



**Wake County**  
**2019 Community Health Needs Assessment Executive Summary**





# Wake County: A Great Place to Live

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

In fact, the Robert Wood Johnson Foundation and University of Wisconsin Population Health Institute's County Health Rankings has named Wake County the healthiest county in North Carolina for the past four years.

Wake County is committed to ensuring all residents are afforded the opportunity to live healthy productive lives.

The 2019 Community Health Needs Assessment (CHNA) process identifies and analyzes the community health needs of Wake County residents. The CHNA provides a structured process for Wake County to prioritize health needs, and to plan and act upon unmet community needs. The CHNA also inventories resources currently available or needed to positively address prioritized needs.

## 2019 Community Health Needs Assessment Overview

From March 2018 through April 2019, over 100 agency and community partners collaborated to complete the 2019 CHNA. The 2019 CHNA examines the overall health needs of the residents of Wake County and

allows county stakeholders to continuously evaluate how best to improve and promote the health of the community.

### The overarching goals of the 2019 CHNA are to:

- » Evaluate the impact of implementation strategies and action plans that resulted from the 2016 CHNA;
- » Collect and analyze primary (new) and secondary (existing) data to identify areas of need within the county;
- » Report findings to the residents of Wake County, hospitals, community agencies, and the North Carolina Department of Health and Human Services;
- » Engage the community to determine the priorities to be addressed; and,
- » Develop a community-based action plan to address the priorities.

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



## Summary of Wake County Priority Areas

Existing data was analyzed to quantify priority areas of concern. Wake County demographic, social, and health indicators were compared to applicable population health benchmarks and peer counties. Benchmarks included Healthy North Carolina 2020 and Healthy People 2020 measures. Mecklenburg County, NC and Travis County, TX were named peer counties for comparison.

Based on data findings and input gathered from community organizations and residents through focus groups and surveys, **the following five focus areas have been identified as county-wide priorities for the 2019 CHNA.**

-  **Transportation Options and Transit**
-  **Employment**
-  **Access to Care**
-  **Mental Health/Substance Use Disorders**
-  **Housing and Homelessness**



## An overview of each priority area is included below.

### **Transportations Options and Transit**

The transportation options and transit priority explores how people get around to access work, school and play as well as public transit and other transportation choices.

#### Key data themes revealed:

- » Transportation has worsened over the last five years and has remained a priority area of concern since the 2016 CHNA cycle.
- » Limited countywide transportation options create barriers to provider and healthcare access for residents.
- » The county has low walkability for those who wish to travel via walking/biking or do not have a vehicle.
- » Concerns exist regarding whether the new transit plans embrace expanding areas and whether it can keep up with expected growth.
- » Access to public transit (buses, commuter rail, etc.) and the availability of alternative transportation options (biking, walking, carpooling, etc.) need improvement to meet the needs of residents.

Additionally, Wake County performed more than five percent worse than applicable benchmarks, targets, or peer counties on the following four existing data measures:

- » Percentage of workforce driving alone to work
- » Percentage of workforce commuting by public transportation
- » Percentage of workforce that commute more than 30 minutes in their car alone
- » Percentage of workforce who walk to work

## Employment

The Employment priority includes information related to how many people have jobs, what types of jobs they have, and whether people feel they can get a good job in Wake County.

### Key data themes revealed:

- » Unemployment and underemployment are major areas of concern for residents. These issues were described as the top factors impacting health of the community.
- » Employment-related programs emphasizing self-employment opportunities and employment for those who have previously been incarcerated are needed.
- » Employment opportunities may vary among various sub-groups of the population.

Wake County performed more than five percent worse than applicable benchmarks, targets, or peer counties when analyzing the unemployment rate (percent of population age 16+ unemployed).



## Access to Care

The Access to Care priority includes information pertaining to how and why people use or do not use healthcare, how many people have health insurance, how much healthcare there is in the community, and how much information there is about healthcare.

### Key data themes revealed:

- » Access to care and health insurance coverage have remained top areas of concern for residents since the 2016 CHNA. Access related to insurance coverage has worsened over the last five years.
- » The need for additional community education related to the importance of seeking care and the availability of existing community resources were described as areas for improvement.
- » Access to care may vary by geographical location throughout the county as well as by population sub-group.
- » Lack of provider availability, limited providers accepting Medicare and Medicaid insurances, and a limited of bilingual providers further drive challenges to accessing care.

Wake County performed more than five percent worse than applicable benchmarks, targets, or peer counties on 14 existing data measures related to:

- » Population to healthcare provider ratios
- » Beds per population ratios
- » ED visit rates for mental health conditions
- » Percentage of population uninsured

## Mental Health/Substance Use Disorders

The Mental Health priority includes data related to mental health disease (like depression, Alzheimer's, and Schizophrenia), poor mental health days, and hurting oneself; the Substance Use Disorders priority includes data related to alcohol, opioid, and illegal drug use as well as data related to overdoses.

### Key data themes revealed:

- » Mental health and substance use disorders have worsened over the last five years.
- » Not only are both mental health and substance use disorders growing areas of concern for the overall population, but each is also increasingly impacting younger residents.
- » Persons with mental health and substance use issues were frequently described as being an overlooked and/or particularly vulnerable population.
- » A lack of current resources to adequately address mental health and substance use concerns were described as areas in need of improvement.
- » Residents described drug overdose attempts and deaths as significant health outcomes that are impacting the community.

Wake County performed more than five percent worse than applicable benchmarks, targets, or peer counties on nine existing data measures related to:

- » Suicide mortality rate (per 100,000 population)
- » Poor mental health days (avg number in past 30 days age-adjusted)
- » Alcohol-impaired driving deaths
- » Drug poisoning deaths and hospitalizations
- » Opioid pills dispensed (rate per 10,000 population)

## Housing and Homelessness

The Housing and Homelessness priority contains information related to the cost of housing, housing choices, and number of persons experiencing homelessness.

### Key data themes revealed:

- » Lack of affordable housing, increased gentrification, and a lacking sense of community (primarily because people cannot both work and live within the same area) are all negatively impacting Wake County residents.
- » Housing often promoted as “affordable” is not financially feasible for residents.
- » Access to affordable housing and reducing homelessness were frequently noted as areas needing improvement within the community by respondents of all three surveys.
- » Housing and homeless was identified as an area that impacts of the health of the community.

Wake County performed more than five percent worse than applicable benchmarks, targets, or peer counties on the following four existing data measures:

- » 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)
- » Percentage of people spending more than 30% of their income on rental housing
- » Median monthly housing costs, owner-occupied housing units with a mortgage
- » Crowded households (more than 1 person per room)

The Live Well Wake Lead Organization Team includes the following organizations



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