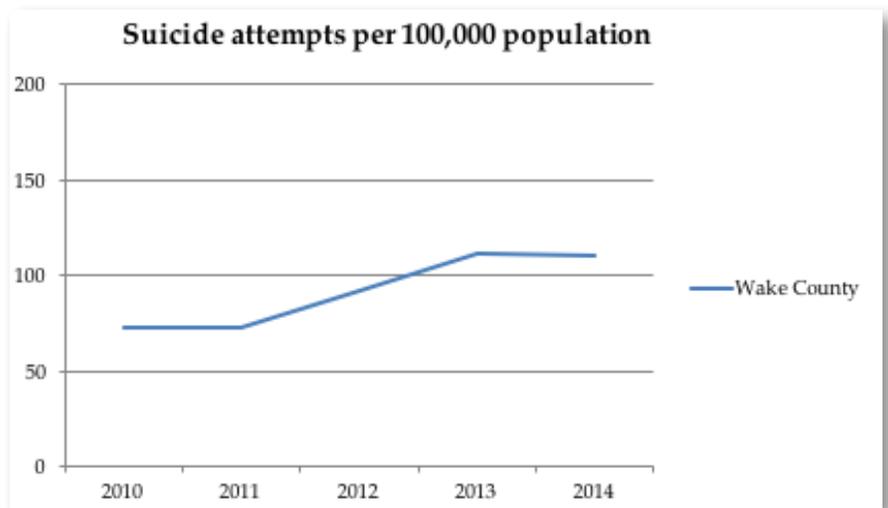
Source: NC State Center for Health Statistics, Behavioral Risk Factor Surveillance System Data.



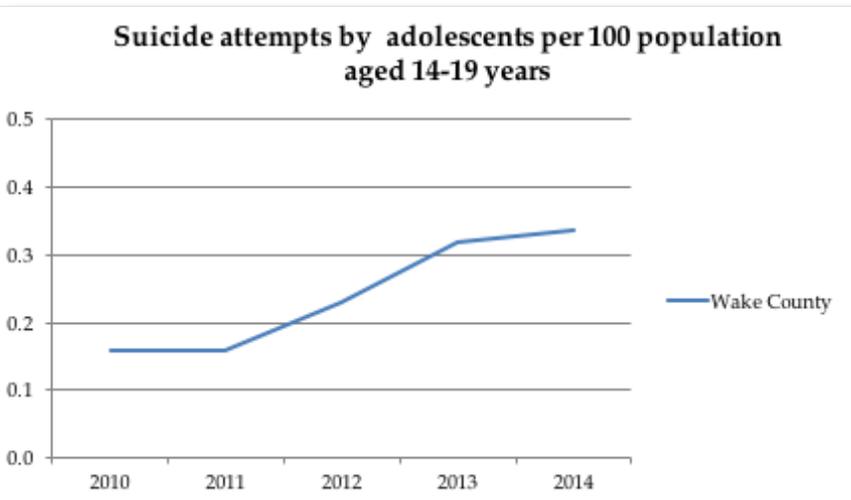
Both Wake County and North Carolina have experienced an increase in the average number of days that people report their mental health are being poor. Wake County increased from an average of 2.4 days to an average of 2.6 from the 2011 County Health rankings to the 2015 County Health Rankings which is an increase of eight percent.

Source: University of Wisconsin Population Health Institute, County Health Rankings

Wake County's rate of suicide attempts has increased over 50 percent over the last five years.

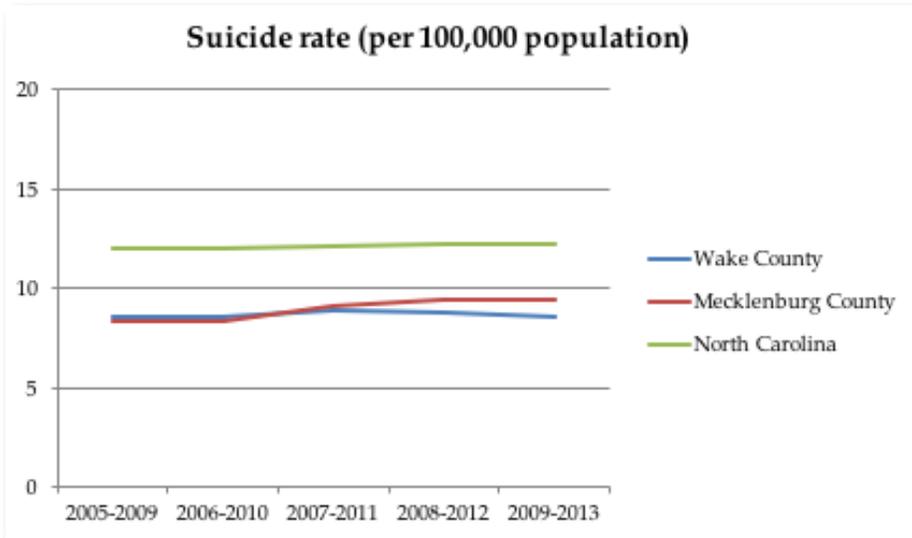


Source: NCDETECT Data. County rates based on NCHS Bridged Population Data.



In addition, the rate of suicide attempts by adolescents aged 14-19 has more than doubled over the past five years.

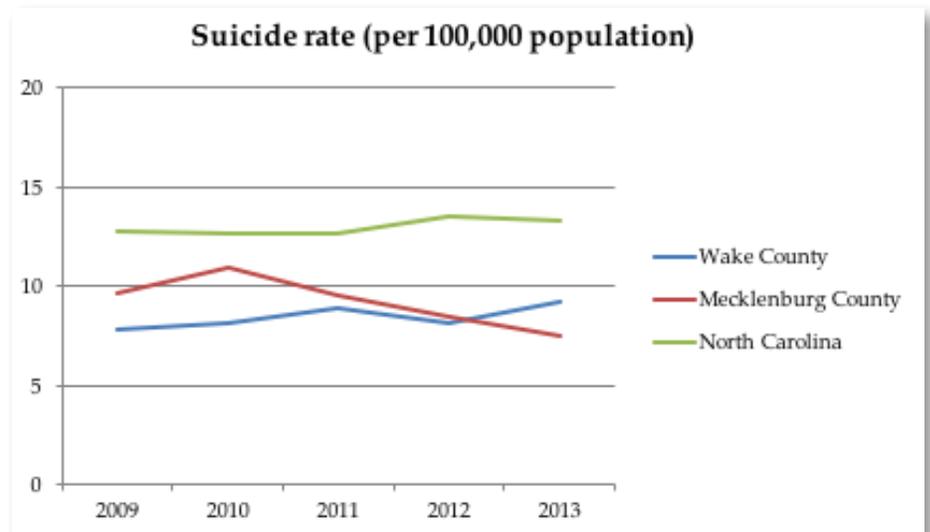
Source: NCDETECT Data. County rates based on NCHS Bridged Population Data.



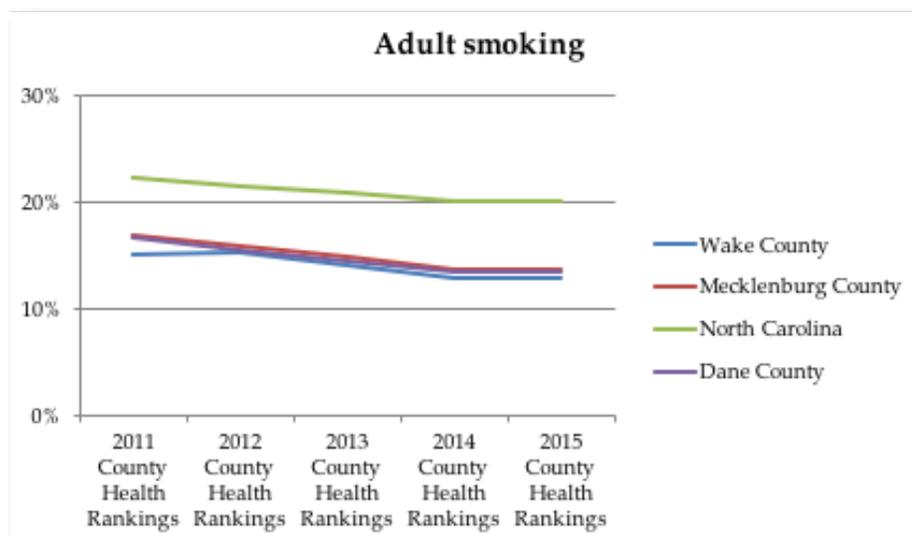
Unlike Mecklenburg County and North Carolina, Wake County did not experience an increase in the rate of suicides based on the data reported in the County Health Data Books.

Source: NC Center for Health Statistics, County-level Data, County Health Data Books.

However, based on data from the NC Violent Death Reporting System, the rate of deaths due to suicide or intentional self-harm has increased 18 percent from 2009 to 2013, which is more than both Mecklenburg County and North Carolina. In fact, Mecklenburg County experienced a decline in the rate of deaths attributed to suicides or intentional self-harm.

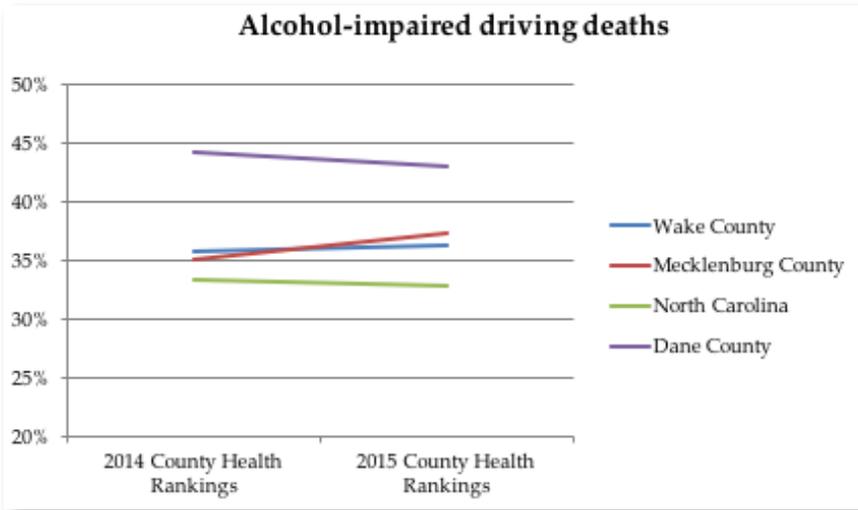


Source: NC Department of Public Health, Chronic Disease and Injury Section, Injury and Violence Prevention Branch, NC-VDRS Data Request.



The percentage of the adult population that currently smokes every day or most days and has smoked at least 100 cigarettes in their lifetime has declined in all four geographies although the rate of the declines have varied with Dane County declining at rates faster than the other three geographies. Wake County experienced the third highest decline and was only greater than North Carolina.

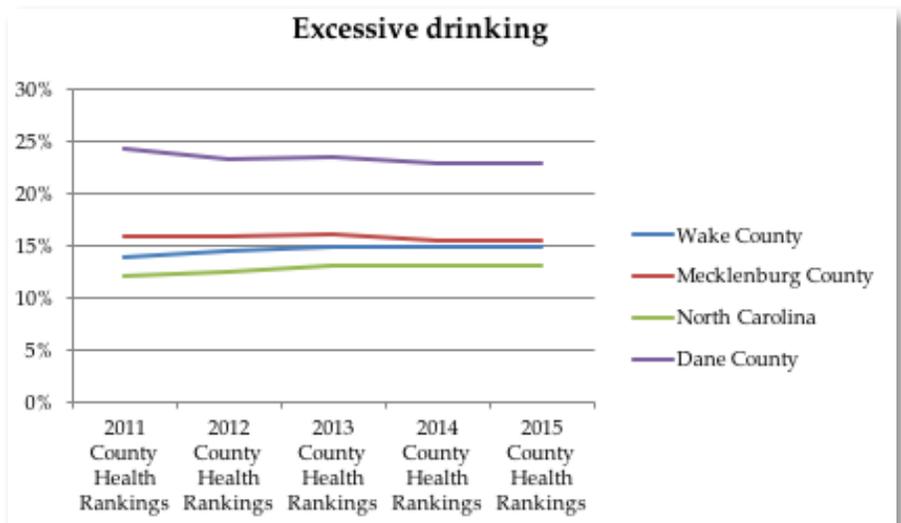
Source: University of Wisconsin Population Health Institute, County Health Rankings.



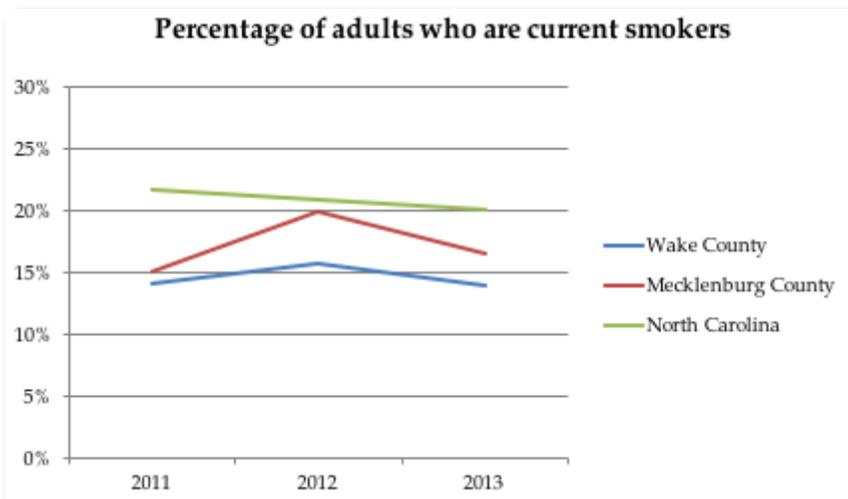
Source: University of Wisconsin Population Health Institute, County Health Rankings.

The percentage of motor vehicle crash deaths with alcohol involvement became a measure used by the County Health Rankings in 2014. As such, only two years of data were available. Wake County was one of the two geographies that had an increased proportion of driving deaths due to alcohol involvement with a 1.4 percentage increase. Mecklenburg County also experienced an increase in its proportion of driving deaths due to alcohol involvement.

The percentage of adults that report either binge drinking or heavy drinking has increased in Wake County and the state of North Carolina over the five-year period shown in the chart below.



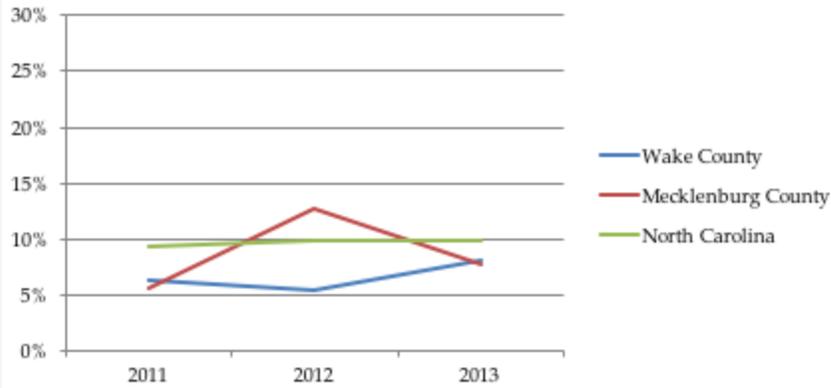
Source: University of Wisconsin Population Health Institute, County Health Rankings.



Source: NC State Center for Health Statistics, Behavioral Risk Factor Surveillance System Data.

Based on data from the NC Behavioral Risk Factor Surveillance System, the percentage of the adult population that self-reported that they currently smoke every day or most days and has smoked at least 100 cigarettes in their lifetime has declined slightly in Wake County from 2011 to 2013. North Carolina experienced a greater decline than Wake County and Mecklenburg County actually experienced an increase in the current smoking population as a percent of total.

Percentage of people exposed to secondhand smoke in the workplace



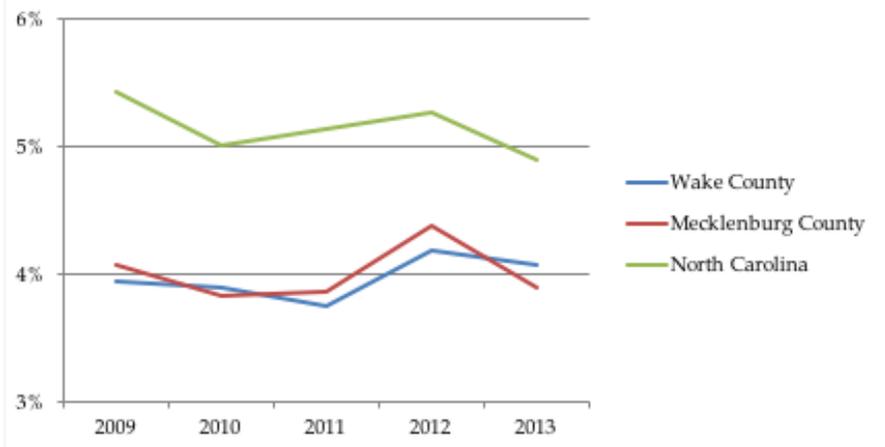
Source: NC State Center for Health Statistics, Behavioral Risk Factor Surveillance System Data.

Although the percentage of current smokers declined in Wake County, the percentage of people who self-reported that someone in their indoor workplace smoked while they were there in the past seven days actually increased. Wake County's increase in secondhand smoke exposure was less than Mecklenburg County's but more than the state's. Based on data from the NC Behavioral Risk Factor Surveillance System, Wake County has historically performed worse on this data measure than the state in two of the

three years shown below yet is consistently better than Mecklenburg County in all three years.

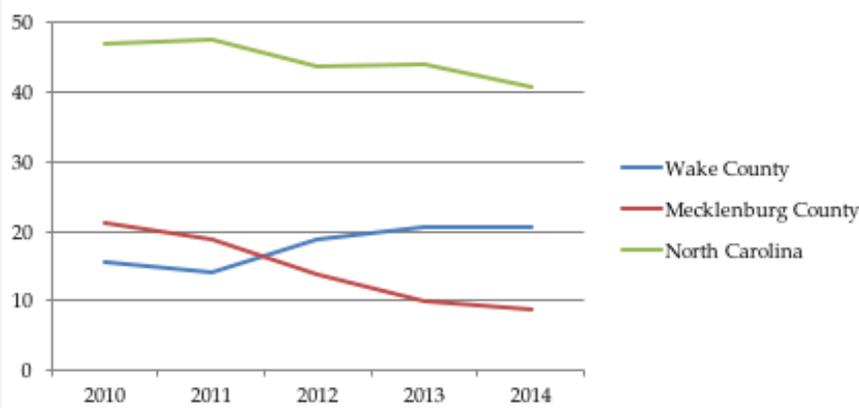
The percentage of alcohol-related traffic crashes has increased by three percent in Wake County over the five-year period shown below but is still performing better than Mecklenburg County on this data measure in the most recently available year.

Percentage of traffic crashes that are alcohol-related



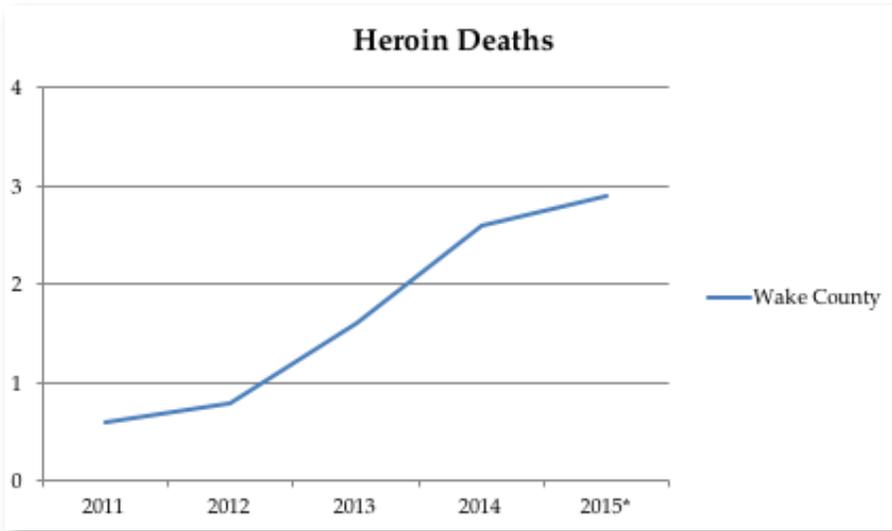
Source: Highway Safety Research Center, University of North Carolina at Chapel Hill. North Carolina Alcohol Facts.

Persons served in NC State Alcohol and Drug Treatment Centers as rate per 100,000 population



Source: Log Into North Carolina (LINC) Database, Topic Group Vital Statistics and Health.

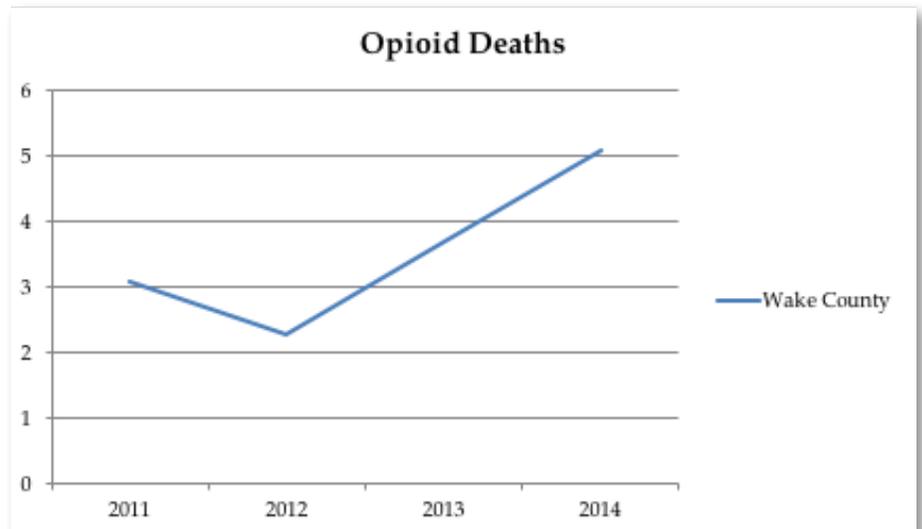
The rate of persons served in NC State Alcohol and Drug Treatment Centers has declined in both Mecklenburg County and the state since 2010 but has increased in Wake County. Wake County has increased from a rate of 15.5 to 20.6, or 33 percent, over this same time period.



The rate of heroin deaths has increased nearly 400 percent over the five-year period shown in the chart below.

*2015 data is provisional.
Source: Injury and Violence Prevention Branch, NC Division of Public Health, 4/19/2016.

The rate of opioid deaths has increased 65 percent from 2011 to 2014.



Source: Injury and Violence Prevention Branch, NC Division of Public Health, 4/19/2016.

Additional analyses were conducted regarding the variation of these measures among the service zones. The following table summarizes the measures for which more detailed data were available.

Despite having the highest rate of suicide attempts for its total population, the West Central zone has the lowest rate of attempts among adolescents and the lowest suicide rate when compared to the other seven service zones. The Southern zone has the highest rate of suicide attempts among adolescents while the East zone has the highest rate of suicides. The West zone has the lowest rate of suicide attempts for the entire population and the lowest ED utilization for mental health/developmental disabilities/ and substance abuse. The East zone has the highest ED utilization for these issues.

Measure	East Central	East	North Central	Northern	South Central	Southern	West Central	West
MH/DD/SA ED visits	325.5	348.7	231.8	229.3	344.8	291.1	246.1	178.1
Suicide attempts per 100,000 population	117.7	91.7	89.9	82.7	155.4	117.6	188.3	81.6
Suicide attempts by adolescents per 100 population aged 14-19 years	0.3	0.3	0.4	0.4	0.3	0.5	0.1	0.4
Suicide rate (per 100,000 population)	7.8	11.8	9.8	7.4	11.3	10.8	6.9	8.1

Income and Poverty

The following table describes the measures included within the Income and Poverty category as well as the source and time period of the county/state/service zone data analyzed through this process.

Measure	Description	Data Source(s) for Counties/ State/Service Zones	Most Recent Data for County(ies)/ State	Most Recent Data for Service Zones
Children in Poverty	Percent of children under the age of 18 in poverty	American Fact Finder, American Community Survey, 2009-2013 American Community Survey (ACS) 5-Year Estimates.	2009-2013 aggregate	2009-2013 aggregate
Children in poverty	Percentage of children under age 18 in poverty	University of Wisconsin Population Health Institute, 2015 County Health Rankings	2013	-
Decadal poverty rate	Percent of population in poverty	Log Into North Carolina (LINC) Database, Topic Group Employment and Income (Data Item 6094) (1970-2010)	2010	-
Income inequality (ratio of household income at the 80th percentile to income at the 20th percentile)	Ratio of household income at the 80th percentile to income at the 20th percentile	University of Wisconsin Population Health Institute, 2015 County Health Rankings	2009-2013 aggregate	-
Percentage of individuals living in poverty	Percent of population in poverty	American Fact Finder, American Community Survey, 2009-2013 American Community Survey (ACS) 5-Year Estimates.	2009-2013 aggregate	2009-2013 aggregate

Data pertaining to each of the aforementioned measures can be found in the table below. As shown in the table below, Wake County performs better than Mecklenburg County and North Carolina with regards to the percentage of children in poverty yet is worse than both the University of Wisconsin Top Performer's benchmark and Dane County. The percentage of the total population living in poverty is lower in Wake County than available targets/benchmarks/peer geographies based on various data sources and time periods. Income inequality is an issue for

Wake County when compared to both the University of Wisconsin Top Performer's benchmark and Dane County.

Measure	Healthy People 2020 Target	Healthy NC 2020 Target	Univ. of Wisconsin Top Performer Benchmark	Wake County	Mecklenburg County	North Carolina	Dane County
Children in Poverty	-	-	-	14.2%	 21.2%	 24.9%	-
Children in poverty	-	-	 13.0%	14.5%	 20.5%	 25.1%	 13.6%
Decadal annual poverty rate	-	 12.5%	-	9.7%	 12.5%	 15.5%	-
Income inequality (ratio of household income at the 80th percentile to income at the 20th percentile)	-	-	 3.7	4.3	 4.7	 4.8	 4.3
Percentage of individuals living in poverty	-	 12.5%	-	11.0%	 15.4%	 17.5%	-

Additional analyses were conducted regarding the variation of these measures among the service zones. The following table summarizes the measures for which more detailed data were available.

The West Central zone has the highest rate of poverty for both children and its total population. Conversely, the West zone has the lowest poverty rates for both of these measures.

Measure	East Central	East	North Central	Northern	South Central	Southern	West Central	West
Children in Poverty	19.9%	10.9%	12.7%	6.6%	18.0%	7.0%	21.9%	5.2%
Percentage of individuals living in poverty	32.0%	15.8%	22.0%	8.6%	23.7%	8.8%	23.9%	5.8%

Employment

The following table describes the measures included within the Employment category as well as the source and time period of the county/state/service zone data analyzed through this process.

Measure	Description	Data Source(s) for Counties/ State/Service Zones	Most Recent Data for County(ies)/ State	Most Recent Data for Service Zones
Percent of civilian labor force unemployed	Estimates of total civilian labor force, unemployment and unemployment rates. Annually averaged unadjusted data.	NC Dept of Commerce, Labor & Economic Analysis Division, Data and Tools, Local Area Unemployment Statistics. 2015 Jan-July Data	2015 (January-July YTD data)	-
Unemployment rate (percent of population age 16+ unemployed)	Percentage of population ages 16 and older unemployed but seeking work	University of Wisconsin Population Health Institute, 2015 County Health Rankings; American Fact Finder, American Community Survey, 2009-2013 American Community Survey (ACS) 5-Year Estimates.	2013	2009-2013

Data pertaining to each of the aforementioned measures can be found in the table below. Based on the year-to-date average local area unemployment data, Wake County has a lower percentage of its labor force unemployed than both Mecklenburg and the state. However, Wake County has a higher percent of its labor force uninsured than both the University of Wisconsin Top Performer's benchmark and Dane County.

Measure	Healthy People 2020 Target	Healthy NC 2020 Target	Univ. of Wisconsin Top Performer Benchmark	Wake County	Mecklenburg County	North Carolina	Dane County
Percent of civilian labor force unemployed	-	-	-	4.6%	 5.4%	 5.7%	-
Unemployment rate (percent of population age 16+ unemployed)	-	-	 4.0%	6.2%	 8.0%	 8.0%	 4.6%

Additional analyses were conducted regarding the variation of these measures among the service zones. The following table summarizes the measure for which more detailed data were available.

The South Central zone has the highest unemployment rate while the West zone has the lowest.

Measure	East Central	East	North Central	Northern	South Central	Southern	West Central	West
Unemployment rate (percent of population age 16+ unemployed)	11.8%	8.7%	8.4%	6.1%	12.0%	8.1%	6.8%	5.5%

Health Professionals

The following table describes the measures included within the Health Professionals category as well as the source and time period of the county/state/service zone data analyzed through this process.

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/State	Most Recent Data for Service Zones
Primary Care Ratio	Ratio of population to primary care physicians	University of Wisconsin Population Health Institute, 2015 County Health Rankings	2012	-
Dentists Ratio	Ratio of population to dentists	University of Wisconsin Population Health Institute, 2015 County Health Rankings	2013	-
Mental health providers Ratio	Ratio of population to mental health providers	University of Wisconsin Population Health Institute, 2015 County Health Rankings	2014	-
Physicians	Rate of physicians per 10,000 population	Cecil G. Sheps Center for Health Services Research, North Carolina Health Professions Data System, North Carolina Health Professions 2013 Data Book.	2013	-
Primary Care Physicians	Rate of primary care physicians per 10,000 population	Cecil G. Sheps Center for Health Services Research, North Carolina Health Professions Data System, North Carolina Health Professions 2013 Data Book.	2013	-
Dentists	Rate of dentists per 10,000 population	Cecil G. Sheps Center for Health Services Research, North Carolina Health Professions Data System, North Carolina Health Professions 2013 Data Book.	2013	-
Registered Nurses	Rate of registered nurses per 10,000 population	Cecil G. Sheps Center for Health Services Research, North Carolina Health Professions Data System, North Carolina Health Professions 2013 Data Book.	2013	-
Pharmacists	Rate of pharmacists per 10,000 population	Cecil G. Sheps Center for Health Services Research, North Carolina Health Professions Data System, North Carolina Health Professions 2013 Data Book.	2013	-
Physician Assistants	Rate of physician assistants per 10,000 population	Cecil G. Sheps Center for Health Services Research, North Carolina Health Professions Data System, North Carolina Health Professions 2013 Data Book.	2013	-
School Nurse-to-Student Ratio	Ratio of school nurses to students	NC Annual School Health Services Report, 2012-2013	2012-2013 school year	-

Data pertaining to each of the aforementioned measures can be found in the table below. As shown below, Wake County performs at least five percent worse than at least one of the applicable targets/benchmarks/peer geographies in all areas except dentists and pharmacists. Room for continued improvement exists as related to the availability health professionals in the county.

Measure	Healthy People 2020 Target	Healthy NC 2020 Target	Univ. of Wisconsin Top Performer Benchmark	Wake County	Mecklenburg County	North Carolina	Dane County
Primary Care Ratio	-	-	 1,045:1	1,241:1	 1,161:1	 1,448:1	 811:1
Dentists Ratio	-	-	 1,377:1	1,532:1	 1,541:1	 1,970:1	 1,536:1
Mental health providers Ratio	-	-	 386:1	374:1	 414:1	 472:1	 301:1
Physicians	Developmental	-	-	23.8	 29.1	 22.7	-
Primary Care Physicians	-	-	-	9.3	 10.4	 8.6	-
Dentists	-	-	-	7.0	 6.4	 4.5	-
Registered Nurses	-	-	-	107.4	 115.9	 101.0	-
Pharmacists	-	-	-	13.2	 11.5	 10.2	-
Physician Assistants	Developmental	-	-	5.1	 5.5	 4.7	-
School Nurse-to-Student Ratio	 1:750	-	-	1:2,476.	 1:1,206.0	 1:1,177	-

No data were available at the service zone level for this category.

Physical Activity, Nutrition, and Obesity

The following table describes the measures included within the Physical Activity, Nutrition, and Obesity category as well as the source and time period of the county/state/service zone data analyzed through this process.

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/State	Most Recent Data for Service Zones
Fast Food Restaurants (Rate per 1,000)	<p>Rate of fast food restaurants per 1,000 population. Includes the number of limited-service restaurants in the county. Limited-service restaurants include establishments primarily engaged in providing food services (except snack and nonalcoholic beverage bars) where patrons generally order or select items and pay before eating. Food and drink may be consumed on premises, taken out, or delivered to the customer's location. Some establishments in this industry may provide these food services in combination with alcoholic beverage sales.</p>	<p>U.S. Department of Agriculture, Food Environment Atlas, 2012</p>	<p>2012</p>	<p>-</p>
Supermarkets and Grocery Stores (Rate per 1,000)	<p>Rate of supermarkets and grocery stores per 1,000 population. Grocery stores include establishments generally known as supermarkets and smaller grocery stores primarily engaged in retailing a general line of food, such as canned and frozen foods; fresh fruits and vegetables; and fresh and prepared meats, fish, and poultry. Included in this industry are delicatessen-type establishments primarily engaged in retailing a general line of food. Convenience stores, with or without gasoline sales, are excluded. Large general merchandise stores that also retail food, such as supercenters and warehouse club stores, are excluded.</p>	<p>U.S. Department of Agriculture, Food Environment Atlas, 2012</p>	<p>2012</p>	<p>-</p>

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/State	Most Recent Data for Service Zones
Access to exercise opportunities	<p>Percentage of individuals in a county who live reasonably close to a location for physical activity. Locations for physical activity are defined as parks or recreational facilities. Parks include local, state, and national parks. Recreational facilities include businesses identified by a set of Standard Industry Classification (SIC) codes and include a wide variety of facilities including gyms, community centers, YMCAs, dance studios and pools. Individuals who: reside in a census block within a half mile of a park or in urban census tracts: reside within one mile of a recreational facility in rural census tracts: reside within three miles of a recreational facility are considered to have adequate access for opportunities for physical activity.</p>	University of Wisconsin Population Health Institute, 2015 County Health Rankings	2010 & 2013	-
Adult obesity	<p>Percentage of the adult population (age 20 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m2.</p>	University of Wisconsin Population Health Institute, 2015 County Health Rankings	2011	-
Food environment index	<p>The Food Environment Index ranges from 0 (worst) to 10 (best) and equally weights two indicators of the food environment.</p> <p>1) Limited access to healthy foods estimates the percentage of the population who are low income and do not live close to a grocery store. Living close to a grocery store is defined differently in rural and non-rural areas; in rural areas, it means living less than 10 miles from a grocery store whereas in non-rural areas, it means less than 1 mile. Low income is defined as having an annual family income of less than or equal to 200 percent of the federal poverty threshold for the family size.</p> <p>2) Food insecurity estimates the percentage of the population who did not have access to a reliable source of food during the past year.</p>	University of Wisconsin Population Health Institute, 2015 County Health Rankings	2012	-

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/State	Most Recent Data for Service Zones
Fruit and vegetable consumption	Percentage of adults self-reported that they consume five or more servings of fruits and vegetables per day	NC State Center for Health Statistics, Behavioral Risk Factor Surveillance System Data, 2013.	2013	-
Physical activity in the past month	Percentage of adults self-reported that they participated in physical activity or exercises (other than their regular job) in the past month	NC State Center for Health Statistics, Behavioral Risk Factor Surveillance System Data, 2013.	2013	-
Physical inactivity	Percentage of adults aged 20 and over reporting no leisure-time physical activity	University of Wisconsin Population Health Institute, 2015 County Health Rankings	2011	-
Prevalence of overweight among children ages 2-4	Percentage of children seen in North Carolina Public Health Sponsored WIC and Child Health Clinics whose BMI-for-Age Percentiles 85th and <95th Percentile	Eat Smart, Move More, Data on Children and Youth in NC, North Carolina Nutrition and Physical Activity Surveillance System (NC-NPASS), NC-NPASS Data, 2012.	2012	-
Prevalence of obesity among children ages 2-4	Percentage of children seen in North Carolina Public Health Sponsored WIC and Child Health Clinics whose BMI-for-Age Percentiles 95th Percentile	Eat Smart, Move More, Data on Children and Youth in NC, North Carolina Nutrition and Physical Activity Surveillance System (NC-NPASS), NC-NPASS Data, 2012.	2012	-
Percentage of adults who are neither overweight nor obese	of adults who self-reported their height and weight, the percent whose BMI was calculated as being less than 25.0	NC State Center for Health Statistics, Behavioral Risk Factor Surveillance System Data, 2013	2013	-

Data pertaining to each of the aforementioned measures can be found in the table below. As shown below, Wake County performs at least five percent worse than at least on applicable target/benchmark/peer geography as related to fast food restaurants, access to exercise opportunities, adult obesity, food environment index, fruit and vegetable consumption, physical inactivity, and obesity among children aged 2-4. Notably, many of the areas where Wake County is at least five percent worse are based on the comparison to Dane County, the 2014 Healthiest Capital County.

Measure	Healthy People 2020 Target	Healthy NC 2020 Target	Univ. of Wisconsin Top Performer Benchmark	Wake County	Mecklenburg County	North Carolina	Dane County
Fast Food Restaurants (Rate per 1,000)	-	-	-	0.88	 0.81	 0.73	-
Supermarkets and Grocery Stores (Rate per 1,000)	-	-	-	0.20	 0.21	 0.19	-
Access to exercise opportunities	-	-	 92.0%	90.7%	 89.3%	 75.8%	 96.0%
Adult obesity	 30.5%	-	 25.0%	25.3%	 24.4%	 29.0%	 21.5%
Food environment index	-	-	 8.4	7.5	 6.5	 6.6	 8.2
Fruit and vegetable consumption	-	 29.3%	-	14.9%	 10.9%	 12.3%	-
Physical activity in the past month	-	-	-	81.0%	 78.9%	 73.4%	-
Physical inactivity	 32.6%	-	 20.0%	18.1%	 20.3%	 24.9%	 16.9%
Prevalence of overweight among children ages 2-4	-	-	-	14.7%	 16.1%	 14.9%	-
Prevalence of obesity among children ages 2-4	 9.4%	-	-	14.5%	 16.7%	 14.5%	-
Percentage of adults who are neither overweight nor obese	-	 38.1%	-	40.3%	 39.4%	 33.9%	-

No data were available at the service zone level for this category.

Housing and Homelessness

The following table describes the measures included within the Housing and Homelessness category as well as the source and time period of the county/state/service zone data analyzed through this process.

Measure	Description	Data Source(s) for Counties/ State/Service Zones	Most Recent Data for County(ies)/State	Most Re- cent Data for Service Zones
Housing types (occupancy)	Occupied Housing Units as % of Total	US Census Bureau, American FactFinder, 2010 US Census, Summary File 1 (SF-1).	2010	2010
Median monthly housing costs	Median selected monthly owner costs for housing units with or with- out a mortgage	US Census Bureau, American Fact Finder, American Commu- nity Survey, 2009-2013 Ameri- can Community Survey (ACS) 5-Year Estimates.	2009-2013	2009-2013
Median monthly rent	Median gross rental costs	US Census Bureau, American Fact Finder, American Commu- nity Survey, 2009-2013 Ameri- can Community Survey (ACS) 5-Year Estimates.	2009-2013	2009-2013
% of Homeless Adults Seriously Mentally Ill	% of homeless adults who are se- riously mentally ill as percent of total homeless popula- tion	North Carolina Coalition to End Homelessness, North Carolina Point-in-Time Count Reporting Forms, 2014. Rates used NC State Center for Health Statis- tics, NCHS Bridged Population Data.	2014	-
% of Homeless Adults Substance Abuse Disorder	% of homeless adults who have substance abuse disorder as percent of total homeless population	North Carolina Coalition to End Homelessness, North Carolina Point-in-Time Count Reporting Forms, 2014. Rates used NC State Center for Health Statis- tics, NCHS Bridged Population Data.	2014	-
% of Homeless Adults with HIV/ AIDS	% of homeless adults who have HIV/AIDS as per- cent of total home- less population	North Carolina Coalition to End Homelessness, North Carolina Point-in-Time Count Reporting Forms, 2014. Rates used NC State Center for Health Statis- tics, NCHS Bridged Population Data.	2014	-

Measure	Description	Data Source(s) for Counties/ State/Service Zones	Most Recent Data for County(ies)/State	Most Recent Data for Service Zones
% of Homeless Adults Victims of Domestic Violence	% of homeless adults who are victims of domestic violence as percent of total homeless population	North Carolina Coalition to End Homelessness, North Carolina Point-in-Time Count Reporting Forms, 2014. Rates used NC State Center for Health Statistics, NCHS Bridged Population Data.	2014	-
Rate of homelessness	Homeless population as rate per 10,000 total county population	North Carolina Coalition to End Homelessness, North Carolina Point-in-Time Count Reporting Forms, 2014. Rates used NC State Center for Health Statistics, NCHS Bridged Population Data.	2014	-
Severe housing problems	Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities	University of Wisconsin Population Health Institute, 2015 County Health Rankings	2007-2011 aggregate	-
Percentage of people spending more than 30% of their income on rental housing	Percentage of people spending more than 30% of their income on rental housing	US Census Bureau. American Community Survey, 2014 Data.	2014	-

Data pertaining to each of the aforementioned measures can be found in the table below. Wake County's median monthly housing and rent costs are higher than Mecklenburg County and North Carolina. Additionally, Wake County percentage of households with at least one of four severe housing problems is higher than the University of Wisconsin Top Performer's benchmark.

Regarding homelessness, Wake County's rate is comparable to the state and better than Mecklenburg County's. Among the specific sub-populations of the larger homeless population, Wake County has a higher percentage of homeless individuals with substance abuse disorders than its peer geographies.

Measure	Healthy People 2020 Target	Healthy NC 2020 Target	Univ. of Wisconsin Top Performer Benchmark	Wake County	Mecklenburg County	North Carolina	Dane County
Housing types (occupancy)	-	-	-	93.0%	 90.9%	 86.5%	-
Median monthly housing costs	-	-	-	\$1,389	 \$1,322	 \$960	-
Median monthly rent	-	-	-	\$913	 \$889	 \$776	-
% of Homeless Adults Seriously Mentally Ill	-	-	-	18.8%	 26.6%	 21.0%	-
% of Homeless Adults Substance Abuse Disorder	-	-	-	37.2%	 31.5%	 29.5%	-
% of Homeless Adults with HIV/AIDS	-	-	-	0.8%	 2.0%	 1.7%	-
% of Homeless Adults Victims of Domestic Violence	-	-	-	8.9%	 13.8%	 19.5%	-
Rate of homelessness	-	-	-	11.7	 19.9	 11.5	-
Severe housing problems	-	-	 9.0%	14.3%	 17.2%	 16.2%	 16.8%
Percentage of people spending more than 30% of their income on rental housing	-	 36.1%	-	47.6%	 43.7%	 46.3%	-

Additional analyses were conducted regarding the variation of these measures among the service zones. The following table summarizes the measure for which more detailed data were available.

The Northern zone has the highest percentage of occupied housing units while the West Central zone has the lowest. The Northern zone has the highest median monthly housing cost equaling \$1,673 while the East Central zone has the lowest median housing cost equaling \$1,050. When comparing median monthly rental costs, the West zone has the highest median rent while the west Central has the lowest.

Measure	East Central	East	North Central	Northern	South Central	Southern	West Central	West
Housing types (occupancy)	92.8%	91.4%	92.8%	94.1%	92.9%	94.0%	90.5%	93.5%
Median monthly housing costs	\$1,050	\$1,102	\$1,312	\$1,673	\$1,241	\$1,423	\$1,470	\$1,593
Median monthly rent	\$840	\$890	\$918	\$1,106	\$915	\$994	\$836	\$1,152

Community Engagement

The following table describes the measures included within the Community Engagement category as well as the source and time period of the county/state/service zone data analyzed through this process.

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/State	Most Recent Data for Service Zones
Registered voters	Percent of voting age population registered to vote	Log Into North Carolina (LINC) Database, Topic Group Government, Voters and Elections, Voting Age Population; NC State Board of Elections, Voter Registration, Voter Statistics, Voter Registration Statistics, By County. 2014	2014	-
Social associations	Number of membership associations per 10,000 population. Associations include membership organizations such as civic organizations, bowling centers, golf clubs, fitness centers, sports organizations, religious organizations, political organizations, labor organizations, business organizations, and professional organizations.	University of Wisconsin Population Health Institute, 2015 County Health Rankings	2012	-

Data pertaining to each of the aforementioned measures can be found in the table below. Wake County has a higher percentage of its population registered to vote than both Mecklenburg County and North Carolina. Wake County has a lower rate of social associations per 10,000 population than the University of Wisconsin Top Performer's benchmark, North Carolina, and Dane County but is higher than Mecklenburg County.

Measure	Healthy People 2020 Target	Healthy NC 2020 Target	Univ. of Wisconsin Top Performer Benchmark	Wake County	Mecklenburg County	North Carolina	Dane County
Registered voters	-	-	-	91.2%	 89.8%	 86.5%	-
Social associations	-	-	 22.0	9.8	 9.1	 11.7	 13.1

No data were available at the service zone level for this category.

Caregiving

No secondary (existing) data were available at the county or the service zone level for this category.

Environmental Health

The following table describes the measures included within the Environmental Health category as well as the source and time period of the county/state/service zone data analyzed through this process.

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/State	Most Recent Data for Service Zones
Active Community Water systems	Community water systems as percent of total water systems	U.S Environmental Protection Agency Safe Drinking Water Information System. Safe Drinking Water Search for the State of North Carolina, 2015 data.	2015	-
Air pollution	Average daily measure of fine particulate matter in micrograms per cubic meter	University of Wisconsin Population Health Institute, 2015 County Health Rankings	2011	-
Air Quality Index (unhealthy)	Days Unhealthy for sensitive groups, unhealthy, very unhealthy	U.S. Environmental Protection Agency. Air Quality Index Reports, 2014	2014	-
Air Quality Index (good)	Days Good	U.S. Environmental Protection Agency. Air Quality Index Reports, 2014	2014	-

Measure	Description	Data Source(s) for Counties/State/ Service Zones	Most Recent Data for County(ies)/ State	Most Recent Data for Service Zones
Air Quality Index (moderate)	Days Moderate	U.S. Environmental Protection Agency. Air Quality Index Reports, 2014	2014	-
Childhood Blood Surveillance Data	% of 1-2 year olds with blood lead levels >=10 of total 1-2 year olds tested	North Carolina Childhood Blood Lead Surveillance Data, NC Environmental Health Section, Children's Environmental Health Branch, 2011.	2011	-
Drinking water violations	Percentage of population potentially exposed to water exceeding a violation limit during the past year)	University of Wisconsin Population Health Institute, 2015 County Health Rankings	FY2013-2014	-
Animal Rabies Cases	Number of rabies cases reported	NC Division of Public Health, Epidemiology. Rabies. Facts and Figures. Rabies by County, Tables by Year, 2014.	2014	-
Reported Chemical Disposal or Other Releases in Wake County (in pounds)	TRI On-site and Off-site Reported Disposed of or Otherwise Released (in pounds), for all 17 facilities, for facilities in All Industries, for All chemicals in Wake County	U.S. Environmental Protection Agency. Toxic Release Inventory Reports: Chemical Reports, 2014. Retrieved from US EPA TRI Explorer, Release Reports by Facility, Chemical Reports.	2014	-
Tick-borne Diseases in Wake County	% cases confirmed out of total Suspect, probable, and confirmed cases)	Public Health Quarterly Report April - June 2015, Wake County Human Services, Public Health Division, 2014 data	2014	-

Data pertaining to each of the aforementioned measures can be found in the table below. Top environmental health concerns in Wake County include air pollution, air quality index, and drinking water violations.

Measure	Healthy People 2020 Target	Healthy NC 2020 Target	Univ. of Wisconsin Top Performer Benchmark	Wake County	Mecklenburg County	North Carolina	Dane County
Active Community Water systems	-	-	-	66.9%	-	-	-
Air pollution	-	-	 9.5	12.2	 12.6	 12.3	 12.0
Air Quality Index (unhealthy)	-	-	-	0	 0	-	-

Measure	Healthy People 2020 Target	Healthy NC 2020 Target	Univ. of Wisconsin Top Performer Benchmark	Wake County	Mecklenburg County	North Carolina	Dane County
Air Quality Index (good)	-	-	-	233	 265	-	-
Air Quality Index (moderate)	-	-	-	132	 100	-	-
Childhood Blood Surveillance Data	-	-	-	0.2%	 0.2%	 0.4%	-
Drinking water violations	-	-	 0.0%	1.5%	 0.0%	 4.0%	 0.0%
Animal Rabies Cases	-	-	-	20	 23	 352	-
Reported Chemical Disposal or Other Releases in Wake County (in pounds)	-	-	-	330,533	-	-	-
Tick-borne Diseases in Wake County	-	-	-	4.6%	-	-	-

No data were available at the service zone level for this category.

Education and Lifelong Learning

The following table describes the measures included within the Education and Lifelong Learning category as well as the source and time period of the county/state/service zone data analyzed through this process.

Measure	Description	Data Source(s) for Counties/ State/Service Zones	Most Recent Data for County(ies)/ State	Most Recent Data for Service Zones
Educational Attainment	Percentage of 25+ population with some college or higher	US Census Bureau, American Fact Finder, American Community Survey, 2009-2013 American Community Survey (ACS) 5-Year Estimates.	2009-2013 aggregate	2009-2013 aggregate
Some college	Percent of adults aged 25-44 years with some post-secondary education	University of Wisconsin Population Health Institute, 2015 County Health Rankings	2009-2013 aggregate	-

Measure	Description	Data Source(s) for Counties/ State/Service Zones	Most Recent Data for County(ies)/ State	Most Recent Data for Ser- vice Zones
Percent of Students graduating in 4-year cohort	Percent of ninth grade cohort that graduates in four years	NC Dept of Public Instruction, Public Schools of North Carolina, Testing, Accountability and Testing Results, Cohort Graduation Rate. 4-Year Cohort Graduation Rate Report, 2011-12 Entering 9th Graders Graduating in 2014-15 or Earlier.	2014-15 school year	-
High school graduation	Percent of ninth grade cohort that graduates in four years	University of Wisconsin Population Health Institute, 2015 County Health Rankings	2011-2012	-
High School Dropout rates	Number of students in a particular grade span dropping out in one year, divided by a measure of the total students in that particular grade span.	NC Dept of Public Instruction, Public Schools of North Carolina, Research and Evaluation, Dropout Data and Collection Process, Annual Dropout Reports, 2013-14 school year.	2013-14 school year	-
EOG Test Results - 3rd Grade - Reading	Percentage of students at or above grade level	NC Department of Public Instruction, Public Schools of North Carolina, Data and Statistics, Reports and Statistics, NC School Report Cards, District Profile Snapshot, 2012-13 School Year	2012-13 school year	-
EOG Test Results - 3rd Grade - Math	Percentage of students at or above grade level	NC Department of Public Instruction, Public Schools of North Carolina, Data and Statistics, Reports and Statistics, NC School Report Cards, District Profile Snapshot, 2012-13 School Year	2012-13 school year	-
EOG Test Results - 8th Grade - Reading	Percentage of students at or above grade level	NC Department of Public Instruction, Public Schools of North Carolina, Data and Statistics, Reports and Statistics, NC School Report Cards, District Profile Snapshot, 2012-13 School Year	2012-13 school year	-
EOG Test Results - 8th Grade - Math	Percentage of students at or above grade level	NC Department of Public Instruction, Public Schools of North Carolina, Data and Statistics, Reports and Statistics, NC School Report Cards, District Profile Snapshot, 2012-13 School Year	2012-13 school year	-

Measure	Description	Data Source(s) for Counties/ State/Service Zones	Most Recent Data for County(ies)/ State	Most Recent Data for Ser- vice Zones
Per pupil Funding by source: Local	The financial support per pupil from local sources including all expenses concerned with operating schools, including teacher and administrator salaries, textbooks, and other educational supplies and materials.	NC Department of Public Instruction, Public Schools of North Carolina, Data and Statistics, Reports and Statistics, NC School Report Cards, District Profile. 2012-13 School Year	2012-13 school year	-
Per pupil Funding by source: State	The financial support per pupil from state sources including all expenses concerned with operating schools, including teacher and administrator salaries, textbooks, and other educational supplies and materials.	NC Department of Public Instruction, Public Schools of North Carolina, Data and Statistics, Reports and Statistics, NC School Report Cards, District Profile. 2012-13 School Year	2012-13 school year	-
Per pupil Funding by source: Fed- eral	The financial support per pupil from federal sources including all expenses concerned with operating schools, including teacher and administrator salaries, textbooks, and other educational supplies and materials.	NC Department of Public Instruction, Public Schools of North Carolina, Data and Statistics, Reports and Statistics, NC School Report Cards, District Profile. 2012-13 School Year	2012-13 school year	-
Per pupil Funding by source: Total	The financial support per pupil from all sources including all expenses concerned with operating schools, including teacher and administrator salaries, textbooks, and other educational supplies and materials.	NC Department of Public Instruction, Public Schools of North Carolina, Data and Statistics, Reports and Statistics, NC School Report Cards, District Profile. 2012-13 School Year	2012-13 school year	-
Enrollment in Conventional Non-public Schools	Number of students enrolled in conventional non-public schools	NC Department of Administration, Division of Non-Public Education, Directory of Non-Public Schools Conventional Schools Edition, 2014- 2015 school year	2014-15 school year	-

Data pertaining to each of the aforementioned measures can be found in the table below. Wake County's percentage of students graduating in their four-year cohort is lower than both the Healthy NC 2020 target and the University of Wisconsin Top Performer's benchmark regardless of data source. The federal and total per pupil funding in Wake County is also lower than both Mecklenburg County and the state overall.

3rd and 8th grade EOG test scores for both reading and math in Wake County are at least five percent better than applicable targets and peer geographies.

Measure	Healthy People 2020 Target	Healthy NC 2020 Target	Univ. of Wisconsin Top Performer Benchmark	Wake County	Mecklenburg County	North Carolina	Dane County
Educational Attainment	-	-	-	74.8%	69.3%	57.9%	-
Some college	-	-	71.0%	77.6%	71.9%	63.8%	80.3%
Percent of Students graduating in 4-year cohort	82.4%	94.6%	93.0%	86.1%	88.0%	85.4%	-
High school graduation	82.4%	94.6%	93.0%	81.5%	76.1%	81.1%	85.8%
High School Dropout rates	-	-	-	2.22	2.31	2.28	-
EOG Test Results - 3rd Grade - Reading	-	-	-	57.0%	46.6%	45.2%	-
EOG Test Results - 3rd Grade - Math	-	-	-	61.2%	50.0%	46.8%	-
EOG Test Results - 8th Grade - Reading	35.6%	-	-	50.2%	44.3%	41.0%	-
EOG Test Results - 8th Grade - Math	37.3%	-	-	42.0%	39.9%	34.2%	-
Per pupil Funding by source: Local	-	-	-	\$2,199	\$2,298	\$2,095	-
Per pupil Funding by source: State	-	-	-	\$5,007	\$4,924	\$5,395	-
Per pupil Funding by source: Federal	-	-	-	\$642	\$903	\$1,008	-
Per pupil Funding by source: Total	-	-	-	\$7,848	\$8,126	\$8,498	-
Enrollment in Conventional Non-public Schools	-	-	-	16,932	-	-	-

Additional analyses were conducted regarding the variation of these measures among the service zones. The following table summarizes the measure for which more detailed data were available.

Residents of the West zone were the most likely to have completed at least some college or more advanced education levels while residents of the East are the least likely to have completed at least some college.

Measure	East Central	East	North Central	Northern	South Central	Southern	West Central	West
Educational Attainment	61.5%	59.3%	73.6%	81.4%	65.2%	72.0%	77.1%	84.6%

Child Welfare and Financial Assistance

The following table describes the measures included within the Child Welfare and Financial Assistance category as well as the source and time period of the county/state/service zone data analyzed through this process.

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Most Recent Data for Service Zones
Number of Children entering child welfare custody	Number of Children entering child welfare custody	Duncan, D.F., Kum, H.C., Flair, K.A., Stewart, C.J., Vaughn, J.S., Guest, S., Rose, R.A., Gwaltney, A.Y., and Gogan, H.C. (2015). Management Assistance for Child Welfare, Work First, and Food & Nutrition Services in North Carolina (v3.2). Retrieved October 20, 2015 from the University of North Carolina at Chapel Hill Jordan Institute for Families website. 2013-14 Data URL: http://ssw.unc.edu/ma/	2013-14	-
Median # of days spent in child welfare custody	Median # of days spent in child welfare custody	Duncan, D.F., Kum, H.C., Flair, K.A., Stewart, C.J., Vaughn, J.S., Guest, S., Rose, R.A., Gwaltney, A.Y., and Gogan, H.C. (2015). Management Assistance for Child Welfare, Work First, and Food & Nutrition Services in North Carolina (v3.2). Retrieved October 20, 2015 from the University of North Carolina at Chapel Hill Jordan Institute for Families website. 2013-14 Data URL: http://ssw.unc.edu/ma/	2013-14	-
Percentage of children placed in child welfare custody placed with relative	Percentage of children placed in child welfare custody placed with relative of total children in welfare custody	Duncan, D.F., Kum, H.C., Flair, K.A., Stewart, C.J., Vaughn, J.S., Guest, S., Rose, R.A., Gwaltney, A.Y., and Gogan, H.C. (2015). Management Assistance for Child Welfare, Work First, and Food & Nutrition Services in North Carolina (v3.2). Retrieved October 20, 2015 from the University of North Carolina at Chapel Hill Jordan Institute for Families website. 2013-14 Data URL: http://ssw.unc.edu/ma/	2013-14	-

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Most Recent Data for Service Zones
Percentage of children placed in child welfare custody placed with foster home	Percentage of children placed in child welfare custody placed with foster home of total children in welfare custody	Duncan, D.F., Kum, H.C., Flair, K.A., Stewart, C.J., Vaughn, J.S., Guest, S., Rose, R.A., Gwaltney, A.Y., and Gogan, H.C. (2015). Management Assistance for Child Welfare, Work First, and Food & Nutrition Services in North Carolina (v3.2). Retrieved October 20, 2015 from the University of North Carolina at Chapel Hill Jordan Institute for Families website. 2013-14 Data URL: http://ssw.unc.edu/ma/	2013-14	-
Free/Reduced Lunch	Percent of Public School Students Enrolled in Free/Reduced Lunch	Annie E. Casey Foundation, Kids Count Data Center, North Carolina, Data by County, 2011-12 Data.	2011-12	-
Children in single-parent household	Percent of children that live in single-parent household	University of Wisconsin Population Health Institute, 2015 County Health Rankings	2009-2013 aggregate	2009-2013 aggregate

Data pertaining to each of the aforementioned measures can be found in the table below. Children entering welfare custody in Wake County spend over 90 more days in welfare custody than children in Mecklenburg County and North Carolina.

Measure	Healthy People 2020 Target	Healthy NC 2020 Target	Univ. of Wisconsin Top Performer Benchmark	Wake County	Mecklenburg County	North Carolina	Dane County
Number of Children entering child welfare custody	-	-	-	305	 406	 5,252	-
Median # of days spent in child welfare custody	-	-	-	566.0	 461.5	 475.0	-
Percentage of children placed in child welfare custody placed with relative	-	-	-	34.4%	 35.2%	 32.0%	-
Percentage of children placed in child welfare custody placed with foster home	-	-	-	44.6%	 45.3%	 41.0%	-
Free/Reduced Lunch	-	-	-	38.6%	 54.0%	 56.0%	-

Measure	Healthy People 2020 Target	Healthy NC 2020 Target	Univ. of Wisconsin Top Performer Benchmark	Wake County	Mecklenburg County	North Carolina	Dane County
Children in single-parent household	-	-	 20.0%	28.3%	 36.6%	 36.1%	 27.3%

Additional analyses were conducted regarding the variation of these measures among the service zones. The following table summarizes the measure for which more detailed data were available.

Children living in the East Central service zone are the most likely to live in a single-parent households when compared to children in the remaining seven zones. Over half of the children living in the East Central zone live in single-parent households. Children in the West zone are the least likely to live in single-parent households.

Measure	East Central	East	North Central	Northern	South Central	Southern	West Central	West
Children in single-parent household	50.6%	29.6%	41.1%	20.6%	39.0%	22.1%	36.0%	18.1%

Health Status (Infectious and Chronic Disease and other causes of death)

The following table describes the measures included within the Health Status (Infectious and Chronic Disease and other causes of death) category as well as the source and time period of the county/state/service zone data analyzed through this process.

Measure	Description	Data Source(s) for Counties/ State/Service Zones	Most Recent Data for County(ies)/ State	Most Recent Data for Service Zones
Percentage of children aged 19-35 months who receive the recommended vaccines	Percentage of clients who are up-to-date on vaccinations	NC Immunization Registry, Data Request, 2015	2015	2015
Foodborne Illnesses	Cases of foodborne illness per 100,000 population	Public Health Quarterly Report April - June 2015, Wake County Human Services, Public Health Division, 2014 data. NCHS Bridged Population.	2014	2014
General Communicable Diseases	Cases of general communicable diseases per 100,000 population	NC Electronic Disease Surveillance System, Public Health Quarterly Report, 2014 data. NCHS Bridged Population.	2014	2014

Measure	Description	Data Source(s) for Counties/ State/Service Zones	Most Recent Data for County(ies)/ State	Most Recent Data for Service Zones
Pneumonia and influenza mortality rate	Mortality rate due to pneumonia and influenza per 100,000 population	NC Center for Health Statistics, County-level Data, County Health Data Books (2009-2013 aggregate).	2009-2013 aggregate	-
Tuberculosis	Cases of tuberculosis per 100,000 population	NC Electronic Disease Surveillance System, Public Health Quarterly Report, 2014 data. NCHS Bridged Population.	2014	2014
Vaccine Preventable Diseases	Cases of vaccine preventable diseases per 100,000 population	NC Electronic Disease Surveillance System, Public Health Quarterly Report, 2014 data. NCHS Bridged Population.	2014	2014
Vector-borne Diseases	Cases of vector-borne diseases per 100,000 population	NC Electronic Disease Surveillance System, Public Health Quarterly Report, 2014 data. NCHS Bridged Population.	2014	-
Life expectancy	The average number of years that a person may expect to live	NC Center for Health Statistics, County-level Data, County Health Data Book (2011-13 aggregate).	2011-2013 aggregate	-
Hospital Discharge Rates for Primary Diagnosis of Asthma, All Ages	Rate per 100,00 population of North Carolina hospital discharges (data only includes NC residents served in NC hospitals) with a primary diagnosis of asthma (all ages)	NC Center for Health Statistics, County-level Data, County Health Data Books (2013 Data).	2013	-
Hospital Discharge Rates for Primary Diagnosis of Asthma, Ages 0-14	Rate per 100,00 population of North Carolina hospital discharges (data only includes NC residents served in NC hospitals) with a primary diagnosis of asthma (ages 0-14)	NC Center for Health Statistics, County-level Data, County Health Data Books (2013 Data).	2013	-
Cancer Incidence rates, total	Cancer incidence rates for selected sites Per 100,000 population Age-adjusted to the 2000 US Census; Rates are calculated using the bridged-race population estimates obtained from the National Center for Health Statistics	North Carolina Central Cancer Registry, 2009-2013 data.	2009-2013 aggregate	-

Measure	Description	Data Source(s) for Counties/ State/Service Zones	Most Recent Data for County(ies)/ State	Most Recent Data for Service Zones
Cancer mortality rate, total	Resident age-adjusted death rates per 100,000 population	NC Center for Health Statistics, County-level Data, County Health Data Books (2009-2013 aggreg).	2009-2013 aggregate	-
Cancer mortality rate, pancreas	Resident age-adjusted death rates per 100,000 population	NC Center for Health Statistics, County-level Data, County Health Data Books (2009-2013 aggreg).	2009-2013 aggregate	-
Cancer mortality rate, trachea, bronchus, lung	Resident age-adjusted death rates per 100,000 population	NC Center for Health Statistics, County-level Data, County Health Data Books (2009-2013 aggreg).	2009-2013 aggregate	-
Cancer mortality rate, breast	Resident age-adjusted death rates per 100,000 population	NC Center for Health Statistics, County-level Data, County Health Data Books (2009-2013 aggreg).	2009-2013 aggregate	-
Cancer mortality rate, prostate	Resident age-adjusted death rates per 100,000 population	NC Center for Health Statistics, County-level Data, County Health Data Books (2009-2013 aggreg).	2009-2013 aggregate	-
Cardiovascular disease mortality rate	Resident age-adjusted death rates per 100,000 population	NC Center for Health Statistics, County-level Data, County Health Data Books (2009-2013 aggreg).	2009-2013 aggregate	-
Colorectal cancer mortality rate)	Resident age-adjusted death rates per 100,000 population	NC Center for Health Statistics, County-level Data, County Health Data Books (2009-2013 aggreg).	2009-2013 aggregate	-
Cerebrovascular Disease mortality rate	Resident age-adjusted death rates per 100,000 population	NC Center for Health Statistics, County-level Data, County Health Data Books (2009-2013 aggreg).	2009-2013 aggregate	-
Chronic Lower Respiratory Disease mortality rate	Resident age-adjusted death rates per 100,000 population	NC Center for Health Statistics, County-level Data, County Health Data Books (2009-2013 aggreg).	2009-2013 aggregate	-
Alzheimer's Disease mortality rate	Resident age-adjusted death rates per 100,000 population	NC Center for Health Statistics, County-level Data, County Health Data Books (2009-2013 aggreg).	2009-2013 aggregate	-
Diabetes mortality rate	Resident age-adjusted death rates per 100,000 population	NC Center for Health Statistics, County-level Data, County Health Data Books (2009-2013 aggreg).	2009-2013 aggregate	-

Measure	Description	Data Source(s) for Counties/ State/Service Zones	Most Recent Data for County(ies)/ State	Most Recent Data for Service Zones
Diabetic screening	The percentage of diabetic fee-for-service Medicare patients ages 65-75 whose blood sugar control was monitored in the past year using a test of their glycosylated hemoglobin (HbA1c) levels.	University of Wisconsin Population Health Institute, 2015 County Health Rankings	2012	-
Percentage of adults with diabetes	.	NC State Center for Health Statistics, Behavioral Risk Factor Surveillance System Data, 2013.	2013	-
Premature Death	The years of potential life lost before age 75 (YPLL-75). The YPLL measure is presented as a rate per 100,000 population and is age-adjusted to the 2000 US population	University of Wisconsin Population Health Institute, 2015 County Health Rankings	2010-2012 aggregate	-
Fair or poor health	Percentage of respondents who self-report that in general their health is fair or poor as percent of total	NC State Center for Health Statistics, Behavioral Risk Factor Surveillance System Data, 2013.	2013	-
Percentage of adults reporting good, very good, or excellent health	Percentage of respondents who self-report that in general their health is good, very good, or excellent as percent of total	NC State Center for Health Statistics, Behavioral Risk Factor Surveillance System Data, 2013.	2013	-
Poor or fair health	Based on survey responses to the question: "In general, would you say that your health is excellent, very good, good, fair, or poor?" The value reported in the County Health Rankings is the percentage of adult respondents who rate their health "fair" or "poor." The measure is age-adjusted to the 2000 US population.	University of Wisconsin Population Health Institute, 2015 County Health Rankings	2006-2012 aggregate	-

Measure	Description	Data Source(s) for Counties/ State/Service Zones	Most Recent Data for County(ies)/ State	Most Recent Data for Service Zones
Poor physical health days	Based on survey responses to the question: "Thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?" The value reported in the County Health Rankings is the average number of days a county's adult respondents report that their physical health was not good. The measure is age-adjusted to the 2000 US population.	University of Wisconsin Population Health Institute, 2015 County Health Rankings	2006-2012 aggregate	-
AIDS mortality rate	Resident age-adjusted death rates per 100,000 population	NC Center for Health Statistics, County-level Data, County Health Data Books (2009-2013 aggreg).	2009-2013 aggregate	-
Chlamydia Rates	Cases of chlamydia per 100,000 population	Public Health Quarterly Report April - June 2015, Wake County Human Services, Public Health Division, 2014 data	2014	2014
Gonorrhea Rates	Cases of gonorrhea per 100,000 population	Public Health Quarterly Report April - June 2015, Wake County Human Services, Public Health Division, 2014 data	2014	2014
Rate of new HIV infection diagnoses	HIV infection includes all newly reported HIV infected individuals by the year of first diagnosis, regardless of the stage of infection (HIV or AIDS) per 100,000 population	North Carolina Department of Health and Human Services, Division of Public Health, Epidemiology, Communicable Disease, Facts and Figures, AIDS/HIV and STDs, 2014 Annual Report.	2014	-
Sexually Transmitted Infections	Cases of sexually transmitted infections per 100,000 population	NC Electronic Disease Surveillance System, Public Health Quarterly Report, 2014 data. NCHS Bridged Population.	2014	2014
Sexually transmitted infections	The chlamydia incidence (number of new cases reported) per 100,000 population.	University of Wisconsin Population Health Institute, 2015 County Health Rankings	2012	-

Measure	Description	Data Source(s) for Counties/ State/Service Zones	Most Recent Data for County(ies)/ State	Most Recent Data for Service Zones
Cancer Incidence rates, colon, rectum, anus	Cancer incidence rates for selected sites per 100,000 population; Age-adjusted to the 2000 US Census; Rates are calculated using the bridged-race population estimates obtained from the National Center for Health Statistics	North Carolina Central Cancer Registry, 2009-2013 data.	2009-2013 aggregate	-
Cancer Incidence rates, lung/bronchus	Cancer incidence rates for selected sites per 100,000 population; Age-adjusted to the 2000 US Census; Rates are calculated using the bridged-race population estimates obtained from the National Center for Health Statistics	North Carolina Central Cancer Registry, 2009-2013 data.	2009-2013 aggregate	-
Cancer Incidence rates, female breast	Cancer incidence rates for selected sites per 100,000 population; Age-adjusted to the 2000 US Census; Rates are calculated using the bridged-race population estimates obtained from the National Center for Health Statistics	North Carolina Central Cancer Registry, 2009-2013 data.	2009-2013 aggregate	-
Cancer Incidence rates, prostate	Cancer incidence rates for selected sites per 100,000 population; Age-adjusted to the 2000 US Census; Rates are calculated using the bridged-race population estimates obtained from the National Center for Health Statistics	North Carolina Central Cancer Registry, 2009-2013 data.	2009-2013 aggregate	-

Data pertaining to each of the aforementioned measures can be found in the table below. Wake County is performing better or similar to Mecklenburg County in most measures but is more than five percent worse with regards to breast cancer mortality, cerebrovascular disease mortality, and diabetes. Wake County is performing better or similar to the state as a whole except for child asthma hospitalization, prostate cancer mortality, breast and prostate incidence, and HIV incidence. Based on comparisons to all applicable targets/benchmarks/peer geographies, Wake County needs the most improvements in areas related to vaccinations, breast cancer mortality, prostate cancer mortality, cerebrovascular disease mortality, diabetes, poor or fair health, and sexually transmitted infections.

Measure	Healthy People 2020 Target	Healthy NC 2020 Target	Univ. of Wisconsin Top Performer Benchmark	Wake County	Mecklenburg County	North Carolina	Dane County
Percentage of children aged 19-35 months who receive the recommended vaccines	 90.0%	 91.3%	-	66.7%	-	-	-
Foodborne Illnesses	-	-	-	36.2	-	-	-
General Communicable Diseases	-	-	-	7.2	-	-	-
Pneumonia and influenza mortality rate	-	 13.5	-	10.7	 14.1	 17.9	-
Tuberculosis	-	-	-	1.6	-	-	-
Vaccine Preventable Diseases	-	-	-	12.4	-	-	-
Vector-borne Diseases	-	-	-	18.4	-	-	-
Life expectancy	-	 79.5	-	81.4	 80.4	 78.3	-
Hospital Discharge Rates for Primary Diagnosis of Asthma, All Ages	-	-	-	77.9	 102.2	 91.6	-
Hospital Discharge Rates for Primary Diagnosis of Asthma, Ages 0-14	-	-	-	167.1	 214.3	 148.9	-
Cancer Incidence rates, total	-	-	-	471.2	 472.7	 483.4	-
Cancer mortality rate, total	 161.4	-	-	154.3	 157.6	 173.3	-
Cancer mortality rate, pancreas	-	-	-	10.4	 10.6	 10.6	-
Cancer mortality rate, trachea, bronchus, lung	 45.5	-	-	38.3	 41.5	 51.6	-
Cancer mortality rate, breast	 20.7	-	-	22.7	 21.5	 21.7	-

Measure	Healthy People 2020 Target	Healthy NC 2020 Target	Univ. of Wisconsin Top Performer Benchmark	Wake County	Mecklenburg County	North Carolina	Dane County
Cancer mortality rate, prostate	 21.8	-	-	24.5	 25.6	 22.1	-
Cardiovascular disease mortality rate	-	 161.5	-	129.7	 136.2	 170.0	-
Colorectal cancer mortality rate	 14.5	 10.1	-	11.8	 13.1	 14.5	-
Cerebrovascular Disease mortality rate	 34.8	-	-	40.7	 38.1	 43.7	-
Chronic Lower Respiratory Disease mortality rate	-	-	-	31.5	 33.5	 46.1	-
Alzheimer's Disease mortality rate	-	-	-	18.8	 43.3	 28.9	-
Diabetes mortality rate	 66.6	-	-	16.9	 16.4	 21.7	-
Diabetic screening	-	-	 90.0%	90.3%	 89.2%	 88.8%	 93.5%
Percentage of adults with diabetes	-	 8.6%	-	9.5%	 8.4%	 11.4%	-
Premature Death	-	-	 5,200	4,775	 5,594	 7,212	 4,762
Fair or poor health	 20.2%	 9.9%	 10.0%	13.1%	 13.6%	 19.2%	-
Percentage of adults reporting good, very good, or excellent health	 79.8%	 90.1%	 90.0%	86.9%	 86.4%	 80.8%	-
Poor or fair health	 20.2%	 9.9%	 10.0%	11.1%	 14.2%	 17.5%	 9.0%
Poor physical health days	-	-	 2.5	2.8	 2.8	 3.6	 3.1

Measure	Healthy People 2020 Target	Healthy NC 2020 Target	Univ. of Wisconsin Top Performer Benchmark	Wake County	Mecklenburg County	North Carolina	Dane County
AIDS mortality rate	-	-	-	2.2	 5.0	 2.9	-
Chlamydia Rates	-	-	-	438.6	-	-	-
Gonorrhea Rates	-	-	-	121.5	-	-	-
Rate of new HIV infection diagnoses	-	 22.2	-	16.1	 34.3	 13.6	-
Sexually Transmitted Infections	-	-	-	702.7	-	-	-
Sexually transmitted infections	-	-	 138.2	489.3	 648.7	 518.8	 380.3
Cancer Incidence rates, colon, rectum, anus	-	-	-	33.6	 35.0	 38.5	-
Cancer Incidence rates, long/bronchus	-	-	-	55.8	 59.3	 70.9	-
Cancer Incidence rates, female breast	-	-	-	171.9	 169.4	 157.9	-
Cancer Incidence rates, prostate	-	-	-	137.8	 144.9	 130.6	-

Additional analyses were conducted regarding the variation of these measures among the service zones. The following table summarizes the measure for which more detailed data were available.

With regards to vaccinations, the East zone performs the best while the Southern zone performs the worst. Foodborne illnesses, general communicable diseases, tuberculosis, and vaccine-preventable diseases vary among the zones as to who performs best. Stark differences exist in the rates of sexually transmitted infections among the zones, with the East Central zone having the highest rates in all three measures shown while the West zone has the lowest rates in all three.

Measure	East Central	East	North Central	Northern	South Central	Southern	West Central	West
Percentage of children aged 19-35 months who receive the recommended vaccines	68.2%	71.8%	71.2%	66.4%	66.1%	61.5%	67.4%	65.3%

Measure	East Central	East	North Central	Northern	South Central	Southern	West Central	West
Foodborne Illnesses	20.6	20.7	22.1	20.8	23.9	32.3	33.8	34.9
General Communicable Diseases	4.5	8.8	4.6	6.4	7.1	5.0	5.5	7.1
Tuberculosis	3.7	1.0	1.6	0.9	1.7	0.8	0.1	2.1
Vaccine Preventable Diseases	7.3	4.8	7.5	5.6	8.4	7.3	9.2	8.7
Chlamydia Rates	1,016.0	685.0	446.8	269.6	807.4	312.0	526.6	226.7
Gonorrhea Rates	332.9	160.6	122.4	59.5	264.9	77.5	172.7	52.4
Sexually Transmitted Infections	1,716.0	1,036.7	741.6	403.6	1,363.3	482.7	889.8	335.7

Injury and Violence

The following table describes the measures included within the Injury and Violence category as well as the source and time period of the county/state/service zone data analyzed through this process.

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/State	Most Recent Data for Service Zones
% of motor vehicle accidents, non-fatal	Percent of motor vehicle accidents that were non-fatal	Highway Safety Research Center, University of North Carolina at Chapel Hill, 2013.	2013	-
% of motor vehicle accidents, fatal	Percent of motor vehicle accidents that were fatal	Highway Safety Research Center, University of North Carolina at Chapel Hill, 2013.	2013	-
Homicide rate	Rate of homicides per 100,000 population	NC Center for Health Statistics, County-level Data, County Health Data Books (2009-2013 aggreg).	2009-2013 aggregate	-
Homicide rate	Rate of homicides per 100,000 population	NC Department of Public Health, Chronic Disease and Injury Section, Injury and Violence Prevention Branch, Data and Surveillance, Violent Deaths, Annual Reports, 2012.	2012	2012
Injury Death: MVT, Unintentional (% of total)	Percentage of total injury deaths by cause	North Carolina Division of Public Health, Injury and Violence Prevention Branch Surveillance Unit, Leading Causes of Injury Death, Hospitalization, and Emergency Department Visit 2013 Data.	2013	-

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/State	Most Recent Data for Service Zones
Injury Death: Fall, Unintentional (% of total)	Percentage of total injury deaths by cause	North Carolina Division of Public Health, Injury and Violence Prevention Branch Surveillance Unit, Leading Causes of Injury Death, Hospitalization, and Emergency Department Visit 2013 Data.	2013	-
Injury Death: Poisoning, Unintentional (% of total)	Percentage of total injury deaths by cause	North Carolina Division of Public Health, Injury and Violence Prevention Branch Surveillance Unit, Leading Causes of Injury Death, Hospitalization, and Emergency Department Visit 2013 Data.	2013	-
Injury Death: Firearm, Self-inflicted (% of total)	Percentage of total injury deaths by cause	North Carolina Division of Public Health, Injury and Violence Prevention Branch Surveillance Unit, Leading Causes of Injury Death, Hospitalization, and Emergency Department Visit 2013 Data.	2013	-
Injury Hospitalization: Fall, Unintentional (% of total)	Percentage of total injury hospitalizations by cause	North Carolina Division of Public Health, Injury and Violence Prevention Branch Surveillance Unit, Leading Causes of Injury Death, Hospitalization, and Emergency Department Visit 2013 Data.	2013	-
Injury Hospitalization: MVT, Unintentional (% of total)	Percentage of total injury hospitalizations by cause	North Carolina Division of Public Health, Injury and Violence Prevention Branch Surveillance Unit, Leading Causes of Injury Death, Hospitalization, and Emergency Department Visit 2013 Data.	2013	-
Injury Hospitalization: Unspecified, Unintentional (% of total)	Percentage of total injury hospitalizations by cause	North Carolina Division of Public Health, Injury and Violence Prevention Branch Surveillance Unit, Leading Causes of Injury Death, Hospitalization, and Emergency Department Visit 2013 Data.	2013	-
Injury Hospitalization: Poisoning, Self-inflicted (% of total)	Percentage of total injury hospitalizations by cause	North Carolina Division of Public Health, Injury and Violence Prevention Branch Surveillance Unit, Leading Causes of Injury Death, Hospitalization, and Emergency Department Visit 2013 Data.	2013	-
Injury ED Visits: Fall, Unintentional (% of total)	Percentage of total injury emergency department visits by cause	North Carolina Division of Public Health, Injury and Violence Prevention Branch Surveillance Unit, Leading Causes of Injury Death, Hospitalization, and Emergency Department Visit 2013 Data.	2013	-

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/State	Most Recent Data for Service Zones
Injury ED Visits: MVT, Unintentional (% of total)	Percentage of total injury emergency department visits by cause	North Carolina Division of Public Health, Injury and Violence Prevention Branch Surveillance Unit, Leading Causes of Injury Death, Hospitalization, and Emergency Department Visit 2013 Data.	2013	-
Injury ED Visits: Struck, Unintentional (% of total)	Percentage of total injury emergency department visits by cause	North Carolina Division of Public Health, Injury and Violence Prevention Branch Surveillance Unit, Leading Causes of Injury Death, Hospitalization, and Emergency Department Visit 2013 Data.	2013	-
Injury ED Visits: Overexertion, Unintentional (% of total)	Percentage of total injury emergency department visits by cause	North Carolina Division of Public Health, Injury and Violence Prevention Branch Surveillance Unit, Leading Causes of Injury Death, Hospitalization, and Emergency Department Visit 2013 Data.	2013	-
Injury ED Visits: Unspecified, Unintentional (% of total)	Percentage of total injury emergency department visits by cause	North Carolina Division of Public Health, Injury and Violence Prevention Branch Surveillance Unit, Leading Causes of Injury Death, Hospitalization, and Emergency Department Visit 2013 Data.	2013	-
Unintentional falls mortality rate	Death rate per 100,000 population	North Carolina Department of Public Health, Chronic Disease and Injury Section, Injury and Violence Prevention Branch, Data and Surveillance, 2013.	2013	-
Unintentional Motor Vehicle Injury Mortality Rate	Death rate per 100,000 population	NC Center for Health Statistics, County-level Data, County Health Data Books (2009-2013 aggreg).	2009-2013 aggregate	-
Unintentional poisoning mortality rate	Death rate per 100,000 population	NC Department of Public Health, Chronic Disease and Injury Section, Injury and Violence Prevention Branch, Data and Surveillance, Poisonings, 2013.	2013	-
Violent deaths	Death rate per 100,000 population	NC Violent Death Reporting System Annual Report, NC DPH Injury and Violence Prevention Branch	2013	2013

Data pertaining to each of the aforementioned measures can be found in the table below. Wake County has a larger percent of motor vehicle traffic deaths and unintentional fall deaths as percent of total deaths than both Mecklenburg County and North Carolina. ED injury visits due to being struck unintentionally were also higher in Wake County than both in-state peer geographies.

Measure	Healthy People 2020 Target	Healthy NC 2020 Target	Univ. of Wisconsin Top Performer Benchmark	Wake County	Mecklenburg County	North Carolina	Dane County
% of motor vehicle accidents, non-fatal	-	-	-	99.3%	 99.6%	 98.9%	-
% of motor vehicle accidents, fatal	-	-	-	0.7%	 0.4%	 1.1%	-
Homicide rate	 5.5	 6.7	-	2.7	 6.2	 5.8	-
Homicide rate	 5.5	 6.7	-	3.0	 5.9	 5.6	-
Injury Death: MVT, Unintentional (% of total)	-	-	-	22.0%	 17.7%	 20.2%	-
Injury Death: Fall, Unintentional (% of total)	-	-	-	18.7%	 12.6%	 16.1%	-
Injury Death: Poisoning, Unintentional (% of total)	-	-	-	15.4%	 16.9%	 18.2%	-
Injury Death: Firearm, Self-inflicted (% of total)	-	-	-	9.1%	 11.2%	 12.5%	-
Injury Hospitalization: Fall, Unintentional (% of total)	-	-	-	36.8%	 37.2%	 40.0%	-
Injury Hospitalization: MVT, Unintentional (% of total)	-	-	-	8.6%	 10.3%	 9.8%	-
Injury Hospitalization: Unspecified, Unintentional (% of total)	-	-	-	7.9%	 9.3%	 8.8%	-
Injury Hospitalization: Poisoning, Self-inflicted (% of total)	-	-	-	7.1%	 7.1%	 7.6%	-
Injury ED Visits: Fall, Unintentional (% of total)	-	-	-	27.7%	 27.1%	 28.2%	-
Injury ED Visits: MVT, Unintentional (% of total)	-	-	-	15.8%	 18.4%	 14.1%	-

Measure	Healthy People 2020 Target	Healthy NC 2020 Target	Univ. of Wisconsin Top Performer Benchmark	Wake County	Mecklenburg County	North Carolina	Dane County
Injury ED Visits: Struck, Unintentional (% of total)	-	-	-	12.1%	 9.2%	 9.9%	-
Injury ED Visits: Overexertion, Unintentional (% of total)	-	-	-	8.5%	 7.7%	 9.8%	-
Injury ED Visits: Unspecified, Unintentional (% of total)	-	-	-	7.5%	 9.6%	 8.2%	-
Unintentional falls mortality rate	 7.2	 5.3	-	7.0	 4.5	 9.7	-
Unintentional Motor Vehicle Injury Mortality Rate	 12.4	-	-	8.2	 7.4	 13.7	-
Unintentional poisoning mortality rate	 11.1	 9.9	-	5.7	 6.1	 11.0	-
Violent deaths	-	-	-	12.9	 13.9	 20.1	-

Additional analyses were conducted regarding the variation of these measures among the service zones. The following table summarizes the measure for which more detailed data were available.

Both the homicide and violent death rates are highest in the South Central zone and lowest in the West zone.

Measure	East Central	East	North Central	Northern	South Central	Southern	West Central	West
Homicide rate	6.0	4.9	1.6	2.3	6.2	3.3	2.7	0.5
Violent deaths	14.1	17.1	11.6	10.5	18.5	16.4	10.9	8.6

Maternal and Infant Health

The following table describes the measures included within the Maternal and Infant Health category as well as the source and time period of the county/state/service zone data analyzed through this process.

Measure	Description	Data Source(s) for Counties/ State/Service Zones	Most Recent Data for County(ies)/State	Most Recent Data for Service Zones
Low birth weight (as % of total births)	Births where weight was less than 2,500 grams (low birth weight) as percent of total	NC Center for Health Statistics, County-level Data, County Health Data Book (2009-2013 aggreg).	2009-2013 aggregate	-
Fetal mortality	Fetal Death rates per 1,000 deliveries	NC Center for Health Statistics, County-level Data, County Health Data Book (2009-2013 aggreg).	2009-2013 aggregate	-
High parity births to mothers under 30 years old	% of high parity births w/ Mother aged less than 30 of all births to mothers less than 30	NC Center for Health Statistics, County-level Data, County Health Data Book (2009-2013 aggreg).	2009-2013 aggregate	-
High parity births to mothers 30+ years old	% of high parity births w/ Mother aged 30 or over of all births to mother 30+	NC Center for Health Statistics, County-level Data, County Health Data Book (2009-2013 aggreg).	2009-2013 aggregate	-
Short interval births	Percent of births from interval of last delivery to conception of six months or less as percent of all birth excluding first pregnancies	NC Center for Health Statistics, County-level Data, County Health Data Book (2009-2013 aggreg).	2009-2013 aggregate	-
Infant mortality racial disparity between whites and African Americans	Infant (<1 year) deaths per 1,000 live births ratio	NC Center for Health Statistics, County-level Data, County Health Data Book (2009-2013 aggreg).	2009-2013 aggregate	-
Infant mortality rate (per 1,000 live births)	Infant (<1 year) deaths per 1,000 live births	NC Center for Health Statistics, County-level Data, County Health Data Book (2009-2013 aggreg).	2009-2013 aggregate	-
Live Birth Rates	Live Birth Rates per 1,000 Population	NC Center for Health Statistics, County-level Data, County Health Data Book (2009-2013 aggreg).	2009-2013 aggregate	-
Low birthweight	percent of live births with birthweight < 2500 grams	University of Wisconsin Population Health Institute, 2015 County Health Rankings	2006-2012 aggregate	-
Percent of births to mothers who smoked prenatally	Percent of births where mother smoked during pregnancy	NC State Center for Health Statistics, Vital Statistics, Volume 1. 2013	2013	-

Measure	Description	Data Source(s) for Counties/ State/Service Zones	Most Recent Data for County(ies)/State	Most Recent Data for Service Zones
Pregnancy rates for 15-44 age group	Pregnancy rates for 15-44 age group per 1,000 population	NC Center for Health Statistics, County-level Data, County Health Data Book (2009-2013 aggreg).	2009-2013 aggregate	-
Pregnancy rates for 15-19 age group)	Pregnancy rates for 15-19 age group per 1,000 population	NC Center for Health Statistics, County-level Data, County Health Data Book (2009-2013 aggreg).	2009-2013 aggregate	-
Prenatal care in first trimester	Percent of Women receiving prenatal care in the first trimester	NC State Center for Health Statistics, Basic Automated Birth Yearbook (BABY Book), 2014	2014	-
Teen birth rate	number of births per 1,000 female population, ages 15-19	University of Wisconsin Population Health Institute, 2015 County Health Rankings	2006-2012 aggregate	-

Data pertaining to each of the aforementioned measures can be found in the table below. As part of its Healthiest Capital County initiative, Wake County needs to improve the percentage of low birth weights and the teen birth rate based on its comparison to Dane County, WI.

Measure	Healthy People 2020 Target	Healthy NC 2020 Target	Univ. of Wisconsin Top Performer Benchmark	Wake County	Mecklenburg County	North Carolina	Dane County
Low birth weight (as % of total births)	 7.8%	-	 6.0%	8.1%	 9.4%	 9.0%	-
Fetal mortality	 5.6	-	-	5.3	 6.7	 6.6	-
High parity births to mothers under 30 years old	-	-	-	13.5%	 15.3%	 16.0%	-
High parity births to mothers 30+ years old	-	-	-	20.8%	 21.1%	 21.7%	-
Short interval births	-	-	-	12.4%	 12.3%	 12.6%	-
Infant mortality racial disparity between whites and African Americans	-	 1.9	-	3.1	 3.6	 2.5	-

Measure	Healthy People 2020 Target	Healthy NC 2020 Target	Univ. of Wisconsin Top Performer Benchmark	Wake County	Mecklenburg County	North Carolina	Dane County
Infant mortality rate (per 1,000 live births)	 6.0	 6.3	-	6.5	 5.8	 7.3	-
Live Birth Rates	-	-	-	13.6	 14.7	 12.6	-
Low birthweight	 7.8%	-	 6.0%	7.9%	 9.3%	 9.1%	 6.4%
Percent of births to mothers who smoked prenatally	 1.4%	 6.8%	-	3.2%	 3.8%	 10.3%	-
Pregnancy rates for 15-44 age group	-	-	-	74.0	 80.0	 74.3	-
Pregnancy rates for 15-19 age group)	 36.2	-	 19.5	29.6	 42.4	 44.9	-
Prenatal care in first trimester	 77.9%	-	-	69.0%	 66.9%	 68.2%	-
Teen birth rate	 36.2	-	 19.5	24.5	 37.3	 41.7	 17.1

No data were available at the service zone level for this category.

Oral Health

The following table describes the measures included within the Oral Health category as well as the source and time period of the county/state/service zone data analyzed through this process.

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Most Recent Data for Service Zones
ED visits for dental/oral health related diagnoses	Rate of ED visits for dental/oral health-related diagnoses per 100,000 population	Truven ED Data, 2014. Rates used NCHS Bridged Population Data.	2014	-
Percent of people reporting visiting a dentist, dental hygienist, or dental clinic within past year	Percent of people self-reporting visiting a dentist, dental hygienist, or dental clinic within past year	NC State Center for Health Statistics, Behavioral Risk Factor Surveillance System Data, 2012	2012	-
Percentage of adults who have had permanent teeth removed due to tooth decay or gum disease	Percentage of adults who have had permanent teeth removed due to tooth decay or gum disease. Does not include teeth lost for others reasons, such as injury or orthodontics.	NC State Center for Health Statistics, Behavioral Risk Factor Surveillance System Data, 2012	2012	-
Wake County Human Services Dental Services Utilization	Wake County Human Services dental services utilization per 100,000 population	Wake County Human Service Patient Management System, 2014. NCHS Bridged Population	2014	2014

Data pertaining to each of the aforementioned measures can be found in the table below. Based on the data measures available, Wake County as a whole is performing better than applicable targets/benchmarks/peer geographies as related to oral health.

Measure	Healthy People 2020 Target	Healthy NC 2020 Target	Univ. of Wisconsin Top Performer Benchmark	Wake County	Mecklenburg County	North Carolina	Dane County
ED visits for dental/oral health related diagnoses	-	-	-	4.51	-	-	-
Percent of people reporting visiting a dentist, dental hygienist, or dental clinic within past year	 49.0%	-	-	73.4%	 67.0%	 64.9%	-
Percentage of adults who have had permanent teeth removed due to tooth decay or gum disease	-	 38.4%	-	37.4%	 43.3%	 48.3%	-

Measure	Healthy People 2020 Target	Healthy NC 2020 Target	Univ. of Wisconsin Top Performer Benchmark	Wake County	Mecklenburg County	North Carolina	Dane County
Wake County Human Services Dental Services Utilization	-	-	-	3,530.9	-	-	-

Additional analyses were conducted regarding the variation of these measures among the service zones. The following table summarizes the measure for which more detailed data were available.

Residents living in the East Central service zone are the highest utilizers of dental services at Wake County Human Service locations while residents of the West are the lowest utilizers.

Measure	East Central	East	North Central	Northern	South Central	Southern	West Central	West
Wake County Human Services Dental Services Utilization	9,687.0	6,102.8	4,013.0	1,393.2	6,897.8	1,815.5	3,652.1	1,111.2

Crime and Safety

The following table describes the measures included within the Crime and Safety category as well as the source and time period of the county/state/service zone data analyzed through this process.

Measure	Description	Data Source(s) for Counties/ State/Service Zones	Most Recent Data for County(ies)/ State	Most Recent Data for Service Zones
Individuals Filing Domestic Violence Complaints	Number of individuals Filing Domestic Violence Complaints as rate per 100,000	NC Department of Administration, Council for Women, Statistics, County Statistics, 2013-2014. NCHS Bridged Population Estimates.		
Gang activity	# of gangs	NC Department of Public Safety, Governor's Crime Commission, 2013.		
Gang involvement among youth	Percent of youth assessed at intake identified as gang member/having gang association	Wake County Juvenile Crime Prevention Council, Juvenile Crime Prevention Council Annual Plan, 2015-2016. FY 2013-14 Data		
Injury mortality	Number of deaths due to injury per 100,000 population	University of Wisconsin Population Health Institute, 2015 County Health Rankings	2008-2012 aggregate	

Measure	Description	Data Source(s) for Counties/ State/Service Zones	Most Recent Data for County(ies)/ State	Most Recent Data for Service Zones
Rate of Juvenile justice complaints Undisciplined	Complaints per 1,000 Ages 6 to 7	NC Department of Public Safety, Division of Adult Correction and Juvenile Justice, Juvenile Justice Section, Data/Statistics/ Reports, County Databooks. 2014 Data		
Rate of Juvenile justice complaints Delinquent	Complaints per 1,000 Ages 6 to 15	NC Department of Public Safety, Division of Adult Correction and Juvenile Justice, Juvenile Justice Section, Data/Statistics/ Reports, County Databooks. 2014 Data		
Rate of Juvenile justice outcomes - Rate of Detention Admissions	Number of detention admissions per 1,000 youth age 6-17	NC Department of Public Safety, Division of Adult Correction and Juvenile Justice, Juvenile Justice Section, Data/Statistics/ Reports, County Databooks. 2014 Data		
Rate of Juvenile justice outcomes - Rate of Youth Development Center commitments	Number of youth Development Center commitments per 1,000 youth age 10-17	NC Department of Public Safety, Division of Adult Correction and Juvenile Justice, Juvenile Justice Section, Data/Statistics/ Reports, County Databooks. 2014 Data		
Number of individuals filing sexual assault complaints	Number of sexual assault complaints as rate per 100,000	NC Department of Administration, Council for Women, Statistics, County Statistics, 2013-2014. NCHS Bridged Population Estimates.		
Rate of index crimes	Index crimes include the total number of murders, rapes, robberies, aggravated assaults, burglaries, larcenies, and motor vehicle thefts. While arson is considered an Index Crime, the number of arsons is not included in the Crime Index.	NC Department of Justice, Crime, View Crime Statistics, Crime Statistics, 2013		
Reported sexual assaults, total	Number of reported sexual assaults as rate per 100,000	NC Department of Administration, Council for Women, Statistics, County Statistics, 2013-14.		
Reported sexual assaults, adult rape	Number of reported sexual assaults by type as rate per 100,000	NC Department of Administration, Council for Women, Statistics, County Statistics, 2013-14.		

Measure	Description	Data Source(s) for Counties/ State/Service Zones	Most Recent Data for County(ies)/ State	Most Recent Data for Service Zones
Reported sexual assaults, date rape	Number of reported sexual assaults by type as rate per 100,000	NC Department of Administration, Council for Women, Statistics, County Statistics, 2013-14.		
Reported sexual assaults, Adult Survivor of Child Sexual Assault	Number of reported sexual assaults by type as rate per 100,000	NC Department of Administration, Council for Women, Statistics, County Statistics, 2013-14.		
Reported sexual assaults, Marital rape	Number of reported sexual assaults by type as rate per 100,000	NC Department of Administration, Council for Women, Statistics, County Statistics, 2013-14.		
Reported sexual assaults, Child sexual offense	Number of reported sexual assaults by type as rate per 100,000	NC Department of Administration, Council for Women, Statistics, County Statistics, 2013-14.		
Reported sexual assaults, Incest	Number of reported sexual assaults by type as rate per 100,000	NC Department of Administration, Council for Women, Statistics, County Statistics, 2013-14.		
Reported sexual assaults, Other	Number of reported sexual assaults by type as rate per 100,000	NC Department of Administration, Council for Women, Statistics, County Statistics, 2013-14.		
Violent crime rate	Number of reported violent crime offenses per 100,000 population	University of Wisconsin Population Health Institute, 2015 County Health Rankings	2010-2012 aggregate	

Data pertaining to each of the aforementioned measures can be found in the table below. Wake County performs better than the state on these measures but is worse than Mecklenburg County in the following areas: domestic violence complaints, gangs, and undisciplined juvenile complaints. The violent crime rate is worse than Dane County and the applicable benchmark.

Measure	Healthy People 2020 Target	Healthy NC 2020 Target	Univ. of Wisconsin Top Performer Benchmark	Wake County	Mecklenburg County	North Carolina	Dane County
Individuals Filing Domestic Violence Complaints	-	-	-	249.1	 112.0	 563.3	-
Gang activity	-	-	-	98.0	 59.0	 954.0	-
Gang involvement among youth	-	-	-	8.1%	-	-	-

Measure	Healthy People 2020 Target	Healthy NC 2020 Target	Univ. of Wisconsin Top Performer Benchmark	Wake County	Mecklenburg County	North Carolina	Dane County
Injury mortality	 53.7	-	 50.1	36.0	 42.5	 63.8	 48.9
Rate of Juvenile justice complaints Undisciplined	-	-	-	0.9	 0.5	 1.5	-
Rate of Juvenile justice complaints Delinquent	-	-	-	13.0	 29.0	 22.5	-
Rate of Juvenile justice outcomes - Rate of Detention Admissions	-	-	-	1.2	 2.8	 2.1	-
Rate of Juvenile justice outcomes - Rate of Youth Development Center commitments	-	-	-	0.1	 0.1	 0.2	-
Number of individuals filing sexual assault complaints	Developmental	-	-	34.4	 105.7	 138.1	-
Rate of index crimes	-	-	-	2,670.2	 4,158.4	 3,506.2	-
Reported sexual assaults, total	-	-	-	35.7	 107.9	 140.0	-
Reported sexual assaults, adult rape	-	-	-	25.0	 28.7	 26.7	-
Reported sexual assaults, date rape	-	-	-	0.3	 1.5	 10.6	-
Reported sexual assaults, Adult Survivor of Child Sexual Assault	-	-	-	1.5	 13.2	 25.3	-
Reported sexual assaults, Marital rape	-	-	-	0.4	 1.7	 11.4	-

Measure	Healthy People 2020 Target	Healthy NC 2020 Target	Univ. of Wisconsin Top Performer Benchmark	Wake County	Mecklenburg County	North Carolina	Dane County
Reported sexual assaults, Child sexual offense	-	-	-	0.7	 29.6	 36.7	-
Reported sexual assaults, Incest	-	-	-	0.1	 3.4	 8.4	-
Reported sexual assaults, Other	-	-	-	7.7	 29.6	 20.9	-
Violent crime rate	-	-	 59.0	260.9	 558.9	 355.3	 239.1

No data were available at the service zone level for this category.

Disabilities

The following table describes the measures included within the Disabilities category as well as the source and time period of the county/state/service zone data analyzed through this process.

Measure	Description	Data Source(s) for Counties/ State/Service Zones	Most Recent Data for County(ies)/ State	Most Recent Data for Service Zones
Blind/Visually impaired individuals	blind/visually impaired individuals as rate per 100,000 population	Log Into North Carolina (LINC) Database, Topic Group Vital Statistics and Health, 2011	2011	-
Percentage of residents who reported being limited due to physical, mental or emotional problems or using special equipment or having learning problems or considering himself or herself as having disability	Percentage of residents who reported being limited due to physical, mental or emotional problems or using special equipment or having learning problems or considering himself or herself as having disability	NC State Center for Health Statistics, Behavioral Risk Factor Surveillance System Data, 2013	2013	-
Persons served in NC State Developmental Centers	Persons served in NC State Developmental Centers as rate per 100,000 population	Log Into North Carolina (LINC) Database, Topic Group Vital Statistics and Health, 2014	2014	-

Data pertaining to each of the aforementioned measures can be found in the table below. Based on the data measures available, Wake County as a whole is performing better than applicable targets/benchmarks/peer geographies although there are slightly more blind/visually

impaired individuals in Wake County than Mecklenburg County.

Measure	Healthy People 2020 Target	Healthy NC 2020 Target	Univ. of Wisconsin Top Performer Benchmark	Wake County	Mecklenburg County	North Carolina	Dane County
Blind/Visually impaired individuals	-	-	-	145.1	 138.5	 217.3	-
Percentage of residents who reported being limited due to physical, mental or emotional problems or using special equipment or having learning problems or considering himself or herself as having disability	-	-	-	15.5%	 19.3%	 23.4%	-
Persons served in NC State Developmental Centers	-	-	-	4.0	 6.8	 12.9	-

No data were available at the service zone level for this category.

Cultural and/or Language Barriers

The following table describes the measures included within the Cultural and/or Language Barriers category as well as the source and time period of the county/state/service zone data analyzed through this process.

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/State	Most Recent Data for Service Zones
Limited English-speaking households	Percentage of total households that are limited English-speaking	American Fact Finder, American Community Survey, 2009-2013 American Community Survey (ACS) 5-Year Estimates.	2009-2013 aggregate	2009-2013 aggregate

Data pertaining to each of the aforementioned measures can be found in the table below. Wake County has a lower percentage of households that are limited English-speaking than Mecklenburg County but a higher percentage than the state as a whole.

Measure	Healthy People 2020 Target	Healthy NC 2020 Target	Univ. of Wisconsin Top Performer Benchmark	Wake County	Mecklenburg County	North Carolina	Dane County
Limited English-speaking households	-	-	-	3.2%	 4.6%	 2.6%	-

The East Central zone has the largest percentage of households that are limited English-speaking while the Southern zone has the smallest limited-English speaking households as a percent of total.

Measure	East Central	East	North Central	Northern	South Central	Southern	West Central	West
Limited English-speaking households	5.4%	3.4%	3.5%	2.1%	4.1%	1.4%	4.0%	3.2%

APPENDIX 3: PRIMARY (NEW) DATA ANALYSIS

New data were collected through focus groups, telephone surveys, Internet-based community surveys, and Internet-based key leader surveys. Additionally, two sources of new data were included in the prioritization process 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.

Methodologies

The methodologies varied based on the type of new data being analyzed. The results of the focus groups were analyzed using one methodology while the results of the three surveys were analyzed using another methodology. These data types were then jointly averaged and weighted in the prioritization matrix. The community prioritization results and the Steering Committee prioritization results were also included in the primary data portion of the matrix. The following section described the two methodologies used to analyze the new data.

Focus Groups

In order to identify what issues were most important to focus groups participants, the responses to following questions were analyzed:

- How do you believe the health of the population in this community has changed over the past five years? (Any that worsened)
- What are the most pressing health concerns for the population in this community?
- What do you believe has the greatest impact on why people in this community might put off going to the doctor?
- Are any of the three priority groups from 2013 a concern for you today? If yes, which group(s) is a concern?
- Of all the issues we have talked about today, what are the most important issues for your community to address?

All responses were grouped into the overarching twenty one categories that were developed based on “common themes”. In order to assign a “health score” to each response topic, the following methodology was used to score the issues mentioned as areas of need:

- If mentioned in 7-10 groups = A health score of 3 was assigned
- If mentioned in 3-6 groups = A health score of 2 was assigned
- If mentioned in 1-3 groups = A health score of 1 was assigned

Telephone, Internet-based Community, and Internet-based Key Leader Surveys

In order to identify what issues were most important to survey respondents, the responses to following questions were analyzed:

- What is the top community health need of your community?
- What is the top issue that most affects the quality of life in your community?
- Which one service needs the most improvement in your neighborhood or community?
- Which one health behavior do people in your own community need more information about?

All responses were grouped into the overarching twenty one categories that were developed based on “common themes”. In order to assign a “health score” to each response topic, the following methodology was used to score the responses chosen:

- Top 3 mentions = A health score of 3 was assigned
- Top 4-6 mentions = A health score of 2 was assigned
- Other mentions = A health score of 1 was assigned

Community Prioritization Meeting Results

Community members were asked to identify the significance of the need for each of the twenty one categories as high, medium, or low. The responses given by all community members were aggregated. In order to assign a “health score” to each of the options, the following methodology was used:

- High was selected = A health score of 3 was assigned
- Medium was selected = A health score of 2 was assigned
- Low was selected = A health score of 1 was assigned

Steering Committee Prioritization Results

Additionally, Steering Committee members were provided the opportunity to complete an Internet-based survey in which they were also asked to identify the significance of the need for each of the twenty one categories as high, medium, or low. The responses given by Steering Committee members were aggregated. In order to assign a “health score” to each of the options, the following methodology was used:

- High was selected = A health score of 3 was assigned
- Medium was selected = A health score of 2 was assigned
- Low was selected = A health score of 1 was assigned

New data were weighted 50 percent within the prioritization matrix with the various new data components weighted as follows:

- Focus group findings, telephone survey results, and Internet-based community survey results – Weighted 20 percent
- Community prioritization meeting results – Weighted 20 percent
- Steering Committee prioritization survey results – Weighted 10 percent

The “health score” for each individual data measure by data type were determined and then averaged based on the category to which they were assigned. For example, let’s say the Access

to Health Services category contained two response topics/choices from the focus groups and various surveys. Data choice C was assigned a “health score” of 3 and Data choice D was assigned a “health score” of 1. The average of the two data measures is 2. The Access to Health Services category focus group and survey data score would be calculated as follows: The average of the individual data choices “health scores” multiplied by the weight assigned to the criterion. In this example, this calculation is $2 \times 20\%$ for a focus group/survey data score of 0.4.

With regards to the community prioritization meeting results, let’s say 100 community members participated in the prioritization process and 25 ranked Access to Health Services as having high significance, 50 ranked it as having medium significance, and 25 ranked it as having low significance. The average score for the category would be calculated as follows: $((25 \times 3) + (50 \times 2) + (25 \times 1)) \div 100 = 2.0$. The average “health score” would then be multiplied by the weight assigned to community prioritization results. In this example, this calculation is $2.0 \times 20\%$ for a community prioritization score of 0.4.

Lastly with regards to the Steering Committee prioritization input, let’s say 100 Steering Committee members participated in the prioritization process and 25 ranked Access to Health Services as having high significance, 50 ranked it as having medium significance, and 25 ranked it as having low significance. The average score for the category would be calculated as follows: $((25 \times 3) + (50 \times 2) + (25 \times 1)) \div 100 = 2.0$. The average “health score” would then be multiplied by the weight assigned to Steering Committee prioritization results. In this example, this calculation is $2.0 \times 10\%$ for a Steering Committee prioritization score of 0.2.

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 of 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.

Focus Group Structure

Each of the focus groups were conducted in a similar fashion, consisting of introductions, an overview of the goals of the session, a discussion of Wake County’s service zones, and eleven questions. Additionally, participants were asked to fill out a demographic/contact form.

The questions used to generate discussion at the focus groups included:

1. When you hear the words “healthy community”, what comes to mind? To you, what would a healthy community look like?
2. How do you believe the health of the population in this community has changed over the past five years?
3. What are the most pressing health concerns for the population in this community?
4. Are there groups of people within your community whose health issues seem to be overlooked or whose health needs are not met?

5. Where do you most often seek medical attention?
6. What do you believe has the greatest impact on why people in this community might put off going to the doctor?
7. The 2013 assessment resulted in the following three priority groups:
 - A. Poverty and Unemployment
 - B. Health Care Access and Utilization
 - C. Mental Health and Substance Abuse
 - D. Have you seen any improvements related to these priorities? If yes, for which group(s) have you seen improvements?
8. Are any of the three priority groups from 2013 a concern for you today? If yes, which group(s) is a concern?
9. Think back over all the topics we've discussed. If you were in charge, what specific things would you do to improve the health of the community? Are there any resources or activities you would like to see in your community that are not here now?
10. Of all the issues we have talked about today, what are the most important issues for your community to address?
11. What are the other unique health needs and/or challenges faced by this community that you feel should be accounted for in the needs assessment?

Two variations of demographic questionnaires, one general demographic questionnaire and one questionnaire used to gather information from the homeless population, were used throughout the process. Each form is attached below.

Focus Group Findings

Discussions from each of the nine focus groups are summarized below. The order of the summaries by group is as follows⁹:

- East Central Service Zone – Revelation Missionary Baptist Church
- East Service Zone – Eastern Regional Center
- North Central Service Zone – Millbrook Human Services Center
- Northern Service Zone – Northern Regional Center
- South Central Service Zone – WakeMed Garner Healthplex
- Southern Service Zone – Southern Regional Center
- West Service Zone – Cary YMCA
- Spanish-speaking Population – Millbrook Human Services Center
- Homeless Population – Love Wins Ministries

East Central Service Zone – Revelation Missionary Baptist Church

Number of attendees: 26

Average Age: 43.9 years

Elements of a healthy community

- Access to affordable healthcare - Hard time getting in Rock Quarry facility – have to go to Apex
- Elderly and youth coexisting with mutual respect
- Start with the youth

⁹ Efforts to hold a focus group within the West Central service zone were unsuccessful despite numerous attempts.

Changes over past five years

Worsened due to following reasons:

- Scarcity of jobs
- Gentrification in area around Broughton High School
- Fast food restaurants
- Mental health has declined – took away one facility that was available. Holly Hill not keeping people; falling through the crack
- High statistics of syphilis – awareness is lacking
- Store on every corner selling alcohol – don't see that in North Raleigh – East Central doesn't have zoning laws to prevent ABC stores on every corner
- Need to keep the black \$ in the black community – other ethnic groups keep money within their own
- Gap in computer and Internet usage and literacy – can't all access Wakecounty.gov to know what resources are available; shouldn't be a hurdle to find out; need more outreach and education; people are unaware; the organizations out there are fragmented and duplicative; need to build up existing programs rather than develop new ones
- Physical health – people not paying attention to what they eat and there aren't fresh or organic foods/restaurants in area

Pressing health concerns

- Health insurance – Obamacare forcing us to get insurance but can't afford the \$90 required; it's not "affordable healthcare"; can't meet requirements to be eligible for Medicaid; Obamacare is not for people who work due to the stringent requirements regarding poverty level; many people fall through the crack creating a big gap
- When children's Medicaid eligibility ends, to add a child to an existing health insurance policy raises the premium from \$30/month to \$300/month
- Mental health
- Substance abuse
- Dental care

Overlooked/Vulnerable populations

- Adults who do not have small kids
- Kids turning 18 that cannot get Medicaid
- Those needing access to dental care – no free dental clinics
- Those who are not aware of the resources

Where do people seek medical attention?

- WakeMed
- Horizon – sliding scale
- Rock Quarry Road Family Medicine – sliding scale

Greatest Impact on why people put off going to the doctor

- Don't want to go through all of the obstacles
- Don't want to go to the hospital and be charged \$1,000 – scared that outstanding bills will cause them to not find housing, etc.
- Lack of health insurance

2013 CHNA Evaluation

- No improvements have been made regarding any of the three priority groups
- Regarding substance abuse, more and more liquor stores but lack of substance abuse resources
 - IPRS funding has diminished which has led to increased substance abuse problems
- All are still a concern today
- Today would re-rank to be Poverty and Unemployment, Mental Health and Substance Abuse, and then Health Care Access and Utilization
- Mental Health and Substance Abuse should be ranked first as the others are a function of this

Resources and needs to improve health of the community

- Education – work with children to prevent problems from reoccurring in the future
- Better advertise the resources available
- Do not place liquor stores in impoverished areas

Most important issues to address

- Need more healthcare facilities
- More IPRS contracts so people can get the help they need
- Focus on helping young, black boys – crime is through the roof and getting them even younger. 13 year old boys are buying guns and going to prison for years.
- Re-entry of incarcerated individuals – have health issues while in prison and need education when the re-enter society

Other unique health needs and/or challenges

- Advance Community Health's new facility on Rock Quarry Road is backlogged – went in last week to schedule appointment and was put on a waiting list and cannot be seen until February; Need more access and more healthcare facilities

East Service Zone – Eastern Regional Center

Number of attendees: 7

Average Age: 53.7 years

Elements of a healthy community

- Physical health
- Community as a whole: jobs, transportation, accessibility

- Accessibility to healthy food, medical services (hospitals and physicians), elder care, child care services, recreation services
- Quality, healthy employment base
- Politicians who are in tune with what is happening
- More help for children/families before they reach school-age
- Programs structured with understanding different social classes/changing face of poverty has resulted in those in need not fitting criteria for services
- Availability of services in rural areas not just in the towns

Changes over past five years

- Aging population
- Lost WakeMed hospital
- Haven't seen much change – definitely no improvement
- More focus on education
- Worsened – was already bad before economic downturn and it's even worse now
- More unemployment – jobs are open but many residents aren't qualified
- Increased hopelessness – evident everywhere; people will not just sit back and die, if they need something and crime is the only option then that's what will happen
- Have the resources but need more consolidated outreach efforts to let people know
- More healthcare needs – Shepherd's Care is always in need of additional funding

Pressing health concerns

- Diabetes – increased in children
- High blood pressure
- Cancer
- Lack of facilities – people go to other areas (Raleigh, Cary) for healthcare
- Lack of specialists – endocrinology was stated as an example

Overlooked/Vulnerable populations

- Psychiatric needs – mental health issues always an afterthought; need more proactive approaches
- Young adults
- Men
- Parents in “gap” of not qualifying for Medicaid so kids have insurance but parents do not and cannot afford commercial insurance

Where do people seek medical attention?

- Emergency department
- EMS is used as a catch-all, particularly in rural areas
- Not everyone knows about the retail clinics and urgent cares that are available nor do they know how to use such services. Need more education on availability of services.

Greatest Impact on why people put off going to the doctor

- Finances
- Transportation
- Fear of the unknown
- Self-diagnose with online websites
- Mindset that they can “shake it off”, particularly in men, which leads to not seeking care until they are immobile

2013 CHNA Evaluation

- Nothing has changed
- Employment has improved but only for skilled workers, not for the people who really need jobs but do not have these skills or education. Even though more jobs are available in the area, they will not go to residents of Zebulon.
- Western Wake County gets the resources
- No shift in the rankings from 2013

Resources and needs to improve health of the community

- Need to look at data closely and use to address needs
- Put a few doctors/residents in a facility to provide care free of charge
- More community education and outreach
- Draw on strength of faith-based community and resources and finances to help them think outside of the box
- Use retired healthcare practitioners who are still qualified to provide care to volunteer
- Get the whole community involved – so many people who just sleep in this community but do not shop, seek medical care, or get involved in the community
- Get Alliance Ministry to come here – they stop in Raleigh and have a one-day event for all healthcare needs, test, etc.
- Need more mobile healthcare units in community

Most important issues to address

- Same as 2013 priorities: Poverty and Unemployment, Health Care Access and Utilization, and Mental Health and Substance Abuse

Other unique health needs and/or challenges

- Men’s health
- Knightdale will skew the data analysis

North Central Service Zone – Millbrook Human Services Center

Number of attendees: 10

Average Age: 49.6 years

Elements of a healthy community

- Employed
- Physical vibrancy
- Mental health access
- Strong school system (from day care to community college)
- Safety; police/fire departments
- Adequate facilities: Parks and recreation, grocery and drug stores
- Cultural diversity and awareness
- Spiritual diversity
- Transportation
- Age-focused services: youth, elderly, etc.

Changes over past five years

- Parks and Senior Center have been a great help but there are problems getting to them – not convenient routes, poorly designed sidewalks and crosswalks
- Physical health – even with the Affordable Care Act, still cannot afford health insurance especially for those with chronic diseases
- Lack of sliding scale facilities – no FQHC in the area
- Some affordable housing here but need healthcare clinics
- More homeless people in recent years
- Large Latino/Hispanic community that won't seek care due to immigration status so they wait until the last minute for care.
- Increased non-English speaking population

Pressing health concerns

- Need more mental health providers
- Access to mental health care is an issue
- Homeless population
- Chronic diseases (diabetes, high blood pressure, and obesity)
- Dental care
- Insufficient in-home care

Overlooked/Vulnerable populations

- Refugee families – providers are unwilling to pay for interpreters; language barriers represent a large issue
- Homeless or those without permanent housing
- Unemployed population
- Parents need affordable day care options
- Folks coming out of prison and re-entering society
- Immigrants – even those here legally cannot get health insurance; the problem is wider than just not being able to get the undocumented access to services

Where do people seek medical attention?

- Urgent care centers
- 911/Emergency department
- Primary care physicians
- Federally Qualified Health Center
- Other free clinics
-

Greatest Impact on why people put off going to the doctor

- Money
- Language barriers
- Loss of work or hourly work
- Transportation
- Access/temporal (facilities only open during the day)
- Diversity

2013 CHNA Evaluation

- Poverty and Unemployment/ school system not universal
- Access – more are insured; more that can get care (both children and adults)
- All three priority groups are still concerns today, plus Community and Education

Resources and needs to improve health of the community

- FQHC/free clinic need to be open more than 9-5 Monday through Friday
- Public transportation/mass transit
- School health clinics, including mental health
- Engaging faith-based resources
- Bring health to people in their homes (home visits)
- Take care of food deserts

Most important issues to address

- Understanding and recognizing our diversity and how that impacts racial and social equity
- Access to healthcare
- Need more full-time jobs
- Communication and education regarding housing and healthcare

Other unique health needs and/or challenges

- We've gone backwards in education; we have potential but we're not using it
- Dense population, crowding due to gentrification downtown
- Crime

Northern Service Zone – Northern Regional Center

Number of attendees: 16

Average Age: 48.9 years

Elements of a healthy community

- All physical and spiritual needs being met
- Access to healthcare, affordable housing, and jobs
- Schools and safe parks
- Access to preventive healthcare, alternative medicine/natural remedies
- Basic needs being met – food, housing, etc.
- No homeless population
- Strong police force

Changes over past five years

- Better in the Northern zone because more programs have been initiated
 - Church Net – helps with paying electric bills, etc.
 - More churches that are helping with health and dental clinics
 - More health programs – Moving & Grooving, parks and recreation programs
 - Wake County Schools has started Music and Movements
- Worse regarding mental health
 - Increase in suicidal thoughts among younger population and teens
 - Uptick in overall mental health issues – need more information, education, and access
- Better regarding physical health
 - Schools are giving back more
 - Adding street lights to encourage people to get out and walk which has had a positive impact on population health
- Room for improvement regarding addition of resources in Wake Forest and Rolesville; Wake County may have resources but they may not be located here and not everyone has transportation to get to the resources elsewhere.

Pressing health concerns

- Finding ways to help those with suicidal thoughts
- Need a pulmonary rehab facility in the Wake Forest area for those who don't have transportation
- Need more transportation services to help those who need it

Overlooked/Vulnerable populations

- Alcoholics
- People who don't qualify for Medicaid and can't afford ACA plans
 - Some who work part-time and don't even meet income requirements for Alliance, etc.
 - Children in the household may have access but the parents fall through the cracks
 - Income gap
 - Employers are hiring more temporary personnel so they don't have to provide health coverage
- Elderly – There are senior services in Wake Forest but the residents are paying for the ser-

VICES in that they can afford to live there. There are no facilities or services in Rolesville for elderly or the non-affluent in Wake Forest.

- Need more support groups

Where do people seek medical attention?

- Emergency departments
- Urgent cares
- Retail –CVS, Walmart, and Target

Greatest Impact on why people put off going to the doctor

- Lack of financial and transportation resources
- Practices that require you to be an established patient to be seen when sick. You have to be seen at the practice while well to become “established” so it’s easier to just go to an urgent care when you’re sick.
- Set hours make it hard for working population to go to the doctor
 - If you’re late to an appointment, practices are making you reschedule and pay a fee
- Pediatric practices only schedule physicals during a 3-hour window in the middle of the day to do wellness check-ups which make it very difficult for working parents
- Need more educational programs regarding alternative medicines

2013 CHNA Evaluation

- Some slight improvements but not enough
- Unemployment is still an issue
- Mental Health is still an issue. At Alliance, people can get basic access and even though it’s limited, it’s better even for those with no insurance. However, a lot of people don’t know about it.
- Need better access to specialists – No OB in Wake Forest; have to go to Raleigh for prenatal and delivery; No pulmonary rehab
- Healthcare Access is probably the number one issue in the Northern zone; infrastructure issues are part of this (i.e. transportation)

Resources and needs to improve health of the community

- Have rehab facilities close by
- Hard to get Medicaid if there are no bids
- Clinics for mammography, bone scans, flu shots, etc.

Most important issues to address

- Healthcare access
- Transportation
- More mobile units because even with growth in programs, they are not going to reach some rural pockets
- As the county grows, the needs will exacerbate

Other unique health needs and/or challenges

- Big challenges with doctors – doctors are leaving the community because they are not making enough money so instead they are going to big companies.
- Need mobile units for screenings

South Central Service Zone – WakeMed Garner Healthplex

Number of attendees: 4

Average Age: 66.0 years

Elements of a healthy community

- People walking, running, using the gym, and getting outside
- Opportunity for screening tests
- Exercise groups
- Eating healthy and teaching kids how to eat
- Caring community; helping each other
- Sharing with one another (ex: Garner Area Ministries)
- Good mental health

Changes over past five years

- Better: an increase in the number of healthcare facilities; grocery stores have more fresh fruits and vegetables; improvements to playgrounds; more education on how to improve health; increased availability of flu/pneumonia shots
- Worse: Medicaid may limit options for flu shots and healthcare access

Pressing health concerns

- Access, particularly related to Medicaid patients
- Overweight/obesity
- Cancer: breast, skin, lung
- Diabetes
- Substance abuse
- Arthritis
- Depression/mental health
- Aging
- Alzheimer's – lack of mental health facilities
- Crime caused by unemployment and mental health issues
- Sedentary lifestyle
- When asked to pick the most pressing concerns: depression/mental health; overweight/obesity, cancer, and sedentary lifestyle

Overlooked/Vulnerable populations

- Medicaid/poor/indigent
- Lack of coverage (donut hole, too poor for Medicaid)
- Lack of knowledge of navigating the system

- Do not know where to get help
- People can't pay for their medications; forced to choose
- Lack of expansion of Medicaid
- Those who need vision and dental care

Where do people seek medical attention?

- Primary care physician
- Specialists through referral from Tricare
- Issue is that some primary care physicians are not accepting new Medicare/Medicaid patients

Greatest Impact on why people put off going to the doctor

- Money
- Scared of results
- Some have lack of transportation, especially those without families

2013 CHNA Evaluation

- Poverty and Unemployment: gotten worse or remained the same
- Access and Utilization: improvements in access but not sure that everyone is aware of it
- Mental Health: no notable improvements; increase in alcohol and drug abuse
- All three areas are still a concern today

Resources and needs to improve health of the community

- More community activities focused on nutrition, exercise
- Encourage people to cook at home more
- Teach anti-media (how to not succumb to fast food advertising)

Most important issues to address

- Poverty and Unemployment
- Nutrition education/healthy eating

Other unique health needs and/or challenges

- Education
- Help families stay together
- More healthy restaurants in ZIP code 27610
- Integration of health issues; a holistic approach (schools, churches, healthcare)

Southern Service Zone – Southern Regional Center

Number of attendees: 10

Average Age: 53.7 years

Elements of a healthy community

- Low crime Rates
- Walkability (Sidewalk access)
- Ease of access to health services
- Service awareness
- Family friendly activities for kids

Changes over past five years

- Better
- More traffic (causing need due to growth)
- More providers and specialist
- There are still products of poverty and areas where healthcare needs are greater. Some of the pockets are downtown Fuquay-Varina and areas in Holly Springs

Pressing health concerns

- Diabetes and obesity
- Lacking education for health-related issues (prevention) and health care services
- Transportation is an issue
- Lacking Mental Health service providers. Instability in the MH system- recent policy changes
- Language barriers create health care educational challenges
- Urgent Care closes at 6pm. Need to provide services during non-traditional hours to reduce ER visits
- Need healthcare facilities that are open during non-traditional hours.
- Healthcare cost are too high
- Families can't afford services that are needed or can't miss work to access services
- Many go without meds because they can't afford their prescriptions
- Asthma is an issue in this community due to farming

Overlooked/Vulnerable populations

- Spanish speaking /migrant workers
- Mental Health clients
- Working poor

Where do people seek medical attention?

- Google
- The doctor
- Triage app on cell phone
- Some have access to Skype medical appointments

- **Comment- We need to look at how people are treated when they access free or discounted medical services**

Greatest Impact on why people put off going to the doctor

- **Money**
- **Fear of diagnosis**
- **Men may choose not to go the doctor**
- **Cultural perspectives**
- **Lack of access - There is only one pediatric provider in the area that is open 5 days a week**

2013 CHNA Evaluation

- **More facilities**
- **Employment rate decreasing**
- **Folk are underemployed and those that are, are not are not earning a livable wage**
- **There are school teacher that are receiving FNS**
- **Free and reduced lunch have increased by approximately 10%**
- **Substance abuse concerns**
- **Heroin is back because it's cheaper than other drugs**
- **All issues are concerns**
- **Prescription Drug abuse**
- **Need more detox centers in the area. This is a need in all socioeconomic backgrounds**
- **Parents are using drugs, therefore more grandparents are raising grandchildren**

Resources and needs to improve health of the community

- **Transportation (Busses are for businesses not for community.) Bus schedule need to be modified to service the community. Buses are empty during the day.**
- **School based clinics and mental health services**
- **Need migrant health care centers (WC loss the grant)**
- **Clinic with sliding scale fee services**
- **Mental Health**
- **Urgent Care Centers that are open during nontraditional hours- 4pm -12am**
- **Community Health Center**

Most important issues to address

- **Transportation**
- **Dental services in the area**
- **Medical services during nontraditional hours**
- **Need to be more strategic in engaging individuals- customize messages**

Other unique health needs and/or challenges

- **Transportation barriers (accessing services remains a challenge)**
- **Affordable Housing- Community is growing but with large home developments not affordable ones for the general public**
- **Need more specialists in the area**

West Service Zone – Cary YMCA

Number of attendees: 7

Average Age: 59.0 years

Elements of a healthy community

- Access to parks and greenways
- Economic health
- Take care of everyone from birth to death
- Community engagement
- Not living in fear – having a safe community, not worrying about crime
- Access to resources for all

Changes over past five years

- Better services for seniors
- Mental illness has worsened
- Awareness of need and the poverty around us has not gotten better
- There are pockets of disparity that people don't see from the outside
 - Chatham Street
 - East Cary
 - Mobile home parks in Apex
 - 55 almost splits the area into two cities – old, established Cary on the east side and the affluent and new Cary on the west side
- Police think things are pretty good
- Not many at-risk youth or homeless
- Population is aging
- The number of people with healthcare needs have grown but the resources in Cary have not. Have to go to other areas in Wake County for Health and Human Services
 - Transportation is an issue, particularly for the elderly
- Affordable housing has disappeared
 - People who work in Cary cannot afford to live in Cary
 - Millennials cannot afford to live here
- Western Wake and Apex have gotten great reviews as a top place to live in the country

Pressing health concerns

- Affordable, accessible basic healthcare and housing
- Too far to get to a hospital and its more expensive to go all the way across town if you need to be admitted
- Addressing pockets of disadvantaged; it's a burden to not have Human Services in this community at all while there are plenty in other areas of the county
- Access issues – practices that don't take Medicare or Medicaid patients
 - Hard for older people moving to the area to find a doctor who accepts Medicare
 - Not enough general practitioners or geriatricians
- Lack of mental health resources
 - Aren't paying attention until it's too late and a crime has been committed
- Affordable senior housing

- Working lower class don't qualify for assistance but don't make enough to meet family's basic needs
- Not enough focus on ADA compliance and making the infrastructure convenient for seniors and persons with disabilities
- Worry about the Hispanic population in Cary – we have taken such an unfriendly position against them (making it harder to get a license, get a job, healthcare access, etc.) that there's concern about turning to crime out of desperation
- Need to help assimilate people into a caring community

Overlooked/Vulnerable populations

- At-risk youth and youth with mental illnesses
- Elderly
- Hispanic
- Those who fall within the doughnut hole
- WIC recipients – no facility to go to in the West zone.
- Expectant mothers have difficulty getting prenatal care
- Those needing specialists
- All minority groups
- Those lacking transportation

Where do people seek medical attention?

- Primary care doctors
- People without a doctor go to the ED for basic healthcare and to manage chronic illnesses because they can't get the care needed to manage it.
- Can't use retail clinics without insurance
- Many people who don't have a primary care doctor can't afford urgent care
- Lots of urgent cares available and for many, it's not too much more expensive than a co-pay at a primary care office for those with insurance

Greatest Impact on why people put off going to the doctor

- Cost
- Lack of education, especially regarding chronic illness
- Transportation
- Not having a primary care physician
- Both fear of the unknown and fear of going to the doctor in general (due to past bad experiences)
- There isn't a culture of a medical community; No predominant hospital engaged in the community and no culture of overpowering presence
- Accessibility – pediatrics subspecialists and specialists are difficult to find

2013 CHNA Evaluation

- Maybe some slight improvements related to poverty and unemployment but a lot of people are still underemployed
- No improvements since 2013 – need more unity, peace, and sense of community

Resources and needs to improve health of the community

- Collective unity to approach how to best meet needs
- Asset mapping to see how to better utilize existing resources

Most important issues to address

- Create community of fellowship and consciousness to really know and understand the West zone, not just your own pocket
 - The sense of Cary is not the truth
- Better use of taxes to meet the needs of the community
- More education

Spanish-speaking Population – Millbrook Human Services Center

Number of attendees: 10

Average Age: 46.7 years

Elements of a healthy community

- Good access to health services. There should be good supermarkets with healthy, inexpensive food. There should be programs the community can participate in – like exercise programs. Kids no longer play outside; they sit inside and look at screens. In Chile, they close the streets on Sundays and everyone goes out to walk or ride bikes. It needs to be easier and become the norm.
- Seeing people outside. Good public transportation. A place where people can go shopping, have work nearby, clean (not trashy), seeing people spending time outside.
- Emotional, spiritual and physical health. Prevention is important.
- Healthy food and exercise. Not necessarily in a gym, but having a walkable community so the whole family can get outside.
- Kids running around outside with their parents. People are getting fatter....
- Education, work, housing, safety are all important.
- Yes, safety is important because people don't want to be outside if it's not safe.
- The characteristics I see would be leaders taking into account what people want with their input – not deciding FOR them.
- When I go to trailer parks, no one is outside because it's not safe or healthy. More safe and "healthy" housing is needed for low income folks.

Changes over past five years

- You see more obesity/diabetes.
- We (Latinos) no longer feel welcome in this community. Things have changed. You see it in the news. There's more friction now. We aren't valued anymore. You see it in politics, but also within neighborhoods. (lots of agreement with this statement)
- Even in our (as professionals) work. We feel that our co-workers are less welcoming and are now bothered by us. They don't want us speaking Spanish.
- That's happening within the whole community. Lately people are more afraid to go out, look for work, ask for help or even spend time outside. So (Latinos) health is getting worse.
- Yeah, you used to see Latino families in parks and out enjoying things, but not anymore.

- More men are in treatment because they have committed domestic violence and it just keeps getting worse.
- Feeling like you have to hide causes stress which isn't good for people's health.
- We're seeing more homeless people. This all causes mental health issues.
- Stress has increased in Latinos. You can't see it, but they have it due to lack of work, homelessness, etc. This is much worse than it was 5 years ago.
- Mental health is not talked about in our (Latino) community. We call it "nervios" (nerves). We don't like to admit our mental health problems because we equate it with being "crazy". Especially now that the "matricula consular" (form of photo ID provided by the Mexican consulate) is no longer being accepted. This causes more stress.

Pressing health concerns

- Mental health (general agreement from all)
- Lack of access to health and mental health care due to not having insurance (general agreement).
- Obesity
- Lack of education – people don't know the resources that are available to them.
- People are afraid to give out personal information because they are afraid of being deported
- There are a lot more Latinos here in the last 10 years. We need culturally appropriate education about healthy eating.

Overlooked/Vulnerable populations

- Men (agreement)
- Older folks (agreement)
- People who are addicted to drugs have nowhere to go. Alcohol is covered, but not drugs. Also, the little that is available is only in English.
- Families of addicts also need support (in Spanish).

Where do people seek medical attention?

- Health Dept. or hospital. Latinos tend not to have a medical home. They go to the hospital when it's not necessary because they don't have insurance.
- In our countries it's not that expensive to go to the hospital so we're used to going there and (Latinos) don't know that hospitals here are only for emergencies.
- Where I chose to go will depend on how bad I feel and whether I have insurance.
- I go to the chiropractor and other alternative medicine as well as my GP
- I use herbal remedies because it's too expensive to go to the doctor. But I need to go for some preventative checkups.
- Part of the problem is it takes 2-3 weeks to get in to see a doctor, so you don't bother.
- If you're paying for your insurance, the premium might go up if you use it – or at least that's what people think.
- And (Latinos) don't know how to use insurance if they have it.
- Yeah, like in-network vs. out of network.
- We're (Latinos) also used to using the pharmacy as our doctor back home. You can just go to the pharmacy without a prescription, tell the pharmacist your symptoms and they will give you what you need.

Greatest Impact on why people put off going to the doctor

- Cost
- We don't understand how our insurance works
- We're not used to going to the doctor for preventive services. We only go when we're sick.
- There is a need to educate people.
- We need to be able to get in to see the doctor quicker. Like if you're sick you want to be able to get in the same day, not wait several weeks.
- We need to educate people about having a "medical home" because then you CAN get it right away. (Latinos) don't understand the process.
- Men have a hard time going to the doctor during working hours. They feel they must be making money so they don't bother going.
- The state of NC wasn't ready for this type (amount) of migration – especially so many people who are "different". The state is still trying to learn what we need. Both the workforce that serves Latinos and the Latinos themselves need education.
- Mostly Latinos that are here are just ignored or overlooked.
- Latinos think that they will get better on their own so they don't bother going to the doctor and then they end up with something serious so they have to go to the hospital.
- There's also the economic loss because you can't work while you're going to and waiting for the doctor. And if your child or wife needs to go you aren't willing to go with them or let them have the car because you need to work. Transportation is the issue again.
- We need to look to other states to see how these issues have been dealt with. We don't need to reinvent the wheel here.
- There's no funding for serving Latinos (general agreement). But if we don't provide public health services now, the problems will be worse in 10 years.

2013 CHNA Evaluation

- No improvements (general agreement)
- Since 2013, things have gotten worse.
- Yes, a little better because you can get health insurance now.
- #1 (poverty and unemployment) has gotten worse (agreement) There is some work, but most of it is temporary or people have to work two jobs because jobs don't pay enough. There is no "security" in people's job situations, however. It's become harder to work if you are undocumented, so there is more unemployment among Latinos than there used to be.
- Also Latinos can't get a driver's license now so they can't drive and it's harder for them to get to work if they don't have transportation.
- #2 (health care access and utilization) is a little better (agreement)
- #3 (mental health and substance abuse) is worse (agreement). It's worse for everyone, not just Latinos. Without work there is more drug and alcohol abuse (in men) and women tend to overeat instead of using drugs.
- All three areas are related.

Resources and needs to improve health of the community

- Transportation
- Education for adults to learn about the U.S. system.
- Need more lay health advisors (promotoras).

- Reasonably priced housing that is safe to live in. No one should be homeless in Wake County!
- More health fairs in the community.
- Yeah, but there is too much written information given out at health fairs. We need more “dynamic” education instead of health fairs. For example, giving talks on different topics several times a month.
- Need more community health centers for low income where health education is offered. Employees should get out into the community to educate folks and not always expect them to come in. And transportation so people can get to work or health care. Its takes too long and people have to take 3 different buses and they take too long to get where you want to go. That would help with unemployment as well as mental health because not working causes stress.
- More mental health services
- More education
- More services and education in Spanish
- More inexpensive specialized health services for the uninsured (like project “Access” services)
- Better transportation
- More services for seniors in Spanish.

Most important issues to address

- Everything we have talked about
- Access
- Everything is related. If no job, you’re going to have bad health...Can’t pick one. It’s a chain.
- Inactivity /obesity and mental health
- Better public transportation. People don’t live where they’re working.

Other unique health needs and/or challenges

- Accept that we have undocumented immigrants here.
- Need more focus groups so (Latinos) have a bigger voice.
- Need to get the information FROM the community who needs the services (rather than deciding what they need for them). They are the ones that are going to USE the service.
- Driving without a license is a huge issue. This affects Latinos health. We need to realize that Latinos are here to stay and provide the necessary services (instead of hoping this issue will go away).
- If you provide food, Latinos will come to focus groups.
- Latinos don’t come because they don’t have transportation. We have to go to them (Latinos) and to the outer parts of the county as well, in trailer parks or apartment complexes, to get input.
- The government needs to allow (Latinos) to live as “people” here and provide funds for services to Latinos even though they might be undocumented. Latinos need to be able to live like human beings in Wake County. When this happens there will be resources to hire people who speak Spanish to have this type of meeting and educate folks. They have to understand that there are undocumented people living here that are not going to disappear and we’re not going away and so we have to work with them.
- Not only can Latinos not get drivers licenses, but now they can’t drive mopeds either be-

cause the assembly just passed a new law (she didn't specify what the law was about but I imagine it says that you now have to have a license to drive a moped).

- Latinos have a hard time renting housing because they are required to give their social security number, which most do not have.
- Children pick up on their parent's stress which just makes stress a never-ending cycle in Latino families.

Homeless Population – Love Wins Ministries

Number of attendees: 11

Average Age: 44.7 years

Elements of a healthy community

- Everyone having access to healthcare
- More facilities that would serve the homeless
- Having access to affordable dental, even basic dental care – one individual mentioned having to wait 6 months for the mobile unit to come pull one tooth
- Having community recreation centers for kids to go for positive structure

Changes over past five years

- Neighborhoods used to have baseball and other recreation teams but do not anymore
- Worsened
 - Kids now have access to many devices/social media and are not physically active. Kids also do not have a place to express themselves and their talents.
 - More kids/youth are having sex at younger ages; kids are having kids
 - Seniors are having to jump through hoops to get help
 - Lack of access to affordable, nutritious foods.
 - Difficult to get health insurance. Many are falling into a gap where they cannot get disability or Medicaid because they are working but are not earning enough to purchase even what is marketed as “affordable”
 - Lengthy wait times even at Advance Community Health; difficult to get appointments
 - The shutdown of Dorothea Dix campus has put the mentally ill back on the street or in jail. Neither of these is giving them the help they need.
 - The difficulty of getting help for mental illness leads to worsening conditions and physical health issues.

Pressing health concerns

- Obesity
- Mental health
- Heart health
- STDs
- Basic preventive care
- Dental care
- Access to rehab facilities
- Access in general to any health resources

Overlooked/Vulnerable populations

- Children and youth
- Married couples – No shelters where married couples can go
- Homeless disabled

Where do people seek medical attention?

- Hospital emergency rooms
- Hard to get into Urban Ministries clinic
- Not many health information resources get handed out
- Do not know what resources are available and it's difficult to get to the resources that are
- Some won't go to the health department

Greatest Impact on why people put off going to the doctor

- Cost
- Limited access
- Feelings of embarrassment over who may see you there (mentioned with regards to health department)
- Transportation

Resources and needs to improve health of the community

- More organization serving people who needs a physical and hasn't been to a doctor in 15 years
- More resources for those without insurance
- More safe and positive recreation opportunities for children, particularly those whose parents are working multiple jobs and cannot afford YMCA fees
- More ways to connect people who want to help and mentor kids with organizations and ways to volunteer. There are many who want to help.
- Love Wins organization for kids
- Need more organizations like Love Wins in general – they give the population the ability to make choices again and get their self-worth back which motivates people to do more and take care of themselves

Most important issues to address

- Government needs to do more to help people rather than ignore them
 - They want the homeless in "a box"; moved the shelters out to Capital Boulevard but without a bus pass can't get there to eat. Can't get to the free clinic in Cary
- Agencies need to reach out and hear from homeless population directly
- Increase shelters for single women. Currently Raleigh has two shelters that can only serve 17 women on an emergency basis while the men's shelter can serve 100.
 - Women who can't get in are left outside and get sick and/or pregnant.
- Breaking the stigma that many associate with homeless individuals. Not all are drug users, mentally ill, etc.
 - Need to be treated like human beings

Telephone Survey

The telephone survey included 47 questions about community needs, health services, and individual health preferences and decisions. Telephone surveys include the random selection of listed phone numbers for Wake County residents where the surveyor called the selected telephone number and asked the resident a series of questions related to the health of their community. The telephone survey methodology provided a statistically valid sampling of the entire county. Telephone surveys were conducted by AIS Market Research using the methodology described below.

1. Landline numbers for Wake County by ZIP code were obtained through “listed household” data to improve success in reaching current, working phone lines.
2. The landline numbers were stratified by the eight service zones, based on the allocation of ZIP codes to service zones (through the ZIP code methodology performed by Ascendient).
3. Landline numbers were then selected for calling based on the proportion of each service zone’s population to the Wake County population, using random selection within each group of phone numbers by service zone. The sample phone numbers were obtained from SSI, the largest vendor for world-wide sampling, with the use of SSI’s software to generate random numbers, based on the number of phone numbers requested for each service zone.
4. The cell phone numbers, which are not available by ZIP code, were chosen by a computer using random-digit dialing for all of Wake County.
5. A total of 300 responses were gathered from Wake County residents.
6. Ascendient assigned cell phone responses to the appropriate service zone using the methodology agreed upon by WCHS and Wake County Planning.
7. Survey results were then provided for all of Wake County, with a 95% confidence level, with results from each individual service zone also provided.
8. To supplement responses by service zone to account for a smaller number of surveys per zone and the inability to stratify cell numbers by zone prior to calling, additional surveys methods were utilizing, including focus groups (one in each service zone¹⁰) and Internet-based surveys.

In total, over 9,800 calls to capture 301 responses from residents of representing Wake County. Responses were analyzed by service zone.

Telephone Survey Findings

The questions and results from the telephone survey are as follows:

Eligibility Requirements

In order to be eligible to complete the survey, participants had to meet three eligibility requirements based on their response to the following three questions:

1. Are you 18 years or older?
2. Are you a Wake County resident?
3. Would you like to participate?

¹⁰ Efforts to hold a focus group within the West Central service zone were unsuccessful despite numerous attempts.

Respondents were required be at least 18 years old, a Wake County resident, and agree to participate. All 301 completed calls met these requirements. If a number was called where the person did not meet these requirements, the survey was stopped and they were thanked for their time.

Tell us about your community or neighborhood

The following questions will gauge how you see certain parts of Wake County life while also asking about community problems, issues, and services that are important to you.

4. On a scale of 1 to 5 (with 1 being strongly disagree and 5 being strongly agree), please rate each of the following statements for the community in which you reside:

A. I can access good healthcare in my community.

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
1	0.6%	2.4%	1.3%	2.9%	1.4%	2.6%	1.3%	3.7%	2.0%
2	2.5%	6.7%	1.6%	4.4%	1.4%	2.6%	1.3%	3.9%	2.7%
3	20.8%	18.1%	11.7%	10.7%	10.7%	9.2%	2.2%	10.4%	9.3%
4	16.2%	13.0%	11.3%	15.4%	21.1%	16.7%	13.6%	20.2%	15.6%
5	59.0%	50.9%	72.4%	66.6%	61.5%	68.0%	80.2%	58.8%	68.4%
Refused/No Response	0.9%	8.9%	1.8%	0.0%	4.0%	0.9%	1.3%	3.0%	2.0%
Total Number of Responses	15	18	36	51	38	38	80	25	301

B. My community is a good place to raise children.

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
1	0.3%	2.4%	2.9%	1.6%	1.4%	0.0%	0.2%	4.0%	1.3%
2	0.3%	2.4%	0.0%	2.0%	1.4%	0.0%	0.0%	0.0%	0.7%
3	4.4%	12.6%	4.8%	1.2%	9.9%	6.6%	1.9%	11.3%	5.3%
4	19.8%	19.4%	13.5%	20.0%	19.0%	14.9%	12.3%	19.0%	16.3%
5	69.9%	63.2%	77.4%	74.8%	65.7%	73.4%	84.1%	60.1%	74.1%
Refused/No Response	5.3%	0.0%	1.3%	0.5%	2.6%	5.1%	1.5%	5.6%	2.3%
Total Number of Responses	15	18	36	51	38	38	80	25	301

C. My community is good place to grow old.

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
1	3.1%	11.5%	2.8%	2.5%	4.1%	0.0%	0.3%	5.5%	2.7%
2	6.9%	0.0%	4.2%	1.6%	0.0%	5.2%	4.2%	1.3%	3.0%
3	6.7%	14.6%	16.3%	14.3%	14.4%	10.7%	12.2%	15.5%	13.3%
4	19.1%	23.0%	22.6%	22.3%	24.0%	24.2%	19.9%	33.1%	22.9%
5	63.6%	50.9%	50.2%	51.6%	57.6%	57.4%	61.9%	43.1%	55.5%
Refused/No Response	0.6%	0.0%	3.8%	7.8%	0.0%	2.6%	1.5%	1.3%	2.7%
Total Number of Responses	15	18	36	51	38	38	80	25	301

D. I can find enough economic opportunity in my community.

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
1	4.5%	10.2%	3.5%	4.1%	5.3%	3.5%	0.1%	10.5%	4.0%
2	4.5%	9.4%	3.9%	3.1%	5.3%	5.2%	0.6%	8.5%	4.0%
3	16.1%	20.5%	14.1%	14.1%	21.4%	23.2%	10.0%	18.5%	15.9%
4	19.4%	18.3%	33.8%	33.4%	30.7%	19.8%	29.4%	27.8%	28.2%
5	50.0%	32.9%	43.8%	44.8%	30.7%	33.9%	57.2%	27.1%	42.9%
Refused/No Response	5.6%	8.7%	0.9%	0.5%	6.6%	14.4%	2.6%	7.6%	5.0%
Total Number of Responses	15	18	36	51	38	38	80	25	301

E. I feel safe living in my community.

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
1	0.9%	4.8%	1.3%	2.9%	2.7%	0.0%	0.0%	4.0%	1.7%
2	1.6%	1.1%	0.7%	0.6%	0.0%	0.0%	1.3%	0.0%	0.7%
3	8.9%	17.2%	11.5%	11.6%	9.2%	5.1%	5.7%	9.8%	9.0%
4	38.9%	33.7%	30.2%	29.8%	31.6%	31.6%	21.8%	30.1%	28.9%
5	49.7%	43.2%	56.3%	55.1%	56.5%	63.2%	71.2%	56.1%	59.8%

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
Refused/No Response	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Total Number of Responses	15	18	36	51	38	38	80	25	301

F. The environment in my community is clean and safe.

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
1	0.6%	4.8%	0.0%	0.0%	2.7%	0.0%	0.1%	7.7%	1.3%
2	1.6%	1.1%	0.7%	0.6%	0.0%	0.0%	0.0%	0.0%	0.3%
3	7.0%	12.9%	12.9%	13.5%	14.0%	12.1%	2.5%	12.6%	10.0%
4	31.0%	37.3%	49.8%	33.5%	43.6%	33.0%	34.9%	46.5%	38.2%
5	59.8%	43.9%	36.6%	52.4%	39.7%	55.0%	62.5%	33.2%	50.2%
Refused/No Response	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Total Number of Responses	15	18	36	51	38	38	80	25	301

G. I can find enough recreational and entertainment opportunities in my community.

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
1	7.8%	9.1%	2.9%	2.1%	2.7%	0.0%	0.0%	0.2%	2.0%
2	13.0%	10.5%	2.1%	3.7%	6.9%	5.7%	1.3%	2.6%	4.3%
3	6.6%	15.9%	9.7%	16.6%	14.6%	27.7%	10.9%	9.4%	14.3%
4	26.9%	30.1%	40.5%	32.5%	29.0%	26.8%	32.9%	31.7%	31.9%
5	45.5%	32.0%	44.8%	45.1%	44.1%	36.3%	54.9%	55.5%	46.5%
Refused/No Response	0.3%	2.4%	0.0%	0.0%	2.8%	3.5%	0.0%	0.5%	1.0%
Total Number of Responses	15	18	36	51	38	38	80	25	301

H. I can easily access healthy, affordable food.

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
1	5.6%	2.4%	1.3%	0.5%	1.4%	2.6%	0.3%	9.1%	2.0%
2	5.1%	15.0%	4.8%	3.1%	5.4%	0.0%	3.0%	2.9%	4.0%
3	8.2%	16.1%	6.7%	16.3%	12.2%	7.2%	6.1%	3.4%	9.3%
4	15.1%	23.7%	31.8%	32.2%	30.2%	30.0%	23.4%	35.6%	28.2%
5	66.0%	42.8%	55.4%	48.0%	49.6%	60.2%	67.0%	46.9%	56.1%
Refused/No Response	0.0%	0.0%	0.0%	0.0%	1.2%	0.0%	0.0%	2.1%	0.3%
Total Number of Responses	15	18	36	51	38	38	80	25	301

I. I can access good public health education in my community.

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
1	0.3%	2.4%	1.3%	1.1%	1.4%	0.0%	1.3%	4.0%	1.3%
2	5.1%	14.3%	11.9%	5.5%	2.8%	3.5%	2.3%	9.4%	5.6%
3	15.7%	24.1%	13.6%	26.3%	20.8%	15.0%	9.5%	23.0%	17.3%
4	16.5%	13.6%	23.4%	28.0%	32.1%	25.5%	23.9%	29.6%	25.2%
5	53.9%	37.9%	41.7%	31.0%	34.8%	38.5%	50.0%	22.4%	39.5%
Refused/No Response	8.5%	7.7%	8.2%	8.2%	8.2%	17.6%	13.1%	11.7%	11.0%
Total Number of Responses	15	18	36	51	38	38	80	25	301

5. From the list provided, what is the TOP (1) community health need of your community? If there is a community health need that you consider the most important and it is not on this list, please let me know and I will write it in.

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
Behavioral Health (mental, drug, etc.)	10.9%	23.0%	23.3%	26.6%	23.4%	17.0%	25.8%	25.2%	23.3%
Cancer	17.8%	12.4%	5.0%	14.1%	6.2%	6.6%	3.8%	0.9%	7.3%

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
Cardiovascular Health/ Diabetes/ Hypertension	9.1%	3.5%	9.5%	13.1%	13.4%	9.8%	8.0%	14.6%	10.3%
Driving while impaired (alcohol, drugs, distracted driving)	2.5%	8.3%	4.9%	4.2%	7.6%	4.3%	10.3%	1.8%	6.3%
HIV/AIDS	0.3%	0.0%	2.4%	1.9%	0.0%	0.0%	0.0%	0.6%	0.7%
Obesity	11.0%	13.2%	21.7%	13.6%	8.8%	7.8%	13.7%	8.1%	12.6%
Prenatal Care	9.1%	4.4%	1.6%	2.5%	0.0%	0.3%	3.7%	3.9%	2.7%
Primary & Preventive healthcare (including dental)	11.3%	9.4%	11.3%	9.7%	12.1%	14.3%	14.6%	15.4%	12.6%
Suicide	0.0%	0.0%	0.0%	0.0%	0.0%	2.9%	2.5%	3.7%	1.3%
Tobacco or e-cigarette use	1.2%	8.0%	6.6%	3.0%	7.6%	8.9%	4.3%	7.1%	5.6%
Other	0.6%	5.6%	2.2%	0.0%	1.4%	0.0%	1.5%	1.5%	1.3%
None	5.6%	0.0%	0.0%	2.3%	0.0%	2.6%	0.0%	0.0%	1.0%
Unsure/Do not know	20.6%	12.4%	11.6%	9.1%	19.6%	25.6%	11.7%	17.0%	15.0%
Refused/No Response	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Total Number of Responses	15	18	36	51	38	38	80	25	301

6. In your opinion, what is the TOP (1) issue that most affects the quality of life in your community? If there is a community problem that you consider the most important and it is not on this list, please let me know and I will write it in.

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
Access to healthcare services	14.0%	10.1%	14.6%	9.7%	4.0%	8.7%	6.0%	9.2%	8.6%

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
Affordable, safe housing/Homelessness	4.5%	9.4%	18.5%	9.5%	15.8%	6.0%	8.2%	21.3%	11.3%
Crime and abuse	8.7%	12.8%	3.4%	6.8%	9.9%	6.0%	6.5%	9.8%	7.3%
Discrimination/racism	3.9%	5.5%	3.9%	3.6%	4.7%	1.4%	2.7%	2.8%	3.3%
Educational opportunities/achievement	5.1%	7.0%	7.2%	16.7%	8.0%	3.7%	18.2%	3.5%	11.0%
Environmental factors (water, air quality, etc.)	14.3%	6.5%	3.4%	0.5%	7.0%	4.3%	6.4%	7.3%	5.3%
Financial status/ Health insurance coverage	14.6%	12.0%	21.9%	17.6%	7.7%	18.4%	11.5%	14.7%	14.6%
Transportation	2.8%	3.5%	8.6%	11.7%	13.9%	25.6%	19.7%	12.2%	14.6%
Unemployment/employment opportunities	4.9%	21.1%	6.9%	12.6%	18.8%	14.9%	9.2%	9.0%	12.0%
Other	0.0%	0.0%	3.0%	1.8%	0.0%	0.0%	1.3%	0.0%	1.0%
None	17.8%	0.0%	1.6%	5.3%	2.6%	3.7%	3.8%	2.6%	4.0%
Unsure/Do not know	9.4%	12.2%	5.6%	3.0%	6.2%	6.3%	4.1%	7.1%	5.6%
Refused/No Response	0.0%	0.0%	1.3%	1.1%	1.4%	0.9%	2.5%	0.5%	1.3%
Total Number of Responses	15	18	36	51	38	38	80	25	301

7. In your opinion, which ONE (1) of the following services needs the most improvement in your neighborhood or community? If there is a service that you think needs improvement that is not on this list, please let me know and I will write it in.

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
Childcare services	0.9%	5.6%	5.1%	6.5%	1.4%	2.6%	0.2%	0.2%	2.7%
Disability services	19.2%	12.9%	8.7%	12.5%	12.4%	4.3%	9.1%	6.9%	10.0%
Employment	5.1%	15.0%	6.5%	6.6%	11.1%	7.7%	9.2%	5.2%	8.3%
Education	3.2%	1.1%	15.4%	26.7%	10.0%	10.4%	13.7%	10.1%	13.6%
Environmental factors (water, air quality, etc.)	10.7%	5.5%	8.0%	4.2%	4.4%	0.6%	6.7%	5.0%	5.3%
Healthcare access and disease management	0.6%	5.6%	7.1%	2.1%	8.4%	9.8%	7.6%	9.0%	6.6%
Housing	1.2%	11.3%	8.0%	2.7%	2.7%	0.3%	4.1%	0.4%	3.7%
Law enforcement/safety	5.5%	9.0%	7.9%	5.9%	6.9%	5.8%	1.3%	7.1%	5.3%
Leisure and recreational services	9.1%	1.1%	2.3%	4.9%	2.4%	5.2%	6.5%	4.3%	4.7%
Mental health services	10.0%	8.3%	11.9%	11.7%	14.3%	15.5%	13.0%	28.0%	14.0%
Transportation	14.3%	10.1%	15.0%	10.9%	16.6%	36.0%	20.6%	18.4%	18.6%
Other	0.0%	0.0%	1.3%	0.0%	2.1%	0.6%	0.3%	1.3%	0.7%
None	5.3%	0.0%	0.0%	0.5%	2.6%	0.9%	2.5%	2.6%	1.7%
Unsure/Do not know	15.0%	14.6%	2.8%	4.9%	4.8%	0.6%	5.3%	1.5%	5.0%
Refused/No Response	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Total Number of Responses	15	18	36	51	38	38	80	25	301

8. In your opinion, which ONE (1) health behavior do people in your own community need more information about?

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
Caregiving (elderly or person with disabilities)	8.1%	5.9%	6.6%	10.9%	12.7%	26.2%	13.1%	10.1%	12.6%
Crime prevention and safety	11.2%	18.7%	1.6%	6.3%	19.3%	7.8%	8.9%	7.1%	9.3%
Emotional and mental health	15.2%	12.5%	23.7%	19.9%	6.7%	11.2%	16.3%	27.9%	16.6%
Management of chronic conditions	4.2%	4.6%	2.7%	5.0%	9.1%	4.3%	5.2%	3.3%	5.0%
Nutrition and physical activity	6.7%	15.4%	27.3%	17.4%	9.5%	5.7%	19.0%	10.2%	15.3%
Parenting	10.7%	4.6%	5.6%	8.0%	3.7%	2.9%	8.7%	4.3%	6.3%
Preventive health services	0.9%	8.0%	9.3%	3.2%	5.8%	8.0%	2.3%	9.2%	5.3%
Sexual health	0.3%	0.0%	0.0%	1.9%	2.1%	0.6%	0.0%	0.0%	0.7%
Substance abuse prevention	8.8%	9.0%	6.0%	4.2%	6.9%	0.8%	8.9%	6.9%	6.3%
Suicide education and prevention	1.6%	1.1%	0.7%	2.6%	1.4%	0.9%	3.8%	0.5%	2.0%
Tobacco cessation	2.8%	4.4%	6.1%	9.3%	3.2%	0.6%	6.9%	3.7%	5.3%
Other	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
None	5.3%	0.0%	0.0%	0.5%	3.8%	6.1%	0.0%	4.8%	2.0%
Unsure/Do not know	24.1%	15.9%	10.5%	11.0%	15.7%	25.1%	7.0%	12.1%	13.3%
Refused/No Response	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Total Number of Responses	15	18	36	51	38	38	80	25	301

9. In the past year, have you done any volunteer activities through or for an organization? (If yes, go to Question 10. If no, skip to Question 11).

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
Yes	33.7%	44.5%	64.9%	67.7%	49.5%	59.8%	61.9%	47.7%	57.8%
No	66.3%	55.5%	35.1%	32.3%	48.5%	39.7%	36.8%	52.3%	41.5%
Unsure	0.0%	0.0%	0.0%	0.0%	2.1%	0.6%	1.3%	0.0%	0.7%
Refused/No response	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Total Number of Responses	15	18	36	51	38	38	80	25	301

10. If yes, which types of organizations did you work with? (DO NOT read the options. Select all that apply.)

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
School	19.4%	13.5%	16.5%	29.0%	14.3%	9.6%	14.2%	13.2%	16.9%
Non-profit	24.4%	35.0%	31.5%	23.9%	29.5%	26.6%	27.6%	31.3%	28.1%
Civic	2.0%	8.2%	6.8%	4.1%	4.2%	14.5%	5.0%	15.3%	7.0%
Health	8.0%	6.7%	6.6%	9.3%	6.0%	1.5%	9.2%	4.5%	7.0%
Religious/spiritual	27.5%	13.7%	16.5%	14.1%	30.4%	35.6%	27.3%	19.8%	23.1%
Community	14.4%	16.6%	18.0%	17.9%	15.7%	8.5%	13.5%	13.8%	14.9%
Sports	4.3%	6.4%	4.1%	1.8%	0.0%	3.7%	3.2%	2.1%	2.9%
Other (please explain)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Refused/No response	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Total Number of Responses	6	13	36	48	25	30	66	18	242

Evaluation of 2013 CHNA

These questions allow you to provide feedback regarding the 2013 Community Health Needs Assessment.

11. Are you aware that Wake County completed a Community Health Needs Assessment in 2013?

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
Yes	6.0%	21.5%	6.6%	11.0%	12.2%	8.4%	7.7%	20.8%	10.6%
No	92.1%	74.2%	91.8%	88.4%	85.5%	88.3%	88.6%	75.3%	86.7%
Unsure	1.9%	4.4%	1.6%	0.6%	2.3%	3.4%	3.7%	3.9%	2.7%
Refused/No response	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Total Number of Responses	15	18	36	51	38	38	80	25	301

12. The 2013 assessment resulted in the following three priority groups: 1) Poverty and Unemployment, 2) Health Care Access and Utilization, and 3) Mental Health and Substance Abuse. Have you seen any improvements related to these priorities? If yes, for which group(s) have you seen improvements? (DO NOT read the options. Let them answer and repeat the category checked in the list.)

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
Yes, all three groups	1.9%	3.5%	0.7%	0.6%	1.4%	2.6%	0.0%	0.0%	1.0%
Yes, 1) Poverty and Unemployment and 2) Health Care Access and Utilization	1.9%	3.5%	0.7%	0.6%	1.4%	0.0%	2.5%	0.0%	1.3%
Yes, 1) Poverty and Unemployment and 3) Mental Health and Substance Abuse	0.0%	0.0%	2.4%	0.0%	0.0%	0.0%	1.3%	0.6%	0.7%
Yes, 2) Health Care Access and Utilization and 3) Mental Health and Substance Abuse	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
Yes, 1) Poverty and Unemployment only	0.9%	8.0%	4.9%	2.5%	6.3%	2.9%	5.1%	11.1%	5.0%
Yes, 2) Health Care Access and Utilization only	7.5%	5.6%	5.8%	2.1%	4.6%	3.2%	3.8%	2.9%	4.0%
Yes, 3) Mental Health and Substance Abuse only	0.6%	5.6%	2.2%	5.2%	3.6%	2.8%	5.1%	11.6%	4.7%
No, none of these groups	68.0%	62.4%	63.2%	73.3%	72.0%	59.7%	65.9%	62.5%	66.4%
Unsure/Do not know	19.2%	11.4%	20.0%	15.6%	10.8%	28.8%	16.3%	11.3%	16.9%
Refused/No response	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Total Number of Responses	15	18	36	51	38	38	80	25	301

13. Of these three priority groups, 1) Poverty and Unemployment, 2) Health Care Access and Utilization, and 3) Mental Health and Substance Abuse, are any a concern for you today? If yes, which group(s) is a concern? (DO NOT read the options. Let them answer and repeat the category checked in the list.)

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
Yes, all three groups	5.4%	16.5%	9.8%	5.2%	12.9%	2.6%	3.8%	16.3%	7.6%
Yes, 1) Poverty and Unemployment and 2) Health Care Access and Utilization	1.9%	1.1%	0.7%	2.5%	0.0%	0.0%	1.3%	0.0%	1.0%

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
Yes, 1) Poverty and Unemployment and 3) Mental Health and Substance Abuse	7.5%	2.4%	1.3%	1.9%	2.5%	5.2%	0.3%	3.5%	2.3%
Yes, 2) Health Care Access and Utilization and 3) Mental Health and Substance Abuse	1.9%	1.1%	0.7%	2.5%	0.0%	10.4%	0.0%	0.0%	2.0%
Yes, 1) Poverty and Unemployment only	3.4%	8.3%	8.2%	13.9%	7.8%	5.1%	5.6%	18.1%	8.6%
Yes, 2) Health Care Access and Utilization only	10.4%	15.2%	13.5%	8.4%	9.1%	9.8%	3.1%	11.4%	8.6%
Yes, 3) Mental Health and Substance Abuse only	8.3%	21.2%	22.3%	16.5%	13.6%	5.7%	17.4%	12.9%	15.3%
No, none of these groups	61.2%	34.2%	43.5%	49.2%	48.3%	59.7%	67.2%	33.1%	52.8%
Unsure/Do not know	0.0%	0.0%	0.0%	0.0%	5.8%	1.4%	1.3%	4.8%	1.7%
Refused/No response	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Total Number of Responses	15	18	36	51	38	38	80	25	301

Tell us about your own health decisions

This next section of questions will focus on your health. Again, all the opinions you share with us will be completely confidential. (If the person being interviewed starts talking about a family member’s health problems...”I am sorry to hear about that. Maybe some of the answers you give today will help us and our community leaders address some of these types of issues. Right now we’d like to focus just on your own health”.)

14. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? (DO NOT read the options. Let them answer and repeat the category checked in the list.)

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
None	52.9%	65.1%	72.6%	74.8%	55.7%	61.6%	70.6%	64.0%	66.8%
1-2 days	11.3%	7.0%	9.8%	15.1%	8.1%	11.8%	7.1%	14.3%	10.3%
3-7 days	22.2%	11.8%	8.4%	6.1%	11.5%	10.1%	10.4%	3.7%	9.6%
8-29 days	4.2%	7.9%	4.8%	3.3%	10.9%	10.8%	5.3%	11.8%	7.0%
30 days	2.5%	8.3%	4.4%	0.6%	10.3%	4.3%	5.4%	5.6%	5.0%
Unsure/Do not know	6.9%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.3%
Refused/No response	0.0%	0.0%	0.0%	0.0%	3.5%	1.4%	1.3%	0.5%	1.0%
Total Number of Responses	15	18	36	51	38	38	80	25	301

15. About how long has it been since you last visited a doctor for a routine checkup? This does not include any times you visited the doctor because you were sick, pregnant, or for chronic disease. (DO NOT read the options. Mark only the one they say. If they cannot think of how long...Here are the possibilities. Read responses. Which one do you think best fits you?)

[Note: A routine checkup is when the doctor or nurse checks on you all over, checks your blood pressure, looks in your ears, listens to your breathing, taps your abdomen, checks your reflexes, and usually checks your cholesterol. This could also include routine OB/GYN check-ups].

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
Within the past year	71.8%	77.0%	73.9%	79.2%	81.8%	87.3%	73.8%	75.8%	77.7%
1-2 years ago	12.2%	21.8%	16.6%	14.9%	9.4%	11.5%	19.7%	8.0%	15.0%
3-5 years ago	8.5%	1.1%	9.5%	2.2%	4.7%	0.0%	3.9%	12.5%	4.7%
More than 5 years ago	7.2%	0.0%	0.0%	1.9%	0.0%	0.0%	2.6%	3.7%	1.7%
I have never had a routine checkup	0.3%	0.0%	0.0%	1.9%	0.0%	0.0%	0.0%	0.0%	0.3%

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
Unsure/Do not know	0.0%	0.0%	0.0%	0.0%	2.1%	0.6%	0.0%	0.0%	0.3%
Refused/No response	0.0%	0.0%	0.0%	0.0%	2.1%	0.6%	0.0%	0.0%	0.3%
Total Number of Responses	15	18	36	51	38	38	80	25	301

16. About how long has it been since you last visited a dentist for a routine checkup? Do not include times you visited the dentist because of pain or an emergency. (DO NOT read the options. Let them answer and repeat the category checked in the list).

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
Within the past year	58.5%	60.2%	77.0%	71.6%	75.0%	84.7%	82.0%	75.2%	76.1%
1-2 years ago	28.6%	22.9%	10.9%	16.5%	11.2%	5.8%	12.2%	12.4%	13.3%
3-5 years ago	3.4%	12.4%	2.5%	4.4%	6.8%	1.1%	3.8%	0.4%	4.0%
More than 5 years ago	7.5%	1.1%	8.9%	6.9%	3.5%	5.2%	2.0%	12.0%	5.3%
I have never been to a dentist for a routine checkup	0.3%	2.4%	0.0%	0.0%	1.4%	2.6%	0.0%	0.0%	0.7%
Unsure/Do not know	1.6%	1.1%	0.7%	0.6%	2.1%	0.6%	0.0%	0.0%	0.7%
Refused/No response	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Total Number of Responses	15	18	36	51	38	38	80	25	301

17. Has a doctor, nurse, or other health professional EVER told you that you had any of the following health issues? For each, tell me “Yes”, “No”, or “Not sure”.

A. Cancer

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
Yes	1.2%	5.6%	6.7%	7.8%	16.8%	13.2%	6.9%	13.6%	9.3%

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
No	98.8%	94.4%	93.3%	92.2%	81.2%	83.6%	93.1%	86.4%	90.0%
Unsure	0.0%	0.0%	0.0%	0.0%	2.1%	3.2%	0.0%	0.0%	0.7%
Total Number of Responses	15	18	36	51	38	38	80	25	301

B. Asthma

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
Yes	7.6%	21.8%	14.6%	9.7%	13.8%	13.3%	17.5%	13.7%	14.3%
No	92.4%	78.2%	85.4%	90.3%	84.2%	83.6%	82.5%	86.3%	85.0%
Unsure	0.0%	0.0%	0.0%	0.0%	2.1%	3.2%	0.0%	0.0%	0.7%
Total Number of Responses	15	18	36	51	38	38	80	25	301

C. Heart disease

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
Yes	15.6%	13.9%	6.5%	4.0%	14.7%	10.9%	4.1%	7.1%	8.0%
No	84.4%	86.1%	93.5%	96.0%	83.2%	86.0%	95.9%	92.9%	91.4%
Unsure	0.0%	0.0%	0.0%	0.0%	2.1%	3.2%	0.0%	0.0%	0.7%
Total Number of Responses	15	18	36	51	38	38	80	25	301

D. Congestive heart failure

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
Yes	1.2%	10.4%	3.3%	0.0%	7.6%	1.4%	1.3%	1.3%	2.7%
No	98.8%	89.6%	96.7%	100.0%	90.4%	95.4%	98.7%	98.7%	96.7%
Unsure	0.0%	0.0%	0.0%	0.0%	2.1%	3.2%	0.0%	0.0%	0.7%
Total Number of Responses	15	18	36	51	38	38	80	25	301

E. Chronic Obstructive Pulmonary Disease (COPD)

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
Yes	6.5%	9.5%	1.6%	1.0%	5.4%	0.0%	2.8%	3.7%	3.0%
No	93.5%	90.5%	98.4%	99.0%	92.5%	96.8%	97.2%	96.3%	96.3%
Unsure	0.0%	0.0%	0.0%	0.0%	2.1%	3.2%	0.0%	0.0%	0.7%
Total Number of Responses	15	18	36	51	38	38	80	25	301

F. High blood pressure

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
Yes	30.7%	33.3%	31.3%	31.7%	38.3%	28.4%	16.8%	24.7%	27.6%
No	69.3%	66.7%	68.7%	68.3%	59.7%	68.5%	83.2%	75.3%	71.8%
Unsure	0.0%	0.0%	0.0%	0.0%	2.1%	3.2%	0.0%	0.0%	0.7%
Total Number of Responses	15	18	36	51	38	38	80	25	301

G. High cholesterol

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
Yes	34.6%	39.3%	17.4%	17.0%	41.7%	35.3%	24.0%	33.2%	27.9%
No	65.4%	60.7%	82.6%	83.0%	56.2%	61.5%	74.8%	66.8%	71.1%
Unsure	0.0%	0.0%	0.0%	0.0%	2.1%	3.2%	1.3%	0.0%	1.0%
Total Number of Responses	15	18	36	51	38	38	80	25	301

H. Overweight/obesity

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
Yes	27.3%	37.4%	22.5%	20.8%	37.1%	18.9%	24.6%	18.0%	24.9%
No	65.8%	62.6%	77.5%	79.2%	60.8%	75.3%	75.4%	82.0%	73.8%
Unsure	6.9%	0.0%	0.0%	0.0%	2.1%	5.8%	0.0%	0.0%	1.3%

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
Total Number of Responses	15	18	36	51	38	38	80	25	301

I. Osteoporosis

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
Yes	12.2%	0.0%	1.6%	1.0%	7.6%	15.0%	5.2%	9.5%	6.0%
No	87.8%	100.0%	98.4%	99.0%	89.2%	81.8%	94.8%	88.4%	93.0%
Unsure	0.0%	0.0%	0.0%	0.0%	3.2%	3.2%	0.0%	2.1%	1.0%
Total Number of Responses	15	18	36	51	38	38	80	25	301

J. Chronic pain

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
Yes	8.3%	18.8%	12.5%	6.9%	20.3%	11.4%	8.3%	14.3%	11.6%
No	91.7%	81.2%	85.1%	93.1%	77.6%	85.4%	91.7%	85.1%	87.4%
Unsure	0.0%	0.0%	2.4%	0.0%	2.1%	3.2%	0.0%	0.6%	1.0%
Total Number of Responses	15	18	36	51	38	38	80	25	301

K. Diabetes not during pregnancy

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
Yes	19.4%	18.3%	6.1%	7.5%	21.2%	14.9%	4.2%	7.0%	10.3%
No	80.6%	81.7%	93.9%	92.5%	76.8%	82.0%	95.8%	93.0%	89.0%
Unsure	0.0%	0.0%	0.0%	0.0%	2.1%	3.2%	0.0%	0.0%	0.7%
Total Number of Responses	15	18	36	51	38	38	80	25	301

18. From the list provided, where do you feel you most often seek medical attention for issues related to your physical health?

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
Do not seek care	3.6%	4.6%	6.7%	2.8%	2.5%	5.2%	0.2%	2.7%	3.0%
Alternative medicine provider (acupuncture, chiropractic treatments, natural products, medicinal herbs)	0.6%	3.2%	3.8%	2.4%	0.0%	0.0%	1.7%	1.5%	1.7%
Emergency department	8.1%	7.2%	2.4%	3.8%	5.3%	0.0%	1.3%	2.7%	3.0%
Health department	0.3%	2.4%	0.0%	0.0%	1.4%	0.0%	1.3%	0.0%	0.7%
Primary care provider (doctor, nurse, etc.)	63.4%	68.4%	78.9%	78.9%	79.3%	94.8%	87.2%	78.2%	81.7%
Walk-in/Urgent care center	23.8%	11.8%	6.9%	11.0%	9.0%	0.0%	7.1%	12.8%	8.6%
Other type of health clinic	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.3%	0.0%	0.3%
Phone application	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Social media/Internet	0.3%	2.4%	1.3%	1.1%	1.4%	0.0%	0.0%	0.0%	0.7%
Other (please explain)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Refused/No response	0.0%	0.0%	0.0%	0.0%	1.2%	0.0%	0.0%	2.1%	0.3%
Total Number of Responses	15	18	36	51	38	38	80	25	301

19. What do you believe has the greatest impact on why you might put off going to the doctor for issues related to your physical health? (DO NOT read the options. Mark only the ones they say. They can list as many as applicable.)

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
Belief that going to the doctor doesn't help	3.7%	4.3%	3.5%	3.0%	4.5%	3.8%	5.9%	1.0%	4.1%
Cannot get an appointment	1.8%	1.0%	5.2%	2.4%	0.0%	2.5%	0.5%	3.0%	1.9%
Cultural/religious beliefs	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Do not have child care	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Do not have time in your schedule	23.0%	17.8%	35.6%	29.8%	23.9%	21.9%	32.3%	17.1%	27.3%
Do not know where to go	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Do not understand importance of health	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Do not want to find out that you are sick	0.3%	3.0%	5.7%	2.5%	0.0%	0.0%	1.6%	1.9%	1.9%
Educational barriers	0.0%	0.0%	0.0%	0.0%	1.1%	0.0%	0.0%	2.0%	0.3%
Inability to pay for services or copays	13.2%	10.7%	15.2%	15.8%	8.7%	7.4%	11.5%	12.6%	11.9%
Insurance will not cover what you needed	3.7%	6.5%	3.6%	2.2%	4.8%	2.5%	2.6%	5.2%	3.4%
Insurance was not accepted by your health care provider	0.3%	2.2%	0.0%	0.0%	2.4%	0.0%	1.2%	2.0%	0.9%
Lack of adequate transportation	0.3%	0.0%	0.0%	1.8%	1.1%	0.0%	0.0%	2.0%	0.6%
Lack of health insurance	0.3%	2.2%	1.2%	0.0%	1.3%	0.0%	0.3%	4.7%	0.9%
Long wait times	2.1%	3.2%	0.6%	2.4%	2.6%	3.3%	2.3%	0.5%	2.2%

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
Mistrust of medical professionals	0.3%	2.2%	1.2%	1.9%	1.3%	0.0%	1.4%	1.2%	1.3%
Shortage of healthcare professionals	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Stigma associated with going to the doctor	1.8%	1.0%	1.8%	3.5%	0.0%	0.0%	2.3%	0.0%	1.6%
Unable to find a provider that speaks your language	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Other (please explain)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
None/I do not put off going to the doctor for issues related to my physical health	40.9%	42.6%	22.9%	30.5%	44.1%	53.1%	33.0%	41.4%	37.0%
I do not need to go to the doctor for issues related to my physical health	8.3%	3.2%	1.8%	3.6%	4.3%	3.0%	4.8%	5.4%	4.1%
Refused/No response	0.0%	0.0%	1.5%	0.5%	0.0%	2.5%	0.2%	0.0%	0.6%
Total Number of Responses	15	20	39	52	41	40	85	27	319

20. When seeking medical attention, do you typically access services in a location: (Read all of the options and mark the one they choose.)

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
Closer to your home	60.0%	50.4%	44.4%	57.4%	55.2%	59.8%	61.4%	51.7%	56.1%
Closer to your workplace	5.1%	13.5%	9.8%	9.6%	7.1%	3.2%	1.5%	5.2%	6.0%
Between your home and workplace	14.0%	4.4%	14.5%	12.4%	4.0%	5.7%	15.1%	7.4%	10.6%

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
I do not base my decision on proximity to work or home	21.0%	31.7%	31.4%	20.7%	33.7%	31.3%	22.1%	35.6%	27.2%
Other (please explain)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Refused/No response	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Total Number of Responses	15	18	36	51	38	38	80	25	301

21. How often do you have problems learning about your medical condition because of difficulty understanding written information?

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
Always	1.9%	3.5%	0.7%	0.6%	1.4%	0.0%	1.3%	0.0%	1.0%
Frequently	2.5%	5.9%	2.0%	3.5%	2.7%	0.0%	2.5%	0.0%	2.3%
Occasionally	2.1%	3.2%	5.1%	12.8%	8.4%	2.6%	6.6%	8.9%	7.0%
Never	93.4%	87.4%	92.2%	83.0%	87.5%	97.4%	88.3%	91.1%	89.4%
Refused/No response	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.3%	0.0%	0.3%
Total Number of Responses	15	18	36	51	38	38	80	25	301

22. Where do you engage in exercise or physical activity? (DO NOT read the options. Mark only the ones they say. They can list as many as applicable. Check all that apply and then skip to Question 24 unless the response is “I do not exercise.” Continue to Question 23 if respondent does NOT exercise.)

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
I do not exercise	9.1%	10.6%	3.6%	2.4%	6.8%	5.9%	3.2%	6.0%	4.8%
Public recreation center, parks, or trails	4.7%	11.5%	21.6%	17.2%	17.3%	15.5%	16.9%	14.1%	16.3%
Home	31.4%	29.3%	17.4%	21.5%	28.2%	30.5%	23.0%	31.4%	25.2%
Neighborhood	17.4%	13.8%	21.8%	22.9%	17.2%	19.0%	26.3%	15.8%	21.1%
Private gym/pool	27.5%	25.2%	23.7%	32.5%	21.3%	24.2%	24.7%	24.0%	25.4%

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
Work	9.7%	7.8%	10.5%	3.1%	6.0%	0.6%	4.1%	6.6%	5.1%
Faith community	0.0%	0.0%	0.0%	0.0%	0.9%	1.8%	0.0%	1.7%	0.5%
Malls	0.0%	0.0%	0.0%	0.0%	0.0%	1.8%	0.0%	0.0%	0.3%
School setting	0.0%	0.0%	0.0%	0.0%	1.1%	0.8%	1.7%	0.4%	0.8%
Other (please explain)	0.3%	1.8%	0.0%	0.0%	1.1%	0.0%	0.0%	0.0%	0.3%
Refused/No response	0.0%	0.0%	1.3%	0.4%	0.0%	0.0%	0.1%	0.0%	0.3%
Total Number of Responses	17	24	45	64	49	55	109	31	393

23. If you don't exercise, why not? You can give as many reasons as you need. (DO NOT read the options. Mark only the ones they say. They can list as many as applicable.)

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
I do not like to exercise	85.8%	36.1%	15.4%	20.2%	47.6%	37.8%	0.0%	0.1%	30.0%
I would need child care and I do not have it.	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
It costs too much to exercise (equipment, shoes, gym)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
I'm physically unable	2.8%	14.7%	36.7%	17.9%	13.6%	62.2%	3.9%	0.1%	20.0%
I'm too tired to exercise	5.6%	29.3%	0.0%	0.0%	27.1%	0.0%	0.0%	0.1%	10.0%
I do not have access to a facility that has the things I need, like a pool, track, etc.	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
There is no safe place to exercise	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
I do not have enough time to exercise	2.9%	0.0%	28.4%	61.9%	11.7%	0.0%	67.0%	97.2%	30.0%
I do not need to exercise	2.8%	19.9%	19.6%	0.0%	0.0%	0.0%	29.2%	2.6%	10.0%
Other (please explain)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Refused/No response	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Total Number of Responses	2	3	2	2	4	3	3	2	20

I am now going to ask you a few questions related to your mental health.

24. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? (DO NOT read the options. Let them answer and repeat the category checked in the list.)

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
None	89.0%	70.0%	76.0%	75.9%	69.9%	86.6%	79.7%	79.4%	78.1%
1-2 days	4.5%	7.9%	10.0%	8.8%	6.2%	3.7%	7.6%	3.9%	7.0%
3-7 days	3.4%	10.7%	4.9%	9.9%	10.1%	4.0%	6.8%	7.7%	7.3%
8-29 days	2.5%	5.9%	4.4%	4.4%	8.3%	2.0%	2.9%	6.1%	4.3%
30 days	0.6%	5.6%	3.4%	0.0%	3.4%	3.2%	3.0%	2.9%	2.7%
Unsure/Do not know	0.0%	0.0%	1.3%	1.1%	0.0%	0.0%	0.0%	0.0%	0.3%
Refused/No response	0.0%	0.0%	0.0%	0.0%	2.1%	0.6%	0.0%	0.0%	0.3%
Total Number of Responses	15	18	36	51	38	38	80	25	301

25. How often do you get the social and emotional support you need?

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
Always	58.4%	46.4%	58.1%	63.3%	53.1%	53.7%	61.4%	52.1%	57.5%
Usually	11.6%	19.1%	26.7%	27.6%	19.5%	19.6%	24.6%	26.3%	23.3%
Sometimes	6.1%	10.5%	8.8%	5.3%	11.9%	7.4%	3.5%	4.5%	6.6%

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
Rarely	0.6%	4.8%	2.4%	0.0%	2.7%	0.0%	5.0%	0.6%	2.3%
Never	16.2%	16.0%	3.0%	3.7%	6.6%	7.8%	4.1%	11.6%	6.6%
Unsure/Do not know	7.2%	3.2%	0.9%	0.0%	2.8%	5.7%	0.1%	2.8%	2.0%
Refused/No response	0.0%	0.0%	0.0%	0.0%	3.2%	5.8%	1.3%	2.1%	1.7%
Total Number of Responses	15	18	36	51	38	38	80	25	301

26. How strongly do you agree with this statement? “I lead a purposeful and meaningful life.”

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
Strongly Disagree	6.9%	0.0%	4.6%	1.1%	0.0%	0.0%	3.1%	1.3%	2.0%
Disagree	0.0%	0.0%	0.0%	0.0%	0.0%	5.2%	0.0%	0.0%	0.7%
Slightly Disagree	1.2%	8.0%	3.4%	2.9%	2.7%	0.0%	1.6%	5.3%	2.7%
Mixed	1.6%	1.1%	0.7%	0.6%	8.5%	1.7%	2.6%	8.3%	3.0%
Slightly Agree	3.6%	5.5%	6.1%	1.2%	0.2%	4.9%	2.1%	4.2%	3.0%
Agree	79.9%	85.4%	82.6%	93.1%	88.5%	88.2%	90.4%	79.6%	87.7%
Unsure/Do not know	6.9%	0.0%	2.6%	1.1%	0.0%	0.0%	0.3%	1.3%	1.0%
Refused/No response	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Total Number of Responses	15	18	36	51	38	38	80	25	301

27. From the list provided, where do you feel you most often seek care for issues related to your mental health?

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
Do not seek care	78.6%	58.9%	57.1%	68.6%	62.5%	60.2%	58.4%	55.2%	61.5%

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
Alternative medicine provider (acupuncture, chiropractic treatments, natural products, medicinal herbs)	0.0%	0.0%	0.0%	0.0%	0.0%	2.6%	0.0%	0.0%	0.3%
Emergency department	0.3%	3.2%	3.8%	0.5%	0.0%	0.0%	0.4%	1.5%	1.0%
Health department	0.0%	0.0%	1.3%	3.0%	0.0%	0.0%	0.0%	0.0%	0.7%
Primary care provider (doctor, nurse, etc.)	12.5%	20.6%	17.6%	11.3%	23.9%	19.4%	20.0%	23.1%	18.6%
Mental health provider (therapist, psychologist, psychiatrist)	3.1%	8.3%	10.2%	10.4%	8.7%	9.5%	13.5%	17.3%	11.0%
Walk-in/ Urgent care center	0.3%	2.4%	0.0%	0.0%	3.4%	0.6%	0.0%	0.0%	0.7%
Other type of health clinic	0.0%	0.0%	1.6%	0.5%	0.0%	0.0%	0.2%	0.0%	0.3%
Phone application	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Social media/ Internet	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.3%	0.0%	0.3%
Other (please explain)	5.2%	6.6%	6.7%	3.1%	0.0%	2.9%	6.0%	0.8%	4.0%
Refused/No response	0.0%	0.0%	1.6%	2.5%	1.4%	4.9%	0.2%	2.1%	1.7%
Total Number of Responses	15	18	36	51	38	38	80	25	301

28. What do you believe has the greatest impact on why you might put off going to the doctor for issues related to your mental health? (DO NOT read the options. Mark only the ones they say. They can list as many as applicable.)

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
Belief that going to the doctor doesn't help	0.3%	2.4%	8.2%	3.2%	4.5%	0.6%	2.8%	2.7%	3.3%
Cannot get an appointment	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Cultural/religious beliefs	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.2%	0.0%	0.3%
Do not have child care	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Do not have time in your schedule	0.9%	0.0%	12.2%	13.2%	4.3%	6.2%	10.4%	5.1%	8.2%
Do not know where to go	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Do not understand importance of health	0.3%	2.4%	0.0%	0.0%	1.3%	0.0%	0.0%	0.0%	0.3%
Do not want to find out that you are sick	0.3%	0.0%	4.0%	2.4%	1.4%	0.9%	2.6%	1.1%	2.0%
Educational barriers	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Inability to pay for services or copays	6.7%	4.4%	8.0%	4.8%	3.2%	0.6%	2.9%	4.0%	3.9%
Insurance will not cover what you needed	0.0%	0.0%	2.5%	1.0%	0.0%	2.6%	0.3%	1.3%	1.0%
Insurance was not accepted by your health care provider	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
Lack of adequate transportation	0.3%	0.0%	0.0%	1.9%	0.0%	0.0%	0.0%	0.0%	0.3%
Lack of health insurance	0.0%	0.0%	0.0%	0.0%	0.0%	2.6%	0.0%	0.0%	0.3%
Long wait times	1.6%	1.1%	0.7%	0.6%	0.0%	0.0%	0.0%	0.0%	0.3%
Mistrust of medical professionals	0.0%	0.0%	1.3%	0.0%	0.0%	0.0%	1.5%	1.3%	0.7%
Shortage of healthcare professionals	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Stigma associated with going to the doctor	0.0%	0.0%	0.0%	0.0%	0.0%	2.6%	0.1%	3.7%	0.7%
Unable to find a provider that speaks your language	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Other (please explain)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
None/I do not put off going to the doctor for issues related to my mental health	35.5%	34.8%	26.4%	22.7%	26.5%	29.4%	23.7%	29.2%	26.6%
I do not need to go to the doctor for issues related to my mental health	51.9%	48.3%	31.7%	48.6%	55.0%	48.7%	52.7%	44.9%	48.4%
Refused/No response	2.2%	6.7%	4.8%	1.7%	3.9%	6.0%	1.7%	6.5%	3.6%
Total Number of Responses	15	19	36	51	39	39	81	25	304

I am now going to ask you a few additional health-related questions.

29. If a friend or family member needed counseling for a mental health or a drug/alcohol abuse problem, who is the first person or organization you would tell them to call or talk to? (DO NOT read the options. If they can't think of anywhere...Here are some possibilities. Read responses. Select one.)

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
Doctor	35.0%	25.0%	33.5%	33.9%	33.5%	30.7%	38.5%	42.8%	34.9%
Family member	3.6%	4.6%	4.3%	8.7%	5.8%	0.6%	1.5%	4.3%	4.0%
Support group	3.1%	19.4%	6.9%	4.2%	6.8%	7.5%	6.5%	2.9%	6.6%
Private counselor or therapist	6.4%	12.2%	19.3%	15.4%	8.3%	14.7%	13.7%	13.5%	13.6%
Hotline	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.3%	4.0%	0.7%
Minister/religious official/church	14.3%	4.4%	6.1%	13.1%	8.7%	20.4%	7.9%	7.4%	10.3%
Crisis and Assessment/CAS (UNC WakeBrook)	0.6%	2.4%	1.3%	1.9%	1.4%	0.0%	1.5%	1.3%	1.3%
Alliance Behavioral Healthcare	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.3%	0.0%	0.3%
National Alliance on Mental Illness (NAMI) Wake County	0.3%	2.4%	1.3%	1.1%	1.4%	0.0%	0.0%	0.0%	0.7%
Other (please explain)	0.6%	5.6%	4.2%	1.1%	2.5%	0.0%	1.7%	6.0%	2.3%
Unsure/do not know	36.1%	24.0%	23.2%	20.8%	31.6%	26.1%	26.2%	17.9%	25.2%
Refused/No response	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Total Number of Responses	15	18	36	51	38	38	80	25	301

30. Some people provide help to a family member or friend who has a long-term illness or disability. This may include help with things they can no longer do themselves. During the past 12 months, did you provide any such help to a family member or friend, and if so, what was your relationship to that person? (DO NOT read the options. Select one.)

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
Elderly or parent/grandparent with disabilities	2.2%	1.1%	15.4%	15.6%	14.8%	17.5%	11.5%	21.7%	13.6%
Child with disabilities	0.0%	0.0%	1.3%	1.1%	1.4%	6.1%	2.5%	0.5%	2.0%
Grandchild	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Foster child(ren)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Spouse/partner with disabilities	0.3%	5.5%	0.0%	1.9%	7.6%	5.1%	5.0%	0.5%	3.7%
Friend with chronic illness	6.0%	14.3%	7.7%	14.5%	9.3%	7.2%	5.5%	14.7%	9.3%
None	86.3%	75.7%	72.3%	62.2%	66.7%	61.8%	72.9%	62.6%	68.8%
Other (please explain)	3.6%	2.2%	2.7%	4.1%	0.2%	2.3%	2.6%	0.0%	2.3%
Refused/No response	1.6%	1.1%	0.7%	0.6%	0.0%	0.0%	0.0%	0.0%	0.3%
Total Number of Responses	15	18	36	51	38	38	80	25	301

31. If public emergency medical services provided public health education opportunities, would you participate?

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
Yes	52.3%	63.4%	54.4%	54.8%	52.1%	65.2%	54.1%	57.2%	56.1%
No	27.0%	16.1%	30.7%	35.3%	27.8%	21.0%	21.1%	26.5%	25.9%
Unsure	20.8%	20.5%	15.0%	9.9%	20.1%	13.8%	24.8%	16.3%	17.9%
Refused/No response	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Total Number of Responses	15	18	36	51	38	38	80	25	301

32. On a scale of 1 to 5 (with 1 being strongly disagree and 5 being strongly agree), please rate each of the following statements for the community in which you reside:

A. Residents can access a doctor, including nurse practitioners and physician assistants (Family/General Practitioner, Ob/Gyn, Pediatrician) when needed.

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
1- strongly disagree	0.9%	2.4%	4.2%	5.3%	4.6%	0.6%	0.5%	7.5%	3.0%
2	1.6%	1.1%	0.7%	0.6%	1.2%	2.6%	3.9%	5.8%	2.3%
3	5.7%	17.4%	14.2%	11.8%	14.7%	20.2%	4.5%	7.6%	11.3%
4	9.5%	20.5%	23.8%	29.7%	27.1%	21.5%	18.3%	27.9%	22.9%
5- strongly agree	62.9%	58.6%	55.9%	50.2%	44.2%	49.7%	71.3%	46.7%	56.5%
Unsure/ Refused	19.3%	0.0%	1.3%	2.3%	8.1%	5.4%	1.5%	4.5%	4.0%
Total Number of Responses	15	18	36	51	38	38	80	25	301

B. Residents are able to access a medical specialist (Cardiologist, Dermatologist, etc.) when needed.

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
1- strongly disagree	2.5%	3.5%	6.2%	7.0%	1.4%	7.8%	0.5%	9.1%	4.3%
2	0.9%	2.4%	1.3%	5.7%	3.7%	5.2%	2.9%	9.3%	4.0%
3	10.6%	19.2%	17.2%	16.8%	17.5%	18.4%	11.8%	20.3%	15.9%
4	15.1%	27.6%	27.3%	28.3%	25.5%	18.7%	26.5%	13.9%	24.3%
5- strongly agree	56.8%	41.8%	45.5%	40.2%	41.4%	41.8%	55.2%	37.4%	45.8%
Unsure/ Refused	14.1%	5.5%	2.6%	1.9%	10.5%	8.0%	3.1%	10.0%	5.6%
Total Number of Responses	15	18	36	51	38	38	80	25	301

C. In my area, there are enough providers accepting Medicaid.

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
1- strongly disagree	2.8%	6.7%	10.9%	5.9%	1.4%	5.2%	5.3%	10.6%	6.0%
2	1.5%	8.0%	3.3%	5.9%	8.8%	6.3%	2.5%	9.2%	5.3%
3	12.0%	13.7%	14.5%	12.7%	13.5%	9.8%	10.1%	16.5%	12.3%
4	8.0%	12.5%	8.2%	9.2%	9.4%	7.2%	9.5%	7.9%	9.0%
5- strongly agree	33.2%	15.0%	7.2%	11.8%	14.2%	10.6%	12.7%	8.7%	12.6%
Unsure/ Refused	42.5%	44.0%	55.8%	54.3%	52.7%	60.9%	59.9%	47.1%	54.8%
Total Number of Responses	15	18	36	51	38	38	80	25	301

D. In my area, there are enough providers accepting Medicare.

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
1- strongly disagree	1.6%	1.1%	6.2%	2.2%	2.6%	6.1%	3.2%	5.3%	3.7%
2	1.8%	8.9%	1.8%	7.6%	7.2%	1.4%	0.1%	8.9%	4.0%
3	12.0%	13.7%	14.5%	11.7%	14.8%	22.4%	11.7%	15.9%	14.3%
4	9.7%	11.2%	12.6%	12.8%	10.7%	11.8%	3.3%	24.9%	10.6%
5- strongly agree	33.4%	24.2%	12.9%	14.8%	27.1%	24.9%	23.2%	16.5%	21.3%
Unsure/ Refused	41.5%	40.9%	52.0%	51.0%	37.5%	33.4%	58.4%	28.5%	46.2%
Total Number of Responses	15	18	36	51	38	38	80	25	301

E. In my area, there are enough bilingual providers.

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
1- strongly disagree	3.3%	2.2%	5.6%	2.8%	2.9%	6.9%	6.9%	9.8%	5.3%
2	5.8%	13.1%	11.0%	7.1%	1.4%	2.5%	5.3%	5.9%	6.0%
3	9.3%	12.7%	16.1%	14.0%	12.3%	18.5%	9.5%	20.0%	13.6%
4	5.3%	20.6%	11.4%	4.4%	9.1%	5.4%	4.2%	1.0%	6.6%
5- strongly agree	28.3%	9.5%	5.1%	10.9%	15.1%	16.6%	18.3%	20.0%	15.0%
Unsure/ Refused	47.9%	41.8%	50.8%	60.8%	59.2%	50.0%	55.9%	43.4%	53.5%
Total Number of Responses	15	18	36	51	38	38	80	25	301

F. In my area, there are enough mental health providers.

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
1- strongly disagree	7.3%	12.9%	12.9%	14.5%	14.6%	12.9%	6.2%	16.4%	11.6%
2	2.2%	3.5%	10.2%	4.6%	9.0%	6.3%	7.2%	9.6%	7.0%
3	9.2%	22.9%	18.3%	19.0%	20.3%	20.7%	8.2%	16.1%	15.9%
4	9.3%	10.3%	11.7%	13.1%	6.3%	5.5%	12.9%	12.3%	10.6%
5- strongly agree	31.0%	15.0%	15.9%	15.1%	17.4%	7.1%	28.2%	22.0%	19.3%
Unsure/ Refused	40.9%	35.4%	31.0%	33.8%	32.5%	47.4%	37.3%	23.6%	35.5%
Total Number of Responses	15	18	36	51	38	38	80	25	301

G. In my area, there are enough substance abuse treatment providers.

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
1- strongly disagree	6.7%	13.6%	6.3%	12.9%	9.3%	12.0%	3.1%	4.5%	8.0%
2	4.2%	7.0%	8.0%	4.7%	12.7%	7.7%	1.8%	14.4%	6.6%
3	9.7%	11.2%	20.5%	21.7%	12.8%	17.9%	14.2%	16.2%	16.3%
4	3.7%	15.4%	11.9%	8.2%	11.7%	0.0%	5.9%	8.3%	7.6%
5- strongly agree	27.3%	16.1%	7.9%	10.6%	8.0%	6.6%	12.7%	12.4%	11.3%
Unsure/ Refused	48.4%	36.7%	45.4%	42.0%	45.5%	55.8%	62.4%	44.2%	50.2%
Total Number of Responses	15	18	36	51	38	38	80	25	301

Tell us about yourself

We are almost finished! We just need to know a little more about who you are. Just to remind you, all the information you give us will be completely confidential.

33. What is your gender? (Let them answer and repeat the category checked in the list.)

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
Male	34.5%	38.7%	56.1%	45.9%	41.3%	41.1%	43.7%	44.0%	44.2%
Female	65.5%	61.3%	43.9%	54.1%	58.7%	58.9%	56.3%	56.0%	55.8%
Trans-gender/ Other	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Refused/ No response	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Total Number of Responses	15	18	36	51	38	38	80	25	301

34. What is your age? (Let them answer and repeat the category checked in the list.)

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
18-24 years	2.8%	10.7%	3.3%	1.7%	10.1%	1.4%	2.9%	11.7%	4.7%
25-44 years	42.8%	18.2%	35.0%	50.8%	13.4%	17.6%	46.7%	15.7%	33.6%
45-64 years	38.4%	51.8%	57.6%	40.6%	28.1%	38.5%	38.9%	40.3%	40.9%
65-74 years	10.3%	19.4%	2.9%	3.5%	24.7%	27.0%	6.4%	20.8%	12.6%
75 years and over	5.6%	0.0%	0.0%	2.3%	21.7%	14.9%	3.9%	11.5%	7.3%
Refused/ No response	0.0%	0.0%	1.3%	1.1%	2.1%	0.6%	1.3%	0.0%	1.0%
Total Number of Responses	15	18	36	51	38	38	80	25	301

35. What is your ZIP code of residence?

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
27511	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	15.1%	0.0%	4.0%
27513	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	22.6%	0.0%	6.0%
27519	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	18.8%	0.0%	5.0%
27523	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.3%	0.0%	0.3%
27526	0.0%	0.0%	0.0%	0.0%	0.0%	39.0%	0.0%	0.0%	5.0%
27540	0.0%	0.0%	0.0%	0.0%	0.0%	28.6%	0.0%	0.0%	3.7%
27545	41.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2.0%
27560	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	6.3%	0.0%	1.7%
27571	0.0%	0.0%	0.0%	2.0%	0.0%	0.0%	0.0%	0.0%	0.3%
27592	0.0%	0.0%	0.0%	0.0%	0.0%	2.6%	0.0%	0.0%	0.3%
27605	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	4.0%	0.3%
27608	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	4.0%	0.3%
27611	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	4.0%	0.3%
27614	0.0%	0.0%	0.0%	25.4%	0.0%	0.0%	0.0%	0.0%	4.3%

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
27620	0.0%	5.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.3%
27703	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.3%	0.0%	0.3%
27502	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	20.0%	0.0%	5.3%
27518	0.0%	0.0%	0.0%	0.0%	0.0%	1.6%	6.8%	0.0%	2.0%
27529	0.0%	0.0%	0.0%	0.0%	28.8%	7.8%	0.0%	0.0%	4.7%
27539	0.0%	0.0%	0.0%	0.0%	0.9%	9.1%	0.2%	0.0%	1.3%
27587	5.2%	0.0%	0.0%	31.8%	0.0%	0.0%	0.0%	0.0%	5.6%
27597	15.9%	0.0%	0.0%	1.4%	0.0%	0.0%	0.0%	0.0%	1.0%
27603	0.0%	0.0%	0.0%	0.0%	18.5%	11.2%	0.0%	6.5%	4.3%
27604	2.7%	29.2%	7.9%	0.0%	0.0%	0.0%	0.0%	1.7%	3.0%
27606	0.0%	0.0%	0.0%	0.0%	25.9%	0.0%	0.5%	46.8%	7.3%
27607	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.3%	14.9%	1.3%
27609	0.0%	0.0%	14.4%	0.0%	0.0%	0.0%	0.0%	3.4%	2.0%
27610	5.7%	45.3%	0.0%	0.0%	25.9%	0.0%	0.0%	0.1%	6.3%
27612	0.0%	0.0%	14.0%	0.0%	0.0%	0.0%	2.9%	14.7%	3.7%
27613	0.0%	0.0%	28.0%	9.2%	0.0%	0.0%	2.8%	0.0%	5.6%
27615	0.0%	0.0%	23.1%	19.0%	0.0%	0.0%	0.0%	0.0%	6.0%
27616	29.3%	20.0%	12.4%	11.0%	0.0%	0.0%	0.0%	0.0%	6.0%
27617	0.0%	0.0%	0.0%	0.2%	0.0%	0.0%	1.1%	0.0%	0.3%
Total Number of Responses	15	18	36	51	38	38	80	25	301

36. What is the highest level of education you have completed? (Let them answer and repeat the category checked in the list.)

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
Did not complete high school	6.8%	8.0%	3.3%	4.2%	2.7%	2.6%	0.0%	0.8%	2.7%
High School Diploma or GED	11.5%	30.6%	7.2%	8.5%	20.4%	17.0%	10.5%	16.5%	13.6%

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
Some College	31.3%	14.2%	20.5%	12.7%	22.1%	26.7%	13.1%	23.6%	18.6%
Associate's Degree	12.7%	11.6%	4.4%	9.3%	12.4%	19.0%	11.4%	6.3%	11.0%
Bachelor's Degree	31.6%	32.3%	36.7%	39.2%	27.5%	19.7%	41.7%	24.4%	33.6%
Master's Degree	5.8%	3.3%	22.6%	23.7%	12.9%	9.3%	19.1%	26.6%	17.3%
Doctorate	0.3%	0.0%	5.3%	2.4%	2.1%	3.2%	4.2%	1.9%	3.0%
Other (please explain)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Refused/ No response	0.0%	0.0%	0.0%	0.0%	0.0%	2.6%	0.0%	0.0%	0.3%
Total Number of Responses	15	18	36	51	38	38	80	25	301

37. What is your ethnicity? (Let them answer and repeat the category checked in the list.)

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
Hispanic/Latino	9.1%	4.4%	4.1%	3.5%	3.2%	0.6%	1.6%	7.4%	3.3%
Non-Hispanic/Latino	87.6%	93.4%	93.2%	95.2%	95.3%	98.6%	98.1%	90.8%	95.3%
Other (please explain)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Refused/ No response	3.3%	2.2%	2.7%	1.2%	1.4%	0.9%	0.3%	1.8%	1.3%
Total Number of Responses	15	18	36	51	38	38	80	25	301

38. What is your race? (Let them answer and repeat the category checked in the list.)

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
White/Caucasian	42.1%	33.8%	72.0%	78.2%	63.5%	83.7%	79.8%	72.2%	71.8%
Black or African American	52.4%	62.9%	21.7%	14.7%	31.0%	10.3%	7.2%	16.4%	19.9%
American Indian or Alaskan Native	0.3%	0.0%	0.0%	1.9%	3.2%	3.4%	2.4%	2.1%	2.0%
Asian	0.3%	0.0%	2.9%	2.4%	0.0%	0.0%	10.6%	5.1%	4.0%
Native Hawaiian or Other Pacific Islander	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Multiracial	1.6%	1.1%	0.7%	0.6%	1.2%	0.0%	0.0%	2.1%	0.7%
Other	0.0%	0.0%	0.0%	0.0%	0.0%	2.6%	0.0%	0.0%	0.3%
Refused/No response	3.3%	2.2%	2.7%	2.3%	1.2%	0.0%	0.0%	2.1%	1.3%
Total Number of Responses	15	18	36	51	38	38	80	25	301

39. Do you have any children age 18 or under? (If yes, go to Question 40. If no, skip to Question 41.) (Let them answer and repeat the category checked in the list.)

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
Yes	46.0%	26.5%	49.0%	62.8%	20.4%	23.9%	58.9%	15.7%	42.9%
No	54.0%	73.5%	51.0%	37.2%	79.6%	76.1%	41.1%	84.3%	57.1%
Refused/No response	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Total Number of Responses	15	18	36	51	38	38	80	25	301

40. Do you think any of your children or you children’s friends are engaging in any of the following risky behaviors? For each, tell me “Yes”, “No”, or “Not sure”. (Read the options. Mark only the ones they say “Yes” to. Select as many as applicable.)

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
Alcohol use	1.9%	8.5%	6.0%	7.5%	6.7%	0.8%	7.0%	14.3%	6.6%
Tobacco use	9.3%	8.5%	4.4%	7.1%	11.7%	2.4%	5.5%	14.3%	6.6%
Drug use, including prescriptions	1.3%	4.2%	8.3%	7.5%	3.3%	0.0%	1.8%	2.2%	4.5%
Guns	0.0%	0.0%	1.2%	0.8%	0.0%	0.8%	2.5%	0.0%	1.2%
Sexual activity	9.3%	8.5%	9.5%	8.2%	6.7%	8.4%	5.6%	2.2%	7.4%
Poor or unsafe driving behaviors (speeding, texting, not wearing seatbelt)	1.6%	4.2%	6.0%	7.5%	3.3%	16.0%	5.7%	14.3%	6.6%
Truancy (skipping school)	9.0%	4.2%	5.1%	6.7%	3.3%	0.0%	0.2%	2.2%	3.7%
Gangs	0.3%	4.2%	0.0%	0.0%	3.3%	0.0%	0.0%	0.0%	0.4%
Criminal activities	0.6%	4.2%	1.2%	2.1%	3.3%	0.0%	1.3%	0.0%	1.6%
Exposure to negative/risky Internet content	8.9%	8.5%	13.4%	10.1%	6.7%	8.5%	10.9%	4.4%	10.3%
Eating disorders	10.4%	6.2%	6.1%	5.4%	3.3%	0.0%	6.8%	2.2%	5.8%
Bullying	13.5%	10.2%	9.9%	9.3%	6.2%	7.6%	8.2%	10.4%	9.1%
Other (please explain)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
I do not think my child is engaging in any risky behaviors.	33.9%	28.4%	28.8%	27.9%	37.1%	53.9%	44.6%	33.5%	35.8%
Refused/ no response	0.0%	0.0%	0.0%	0.0%	5.0%	1.6%	0.0%	0.0%	0.4%
Total Number of Responses	15	18	36	51	38	38	80	25	301

41. Does anyone in your household have a disability or special need that would make it more difficult to deal with an emergency like a hurricane, power outage, etc.? (Let them answer and repeat the category checked in the list.)

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
Yes	4.8%	11.8%	3.0%	3.6%	15.8%	12.3%	10.4%	8.5%	9.0%
No	95.2%	88.2%	97.0%	96.4%	84.2%	87.7%	89.6%	91.5%	91.0%
Unsure/ Do not know	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Refused/ No response	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Total Number of Responses	15	18	36	51	38	38	80	25	301

42. Do you currently have health insurance? (Let them answer and repeat the category checked in the list.)

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
Yes	79.8%	89.6%	90.0%	98.0%	95.9%	97.4%	97.8%	95.2%	95.0%
No	20.2%	10.4%	10.0%	2.0%	4.1%	2.6%	1.0%	4.8%	4.7%
Unsure/ Do not know	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
Refused/ No response	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.3%	0.0%	0.3%
Total Number of Responses	15	18	36	51	38	38	80	25	301

43. How long have you had health insurance?

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
5 years or longer	77.0%	76.9%	81.5%	88.1%	89.3%	89.7%	88.7%	85.3%	86.4%
2 to 5 years	5.5%	5.7%	5.7%	5.7%	2.5%	5.5%	7.7%	4.0%	5.6%
1 to 2 years	2.2%	5.9%	2.0%	1.7%	2.9%	2.3%	1.4%	3.7%	2.3%
Less than 1 year	1.6%	1.1%	2.0%	1.7%	1.2%	0.0%	0.0%	2.1%	1.0%
I do not have health insurance.	13.4%	8.0%	7.5%	2.9%	2.7%	2.6%	1.9%	3.4%	4.0%
Unsure/ Do not know	0.3%	2.4%	0.0%	0.0%	1.4%	0.0%	0.0%	0.0%	0.3%
Refused/ No response	0.0%	0.0%	1.3%	0.0%	0.0%	0.0%	0.3%	1.3%	0.3%
Total Number of Responses	15	18	36	51	38	38	80	25	301

44. What type of health insurance do you have?

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
Tricare/ VA	1.9%	4.4%	1.6%	2.6%	0.0%	5.2%	0.0%	0.2%	1.7%
Medicaid	2.1%	14.3%	1.3%	1.9%	8.2%	2.6%	2.8%	5.4%	4.0%
Medicare	20.2%	21.2%	7.1%	6.9%	35.6%	33.0%	5.4%	26.3%	16.6%

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
Private/commercial insurance	62.1%	47.4%	78.7%	85.6%	49.4%	53.1%	90.9%	62.9%	72.1%
I do not have health insurance.	13.4%	10.4%	8.8%	1.0%	4.1%	2.6%	1.0%	4.8%	4.0%
Other (please explain)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Unsure/Do not know	0.0%	0.0%	1.3%	1.1%	1.4%	0.9%	0.0%	0.5%	0.7%
Refused/No response	0.3%	2.4%	1.3%	1.1%	1.4%	2.6%	0.0%	0.0%	1.0%
Total Number of Responses	15	18	36	51	38	38	80	25	301

45. What language(s) do you speak at home? (Let them answer and repeat the category checked in the list.)

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
English	100.0%	100.0%	97.4%	98.9%	100.0%	100.0%	93.4%	94.9%	97.3%
Spanish	0.0%	0.0%	2.6%	1.1%	0.0%	0.0%	1.6%	5.1%	1.3%
Other (please explain)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	5.0%	0.0%	1.3%
Refused/No response	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Total Number of Responses	15	18	36	51	38	38	80	25	301

46. What is your employment status? (Let them answer and repeat the category checked in the list. If a drill-down question is needed to determine a category, for example: “Are you employed full-time or part-time”, please ask and check the appropriate category.)

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
Em- ployed full-time	69.9%	57.8%	71.2%	77.5%	37.4%	36.5%	64.4%	46.2%	58.8%
Em- ployed part-time	2.2%	5.9%	9.5%	2.7%	4.8%	6.6%	10.4%	4.6%	6.6%
Retired	22.5%	22.2%	6.6%	6.1%	43.1%	47.1%	8.9%	30.1%	20.6%
Student	0.0%	0.0%	0.0%	0.0%	4.7%	1.4%	2.5%	6.6%	2.0%
Unem- ployed/ short- term (less than 27 weeks)	0.3%	2.4%	2.6%	3.0%	1.4%	0.0%	0.3%	5.1%	1.7%
Unem- ployed long- term (27 weeks or longer)	0.0%	0.0%	1.6%	0.5%	0.0%	0.0%	0.2%	0.0%	0.3%
Person with dis- abilities unable to work	4.1%	9.4%	1.4%	1.2%	4.1%	2.6%	0.0%	4.0%	2.3%
Home- maker	0.9%	2.4%	5.5%	8.4%	1.4%	2.6%	11.7%	1.3%	6.0%
More than one job	0.0%	0.0%	1.6%	0.5%	1.2%	0.0%	0.2%	2.1%	0.7%
Refused/ No re- sponse	0.0%	0.0%	0.0%	0.0%	2.1%	3.2%	1.3%	0.0%	1.0%
Total Number of Re- sponses	15	18	36	51	38	38	80	25	301

47. What is your annual household income?

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
Less than \$25,000	4.6%	21.1%	5.8%	4.9%	14.2%	5.4%	4.6%	11.1%	7.6%

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
\$25,000 to \$49,999	37.1%	35.3%	18.0%	10.7%	22.8%	18.0%	8.5%	15.3%	16.6%
\$50,000 to \$99,999	40.9%	29.2%	17.4%	20.2%	24.0%	25.3%	29.7%	18.4%	24.9%
Over \$100,000	10.6%	8.8%	45.3%	43.4%	20.1%	28.7%	39.9%	31.7%	33.2%
Unsure/ Do not know	0.0%	0.0%	0.0%	2.0%	5.8%	1.4%	0.0%	4.8%	1.7%
Refused/ No response	6.8%	5.6%	13.5%	18.8%	13.0%	21.1%	17.3%	18.8%	15.9%
Total Number of Responses	15	18	36	51	38	38	80	25	301

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 community 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 analyzed by service zone.

The questions and results from the Internet-based community survey are as follows:

Eligibility Requirements

In order to be eligible to complete the Internet-based community survey, participants had to meet the following eligibility requirements:

1. Are you 18 years or older?
2. Are you a Wake County resident?
3. What is your ZIP code of residence?
4. Did you recently complete a telephone survey for the Wake County Community Health Needs Assessment?
5. Would you like to participate in the online survey?

Respondents were required be at least 18 years old, a Wake County resident, provide their ZIP code, confirm that they did not complete the telephone survey, and confirm willingness to participate.

Due to the difference in the timing of the availability of the English and Spanish surveys, respondents to the Spanish survey had to answer an additional eligibility question to confirm that they had not already completed the survey in English.

6. Did you recently complete an online survey in English for the Wake County Community Health Needs Assessment?

901 community members met all of these requirements and were provided the opportunity to complete the survey in its entirety. The number of responses for each question varies as participants were not required to provide a response.

Tell us about your community or neighborhood

The following questions will gauge how you see certain parts of Wake County life while also asking about community problems, issues, and services that are important to you.

7. On a scale of 1 to 5 (with 1 being strongly disagree and 5 being strongly agree), please rate each of the following statements for the community in which you reside:

A. I can access good healthcare in my community.

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
1	4.5%	1.0%	1.5%	2.9%	5.1%	3.0%	3.6%	3.0%	3.1%
2	11.6%	5.9%	2.8%	3.8%	3.6%	5.9%	0.8%	1.7%	4.2%
3	14.8%	10.0%	7.2%	6.9%	10.1%	10.2%	3.7%	9.0%	8.5%
4	39.2%	36.2%	37.8%	33.9%	41.2%	38.3%	27.6%	33.2%	35.4%
5	30.0%	46.9%	50.6%	52.4%	40.0%	42.7%	64.3%	53.1%	48.8%
Total Number of Responses	91	62	116	122	87	108	146	70	802

B. My community is a good place to raise children.

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
1	2.7%	2.6%	1.3%	1.6%	1.8%	1.3%	2.1%	2.2%	1.9%
2	2.7%	5.2%	1.5%	0.6%	6.9%	2.1%	1.6%	3.0%	2.6%
3	14.6%	13.0%	9.0%	6.8%	14.3%	7.8%	2.9%	11.1%	9.1%
4	48.5%	51.0%	41.5%	35.3%	45.9%	39.7%	30.7%	37.5%	40.0%
5	31.5%	28.2%	46.8%	55.7%	31.1%	49.1%	62.6%	46.2%	46.4%

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
Total Number of Responses	91	63	115	122	88	107	147	70	802

C. My community is good place to grow old.

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
1	3.0%	5.1%	1.1%	1.1%	3.8%	3.1%	4.6%	1.5%	2.9%
2	7.3%	8.2%	6.3%	4.7%	6.8%	5.5%	6.6%	6.5%	6.3%
3	16.4%	16.6%	12.3%	14.9%	14.5%	18.8%	7.6%	14.1%	13.9%
4	50.1%	48.8%	49.5%	45.3%	50.5%	41.2%	33.9%	42.4%	44.4%
5	23.2%	21.4%	30.8%	34.0%	24.4%	31.5%	47.2%	35.6%	32.5%
Total Number of Responses	91	63	116	122	89	108	147	70	806

D. I can find enough economic opportunity in my community.

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
1	6.2%	3.7%	3.6%	4.1%	3.7%	3.9%	2.4%	2.4%	3.7%
2	22.2%	18.1%	5.8%	5.0%	11.2%	9.8%	2.4%	3.7%	8.7%
3	27.6%	18.7%	13.6%	16.4%	26.5%	17.3%	12.6%	15.3%	17.8%
4	32.4%	44.1%	48.7%	46.6%	42.5%	44.7%	37.5%	49.0%	43.0%
5	11.7%	15.4%	28.4%	28.0%	16.1%	24.2%	45.1%	29.6%	26.8%
Total Number of Responses	87	60	115	120	87	106	146	70	791

E. I feel safe living in my community.

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
1	2.5%	3.0%	1.1%	1.3%	1.8%	0.9%	2.1%	2.0%	1.7%
2	3.4%	8.7%	3.9%	3.1%	4.3%	3.3%	3.1%	3.2%	3.8%

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
3	14.1%	16.1%	10.7%	6.6%	11.3%	10.8%	2.9%	9.4%	9.4%
4	57.9%	59.3%	51.9%	53.7%	62.9%	52.4%	37.9%	56.0%	52.5%
5	22.1%	12.9%	32.4%	35.2%	19.7%	32.7%	54.1%	29.5%	32.5%
Total Number of Responses	90	63	116	122	89	109	149	71	808

F. The environment in my community is clean and safe.

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
1	1.5%	1.3%	2.0%	1.6%	0.0%	0.9%	2.7%	2.2%	1.6%
2	2.6%	11.1%	1.9%	3.2%	6.8%	2.7%	2.1%	4.1%	3.7%
3	13.5%	17.5%	9.5%	11.0%	16.1%	11.1%	4.1%	6.6%	10.5%
4	64.1%	54.6%	54.7%	49.9%	58.9%	52.8%	37.1%	56.9%	52.1%
5	18.4%	15.6%	31.9%	34.4%	18.2%	32.4%	54.0%	30.1%	32.0%
Total Number of Responses	89	61	116	121	87	108	149	70	802

G. I can find enough recreational and entertainment opportunities in my community.

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
1	8.5%	4.0%	2.3%	1.6%	2.8%	2.7%	2.9%	2.4%	3.3%
2	13.6%	12.0%	5.0%	7.0%	11.5%	16.5%	4.5%	2.8%	8.8%
3	16.0%	15.2%	9.4%	9.4%	10.9%	12.9%	6.4%	6.3%	10.4%
4	42.4%	43.0%	43.5%	40.7%	49.9%	35.8%	33.7%	41.0%	40.6%
5	19.4%	25.8%	39.8%	41.3%	24.9%	32.1%	52.7%	47.4%	37.0%
Total Number of Responses	90	61	116	120	86	108	147	70	799

H. I can easily access healthy, affordable food.

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
1	5.2%	7.2%	4.2%	3.4%	5.4%	2.3%	2.2%	3.7%	3.9%
2	14.9%	17.3%	8.1%	7.4%	11.7%	8.8%	3.4%	6.4%	8.9%
3	6.0%	11.0%	9.8%	13.0%	11.2%	11.5%	9.1%	5.4%	9.8%
4	56.6%	40.5%	40.0%	37.6%	47.8%	41.4%	37.2%	45.4%	42.5%
5	17.3%	24.0%	38.0%	38.7%	23.9%	36.0%	48.1%	39.1%	34.8%
Total Number of Responses	88	63	113	119	88	105	149	70	795

I. I can access good public health education in my community.

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
1	2.7%	2.7%	3.1%	1.3%	4.8%	3.5%	2.3%	3.6%	2.9%
2	20.4%	13.8%	9.4%	5.9%	14.2%	10.8%	7.0%	10.3%	10.8%
3	39.7%	25.9%	25.0%	30.3%	27.6%	26.4%	26.7%	22.3%	28.0%
4	26.9%	37.7%	40.1%	40.4%	41.3%	40.2%	28.1%	39.9%	36.4%
5	10.4%	19.9%	22.5%	22.2%	12.1%	19.2%	35.9%	24.0%	21.9%
Total Number of Responses	88	61	115	121	88	109	146	70	799

8. From the list provided, what is the TOP (1) community health need of your community? If there is a community health need that you consider the most important and it is not on this list, please select "Other" and write it in

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
Behavioral Health (mental, drug, etc.)	46.8%	50.6%	57.4%	48.1%	45.0%	43.8%	50.8%	59.1%	50.0%
Cancer	1.2%	1.4%	0.4%	1.4%	2.9%	1.3%	1.3%	0.0%	1.2%
Cardiovascular Health/ Diabetes/ Hypertension	7.3%	6.7%	2.5%	4.9%	7.5%	4.9%	3.7%	6.8%	5.2%

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
Driving while impaired (alcohol, drugs, distracted driving)	2.3%	6.8%	4.9%	7.8%	6.2%	5.6%	3.4%	8.1%	5.4%
HIV/AIDS	0.0%	0.7%	0.0%	0.0%	0.6%	0.9%	0.7%	0.0%	0.4%
Obesity	10.4%	9.9%	9.9%	8.5%	9.7%	10.5%	8.1%	7.3%	9.3%
Prenatal Care	0.0%	0.0%	0.7%	0.0%	0.6%	1.2%	1.3%	0.4%	0.6%
Primary & Preventive health-care (including dental)	15.5%	15.6%	12.8%	13.4%	14.7%	8.8%	11.9%	9.1%	12.6%
Suicide	1.2%	0.9%	1.2%	1.4%	0.0%	0.9%	0.1%	0.1%	0.7%
Tobacco or e-cigarette use	1.1%	0.0%	2.0%	1.8%	0.0%	2.7%	3.0%	0.0%	1.6%
Other	3.7%	2.0%	2.8%	2.9%	6.8%	8.2%	5.7%	1.4%	4.4%
None	1.6%	3.6%	1.7%	1.4%	1.8%	2.1%	2.2%	0.8%	1.9%
Unsure/ Do not know	8.9%	1.6%	3.6%	8.5%	4.4%	9.1%	7.9%	6.9%	6.7%
Total Number of Responses	90	63	117	122	90	109	148	70	810

9. In your opinion, what is the TOP (1) issue that most affects the quality of life in your community? If there is a community problem that you consider the most important and it is not on this list, please select “Other” and write it in.

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
Access to health-care services	11.0%	3.9%	8.3%	6.0%	7.6%	9.9%	9.5%	6.9%	8.1%

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
Affordable, safe housing/ Homelessness	6.2%	19.2%	20.5%	14.4%	16.1%	17.1%	9.8%	27.1%	15.5%
Crime and abuse	9.3%	14.9%	8.0%	8.6%	10.4%	4.9%	3.6%	5.9%	7.6%
Discrimination/ racism	0.9%	5.9%	3.5%	4.3%	3.8%	2.0%	2.8%	3.3%	3.2%
Educational opportunities/ achievement	11.6%	4.9%	5.6%	5.7%	7.4%	6.7%	6.8%	6.8%	6.9%
Environmental factors (water, air quality, etc.)	0.3%	3.9%	3.0%	3.9%	3.2%	2.4%	3.7%	4.3%	3.1%
Financial status/ Health insurance coverage	20.8%	13.6%	17.8%	20.8%	19.0%	12.5%	20.0%	15.3%	17.9%
Transportation	10.2%	12.0%	9.2%	9.7%	14.7%	18.1%	14.6%	7.0%	12.2%
Unemployment/employment opportunities	12.3%	9.7%	6.1%	9.1%	8.1%	10.8%	3.6%	8.5%	8.1%
Other	5.3%	3.9%	5.2%	8.5%	5.4%	10.1%	8.5%	8.2%	7.2%
None	0.8%	4.4%	5.8%	4.6%	1.0%	1.9%	7.3%	1.7%	3.8%
Unsure/ Do not know	11.2%	3.6%	6.9%	4.5%	3.3%	3.7%	9.7%	5.0%	6.3%
Total Number of Responses	91	64	117	123	91	107	149	70	811

10. In your opinion, which ONE (1) of the following services needs the most improvement in your neighborhood or community? If there is a service that you think needs improvement that is not on this list, please select “Other” and write it in.

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
Childcare services	2.1%	3.5%	3.0%	2.0%	2.7%	3.6%	1.4%	2.3%	2.5%
Disability services	3.6%	1.0%	1.5%	3.0%	2.9%	0.7%	3.4%	1.8%	2.3%
Employment	8.7%	7.8%	3.8%	7.7%	6.1%	6.9%	2.2%	1.6%	5.4%
Education	8.5%	6.3%	3.3%	3.1%	6.3%	4.4%	4.3%	3.9%	4.8%
Environmental factors (water, air quality, etc.)	1.4%	3.2%	2.6%	3.9%	4.3%	2.4%	0.3%	4.3%	2.6%
Health-care access and disease management	5.0%	7.5%	5.7%	4.2%	10.3%	11.4%	4.3%	5.7%	6.6%
Housing	2.9%	8.0%	4.6%	2.9%	5.8%	3.4%	5.3%	9.2%	4.9%
Law enforcement/safety	6.1%	5.6%	3.9%	2.0%	3.7%	1.5%	3.8%	3.4%	3.6%
Leisure and recreational services	12.2%	8.5%	3.4%	5.7%	4.9%	2.4%	4.2%	1.7%	5.2%
Mental health services	30.1%	26.9%	44.0%	37.3%	31.2%	41.8%	36.7%	41.9%	36.8%
Transportation	10.0%	12.0%	11.7%	16.1%	14.1%	12.8%	17.8%	11.5%	13.7%
Other	4.0%	4.2%	4.9%	6.0%	3.8%	4.2%	3.8%	7.2%	4.7%
None	0.3%	2.5%	1.5%	3.1%	2.1%	3.3%	5.3%	0.3%	2.6%
Unsure/Do not know	5.1%	2.9%	6.1%	2.9%	1.6%	1.0%	7.1%	5.2%	4.2%

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
Total Number of Responses	92	64	117	122	91	105	149	70	809

11. In your opinion, which ONE (1) health behavior do people in your own community need more information about?

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
Care-giving (elderly or person with disabilities)	10.1%	5.3%	13.1%	12.5%	8.5%	11.7%	10.2%	7.0%	10.3%
Crime prevention and safety	5.2%	10.4%	5.4%	5.5%	6.5%	6.8%	3.6%	4.6%	5.7%
Emotional and mental health	34.6%	28.3%	36.4%	23.7%	23.7%	24.8%	30.2%	35.4%	29.5%
Management of chronic conditions	5.5%	9.6%	7.7%	9.3%	6.6%	9.7%	8.5%	6.7%	8.1%
Nutrition and physical activity	14.9%	12.6%	10.0%	13.7%	16.3%	11.8%	14.1%	11.5%	13.1%
Parenting	3.9%	5.6%	3.7%	3.7%	4.7%	8.0%	3.7%	3.9%	4.6%
Preventive health services	7.4%	11.2%	7.3%	7.0%	11.5%	7.2%	5.3%	11.7%	8.1%
Sexual health	1.9%	1.0%	3.1%	1.5%	2.0%	0.6%	3.0%	2.1%	2.0%
Substance abuse prevention	4.6%	7.5%	3.7%	4.2%	7.9%	5.9%	5.7%	5.2%	5.5%
Suicide education and prevention	1.3%	0.7%	1.4%	3.3%	0.6%	1.9%	2.2%	1.4%	1.7%
Tobacco cessation	1.4%	0.3%	1.8%	2.0%	0.5%	0.9%	3.5%	0.8%	1.6%

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
Other	0.4%	1.7%	1.0%	3.6%	3.4%	0.7%	1.3%	2.0%	1.7%
None	1.3%	3.9%	2.5%	1.5%	2.6%	2.1%	2.9%	2.5%	2.4%
Unsure/Do not know	7.4%	2.0%	3.0%	8.5%	5.3%	7.8%	5.7%	5.2%	5.8%
Total Number of Responses	91	64	116	120	91	107	148	70	807

12. In the past year, have you done any volunteer activities through or for an organization?

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
Yes	55.2%	65.2%	67.9%	69.1%	64.1%	65.0%	69.7%	74.2%	66.5%
No	42.0%	34.2%	31.2%	29.4%	34.7%	34.3%	30.3%	25.4%	32.5%
Unsure	2.8%	0.6%	0.9%	1.5%	1.2%	0.6%	0.1%	0.4%	1.0%
Total Number of Responses	92	64	117	123	91	109	149	71	815

13. If yes, which types of organizations did you work with? Please select all that apply.

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
School	13.6%	12.3%	12.1%	14.6%	10.9%	14.6%	16.8%	12.6%	13.8%
Non-profit	20.0%	23.7%	31.5%	28.9%	28.3%	26.9%	32.9%	29.5%	28.5%
Civic	7.8%	6.0%	3.6%	1.9%	6.9%	4.0%	4.7%	5.5%	4.8%
Health	11.3%	18.9%	19.1%	16.1%	18.8%	18.6%	13.3%	16.7%	16.5%
Religious/spiritual	25.0%	19.9%	17.9%	21.5%	16.1%	16.1%	16.1%	15.9%	18.3%
Community	16.9%	14.4%	11.1%	12.1%	10.7%	13.2%	12.8%	14.1%	12.9%
Sports	5.3%	1.2%	2.0%	3.4%	4.9%	4.2%	2.5%	3.1%	3.2%
Other (please explain)	0.3%	3.7%	2.6%	1.7%	3.3%	2.4%	0.8%	2.6%	2.1%

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
Total Number of Responses	99	93	149	168	124	144	210	126	1,112

Evaluation of 2013 CHNA

These questions allow you to provide feedback regarding the 2013 Community Health Needs Assessment.

14. Are you aware that Wake County completed a Community Health Needs Assessment in 2013?

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
Yes	12.8%	25.0%	22.1%	18.8%	23.1%	24.6%	22.0%	25.0%	21.5%
No	82.5%	70.7%	72.4%	75.5%	70.4%	72.6%	71.2%	69.2%	73.2%
Unsure	4.7%	4.3%	5.5%	5.7%	6.5%	2.8%	6.7%	5.8%	5.3%
Total Number of Responses	89	64	113	116	90	105	141	68	787

15. The 2013 assessment resulted in the following three priority groups: 1) Poverty and Unemployment, 2) Health Care Access and Utilization, and 3) Mental Health and Substance Abuse. Have you seen any improvements related to these priorities? For each, please select “Improved”, “Not Improved”, or “Unsure/Do not know”.

A. Poverty and Unemployment

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
Improved	17.1%	20.3%	19.3%	20.4%	17.0%	21.3%	26.8%	23.0%	21.0%
Not Improved	27.6%	46.8%	41.1%	38.0%	36.0%	36.2%	21.2%	33.4%	34.1%
Unsure/Do not know	55.3%	32.8%	39.6%	41.5%	46.9%	42.6%	52.0%	43.6%	44.9%
Total Number of Responses	87	64	112	117	90	105	139	68	782

B. Health Care Access and Utilization

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
Improved	24.0%	35.9%	26.8%	26.6%	32.0%	27.0%	29.5%	33.0%	28.8%
Not Improved	25.0%	28.1%	31.1%	31.7%	30.4%	37.6%	17.5%	26.5%	28.2%
Unsure/ Do not know	51.0%	36.0%	42.1%	41.7%	37.6%	35.4%	52.9%	40.5%	43.0%
Total Number of Responses	88	62	111	117	87	104	140	68	777

C. Mental Health and Substance Abuse

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
Improved	2.0%	6.2%	4.5%	2.6%	4.2%	4.7%	5.0%	6.6%	4.3%
Not Improved	52.9%	65.7%	61.2%	56.4%	60.8%	62.0%	48.1%	59.1%	57.5%
Unsure/ Do not know	45.1%	28.1%	34.3%	41.0%	34.9%	33.2%	46.8%	34.3%	38.2%
Total Number of Responses	88	63	112	117	89	105	140	68	783

16. Of these three priority groups, 1) Poverty and Unemployment, 2) Health Care Access and Utilization, and 3) Mental Health and Substance Abuse, are any a concern for you today? For each, please select “Yes”, “No”, or “Unsure/Do not know”.

A. Poverty and Unemployment

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
Yes	50.0%	66.4%	53.6%	55.2%	53.4%	48.1%	43.8%	49.6%	51.6%
No	32.5%	26.8%	35.6%	33.8%	34.3%	41.0%	41.1%	36.0%	35.9%
Unsure	17.5%	6.8%	10.7%	11.0%	12.3%	10.9%	15.1%	14.4%	12.5%
Total Number of Responses	88	61	111	116	87	105	134	66	767

B. Health Care Access and Utilization

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
Yes	57.7%	56.8%	47.7%	47.8%	54.1%	46.9%	37.5%	49.4%	48.6%
No	32.0%	35.4%	44.3%	41.2%	35.9%	46.1%	45.4%	35.5%	40.4%
Unsure	10.3%	7.8%	8.0%	11.1%	10.0%	7.1%	17.0%	15.0%	11.0%
Total Number of Responses	88	60	111	114	86	105	133	68	764

C. Mental Health and Substance Abuse

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
Yes	56.4%	71.7%	61.6%	63.3%	62.0%	62.4%	55.2%	61.1%	61.0%
No	31.6%	20.2%	30.8%	26.5%	25.8%	29.1%	30.9%	29.4%	28.5%
Unsure	12.0%	8.1%	7.6%	10.1%	12.2%	8.5%	13.9%	9.5%	10.5%
Total Number of Responses	88	62	111	116	88	104	140	67	775

Tell us about your own health decisions

This next section of questions will focus on your health. Again, all the opinions you share with us will be completely confidential.

17. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
None	38.6%	46.4%	54.8%	44.6%	48.4%	57.1%	54.6%	64.3%	51.2%
1-2 days	29.2%	26.1%	22.5%	24.7%	25.7%	24.9%	26.4%	14.9%	24.6%
3-7 days	20.4%	16.2%	14.0%	12.2%	15.5%	10.8%	15.1%	15.7%	14.7%
8-29 days	6.9%	7.1%	5.8%	12.1%	3.9%	1.9%	2.8%	3.3%	5.5%
30 days	4.0%	3.2%	1.7%	3.4%	5.6%	3.2%	1.1%	1.8%	2.9%

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
Unsure/ Do not know	0.9%	1.0%	1.1%	3.0%	0.9%	2.2%	0.0%	0.0%	1.2%
Total Number of Responses	86	62	110	114	88	101	139	68	768

18. About how long has it been since you last visited a doctor for a routine checkup? This does not include any times you visited the doctor because you were sick, pregnant, or for chronic disease.

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
Within the past year	78.4%	81.5%	76.4%	74.2%	77.7%	86.7%	77.4%	79.1%	78.6%
1-2 years ago	10.5%	10.7%	17.6%	16.7%	16.6%	10.3%	16.7%	15.8%	14.7%
3-5 years ago	6.7%	3.4%	3.4%	4.6%	1.8%	0.9%	3.5%	4.2%	3.5%
More than 5 years ago	2.5%	1.4%	1.4%	3.7%	2.6%	1.2%	0.8%	0.8%	1.8%
I have never had a routine checkup	0.4%	2.0%	0.5%	0.3%	0.6%	0.0%	1.4%	0.1%	0.7%
Unsure/ Do not know	1.5%	1.0%	0.8%	0.5%	0.7%	0.9%	0.1%	0.0%	0.7%
Total Number of Responses	86	62	110	114	88	101	139	68	768

19. About how long has it been since you last visited a dentist for a routine checkup? Do not include times you visited the dentist because of pain or an emergency.

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
Within the past year	69.9%	75.1%	81.4%	75.5%	74.4%	83.6%	82.3%	79.8%	78.2%
1-2 years ago	17.3%	13.3%	10.4%	11.9%	15.0%	10.7%	7.5%	17.2%	12.3%
3-5 years ago	3.5%	3.1%	4.6%	6.3%	6.8%	3.6%	6.5%	1.8%	4.8%
More than 5 years ago	7.6%	4.8%	2.3%	5.8%	1.8%	2.0%	3.0%	1.1%	3.5%
I have never been to a dentist for a routine checkup	1.3%	2.4%	0.8%	0.2%	2.1%	0.2%	0.8%	0.1%	0.9%
Unsure/Do not know	0.3%	1.3%	0.5%	0.3%	0.0%	0.0%	0.0%	0.1%	0.3%
Total Number of Responses	86	62	110	113	88	101	139	68	767

20. Has a doctor, nurse, or other health professional EVER told you that you had any of the following health issues? For each, please select “Yes”, “No”, or “Unsure/Do not know”.

A. Cancer

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
Yes	6.8%	3.1%	8.5%	10.7%	8.6%	6.2%	10.1%	6.0%	8.0%
No	93.1%	95.9%	91.3%	89.3%	91.4%	93.8%	89.9%	93.9%	91.9%
Unsure	0.1%	1.0%	0.3%	0.0%	0.0%	0.0%	0.0%	0.1%	0.1%
Total Number of Responses	85	60	108	110	86	101	135	68	753

B. Asthma

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
Yes	19.8%	19.1%	17.7%	17.5%	12.7%	15.8%	18.3%	15.1%	17.1%
No	80.1%	79.9%	82.0%	81.6%	87.3%	84.2%	81.7%	84.8%	82.7%
Unsure	0.1%	1.0%	0.3%	0.9%	0.0%	0.0%	0.0%	0.1%	0.3%
Total Number of Responses	83	61	106	110	84	99	135	66	744

C. Heart disease

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
Yes	7.2%	4.4%	4.4%	4.7%	3.7%	1.7%	1.9%	3.1%	3.7%
No	92.8%	94.6%	95.3%	95.3%	95.8%	98.3%	97.3%	94.6%	95.7%
Unsure	0.1%	1.0%	0.3%	0.0%	0.5%	0.0%	0.7%	2.3%	0.5%
Total Number of Responses	83	60	106	111	85	100	136	67	749

D. Congestive heart failure

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
Yes	1.5%	0.3%	0.2%	0.3%	0.0%	0.0%	0.0%	0.0%	0.3%
No	98.5%	98.7%	99.5%	99.7%	100.0%	100.0%	99.3%	99.9%	99.5%
Unsure	0.1%	1.0%	0.3%	0.0%	0.0%	0.0%	0.7%	0.1%	0.3%
Total Number of Responses	83	59	107	110	84	100	135	68	746

E. Chronic Obstructive Pulmonary Disease (COPD)

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
Yes	1.5%	0.3%	0.8%	0.5%	0.6%	0.3%	0.1%	3.1%	0.8%
No	97.3%	98.7%	98.9%	99.5%	99.4%	99.7%	99.2%	96.8%	98.8%

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
Unsure	1.2%	1.0%	0.3%	0.0%	0.0%	0.0%	0.7%	0.1%	0.4%
Total Number of Responses	85	60	107	111	85	101	136	68	752

F. High blood pressure

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
Yes	28.9%	39.3%	24.5%	25.4%	31.1%	21.9%	19.6%	18.5%	25.3%
No	71.0%	59.7%	75.3%	74.6%	68.9%	77.1%	79.7%	81.5%	74.3%
Unsure	0.1%	1.0%	0.3%	0.0%	0.0%	1.0%	0.7%	0.1%	0.4%
Total Number of Responses	85	61	108	110	86	101	137	67	755

G. High cholesterol

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
Yes	29.6%	29.0%	25.4%	25.9%	29.4%	20.3%	26.8%	21.8%	26.0%
No	70.0%	68.9%	74.1%	73.8%	70.5%	77.8%	71.7%	77.4%	73.1%
Unsure	0.3%	2.1%	0.5%	0.3%	0.1%	1.8%	1.5%	0.8%	0.9%
Total Number of Responses	85	61	109	112	87	101	136	68	759

H. Overweight/obesity

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
Yes	54.0%	47.1%	40.0%	36.8%	44.7%	38.3%	34.8%	31.3%	40.2%
No	45.7%	51.6%	59.0%	62.7%	55.3%	60.7%	63.7%	68.6%	59.0%
Unsure	0.3%	1.3%	1.1%	0.5%	0.0%	1.0%	1.5%	0.1%	0.8%
Total Number of Responses	84	61	109	110	86	100	138	68	756

I. Osteoporosis

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
Yes	4.2%	3.0%	1.8%	5.8%	4.4%	6.4%	6.1%	8.6%	5.1%
No	95.4%	95.7%	97.7%	93.1%	94.9%	93.2%	92.5%	91.1%	94.1%
Unsure	0.4%	1.3%	0.5%	1.1%	0.6%	0.4%	1.4%	0.3%	0.8%
Total Number of Responses	83	60	106	112	86	101	136	67	751

J. Chronic pain

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
Yes	17.1%	17.7%	6.0%	11.9%	19.5%	13.1%	7.0%	7.0%	11.8%
No	82.5%	80.9%	93.5%	86.9%	79.6%	86.5%	91.6%	92.9%	87.4%
Unsure	0.4%	1.3%	0.5%	1.1%	0.9%	0.3%	1.4%	0.1%	0.8%
Total Number of Responses	85	59	106	112	86	101	137	67	753

K. Diabetes not during pregnancy

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
Yes	6.3%	10.7%	7.9%	3.9%	8.7%	7.8%	4.0%	2.8%	6.3%
No	93.1%	87.6%	91.4%	95.5%	90.1%	92.2%	95.2%	97.1%	93.1%
Unsure	0.6%	1.7%	0.8%	0.6%	1.2%	0.0%	0.7%	0.1%	0.7%
Total Number of Responses	84	59	107	111	84	101	135	67	749

21. From the list provided, where do you feel you most often seek medical attention for issues related to your physical health?

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
Do not seek care	1.3%	0.7%	1.2%	0.8%	4.5%	3.2%	0.9%	4.2%	2.0%
Alternative medicine provider (acupuncture, chiropractic treatments, natural products, medicinal herbs)	3.5%	6.0%	5.1%	3.5%	2.7%	5.3%	5.6%	1.9%	4.3%
Emergency department	1.0%	2.7%	0.6%	0.2%	0.0%	0.0%	0.0%	0.9%	0.5%
Health department	0.3%	0.3%	0.2%	0.3%	1.8%	1.4%	1.4%	0.0%	0.8%
Primary care provider (doctor, nurse, etc.)	83.3%	74.8%	79.2%	80.1%	75.3%	79.7%	81.3%	81.6%	79.7%
Walk-in/ Urgent care center	7.3%	7.9%	7.7%	10.0%	9.2%	5.4%	6.1%	6.0%	7.4%
Other type of health clinic	0.8%	4.3%	1.8%	0.8%	3.5%	1.4%	0.1%	0.2%	1.4%
Phone application	0.3%	0.3%	0.2%	0.3%	0.0%	0.0%	0.0%	0.0%	0.1%
Social media/ Internet	2.0%	1.7%	1.6%	3.3%	1.4%	2.2%	1.5%	1.6%	2.0%

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
Other (please explain)	0.3%	1.3%	2.4%	0.8%	1.6%	1.3%	3.1%	3.5%	1.8%
Total Number of Responses	86	62	110	114	88	100	139	68	767

22. What do you believe has the greatest impact on why you might put off going to the doctor for issues related to your physical health? Please select all that apply.

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
Belief that going to the doctor doesn't help	3.0%	1.3%	3.5%	3.4%	2.2%	2.9%	5.5%	2.6%	3.3%
Cannot get an appointment	8.3%	7.2%	7.4%	10.1%	6.4%	4.7%	7.9%	5.6%	7.4%
Cultural/religious beliefs	0.7%	0.0%	0.4%	0.0%	0.5%	0.1%	0.0%	0.1%	0.2%
Do not have child care	0.8%	1.0%	1.7%	1.5%	1.7%	3.4%	0.5%	0.4%	1.4%
Do not have time in your schedule	16.3%	15.4%	16.5%	16.6%	16.6%	17.0%	16.5%	20.1%	16.8%
Do not know where to go	1.9%	3.2%	1.2%	1.3%	2.9%	1.1%	2.6%	1.1%	1.9%
You hope the problem will go away without having to go to the doctor	11.7%	6.0%	8.9%	7.5%	9.3%	8.4%	10.4%	13.5%	9.4%

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
Do not want to find out that you are sick	0.2%	1.0%	1.6%	1.3%	1.6%	1.8%	2.3%	3.6%	1.7%
Educational barriers	0.0%	0.7%	0.2%	0.3%	0.3%	0.6%	0.4%	0.5%	0.4%
Inability to pay for services or co-pays	14.3%	14.7%	11.5%	13.9%	12.0%	10.9%	7.1%	6.0%	11.2%
Insurance will not cover what you needed	8.7%	9.9%	10.5%	11.9%	9.6%	8.6%	7.2%	8.6%	9.4%
Insurance was not accepted by your health care provider	2.0%	3.5%	2.6%	3.0%	2.1%	2.1%	2.1%	1.0%	2.3%
Lack of adequate transportation	1.8%	2.4%	0.9%	0.6%	1.0%	0.8%	1.6%	0.2%	1.2%
Lack of health insurance	4.0%	5.6%	3.7%	1.7%	3.9%	1.8%	2.6%	2.3%	3.1%
Long wait times	3.8%	4.9%	4.5%	3.9%	6.8%	5.3%	5.3%	5.6%	5.0%
Mis-trust of medical professionals	1.5%	1.4%	1.8%	1.1%	1.3%	1.8%	1.4%	1.4%	1.5%
Shortage of health-care professionals	0.8%	1.0%	1.1%	1.3%	1.1%	1.5%	0.9%	0.3%	1.0%

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
Stigma associated with going to the doctor	2.0%	0.5%	1.4%	0.5%	0.5%	0.1%	0.5%	1.1%	0.8%
Unable to find a provider that speaks your language	0.4%	1.3%	1.2%	0.4%	0.5%	0.7%	0.5%	0.2%	0.7%
Other (please explain)	3.1%	1.8%	1.8%	1.3%	2.3%	1.8%	3.9%	2.4%	2.3%
None/I do not put off going to the doctor for issues related	13.8%	17.0%	16.7%	16.7%	16.5%	24.2%	18.6%	20.4%	17.9%
I do not need to go to the doctor for issues related to my p	0.7%	0.3%	0.9%	1.6%	0.7%	0.3%	2.2%	3.1%	1.2%
Total Number of Responses	149	126	208	201	159	164	246	113	1,366

23. Use the list below to complete the following statement. When seeking medical attention, you typically access services in a location _____.

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
Closer to your home	37.3%	31.7%	48.8%	55.3%	42.0%	48.5%	63.1%	50.4%	49.1%
Closer to your workplace	15.0%	10.7%	4.8%	6.2%	11.8%	14.7%	4.4%	11.2%	9.2%

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
Between your home and work-place	19.7%	24.5%	24.9%	18.9%	22.0%	15.9%	14.8%	19.9%	19.6%
I do not base my decision on proximity to work or home	24.0%	32.1%	19.5%	16.0%	21.8%	15.4%	14.6%	15.6%	18.9%
Other (please explain)	4.0%	1.1%	2.0%	3.6%	2.4%	5.6%	3.0%	2.9%	3.2%
Total Number of Responses	83	61	109	113	86	101	139	67	760

24. How often do you have problems learning about your medical condition because of difficulty understanding written information?

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
Always	1.2%	0.7%	0.0%	0.0%	0.7%	0.9%	0.0%	0.0%	0.4%
Frequently	2.0%	4.0%	2.4%	2.5%	2.1%	0.2%	1.5%	0.4%	1.8%
Occasionally	14.9%	15.1%	16.4%	13.2%	16.5%	12.4%	6.8%	11.0%	12.9%
Never	81.9%	80.2%	81.3%	84.3%	80.7%	86.5%	91.6%	88.7%	84.9%
Total Number of Responses	86	61	110	114	88	101	139	67	766

25. Where do you engage in exercise or physical activity? Please select all that apply.

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
I do not exercise	4.8%	9.4%	4.7%	6.2%	6.2%	4.0%	1.2%	3.7%	4.6%

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
Public recreation center, parks, or trails	20.0%	19.8%	21.0%	20.3%	19.6%	18.2%	24.6%	21.7%	21.0%
Home	25.8%	22.8%	20.6%	23.5%	26.1%	27.9%	27.3%	23.0%	24.8%
Neighborhood	23.1%	18.9%	21.0%	19.7%	19.8%	21.1%	21.7%	23.3%	21.1%
Private gym/pool	14.8%	15.7%	22.7%	21.4%	14.3%	15.9%	17.4%	18.7%	17.9%
Work	7.3%	8.6%	6.2%	6.5%	9.4%	9.4%	4.7%	6.3%	7.0%
Faith community	0.0%	0.5%	0.4%	0.6%	0.0%	0.0%	0.0%	0.0%	0.2%
Malls	1.5%	2.6%	2.1%	1.2%	1.5%	1.2%	2.3%	1.4%	1.8%
School setting	0.7%	0.5%	0.7%	0.3%	0.0%	0.0%	0.4%	0.4%	0.4%
Other (please explain)	1.9%	1.2%	0.5%	0.3%	3.0%	2.4%	0.4%	1.4%	1.3%
Total Number of Responses	175	125	237	224	166	204	318	152	1,600

26. If you don't exercise, why not? You can give as many reasons as you need.

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
I do not like to exercise	6.8%	15.3%	25.9%	16.9%	20.8%	16.6%	28.3%	33.1%	18.8%
I would need child care and I do not have it.	18.9%	7.1%	7.4%	9.3%	0.5%	8.8%	3.1%	4.5%	8.1%

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
It costs too much to exercise (equipment, shoes, gym)	20.1%	16.8%	8.1%	10.0%	15.4%	19.1%	2.7%	8.0%	13.4%
I'm physically unable	5.9%	0.0%	0.0%	9.8%	7.2%	5.1%	0.8%	5.6%	4.7%
I'm too tired to exercise	7.9%	15.9%	21.7%	20.0%	19.7%	24.9%	37.7%	15.0%	19.5%
I do not have access to a facility that has the things I need like a pool, track, etc.	5.3%	7.2%	5.7%	4.8%	3.3%	4.1%	2.2%	11.6%	5.4%
There is no safe place to exercise	1.2%	9.1%	3.0%	3.2%	5.7%	4.7%	0.0%	1.0%	4.0%
I do not have enough time to exercise	27.3%	22.9%	24.2%	19.6%	14.5%	15.7%	25.1%	19.6%	20.8%
I do not need to exercise	0.2%	1.9%	0.0%	3.3%	2.8%	0.0%	0.0%	0.0%	1.3%
Other (please explain)	6.3%	3.9%	4.0%	3.2%	10.0%	1.0%	0.0%	1.5%	4.0%
Total Number of Responses	18	23	21	30	18	21	8	9	149

You will now be asked a few questions related to your mental health.

27. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
None	45.5%	46.4%	50.3%	42.3%	48.7%	50.5%	42.5%	48.9%	46.6%
1-2 days	29.9%	24.3%	23.8%	24.7%	25.4%	16.6%	31.3%	24.6%	25.3%
3-7 days	7.1%	15.3%	15.8%	16.4%	14.8%	20.5%	17.1%	16.5%	15.7%
8-29 days	14.7%	9.9%	6.1%	10.5%	7.9%	8.8%	5.0%	6.4%	8.4%
30 days	2.9%	4.1%	3.5%	3.6%	2.3%	0.4%	2.7%	3.6%	2.8%
Unsure/ Do not know	0.0%	0.0%	0.4%	2.4%	0.9%	3.2%	1.4%	0.0%	1.2%
Total Number of Responses	85	61	106	109	87	99	134	66	747

28. How often do you get the social and emotional support you need?

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
Always	36.5%	27.2%	24.3%	24.9%	33.3%	26.9%	28.1%	24.5%	28.1%
Usually	30.6%	35.1%	42.9%	39.0%	32.9%	44.0%	51.9%	51.1%	41.6%
Sometimes	19.1%	18.7%	17.3%	19.0%	18.3%	17.1%	11.1%	17.5%	16.9%
Rarely	8.6%	8.8%	8.5%	8.4%	7.3%	7.3%	6.8%	2.1%	7.4%
Never	5.0%	8.5%	6.1%	7.5%	5.7%	2.6%	2.0%	4.1%	5.0%
Unsure/ Do not know	0.2%	1.7%	0.9%	1.1%	2.5%	2.0%	0.1%	0.6%	1.1%
Total Number of Responses	85	61	106	108	87	100	134	66	747

29. How strongly do you agree with this statement? “I lead a purposeful and meaningful life.”

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
Strongly Disagree	7.5%	6.8%	4.7%	7.4%	5.0%	8.9%	6.6%	3.6%	6.4%
Disagree	0.4%	1.3%	1.1%	1.4%	0.0%	1.0%	0.8%	0.1%	0.8%
Slightly Disagree	2.4%	6.1%	2.6%	2.0%	1.8%	1.0%	2.5%	3.8%	2.5%
Mixed	16.0%	8.7%	5.3%	11.0%	9.2%	9.9%	3.1%	5.4%	8.3%
Slightly Agree	10.6%	12.5%	11.0%	10.4%	11.1%	4.3%	8.8%	11.9%	9.8%
Agree	62.8%	64.1%	74.6%	67.1%	72.9%	73.9%	78.2%	75.2%	71.7%
Unsure/ Do not know	0.3%	0.3%	0.7%	0.8%	0.0%	1.0%	0.0%	0.0%	0.4%
Total Number of Responses	85	60	105	109	86	100	134	66	746

30. From the list provided, where do you feel you most often seek care for issues related to your mental health?

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
Do not seek care	42.4%	47.8%	47.7%	40.9%	52.1%	40.3%	43.9%	39.6%	44.2%
Alternative medicine provider (acupuncture, chiropractic treatments, natural products, medicinal herbs)	1.9%	2.4%	2.4%	3.8%	3.8%	2.6%	2.4%	4.6%	2.9%
Emergency department	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
Health department	0.3%	0.3%	0.7%	1.7%	0.0%	0.0%	0.7%	0.0%	0.5%
Primary care provider (doctor, nurse, etc.)	24.0%	19.2%	16.6%	20.1%	19.6%	28.4%	16.4%	18.8%	20.2%
Mental health provider (therapist, psychologist, psychiatrist)	17.2%	18.4%	20.5%	21.5%	12.3%	17.5%	23.5%	22.3%	19.4%
Walk-in/ Urgent care center	0.9%	0.0%	0.0%	0.2%	0.0%	0.0%	0.0%	0.0%	0.1%
Other type of health clinic	0.3%	1.3%	0.5%	0.3%	0.0%	1.0%	0.0%	0.1%	0.4%
Phone application	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Social media/ Internet	2.5%	0.7%	3.5%	2.6%	1.5%	0.2%	1.9%	4.5%	2.1%
Other (please explain)	10.4%	9.9%	8.1%	8.9%	10.7%	9.9%	11.2%	10.2%	9.9%
Total Number of Responses	84	61	106	108	87	100	134	66	746

31. What do you believe has the greatest impact on why you might put off going to the doctor for issues related to your mental health? Please select all that apply.

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
Belief that going to the doctor doesn't help	1.9%	4.4%	6.0%	5.8%	4.3%	3.1%	7.8%	5.6%	5.0%
Cannot get an appointment	3.3%	2.8%	1.4%	3.0%	3.0%	2.5%	1.4%	1.9%	2.4%
Cultural/religious beliefs	1.6%	0.8%	0.4%	0.8%	1.5%	1.2%	0.5%	0.0%	0.8%
Do not have child care	0.9%	1.5%	0.6%	1.5%	1.7%	4.1%	0.6%	0.5%	1.4%
Do not have time in your schedule	8.3%	9.0%	8.6%	9.8%	9.4%	11.3%	8.5%	6.9%	9.1%
Do not know where to go	3.3%	5.7%	5.9%	4.6%	5.4%	2.9%	5.2%	4.6%	4.7%
You hope the problem will go away without having to go to the doctor	5.6%	3.8%	5.8%	5.2%	5.8%	6.0%	5.3%	6.9%	5.5%
Do not want to find out that you are sick	1.1%	1.3%	1.1%	0.9%	0.4%	0.6%	0.5%	0.0%	0.8%
Educational barriers	0.4%	0.8%	0.3%	1.0%	0.4%	0.0%	0.5%	0.0%	0.4%

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
Inability to pay for services or co-pays	10.3%	11.5%	7.9%	8.7%	7.0%	9.4%	6.3%	5.7%	8.2%
Insurance will not cover what you needed	5.3%	8.3%	8.1%	7.7%	7.6%	8.0%	9.8%	7.2%	7.9%
Insurance was not accepted by your health care provider	2.5%	4.3%	3.1%	4.1%	2.7%	4.0%	4.5%	4.2%	3.7%
Lack of adequate transportation	0.8%	0.8%	0.3%	0.9%	1.3%	0.8%	0.9%	0.0%	0.8%
Lack of health insurance	2.0%	3.6%	2.1%	1.5%	3.0%	0.3%	1.2%	1.3%	1.8%
Long wait times	2.8%	0.9%	1.3%	1.1%	2.9%	2.0%	1.0%	2.5%	1.8%
Mis-trust of medical professionals	1.8%	1.9%	0.9%	1.1%	1.1%	0.6%	1.5%	0.4%	1.2%
Shortage of health-care professionals	1.8%	1.8%	0.7%	1.5%	3.2%	2.3%	1.8%	2.7%	1.9%
Stigma associated with going to the doctor	3.8%	2.7%	3.0%	0.7%	1.5%	1.2%	1.7%	2.8%	2.1%

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
Stigma associated with the diagnosis of a mental health condition	4.5%	4.7%	6.2%	5.7%	3.6%	5.2%	3.8%	5.5%	4.9%
Unable to find a provider that speaks your language	0.1%	1.5%	1.6%	0.5%	1.2%	1.2%	0.5%	0.2%	0.8%
Other (please explain)	2.1%	1.0%	1.7%	2.2%	2.5%	2.6%	3.6%	4.2%	2.5%
None/I do not put off going to the doctor for issues related	18.3%	12.6%	14.4%	16.3%	15.4%	15.3%	13.6%	16.3%	15.2%
I do not need to go to the doctor for issues related to my p	17.4%	14.3%	18.5%	15.5%	15.0%	15.4%	19.6%	20.5%	17.1%
Total Number of Responses	136	109	164	163	139	161	216	103	1,191

You will now be asked a few additional health-related questions.

32. If a friend or family member needed counseling for a mental health or a drug/alcohol abuse problem, who is the first person or organization you would tell them to call or talk to?

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
Doctor	40.3%	26.0%	27.9%	36.0%	32.1%	49.8%	40.0%	38.9%	36.9%
Family member	7.8%	5.7%	6.6%	4.6%	5.0%	1.8%	3.5%	2.8%	4.7%

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
Support group	3.5%	3.7%	4.3%	4.3%	7.5%	3.3%	6.1%	5.2%	4.8%
Private counselor or therapist	13.1%	23.4%	32.1%	25.9%	18.2%	17.9%	28.5%	19.2%	23.0%
Hotline	4.3%	4.7%	3.5%	1.5%	4.5%	1.3%	3.4%	3.0%	3.2%
Minister/religious official/church	8.2%	8.3%	3.7%	5.5%	8.1%	4.7%	3.0%	5.1%	5.5%
Crisis and Assessment/CAS (UNC Wake-Brook)	4.4%	11.1%	5.0%	5.2%	8.1%	2.1%	2.6%	6.1%	5.1%
Alliance Behavioral Healthcare	0.7%	6.7%	1.9%	4.4%	5.1%	4.9%	2.6%	5.4%	3.7%
National Alliance on Mental Illness (NAMI) Wake County	3.6%	1.1%	1.5%	1.0%	2.9%	0.0%	2.3%	1.9%	1.8%
Other (please explain)	0.7%	2.5%	3.4%	2.4%	3.5%	7.7%	0.4%	6.4%	3.2%
Unsure/do not know	13.3%	6.8%	10.0%	9.2%	5.1%	6.5%	7.8%	5.9%	8.2%
Total Number of Responses	85	58	103	106	84	96	132	63	729

33. Some people provide help to a family member or friend who has a long-term illness or disability. This may include help with things they can no longer do themselves. During the past 12 months, did you provide any such help to a family member or friend, and if so, what was your relationship to that person?

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
Elderly or parent/grand-parent with disabilities	18.6%	21.1%	22.0%	24.1%	22.3%	28.5%	27.8%	16.1%	23.3%
Child with disabilities	4.6%	3.1%	4.9%	8.8%	2.4%	2.0%	4.7%	4.2%	4.6%
Grand-child	1.2%	0.9%	0.7%	0.0%	0.6%	1.4%	0.8%	0.8%	0.8%
Foster child(ren)	0.3%	0.3%	0.2%	0.3%	0.0%	0.0%	0.0%	0.0%	0.1%
Spouse/partner with disabilities	1.4%	4.0%	1.5%	1.1%	3.4%	3.1%	2.4%	1.5%	2.2%
Friend with chronic illness	5.4%	8.4%	11.6%	7.2%	7.8%	9.1%	8.5%	10.7%	8.6%
None	65.0%	54.4%	54.7%	53.2%	59.4%	50.4%	48.9%	59.0%	54.9%
Other (please explain)	3.6%	7.8%	4.4%	5.4%	4.0%	5.5%	7.0%	7.7%	5.6%
Total Number of Responses	89	63	113	112	85	99	143	65	769

34. If public emergency medical services provided public health education opportunities, would you participate?

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
Yes	42.5%	53.9%	48.8%	48.8%	51.2%	37.6%	43.7%	41.8%	45.7%
No	17.1%	16.3%	16.7%	19.5%	10.4%	16.0%	13.6%	15.8%	15.7%
Unsure	40.4%	29.9%	34.5%	31.7%	38.4%	46.4%	42.7%	42.4%	38.6%
Total Number of Responses	84	58	103	106	84	96	132	63	728

35. On a scale of 1 to 5 (with 1 being strongly disagree and 5 being strongly agree), please rate each of the following statements for the community in which you reside:

A. Residents can access a doctor, including nurse practitioners and physician assistants (Family/General Practitioner, Ob/Gyn, Pediatrician) when needed.

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
1- strongly disagree	3.5%	3.9%	1.3%	3.1%	5.4%	4.5%	0.8%	0.5%	2.8%
2	15.1%	12.3%	8.5%	12.1%	15.2%	7.9%	4.5%	8.9%	10.1%
3	24.1%	21.7%	14.8%	9.8%	16.6%	15.3%	9.5%	19.8%	15.5%
4	40.9%	46.2%	48.9%	42.3%	47.6%	43.5%	43.4%	43.7%	44.5%
5- strongly agree	16.4%	15.9%	26.5%	32.7%	15.2%	28.9%	41.8%	27.1%	27.2%
Total Number of Responses	84	58	103	106	83	95	131	63	724

B. Residents are able to access a medical specialist (Cardiologist, Dermatologist, etc.) when needed.

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
1- strongly disagree	12.6%	7.4%	3.6%	5.2%	6.4%	10.3%	1.7%	2.7%	6.0%
2	17.5%	22.0%	12.8%	12.2%	20.9%	15.7%	10.2%	14.1%	15.0%
3	17.8%	24.8%	17.4%	10.6%	21.9%	18.3%	7.2%	24.9%	16.5%
4	36.0%	32.7%	44.3%	47.4%	36.2%	38.3%	43.9%	36.2%	40.4%
5- strongly agree	16.1%	13.1%	21.9%	24.6%	14.6%	17.4%	36.9%	22.1%	22.2%
Total Number of Responses	84	58	102	106	83	95	130	63	721

C. In my area, there are enough providers accepting Medicaid.

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
1- strongly disagree	5.8%	8.9%	11.5%	10.9%	7.6%	11.6%	11.7%	8.2%	9.9%
2	18.0%	23.7%	21.5%	18.6%	21.4%	12.0%	18.9%	23.7%	19.3%
3	59.9%	47.0%	47.4%	50.1%	51.7%	60.2%	46.1%	51.2%	51.5%
4	11.4%	14.6%	13.4%	9.5%	14.8%	10.8%	14.1%	13.6%	12.6%
5- strongly agree	4.8%	5.7%	6.2%	10.9%	4.5%	5.3%	9.2%	3.3%	6.7%
Total Number of Responses	85	57	102	106	82	95	128	64	720

D. In my area, there are enough providers accepting Medicare.

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
1- strongly disagree	5.8%	6.8%	11.0%	9.3%	9.9%	13.2%	9.8%	5.7%	9.3%
2	20.1%	20.6%	19.4%	17.5%	18.0%	11.7%	14.1%	14.0%	16.7%
3	53.0%	45.4%	44.6%	45.1%	51.6%	56.5%	47.1%	59.6%	49.9%
4	16.0%	21.2%	19.1%	18.6%	17.6%	14.7%	18.3%	17.8%	17.8%
5- strongly agree	5.1%	6.0%	6.0%	9.4%	2.9%	3.9%	10.6%	2.9%	6.3%
Total Number of Responses	84	58	101	104	82	94	127	62	712

E. In my area, there are enough bilingual providers.

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
1- strongly disagree	6.0%	11.0%	13.3%	10.3%	8.4%	10.0%	13.0%	8.3%	10.3%
2	22.3%	24.0%	21.7%	13.0%	22.1%	17.4%	15.1%	24.8%	19.2%

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
3	65.4%	53.8%	51.6%	61.5%	55.4%	59.1%	52.5%	52.0%	56.5%
4	5.7%	10.1%	10.7%	8.2%	10.7%	9.3%	13.8%	13.7%	10.3%
5- strongly agree	0.6%	1.1%	2.8%	6.9%	3.4%	4.2%	5.6%	1.2%	3.6%
Total Number of Responses	85	58	102	105	83	94	128	63	717

F. In my area, there are enough mental health providers.

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
1- strongly disagree	35.7%	32.5%	34.7%	31.7%	30.7%	31.3%	26.3%	38.0%	32.1%
2	25.1%	31.7%	26.6%	25.3%	30.0%	29.6%	22.3%	25.2%	26.5%
3	32.3%	22.0%	26.6%	31.7%	26.1%	31.2%	33.3%	27.4%	29.4%
4	5.5%	12.8%	10.0%	8.3%	10.8%	6.4%	11.5%	8.1%	9.2%
5- strongly agree	1.5%	1.1%	2.2%	3.0%	2.3%	1.5%	6.6%	1.3%	2.8%
Total Number of Responses	85	58	102	105	83	94	129	63	720

G. In my area, there are enough substance abuse treatment providers.

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
1- strongly disagree	27.4%	28.6%	27.8%	26.6%	26.6%	26.8%	23.7%	28.4%	26.7%
2	25.0%	24.7%	23.3%	25.2%	27.5%	21.2%	20.6%	29.5%	24.2%
3	41.1%	33.0%	39.2%	41.2%	34.0%	46.6%	46.6%	32.8%	40.4%
4	5.0%	12.6%	7.6%	4.5%	10.6%	5.0%	4.9%	8.6%	6.8%
5- strongly agree	1.6%	1.1%	2.2%	2.5%	1.3%	0.4%	4.1%	0.7%	2.0%

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
Total Number of Responses	82	58	102	105	82	95	129	63	716

Tell us about yourself

We are almost finished! We just need to know a little more about who you are. Just to remind you, all the information you give us will be completely confidential.

36. What is your gender?

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
Male	18.8%	15.2%	16.0%	16.7%	13.1%	12.8%	16.5%	12.3%	15.4%
Female	81.2%	84.8%	84.0%	83.3%	86.3%	85.8%	82.8%	87.5%	84.2%
Trans-gender/ Other	0.0%	0.0%	0.0%	0.0%	0.7%	1.4%	0.8%	0.2%	0.4%
Total Number of Responses	84	58	103	104	83	95	132	63	722

37. What is your age?

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
18-24 years	1.0%	0.0%	2.4%	2.7%	1.8%	2.8%	1.0%	3.6%	1.9%
25-44 years	50.2%	44.3%	50.3%	45.1%	45.1%	47.0%	44.6%	43.7%	46.4%
45-64 years	44.6%	49.5%	42.4%	45.2%	45.8%	46.1%	49.8%	47.1%	46.3%
65-74 years	4.2%	5.4%	4.4%	6.1%	5.7%	3.9%	4.4%	3.6%	4.7%
75 years and over	0.1%	0.8%	0.4%	1.0%	1.6%	0.2%	0.2%	2.1%	0.7%
Total Number of Responses	84	58	103	104	83	95	132	63	722

38. What is the highest level of education you have completed?

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
Did not complete high school	0.1%	1.5%	0.0%	0.0%	2.2%	0.2%	0.0%	0.0%	0.4%
High School Diploma or GED	4.7%	5.4%	3.4%	3.9%	5.3%	2.8%	1.1%	1.5%	3.3%
Some College	21.9%	15.5%	8.2%	12.6%	8.6%	4.3%	4.6%	6.4%	9.7%
Associate's Degree	17.6%	8.6%	9.5%	12.3%	14.9%	20.2%	7.2%	7.3%	12.2%
Bachelor's Degree	33.2%	38.7%	44.6%	46.8%	45.9%	49.8%	53.0%	47.7%	45.8%
Master's Degree	18.6%	27.1%	27.3%	17.8%	19.6%	21.2%	26.4%	28.6%	23.2%
Doctorate	3.6%	1.4%	5.1%	4.3%	1.1%	1.1%	7.6%	7.2%	4.2%
Other (please explain)	0.4%	1.9%	2.0%	2.3%	2.5%	0.3%	0.0%	1.3%	1.2%
Total Number of Responses	84	58	103	104	82	95	132	63	721

39. What is your ethnicity?

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
Hispanic/Latino	11.8%	19.2%	11.0%	7.8%	13.5%	5.4%	8.3%	2.1%	9.5%
Non-Hispanic/Latino	79.7%	75.8%	82.0%	86.8%	82.6%	86.0%	82.5%	87.5%	83.1%
Other (please explain)	8.5%	5.0%	7.0%	5.4%	4.0%	8.7%	9.2%	10.4%	7.4%

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
Total Number of Responses	79	56	98	99	79	92	129	61	692

40. What is your race?

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
White/Caucasian	75.6%	47.7%	79.5%	83.5%	66.3%	84.1%	90.3%	87.4%	78.9%
Black or African American	14.3%	32.6%	6.9%	8.7%	20.3%	1.1%	5.2%	5.1%	10.4%
American Indian or Alaskan Native	0.9%	0.0%	0.0%	0.2%	0.0%	2.1%	0.0%	0.0%	0.4%
Asian	3.1%	2.5%	1.4%	1.0%	2.3%	0.6%	1.5%	0.3%	1.5%
Native Hawaiian or Other Pacific Islander	0.3%	1.1%	0.2%	0.3%	1.3%	0.4%	0.0%	0.2%	0.4%
Multiracial	3.3%	9.9%	7.6%	2.1%	5.7%	6.9%	2.7%	3.2%	4.9%
Other	2.4%	6.2%	4.4%	4.1%	4.2%	4.8%	0.3%	3.8%	3.5%
Total Number of Responses	81	57	102	104	82	94	131	63	714

41. Do you have any children age 18 or under?

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
Yes	47.6%	32.0%	33.8%	48.0%	36.6%	42.5%	40.5%	28.5%	39.5%
No	52.4%	68.0%	66.2%	52.0%	63.4%	57.5%	59.5%	71.5%	60.5%
Total Number of Responses	83	57	102	103	82	93	132	63	716

42. Do you think any of your children or your children’s friends are engaging in any of the following risky behaviors? For each, please select “Yes”, “No”, or “Unsure/Do not know”.

A. Alcohol use

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
Yes	17.8%	19.9%	19.4%	22.9%	14.2%	24.5%	19.3%	18.1%	19.9%
No	78.6%	71.8%	69.6%	70.5%	74.8%	74.4%	71.2%	77.4%	73.2%
Not Sure	3.7%	8.3%	11.1%	6.6%	11.0%	1.2%	9.5%	4.5%	7.0%
Total Number of Responses	38	18	34	47	28	37	50	18	272

B. Tobacco use

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
Yes	14.4%	10.1%	15.5%	15.9%	13.2%	11.6%	15.7%	18.7%	14.6%
No	81.1%	77.8%	74.5%	79.5%	73.7%	84.4%	74.8%	76.7%	78.0%
Not Sure	4.5%	12.1%	10.1%	4.5%	13.1%	4.0%	9.5%	4.5%	7.5%
Total Number of Responses	37	18	34	47	28	36	49	18	268

C. Drug use, including prescriptions

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
Yes	14.2%	9.9%	16.8%	17.9%	10.4%	15.5%	14.4%	20.6%	15.1%
No	82.0%	79.4%	75.2%	74.0%	76.7%	83.3%	76.5%	76.7%	77.9%
Not Sure	3.8%	10.7%	8.0%	8.1%	12.9%	1.2%	9.0%	2.7%	7.0%
Total Number of Responses	38	18	34	47	28	37	49	18	271

D. Guns

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
Yes	7.3%	0.0%	0.0%	4.7%	0.0%	5.7%	2.0%	5.6%	3.4%
No	87.5%	83.4%	83.3%	83.4%	72.6%	88.7%	83.9%	86.8%	83.9%
Not Sure	5.1%	16.6%	16.7%	11.9%	27.4%	5.6%	14.0%	7.6%	12.7%
Total Number of Responses	38	18	34	47	28	35	49	18	267

E. Sexual activity

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
Yes	21.1%	17.8%	18.1%	26.8%	16.7%	26.1%	21.0%	17.8%	21.5%
No	69.7%	61.7%	63.4%	65.7%	67.0%	64.7%	63.1%	76.2%	65.9%
Not Sure	9.2%	20.5%	18.5%	7.5%	16.3%	9.3%	15.8%	6.0%	12.6%
Total Number of Responses	38	18	34	47	28	37	50	18	270

F. Poor or unsafe driving behaviors (speeding, texting, not wearing seatbelts, etc.)

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
Yes	19.8%	21.6%	16.0%	28.8%	10.4%	16.2%	17.5%	23.0%	19.3%
No	71.2%	65.8%	68.7%	67.0%	74.9%	76.1%	68.6%	69.3%	70.3%
Not Sure	8.9%	12.6%	15.3%	4.1%	14.7%	7.6%	13.9%	7.6%	10.4%
Total Number of Responses	38	18	34	47	28	36	49	18	269

G. Truancy (skipping school)

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
Yes	17.0%	13.7%	7.8%	11.0%	14.7%	10.1%	13.0%	10.6%	12.2%
No	76.8%	77.0%	79.6%	82.7%	74.2%	82.4%	79.1%	84.7%	79.6%

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
Not Sure	6.2%	9.3%	12.6%	6.3%	11.1%	7.4%	8.0%	4.7%	8.1%
Total Number of Responses	38	18	34	47	28	37	49	18	270

H. Gangs

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
Yes	2.1%	2.5%	0.0%	2.6%	4.7%	6.1%	2.0%	0.0%	2.6%
No	88.0%	80.8%	87.4%	88.9%	75.6%	91.2%	86.2%	95.0%	86.9%
Not Sure	9.8%	16.7%	12.6%	8.5%	19.7%	2.7%	11.8%	5.0%	10.5%
Total Number of Responses	38	17	34	47	28	36	49	18	267

I. Criminal activities

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
Yes	4.6%	0.0%	1.3%	2.6%	4.8%	4.2%	4.5%	2.6%	3.3%
No	88.1%	80.1%	86.5%	89.0%	71.7%	86.0%	86.2%	92.7%	85.5%
Not Sure	7.3%	19.9%	12.1%	8.4%	23.5%	9.8%	9.3%	4.8%	11.2%
Total Number of Responses	38	18	34	47	28	37	49	18	269

J. Exposure to negative/risky internet content

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
Yes	22.2%	19.5%	23.3%	30.8%	24.2%	29.9%	26.9%	30.1%	26.3%
No	70.8%	64.3%	58.7%	59.8%	57.9%	58.9%	53.6%	64.5%	60.4%
Not Sure	7.0%	16.1%	18.0%	9.4%	17.9%	11.3%	19.5%	5.4%	13.3%
Total Number of Responses	38	18	34	47	28	37	49	18	270

K. Eating disorders

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
Yes	17.6%	12.4%	14.3%	16.8%	15.1%	10.1%	11.0%	16.4%	14.1%
No	74.9%	76.0%	66.6%	74.3%	73.8%	85.1%	74.5%	75.5%	75.1%
Not Sure	7.4%	11.5%	19.1%	8.9%	11.1%	4.8%	14.5%	8.1%	10.8%
Total Number of Responses	38	18	34	47	28	37	48	18	269

L. Bullying

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
Yes	22.2%	16.7%	23.2%	26.8%	19.0%	26.8%	20.1%	21.1%	22.6%
No	64.2%	70.5%	65.4%	64.5%	68.1%	65.7%	60.8%	75.3%	65.6%
Not Sure	13.6%	12.8%	11.5%	8.6%	13.0%	7.5%	19.1%	3.6%	11.9%
Total Number of Responses	38	18	34	47	28	37	49	18	270

43. Does anyone in your household have a disability or special need that would make it more difficult to deal with an emergency like a hurricane, power outage, etc.?

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
Yes	17.8%	12.1%	7.8%	10.3%	11.5%	10.3%	10.5%	8.0%	10.9%
No	81.9%	87.6%	91.5%	87.0%	86.9%	89.1%	88.7%	91.8%	88.1%
Unsure/ Do not know	0.3%	0.4%	0.7%	2.7%	1.6%	0.6%	0.8%	0.2%	1.0%
Total Number of Responses	84	58	103	104	83	95	132	63	722

44. Do you currently have health insurance?

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
Yes	95.7%	89.9%	94.8%	96.5%	91.5%	97.5%	99.0%	98.4%	95.8%
No	4.0%	9.7%	5.0%	3.2%	8.5%	2.5%	1.0%	1.6%	4.0%
Unsure/ Do not know	0.3%	0.4%	0.2%	0.3%	0.0%	0.0%	0.0%	0.0%	0.1%
Total Number of Responses	84	57	102	104	83	95	132	63	720

45. How long have you had health insurance?

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
5 years or longer	95.1%	93.9%	93.5%	95.1%	96.4%	94.9%	94.1%	95.4%	94.7%
2 to 5 years	3.1%	1.6%	2.5%	2.5%	1.4%	3.6%	0.9%	1.8%	2.2%
1 to 2 years	0.2%	3.2%	2.3%	1.1%	0.7%	0.0%	3.3%	1.8%	1.6%
Less than 1 year	1.6%	1.2%	1.6%	1.3%	1.4%	0.4%	1.7%	1.0%	1.3%
I do not have health insurance.	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Unsure/ Do not know	0.0%	0.0%	0.0%	0.0%	0.0%	1.1%	0.0%	0.0%	0.1%
Total Number of Responses	80	51	97	100	74	92	129	62	685

46. What type of health insurance do you have?

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
Tricare/VA	2.6%	1.7%	1.1%	0.3%	1.4%	0.0%	1.0%	0.5%	1.0%
Medicaid	3.7%	0.0%	0.5%	0.5%	0.0%	0.0%	0.0%	0.0%	0.6%
Medicare	2.8%	3.7%	2.6%	3.5%	6.6%	3.2%	2.7%	4.1%	3.5%
Private/commercial insurance	84.3%	89.2%	92.5%	93.1%	81.0%	92.0%	95.2%	88.5%	90.2%
I do not have health insurance.	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Other (please explain)	4.0%	4.6%	3.3%	2.6%	10.3%	4.8%	1.1%	6.9%	4.2%
Unsure/Do not know	2.6%	0.9%	0.0%	0.0%	0.7%	0.0%	0.0%	0.0%	0.4%
Total Number of Responses	80	51	97	100	74	92	129	62	685

47. What language(s) do you speak at home? Please select all that apply.

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
English	88.6%	81.7%	87.2%	89.0%	84.5%	93.1%	92.2%	94.9%	89.2%
Spanish	10.3%	14.2%	10.2%	8.1%	11.8%	6.3%	6.4%	3.2%	8.6%
Other (please explain)	1.1%	4.1%	2.5%	3.0%	3.7%	0.6%	1.4%	1.9%	2.2%
Total Number of Responses	89	65	112	110	92	100	142	65	775

48. What is your employment status?

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
Em- ployed full-time	87.0%	82.9%	81.6%	74.7%	80.4%	83.2%	74.9%	78.2%	79.9%
Em- ployed part-time	6.5%	7.8%	8.8%	10.5%	6.2%	9.5%	13.8%	10.9%	9.6%
Retired	1.6%	1.9%	2.8%	5.6%	3.4%	2.7%	1.8%	5.1%	3.1%
Student	0.0%	0.0%	0.0%	1.0%	1.1%	1.2%	1.5%	1.7%	0.8%
Unem- ployed/ short- term (less than 27 weeks)	0.1%	2.1%	1.2%	0.3%	0.7%	1.4%	1.6%	0.3%	1.0%
Unem- ployed long- term (27 weeks or longer)	1.4%	1.8%	0.3%	1.9%	1.8%	0.0%	0.0%	0.1%	0.8%
Person with dis- abilities unable to work	2.8%	2.1%	1.4%	1.7%	2.2%	0.6%	0.2%	0.8%	1.4%
Home- maker	0.6%	1.5%	3.1%	3.4%	4.3%	1.4%	4.8%	1.1%	2.8%
More than one job	0.0%	0.0%	0.8%	1.0%	0.0%	0.1%	1.4%	1.8%	0.7%
Total Number of Re- sponses	84	58	103	104	83	95	131	63	721

49. What is your annual household income?

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
Less than \$25,000	4.9%	7.0%	4.3%	3.7%	6.9%	2.3%	3.3%	4.1%	4.3%
\$25,000 to \$49,999	20.2%	26.8%	19.7%	11.3%	24.9%	12.0%	11.6%	21.4%	17.3%

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Grand Total
\$50,000 to \$99,999	54.4%	46.6%	41.2%	40.8%	39.7%	38.0%	40.8%	28.8%	41.4%
Over \$100,000	15.1%	15.8%	32.1%	37.9%	22.9%	37.4%	40.7%	41.9%	31.7%
Unsure/ Do not know	5.3%	3.8%	2.7%	6.4%	5.6%	10.4%	3.4%	3.7%	5.2%
Total Number of Responses	84	57	102	104	81	93	132	63	715

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.

Tell us about your organization

1. Please select the category that best describes your organization.

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	All service zones	Grand Total
Faith-based organization	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	16.7%	9.1%	0.0%	3.1%
Non-profit organization	50.0%	50.0%	33.3%	33.3%	30.0%	50.0%	33.3%	27.3%	37.5%	34.4%
Media	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
County or town government	16.7%	10.0%	8.3%	22.2%	30.0%	16.7%	16.7%	27.3%	12.5%	15.6%
Institute of higher education	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2.5%	1.6%

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	All service zones	Grand Total
Health-care provider	33.3%	40.0%	50.0%	44.4%	30.0%	33.3%	33.3%	36.4%	32.5%	32.8%
Public-private partnership	0.0%	0.0%	8.3%	0.0%	0.0%	0.0%	0.0%	0.0%	7.5%	6.3%
Other (please explain)	0.0%	0.0%	0.0%	0.0%	10.0%	0.0%	0.0%	0.0%	7.5%	6.3%
Total Number of Responses	6	10	12	9	10	6	6	11	40	64

2. In what ZIP code is your organization's/facility's main office located?

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	All service zones	Grand Total
27501	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
27502	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
27511	0.0%	0.0%	0.0%	0.0%	10.0%	0.0%	16.7%	0.0%	0.0%	3.1%
27513	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
27518	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
27519	0.0%	0.0%	0.0%	0.0%	10.0%	0.0%	0.0%	0.0%	0.0%	1.6%
27520	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
27522	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
27523	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
27526	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
27529	0.0%	0.0%	0.0%	0.0%	10.0%	0.0%	0.0%	0.0%	0.0%	1.6%
27539	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
27540	0.0%	0.0%	0.0%	0.0%	0.0%	16.7%	0.0%	0.0%	0.0%	1.6%
27545	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
27560	0.0%	0.0%	8.3%	0.0%	0.0%	0.0%	0.0%	0.0%	5.0%	4.7%
27562	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
27571	0.0%	0.0%	0.0%	11.1%	0.0%	0.0%	0.0%	0.0%	0.0%	1.6%

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	All service zones	Grand Total
27587	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
27591	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
27592	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
27596	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
27597	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
27601	16.7%	10.0%	8.3%	11.1%	10.0%	16.7%	16.7%	18.2%	7.5%	6.3%
27603	16.7%	20.0%	8.3%	11.1%	10.0%	16.7%	16.7%	27.3%	7.5%	9.4%
27604	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2.5%	1.6%
27605	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
27606	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
27607	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	18.2%	20.0%	15.6%
27608	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
27609	16.7%	30.0%	33.3%	0.0%	10.0%	0.0%	0.0%	9.1%	25.0%	26.6%
27610	33.3%	30.0%	25.0%	33.3%	30.0%	33.3%	33.3%	18.2%	22.5%	17.2%
27612	16.7%	10.0%	8.3%	11.1%	10.0%	16.7%	16.7%	9.1%	2.5%	1.6%
27613	0.0%	0.0%	8.3%	11.1%	0.0%	0.0%	0.0%	0.0%	0.0%	1.6%
27614	0.0%	0.0%	0.0%	11.1%	0.0%	0.0%	0.0%	0.0%	0.0%	1.6%
27615	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	5.0%	3.1%
27616	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
27617	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
27703	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2.5%	1.6%
27713	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Other (please provide)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Total Number of Responses	6	10	12	9	10	6	6	11	40	64

3. Wake County is divided into eight service zones. Based on the map provided below, please select the service zone(s) that most accurately represent the community served by your organization. Please select all that apply.

64 respondents selected 110 geographies as being within their service area. Given that one key leader could select multiple the service areas, the results were stratified by individual area and as such the individual service zones do not sum across to sum the total responses.

Tell us about the community(ies) or neighborhood(s) you serve

The following questions will ask about community problems, issues, and services that are important to the population you serve.

4. How do you believe the health of the community you serve has changed over the past five years?

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	All service zones	Grand Total
Greatly improved	0.0%	12.5%	0.0%	0.0%	0.0%	0.0%	0.0%	12.5%	0.0%	3.6%
Improved	75.0%	75.0%	72.7%	75.0%	77.8%	80.0%	60.0%	62.5%	44.4%	51.8%
No change	25.0%	12.5%	18.2%	25.0%	11.1%	20.0%	40.0%	25.0%	33.3%	26.8%
Worsened	0.0%	0.0%	9.1%	0.0%	11.1%	0.0%	0.0%	0.0%	22.2%	17.9%
Greatly worsened	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Total Number of Responses	4	8	11	8	9	5	5	8	36	56

5. From the list provided, what is the TOP (1) community health need of the community you serve? If there is a community health need that you consider the most important and it is not on this list, please select “Other” and write it in.

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	All service zones	Grand Total
Behavioral Health (mental, drug, etc.)	25.0%	25.0%	27.3%	25.0%	55.6%	20.0%	20.0%	50.0%	48.6%	45.6%
Cancer	0.0%	0.0%	18.2%	0.0%	0.0%	0.0%	0.0%	0.0%	2.7%	5.3%

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	All service zones	Grand Total
Cardio-vascular Health/ Diabetes/ Hypertension	0.0%	12.5%	9.1%	12.5%	11.1%	0.0%	0.0%	12.5%	8.1%	12.3%
Driving while impaired (alcohol, drugs, distracted driving)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
HIV/ AIDS	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Obesity	50.0%	37.5%	27.3%	25.0%	22.2%	40.0%	40.0%	25.0%	13.5%	12.3%
Prenatal Care	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Primary & Preventive health-care (including dental)	25.0%	25.0%	18.2%	37.5%	11.1%	40.0%	40.0%	12.5%	5.4%	10.5%
Suicide	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Tobacco or e-cigarette use	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2.7%	1.8%
Other	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	5.4%	3.5%
None	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2.7%	1.8%
Unsure/ Do not know	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	10.8%	7.0%
Total Number of Responses	4	8	11	8	9	5	5	8	37	57

6. In your opinion, what is the TOP (1) issue that most affects the quality of life in the community you serve? If there is a community problem that you consider the most important and it is not on this list, please select “Other” and write it in.

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	All service zones	Grand Total
Access to health-care services	0.0%	12.5%	9.1%	25.0%	0.0%	0.0%	20.0%	0.0%	10.8%	12.3%
Affordable, safe housing/ Homelessness	0.0%	0.0%	9.1%	12.5%	11.1%	0.0%	0.0%	12.5%	13.5%	15.8%
Crime and abuse	0.0%	12.5%	9.1%	0.0%	11.1%	0.0%	0.0%	12.5%	0.0%	1.8%
Discrimination/ racism	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Educational opportunities/ achievement	0.0%	0.0%	9.1%	0.0%	11.1%	0.0%	0.0%	0.0%	13.5%	12.3%
Environmental factors (water, air quality, etc.)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Financial status/ Health insurance coverage	0.0%	12.5%	18.2%	0.0%	11.1%	0.0%	0.0%	12.5%	21.6%	22.8%
Transportation	25.0%	12.5%	9.1%	12.5%	22.2%	40.0%	20.0%	12.5%	5.4%	7.0%

	East	East Central	North Central	North- ern	South Central	South- ern	West	West Central	All service zones	Grand Total
Unem- plov- ment/ employ- ment opportu- nities	0.0%	0.0%	9.1%	12.5%	0.0%	0.0%	0.0%	12.5%	5.4%	7.0%
Other	25.0%	25.0%	9.1%	12.5%	11.1%	20.0%	20.0%	12.5%	16.2%	12.3%
None	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Unsure/ Do not know	50.0%	25.0%	18.2%	25.0%	22.2%	40.0%	40.0%	25.0%	13.5%	8.8%
Total Number of Re- sponses	4	8	11	8	9	5	5	8	37	57

7. In your opinion, which ONE (1) of the following services needs the most improvement in the neighborhood or community you serve? If there is a service that you think needs improvement that is not on this list, please select “Other” and write it in.

	East	East Central	North Central	North- ern	South Central	South- ern	West	West Central	All service zones	Grand Total
Child- care services	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2.7%	1.8%
Dis- ability services	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Employ- ment	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	5.4%	3.5%
Educa- tion	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2.7%	1.8%
Environ- mental factors (water, air qual- ity, etc.)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

	East	East Central	North Central	North- ern	South Central	South- ern	West	West Central	All service zones	Grand Total
Health-care access and disease management	0.0%	0.0%	9.1%	0.0%	0.0%	0.0%	20.0%	12.5%	10.8%	12.3%
Housing	25.0%	12.5%	18.2%	12.5%	22.2%	20.0%	20.0%	12.5%	10.8%	10.5%
Law enforcement/safety	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Leisure and recreational services	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Mental health services	25.0%	37.5%	54.5%	50.0%	33.3%	20.0%	20.0%	50.0%	37.8%	40.4%
Transportation	0.0%	0.0%	0.0%	12.5%	11.1%	20.0%	0.0%	0.0%	13.5%	14.0%
Other	0.0%	12.5%	0.0%	0.0%	11.1%	0.0%	0.0%	0.0%	5.4%	7.0%
None	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Unsure/Do not know	50.0%	37.5%	18.2%	25.0%	22.2%	40.0%	40.0%	25.0%	10.8%	8.8%
Total Number of Responses	4	8	11	8	9	5	5	8	37	57

8. In your opinion, which ONE (1) health behavior do people in the community you serve need more information about?

	East	East Central	North Central	North- ern	South Central	South- ern	West	West Central	All service zones	Grand Total
Care-giving (elderly or person with disabilities)	0.0%	0.0%	0.0%	0.0%	22.2%	0.0%	0.0%	12.5%	0.0%	5.3%

	East	East Central	North Central	North- ern	South Central	South- ern	West	West Central	All service zones	Grand Total
Crime prevention and safety	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Emotional and mental health	25.0%	25.0%	45.5%	25.0%	11.1%	20.0%	40.0%	25.0%	29.7%	29.8%
Management of chronic conditions	0.0%	0.0%	9.1%	12.5%	11.1%	0.0%	0.0%	0.0%	5.4%	7.0%
Nutrition and physical activity	0.0%	25.0%	9.1%	12.5%	0.0%	0.0%	0.0%	0.0%	5.4%	10.5%
Parenting	25.0%	12.5%	9.1%	12.5%	11.1%	20.0%	20.0%	12.5%	8.1%	5.3%
Preventive health services	50.0%	37.5%	27.3%	37.5%	44.4%	40.0%	40.0%	37.5%	21.6%	19.3%
Sexual health	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Substance abuse prevention	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	5.4%	3.5%
Suicide education and prevention	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	12.5%	5.4%	5.3%
Tobacco cessation	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	5.4%	3.5%
Other	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	5.4%	3.5%
None	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Unsure/ Do not know	0.0%	0.0%	0.0%	0.0%	0.0%	20.0%	0.0%	0.0%	8.1%	7.0%

	East	East Central	North Central	North-ern	South Central	South-ern	West	West Central	All service zones	Grand Total
Total Number of Responses	4	8	11	8	9	5	5	8	37	57

9. Do you believe the health needs are similar across Wake County? If no, in which geographic area(s) do you believe need is greatest?

- I think there are pockets of greater need throughout the county.
- SE Raleigh
- No. There are more pockets of severe poverty in Garner, Fuquay, Knightdale, Wendell and Zebulon along with limited access to health care resources.
- I believe that we have pockets of need throughout the County, perhaps more pronounced in the east and southeast regions.
- Yes, I believe the health needs are similar.
- There are pockets of under resourced areas all across Wake County. Needs are different - but on the whole they are similar Southeast Raleigh
- There are needs across the county but vary from neighborhood to neighborhood.
- Northeast and central..close to WakeMed
- Yes
- Yes
- The eastern half of the county, from north to south.
- No, South East Raleigh, South Wake (Fuquay)
- In rural areas, transportation is important for obtaining services. In other areas the need for safe, affordable, supported housing (especially the affordable part) is greatest.
- Yes
- Eastern Wake County has more immediate needs - preventative care, nutrition services, and chronic illness support.
- Yes
- Lack of mental and behavioral health providers, and support for families, in Wake County is staggering. This is a broad county-wide issue that needs deep attention.
- SE Raleigh has the most poverty which leads to poor access to health services
- No central east and west
- SE Raleigh, East Wake
- Yes
- Crosby area where more poverty exists and less access to affordable housing and health care and employment
- Southeast Raleigh
- Yes
- Eastern and Southern areas
- Don't know
- Similar
- No, East and SE Raleigh probably have less access to healthcare.
- Southeast and east Raleigh and Eastern Wake Co.
- Yes.
- There is greater need in the low-income areas. More affordable housing; more parenting and after-school programs. It is hard for hourly workers to get off to pick up children

- Given our current transportation limitations. Schools are not necessarily in the neighborhood the parents work or live. SE/Mini-City/Brentwood and ALL of our trailer “subdivisions.”
- health needs vary in different areas and socioeconomic status due to their impact as determinants of health
- Yes

Evaluation of 2013 CHNA

These questions allow you to provide feedback regarding the 2013 Community Health Needs Assessment.

10. Are you aware that Wake County completed a Community Health Needs Assessment in 2013?

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	All service zones	Grand Total
Yes	100.0%	75.0%	72.7%	100.0%	88.9%	100.0%	100.0%	62.5%	73.0%	71.9%
No	0.0%	0.0%	18.2%	0.0%	0.0%	0.0%	0.0%	25.0%	27.0%	24.6%
Unsure	0.0%	25.0%	9.1%	0.0%	11.1%	0.0%	0.0%	12.5%	0.0%	3.5%
Total Number of Responses	4	8	11	8	9	5	5	8	37	57

11. The 2013 assessment resulted in the following three priority groups: 1) Poverty and Unemployment, 2) Health Care Access and Utilization, and 3) Mental Health and Substance Abuse. Have you seen any improvements related to these priorities in the community you serve? For each, please select “Improved”, “Not Improved”, or “Unsure/Do not know”.

A. Poverty and Unemployment

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	All service zones	Grand Total
Improved	25.0%	25.0%	36.4%	37.5%	33.3%	20.0%	20.0%	25.0%	18.9%	26.3%
Not Improved	50.0%	62.5%	45.5%	50.0%	44.4%	40.0%	40.0%	50.0%	43.2%	40.4%
Unsure/Do not know	25.0%	12.5%	18.2%	12.5%	22.2%	40.0%	40.0%	25.0%	37.8%	33.3%
Total Number of Responses	4	8	11	8	9	5	5	8	37	57

B. Health Care Access and Utilization

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	All service zones	Grand Total
Im-proved	50.0%	62.5%	54.5%	62.5%	22.2%	40.0%	40.0%	57.1%	45.9%	48.2%
Not Im-proved	25.0%	25.0%	27.3%	12.5%	44.4%	20.0%	40.0%	28.6%	18.9%	21.4%
Unsure/ Do not know	25.0%	12.5%	18.2%	25.0%	33.3%	40.0%	20.0%	14.3%	35.1%	30.4%
Total Number of Re-sponses	4	8	11	8	9	5	5	7	37	56

C. Mental Health and Substance Abuse

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	All service zones	Grand Total
Im-proved	0.0%	25.0%	9.1%	25.0%	0.0%	0.0%	0.0%	12.5%	13.5%	15.8%
Not Im-proved	75.0%	62.5%	72.7%	50.0%	88.9%	60.0%	80.0%	62.5%	54.1%	57.9%
Unsure/ Do not know	25.0%	12.5%	18.2%	25.0%	11.1%	40.0%	20.0%	25.0%	32.4%	26.3%
Total Number of Re-sponses	4	8	11	8	9	5	5	7	37	56

12. Of these three priority groups, 1) Poverty and Unemployment, 2) Health Care Access and Utilization, and 3) Mental Health and Substance Abuse, are any a concern for the population you serve today? For each, please select “Yes”, “No”, or “Unsure/Do not know”.

A. Poverty and Unemployment

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	All service zones	Grand Total
Yes	75.0%	75.0%	72.7%	87.5%	66.7%	60.0%	80.0%	85.7%	86.1%	80.0%
No	0.0%	12.5%	18.2%	0.0%	22.2%	0.0%	0.0%	0.0%	0.0%	9.1%

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	All service zones	Grand Total
Unsure	25.0%	12.5%	9.1%	12.5%	11.1%	40.0%	20.0%	14.3%	13.9%	10.9%
Total Number of Responses	4	8	11	8	9	5	5	7	36	55

B. Health Care Access and Utilization

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	All service zones	Grand Total
Yes	50.0%	75.0%	72.7%	75.0%	55.6%	60.0%	60.0%	75.0%	80.6%	82.1%
No	0.0%	0.0%	9.1%	0.0%	22.2%	0.0%	0.0%	0.0%	5.6%	8.9%
Unsure	50.0%	25.0%	18.2%	25.0%	22.2%	40.0%	40.0%	25.0%	13.9%	8.9%
Total Number of Responses	4	8	11	8	9	5	5	8	36	56

C. Mental Health and Substance Abuse

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	All service zones	Grand Total
Yes	50.0%	62.5%	72.7%	62.5%	77.8%	40.0%	60.0%	62.5%	83.3%	82.1%
No	0.0%	12.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.8%
Unsure	50.0%	25.0%	27.3%	37.5%	22.2%	60.0%	40.0%	37.5%	16.7%	16.1%
Total Number of Responses	4	8	11	8	9	5	5	8	36	56

Tell us about the health decisions of the population you serve

This next section of questions will focus on the health decisions of the population you serve.

13. From the list provided, where do you feel most members of the community you serve most often seek medical attention for issues related to their physical health?

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	All service zones	Grand Total
Do not seek care	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Alternative medicine provider (acupuncture, chiropractic treatments, natural products, medicinal herbs)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	14.3%	0.0%	1.9%
Emergency department	33.3%	57.1%	40.0%	42.9%	28.6%	25.0%	25.0%	57.1%	33.3%	34.6%
Health department	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	9.1%	5.8%
Primary care provider (doctor, nurse, etc.)	66.7%	42.9%	50.0%	57.1%	71.4%	50.0%	75.0%	28.6%	48.5%	48.1%
Walk-in/ Urgent care center	0.0%	0.0%	10.0%	0.0%	0.0%	25.0%	0.0%	0.0%	3.0%	5.8%

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	All service zones	Grand Total
Other type of health clinic	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	3.0%	1.9%
Phone application	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Social media/ Internet	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Other (please explain)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	3.0%	1.9%
Total Number of Responses	3	7	10	7	7	4	4	7	33	52

14. What do you believe has the greatest impact on why members of the community you serve might put off going to the doctor for issues related to their physical health? Please select all that apply.

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	All service zones	Grand Total
Belief that going to the doctor doesn't help	0.0%	0.0%	2.8%	0.0%	0.0%	0.0%	0.0%	0.0%	4.2%	3.5%
Cannot get an appointment	8.3%	7.1%	5.6%	8.0%	4.3%	8.3%	5.9%	4.5%	4.2%	3.5%
Cultural/religious beliefs	0.0%	0.0%	2.8%	0.0%	0.0%	0.0%	0.0%	0.0%	0.7%	1.0%
Do not have child care	8.3%	7.1%	2.8%	4.0%	4.3%	8.3%	5.9%	4.5%	3.5%	3.0%

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	All service zones	Grand Total
Do not have time in their schedule	8.3%	14.3%	8.3%	4.0%	8.7%	8.3%	5.9%	9.1%	4.2%	5.0%
Do not know where to go	0.0%	7.1%	2.8%	4.0%	4.3%	0.0%	0.0%	9.1%	5.6%	6.0%
They hope the problem will go away without having to go to the doctor	8.3%	3.6%	5.6%	8.0%	4.3%	8.3%	5.9%	4.5%	7.7%	6.0%
Do not want to find out that they are sick	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2.1%	1.5%
Educational barriers	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	5.9%	0.0%	2.1%	2.0%
Inability to pay for services or copays	25.0%	17.9%	19.4%	24.0%	21.7%	25.0%	23.5%	27.3%	15.5%	17.6%
Insurance will not cover what they needed	8.3%	3.6%	8.3%	8.0%	13.0%	8.3%	5.9%	4.5%	9.2%	9.0%

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	All service zones	Grand Total
Insurance was not accepted by their health care provider	0.0%	3.6%	8.3%	4.0%	8.7%	0.0%	5.9%	0.0%	4.2%	6.0%
Lack of adequate transportation	8.3%	10.7%	5.6%	12.0%	4.3%	8.3%	11.8%	9.1%	7.7%	8.0%
Lack of health insurance	16.7%	10.7%	13.9%	16.0%	13.0%	16.7%	17.6%	13.6%	10.6%	11.1%
Long wait times	0.0%	3.6%	5.6%	0.0%	8.7%	0.0%	0.0%	4.5%	3.5%	4.0%
Mis-trust of medical professionals	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2.8%	2.0%
Shortage of health-care professionals	0.0%	3.6%	2.8%	4.0%	0.0%	0.0%	0.0%	0.0%	2.1%	2.0%
Stigma associated with going to the doctor	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	4.5%	2.8%	2.5%
Unable to find a provider that speaks their language	0.0%	3.6%	2.8%	0.0%	0.0%	0.0%	0.0%	0.0%	2.8%	3.0%

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	All service zones	Grand Total
Other (please explain)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2.1%	1.5%
None/ They do not put off going to the doctor for issues related to their physical health	8.3%	3.6%	2.8%	4.0%	4.3%	8.3%	5.9%	4.5%	2.1%	1.5%
They do not need to go to the doctor for issues related to my physical health	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Total Number of Responses	12	28	36	25	23	12	17	22	142	199

15. Are any of the following physical health issues a health concern in the community you serve? For each, please select “Yes”, “No”, or “Unsure/Do not know”.

A. Cancer

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	All service zones	Grand Total
Yes	50.0%	57.1%	70.0%	71.4%	62.5%	60.0%	60.0%	50.0%	55.6%	66.0%
No	25.0%	28.6%	20.0%	14.3%	25.0%	20.0%	20.0%	33.3%	19.4%	16.0%
Unsure	25.0%	14.3%	10.0%	14.3%	12.5%	20.0%	20.0%	16.7%	25.0%	18.0%
Total Number of Responses	4	7	10	7	8	5	5	6	36	50

B. Asthma

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	All service zones	Grand Total
Yes	100.0%	83.3%	62.5%	83.3%	71.4%	75.0%	100.0%	83.3%	54.8%	57.8%
No	0.0%	16.7%	12.5%	0.0%	14.3%	0.0%	0.0%	16.7%	16.1%	13.3%
Unsure	0.0%	0.0%	25.0%	16.7%	14.3%	25.0%	0.0%	0.0%	29.0%	28.9%
Total Number of Responses	3	6	8	6	7	4	4	6	31	45

C. Heart disease

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	All service zones	Grand Total
Yes	50.0%	71.4%	81.8%	75.0%	62.5%	40.0%	60.0%	71.4%	63.9%	71.7%
No	25.0%	14.3%	9.1%	12.5%	25.0%	20.0%	20.0%	14.3%	11.1%	9.4%
Unsure	25.0%	14.3%	9.1%	12.5%	12.5%	40.0%	20.0%	14.3%	25.0%	18.9%
Total Number of Responses	4	7	11	8	8	5	5	7	36	53

D. Congestive heart failure

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	All service zones	Grand Total
Yes	50.0%	71.4%	80.0%	66.7%	50.0%	40.0%	60.0%	57.1%	55.6%	60.0%
No	25.0%	14.3%	10.0%	16.7%	25.0%	20.0%	20.0%	28.6%	19.4%	18.0%
Unsure	25.0%	14.3%	10.0%	16.7%	25.0%	40.0%	20.0%	14.3%	25.0%	22.0%
Total Number of Responses	4	7	10	6	8	5	5	7	36	50

E. Chronic Obstructive Pulmonary Disease (COPD)

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	All service zones	Grand Total
Yes	50.0%	57.1%	55.6%	71.4%	37.5%	40.0%	60.0%	42.9%	57.1%	57.1%
No	25.0%	28.6%	22.2%	14.3%	37.5%	20.0%	20.0%	42.9%	11.4%	14.3%
Unsure	25.0%	14.3%	22.2%	14.3%	25.0%	40.0%	20.0%	14.3%	31.4%	28.6%
Total Number of Responses	4	7	9	7	8	5	5	7	35	49

F. High blood pressure

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	All service zones	Grand Total
Yes	50.0%	62.5%	70.0%	75.0%	62.5%	60.0%	60.0%	57.1%	66.7%	75.5%
No	25.0%	25.0%	20.0%	12.5%	25.0%	20.0%	20.0%	28.6%	5.6%	5.7%
Unsure	25.0%	12.5%	10.0%	12.5%	12.5%	20.0%	20.0%	14.3%	27.8%	18.9%
Total Number of Responses	4	8	10	8	8	5	5	7	36	53

G. High cholesterol

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	All service zones	Grand Total
Yes	50.0%	62.5%	70.0%	75.0%	50.0%	60.0%	40.0%	42.9%	66.7%	69.8%
No	25.0%	25.0%	20.0%	12.5%	25.0%	20.0%	20.0%	28.6%	5.6%	5.7%
Unsure	25.0%	12.5%	10.0%	12.5%	25.0%	20.0%	40.0%	28.6%	27.8%	24.5%
Total Number of Responses	4	8	10	8	8	5	5	7	36	53

H. Overweight/obesity

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	All service zones	Grand Total
Yes	75.0%	87.5%	90.9%	87.5%	75.0%	80.0%	80.0%	71.4%	86.1%	87.0%
No	25.0%	12.5%	9.1%	12.5%	25.0%	20.0%	20.0%	28.6%	2.8%	5.6%
Unsure	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	11.1%	7.4%
Total Number of Responses	4	8	11	8	8	5	5	7	36	54

I. Osteoporosis

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	All service zones	Grand Total
Yes	50.0%	42.9%	55.6%	57.1%	37.5%	40.0%	40.0%	42.9%	42.4%	40.4%
No	25.0%	28.6%	22.2%	14.3%	25.0%	20.0%	20.0%	42.9%	18.2%	17.0%
Unsure	25.0%	28.6%	22.2%	28.6%	37.5%	40.0%	40.0%	14.3%	39.4%	42.6%
Total Number of Responses	4	7	9	7	8	5	5	7	33	47

J. Chronic pain

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	All service zones	Grand Total
Yes	75.0%	85.7%	80.0%	83.3%	62.5%	60.0%	60.0%	75.0%	68.6%	66.0%
No	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	12.5%	2.9%	4.0%
Unsure	25.0%	14.3%	20.0%	16.7%	37.5%	40.0%	40.0%	12.5%	28.6%	30.0%
Total Number of Responses	4	7	10	6	8	5	5	8	35	50

K. Diabetes not during pregnancy

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	All service zones	Grand Total
Yes	100.0%	100.0%	100.0%	100.0%	87.5%	80.0%	100.0%	85.7%	71.4%	74.5%
No	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2.9%	2.0%
Unsure	0.0%	0.0%	0.0%	0.0%	12.5%	20.0%	0.0%	14.3%	25.7%	23.5%
Total Number of Responses	4	7	11	7	8	5	5	7	35	51

16. From the list provided, where do you feel most members of the community you serve most often seek care for issues related to their mental health?

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	All service zones	Grand Total
Do not seek care	0.0%	16.7%	33.3%	14.3%	33.3%	0.0%	0.0%	16.7%	25.0%	32.0%
Alternative medicine provider (acupuncture, chiropractic treatments, natural products, medicinal herbs)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Emergency department	66.7%	66.7%	44.4%	42.9%	33.3%	50.0%	75.0%	66.7%	37.5%	36.0%
Health department	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	All service zones	Grand Total
Primary care provider (doctor, nurse, etc.)	0.0%	0.0%	11.1%	28.6%	16.7%	0.0%	0.0%	0.0%	9.4%	12.0%
Mental health provider (therapist, psychologist, psychiatrist)	33.3%	16.7%	11.1%	14.3%	16.7%	50.0%	25.0%	16.7%	9.4%	8.0%
Walk-in/ Urgent care center	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Other type of health clinic	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	3.1%	2.0%
Phone application	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Social media/ Internet	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	3.1%	2.0%
Other (please explain)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	12.5%	8.0%
Total Number of Responses	3	6	9	7	6	4	4	6	32	50

17. What do you believe has the greatest impact on why members of the community you serve might put off going to the doctor for issues related to their mental health? Please select all that apply.

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	All service zones	Grand Total
Belief that going to the doctor doesn't help	0.0%	5.9%	5.9%	5.6%	6.7%	0.0%	0.0%	5.3%	4.9%	5.0%
Cannot get an appointment	20.0%	11.8%	8.8%	11.1%	6.7%	16.7%	8.3%	10.5%	3.1%	3.4%
Cultural/religious beliefs	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	5.3%	2.5%	2.1%
Do not have child care	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.8%	1.3%
Do not have time in their schedule	0.0%	0.0%	2.9%	0.0%	0.0%	0.0%	0.0%	0.0%	2.5%	2.1%
Do not know where to go	20.0%	17.6%	8.8%	16.7%	6.7%	33.3%	16.7%	10.5%	9.2%	9.2%
They hope the problem will go away without having to go to the doctor	0.0%	5.9%	2.9%	0.0%	0.0%	0.0%	0.0%	0.0%	3.7%	3.4%

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	All service zones	Grand Total
Do not want to find out that they are sick	0.0%	0.0%	2.9%	0.0%	0.0%	0.0%	0.0%	5.3%	1.8%	2.1%
Educational barriers	0.0%	0.0%	5.9%	0.0%	0.0%	0.0%	8.3%	0.0%	3.1%	3.4%
Inability to pay for services or copays	0.0%	5.9%	8.8%	5.6%	13.3%	0.0%	8.3%	5.3%	10.4%	10.9%
Insurance will not cover what they needed	20.0%	17.6%	11.8%	16.7%	20.0%	16.7%	16.7%	15.8%	9.8%	10.9%
Insurance was not accepted by their health care provider	0.0%	0.0%	5.9%	5.6%	13.3%	0.0%	8.3%	0.0%	4.9%	5.9%
Lack of adequate transportation	0.0%	11.8%	2.9%	11.1%	0.0%	0.0%	8.3%	5.3%	6.1%	6.3%
Lack of health insurance	20.0%	5.9%	8.8%	11.1%	20.0%	16.7%	16.7%	10.5%	8.0%	8.4%
Long wait times	0.0%	0.0%	0.0%	0.0%	6.7%	0.0%	0.0%	0.0%	1.8%	1.7%
Mis-trust of medical professionals	0.0%	5.9%	5.9%	0.0%	0.0%	0.0%	0.0%	0.0%	3.1%	3.4%

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	All service zones	Grand Total
Shortage of health-care professionals	0.0%	0.0%	2.9%	0.0%	0.0%	0.0%	0.0%	5.3%	3.7%	3.4%
Stigma associated with going to the doctor	0.0%	0.0%	2.9%	0.0%	0.0%	0.0%	0.0%	5.3%	4.9%	4.2%
Stigma associated with the diagnosis of a mental health condition	0.0%	0.0%	8.8%	11.1%	0.0%	0.0%	0.0%	10.5%	10.4%	9.7%
Unable to find a provider that speaks their language	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.2%	0.8%
Other (please explain)	0.0%	5.9%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2.5%	2.1%
None/I do not put off going to the doctor for issues related to their mental health	20.0%	5.9%	2.9%	5.6%	6.7%	16.7%	8.3%	5.3%	0.6%	0.4%

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	All service zones	Grand Total
They do not need to go to the doctor for issues related to their mental health	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Total Number of Responses	5	17	34	18	15	6	12	19	163	238

18. Are any of the following mental health issues a health concern in the community you serve? For each, please select “Yes”, “No”, or “Unsure/Do not know”.

A. Depression

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	All service zones	Grand Total
Yes	100.0%	100.0%	100.0%	100.0%	83.3%	75.0%	100.0%	83.3%	88.2%	86.3%
No	0.0%	0.0%	0.0%	0.0%	16.7%	0.0%	0.0%	16.7%	0.0%	3.9%
Unsure	0.0%	0.0%	0.0%	0.0%	0.0%	25.0%	0.0%	0.0%	11.8%	9.8%
Total Number of Responses	3	5	9	7	6	4	4	6	34	51

B. Dementia

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	All service zones	Grand Total
Yes	66.7%	80.0%	88.9%	85.7%	83.3%	50.0%	75.0%	80.0%	52.9%	66.0%
No	33.3%	20.0%	11.1%	14.3%	16.7%	25.0%	25.0%	20.0%	17.6%	12.0%
Unsure	0.0%	0.0%	0.0%	0.0%	0.0%	25.0%	0.0%	0.0%	29.4%	22.0%
Total Number of Responses	3	5	9	7	6	4	4	5	34	50

C. Other mental health condition (not depression or dementia)

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	All service zones	Grand Total
Yes	100.0%	100.0%	88.9%	71.4%	83.3%	75.0%	100.0%	100.0%	79.4%	78.8%
No	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Unsure	0.0%	0.0%	11.1%	28.6%	16.7%	25.0%	0.0%	0.0%	20.6%	21.2%
Total Number of Responses	3	6	9	7	6	4	4	6	34	52

D. Alcoholism

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	All service zones	Grand Total
Yes	100.0%	80.0%	87.5%	83.3%	60.0%	66.7%	100.0%	80.0%	78.8%	74.5%
No	0.0%	0.0%	0.0%	0.0%	40.0%	0.0%	0.0%	20.0%	3.0%	7.8%
Unsure	0.0%	20.0%	12.5%	16.7%	0.0%	33.3%	0.0%	0.0%	18.2%	17.6%
Total Number of Responses	2	5	8	6	5	3	3	5	33	51

E. Drug abuse

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	All service zones	Grand Total
Yes	100.0%	80.0%	87.5%	83.3%	80.0%	66.7%	100.0%	80.0%	78.8%	76.5%
No	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	20.0%	0.0%	2.0%
Unsure	0.0%	20.0%	12.5%	16.7%	20.0%	33.3%	0.0%	0.0%	21.2%	21.6%
Total Number of Responses	2	5	8	6	5	3	3	5	33	51

19. On a scale of 1 to 5 (with 1 being strongly disagree and 5 being strongly agree), please rate each of the following statements for the community you serve:

A. Residents can access a doctor, including nurse practitioners and physician assistants (Family/General Practitioner, Ob/Gyn, Pediatrician) when needed.

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	All service zones	Grand Total
1- strongly disagree	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	3.0%	2.0%
2	0.0%	33.3%	11.1%	42.9%	0.0%	0.0%	25.0%	16.7%	27.3%	29.4%
3	66.7%	33.3%	22.2%	28.6%	83.3%	50.0%	50.0%	50.0%	18.2%	19.6%
4	33.3%	33.3%	66.7%	28.6%	16.7%	25.0%	25.0%	33.3%	36.4%	37.3%
5- strongly agree	0.0%	0.0%	0.0%	0.0%	0.0%	25.0%	0.0%	0.0%	15.2%	11.8%
Total Number of Responses	3	6	9	7	6	4	4	6	33	51

B. Residents are able to access a medical specialist (Cardiologist, Dermatologist, etc.) when needed.

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	All service zones	Grand Total
1- strongly disagree	0.0%	0.0%	0.0%	14.3%	0.0%	0.0%	25.0%	0.0%	9.4%	10.0%
2	33.3%	33.3%	22.2%	28.6%	33.3%	25.0%	25.0%	50.0%	25.0%	28.0%
3	33.3%	16.7%	11.1%	14.3%	50.0%	25.0%	25.0%	16.7%	15.6%	14.0%
4	33.3%	50.0%	66.7%	42.9%	16.7%	25.0%	25.0%	33.3%	43.8%	42.0%
5- strongly agree	0.0%	0.0%	0.0%	0.0%	0.0%	25.0%	0.0%	0.0%	6.3%	6.0%
Total Number of Responses	3	6	9	7	6	4	4	6	32	50

C. There are enough providers accepting Medicaid.

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	All service zones	Grand Total
1- strongly disagree	0.0%	16.7%	22.2%	42.9%	16.7%	0.0%	25.0%	0.0%	9.1%	17.6%

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	All service zones	Grand Total
2	0.0%	0.0%	0.0%	0.0%	16.7%	0.0%	0.0%	0.0%	39.4%	27.5%
3	100.0%	66.7%	66.7%	57.1%	66.7%	100.0%	75.0%	100.0%	30.3%	37.3%
4	0.0%	16.7%	11.1%	0.0%	0.0%	0.0%	0.0%	0.0%	21.2%	17.6%
5- strongly agree	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Total Number of Responses	3	6	9	7	6	4	4	6	33	51

D. There are enough providers accepting Medicare.

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	All service zones	Grand Total
1- strongly disagree	0.0%	16.7%	11.1%	28.6%	16.7%	0.0%	25.0%	0.0%	3.0%	9.8%
2	33.3%	16.7%	22.2%	28.6%	33.3%	25.0%	25.0%	33.3%	33.3%	29.4%
3	66.7%	50.0%	55.6%	42.9%	50.0%	75.0%	50.0%	50.0%	42.4%	41.2%
4	0.0%	16.7%	11.1%	0.0%	0.0%	0.0%	0.0%	16.7%	18.2%	17.6%
5- strongly agree	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	3.0%	2.0%
Total Number of Responses	3	6	9	7	6	4	4	6	33	51

E. There are enough bilingual providers.

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	All service zones	Grand Total
1- strongly disagree	33.3%	33.3%	22.2%	28.6%	16.7%	25.0%	50.0%	16.7%	21.9%	18.0%
2	0.0%	0.0%	11.1%	14.3%	0.0%	0.0%	0.0%	33.3%	28.1%	26.0%
3	66.7%	50.0%	44.4%	57.1%	66.7%	75.0%	50.0%	50.0%	37.5%	40.0%
4	0.0%	16.7%	22.2%	0.0%	16.7%	0.0%	0.0%	0.0%	12.5%	16.0%
5- strongly agree	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Total Number of Responses	3	6	9	7	6	4	4	6	32	50

F. There are enough mental health providers.

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	All service zones	Grand Total
1- strongly disagree	33.3%	33.3%	44.4%	57.1%	33.3%	25.0%	50.0%	50.0%	32.3%	38.8%
2	33.3%	33.3%	22.2%	14.3%	50.0%	50.0%	25.0%	16.7%	29.0%	28.6%
3	33.3%	16.7%	33.3%	28.6%	16.7%	25.0%	25.0%	16.7%	25.8%	20.4%
4	0.0%	16.7%	0.0%	0.0%	0.0%	0.0%	0.0%	16.7%	9.7%	10.2%
5- strongly agree	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	3.2%	2.0%
Total Number of Responses	3	6	9	7	6	4	4	6	31	49

G. There are enough substance abuse treatment providers.

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	All service zones	Grand Total
1- strongly disagree	0.0%	0.0%	22.2%	28.6%	33.3%	0.0%	25.0%	16.7%	18.2%	27.5%
2	66.7%	66.7%	44.4%	42.9%	33.3%	50.0%	50.0%	50.0%	36.4%	31.4%

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	All service zones	Grand Total
3	33.3%	16.7%	33.3%	28.6%	33.3%	50.0%	25.0%	16.7%	39.4%	33.3%
4	0.0%	16.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	6.1%	5.9%
5- strongly agree	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	16.7%	0.0%	2.0%
Total Number of Responses	3	6	9	7	6	4	4	6	33	51

20. If you were in charge, what specific thing(s) would you do to improve the health of the community you serve?

- Take a policy and systems change approach to increase physical activity and healthy eating - so built environment, and institutions' food choices around what they serve and how they prepare it (both public institutions and workplace cafeterias).
- Eliminate ACA and the mountains of bureaucracy it has created. Do not allow medical plans to change the rules mid plan year (disallowing prescriptions formerly accepted).
- For mentally ill patients who receive disability and test positive for drugs or are regularly abusing alcohol, I would require they have a temporary payee to make sure the money is spent on food/clothing/shelter. The current system makes obtaining a payee very difficult.
- Expand Medicaid, increase the number of school based health centers
- To truly enable people to access mental health providers we must have an educational awareness campaign so people know Where to go, When to go, Why to go, and How to pay for mental health and allied services. Once we overcome those barriers, perhaps we will see a huge increase in utilization and improved community health.
- Make basic health care accessible and affordable.
- Address social, environmental and economic factors affecting poor health. Poverty is the MAIN issue.
- Better integration of primary care and mental health
- Payments from IPRS and Medicaid are so low and the forced overhead by DHHS make for chronic business failures and the providers leave the patients in a void. I have seen over 25 mental health providers go under in the last 5 years. As long as the state legislature continues to defund mental health services we will continue to flood our ER's, especially WakeMed. The new private psychiatric hospital opening in 2017 will help, but HHH will be swarmed with IPRS patients. The new beds at WakeBrook will help also. As a community we need more substance abuse treatment and prevention. However, SA treatment is even more of a risk for a provider as IPRS does little and many of these patients are uninsured and will never qualify for Medicaid. We need to seek grant monies to increase prevention and we need to bring back a functioning inpatient substance abuse unit with at least a 7 to 10 stay and to open more half way houses. VR needs to increase what it does in this community also.
- Education/prevention
- Assuming funding: 1) Improve mental health services for children and adolescents; 2) provide affordable, safe, supportive housing even for those with minor criminal records; 3) completely revamp transportation services for those who are disabled -- make it user

friendly and not a competition for a limited number of slots to get needed services; 4) provide step-down or step-up services for those with mental illness in pre-crisis or in crisis; 5) provide alternative for young adults to receive services, education, training and support so that they can have hope for recovery.

- Better coverage and access to all levels of mental health services
- Mental Health needs to be a priority - access, education
- Improve coverage for Home infusion services as they are cost effective for all parties involved, have better clinical results but under all government programs only the drug is covered and the patient is liable for supplies and equipment. This causes them to have to stay in the hospital or go to a facility (at a much greater cost) when they will commonly stay longer or come out and be bad debt
- Better fund mental and behavioral health initiatives Expand physician practices who accept Medicaid and Medicare Provide more education to residents to know when to go to the Emergency Department, and when to go to another provider
- Provide universal health coverage
- Reduce costs for patients, stop decreasing payments for services from insurance companies forcing the healthcare environment to do more with less staff. Prevents the ability to service patients at the level needed to help patients feel they are important.
- Since the closing of DIX, there have been problems with all area hospitals of mental health patients showing up in the ER. Most of these hospitals are not trained for these type of patients. The state created this problem by closing Dix but are still holding them accountable and DHSR is busting their chops when it's State of North Carolina's fault for the problems.
- Address poverty
- Focus on the needs of young adults and provide better access and health information. Also focus on access for seniors.
- Simplify health care system. Government should regulate the pricing of services / drugs and let the citizens have control on actual buying of services / insurance per their needs. Health care costs have risen and continue to rise significantly. Irrespective of significant spend on Medicare/Medicaid, government doesn't negotiate drug prices. The basic cost of care has gone way up and that's where the government should spend more energy in bringing those costs under control.
- Comprehensive reproductive health in the WCPSS. Suicide prevention for youth.
- Unite against the fraud/sham of the Affordable Care Act. Eliminate all activities with AARP - the most duplicitous organization hurting seniors. Unless that happens, then no efforts to have a really meaningful and truly affordable/accessible health care system will happen.
- Teach them how to prevent chronic diseases.
- Continue working with partners such as faith based groups, hospitals, insurance companies to expand consumer-driven fitness and nutrition activities
- Expand Medicaid
- More case management and crisis management in mental/behavioral health
- Since some type of healthcare service will be needed by everyone at some point in time, I would ensure services are available in all areas of Wake County.
- Provide more community health workers to bring people around health issues--walking groups, cooking groups, support groups for specific diseases.
- More mental health clinics. Affordable medical care
- Inpatient mental health / day treatment mental health facilities
- Improve obesity rates

APPENDIX 4: HEALTH RESOURCE INVENTORY

The following section details resources available in Wake County. The list of resources below is representative of the services available in Wake County; however, this list is not exhaustive. Additionally, while the resources, facilities, and programs listed in this section have been categorized into common groups, please note that these organizations and programs may offer additional services as well. Further, while the municipality corresponding to the resources and physical location of the facilities has been provided, please note that these organizations may offer services to all residents of Wake County, regardless of whether or not they live in the same municipality where the facility is located. For additional resources, please use the following links which provide information related to available resources:

- 2016 Wake County Human Services Resource Guide
- Community Care of Wake/Johnston Counties
- United Way of North Carolina hosts a 2-1-1 service that provides information on local resources to callers. United Way of the Greater Triangle is a local partner in this effort. This service can offer access to the following types of services:
 - affordable high quality child care/after-school care;
 - counseling and support groups;
 - health services;
 - food, clothing, and housing; and,
 - services for seniors and the disabled.

Partnerships, Collaborations, and Initiatives

The list below is representative of the partnerships, collaborations, and initiatives that have been developed in Wake County; however, this list is not exhaustive.

- **Healthiest Capital County Initiative** - This initiative is comprised of numerous public, private, and nonprofit community partners who have entered into a friendly competition to make Wake County, NC the healthiest capital county in the nation. The basis for comparison with other capital counties is the County Health Rankings (CHR), a national project by the University of Wisconsin Population Health Institute that annually uses data to rank counties within states since 2010. After being ranked as the healthiest county in North Carolina for the fourth year in a row, the Initiative was developed in 2013 as an opportunity to mobilize partners and the community, address the measures that continue to be a challenge, and improve the health of all county residents. In FY 2015, the Initiative secured commitment from three community organizations to convene stakeholders to address child poverty, high school graduation, high-risk youth behaviors, adult obesity along with physical activity, and food environment.
- **Summer Nutrition Program** - Food insecurity, particularly in children, is an issue identified by the Wake County Board of Commissioners and the Wake County Human Services (WCHS) Board. One of the main concerns identified is to ensure that the 36% of Wake County school children, who meet the free or reduced school lunch criteria, receive adequate nutrition during the summer months. The Public Health Committee of the WCHS Board convened a coalition of partners to address this issue. This group includes mem-

bers from the WCHS Board, Public Health Committee of the WCHS Board, NC Department of Public Instruction, Wake County Public School System, Food Bank of Central and Eastern North Carolina, No Kid Hungry, and the Alice Aycock Poe Center for Health Education. Beginning in December 2014, this coalition established a process to target the two zip code areas of the county with the highest need. There were a total of 306,319 meals served in summer 2015 in Wake County, an increase of 37,077 meals since 2014.

- **Drug Overdose Prevention Coalition** - In Wake County, the case rate for unintentional medication and drug overdoses has increased from 44.4 per 100,000 in 2010 to 67.8 during 2013. Of particular concern, is the alarming 188% increase in the number of deaths from heroin overdoses from 2008 to 2014. To address the problem, Wake County Human Services established a coalition of partners including, but not limited to, representatives from law enforcement (the Wake County Sheriff's Office, police departments in all twelve municipalities and universities), hospitals, emergency medical services, NC Harm Reduction Coalition, the medical examiner, behavioral health providers, Community Care of Johnston and Wake Counties, and the Wake County Board of Commissioners. The coalition agreed to address the following six areas in an effort to reduce drug overdoses:
 - Syringe Exchange Programs
 - Education and Outreach
 - Access to Substance Abuse Treatment and Other Resources
 - Medical Intelligence (Controlled Substances Reporting System (CSRS), data gaps, research)
 - Naloxone (Narcan) Distribution
 - Policy, Law Enforcement and Diversion Change
- ***Advocates for Health in Action (AHA)*** - AHA is a diverse group of more than 75 organizations and interested individuals working to create a healthier Wake County by shaping policies, systems and environments that increase access to healthy food and physical activity. AHA does not create or implement programs, but facilitates partnership and collaboration between existing programs and services to create a community that works together effectively.
- ***Capital Care Collaborative (CCC)*** – The CCC, a program of the Wake County Medical Society, was formed in April 2006. This collaborative allows CCC members to provide medical care in a coordinated fashion for the low-income community while facilitating ongoing communication, coordination of services, assessment of community health needs, identification of priorities, and initiation of working partnerships among providers. Partners include Alliance Medical Ministry, Duke Raleigh Hospital, UNC REX Healthcare, Urban Ministries of Wake County Open Door Clinic, Wake County Human Services, Wake County Medical Society, Advance Community Health, and WakeMed Health & Hospital. Associates include Shepherd's Care Medical Clinic, Mariam Clinic, and SouthLight.
- ***North Carolina Families Accessing Services through Technology (NC FAST) and NC Electronic Pre-Assessment Screening Service (NC ePASS)*** - NC FAST was developed as a tool to improve the way eligibility was determined and benefits given for a whole spectrum of services, such as Food and Nutrition Services, Medicaid, Work First and Child Care. The NC FAST program is designed to improve the way the NC Department of Health and Human Services (DHHS) and the 100 county departments of social services conduct business. Wake County economic services are in the midst of multiyear rollout of the NC FAST case management system. NC FAST introduces new technological tools and business processes that will enable staff to spend less time performing administrative tasks and more

time assisting families. ePASS is a secure, Internet-based tool that will enable individuals or families to screen for their possible eligibility from any Internet-connected computer. Currently, screening is available for Food and Nutrition Services (FNS) and Medicaid programs.

- ***Club CHOICE Plus*** – Club CHOICE Plus is a Human Capital Development initiative providing residents with the opportunity to learn more about developing healthy lifestyles, reaching and maintaining an optimum weight and planning for a brighter future.
- ***Child Welfare Faith Community Partnership*** – The Child Welfare Faith Community Partnership is a network of churches throughout Wake County that partners with Child Welfare to help meet the many needs of children in foster care and families receiving Child Welfare services. This partnership provides support for the following annual and ongoing projects:
 - Singing For Scholars/Book Bag Drive
 - Undie Sunday Drive
 - Foster Care Awareness Campaign
 - Foster Parent Recruitment
 - An Evening of Elegance
 - First Night Bags
 - Holiday drives
- ***Employment Pipeline*** – The Employment Pipeline is a Human Capital Development Initiative with the goal to provide families involved with Child Protective Services with available resources to improve their employment prospects and outlook. Participants can get assistance ranging from help with obtaining a GED, to preparing a resume, to tips on the successful job interview, as well as providing online access to search for a new job.
- ***Youth Thrive*** – Youth Thrive is a collaborative of those directly serving youth in Wake County. Youth Thrive’s efforts amplify the reach of what is available to youth in Wake County by increasing communication, identifying gaps and aligning resources for youth programs and services. Youth Thrive is the home of the Youth Thrive Network, an avenue to receive training and technical assistance to help those helping our young people. Youth Thrive is also home to the Youth Places and Spaces GIS Map, a resource which identifies youth-serving organizations and services throughout Wake County.
- ***Middle Class Express*** - The Middle Class Express (MCE) was established in Wake County Human Services in 2008 and is an innovative approach to help Wake County residents make progress toward economic and social self-sufficiency. It ensures access to employment, educational and financial development opportunities, as well as other health and human services resources. This approach provides participants Life Coaching and Life Planning to achieve a middle class lifestyle.
- ***Wake Early College of Health and Sciences (WECHS)*** - WECHS is a magnet school focused on health and sciences. WECHS provides students with opportunities to explore careers in the health and sciences through partnerships with Wake Tech and WakeMed Health and Hospital. This five-year high school program allows students to earn their high school diploma and an Associate degree, college transfer credit, prerequisite courses to prepare for health sciences degree, or certificate. College credits completed while enrolled at WECHS are tuition-free and are transferable to all sixteen of North Carolina’s public universities.
- ***Safe Kids Wake County*** - The mission of Safe Kids Wake County is to reduce preventable injuries and death in Wake County children ages 19 and under. Safe Kids Wake County is composed of area organizations, businesses, and individuals interested in child safety. Coalition members include:

- o Law Enforcement Officers
- o Firefighters and Paramedics
- o Medical and Health Professionals
- o Educators
- o Parents and Other Volunteers
- o Businesses
- o Policymakers
- o Kids

Healthcare Facilities

Acute Care Hospitals	City
Duke Raleigh Hospital	Raleigh
Rex Hospital	Raleigh
WakeMed Raleigh	Raleigh
WakeMed Cary	Cary

Source: DHHS Licensed Facilities as of September 2015.

Ambulatory Surgery / GI Endoscopy Centers	City
Blue Ridge Surgery Center	Raleigh
Capital City Surgery Center	Raleigh
Center for Digestive Diseases & Cary Endoscopy CTR, PC	Cary
Duke GI at Brier Creek	Raleigh
GastroIntestinal Healthcare, PA	Raleigh
Kurt Vernon, MD PA	Dunn
Raleigh Endoscopy Center	Raleigh
Raleigh Endoscopy Center - Cary	Cary
Raleigh Endoscopy Center - North	Raleigh
Raleigh Orthopaedic Surgery Center	Raleigh
Raleigh Plastic Surgery Center, Inc.	Raleigh
Rex Surgery Center of Cary, LLC	Cary
Triangle Gastroenterology	Raleigh
Triangle Orthopaedics Surgery Center	Durham
W.F. Endoscopy Center, LLC	Wake Forest
Wake Endoscopy Center, LLC	Raleigh

Source: DHHS Licensed Facilities as of September 2015.

Skilled Nursing Facilities	City
Brittany Place	Cary
Capital Nursing and Rehabilitation Center	Raleigh
Cary Health and Rehabilitation Center	Cary
Dan E & Mary Louise Stewart Health Center of Cary	Raleigh
Glenaire	Cary
Hillcrest Raleigh at Crabtree Valley	Raleigh
Hillside Nursing Center of Wake Forest	Wake Forest
Litchford Fall Healthcare and Rehabilitation Center	Raleigh
PruittHealth-Raleigh	Raleigh
Raleigh Rehabilitation Center	Raleigh
Rex Rehabilitation and Nursing Care Center of Apex	Apex
Sunnybrook Rehabilitation Center	Raleigh
The Laurels of Forest Glen	Garner
The Oaks at Whitaker Glen-Mayview	Raleigh
The Rosewood Health Center	Raleigh
Tower Nursing and Rehabilitation Center	Raleigh
Universal Health Care/Fuquay-Varina	Claremont
Universal Health Care/North Raleigh	Raleigh
Wellington Rehabilitation and Healthcare	Knightdale
Windsor Point Continuing Care Retirement Community	Fuquay-Varina
Zebulon Rehabilitation Center	Zebulon

Source: DHHS Licensed Facilities as of September 2015.

Adult Care Homes	City
Brighton Gardens of Raleigh	Raleigh
Brookdale Cary	Cary
Brookdale MacArthur Park	Cary
Brookdale Wake Forest	Wake Forest
Brookridge Assisted Living	Apex
Carillon Assisted Living of Fuquay-Varina	Fuquay-Varina
Carillon Assisted Living of Knightdale	Knightdale
Carillon Assisted Living of North Raleigh	Raleigh

Adult Care Homes	City
Carillon Assisted Living of Wake Forest	Wake Forest
Chatham Commons	Cary
Coventry House Of Zebulon	Zebulon
Elmcroft of Northridge	Raleigh
Falls River Court Memory Care Community	Raleigh
Falls River Village Assisted Living Community	Raleigh
HeartFields at Cary	Cary
James Rest Home	New Hill
Lawndale Manor	Garner
Lee's Long Term Care Facility	Raleigh
Magnolia Glen	Raleigh
Morningside of Raleigh	Raleigh
North Pointe Assisted Living of Garner	Garner
Oliver House	Wendell
Phoenix Assisted Care	Cary
Spring Arbor of Apex	Apex
Spring Arbor of Raleigh	Raleigh
Sunrise Assisted Living at North Hills	Raleigh
Sunrise of Cary	Cary
Sunrise of Raleigh	Raleigh
The Covington	Raleigh
Wake Assisted Living	Raleigh
Waltonwood Cary Parkway	Cary
Woodland Terrace	Cary
Zebulon House	Zebulon

Source: DHHS Licensed Facilities as of September 2015.

Family Care Homes	City
A Good Life Family Care Home	Raleigh
Above and Beyond Expectation	Raleigh
Above and Beyond Expectation II	Willow Springs
Agape Family Care Home	Cary
Agape Family Care Home #1	Raleigh

Family Care Homes	City
Ann's Family Care #4	Raleigh
Ann's Family Care Home	Raleigh
Ann's Place of Hope	Raleigh
Ann's Place of Hope #2	Raleigh
Ann's Sunrise	Raleigh
Ann's Sunrise II	Raleigh
Bainbridge Family Care Home	Garner
Baker's Family Care Home	Zebulon
Bright Horizon	Raleigh
Brown's Family Care Home	New Hill
Common Ground at River Knoll	Raleigh
Compassionate Place Home	Raleigh
Elsie's Place	Raleigh
Gracie Sturdivant @North Raleigh	Raleigh
Gracie Sturdivant	Knightdale
Jackson Family Care Home	Zebulon
Linda's Family Care Home	Raleigh
Living Well Family Care Home	Raleigh
Lynn's Home at Riverside	Raleigh
Lynn's Home at Saybrooke	Raleigh
Maggie's Care Home	Raleigh
Midtown Senior Living	Raleigh
Mims Family Care Home	Holly Springs
Nana's Touch	Raleigh
North Hills Senior Living	Raleigh
Novelty Healthcare Services	Raleigh
On Track Residential	Raleigh
Poole Road Family Care Home	Raleigh
Poole Road Family Care Home II	Raleigh
R & S Family Care Home #1	Raleigh
Seagraves Family Home	Apex
Tender Touch FCH	Raleigh

Family Care Homes	City
The Haven at Waterford Landing	Raleigh
The Haven on Saratoga	Raleigh
The Haven at Carlton Pointe	Rolesville
The Haven at Rolesville	Rolesville
The Haven at Weaver Crossing	Apex
The Haven at Wyckford	Raleigh
The Manor at Coventry Creek	Raleigh
The Manor at Edgewater	Raleigh
The Manor at Perry Creek	Raleigh
Tiffany's Family Care Home	Garner
Val's Family Care Home	Raleigh
Worthdale Family Care Home	Raleigh
Wrenette's Place	Raleigh

Source: DHHS Licensed Facilities as of September 2015.

Mental Health Psychiatric Hospitals	City
UNC Hospitals at WakeBrook	Raleigh
Holly Hill Hospital	Raleigh
Strategic Behavioral Center-Garner	Garner

Source: DHHS Licensed Facilities as of September 2015.

Intermediate Care Facilities	City
Avent Ferry Home	Holly Springs
Bass Lake	Holly Springs
Blanche Drive	Raleigh
Country Lane	Holly Springs
Dartmouth Road Group Home	Raleigh
Dickens Drive Home	Raleigh
Electra Drive Group Home	Cary
Forest Creek Group Home	Raleigh
Georgia Court	Cary
Helmsdale Group Home	Cary
Hickory Avenue Home	Holly Springs
Hilltop Home	Raleigh

Intermediate Care Facilities	City
Huntleigh	Raleigh
Jade Tree	Raleigh
Lockley Road	Holly Springs
Mason Street	Apex
Rockwood	Raleigh
Rolling Meadows	Raleigh
Stonegate	Raleigh
Tammy Lynn Center for Developmental Disabilities	Raleigh
Trotters Bluff	Holly Springs
VOCA-Creekway	Fuquay-Varina
VOCA-Olive Home	Apex

Source: DHHS Licensed Facilities as of September 2015.

Dialysis Centers	City
FMC Apex	Apex
FMC Cary	Cary
Fuquay-Varina Kidney Center	Fuquay-Varina
FMC Southeast Wake	Raleigh
FMC Six Forks Dialysis	Raleigh
DaVita Wake Forest Dialysis Center	Raleigh
VA Dialysis Clinic at Brier Creek	Raleigh
Central Raleigh Dialysis	Raleigh
Capital Nephrology Associates	Raleigh
FMC Wake Dialysis Clinic	Raleigh
FMC Raleigh Dialysis Center	Raleigh
FMC New Hope	Raleigh
FMC Eastern Wake	Rolesville
FMC Zebulon	Zebulon
FMC Southwest Wake	Raleigh

Source: www.usdialysisfinder.com

Home-based Care

Hospice Providers	City
Heartland Home Health Care and Hospice	Raleigh
Liberty Home Care and Hospice	Raleigh
Transitions LifeCare	Raleigh
Amedisys Hospice	Garner
Community Home Care & Hospice	Raleigh
Continuum Home Care & Hospice of Wake County	Raleigh
Duke Hospice	Raleigh

Source: DHHS Licensed Facilities as of September 2015.

Home Health Providers	City
BAYADA Home Health Care, Inc.	Raleigh
Gentiva Health Services	Raleigh
Intrepid USA Healthcare Services	Raleigh
Liberty Home Care	Raleigh
Maxim Healthcare Services	Raleigh
Medi Home Health Agency	Raleigh
North Carolina Home Health	Garner
Pediatric Services of America, Inc.	Cary
PruittHealth Home Health	Raleigh
Rex Home Services	Raleigh
Transitions LifeCare	Raleigh
WakeMed Home Health	Raleigh
Well Care Home Health	Raleigh

Source: DHHS Licensed Facilities as of September 2015.

Home Care Providers	City
A Plus Home Care Agency, LLC	Cary
A Plus Home Care Inc	Raleigh
Absolute Care Staffing Health Agency, Inc.	Raleigh
Absolute Health Care	Garner
Absolute Home Health LLC	Raleigh
Accessible Home Health Care of Mid Carolina	Raleigh

Home Care Providers	City
Acon Health Care Services, Inc.	Raleigh
Adult and Pediatric Specialists	Morrisville
Advanced Home Care, Inc.	Cary
Affordable Family Care Services, Inc.	Raleigh
Agape Healthcare Agency	Raleigh
All Time Healthcare Inc	Raleigh
AllCare Home Health Agency, Inc.	Raleigh
Allied Home Health Care Services, Inc.	Raleigh
Always Best Care Senior Services	Raleigh
Always Best Care Senior Services	Wake Forest
Always Best Care Senior Services	Wake Forest
Amazing Light Health Care Services LLC	Raleigh
AmeriCare Alliance of Wake County	Raleigh
American Health Services	Morrisville
American Medical Equipment & Supplies, Inc.	Raleigh
Amor Home Care, LLC	Raleigh
Apple Home Health Care Agency (AHHCA)	Raleigh
Apria Healthcare LLC	Morrisville
Assurance Care, LLC	Raleigh
Assurance Health Services, Inc.	Raleigh
Assured Home Healthcare, LLC	Raleigh
Aware Senior Care, LLC	Cary
Bayada Home Health Care, Inc.	Raleigh
Bayada Home Health Care, Inc.	Raleigh
Barbara King Home Care Agency	Raleigh
Be Well Home Care, Inc.	Raleigh
Best Choice Home Health Inc.	Raleigh
Best Home Healthcare Agency, LLC	Raleigh
Blessed Health Care Inc.	Raleigh
Bluecross Home Care and Health Services Inc.	Raleigh
BrightStar Care of Cary	Cary

Home Care Providers	City
Care360, Inc.	Raleigh
Caring For You Services	Raleigh
Caring Senior Service	Raleigh
CenterPeace Home HealthCare & Companion Services, LLC	Fuquay-Varina
Coark Home Care	Raleigh
ComForcare Home Care	Raleigh
Comfort Keepers	Cary
Comfort Keepers	Raleigh
Compassion Health Services, Inc.	Raleigh
Conkel Image Healthcare Services	Garner
Continued Care	Cary
Continuum Home Care of Raleigh	Raleigh
Coram CVS/Specialty Infusion Services	Morrisville
Cottage Home Care	Raleigh
Dependable Nursing Alliance, PA	Raleigh
Diamond Home Health Care and Staffing	Morrisville
Divine Grace In Home & Private Healthcare Services	Raleigh
Divine HealthCare Incorporated	Raleigh
Dynamedics Healthcare Services, Inc.	Raleigh
Eagle Healthcare Services	Raleigh
Elite Care One	Raleigh
Emerald Home Care LLC	Raleigh
Excel Home Healthcare Agency	Raleigh
Express Support Home Care	Raleigh
Extension of You Home Care	Cary
Franvimag Home Care LLC	Cary
Gentiva Health Services	Raleigh
Global Healthcare Resources, Inc.	Raleigh
Good News Home Care, Inc.	Raleigh
Grace Health Care Services Inc.	Raleigh
HealthLinckx Care Agency	Raleigh
Healthcore Home Care, Inc.	Raleigh

Home Care Providers	City
Helping Hands of America LLC	Raleigh
Hillcrest Home Health of the Triangle	Morrisville
Home Care Assistance	Raleigh
Home Choice Healthcare	
Home Choice Healthcare	Wake Forest
Home Choice Healthcare, Inc.	Fuquay-Varina
Home Health Concept, Inc.	Raleigh
Home Instead Senior Care	Raleigh
Home Werks Home Care, LLC	Raleigh
HomeChoice Healthcare	Fuquay-Varina
HomeChoice Healthcare	Fuquay-Varina
HomeChoice Healthcare	Wake Forest
HomeChoice Healthcare Solutions	Raleigh
Homewatch Caregivers of the Triangle	Cary
Hope Support Services, LLC	Raleigh
Hope and Haven Healthcare LLC	Raleigh
Howell Home Care	Raleigh
I Am Unique Special Care and Case Management Inc.	Raleigh
Ideal Healthcare Services	Raleigh
Impact Health Solutions, Inc.	Raleigh
Independent Seniors Home Care, LLC	Cary
Inomancy Home Care Inc.	Raleigh
Interim Healthcare of Triangle, LLC	Raleigh
Intrepid USA Healthcare Services	Raleigh
Joyner Healthcare Services	Raleigh
Kennedy Care NC - Cary LLC	Cary
Kingdom HealthCare Management, Inc.	Garner
Krystal Home Care & Staffing Agency, LLC	Raleigh
Liberty Home Care	Raleigh
Liberty Home Health Care	Raleigh

Home Care Providers	City
Lincare, Inc.	Cary
MEDPRO RX, Inc.	Raleigh
MH Nursing Service, Inc.	Raleigh
Maxim Healthcare Services	Raleigh
Maxim Healthcare Services	Raleigh
Medi Home Health Agency	Raleigh
Melody Home Health Care Services, Inc.	Raleigh
Mother's Helper Home Healthcare Inc.	Raleigh
North Carolina Home Health	Garner
Nurse Care of North Carolina	Raleigh
Nurse Care of North Carolina	Raleigh
Omega Healthcare Services, LLC	Raleigh
Option Care	Morrisville
Options for Senior America	Cary
Pacific Staffing Inc.	Raleigh
Pathways for People, Inc.	Cary
PeaceKeepers	Raleigh
Peak HealthCare Services, LLC	Raleigh
Pediatrics Healthcare For Kids	Raleigh
Pediatric Services of America, Inc.	Cary
Pediatric Therapy Associates	Cary
Pediatric Therapy Associates	Garner
Pediatric Therapy Associates	Raleigh
Pediatric Therapy Associates	Wake Forest
Perpetual Home Care, LLC	Raleigh
Phibam Devoted Home Care, LLC	Raleigh
Pinnacle Healthcare Services, Inc.	Raleigh
Professional Healthcare, Inc.	Knightdale
Professional Home Care of North Carolina	Garner
Providence Home Care Agency, Inc.	Raleigh
PruittHealth Home Health	Raleigh
Pyramid Healthcare, Inc.	Raleigh

Source: 2016 Wake County Human Services Resource Guide.

Home Care Providers	City
Raleigh Therapy Services, Inc.	Raleigh
Reaching Your Goal Personal Care Services, LLC	Raleigh
Rejuvenating Lives, LLC	Raleigh
ResCare HomeCare	Raleigh
Resources for Seniors, Inc.	Raleigh
Rex Home Services	Raleigh
Right At Home of Wake County	Raleigh
Right Choice Homecare	Raleigh
Royal Health Services, LLC	Knightdale
S & L Home Care Services, Inc.	Raleigh
SeniorBridge	Raleigh
Serenity Care, LLC	Raleigh
Sisters Aide Health Services Incorporated	Raleigh
Southeastern Adult Day Center	Raleigh
Southeastern Health Care	Raleigh
Southeastern Hospitality of Raleigh	Raleigh
Spectrum Infusion, Inc.	Raleigh
Springmoor Home Care	Raleigh
Stay At Home Senior Care, LLC	Wake Forest
SuAnnah Care, Inc.	Cary
Synergy Homecare of the Triangle	Raleigh
Tarheels Home Healthcare Services, LLC	Raleigh
The Cypress of Raleigh Home Care	Raleigh
The Full Coverage PDN Company	Raleigh
The Manor Home Care Agency	Knightdale
Total Care Agency	Raleigh
Transitions LifeCare	Raleigh
Triangle Home Infusions, LLC	Raleigh
Trinity Staffing, Inc.	Knightdale
Ultimate Home Care	Wake Forest
United Family Care Network, LLC	Knightdale

Home Care Providers	City
Utopia Home Care, Inc.	Raleigh
Vantage HealthCare Services, Inc.	Raleigh
Victory Healthcare, Inc.	Raleigh
Victory Home Care, Inc.	Raleigh
Visiting Angels Home Care	Raleigh
WakeMed Home Health	Raleigh
WakeMed Home Support Services	Raleigh
Well Care Home Care, Inc.	Raleigh
Well Care Home Health, Inc.	Raleigh
Windsor Point Home Care	Fuquay-Varina

Source: DHHS Licensed Facilities as of September 2015.

Healthcare Services

Public Health Clinics	City
Public Health Center	Raleigh
Eastern Regional Center	Zebulon
Millbrook Human Services Center	Raleigh
Northern Regional Center	Wake Forest
Southern Regional Center	Fuquay-Varina

Source: Wake County Human Services, <http://www.wakegov.com/humanservices/publichealth/pages/clinics.aspx>

Primary Care for the Homeless and/or Uninsured	City
Advance Community Health - Apex	Apex
Advance Community Health - Dental	Raleigh
Advance Community Health - Fuquay-Varina	Fuquay-Varina
Advance Community Health - Horizon Healthcare for the Homeless Program	Raleigh
Advance Community Health - Pediatrics	Raleigh
Advance Community Health - S. Wilmington Outreach Center	Raleigh
Advance Community Health - Southeast Raleigh	Raleigh
Alliance Medical Ministry	Raleigh

Primary Care for the Homeless and/or Uninsured	City
Eastern Regional Center	Zebulon
Mariam Clinic	Raleigh
Millbrook Human Services Center	Raleigh
Northern Regional Center	Wake Forest
People's Medical Center	Raleigh
Project Access of Wake County	
Shepherd's Care Medical Clinic	Zebulon
Southern Regional Center	Fuquay-Varina
SouthLight Healthcare	Raleigh
The Salvation Army	Raleigh
The Women's Center	Raleigh
Urban Ministries (Open Door Clinic)	Raleigh
Wake County Public Health Center	Raleigh

Sources: 2016 Wake County Human Services Resource Guide; Community Care of Wake/Johnston Counties Provider Lists. Source: 2016 Wake County Human Services Resource Guide.

Prescription Assistance	City
Advance Community Health - Southeast Raleigh Pediatrics	Raleigh
Advance Community Health - Southeast Raleigh Adults	Raleigh
Advance Community Health - Horizon Healthcare for the Homeless Program	Raleigh
Advance Community Health - Apex	Apex
Advance Community Health - Fuquay-Varina	Fuquay-Varina
Dorcas Ministries	Cary
North Carolina Drug Card	
Drug Assistance Program (HIV/AIDS)	Raleigh
NC Division of Medical Assistance	Raleigh
North Raleigh Ministries	Raleigh
Southern Wake Crisis Ministries	Fuquay-Varina
Urban Ministries	Raleigh
UNC Health Care Facility Based Crisis at WakeBrook	Raleigh

Prescription Assistance	City
UNC Health Care Alcohol and Drug Detoxification Unit at WakeBrook	Raleigh
Wake County Human Services, Medicaid - Swinburne	Raleigh
Wake County Human Services, Medicaid - Southern Regional Center	Fuquay-Varina
Wake County Human Services, Medicaid - Eastern Regional Center	Zebulon
Wake County Human Services, Medicaid - Northern Regional Center	Wake Forest
Wake County Human Services, Medicaid - Millbrook Human Services Center	Raleigh

Source: 2016 Wake County Human Services Resource Guide, Steering Committee.

Mental Health & Substance Abuse	City
Advance Community Health - Southeast Raleigh Pediatrics	Raleigh
Advance Community Health - Southeast Raleigh Adults	Raleigh
Advance Community Health - Horizon Healthcare for the Homeless Program	Raleigh
Advance Community Health - Apex	Apex
Advance Community Health - Fuquay-Varina	Fuquay-Varina
UNC Health Care Facility Based Crisis at WakeBrook	Raleigh
UNC Health Care Alcohol and Drug Detoxification Unit at WakeBrook	Raleigh
Wake County Human Services	Raleigh
NAMI (National Alliance on Mental Illness)	Raleigh
Monarch (Walk-in Mental Health Clinics)	Raleigh
Monarch (Walk-in Mental Health Clinics)	Zebulon
Monarch (Walk-in Mental Health Clinics)	Cary
Monarch (Walk-in Mental Health Clinics)	Wake Forest
Fellowship Health Resources	Raleigh
Strategic Behavioral Center	Garner
Easter Seals UCP	Raleigh
Hope Services, LLC	Raleigh
Carolina Community Mental Health	Raleigh
RHA Health Services, Inc.	Creedmoor

Mental Health & Substance Abuse	City
Community Partnerships, Inc.	Raleigh
The Healing Place of Wake County (Men's Facility)	Raleigh
The Health Place of Wake County (Women's Facility)	Raleigh
Holly Hill Hospital	Raleigh
SouthLight Adult Services	Raleigh
SouthLight Adult Services	Raleigh
SouthLight Youth & Family Services	Raleigh
SouthLight Criminal Justice Service	Raleigh
SouthLight Primary Care	Raleigh
Triangle Family Services	Raleigh
The Catholic Center	Raleigh
Jewish Family Services	Raleigh
Women's Center	Raleigh
Armstrong House	Raleigh
Life Resources of NC	Raleigh
The Lucy Daniels Center	Cary
SecurePath	Cary

Dental Services	City
Advance Community Health - Southeast Raleigh	Raleigh
Wake Smile Community Dental Outreach	Raleigh
Wake Tech Dental Hygiene	Raleigh

Source: 2016 Wake County Human Services Resource Guide, Steering Committee.

Eye Care	City
Division of Services for the Blind	Raleigh
Wake County Human Services	Raleigh
Optometry Cares - Alliance Medical Ministry	Raleigh
Optometry Cares - Alliance of Disability Advocates	Raleigh
Optometry Cares - Cottage Health Care Services	Raleigh
Optometry Cares - NC Recovery Support Services	Raleigh
Optometry Cares - Southlight	Raleigh
Optometry Cares - Urban Ministries	Raleigh

Eye Care	City
Optometry Cares - First United Methodist Church of Cary	Cary
Optometry Cares - Turning Point Family Care	Raleigh
Prevent Blindness NC	Raleigh
NC Association of Educators	
Sight for Students	

Source: 2016 Wake County Human Services Resource Guide.

Pregnancy and Child Care	City
Birthchoice	Raleigh
Sacred Heart Cathedral	Raleigh
Community Partnerships, Inc.	Raleigh
Planned Parenthood	Raleigh
Your Choice Pregnancy Clinic	Raleigh
Your Choice Pregnancy Clinic	Fuquay-Varina
Your Choice Pregnancy Clinic	Raleigh
First Choice Pregnancy Solutions	Raleigh
NC Division of Child Development and Early Education	Raleigh
Wake County Health Department	Raleigh
Wake County Child Care Subsidy Program	Raleigh
Wake County Child Care Subsidy Program	Fuquay-Varina
Wake County Child Care Subsidy Program	Wake Forest
Nurse-Family Partnership	Raleigh
Welcome Baby	Raleigh
Wake Connections	Raleigh
Child Care Services Association	Regional
Care Coordination for Children	Raleigh
Early Head Start Home Visiting Program	Raleigh

Sources: 2016 Wake County Human Services Resource Guide, Steering Committee.

Emergency Medical Services (EMS) Stations	City
Apex Main Station	Apex
Apex South Station	Apex

Emergency Medical Services (EMS) Stations	City
Bethany Church Station	Wendell
Cary Main Station	Cary
Cary West Station	Cary
Cary North Station	Cary
Cary South Station	Cary
Durant Station	Raleigh
Downtown Station	Raleigh
E Raleigh Station	Raleigh
Fairgrounds Station	Raleigh
Fairview EMS Station	Cary
Fuquay Station	Fuquay
Garner East Station	Garner
Garner Main Station	Garner
Garner South Station	Garner
Highwoods Station	Raleigh
Hilltop Station	Fuquay
Holly Springs Station	Holly Springs
Holly Springs Station	Holly Springs
Knightdale Station	Knightdale
Knightdale South Station	Knightdale
Knightdale West Station	Wendell
Mini City Station	Raleigh
Morrisville Station	Morrisville
NC State Station	Raleigh
North Hills Station	Raleigh
Pleasant Valley Station	Raleigh
RDU Airport Station	Raleigh
Rolesville Main Station	Rolesville
Six Forks Main Station	Raleigh
Six Forks North Station	Raleigh
St. Augustines Station	Raleigh
Stony Hill Station	Raleigh

Emergency Medical Services (EMS) Stations	City
Wake Crossroads	Raleigh
Wendell Main Station	Wendell
Wakebrook Station	Raleigh
Wake Forest Station	Wake Forest
Whitaker Mill Station	Raleigh
Zebulon Station	Zebulon

Source: <https://data.raleighnc.gov>

Community Services

Human Services Centers	City
Eastern Regional Center	Zebulon
Crosby-Garfield Center	Raleigh
Falstaff Human Services Center	Raleigh
Larry B. Zieverick, Sr. Center	Raleigh
Parkview Building	Raleigh
Public Health Center at Sunnybrook	Raleigh
Swinburne	Raleigh
WakeBrook	Raleigh
Millbrook Human Services Center	Raleigh
Northern Regional Center	Wake Forest
Southern Regional Center	Fuquay-Varina
Western Wake Human Services Center	Cary
Cornerstone Center	Raleigh
South Wilmington Street Center	Raleigh
Wake County Courthouse	Raleigh

Source: Wake County Human Services. <http://www.wakegov.com/humanservices/locations/Pages/default.aspx>

Senior Centers	City
Cary Senior Center	Cary
Eastern Wake Senior Center	Wendell
Garner Senior Center	Garner

Senior Centers	City
Northern Wake Senior Center	Wake Forest
Five Points Center for Active Adults	Raleigh
Anne Gordon Center for Active Adults at Millbrook Exchange	Raleigh

Source: Resources for Seniors. <http://www.resourcesforseniors.com/contact.php#senior>

Senior Resources	City
Division of Aging and Adult Services	Raleigh
Eastern NC Chapter of the Alzheimer's Association	Raleigh
North Carolina Assisted Living Association	Raleigh
Resources for Seniors	Raleigh
Volunteer Raleigh	Raleigh
North Carolina SHIP	Raleigh
Wake County Human Services	Raleigh

Source: 2016 Wake County Human Services Resource Guide.

Parks & Recreation	City
Blue Jay Point County Park	Raleigh
North Wake Landfill County Park	Raleigh
Historic Yates Mill County Park	Raleigh
Crowder District Park	Apex
Lake Crabtree County Park	Morrisville
Historic Oak View County Park	Raleigh
American Tobacco Trail	Apex
Harris Lake County Park	New Hill
Robertson Millpond Preserve	Wendell

Source: Wake County Parks and Recreation, <http://www.wakegov.com/parks/Pages/default.aspx>

Homeless/Emergency Shelters	City
South Wilmington Street Center	Raleigh
Easter Seals UCP of North Carolina - ASAP	Raleigh
The Healing Place (Men's Facility)	Raleigh
The Healing Place (Women's Facility)	Raleigh
The Helen Wright Center for Women	Raleigh

Homeless/Emergency Shelters	City
Interact of Wake County	Raleigh
Raleigh Rescue Mission	Raleigh
Salvation Army	Raleigh
Wake Interfaith Hospitality Network Day Center	Raleigh
Wrenn House (Haven House)	Raleigh

Source: 2016 Wake County Human Services Resource Guide.

Transportation	City
C-Tran	Cary
GoRaleigh Access (previously Accessible Raleigh Transportation (A.R.T.))	Raleigh
GO Raleigh Capital Area Transit (CAT) - Admin Office	Raleigh
GO Raleigh Capital Area Transit (CAT) - Route Info	Raleigh
Resources for Seniors, Inc.	Raleigh
Traveler's Aid (Cornerstone)	Raleigh
GO Raleigh Triangle Transit Authority (TTA)	Raleigh
Wake County Transportation Center	Raleigh
TRACS (Wake County Human Services)	Raleigh
Wolfline	Raleigh
Wheels for Hope	Raleigh
GO Triangle - Triangle Transit Authority	Regional

Source: 2016 Wake County Human Services Resource Guide.

Veterans Services	City
Raleigh VA Clinic	Raleigh
NC Division of Veteran's Affairs	Raleigh
The Raleigh Vet Center	Raleigh
The Raleigh Vet Center II	Raleigh
Wake County Human Services Veterans Services	Raleigh
Veterans Services	Raleigh

Source: 2016 Wake County Human Services Resource Guide.

Youth Services	City
Raleigh Boys Club	Raleigh

Youth Services	City
Raleigh Girls Club	Raleigh
Brentwood Club	Raleigh
Wake Forest Club	Wake Forest
Washington Street Elementary School	Raleigh
The Club Teen Center	Raleigh
Zebulon Club	Zebulon
Youth & 4-H	Raleigh
Salvation Army Community Center	Raleigh
Volunteer Raleigh	Raleigh
City of Raleigh Parks and Recreation	Raleigh
Work Force Investment	Raleigh
NC Theatre 4 Change	Raleigh
Kids Peace	Raleigh
Haven House - Main Office	Raleigh
Haven House - Wrenn House	Raleigh
Haven House - Outreach Center	Raleigh
YMCA	Raleigh
Youth Empowerment Solutions	Raleigh
Big Brother Big Sister	Morrisville
100 Black Men	RTP
Backpack Tutoring	
Neighbor to Neighbor Outreach	Raleigh
Passage Homes Youth Development	Raleigh
NCWorks Apprenticeship	Raleigh
Camp SWAG (Students with Ambitions & Goals)	Cary

Source: 2016 Wake County Human Services Resource Guide.

Food Pantries	City
Food Bank of Eastern/Central NC	Raleigh
One Harvest Food Ministries	Raleigh
Brooks Avenue Church of Christ	Raleigh
Capital City Christian Church	Raleigh
Catholic Parish Outreach	Raleigh

Food Pantries	City
Cornerstone Ministries Group	Cary
Dorcas Ministries	Cary
Fuquay Emergency Food Pantry	Fuquay-Varina
Garner Area Ministries	Garner
Holly Springs Food Cupboard	Holly Springs
Longview United Methodist Church	Raleigh
North Raleigh Ministries	Raleigh
Salvation Army	Raleigh
Tri-Area Ministries	Wake Forest
Under One Roof	Raleigh
Urban Ministries Crisis Intervention Center	Raleigh
Wake Relief	Raleigh
Western Wake Crisis Ministries	Apex
With Love from Jesus	Raleigh
The Women's Center	Raleigh
A Place Called Hope	Garner
Morrison Outreach Ministries of Transformation Christian Center	Morrisville
Community Gardens	
Food Cooperatives	

Source: 2016 Wake County Human Services Resource Guide, Steering Committee.

Food - Meals	City
Hallelujah Soup Kitchen	Raleigh
First Baptist Church	Raleigh
Shepherd's Table Soup Kitchen	Raleigh
Salvation Army	Raleigh
The Women's Center	Raleigh
Oak City Outreach Center	Raleigh
Meals on Wheels	Raleigh

Source: 2016 Wake County Human Services Resource Guide.

Housing - Emergency Shelters	City
Easter Seals UCP of North Carolina-ASAP	Raleigh
The Healing Place (Men's Facility)	Raleigh
The Healing Place (Women's Facility)	Raleigh
The Helen Wright Center for Women	Raleigh
Interact of Wake County	Raleigh
Raleigh Rescue Mission	Raleigh
Salvation Army	Raleigh
South Wilmington Street Center	Raleigh
PLM Families Together	Raleigh
Wake Interfaith Hospitality Network	Raleigh
Wrenn House (Haven House)	Raleigh

Source: 2016 Wake County Human Services Resource Guide.

Housing - Transitional Housing	City
St. Paul's AME Men's Empowerment Center	Raleigh
The Caring Place	Cary
Incentive Housing Dormitory	Raleigh
Women's Center of Wake County - Epiphany House	Raleigh
Fellowship Home of Raleigh	Raleigh
Passage Homes	Raleigh
Hustead House	Raleigh
Oxford House (multiple locations)	
Emmaus House	Raleigh
Christian Life Home	Raleigh
Southlight	Raleigh
Lutheran Services Carolinas	Raleigh
Pan Lutheran Ministries	Raleigh

Source: 2016 Wake County Human Services Resource Guide, Steering Committee.

Educational Resources	City
Goodwill Industries of Eastern North Carolina	Raleigh
Forest Hills Baptist Church (GED/Adult Ed/English)	Raleigh
Wake Cross Roads Baptist Church (GED/Adult Ed/English)	Raleigh

Educational Resources	City
Raleigh Rescue Mission (GED/Adult Ed/English)	Raleigh
Wake Tech Adult Education Center (GED/Adult Ed/English)	Raleigh
First Presbyterian Church (GED/Adult Ed/English)	Raleigh
Hispanic Family Center (GED/Adult Ed/English)	Raleigh
North Carolina Community College System	Raleigh
Step Up Ministry	Raleigh
Wake County Public School System	Raleigh
Haven House Services	Raleigh
Literacy Council of Wake County	Raleigh
Sylvan Learning Center	Multiple sites
Wake Technical Community College	Raleigh

Source: 2016 Wake County Human Services Resource Guide, Steering Committee.

Educational Resources - Early Childhood Education	City
NC Head Start Office	Raleigh
Wake County Smart Start	Raleigh
Pre-K Title 1	Cary
Division of Child Development and Early Education	Raleigh
STEM for Kids	Raleigh
Childcare Subsidy	Raleigh
Family Resource Center	Raleigh
Family Literacy Program	Raleigh
HIPPYUSA	Raleigh
Parents as Teachers	Raleigh
Ready to Learn Centers (through WCPSS)	Multiple sites
NC Pre-Kindergarten	Multiple sites
Project Enlightenment	Raleigh
Wake Connections	Raleigh
Early Intervention Infant-toddler B2 Program	Raleigh
Office of Early Learning/Preschool Services (WCPSS)	Multiple sites

Source: 2016 Wake County Human Services Resource Guide, Steering Committee.

Educational Resources - Colleges/Universities	City
North Carolina State University	Raleigh
Meredith College	Raleigh
William Peace College	Raleigh
Shaw University	Raleigh
Saint Augustine University	Raleigh
Miller Motte Technical College	Raleigh
Miller Motte Technical College	Cary
ECPI College of Technology	Raleigh
Strayer University	Raleigh
Strayer University	Raleigh
Strayer University	Morrisville
Campbell Law School	Raleigh

Source: 2016 Wake County Human Services Resource Guide.

Employment Resources	City
Work First 200% Program (WCHS)	Raleigh
Culinary Job Training Program	Raleigh
Goodwill Industries	Raleigh
NCWorks Career Center @ Swinburne	Raleigh
Step Up Ministries	Raleigh
Passage Homes BOOST Workforce Development Program	Raleigh
North Carolina Division of Services for the Blind	Raleigh
Telamon	Raleigh
Vocational Rehabilitation Services	Raleigh
NC State Industrial Commission	Raleigh
NC Triangle Apprenticeship Program	

Source: 2016 Wake County Human Services Resource Guide.

Other community resources, programs, and organizations providing a variety of services include the following:

Other Community Resources
ACI Support Specialist
Advocates for Health in Action

Other Community Resources
Alexander Family YMCA
Alice Aycock Poe Center for Health Education
Alliance Behavioral Healthcare
American Heart Association
American Red Cross of Eastern North Carolina
Apex Chamber of Commerce
Apex Town Council
Board of Commissioners
Center for Volunteer Caregiving
Clean Design
Color Me Healthy
DHIC
Farm to Family Food Finder
Grocers on Wheels
Hispanic Chamber of Commerce
Holly Springs
Holly Springs Chamber of Commerce
Inter-Faith Food Shuttle
Islamic Association of Raleigh
Jewish Federation of Raleigh-Cary
John Rex Endowment
Lifelong Learning with Community Schools
Living Healthy with Chronic Disease, Living Healthy with Diabetes and Living Healthy with Chronic Pain Workshops
NC DHHS
NC House of Representatives
NCWorks Career Center - Millbrook Human Services Center
NCWorks Career Center - Southern Regional Center
North Carolina Medicaid and NC Health Choice Dental Provider List
North Carolina Safety Net Dental Clinics
Open Space Program
Pan Lutheran Ministries
PNC Arena

Other Community Resources
Project Homeless Connect
Protus 3
QuitLine NC
Raleigh City Council
Raleigh Promise
Raleigh Wake Partnership to End and Prevent Homelessness
ReadyWake!
Restoration CDC, Inc.
School Health Advisory Council
South Atlantic Div. American Cancer Society, Inc.
State Employees' Credit Union
The Arc of the Triangle
The Arc of the Triangle, Inc.
The Butcher's Market
The Children with Special Health Care Needs helpline
The Fountain Of Raleigh Fellowship
The Raleigh/Wake Partnership to End and Prevent Homelessness
Town of Cary
Town of Fuquay-Varina
Town of Holly Springs
Town of Rolesville
Town of Wendell
Town of Zebulon
Triangle Area Red Cross
Triangle Family Services
Triangle Interfaith Alliance
Triangle J. Council of Government
United Way of the Greater Triangle
Univision 40
Wake Coordinated Transportation Services
Wake County Board of Commissioners
Wake County Board of Education

Other Community Resources
Wake County Collaborative
Wake County Community Services
Wake County Department of Environmental Services
Wake County Emergency Management
Wake County Environmental Services
Wake County Human Service Board
Wake County Medical Society
Wake County Public Libraries
Wake Technical Community College
Warmth for Wake
Word for Transformation Church and Outreach Center, Inc.
YMCA of the Triangle Association Resource Center
Youth Thrive

APPENDIX 5: CATEGORY DEFINITIONS

The following table includes the definitions and data measures for each category.

Category	Data Measure	Data Type
Access to Health Services	Access to healthcare/Lack of facilities	New Data: Focus Groups
Access to Health Services	2013 Priority: Health Care Access and Utilization	New Data: Focus Groups
Access to Health Services	Complexity of healthcare system	New Data: Focus Groups
Access to Health Services	Education regarding health resources	New Data: Focus Groups
Access to Health Services	Access to healthcare services	New Data: Surveys - Issue affecting quality of life
Access to Health Services	Overall Hospital IP Utilization	Existing Data
Access to Health Services	Overall Hospital ED Utilization	Existing Data
Access to Health Services	Wake County Human Services Overall Utilization	Existing Data
Access to Health Services	Advance Community Health Overall Utilization	Existing Data
Access to Health Services	Healthcare access and disease management	New Data: Surveys - Service needing improvement
Access to Health Services	Primary and preventive healthcare (including dental)	New Data: Surveys - Community Health Need
Access to Health Services	Preventive health services	New Data: Surveys - Health behavior needing more info
Access to Health Services	Preventable hospital stays	Existing Data
Access to Health Services	Mammography screening	Existing Data
Access to Health Services	Fear of results/going to the doctor	New Data: Focus Groups
Caregiving	Caregiving (elderly or person with disabilities)	New Data: Surveys - Health behavior needing more info
Caregiving	Parenting	New Data: Surveys - Health behavior needing more info
Child Welfare and Financial Assistance	Number of Children entering child welfare custody	Existing Data
Child Welfare and Financial Assistance	Median # of days spent in child welfare custody	Existing Data

Category	Data Measure	Data Type
Child Welfare and Financial Assistance	Percentage of children placed in child welfare custody placed with relative	Existing Data
Child Welfare and Financial Assistance	Percentage of children placed in child welfare custody placed with foster home	Existing Data
Child Welfare and Financial Assistance	Free/Reduced Lunch	Existing Data
Child Welfare and Financial Assistance	Children in single-parent household	Existing Data
Child Welfare and Financial Assistance	Childcare services	New Data: Surveys - Service needing improvement
Community Engagement	Registered Voters	Existing Data
Community Engagement	Social associations	Existing Data
Crime and Safety	Domestic Violence	New Data: Focus Groups
Crime and Safety	Crime prevention and safety	New Data: Surveys - Health behavior needing more info
Crime and Safety	Crime and abuse	New Data: Surveys - Issue affecting quality of life
Crime and Safety	Law enforcement/safety	New Data: Surveys - Service needing improvement
Crime and Safety	Number of Individuals Filing Domestic Violence Complaints	Existing Data
Crime and Safety	Gang activity	Existing Data
Crime and Safety	Gang involvement among youth	Existing Data
Crime and Safety	Injury mortality	Existing Data
Crime and Safety	Rate of Juvenile justice complaints Undisciplined	Existing Data
Crime and Safety	Rate of Juvenile justice complaints Delinquent	Existing Data
Crime and Safety	Rate of Juvenile justice outcomes - Rate of Detention Admissions	Existing Data
Crime and Safety	Rate of Juvenile justice outcomes - Rate of Youth Development Center commitments	Existing Data
Crime and Safety	Number of Individuals filing sexual assault complaints	Existing Data
Crime and Safety	Rate of index crimes	Existing Data
Crime and Safety	Reported sexual assaults, total	Existing Data

Category	Data Measure	Data Type
Crime and Safety	Reported sexual assaults, adult rape	Existing Data
Crime and Safety	Reported sexual assaults, date rape	Existing Data
Crime and Safety	Reported sexual assaults, Adult Survivor of Child Sexual Assault	Existing Data
Crime and Safety	Reported sexual assaults, Marital rape	Existing Data
Crime and Safety	Reported sexual assaults, Child sexual offense	Existing Data
Crime and Safety	Reported sexual assaults, Incest	Existing Data
Crime and Safety	Reported sexual assaults, Other	Existing Data
Crime and Safety	Violent crime rate	Existing Data
Cultural and/or Language Barriers	Limited English-speaking households	Existing Data
Cultural and/or Language Barriers	Cultural differences/diversity/problems in community	New Data: Focus Groups
Cultural and/or Language Barriers	Language barriers	New Data: Focus Groups
Cultural and/or Language Barriers	Fear due to immigration status	New Data: Focus Groups
Cultural and/or Language Barriers	Discrimination/racism	New Data: Surveys - Issue affecting quality of life
Disabilities	Disability services	New Data: Surveys - Service needing improvement
Disabilities	Blind/Visually impaired individuals	Existing Data
Disabilities	Percentage of residents who reported being limited due to physical, mental or emotional problems or using special equipment or having learning problems or considering himself or herself as having disability	Existing Data
Disabilities	Persons served in NC State Developmental Centers	Existing Data
Education and Lifelong Learning	Education	New Data: Focus Groups
Education and Lifelong Learning	Educational opportunities/achievement	New Data: Surveys - Issue affecting quality of life
Education and Lifelong Learning	Education	New Data: Surveys - Service needing improvement
Education and Lifelong Learning	Educational Attainment	Existing Data
Education and Lifelong Learning	Some college	Existing Data

Category	Data Measure	Data Type
Education and Lifelong Learning	Percent of Students graduating in 4-year cohort	Existing Data
Education and Lifelong Learning	High school graduation	Existing Data
Education and Lifelong Learning	High School Dropout rates	Existing Data
Education and Lifelong Learning	EOG Test Results - 3rd Grade - Reading	Existing Data
Education and Lifelong Learning	EOG Test Results - 3rd Grade - Math	Existing Data
Education and Lifelong Learning	EOG Test Results - 8th Grade - Reading	Existing Data
Education and Lifelong Learning	EOG Test Results - 8th Grade - Math	Existing Data
Education and Lifelong Learning	Per pupil Funding by source: Local	Existing Data
Education and Lifelong Learning	Per pupil Funding by source: State	Existing Data
Education and Lifelong Learning	Per pupil Funding by source: Federal	Existing Data
Education and Lifelong Learning	Per pupil Funding by source: Total	Existing Data
Education and Lifelong Learning	Enrollment in Conventional Non-public Schools	Existing Data
Employment	Unemployment	New Data: Focus Groups
Employment	Unemployment/employment opportunities	New Data: Surveys - Issue affecting quality of life
Employment	Employment	New Data: Surveys - Service needing improvement
Employment	Percent of civilian labor force unemployed	Existing Data
Employment	Unemployment rate (percent of population age 16+ unemployed)	Existing Data
Employment	2013 Priority: Poverty and Unemployment	New Data: Focus Groups
Environmental Health	Environmental factors (water, air quality, etc.)	New Data: Surveys - Issue affecting quality of life
Environmental Health	Environmental factors (water, air quality, etc.)	New Data: Surveys - Service needing improvement
Environmental Health	Active Community Water systems	Existing Data
Environmental Health	Air pollution	Existing Data
Environmental Health	Air Quality Index (Unhealthy)	Existing Data
Environmental Health	Air Quality Index (Good)	Existing Data
Environmental Health	Air Quality Index (Moderate)	Existing Data
Environmental Health	Childhood Blood Surveillance Data	Existing Data

Category	Data Measure	Data Type
Environmental Health	Drinking water violations	Existing Data
Environmental Health	Animal Rabies Cases	Existing Data
Environmental Health	Reported Chemical Disposal or Other Releases in Wake County (in pounds)	Existing Data
Environmental Health	Tickborne Diseases in Wake County	Existing Data
Health Insurance Coverage	Insurance coverage	New Data: Focus Groups
Health Insurance Coverage	Uninsured	Existing Data
Health Insurance Coverage	Percentage of non-elderly uninsured individuals	Existing Data
Health Insurance Coverage	Financial status/Health insurance coverage	New Data: Surveys - Issue affecting quality of life
Health Professionals	Lack of specialists	New Data: Focus Groups
Health Professionals	Primary Care Ratio	Existing Data
Health Professionals	Dentists Ratio	Existing Data
Health Professionals	Mental health providers Ratio	Existing Data
Health Professionals	Physicians	Existing Data
Health Professionals	Primary Care Physicians	Existing Data
Health Professionals	Dentists	Existing Data
Health Professionals	Registered Nurses	Existing Data
Health Professionals	Pharmacists	Existing Data
Health Professionals	Physician Assistants	Existing Data
Health Professionals	School Nurse-to-Student Ratio	Existing Data
Health Status (Infectious and Chronic Disease and other causes of death)	Healthcare access and disease management	New Data: Surveys - Service needing improvement
Health Status (Infectious and Chronic Disease and other causes of death)	Fair or poor health	Existing Data
Health Status (Infectious and Chronic Disease and other causes of death)	Percentage of adults reporting good, very good, or excellent health	Existing Data
Health Status (Infectious and Chronic Disease and other causes of death)	Poor or fair health	Existing Data
Health Status (Infectious and Chronic Disease and other causes of death)	Poor physical health days	Existing Data

Category	Data Measure	Data Type
Health Status (Infectious and Chronic Disease and other causes of death)	Percentage of children aged 19-35 months who receive the recommended vaccines	Existing Data
Health Status (Infectious and Chronic Disease and other causes of death)	Foodborne Illnesses	Existing Data
Health Status (Infectious and Chronic Disease and other causes of death)	General Communicable Diseases	Existing Data
Health Status (Infectious and Chronic Disease and other causes of death)	Pneumonia and Influenza mortality rates	Existing Data
Health Status (Infectious and Chronic Disease and other causes of death)	Tuberculosis	Existing Data
Health Status (Infectious and Chronic Disease and other causes of death)	Vaccine Preventable Diseases	Existing Data
Health Status (Infectious and Chronic Disease and other causes of death)	Vector-borne Diseases	Existing Data
Health Status (Infectious and Chronic Disease and other causes of death)	Diabetes	New Data: Focus Groups
Health Status (Infectious and Chronic Disease and other causes of death)	Cancer	New Data: Focus Groups
Health Status (Infectious and Chronic Disease and other causes of death)	High blood pressure	New Data: Focus Groups
Health Status (Infectious and Chronic Disease and other causes of death)	Arthritis	New Data: Focus Groups
Health Status (Infectious and Chronic Disease and other causes of death)	Alzheimer's	New Data: Focus Groups
Health Status (Infectious and Chronic Disease and other causes of death)	Asthma	New Data: Focus Groups
Health Status (Infectious and Chronic Disease and other causes of death)	Heart Health	New Data: Focus Groups
Health Status (Infectious and Chronic Disease and other causes of death)	Cancer	New Data: Surveys - Community Health Need

Category	Data Measure	Data Type
Health Status (Infectious and Chronic Disease and other causes of death)	Cardiovascular Health/Diabetes/Hypertension	New Data: Surveys - Community Health Need
Health Status (Infectious and Chronic Disease and other causes of death)	Management of chronic conditions	New Data: Surveys - Health behavior needing more info
Health Status (Infectious and Chronic Disease and other causes of death)	Life expectancy	Existing Data
Health Status (Infectious and Chronic Disease and other causes of death)	Hospital Discharge Rates for Primary Diagnosis of Asthma, All Ages	Existing Data
Health Status (Infectious and Chronic Disease and other causes of death)	Hospital Discharge Rates for Primary Diagnosis of Asthma, Ages 0-14	Existing Data
Health Status (Infectious and Chronic Disease and other causes of death)	Cancer Incidence rates, total	Existing Data
Health Status (Infectious and Chronic Disease and other causes of death)	Cancer mortality rate, total	Existing Data
Health Status (Infectious and Chronic Disease and other causes of death)	Cancer mortality rate, pancreas	Existing Data
Health Status (Infectious and Chronic Disease and other causes of death)	Cancer mortality rate, trachea, bronchus, lung	Existing Data
Health Status (Infectious and Chronic Disease and other causes of death)	Cancer mortality rate, breast	Existing Data
Health Status (Infectious and Chronic Disease and other causes of death)	Cancer mortality rate, prostate	Existing Data
Health Status (Infectious and Chronic Disease and other causes of death)	Cardiovascular disease mortality rate	Existing Data
Health Status (Infectious and Chronic Disease and other causes of death)	Colorectal cancer mortality rate	Existing Data
Health Status (Infectious and Chronic Disease and other causes of death)	Cerebrovascular Disease mortality rate	Existing Data
Health Status (Infectious and Chronic Disease and other causes of death)	Chronic Lower Respiratory Disease mortality rate	Existing Data

Category	Data Measure	Data Type
Health Status (Infectious and Chronic Disease and other causes of death)	Alzheimer's Disease mortality rate	Existing Data
Health Status (Infectious and Chronic Disease and other causes of death)	Diabetes mortality rate	Existing Data
Health Status (Infectious and Chronic Disease and other causes of death)	Diabetic screening	Existing Data
Health Status (Infectious and Chronic Disease and other causes of death)	Percentage of adults with diabetes	Existing Data
Health Status (Infectious and Chronic Disease and other causes of death)	Premature Death	Existing Data
Health Status (Infectious and Chronic Disease and other causes of death)	Cancer Incidence rates, colon, rectum, anus	Existing Data
Health Status (Infectious and Chronic Disease and other causes of death)	Cancer Incidence rates, lung/bronchus	Existing Data
Health Status (Infectious and Chronic Disease and other causes of death)	Cancer Incidence rates, female breast	Existing Data
Health Status (Infectious and Chronic Disease and other causes of death)	Cancer Incidence rates, prostate	Existing Data
Health Status (Infectious and Chronic Disease and other causes of death)	STDs	New Data: Focus Groups
Health Status (Infectious and Chronic Disease and other causes of death)	Sexual health	New Data: Surveys - Health behavior needing more info
Health Status (Infectious and Chronic Disease and other causes of death)	AIDS mortality rate	Existing Data
Health Status (Infectious and Chronic Disease and other causes of death)	Chlamydia Rates	Existing Data
Health Status (Infectious and Chronic Disease and other causes of death)	Gonorrhea Rates	Existing Data
Health Status (Infectious and Chronic Disease and other causes of death)	Rate of new HIV infection diagnoses	Existing Data

Category	Data Measure	Data Type
Health Status (Infectious and Chronic Disease and other causes of death)	Sexually transmitted infections	Existing Data
Health Status (Infectious and Chronic Disease and other causes of death)	Sexually transmitted infections	Existing Data
Health Status (Infectious and Chronic Disease and other causes of death)	HIV/AIDS	New Data: Surveys - Community Health Need
Housing and Homelessness	Homelessness & Housing	New Data: Focus Groups
Housing and Homelessness	Affordable, safe housing/Homelessness	New Data: Surveys - Issue affecting quality of life
Housing and Homelessness	Housing	New Data: Surveys - Service needing improvement
Housing and Homelessness	Housing types (occupancy)	Existing Data
Housing and Homelessness	Median monthly housing costs	Existing Data
Housing and Homelessness	Median monthly rent	Existing Data
Housing and Homelessness	% of Homeless Adults Seriously Mentally Ill	Existing Data
Housing and Homelessness	% of Homeless Adults Substance Abuse Disorder	Existing Data
Housing and Homelessness	% of Homeless Adults with HIV/AIDS	Existing Data
Housing and Homelessness	% of Homeless Adults Victims of Domestic Violence	Existing Data
Housing and Homelessness	Rate of homelessness	Existing Data
Housing and Homelessness	Severe housing problems	Existing Data
Housing and Homelessness	Percentage of people spending more than 30% of their income on rental housing	Existing Data
Income and Poverty	2013 Priority: Poverty and Unemployment	New Data: Focus Groups
Income and Poverty	Finances/Costs	New Data: Focus Groups
Income and Poverty	Children in Poverty	Existing Data
Income and Poverty	Children in poverty	Existing Data
Income and Poverty	Decadal poverty rate	Existing Data
Income and Poverty	Income inequality (ratio of household income at the 80th percentile to income at the 20th percentile)	Existing Data

Category	Data Measure	Data Type
Income and Poverty	Percentage of individuals living in poverty	Existing Data
Income and Poverty	Financial status/Health insurance coverage	New Data: Surveys - Issue affecting quality of life
Injury and Violence	% of motor vehicle accidents, non-fatal	Existing Data
Injury and Violence	% of motor vehicle accidents, fatal	Existing Data
Injury and Violence	Homicide rate	Existing Data
Injury and Violence	Homicide rate	Existing Data
Injury and Violence	Injury Death: MVT, Unintentional (% of total)	Existing Data
Injury and Violence	Injury Death: Fall, Unintentional (% of total)	Existing Data
Injury and Violence	Injury Death: Poisoning, Unintentional (% of total)	Existing Data
Injury and Violence	Injury Death: Firearm, Self inflicted (% of total)	Existing Data
Injury and Violence	Injury Hospitalization: Fall, Unintentional (% of total)	Existing Data
Injury and Violence	Injury Hospitalization: MVT, Unintentional (% of total)	Existing Data
Injury and Violence	Injury Hospitalization: Unspecified, Unintentional (% of total)	Existing Data
Injury and Violence	Injury Hospitalization: Poisoning, Self inflicted (% of total)	Existing Data
Injury and Violence	Injury ED Visits: Fall, Unintentional (% of total)	Existing Data
Injury and Violence	Injury ED Visits: MVT, Unintentional (% of total)	Existing Data
Injury and Violence	Injury ED Visits: Struck, Unintentional (% of total)	Existing Data
Injury and Violence	Injury ED Visits: Overexertion, Unintentional (% of total)	Existing Data
Injury and Violence	Injury ED Visits: Unspecified, Unintentional (% of total)	Existing Data
Injury and Violence	Unintentional falls mortality rate	Existing Data
Injury and Violence	Unintentional Motor Vehicle Injury Mortality Rate	Existing Data
Injury and Violence	Unintentional poisoning mortality rate	Existing Data

Category	Data Measure	Data Type
Injury and Violence	Violent deaths	Existing Data
Maternal and Infant Health	Prenatal care	New Data: Surveys - Community Health Need
Maternal and Infant Health	Low birth weight (as % of total births)	Existing Data
Maternal and Infant Health	Fetal mortality	Existing Data
Maternal and Infant Health	High parity births to mothers under 30 years old)	Existing Data
Maternal and Infant Health	High parity births to mother 30+ years old	Existing Data
Maternal and Infant Health	Short interval births	Existing Data
Maternal and Infant Health	Infant mortality racial disparity between whites and African Americans	Existing Data
Maternal and Infant Health	Infant mortality rate (per 1,000 live births)	Existing Data
Maternal and Infant Health	Live Birth Rates	Existing Data
Maternal and Infant Health	Low birthweight	Existing Data
Maternal and Infant Health	Percent of births to mothers who smoked prenatally	Existing Data
Maternal and Infant Health	Pregnancy rates for 15-44 age group	Existing Data
Maternal and Infant Health	Pregnancy rates for 15-19 age group	Existing Data
Maternal and Infant Health	Prenatal care in first trimester	Existing Data
Maternal and Infant Health	Teen birth rate	Existing Data
Mental Health	Mental Health/hopelessness	New Data: Focus Groups
Mental Health	Suicide	New Data: Surveys - Community Health Need
Mental Health	Emotional and mental health	New Data: Surveys - Health behavior needing more info
Mental Health	Suicide education and prevention	New Data: Surveys - Health behavior needing more info
Mental Health	Mental health services	New Data: Surveys - Service needing improvement
Mental Health	Percentage of respondents with 30 Poor mental Health Days	Existing Data
Mental Health	MH/DD/SA ED visits	Existing Data
Mental Health	Psychiatric ED visits	Existing Data

Category	Data Measure	Data Type
Mental Health	Persons served by Area Mental Health Programs as rate per 100,000 population	Existing Data
Mental Health	Percentage of respondents with Any Poor mental Health Days	Existing Data
Mental Health	Poor mental health days (avg number in past 30 days age-adjusted)	Existing Data
Mental Health	Suicide attempts per 100,000 population	Existing Data
Mental Health	Suicide attempts by adolescents per 100 population aged 14-19 years	Existing Data
Mental Health	Suicide rate (per 100,000 population)	Existing Data
Mental Health	Suicide rate (per 100,000 population)	Existing Data
Mental Health	2013 Priority: Mental Health and Substance Abuse	New Data: Focus Groups
Mental Health	Behavioral health (mental, drug, etc.)	New Data: Surveys - Community Health Need
Oral Health	Dental care	New Data: Focus Groups
Oral Health	ED visits for dental/oral health related diagnoses	Existing Data
Oral Health	Percent of people reporting visiting a dentist, dental hygienist, or dental clinic within past year	Existing Data
Oral Health	Percentage of adults who have had permanent teeth removed due to tooth decay or gum disease	Existing Data
Oral Health	Wake County Human Services Dental Services Utilization	Existing Data
Physical Activity, Nutrition, and Obesity	Overweight/obesity	New Data: Focus Groups
Physical Activity, Nutrition, and Obesity	Healthier food options	New Data: Focus Groups
Physical Activity, Nutrition, and Obesity	Physical health/activity	New Data: Focus Groups
Physical Activity, Nutrition, and Obesity	Obesity	New Data: Surveys - Community Health Need
Physical Activity, Nutrition, and Obesity	Nutrition and physical activity	New Data: Surveys - Health behavior needing more info
Physical Activity, Nutrition, and Obesity	Fast Food Restaurants (Rate per 1,000)	Existing Data

Category	Data Measure	Data Type
Physical Activity, Nutrition, and Obesity	Supermarkets and Grocery Stores (Rate per 1,000)	Existing Data
Physical Activity, Nutrition, and Obesity	Access to exercise opportunities	Existing Data
Physical Activity, Nutrition, and Obesity	Adult obesity	Existing Data
Physical Activity, Nutrition, and Obesity	Food environment index	Existing Data
Physical Activity, Nutrition, and Obesity	Fruit and vegetable consumption	Existing Data
Physical Activity, Nutrition, and Obesity	Physical activity in the past month	Existing Data
Physical Activity, Nutrition, and Obesity	Physical inactivity	Existing Data
Physical Activity, Nutrition, and Obesity	Prevalence of overweight among children ages 2-4	Existing Data
Physical Activity, Nutrition, and Obesity	Prevalence of obesity among children ages 2-4	Existing Data
Physical Activity, Nutrition, and Obesity	Percentage of adults who are neither overweight nor obese	Existing Data
Physical Activity, Nutrition, and Obesity	Leisure and recreational services	New Data: Surveys - Service needing improvement
Substance Abuse	2013 Priority: Mental Health and Substance Abuse	New Data: Focus Groups
Substance Abuse	Behavioral health (mental, drug, etc.)	New Data: Surveys - Community Health Need
Substance Abuse	Substance Abuse	New Data: Focus Groups
Substance Abuse	Tobacco or e- cigarette use	New Data: Surveys - Community Health Need
Substance Abuse	Substance abuse prevention	New Data: Surveys - Health behavior needing more info
Substance Abuse	Tobacco cessation	New Data: Surveys - Health behavior needing more info
Substance Abuse	Adult smoking	Existing Data
Substance Abuse	Alcohol-impaired driving deaths	Existing Data
Substance Abuse	Excessive drinking	Existing Data
Substance Abuse	Percentage of adults who are current smokers	Existing Data
Substance Abuse	Percentage of people exposed to secondhand smoke in the workplace	Existing Data

Category	Data Measure	Data Type
Substance Abuse	Percentage of traffic crashes that are alcohol-related	Existing Data
Substance Abuse	Persons served in NC State Alcohol and Drug Treatment Centers as rate per 100,000 population	Existing Data
Substance Abuse	Driving while impaired (alcohol, drugs, distracted driving, etc.)	New Data: Surveys - Community Health Need
Substance Abuse	Heroin deaths	Existing Data
Substance Abuse	Opioid deaths	Existing Data
Transportation	Transportation	New Data: Focus Groups
Transportation	Transportation	New Data: Surveys - Issue affecting quality of life
Transportation	Transportation	New Data: Surveys - Service need- ing improvement
Transportation	Driving alone to work	Existing Data
Transportation	Long commute/driving alone	Existing Data