LIVE WELL WAKE

COMMUNITY HEALTH IMPROVEMENT PLAN

STRATEGIES & INDICATORS

2020-2023

LIVE WELL WAKE

Community Health Improvement Plan Strategies and Indicators: 2020-2023

Priority 1: Access to Care Healthy North Carolina 2030 Alignment Indicator(S): Uninsured Rate, Limited Access to Healthy Food	
RESULTS BASED ACCOUNTABILITY FOCUSED QUESTIONS	
What quality of life conditions do you want for the children, adults, and families in your community?	An environment that supports equitable healthy opportunities for all
What does it look like when you achieve this result?	A changed outlook on life and opportunities for the individual, their family and generations to come.
How can you measure these quality of life conditions?	1.) Decreased % of targeted uninsured Wake County residents; 2.) Increased % of targeted populations actively engaged with primary care providers; 3.) Reduce the number of census tracts in Wake County that are Food Deserts
How are you doing on the most important measures of this (these) condition(s) in our community?	The most recent CHNA data revealed Wake County has a lower percentage of uninsured adults at 10.4%, than the state average. Of the eight Wake County service zones, the East Central at 17.8% had the highest uninsured rate while the Northern zone at 6.1% had the lowest uninsured individuals.
Who are the partners that have a role to play in doing better?	YMCA, Faith-based community, Payers- Medicare Advantage, Hospitals, Politicians at the table Community based organizations, Private businesses, Safety-net providers, FQHC, Pharmaceutical companies, Individuals with lived experiences from the population group, Philanthropic institutions, WCPSS
What works to do better, including no cost and low-cost ideas?	The following strategies have been proven to work well when aiming to improve access to care: • Funding for navigators to support participants with ACA • Medicaid expansion • Project Access • UNC Charity Care • Private-public partnership • Educating the community and practitioners regarding dignity, compassion, and agency (Non-judgmental care) • Substance use to manage chronic illness • Financial literacy- particularly vis a vis insurance • Medical literacy and education on use of care • Care management • Telemedicine

WHAT DO WE PROPOSE TO DO?						
#	**Strategy/Intervention/Action Name & Brief Description**	**Responsible Partners**	**Performance Measures** *How much will you do?*	**Performance Measures** *How well will we do it?*	**Performance Measures** *Is anybody better off?*	**Level(s) of Intervention**
1.1	**Encourage equitable health insurance coverage for all.** **Potential Action Steps:** • **Advocate with legislative delegates to close the coverage gap through Medicaid expansion** • **Support Legal Aid of NC Navigator Consortium** • **Secure funding to assist families at 200-250% FPL to pay ACA premiums**	• Wake County Commissioners • Legal Aid of North Carolina	• # Medicaid applications submitted • # of Medicaid applications approved • # of Medicaid enrollment • # of visitors to ACA Marketplace • # of applicants obtaining coverage • # of families at 200-250% FPL receiving ACA premium assistance	• Increased % of eligible residents receiving Medicaid coverage • Increased % of enrollments through the Health Insurance Marketplace	• % of insured Wake County residents (disaggregate by race, income, age and service zone)	• Individual • Organization • Agency • Institution • Policy
1.2	**Encourage accessibility to healthcare services for all** **Potential Action Steps:** • **Encourage expansion of Safety-Net Provider clinic hours** • **Encourage uniformity in Safety-Net Provider sliding scale fees** • **Convene health system Discharge/CM Teams with Safety-Net Provider consort to create a consistent referral process for the low-income & uninsured** • **Encourage plans for expansion of retail pharmacy-based clinics**	• Wake County Safety-Net Providers • Chamber of Commerce	• # of clinics offering evening and/or weekend hours • # safety net providers using uniform sliding fee scale • assessment of hospital data • #stakeholders engaged uniform referral process	• % of safety net providers offering evening/weekend hours (by location) • Increased % of doctor visits with Safety-Net Providers • % of safety net providers using uniform sliding scale	• % of adults with PCP provider • decrease % ED utilization for preventable conditions	• Organization • Agency • Institution • Policy
1.3	**Encourage equitable access to healthy lifestyle resources and activities for all.** **Potential Action Steps:** • **Support & promote healthy food initiatives** • **Promote enrollments in SNAP and WIC**	• Local Food Pantries • Wake County Human Services • Wake County Parks & Rec	• # healthy food initiatives promoted • measure of tonnage of food distributed throughout the county • #SNAP enrollments • #WIC enrollments	• Population health surveys for food insecurity • Increase % in enrollments of SNAP & WIC	• % of food desserts Wake County • Wake County Food environment index scale • % food insecure Wake County residents	• Individual • Organization • Agency • Institution • Policy

	• **Encourage environmentally appropriate and accessible physical activity programs** • **Advocate for additional funding for affordable farmers markets** • **Obtain funding and administrative home for a vendor contract to provide healthcare transport, filling the gap in public transportation deserts**	• YMCA • Private businesses • Medical practices, etc.	• # and type of physical activity programs promoted • $ acquired for farmers markets • $ acquired for healthcare transport	• Increase # of food hubs throughout the county	• % of physically active adults • Age adjusted obesity prevalence	

Priority 2: Employment Healthy North Carolina 2030 Alignment Indicator(s): Unemployment Rate, Individuals Below Federal Poverty Level	
RESULTS BASED ACCOUNTABILITY FOCUSED QUESTIONS	
What quality of life conditions do you want for the children, adults, and families in your community?	Increased economic security for Wake County's most vulnerable residents.
What does it look like when you achieve this result?	Decreased unemployment disparity ratio between Wake County vulnerable populations. Additionally, the following well be evident: • A highly skilled workforce with equitable access to jobs that allow all residents to afford safe quality housing and other resources necessary to improve quality of life • Supports for vulnerable and underserved groups including career mentorship, tuition support, and childcare resources • Employer accountability and commitment to enhancing equitable practices • Increased small businesses owned and operated by vulnerable populations
How can you measure these quality of life conditions?	These quality of life conditions can be measured through the following indicators: • Unemployment rate • Median Household Income • Individuals below federal poverty level *D*isaggregated by race, age, etc. to enhance equity.*
How are you doing on the most important measures of this (these) condition(s) in our community?	Prior to the COVID-19 pandemic, Wake County performed well on several employment measures including the following: • Low Unemployment Rate-Wake County's unemployment rate was 4.2% and experienced a 13.4% compound annual decline over the most recent 5 years of data. • Access to Vocational & Post-Secondary Training-Wake County has a variety of post-secondary, vocational, and technical institutions to build workforce skills and knowledge. Prior to the COVID-19 pandemic, the following conditions could be improved upon: • Unemployment disparity ratio (particularly racial/ethnic disparities) • Access to jobs that pay livable wages to support rising costs of living • Persistent homelessness among persons employed and unemployed • Employment opportunities for persons with physical and mental disabilities are limited • Access to youth employment opportunities

Who are the partners that have a role to play in doing better?	Jobs for Life, Wake Tech, Chamber of Commerce, Vocational Rehabilitation, Social and Economic Vitality, Wake County Human Services, Food Bank of Central & Eastern North Carolina					
What works to do better, including no cost and low-cost ideas?	• Workforce Development Initiatives • Access to Living Wage Jobs • Affordable Childcare Access • Fair-Chance Hiring Policies					
WHAT DO WE PROPOSE TO DO?						
#	**Strategy/Intervention/Action Name & Brief Description**	**Responsible Partners**	**Performance Measures** *How much will you do?*	**Performance Measures** *How well will we do it?*	**Performance Measures** *Is anybody better off?*	**Level(s) of Intervention**
2.1	**Advocate for hiring policies supportive of "fair-chance" employment for vulnerable populations (e.g. persons with physical & developmental disabilities, previously incarcerated** **<u>Potential Action Steps:</u>** 1. **Create and or promote database of local employers with "fair-chance" hiring policies and practices (via LWW website, Wake Network of Care, etc.)** 2. **Host/promote employer centered training/information session on fair-chance hiring policies and practices.** 3. **Disseminate evidence-based fair chance toolkits.**	• Arc of the Triangle • Jobs for Life • Chamber of Commerce • Wake Area Business Advisory Council • Wake County municipalities • NC Reentry Initiative • NC Legal Aid • NC Justice Center	• # of policies drafted • # of policy presentation meetings • # of policies implemented • # of employers using "fair-chance" hiring policies • 1 database of employers with fair-chance policies • # of "fair-chance" toolkits disseminated to area employers	• % of policies adopted • % increased employers with fair chance policies	• % of identified vulnerable populations connected to employment opportunities % of Agencies trained/engaged integrating fair-chance policies hiring targeted populations	• Agency • Institution • Policy

	4. **Expand access to criminal record expungement resources.**					
2.2	**Advocate for policies that support living wage** **<u>Potential Action Steps:</u>** **1. Collect and share stories of essential workers to promote awareness and build case for living wage and other supports.** **2. Hold legislative listening sessions to advocate for livable wages** **3. Established shared definition of Wake County living wage** **4. Develop/support voluntary living wage certification for businesses** **5. Promote technical support and training opportunities to businesses to help transition to paying living wage**	• One Fair Wage • Faith based Community Leaders • Capital Area Workforce Development • Poor People's Campaign • Jobs for Life	• # of essential workers engaged • # of stories collected through writeups and or videos • # of listening sessions held • # of participants • # of businesses receiving living wage certification for businesses • # of training and technical support opportunities offered • # of businesses offering living wages to employees as a result of workgroup engagement	• % of Wake County businesses with voluntary living wage certification • % of local and state legislatures participating in listening sessions	• % of Wake County residents with access to living wages through certification program	• Organization • Agency • Institution • Policy
2.3	**Increase access to local workforce development and skills training initiatives among vulnerable/resilient populations (e.g. Wake Works Apprenticeship Program, Capital Area Workforce Development Program, Jobs for Life, NC Works, EEASI)** **<u>Potential Action Steps:</u>**	• Wake Tech • Chamber of Commerce • Jobs for Life • NC Works • Food Bank of Eastern NC and Central NC	• # and type of educational/promotional materials • # of local skills training/workforce development programs identified • # skilled employees entering job market • # stakeholders engaged	• % of people referred to local workforce initiatives • % high school grad/GED • % post-secondary enrollment • WTCC % enrollment by	• % of people who gain access to employment • % of people who increase income through workforce development initiatives	• Individual • Organization • Agency • Institution

	1. Recruit local faith-based partners and stakeholders to support and promote workforce initiatives e.g. Jobs for Life **2. Launch coordinated campaign to educate, recruit, refer, and enroll target audience in workforce development initiatives.** **3. Promote local hiring events among vulnerable/resilient communities (e.g. informational flyers at Food Banks, Program participants, etc.)** **4. Promote programs, resources, and supports such as childcare, internet access etc. to remove employment/skills development barriers for vulnerable residents.**	• Faith based Community Leaders • Capital Area Workforce Development • Wake County Human Services • Wake Network of Care • Capital Area Food Network-Economic Development Workgroup	• #faith leaders engaged • # newly recruited Jobs for Life partners • # educational events offered • # and type of employment resources promoted to target audience	geography and SES	• % of people with improved educational attainment	
2.4	**Conduct community education and outreach campaign to promote resources for Wake County small businesses.** **<u>Action Steps:</u>** **1. Identify local grants, loans and other COVID recovery programs available to Wake County small businesses.**	• Chamber of Commerce • Wake County Economic Development	• # and type of materials disseminated • # of Wake County residents reached through education and outreach campaign • # and type of stakeholders engaged	• % of stakeholders representing minority and underserved groups	• % of vulnerable small business owners accessing Wake County COVID recovery grants, loans and other financial resources and supports	• Individual • Institution

	2. Disseminate small business support information through various channels include social/print media, and established email list servs.		• # of grant, loan, and other programs identified • #applicants small business support programs			

Priority 3: Housing and Homelessness Healthy North Carolina 2030 Alignment Indicator(s): Severe housing problems	
RESULTS BASED ACCOUNTABILITY FOCUSED QUESTIONS	
What quality of life conditions do you want for the children, adults, and families in your community?	All Wake County residents have equitable access to quality, safe, affordable housing choices.
What does it look like when you achieve this result?	Achievement will include socially connected, vibrant well-designed and maintained diverse communities. Residents will feel a sense of belonging and connectivity as people can live and work in same communities.
How can you measure these quality of life conditions?	Homelessness, Cost of housing-affordable 30% of income, Crowded houses, houses with severe problems, median mortgage costs, Increased housing choices, Foreclosures, Unemployment
How are you doing on the most important measures of this (these) condition(s) in our community?	• Homelessness is not declining. • An estimated 37,820 low-income households in Wake County spend half or more of their income on housing. • Although housing production has increased, keeping up with the loss of stock poses a challenge. • Approximately 5,000 naturally occurring affordable rental units offered at prices affordable to households with incomes below $39,000 • More than 40% of Wake County renters spending more than 30% of income on housing
Who are the partners that have a role to play in doing better?	Habitat for Humanity, Housing Authority of the County-Wake, Raleigh Housing Authority, Local Municipalities, Raleigh Area Land Trust, City of Raleigh, Legal Aid of North Carolina, The Partnership to Prevent and End Homelessness, Downtown Housing Improvement Corporation (DHIC), Community, Elected officials and staff, For-profit/not for profit developers, Private landowners, Grassroots culturally diverse organizations, North Carolina League of Municipalities, Triangle J Council members of Government/ North Carolina Capital Area Metropolitan Planning Organization (NC CAMPO), Saint Augustine's University, Shaw University

What works to do better, including no cost and low-cost ideas?	The following ideas work to improve housing disparities: • Qualified Action Plan/GIS Mapping • Incentives such as tax credits for sellers • Land use and development standards and policies • Private/public partnerships • Re-development/preserving existing housing • Adequate long-term financial investments to create sustainable longstanding programs and affordable housing • "Whole person" focused programs and services • Sustainable strategies aligned with sustainable resources at scale • Trained and educated workforce with skills needed to address needs of population (eg SOAR benefits specialists)

WHAT DO WE PROPOSE TO DO?

#	Strategy/Intervention/Action Name & Brief Description	Responsible Partners	Performance Measures *How much will you do?*	Performance Measures *How well will we do it?*	Performance Measures *Is anybody better off?*	Level(s) of Intervention
3.1	**Support implementation of House Wake! COVID response and recovery plan.** **<u>Potential Action Steps:</u>** **1. Expand the Wake Prevent Homelessness Prevention Program to support precariously housed residents.** **2. Provide financial support to residents unable to pay rent and mortgage due to COVID-19** **3. Provide financial assistance to tenants and landlords to cover rent shortfalls resulting from a loss of income in an effort to prevent eviction.** **4. Provide pro bono legal services, for tenants who**	• Wake County Housing Department • Oak City Cares • DHIC • NC Legal Aid	• # homeless Wake County residents receiving temporary shelter • #Wake County homeless residents transitional housing • # Wake County homeless residents connected to permanent housing • # of homeless prevention providers engaged • $distributed to support residents (disaggregated by race, age, region, income) • # of residents receiving financial support to cover housing expenses	• Equitable reach (disaggregated data by age, race, region, etc.) • % of evictions avoided • % of legal cases with favorable results preventing eviction	• % of Wake County residents receiving housing stabilization support • % Wake County homeless residents • % of Wake County residents accessing new established affordable housing units (summary by demographics & SES) • %of foreclosures • % of evictions	• Organization • Agency • Institution • Policy

	need legal counsel to negotiate filed evictions with landlords. **5. Provide homeless prevention relocation assistance.** **6. Expand the number of Wake County affordable housing units.**		• $ distributed to landlords to prevent eviction • # of evictions prevented • # of pro bono legal services provided • # of affordable units available			
3.2	**Sustain and expand countywide homeless and housing support policies/systems changes expanded through COVID recovery funding streams**	Wake County	• # and type of countywide homeless and housing support policies/systems changes • # of COVID related policies and systems sustained or expanded	• % of COVID policies and systems sustained and expanded	• % homeless Wake County residents • % of homelessness preventions as result of expanded program • % homeless connected to transitional and permanent housing resources	• Organizational • Agency • Policy
3.3	**Conduct multiphase community education campaign aiming to disseminate resources, supports, and information related to housing continuum topics like homelessness, emergency shelter, affordable housing options, permanent housing, and permanent supportive housing**	• Wake County • DHIC • Oak City Cares • Urban Ministries	• # and type of educational materials distributed • # people reached and engaged through education campaign • # persons referred to services • # and type of distribution channels	• % earned media • % referrals to services	• % of Wake County homeless residents • % of Wake County residents accessing new established affordable housing options • % of Wake County homeowners • % of Wake County first time homeowners • % Wake County residents utilizing emergency shelter	• Individual • Organizational • Agency

Priority 4: Mental Health and Substance Use Healthy North Carolina 2030 Alignment Indicator(s): Drug Overdose Deaths; Suicide Rates	
RESULTS BASED ACCOUNTABILITY FOCUSED QUESTIONS	
What quality of life conditions do you want for the children, adults, and families in your community?	Wake County residents will live in caring communities with compassion for and a determination to respond effectively and respectfully to the mental-health and substance misuse needs of all citizens.
What does it look like when you achieve this result?	All Wake County residents will have access to effective prevention, early intervention, and mental-health treatment and supports as needed to live, work, learn, and participate fully in their communities.
How can you measure these quality of life conditions?	Decrease in Emergency Department visits, Reduction in poor mental health days, decreased suicide rates (aggregated by race, gender, age, etc.), Decreased drug overdose
How are you doing on the most important measures of this (these) condition(s) in our community?	• Wake County has higher rates of commonly prescribed opioid medication poisoning hospitalizations, methadone poisoning deaths, and opiate poisoning hospitalizations as compared to peer county Mecklenburg. • Wake County mental health crisis services struggle to meet the demand, especially for the elderly and children. • Hospital emergency departments and jails provide needed care when the existing crisis system is full. • Wake County Drug Overdose Prevention Coalition has been created to address growing substance abuse issues.
Who are the partners that have a role to play in doing better?	NAMI-Wake, Wakebrook, Alliance Behavioral Health, Wake Med, Duke Raleigh, UNC Rex, Outpatient mental health providers, faith communities, Insurance Providers, Local Media, Legislators, Schools, Persons with lived experiences, law enforcement, first responders, jail systems, judges, and probation officers, Colleges and university, DHHS and State Health Dept., Wake County Human Services, Southlight , Drug Overdose Prevention Coalition
What works to do better, including no cost and low-cost ideas?	• Crisis and Prevention Teams- Crisis Intervention Team (CIT) training, de-escalation skills, and diversion from jail • Early intervention and screening for mental health/substance use risks • Assertive Community Treatment (ACT) • Effective discharge planning such as Intensive community management systems with appropriate flags and reminders • Holistic approach to prevention and treatment considering environment including social determinants and physical health • Community engagement from those with lived experience • Informed leadership executing data-driven, evidence-based decision making • Strong voices of advocacy

	• Sharing data and making it relatable

WHAT DO WE PROPOSE TO DO?						
#	**Strategy/Intervention/Action Name & Brief Description**	**Responsible Partners**	**Performance Measures** *How much will you do?*	**Performance Measures** *How well will you do it?*	**Performance Measures** *Is anybody better off?*	**Level(s) of Intervention**
4.1	**Establish a continuum of care to reduce opioid misuse, use disorder, overdose, and related health consequences.**	• Wakebrook • Wake County • Southlight • NAMI-Wake • Advance Community Health • Alliance Behavioral Health • Wake County Drug Overdose Prevention Coalition	• # of people accessing treatment • # of OBOTs that are available • # education programs that connect family members as stakeholders • # of family members who take advantage of programs offered	• % of commonly prescribed opioid medication poisoning hospitalizations. • % of opiate poisoning hospitalizations. (^ % satisfaction of understanding treatment) • decreased opioid prescribing rate	• % change suicides • % change drug overdose • % change of methadone poisoning deaths. • self-reported mental health days • % of people engaged in ongoing treatment • % of people accessing treatment who achieve life goal or SDOH progress	• Individual • Policy • Institution
4.2	**Conduct education and outreach to combat stigma associated with mental health and substance use problems emphasizing vulnerable populations (youth, racial/ethnic minority groups, and others TBD).**	• NAMI-Wake • Youth Thrive • Poe Center • Wake County Schools • Wake County Human Services • Wake Network of Care • Wake County Child Abuse Prevention Plan	• # and type of educational materials created and disseminated • # persons reached and engaged through education campaign (social media metrics, email listservs, and other measures TBD) • # persons participating in promoted programs/services	• % Increase knowledge of local behavioral health resources • Reduction in stigma regarding mental health and related services and treatment • %of most vulnerable populations participating in programs/services	• Persons served by Area Mental Health Programs per 10,000 population • % of targeted populations enrolling and completing promoted programs • % of schools with access to staff with youth mental health first aid training and reach # of students	• Individual • Organization

			• # of programs with youth promoted and supported **<u>Performance Measures Cont.</u>** • # of programs for parents with young children • # of ads surrounding MH/SUD awareness • # of virtual programs • # of new programs offered in areas which were identified as service gaps for population or program focus area • # of school staff and support staff trained in Youth Mental Health First Aid			
Local Plan Alignment: Wake Behavioral Health Plan						

Priority 5: Transportation and Transit Options Healthy North Carolina 2030 Alignment Indicator(s): n/a	
RESULTS BASED ACCOUNTABILITY FOCUSED QUESTIONS	
What quality of life conditions do you want for the children, adults, and families in your community?	Safe, healthy, and equitable transportation options that allow people to thrive with dignity.
What does it look like when you achieve this result?	Diverse, equitable transportation choices accessible to all residents throughout the county.
How can you measure these quality of life conditions?	The overarching population indicators to track long-term (10-year success) towards the identified goal includes: 1) Decreased % of persons driving alone to work 2) increase % of population utilizing public transportation 3) increase in % of population using non-single occupancy vehicle (SOV) modes for transportation 4) Improved Walkability Score 5)Households with no access to a vehicle
How are you doing on the most important measures of this (these) condition(s) in our community?	Wake County is doing well with: 1) Decreasing Single Occupancy Vehicle (SOV) use 2) Access to sheltered bus stops 3) Expanding youth transportation access through Go-Pass program Wake County needs to improve: 1) Number of pedestrian fatalities 2) Equitable data collection (better characteristics of people regarding crashes/fatalities/access) 3)Rural transit access 4)Encouraging transit-supportive land use via development policies 5)Number of SOV from rural areas 6)Number of crashes/fatalities and serious injuries 7)Measuring results of increased infrastructure and policies for development
Who are the partners that have a role to play in doing better?	NCDOT, Local Media, Wake County Government, RDU, Municipalities, Law enforcement, Municipal citizen boards/groups, Planning boards, State elected officials, CAMPO, Non-profits and advocacy groups (e.g. Wake Up Wake County),Business community, County, All transit providers- public and private, School board, AARP, Faith community and other non-traditional institutions, Parks department, Triangle J Council of Government(TJCOG), Researchers, Urban Land Institute (ULI), Driver's Education, Developers, Environmental organizations, Federal government, Amtrak/Railroads, (NCRR, CSX, and NS), RTP Foundation, Major employers, Academic Institutions/Universities, Municipal Service Districts

What works to do better, including no cost and low-cost ideas?	The following ideas improve transportation access disparities: • Complete street implementation • Improved pedestrian infrastructure • Local bond funding • Speed reduction methods • Education and outreach focused on reducing stigma and confusion associated with public transit option • Lower barriers to entry on transit system • Transit-supportive development strategies and policies • Fare free transit & reduced fare programs • Effective community engagement • Transit technologies to enhance customer service • More protected/separate bike lanes • Automated traffic enforcement (e.g. red-light cameras) • Mobility management services available to the public • Neighborhood walk audits • Park and rides or park and pools

WHAT DO WE PROPOSE TO DO?						
#	**Strategy/Intervention/Action Name & Brief Description**	**Responsible Partners**	**Performance Measures** *How much will you do?*	**Performance Measures** *How well will you do it?*	**Performance Measures** *Is anybody better off?*	**Level(s) of Intervention**
5.1	**Encourage equitable transit-oriented development through updated development and zoning regulations to better integrate land use and transportation planning.** **<u>Potential Action Steps:</u>** • **Incentivize transit-oriented development** • **Implement smarter planning strategies around transit corridors**	• Wake County Municipalities • Wake County	• # of Wake municipalities w/TOD in land use ordinances • density of transit corridors • # of site plan approvals that consist of transit supportive development • # of existing corridor and station areas developed • # of Existing station area pedestrian facilities • # existing station areas including access for persons with disabilities. • Parking supply inventory (#) for existing corridor and station area. • # of legally binding affordability restricted housing	• Increased percentage of Wake municipalities with TOD in land use ordinances • Increased percentage of site plan approvals that consist of transit supportive infrastructures such as sidewalks, bikeways, bus shelters • Increased proportion of existing legally binding affordability restricted housing in the corridor compared to the proportion of legally binding affordability restricted housing in the counties in which the project travels	• % of policies and practices implemented to improve equitable transit development and potential population reach	• Policy

5.2	**Implement equity centered mobility management strategies.** **<u>Potential Action Steps:</u>** • **Establish consistent policies surrounding mobility management "disability" definition** • **Determine equity goals-get more people to know about options** • **Implement mobility management program**	• CAMPO Mobility Management Coordinating Committee	• # of unique calls/encounters to mobility management program • # of trips successfully taken as a result of mobility management • # of policy statements established to define disability	• % of programs adopting shared disability definitions • % of trips rated positive experience as a result of mobility management program • % of short-term Coordinated Human Services Transportation Plan (CHSTP) recommendations implemented by 2022 • % of mid-term CHSTP recommendations implemented by 2022 • Establishing and meeting equity goals with engagement during CHSTP	• % increased trips • %increased trips amongst identified vulnerable groups • Populations with Increased access to transportation due to mobility management program • Increased transit accessibility for persons with disabilities • Increased fare accessibility	• Institution • Policy
5.3	**Continue implementation of Wake County Transit Plan.** **<u>Potential Action Steps:</u>** • **Increase access to transit shelters** • **Add transfer centers to improve countywide transportation connectivity** • **Enhance real-time travel info onboard buses** • **Provide 24/7 automated transit information**	• CAMPO • GoTriangle • Wake County and Transit Planning Advisory Committee	• # bus stops with shelters • # transfer centers • # of patrons utilizing fare capping services • # of patrons utilizing mobile ticketing services *(aggregate appropriate measures by age, race, gender, etc. as applicable)*	• Increased utilization of fare capping and mobile ticketing services. • Self-reported improved rider experience • Increased availability of micro-transportation options • Increased micro-transportation ridership	• % of shelters by municipality • % of vulnerable populations with access to sheltered bus stop within specified radius • % of vulnerable populations with access to transfer centers within specified radius?	• Institution • Agency • Policy
5.4	**Garner public support for participation in safe and diverse local transportation and transit efforts through coordinated**	• GoTriangle • TJCOG TDM Staff • Transit Agencies • TPAC Public Engagement and	• # vulnerable transit users engaged • # and type of promotional materials	• Increased knowledge of local transportation options • Increased Gopass program participation	• % change fare capping programs	• Individual • Organization • Agency • Institution

	education/community engagement campaign. **<u>Potential Action Steps:</u>** • **Capture experiences of vulnerable transit users to feature in education campaign materials.** • **Encourage participation of Gopass programs by employers** • **Educate youth/students on safe transportation options including Safe Routes to School Program**	Communication Committee, • CAMPO • Municipalities • NCSU/Vision Zero • NCDOT	designed and disseminated • #of employers/agencies promoting Gopass programs • # of people participating in fare capping program • # people reached through education/community engagement campaign • # of students who walk and bike to school k-12 • #Cyclist counts • #Pedestrian counts • # of households choosing low/no car lifestyle	• Decreased % of people commuting alone • Increased transit pass usage by vulnerable groups (youth, disabled, etc.) • Increased participation in fare capping programs by vulnerable groups • % Increased youth pedestrian/bike activity • % Increased daily youth physical activity		

Priority 6: Vulnerable Populations Healthy North Carolina 2030 Alignment Indicator(s): Adverse Childhood Experiences	
RESULTS BASED ACCOUNTABILITY FOCUSED QUESTIONS	
What quality of life conditions do you want for the children, adults, and families in your community?	Access to equity-centered community services aiming to enhance financial stability, safety and inclusion, access to basic needs, upward mobility, and other necessary supports for identified Wake County Vulnerable Populations.
What does it look like when you achieve this result?	To achieve this result community-based agencies serving our vulnerable residents will shift from promoting programs and services that "fix" vulnerable populations to addressing internal, organizational, systemic conditions, policies, and practices that often unintentionally widen quality of life disparities among vulnerable groups.
How can you measure these quality of life conditions?	Quality of life conditions can be measured by the Wake County Community vulnerability index and Pair of ACEs (Adverse Community Environments & Adverse Childhood experiences) http://www.wakegov.com/planning/maps/socialequity/Pages/Community-Vulnerability.aspx
How are you doing on the most important measures of this (these) condition(s) in our community?	Overall, Wake County performed well when exploring described quality of life conditions. However, when exploring disaggregated data (race/ethnicity, gender, age, income) community vulnerabilities are revealed by region. • Unemployment: The county population age 16 and over who are unemployed in the civilian labor force; • Age Dependency: The population under the age of 18 and over the age of 64 combined; • Low Educational Attainment: The population of ages 25 and over who have less than a high school diploma; • Housing Vacancy: The total number of vacant or unoccupied housing units in a block group; and • Below Poverty Level: The population living below the federal poverty threshold in Wake County
Who are the partners that have a role to play in doing better?	Local/state Policy makers, Service providers, Individuals with lived experiences from the target populations, Faith community, Community service organizations, Law enforcement, Business communities (Employers), Parks and recreation services, School System
What works to do better, including no cost and low-cost ideas?	The following ideas work well to improve quality of life conditions for Wake County vulnerable populations: • Improving organizational practices to dismantle systemic racism • Redistributing local resources and power • Conducting and analyzing actor map • Authentic community engagement and relationship building • Providing participation incentives for targeted upward mobility programs

	• Establishing community benefit agreements

WHAT DO WE PROPOSE TO DO?						
#	**Strategy/Intervention/Action Name & Brief Description**	**Responsible Partners**	**Performance Measures** *How much will you do?*	**Performance Measures** *How well will you do it?*	**Performance Measures** *Is anybody better off?*	**Level(s) of Intervention**
6.1	**Improve practices and operations of Live Well Wake (LWW) initiative and partner organizations** **<u>Potential Action Steps:</u>** **1. Determine shared definition of Wake County vulnerable populations to be considered by all Live Well Wake workgroups** **2. Establish shared equity definition to guide Live Well Wake operations** **3. Aid Live Well Wake Advisory Team in developing equity centered vision, mission, and values statements** **4. Create "equity matrix" to inform equitable workgroup decision making**	• Wake County Smart Start • Wake Economic Development • Wake County Human Services • NC Cooperative Extension – Wake County • Family Resource Center South Atlantic • SAFEchild • Live Well Wake Advisory Team	• 1 shared vulnerable populations definition identified • Equity-centered Mission, Vision, and Values Statement Developed • 1 Equity Matrix developed • # and type of equity levers identified	• # of LWW workgroups implementing the matrix • Extent to which the tools helped inform decisions • LWW workgroups using the shared definition in their workplans as well	• % of strategies emphasizing vulnerable populations engagement strengthened by equity matrix results	• Organization • Agency • Institution • Policy

6.2	**Promote capacity-building opportunities for Live Well Wake partners, constituents, and stakeholders to address equity.** **<u>Potential Action Steps:</u>** **1. Conduct Racial Equity-Centered Organizational Self-Assessment with Live Well Wake partner agencies** **2. Sponsor and promote equity-centered training/capacity building opportunities for LWW partners, constituents, and stakeholders based on identified needs**	• Racial Equity Institute • Wake County Smart Start • Wake County Human Services • Safe Child • Family Resource CenterSouth Atlantic • ROAR • North Carolina Department of Health and Human Services-Office of Minority Health • Faith-Based Organizations • Community Service Organizations • NC Cooperative Extension – Wake County • John Rex Endowment (JRE) • Wake County Panhellenic Council	• # of racial equity-centered organizational self-assessments completed (roster) • # of HEIAs completed • Average organizational self-assessment scores (baseline) (survey) • # and type of trainings sponsored • # partners, constituents, & stakeholders trained (demographic/sector description of participants)	• Increased organizational assessment scores (% increase over baseline) • Increased knowledge and capacity building skills %knowledge change trainings • % agencies improved policies, practices (assessment baseline) • Unintended impacts identified and addressed (HEIA)	• Reported organizational changes (policies, practices, etc.) applied as a result of trainings • Qualitative descriptions of organizational changes implemented to address antiracism and other equity focused topics • Customer Satisfaction Surveys • % Change in countywide ACEs scores	• Organization • Agency • Institution • Policy
6.3	**Identify opportunities to support countywide COVID-19 pandemic response and recovery efforts** **<u>Potential Action Steps:</u>** **1. Distribute reusable masks to vulnerable Wake County residents** **2. Distribute equity centered educational information to organizations and agencies**	• Wake County Human Services (Live Well Wake Program Manager) • WakeMed • Duke Raleigh • UNC Health	• # of masks distributed • # and type of educational materials distributed	• % of masks/info etc. disseminated to regions of community with highest local spread	• COVID-19 rates by zip code, race, age, etc. • COVID-19 deaths by zip code, race, age, etc.	• Organization • Agency • Institution • Policy

	serving Wake County vulnerable residents					
6.4	**Support new and established community initiatives that aim to uplift, and support identified vulnerable populations (e.g. Social and Economic Vitality, Best Baby Zone, Aging, etc.)**	• Wake County Human Services • Additional Community Groups TBD	• Qualitative description of initiatives supported • # of initiatives supported • #/type of vulnerable populations reached • #type of programs, policies implemented	• Support at least 3 community initiatives aiding w/programmatic, practice, & policy recommendation • % of LWW partners/agencies engaged in identified initiatives	• Improved health outcomes: • Infant mortality rates • Improved collaboration and alignment amongst cross sector Wake County partners	• Organization • Agency • Institution

6.5	**Develop Live Well Wake Community Engagement Plan**	• Wake County Residents • Wake County Human Services • Wake County BOC • Saint Augustine	• Plan developed • # of citizens with lived experience engaged • # and type of planning sessions held	• % of citizens with lived experience contributing to plan greater than professionals	• Community leadership provided from within (% of citizens with lived experience committed to plan execution) • Redistribution of financial resources and power ($ invested-financial commitment to community led efforts) • # of citizens applying for local Wake County Boards and other community leadership platforms	• Organization • Agency • Institution • Policy
6.6	**Develop a community grants team to identify and apply for financial resources and capacity building opportunities to support population health strategies**	• LWWAT Partner Agencies	• # partners, constituents, & stakeholders on team • # and type of grants pursued • # of agencies with increased capacity to fund priority	• % successful grant opportunities funded	• % of LWW partner agencies with increased financial capacity to support priority centered work • % population reached through Wake County	• Organization • Agency • Institution

			centered work and description of how • # and type of grants prepared by LWW partners • # LOS prepared for partners		grant initiatives funded	

Priority 7: Familiar Faces Healthy North Carolina 2030 Alignment Indicator(s): Incarceration Rate, Drug Overdose	
RESULTS BASED ACCOUNTABILITY FOCUSED QUESTIONS	
What quality of life conditions do you want for the children, adults, and families in your community?	Improved health and quality of life for frequent users of Wake County behavioral health, homeless, emergency and law enforcement services
What does it look like when you achieve this result?	Coordinated cross sector continuum and information sharing to identify and address underlying causes of frequent system utilization (warm hand-off)
How can you measure these quality of life conditions?	Decreased overutilization of behavioral health, emergency, and law enforcement services (incarceration rates) by familiar faces due to enhanced quality of life. Decreased emergency visits Decreased costs for crisis services
How are you doing on the most important measures of this (these) condition(s) in our community?	Improvements can be made to address root causes of over utilization by familiar faces.
Who are the partners that have a role to play in doing better?	Hospitals, SAS, Service Providers, Sherriff, EMS, Alliance, Wakebrook, Criminal Justice, Criminal Justice, Faith Community, Health Insurance Providers, Wake County Public Schools, Chamber of Commerce

What works to do better, including no cost and low-cost ideas?	• Cross-sector integrated data system • Development of outreach and quick response processes • Development of standard work for jails and emergency departments • Drop-in campuses connected virtually with telehealth that may also serve as diversion points for first responders • Policy Improvements for law enforcement • Definition and development of a community support team • A system for on-demand access to housing • Definition and development of care management teams

WHAT WE YOU PROPOSE TO DO?

#	Strategy/Intervention/Action Name & Brief Description	Responsible Partners	Performance Measures: *How much will you do?*	Performance Measures *How well will you do it?*	Performance Measures *Is anybody better off?*	Level(s) of Intervention
7.1	**Establish a methodology to identify those Familiar Faces and those at high risk of becoming familiar faces.** **<u>Potential Action Steps</u>:** **1. Assemble workgroup (e.g. local hospitals, jail system, EMS) to dissect "wicked problem" of familiar faces and overutilization of law enforcement, healthcare, and other resources** **2. Develop business agreements with partners to**	• Wake County (Human Services, Emergency Services, Court System) • SAS • Wake Med • Wakebrook • UNC Health • Duke Raleigh	• # and type of partners engaged • # of executed business agreements • # of familiar faces identified through tabletop exercise • # and type of encounters experienced by	• % of frequently utilized agencies completing business agreements • % of frequently utilized agencies participating in tabletop exercise • % of familiar faces identified in tabletop exercise	• % change in average encounters of familiar faces identified in tabletop • % of familiar faces identified in exercise completing referral programs	• Organization • Agency • Institution

	share and link pertinent data. **3. Conduct a tabletop exercise with workgroup partners to identify familiar faces by name** **4. Use by name list to gain consent for program participation by clients** **5. For approved clients, combine data to determine key data points needed for urgent and ongoing care** **6. Create template for integration of data through electronic platform**	• Triangle Family Services	familiar faces (tabletop) • # of consent forms acquired • # of referrals to programs and services	completing consent • % of familiar faces connected to programs and services		
7.2	**Develop data-driven early intervention system to prevent familiar faces and improve service delivery.** **Action Steps:** **1. Create advanced data tracking and analytics system.** **2. Develop a return on investment model to demonstrate potential cost savings.** **3. Develop a case for scale and sustainable support to meet Familiar Faces.**	• Wake County (Human Services, Emergency Services, Court System) • SAS • Wake Med • Wakebrook • UNC Health • Duke Raleigh • Triangle Family Services	• 1 data analytics platform developed • # familiar faces identified • Projected cost savings • ROI dissemination # of partners and decision makers engaged	• % of familiar faces identified • % of familiar faces connected to programs and services	• % emergency room visits frequent users decreased • % of jail bookings among familiar faces • % of adults with at least 1 incident in all 3 systems (jail, EMS, HIMS) *disaggregated by race • % change in average encounters of familiar faces • % of familiar faces	• Organization • Agency • Institution

					completing referral programs	

**Please note the CHIP is a living document adapted in response to everchanging community and stakeholder needs. The list of partners included is not exhaustive. Live Well Wake welcomes partners and stakeholders involved in priority-centered work to join our efforts.*

For more information visit
www.livewellwake.org