LIVE WELL WAKE

COMMUNITY HEALTH IMPROVEMENT PLAN

2020-2023

LIVE WELL WAKE

www.livewellwake.org

Community Health Improvement Plan
Table of Contents

Introduction 4
Plan Context and Development 5
Overarching Initiative Strategies 7
Priority Centered Strategies 9
Ten Live Well Wake Population Health Indicators 2020-2030 16
Approach 17
Evaluation 18
Acknowledgments 19
Live Well Wake Advisory Team 22

Introduction

Wake County is home to a large and diverse community of more than one million residents within its twelve municipalities. 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. However, all residents do not experience the opportunity to *live well.*

Built on the premise that everyone has a right to *live well*, Live Well Wake is a community-led initiative bringing people together across sectors to find innovative solutions for our county's biggest challenges. Live Well Wake combines two existing efforts, the Population Health Task Force and the Community Health Needs Assessment to maximize the coordination and alignment of partners and supporting assets and resources to determine bold solutions to the community's most challenging problems.

Wake County is committed to ensuring all residents have the opportunity to live healthy, productive lives by improving conditions and environments to support health and well-being. The Live Well Wake Community Health Improvement Plan highlights the collaborative work of nearly 200 partners committed to improving health and overall quality of life for all Wake County residents representing a diverse convening of public and private partners paired with community members from all walks of life.

The Community Health Improvement Plan provides strategic direction to address seven key priority areas identified through the Community Health Needs Assessment and Population Health Task Force workgroup recommendations listed below.

Access to Care

Transportation Options & Transit

Employment

Familiar Faces

Housing and Homelessness

Vulnerable Populations

Mental Health/ Substance Use Disorders

Plan Context and Development

On January 15, 2020, *Design Day* convened nearly 200 diverse community stakeholders, partners, and residents at the McKimmon Center on the campus of North Carolina State University to launch Live Well Wake Community Health Improvement Plan development.

Each of the seven Live Well Wake workgroups held breakout sessions. The sessions included in-depth strategic action planning discussions led by an appointed facilitator. Participants reviewed priority-focused datasheets featuring key data from the most current Community Health Needs Assessment to inform strategic decision making.

Predetermined questions (see Figure 1) rooted in the Results-Based Accountability™ (RBA) framework guided the discussion. RBA is a disciplined way of thinking and acting to address and improve complex social problems. Communities use it to improve the lives of children, youth, families, adults. Organizations also use RBA to enhance the effectiveness of their programs.

The workgroups convened over seven months to continue strategic planning efforts and finalize a Community Health Improvement Plan. Planning was extended to accommodate community COVID-19 pandemic response.

The identified strategies focus on three key dimensions: 1) filling existing service gaps, 2) policy, systems, and environmental change recommendations, and 3) resource alignment and coordination.

Figure 1. Results Based Accountability Guiding Questions

1. What are quality of life conditions we want for Wake County residents?
2. What would these conditions look like if we could see them?
3. How can we measure these conditions?
4. How are we doing on the most important of these conditions?
5. Who are the partners that have a role to play in doing better?
6. What works to do better?
7. What do we propose to do?

Forecasting Data Trends-
What will happen in the next 3-5 years if we do nothing or continue at current level? and are we OK with that?
0-24
Screen time
Substance Abuse in Infants
Health of Caregivers
Teen pregnancies
Suicide/social bullying
racial disparity
Effects of toxic

What is the story behind the data?
What are the partners who have a role to play in turning the curve?
What works to Turn the Curves

Overarching Initiative Strategies

Live Well Wake's strategic planning efforts discovered many opportunities to fulfill our collective vision of a healthy Wake County for all. The work of our seven workgroups and Advisory Team resulted in four overarching strategies that provide the infrastructure for priority-centered work (Figure 2).

Figure 2. Overarching Strategies

1. Ensure multisector strategic *alignment* to improve the population health of Wake County residents
2. Promote *policies* that aim to expand access to health coverage for all Wake County residents
3. Foster an *equitable* culture by promoting the voices, values, and lived experiences of vulnerable populations through programming, policy, practice, and funding
4. Identify grants and capacity building resources to support Live Well Wake strategy implementation

Shared Language

Determining shared language amongst partners and stakeholders is crucial to Live Well Wake's approach to addressing complex community issues. The following definitions will guide the implementation of the Community Health Improvement Plan.

- ***Equity*** means that everyone has a fair and just opportunity to be healthy *and live well*. This requires removing *systemic and current* obstacles to health such as poverty, discrimination, *racism* and their consequences, including powerlessness and lack of access *to a living wage*, high-quality education*, transportation, employment, (access to) care, mental health, and housing(/homelessness),* safe environments, and health care.

- ***Vulnerable Populations*** are those at higher risk for poor health due to social, economic, political, and environmental factors, as well as limitations caused by race/systemic racism, illness, disability, or aging.

- ***Results*** are conditions of well-being for entire populations like children, adults, families, or communities. Results are not about programs or agencies. Examples of results include: healthy residents, healthy communities, safe communities, and a prosperous economy.

- ***Indicators*** are measures that help quantify the achievement of a population result. One example of an indicator is the rate of low-birth weight babies. This indicator helps quantify if the community has healthy birth outcomes.

- ***Strategies*** are coherent collections of actions that have a reasoned chance of improving results. Strategies consider of our best thinking about what works, and they include the contributions of many partners. No single action by any one agency can create the improved results we want and need. Programs are not themselves strategies; they are expressions of strategies. Programs are specific ways of implementing strategies.

- ***Performance Measures*** are measures of how well programs and policies are working. The most important performance measures tell us whether the clients or customers of the service are better off. Measures that track the quality of the program are also important.

- ***Baselines*** are what we call a trend line of an indicator or program measure when presented in a chart. The baseline consists of the history of the measure (what the measure has been for the last 3-5 years) and the forecast of where the measure will be in 3-5 years if we keep doing what we are doing.

- ***Turning the Curve*** describes efforts to improve the direction or rate of change in the baseline of an indicator or performance measure. It also describes the process of determining whether the current and projected level on an indicator or performance measure is acceptable or requires change.

Priority Centered Strategies

With a commitment to equity, the following Live Well Wake priorities and corresponding strategies aim to reduce local health disparities. Visit www.livewellwake.org to view a detailed priority dashboard including 1) strategy action steps, 2) data measures disaggregated by factors like race/ethnicity, age, location, and 3) partner agencies. Appendix A also includes a tabular summary of metrics associated with each strategy.

The following summary provides a broad overview of Live Well Wake's priority-centered strategies.

Access to Care
Desired Result: Wake County will provide an environment that supports equitable, healthy opportunities for all.

Why is this important?

Access to health insurance allows individuals to enter the health care system, find care easily and locally, pay for care, and get their health needs met. The uninsured are much less likely to have primary care providers than the insured; they also receive less preventive care, dental care, chronic disease management, and behavioral health counseling. Uninsured residents are often diagnosed at later, less treatable disease stages than those with insurance and, overall, have worse health outcomes, lower quality of life, and higher mortality rates.

Insurance by itself does not remove all barriers to access quality care. Language barriers, lack of transportation/distance to care, and racial disparities in treatment present further barriers to care.

The following strategies aim to reduce Access to Care disparities:

1. **Advocate for equitable health insurance coverage for all.**
2. **Encourage accessibility to healthcare services for all.**
3. **Promote equitable access to healthy lifestyle resources and activities for all.**

How will short-term success be measured?

- Increased % of Medicaid and Health Insurance Marketplace enrollments
- Decreased % of food insecure Wake County residents
- Increased % of patient visits with safety net providers

How will long-term success be measured?

- Increased life expectancy for Wake County residents
- Decreased rate uninsured Wake County residents
- Decreased Wake County infant mortality rates

Employment
Desired Result: All Wake County residents have equitable access to good jobs and economic security.

Why is this important?

Access to good-paying jobs creates an opportunity for workers to live in safe and healthy communities, provide quality education for their children, secure childcare services, and purchase healthy food options. Good-paying jobs are also more likely to provide benefits such as health insurance, paid sick leave, and workplace wellness programs that, together, support opportunities for healthy choices. The following strategies aim to minimize the effects of unemployment and underemployment on Wake County residents.

The following strategies aim to reduce employment disparities:

1. **Advocate for hiring policies supportive of "fair-chance" employment for vulnerable populations.**
2. **Advocate for policies that support a living wage for Wake County residents.**
3. **Increase access to local workforce development and skills training initiatives among vulnerable/resilient populations.**
4. **Conduct community education/outreach campaign promoting resources for Wake County's small businesses.**

How will short-term success be measured?

- # of equitable employment policies adopted
- % Increased employers with fair-chance policies

How will long-term success be measured?

- Decreased % unemployment rate
- Decreased % of individuals below federal poverty level

Housing & Homelessness
Desired Result: All Wake County residents have equitable access to quality, safe, affordable housing choices.

Why is this important?

People who live in homes that cost a large portion of their income or where there is overcrowding, or inadequate maintenance are exposed to various health risk factors. There are insufficient affordable, quality housing options for low to moderate-income Wake County residents. Housing instability creates many challenges like having trouble paying rent, overcrowding, frequently moving, staying with relatives, or spending the bulk of household income on housing. These experiences can affect physical health and make it harder to access health care.

Limited affordable housing options directly coincide with homelessness. Persons experiencing homelessness have higher rates of health problems like mental illness, substance misuse, HIV, tuberculosis, and other conditions. Health problems among homeless persons result from many issues like barriers to healthcare, food insecurity, and limited social services resources.

COVID-19 has significantly impacted an already depressed housing system. The described strategies aim to minimize the effects of homeless and precariously housed Wake County residents.

The following strategies aim to reduce housing disparities:

1. **Support implementation of House Wake! COVID Response and Recovery Plan and Wake County Consolidated Housing Plan.**
2. **Sustain and expand countywide homeless and housing support policies/systems changes expanded through COVID recovery funding streams.**
3. **Expand access to new affordable housing units and permanent supportive housing.**
4. **Conduct a 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.**

How will short-term success be measured?

- % of Wake County residents receiving housing stabilization support
- % Wake County homeless residents

How will long-term success be measured?

- Decreased % of Wake County residents experiencing housing cost burden
- Increased % of affordable housing stock

Mental Health and Substance Use Disorders
Desired Result: Wake County residents live in caring communities with compassion and respect for the mental-health and substance use needs of all citizens.

Why is this important?

It is estimated that about half of all people in the United States will live with a mental illness at some point in their lifetime. Wake County is no exception. Mental illness affects people of all age and racial/ethnic groups, but some populations are disproportionately affected. However, it is estimated that only half of all people living with mental illness get the treatment they need.

Mental health and physical health are closely connected. Mental disorders like depression and anxiety can affect people's ability to take part in healthy behaviors. Similarly, physical health problems can make it harder for people to get treatment for mental disorders. Wake County mental health crisis services struggle to meet the demand, especially for the elderly and children. In turn, local hospital emergency departments and jails provide needed care when the existing crisis system is full.

Substance use is closely connected to behavioral health. In recent decades, overdose deaths from prescription painkillers have increased significantly.

The following strategies aim to reduce mental health and substance use disparities:

1. **Establish a continuum of care to reduce opioid misuse, use disorder, overdose, and related health consequences.**
2. **Conduct education and outreach to combat stigma associated with mental health and substance use problems emphasizing vulnerable populations such as youth, racial/ethnic minority groups, and others to be identified.**
3. **Support the development and implementation of the Wake County Behavioral Health Plan.**

How will short-term success be measured?

- % Increase knowledge of local behavioral health resources
- % of commonly prescribed opioid medication poisoning hospitalizations.
- % of opiate poisoning hospitalizations

How will long-term success be measured?

- Decreased % of Wake County suicides
- Decreased % of Wake County overdoses

Transit and Transportation Issues
Desired Results: All Wake County residents have access to safe, healthy, and equitable transportation options.

Why is this important?

Safe mobility is a basic right that should be accessible to all Wake County residents. Well-designed transportation systems can provide exercise opportunities, improve safety, link those living in poverty to opportunities and resources, connect isolated older adults and people with disabilities to crucial services and social supports, and stimulate economic development.

The described strategies will build community capacity to improve transportation equity for the most vulnerable Wake County residents emphasizing people without cars, people with physical and cognitive disabilities, elderly (65+ years), youth, vulnerable road users (pedestrians, bikes, wheelchairs), people in isolated areas with no transportation infrastructure, and low-income populations.

The following strategies aim to reduce transportation/transit disparities:

1. **Encourage equitable transit-oriented development through updated development and zoning regulations to better integrate land use and transportation planning.**
2. **Implement equity-centered mobility management strategies.**
3. **Coordinate Wake County municipalities to establish Vision Zero Plan framework**
4. **Facilitate equitable engagement to increase community input in local transportation planning.**

How will short-term success be measured?

- # of Policies adopted to improve equitable transit and transportation options
- % Increase of community involvement from those most likely to experience transportation access barriers in coordinated planning efforts

How will long-term success be measured?

- Increased access to equitable transportation options for Wake County residents
  Examples include:
  - Increased % households with access to a vehicle
  - Increased access to public transportation
  - Pedestrian & bicycle friendly built environment (increased sidewalks, bicycle lanes, and other traffic calming safety features)

Vulnerable Populations
Desired Results: All Wake County residents have access to equity-centered community services, resources, and supports

Why is this important?

Overall, Wake County performed well when exploring quality of life conditions. However, when exploring vulnerability index data disaggregated by race/ethnicity, gender, age, income, and region, glaring community disparities are revealed. Vulnerable populations are groups of people most likely to be negatively impacted by a shift, change, or degradation of a community resource. Individuals may be vulnerable because of age, illness, disability, race, systemic racism, or impact from social determinants of health. Often their economic fragility is such that built public environments have a disproportionate effect on day-to-day life.

To make lasting systemic change, organizations and community-based agencies serving Wake County's most vulnerable and historically underserved residents must shift from promoting programs and services that "fix" people to addressing internal, organizational, systemic conditions, policies, practices, and funding that often unintentionally widen quality of life disparities among vulnerable groups. Central to this work is the intentional effort to uplift the voices, values, and experiences of the community's most vulnerable.

The following strategies aim to reduce quality of life disparities among vulnerable populations:

1. **Improve practices and operations of Live Well Wake (LWW) initiative and partner organizations.**
2. **Promote capacity-building opportunities for Live Well Wake partners, constituents, and stakeholders to address equity.**
3. **Identify opportunities to support countywide COVID-19 pandemic response and recovery efforts.**
4. **Support new and established community initiatives that aim to uplift, and support identified vulnerable populations.**

How will short-term success be measured?

- # and type of equity-centered trainings coordinated and reach
- # and type of policies adapted or newly implemented to improve organizational practices and policies

How will long-term success be measured?

- Improved Social Vulnerability Index Scores in the most vulnerable regions of the county

Familiar Faces
Desired Results: Wake County will provide coordinated support resources for all residents.

Why is this important?

Familiar Faces describes Wake County residents who have frequent interactions with homelessness, medical, mental health, human services, and law enforcement services. These residents are generally older and male, and they have complex needs that combine physical health, behavioral health, and other conditions. The described residents are a tiny fraction of the systems' caseloads yet count among the highest consumers of services.

Wake County Government and community partners have been working together for several years to improve the care and support provided for the target population. These patients often suffer from severe mental and physical illnesses and attempt to seek care across a scattered safety net of medical and social services. Familiar Faces aims to determine the root causes of system overuse through coordinated client centered approaches.

The following strategies aim to reduce Familiar Faces disparities:

1. **Assemble Wake County cohort to complete Robert Wood Johnson Clinical Scholar Program.**
2. **Develop an early intervention approach to provide prevention services and calculate return on investment for described services.**
3. **Implement a data system that identifies high utilizers and helps to coordinate services for them.**
4. **Develop an approach that prioritizes those in highest need for services.**
5. **Assign high risk individuals to a coordinated team who will take responsibility for aligned care and continuity of services.**
6. **Provide front line responders with needed information about these individuals and close the gap between front-line responders and case managers.**
7. **Work to improve the use of NC Care 360 as a tool to help meet identified gaps in social determinants of health.**

How will short-term success be measured?

- Development of shared data system

How will long-term success be measured?

- Decreased % preventable emergency room visits
- Decreased Recidivism
- Decreased Homelessness

Ten Live Well Wake Population Health Indicators 2020-2030

Although the Community Health Improvement Plan emphasizes short-term and intermediate goals, Live Well Wake aims to improve the following ten indicators over the next ten years to significantly improve health and quality of life for all Wake County residents.

Figure 3. Ten Live Well Wake Population Indicators

1. Poverty-Decrease the number of people living 200% below federal poverty level
2. Unemployment-Decrease the percentage of unemployed adults
3. Housing Cost Burden-Decrease the percentage of residents spending more than 1/3 of income on housing
4. Drug Overdose Deaths-Decrease the number of deaths as a result of drug poisoning
5. Suicide Rate-Reduce deaths attributable to self-harm
6. Uninsured-Decrease the percentage of residents under age 65 without health insurance
7. Preventable Emergency Room Visits -Decrease emergency visits with a principal diagnosis related to mental health, alcohol, or substance abuse
8. Infant Mortality-Decrease rate of infant deaths before year one
9. Life Expectancy-Increase the average number of years of life a person can expect to live
10. Access to Public Transportation- Increase the percentage of Wake County residents with access to public transportation services

Approach

Live Well Wake will utilize the Collective Impact Framework to implement the proposed Community Health Improvement Plan. Collective Impact brings people together in a structured way to achieve large-scale change. Additionally, Collective Impact aims to eliminate silos and isolation to facilitate collaborative work towards a common goal.

The five conditions of Collective Impact are described below, along with Live Well Wake's intended delivery approach.

Table 1. Collective Impact

Condition	Condition Description	Live Well Wake Approach
Common Agenda	***Common understanding of problem; shared vision for change***	• Identified Vision and Mission • Collaborative Community Health Needs Assessment • Design Day strategic planning
Shared Measurement	***Collecting data and measuring results; shared accountability***	• Established Data Team • Ten Indicators for Change • Clear Impact Indicator Dashboards • Shared Data Platform • Priority-Centered Fact Sheets
Mutually Reinforcing Activities	***Coordination through joint plan of action***	• Community Health Improvement Plan • Alignment Matrix
Continuous Communication	***Consistent and open communication that focuses on building trust***	• Established standing communications committee • Contact Management Software • Website & Social Media • Newsletters & E-blasts • Community Engagement Plan
Backbone Structure	***Staff with resources and skills to convene and coordinate participating organizations***	• Wake County Human Services currently serves as the initiative's backbone agency • Staff Support includes: *One full-time Program Manager, Administrative Support, Communications Support, Priority Subject Matter Experts*

Evaluation

A comprehensive evaluation plan will determine if the Live Well Wake Community Health Improvement Plan is implemented as intended and achieves desired outcomes. The plan will include a process evaluation to determine if recommended activities are reaching intended populations. Additionally, feedback will inform continuous adjustments to the overall Live Well Wake initiative and strengthen its implementation efforts.

Visit the Live Well Wake website to review for progress updates towards desired outcomes for all priority areas identified. Finally, the State of the Community Health (SOTCH) report will provide periodic status updates on the initiative and strategy implementation considering the Results-Based Accountability™ Framework.

Acknowledgments

The Community Health Improvement Plan provides the foundation for widescale systemic change to improve community conditions and quality of life. Comprehensive and action-oriented, the Community Health Improvement Plan, paired with a transformative mindset, will capitalize on opportunities, partnerships, and experiences to ensure all Wake County residents have the opportunity to Live Well. Thank you to every Wake County community partner, stakeholder, and resident who contributed to the Community Health Improvement Plan and its implementation efforts.

Many thanks to the Live Well Wake Initiative Chairs, Workgroup Cochairs, and the Lead Organization Team for your dedication to the initiative.

Sig Hutchinson
Wake County Board of Commissioners
Cochair, Live Well Wake Advisory Team

Ashton Smith
Citrix
Cochair, Live Well Wake Advisory Team

Jennifer Brighton
Wake County Medical Society Community Health Foundation
Cochair, Access to Care Workgroup

Peter Morris
Urban Ministries
Cochair, Access to Care Workgroup

Ryan Ray
Jobs For Life
Cochair, Employment Workgroup

Ashley Cagle
Wake County Economic Development
Cochair, Employment Workgroup

Lorena McDowell
Wake County
Chair, Housing Workgroup

Shelby Powell
NC Capital Area Metropolitan Planning Organization
Chair, Transportation & Transit Workgroup

Denise Foreman
Wake County
Cochair, Familiar Faces Workgroup

Kevin Fitzgerald
North Carolina Area Health Education Centers
Cochair, Familiar Faces Workgroup

Gayle Headen
Wake County Smart Start
Cochair, Vulnerable Populations Workgroup

Danya Perry
Wake County Economic Development/
Raleigh Chamber of Commerce
Cochair, Vulnerable Populations Workgroup

The greatness of a community
is most accurately measured by the
compassionate actions of its members.

Coretta Scott King

LIVE WELL WAKE

Live Well Wake Advisory Team

The Live Well Wake Advisory Team (LWWAT) is the governing body for Live Well Wake. The LWWAT provides strategic oversight for the initiative, oversees the Community Health Needs Assessment process, and supports the evaluation of partnership efforts. LWWAT members are listed below.

Linda Barrett
Director, Business Development
WakeMed Health and Hospitals

Paige Bennett
Operations Manager
Wake County

Leigh Bleecker
Interim President
Duke Raleigh Hospital

Nannette Bowler
Director, Human Services
Wake County

Jennifer Brighton
Interim Executive Director
Wake County Medical Society
Community Health Foundation

Paul Brown
Executive Director
Youth Thrive

Samone Bullock-Dillahunt
Community Engagement Manager
Advance Community Health

Dorothy Cilenti
Interim Public Health Director
Wake County

Andi Curtis
Government Affairs Manager
WakeMed Health and Hospitals

Erin Gill
Community Relations Coordinator
UNC Rex Healthcare

Kerry Grace Heckle
Director of Public Relations,
UNC Rex Healthcare

Camille Grant Valentine
Director of Community Affairs
Duke Raleigh Hospital

Jeff Howell
Leader, Program Performance
United Way of the Triangle

Sig Hutchinson, Co-Chair
Commissioner
Wake County Board of Commissioners

Eric Johnson
Specialty Populations Manager
Alliance Health

Andrea Layton
Administrative Director
Duke Raleigh Hospital

Kimberly Scott
Program Manager, Live Well Wake
Wake County

Ashton Smith, Co-Chair
Sponsorship and Brand Engagement
Citrix

Lechelle Wardell
Program Administrator
Wake County Human Services

James West, Human Services Board Liaison
Commissioner
Wake County Board of Commissioners

Pennella Washington
Chief Executive Officer
Advance Community Health

Kelly Wright
Director of Marketing and Communications
Advance Community Health

Emily Zeigler
Director of Government Affairs
UNC Rex Healthcare

Connect with Us!

@livewellwake

@livewellwake

@livewellwake

info@livewellwake.org

The Live Well Wake Lead Organization Team includes the following organizations

Advance Community Health

Alliance Health

CITRIX

UNC REX HEALTHCARE

WAKE COUNTY NORTH CAROLINA

WAKE COUNTY MEDICAL SOCIETY SINCE 1903

United Way of the Greater Triangle

WakeMed

YOUTHRIVE WE ALL SUCCEED WHEN YOUTH SUCCEED wake county, nc

DukeHealth

FOR MORE INFORMATION VISIT

www.livewellwake.org