Wake County 2019 Community Health Needs Assessment

Opportunities and Challenges

MESSAGE FROM THE CO-CHAIRS

Dear Wake County Residents,

Wake County is ranked as North Carolina's healthiest county for the fourth year in a row. The health of our county is one of the top reasons why we are consistently known as one of the best places in the nation to live, work, learn and play.

This success is possible thanks to initiatives like the Community Health Needs Assessment (CHNA), which is a great collaboration between county residents and many community partners. It is also influenced by the social and economic determinants of health, like behavioral, physical and environmental health, and the differences in geography and demographics throughout Wake County.

The CNHA process allows our community to assess the health needs of Wake County every three years. It is a highly collaborative effort between Wake County Human Services, Advance Community Health, Duke Raleigh Hospital, UNC REX Healthcare, United Way of the Greater Triangle Wake County Medical Society Community Health Foundation and WakeMed Health and Hospitals.

Additional input was provided by numerous organizations and community partners represented on the steering committee. Most importantly, completion of the CHNA process would not have been possible without valuable feedback provided by the residents of Wake County through in-person community meetings and an online survey.

The first step of the assessment was to collect and analyze existing statistical data. Second, the report was informed by input from organizations and the community at large. Surveys, focus groups, and prioritization meetings allowed the CHNA team to identify priority areas of need and related resources. The data analysis and community input comprise this report. Overall, we hope that the information in this report will help guide decisions to make Wake County an even healthier community.

Moving forward, the CHNA process is being combined with recommendations from the Population Health Task Force, in an exciting new alignment - LIVE WELL WAKE. Action steps and measures of success will be developed with partners and stakeholders using a results-based accountability methodology. Although the report is done, our work will continue as we develop action plans and strategies in the coming months to address the identified priorities and make improvements in those areas that will benefit the residents of Wake County.

With best regards,

Steve Burriss
President
UNC REX Healthcare

Sig Hutchinson
Wake County Board of Commissioners

Co-Chairs of the Wake County Community Health Needs Assessment

ACKNOWLEDGEMENTS

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

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In addition, many members of the CHAT and Steering Committee played instrumental roles in identifying locations for focus groups and coordinating on-site efforts.

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EXECUTIVE SUMMARY

Wake County: A Great Place to Live

The Community Health Needs Assessment process identifies the needs of Wake County, particularly as they relate to the health of its residents, as well as the resources that are currently available or are needed to positively address those needs.

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

Wake County Economic Development has compiled a list of Wake County and Raleigh Rankings (see http://raleigh-wake.org/news-and-media/news-and-rankings. These rankings include, but are not limited to, the following:

- #2 Best Place for Business and Careers (Raleigh, NC) Forbes | October 2018
- #8 Best City for Jobs 2018 (Raleigh, NC) Glassdoor | October 2018
- #2 Best Place to Live in America (Raleigh, NC) Money Magazine | September 2018
- #5 Best Place to Live in America (Cary, NC) Money Magazine | September 2018
- #6 Best City to Raise a Family (Raleigh, NC) Zumper | August 2018
- #1 Fastest Growing Suburb in the U.S. (Apex, NC) Realtor.com | July 2018
- #1 Least Severely Housing Cost-Burdened City in the U.S. (Cary, NC) SmartAsset | June 2018
- #5 Least Severely Housing Cost-Burdened City in the U.S. (Raleigh, NC) SmartAsset | June 2018
- Top 15 Places to Live in the U.S. (Raleigh, NC) U.S. News & World Report | April 2018
- #1 Best Place to Rent in America (Research Triangle, NC) Forbes | April 2018
- Top 10 Fastest Cities for Job Growth in 2017 (Raleigh, NC) New Geography | March 2018
- #4 Best Cities in the U.S. for Physicians Assistants (Raleigh-Durham, NC) SpareFoot | April 2018

In addition, Wake County was recognized as the heathiest county in North Carolina by the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute's 2018 County Health Rankings. Wake County has earned this recognition for the past three years.

2019 Community Health Needs Assessment Overview

From March 2018 through April 2019, over 100 agency and community partners in Wake County collaborated to complete the 2019 Community Health Needs Assessment (CHNA). The 2019 CHNA examines the overall health needs of the residents of Wake County and allows the county 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.

As outlined through this document, a significant amount of data and information have been reviewed and incorporated in this process, and the planning partners have been careful to ensure that a variety of sources were leveraged to develop a truly comprehensive report. Assessment methods included both existing statistical data as well as new data that were collected directly from the community throughout this process.

There are ten phases in the CHNA process. Results of the first seven phases are discussed throughout this assessment and the development of community health action plans and subsequent phases will take place in the near future.

Summary of Wake County Priority Areas

As discussed previously, Wake County truly is a great place to live and is currently considered to be the healthiest county in North Carolina.[1] While it is clearly important to recognize those truths, the individuals and organizations that dedicated time and resources to this assessment are continuing to strive for further improvements to provide residents of our county with tailored resources to meet their greatest needs.

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

- Transportation Options and Transit
- Employment
- Access to Care

[1] Based on the 2018 University of Wisconsin Population Health Institute's County Health Rankings, Wake County is the healthiest county in North Carolina.

- Mental Health/Substance Use Disorders[2]
- Housing and Homelessness

The details of the process used to prioritize findings in this assessment are discussed later in the report. These five priority areas will be addressed through community health improvement planning initiatives over the next three years. It is important to note that health, healthcare, and associated community needs rarely exist in a vacuum. Instead they are very much interrelated with each other, with improvements in one need area driving advancements within another. As such, although it was necessary for this process to separate the various areas for purposes of measuring need, the interrelationship should be acknowledged as we consider improvement initiatives going forward.

A high-level summary of each priority area is included below. More detailed findings and supporting data have been included in the full report.

Transportations Options and Transit

The Transportation Options and Transit priority includes information related to how people get around for work, school, and play as well as public transportation and other transportation choices.

Key themes from new data (focus groups, community telephone surveys, community Internet-based surveys, and key leader Internet-based surveys) included the following:

- Focus group participants mentioned that this area remains a concern since the 2016 CHNA and is an area that has worsened over the last five years.
- Focus group participants also noted that:
    - Provider and healthcare access are limited due to many residents needing to travel across the county to receive care.
    - 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.) were noted as areas needing improvement within the community via all three surveys.

In addition, 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;

[2] Please note that although mental health and substance use disorders were viewed separately through the data collection process, the CHAT has decided to combine these two focus areas as the fourth priority for Wake County overall and will view these together for purposes of action planning and implementation.

- Percentage of workforce that commute more than 30 minutes in their car alone;
- Percentage of workforce commuting by public transportation; and,
- Percentage of workforce who walk to work.

Employment

The Employment priority includes data 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 themes from new data included the following:

- Survey respondents noted a lack of employment and economic opportunities as a concern as well as employment being a top factor impacting the health of the community.
- Unemployment and underemployment were both issues noted by focus group participants.
- The need for additional employment-related programs that include self-employment opportunities and employment for those who have previously been incarcerated were discussed during focus groups sessions.
- Opportunities for employment was also noted as a need that may vary among various sub-groups of the population.

In addition, 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 data 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 themes from new data revolved around the following:

- Focus group participants mentioned that access to care and health insurance coverage remain top concerns since the 2016 CHNA and that 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 also noted as areas for improvement.
- Access to care may vary by geographical location throughout the county as well as by population sub-group.
- Survey participants noted that access to care is limited due to a lack of availability of various providers, a lack of providers accepting Medicare and Medicaid insurances, and a lack of bilingual providers.

Wake County also 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; and,
- Percentage of population uninsured.

Mental Health/Substance Use Disorders[3]

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 themes from new data included the following:

- Focus group participants mentioned that mental health/substance use disorders remain a concern since the 2016 CHNA and is an area that has worsened over the last five years.
- Not only are both mental health and substance use disorders growing areas of concern for the overall population, each is also increasingly impacting residents at a younger age.
- Persons with mental health and substance use issues were frequently noted as being an overlooked and/or particularly vulnerable population.
- A lack of current resources to adequately address mental health and substance use concerns were noted as areas for future improvement.
- Survey participants noted that drug overdose attempts and deaths are health outcomes that are impacting the community.

Wake County also 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; and,
- Opioid Pills Dispensed, rate per 10,000 population.

[3] Please note that although mental health and substance use disorders were viewed separately through the data collection process, the CHAT has decided to combine these two focus areas as the fourth priority for Wake County overall and will view these together for purposes of action planning and implementation.

Housing and Homelessness

The Housing and Homelessness priority contains information related to the cost of housing, housing choices, and how many people are homeless.

Key themes from new data included the following:

- Focus group participants mentioned that a 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.
- It was also noted that what is often promoted as being "affordable" housing is not realistically 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 also frequently mentioned as an area that impacts of the health of the community by respondents of all three surveys.

In addition, 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; and,
- Crowded households (more than 1 person per room).

Changes since the 2016 CHNA

Much work has been done since the completion of the 2016 Wake County CHNA to positively impact the previously identified priority areas, which included:

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

Various efforts and programs have been established to address these priority areas in recent years; however, room for continued improvement still exists. As evidenced by the priority findings discussed throughout this assessment, some of the needs identified in 2016 are still applicable today. In other cases, needs that were not highly prioritized in 2016 are now being increasingly discussed and identified as a priority.

Next Steps

The next and final step in the CHNA process is to develop community-based health improvement strategies and action plans to address the five priorities identified for Wake County in this assessment. The CHNA partners will be reaching out to invite members of the community and community organizations to a community action planning meeting to discuss the best ways to address these priorities. The most effective strategies will be those that have the collaborative support of community organizations and residents. We strongly encourage you to get involved! Ways to get involved include:

- Checking the http://www.wakegov.com/wellbeing website for the date, time, and location of the CHNA strategy and action planning meetings.
- Plan to attend the community action planning meetings that will be held throughout the county.
- Encourage your family, neighbors, co-workers, and community organizations to read the CHNA and get involved in the planning process as well.

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CHAPTER 1 | EVALUATION OF 2016 IMPLEMENTATION STRATEGIES/ACTION PLANS

A Community Health Needs Assessment (CHNA) is an ongoing process that starts with the evaluation of the previous CHNA. To determine the areas of strengths and areas of improvement from the last CHNA process, the 2019 CHNA began with an evaluation of the implementation strategies and action plans developed to address the 2016 priority areas. The priority areas identified in Wake County's 2016 CHNA were:

- health insurance coverage;
- transportation;
- access to health services; and,
- mental health and substance abuse.

Throughout the past three years, the members of the Community Health Assessment Team (CHAT) and other community partners, including organizations represented on the CHNA Steering Committee, worked to address these four priority areas, as well as other areas of need identified in the 2016 process. To understand how the efforts to improve health in these areas have been effective, members of both the CHAT and the Steering Committee were asked to provide input on what worked well during the previous process as well as areas for improvement. While many different ideas were provided, the following common themes were clear:

- While the CHAT expressed a desire to have all four priorities addressed within each CHAT organization's implementation/action plan, this was not fully realized as some organizations reported having a difficult time addressing areas not directly related to health and healthcare. However, the 2016 CHNA process was more collaborative than previous efforts, which represents ongoing improvements.
- Moving forward, a more global picture of all agencies in Wake County who address each priority would provide a better indication of how these problems are being addressed and where the gaps remain.
- Action and implementation plans have continued to successfully address the priorities outlined in the 2016 CHNA. Success has been measured both qualitatively and quantitatively. Some recommendations included making the public more aware of ongoing work and perhaps even ensuring that priority areas continue to be a focus of continued work for 5-10 years after each CHNA cycle by perhaps keeping at least one priority the same from prior CHNA cycles.
- While the 2016 CHNA and resulting action plans were viewed positively, there are always additional improvements that can be made to the process. A few areas for improvements that were mentioned included alleviating time constraints, increasing marketing and information dissemination prior to the prioritization process taking place, and increasing coordination and collaboration regarding action planning processes and tracking. In addition, it was recommended that continual communication detailing the progress made to-date would help maintain community engagement.

Wake County Human Services publishes The State of the County's Health Report (SOTCH) during the interim three years between community health needs assessments. The SOTCH Report includes an update on the most recent CHNA's priorities and action plans. For more detailed information about the previous CHNA, please see the online report, which can be accessed at http://www.wakegov.com/humanservices/data/Pages/publichealth.aspx.

In addition, other CHAT organizations also publish reports describing their CHNA implementation plans and strategies. Links corresponding to each of the CHAT's hospital organizations are provided below:

- Duke Raleigh Hospital – https://corporate.dukehealth.org/who-we-are/community
- UNC REX Healthcare – https://www.rexhealth.com/rh/about/community/community-health-needs-assessment/2016-chna/action-plain/
- WakeMed Health and Hospitals – https://www.wakemed.org/community-benefit

As part of the data collection process for the 2019 CHNA, Wake County residents who participated in a survey (telephone or Internet-based) or a focus group were asked to provide feedback on the four priority areas from the 2016 CHNA and whether they believed each area had experienced any improvement over the last three years. The majority of Wake County residents who responded to the surveys were unaware that a CHNA was completed in 2016 and many did not believe or were unsure as to whether improvements have been made in any of the four priority areas identified during that process. Residents most often responded that few improvements have been made relative to mental health and substance use, and many indicated that mental health and substance use issues remain a concern for them today. Health insurance coverage was also noted as a remaining concern.

Many key leaders also did not believe or were unsure as to whether significant improvements have been made in any of the four priority areas identified in the 2016 CHNA. The most improvement was acknowledged relative to access to health services. In addition, they overwhelmingly believed that all four areas remain concerns for the community today.

For the complete responses to survey and focus group questions related to the 2016 CHNA, please see Appendix 3.

CHAPTER 2 | METHODOLOGY

Study Design

A multi-step process was used to assess the community needs, challenges, and opportunities for Wake County. Multiple sources of publicly-available information along with diverse community input were incorporated throughout the study to paint a more complete picture of Wake County's health needs. As part of the prioritization process, quantitative (numbers and statistics) and qualitative (opinions and beliefs) data were weighted equally for focus areas for which both types of data were available. Multiple methodologies, including community and stakeholder engagement, analysis of data, and analysis of community and stakeholder prioritization 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 assessment through Internet-based and telephone surveys, focus groups, and an Internet-based prioritization survey. Additionally, key leaders of organizations representing broad interests of the community provided input through an Internet-based survey, participation on the Steering Committee, and an Internet-based prioritization survey. The process also included significant input and direction from the Community Health Assessment Team. Considering all these sources, input from nearly 5,900 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

The existing data collected throughout the process is only relevant if compared to a benchmark, goal, or comparative geography. In other words, without the ability to compare Wake County with an outside measure, it would be impossible to determine how the county is performing. For the 2019 CHNA, each data measure was compared to outside data 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 would be appropriate, as Wake County strives to maintain its position as the healthiest county in the state; and,
- Travis County, Texas: Based on a recent independent study commissioned by Wake County Economic Development contrasting the Raleigh metro area with 32 comparable metros around the country based on cost, talent, demographics, innovation, and economic diversity, Austin, Texas ranked second on the overall index rating behind Raleigh, North Carolina. Given these results and the continued economic competition with the Austin area, the CHAT determined that Travis County, Texas (home to Austin) would be an appropriate and meaningful comparative county for the CHNA.

Prioritization Process Overview and Results

The process of determining the priority health needs for the 2019 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, all individual data measures were grouped into six categories and twenty-one corresponding focus areas based on "common themes." 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. To identify the top priorities for the county overall and determine findings for 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 October 2018 and to community members during prioritization meetings held on January 31, 2019 and via the www.wakegov.com/wellbeing website through mid-February 2019. Additionally, Steering Committee members were provided the opportunity to complete an Internet-based survey in which they were asked to identify their top three areas of need based on the list of twenty-one focus areas. Community members were asked to provide the same information. 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 focus area 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.

The following focus areas were identified as the five priority areas for Wake County to be addressed over the next three years:

- Transportation Options and Transit
- Employment
- Access to Care
- Mental Health/Substance Use Disorders[4]
- Housing and Homelessness

The final prioritization score for each of the twenty-one focus areas are provided in the following table.

Focus Area	Final Score
Transportation Options and Transit	2.54
Employment	2.46
Access to Care	2.44
Mental Health	2.37
Housing and Homelessness	2.26
Substance Use Disorders	2.26
Family, Community, and Social Support	2.10
Education	2.07
Built Environment	1.96
Quality of Care	1.90
Physical Health	1.89
Environmental Quality	1.73
Safety	1.63
Food Security	1.59
Diet and Exercise	1.56
Income	1.50
Maternal and Infant Health	1.50
Length of Life	1.45
Disabilities	1.42
Sexual Health	1.35
Tobacco Use	1.33

[4] Please note that although mental health and substance use disorders were viewed separately through the data collection process, the CHAT has decided to combine these two focus areas as the fourth priority for Wake County overall and will view these together for purposes of action planning and implementation.

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; however, some 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, if 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 2019 Wake County CHNA began in May 2018. 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. Existing data are also limited regarding availability by demographic cohorts such as gender, age, race, and ethnicity. As available, existing data by cohort related to the five priority areas for Wake County have been included in Chapter 4.

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 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. 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, the availability of the telephone survey to be conducted in Spanish, and the availability of the Internet-based prioritization survey in Spanish.

Finally, components of this assessment regarding 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, except for the telephone survey, which was statistically valid for the county as a whole, the CHNA partners have assumed that the surveyed community members accurately and completely represented their fellow residents.

CHAPTER 3 | COMMUNITY PROFILE

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 one million 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. Population figures discussed throughout this chapter were obtained using Esri's ArcGIS Business Analyst which is a tool that includes current-year estimates and 5-year projections of demographic data for communities across the United States. According to data from Esri, Wake County is projected to grow at an annual rate of 2.4 percent annually from 2010 to 2023 with the addition of over 323,000 people. While Wake County's projected growth outpaces both Mecklenburg County (NC) and North Carolina overall, Travis County, TX is expected to grow at a faster rate than Wake County.

Total Population

Year	Wake County, NC	Mecklenburg County, NC	North Carolina	Travis County, TX
2010	900,993	919,628	9,535,483	1,024,266
2018	1,092,636	1,092,533	10,455,604	1,258,823
2023	1,224,073	1,206,295	11,061,202	1,410,482
2010-2023 CAGR*	2.4%	2.1%	1.1%	2.5%
2018-2023 CAGR*	2.3%	2.0%	1.1%	2.3%

Source: Esri Population Reports for 2010 (census), 2018, and 2023.
*Compound Annual Growth Rate

The population distribution by gender is similar between Wake County and its two North Carolina peer geographies while Travis County's population skews majority male rather than female.

2018 Population – Gender Distribution

	Wake County, NC	Mecklenburg County, NC	North Carolina	Travis County, TX
Male as % of Total	48.8%	48.5%	48.9%	50.3%
Female as % of Total	51.2%	51.5%	51.1%	49.7%

Source: Esri Population Reports for 2018.

Wake County has a higher percentage of its population under the age of 15 than all three of its counterparts. Comparisons of the median age for each population show that Wake County has a higher median age than both Mecklenburg and Travis counties although it is lower than North Carolina overall.

2018 Population – Age Distribution

	Wake County, NC	Mecklenburg County, NC	North Carolina	Travis County, TX
<15	20.5%	20.1%	18.6%	19.7%
15-44	43.1%	44.1%	39.4%	47.9%
45-64	25.2%	24.4%	26.1%	22.5%
>65	11.2%	11.4%	15.9%	9.8%
Median Age	35.7	35.3	38.7	33.5

Source: Esri Population Reports for 2018.

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 Travis County but less diverse than Mecklenburg County.

2018 Population – Racial Diversity

	Wake County, NC	Mecklenburg County, NC	North Carolina	Travis County, TX
White	63.9%	51.6%	66.4%	67.9%
Black or African American	20.5%	32.0%	21.7%	8.4%
American Indian or Alaska Native	0.5%	0.4%	1.3%	0.7%
Asian	7.3%	6.1%	3.0%	6.8%
Pacific Islander	0.1%	0.1%	0.1%	0.1%
Some Other Race	4.8%	6.8%	4.9%	12.4%
Two or More Races	3.0%	3.0%	2.6%	3.7%

Source: Esri Population Reports for 2018.

Regarding ethnicity, Wake County is less ethnically diverse than both Mecklenburg and Travis counties but is more diverse than North Carolina.

2018 Population – Ethnic Diversity

	Wake County, NC	Mecklenburg County, NC	North Carolina	Travis County, TX
Hispanic/Latino	10.3%	13.4%	9.5%	34.0%
Non-Hispanic/Latino	89.7%	86.6%	90.5%	66.0%

Source: Esri Population Reports for 2018.

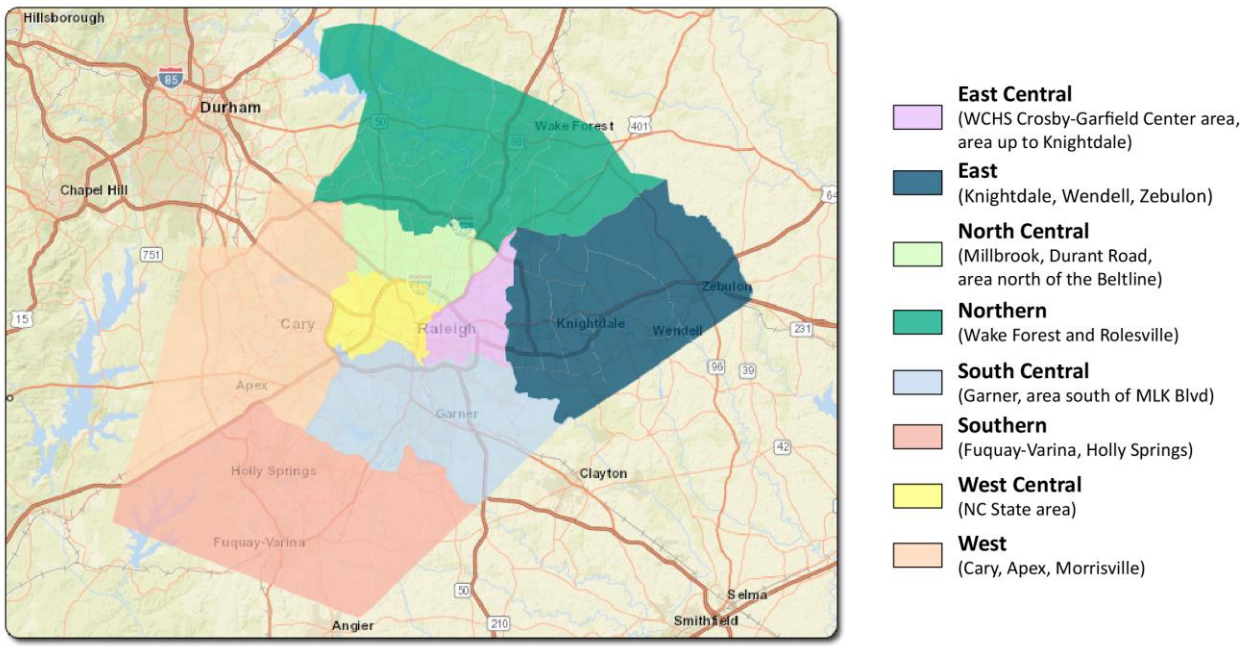
Wake County has a higher median income than its peer geographies with Travis County being the closest at nearly $11,000 less than Wake County.

2018 Population – Median Household Income

	Wake County, NC	Mecklenburg County, NC	North Carolina	Travis County, TX
Median Household Income	$74,355	$62,072	$51,844	$63,712

Source: Esri Population Reports for 2018.

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.



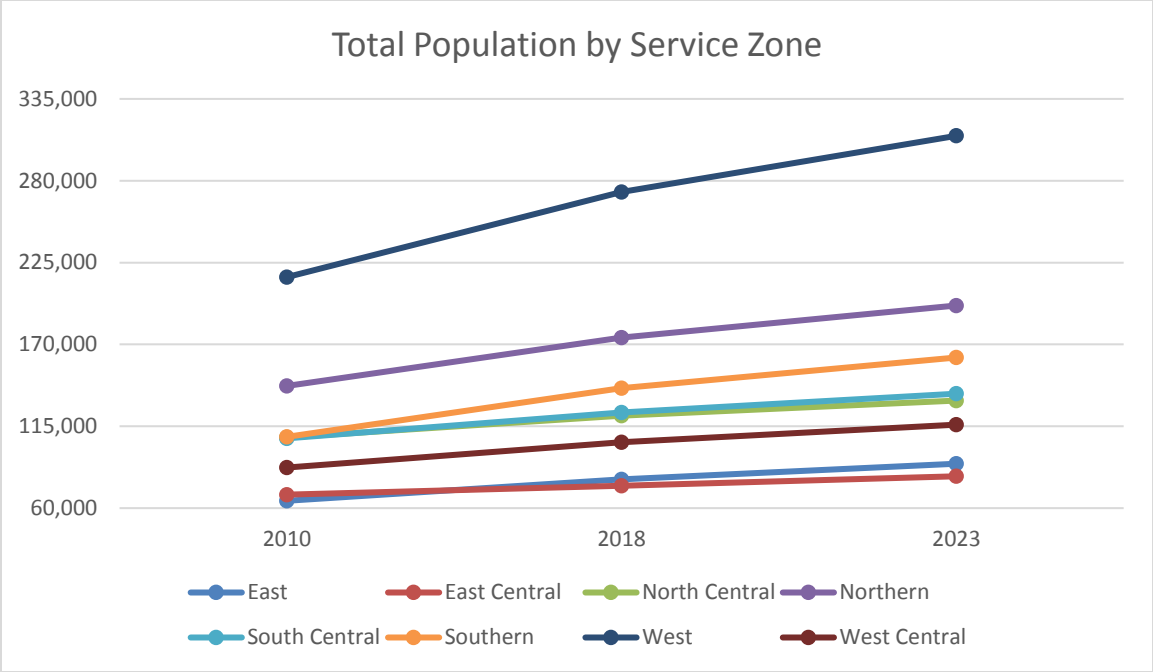
Variation among the service zones based on demographic composition exists. The major differences are summarized below.

- The East zone was the smallest in terms of population size in 2010 but has grown to surpass the East Central zone in 2018. This growth is projected to continue through 2023. This zone represents approximately seven percent of the total Wake County population in 2018.
- The East Central zone is the smallest in terms of population size and represents approximately seven percent of the total Wake County population in 2018. It also has the highest percentage of its population identifying as female when compared to the other seven service zones. 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 North Central zone is projected to have the lowest compound annual rate of growth from 2018 to 2023. It has the largest percentage of its population aged 65 or older when compared to its counterparts within Wake County.
- The Northern zone is the least ethnically diverse of the eight service zones with approximately six percent of its 2018 population identifying as Hispanic/Latino. It is also zone with the largest percentage of its population within the 15 to 44 age group range and the smallest percentage of its population within the 45 to 64 age group range. The Northern zone has the highest median age of all eight service zones at 38.4 years.
- The South Central zone is the second most racially diverse zone within Wake County. This zone represents approximately 11 percent of the total Wake County population in 2018.
- The Southern zone has the highest projected compound annual growth rates from both 2010 to 2023 and from 2018 to 2023. It has the highest percentage of its population ages 15 and under and is the least racially diverse when compared to the remaining zones.
- The West zone is the largest in terms of population size and represents approximately 25 percent of Wake County's total 2018 population. This service zone also has the highest median household income of the eight zones and the lowest percentage of its population ages 65 and older.
- The West Central zone has the largest percentage of its population identifying as male when compared to the other service zones. It also has the lowest median age of the eight service zones.

Detailed demographic data by service zone are included below and within Appendix 1.

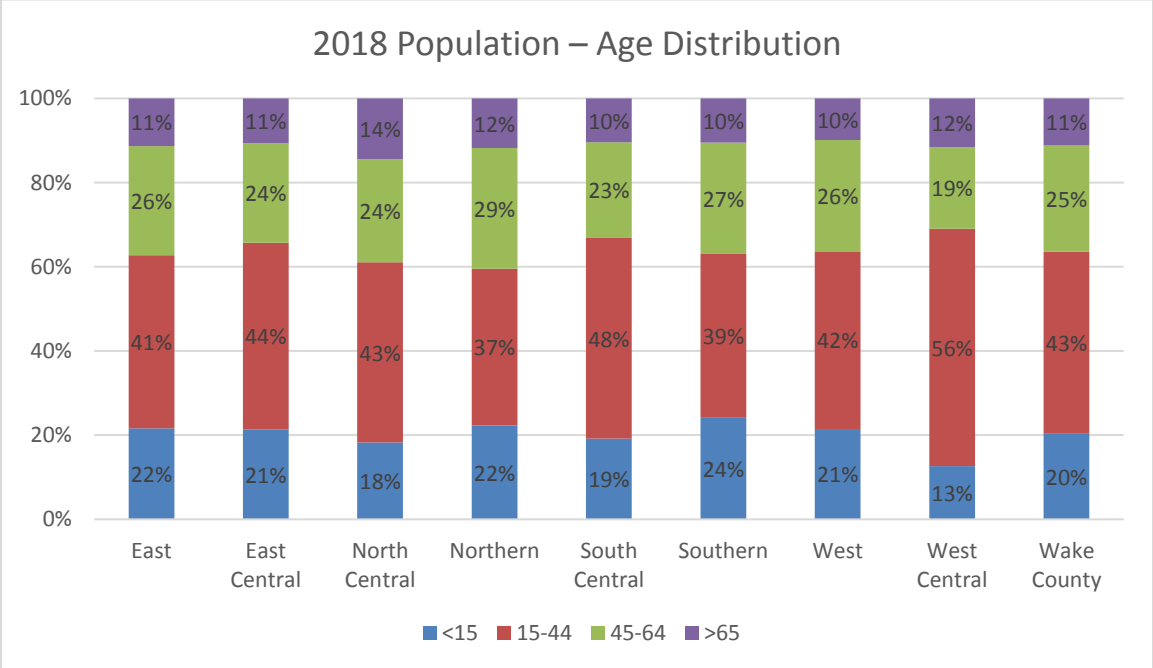
The Southern zone is projected to be the highest growing area in the county from both 2010 to 2023 and from 2018 to 2023 based on compound annual percent growth rates. The East Central zone is projected to grow the least from 2010 to 2023 and the North Central zone is projected to grow the least from 2018 to 2023 based on compound annual percent growth rates. Regarding numerical growth from 2018 to 2023, the West zone is projected to grow the most through the addition of nearly 38,000 people while the East Central zone is projected to grow the least with the addition of nearly 6,500 people.

The West zone is the largest zone in terms of population size across all three years while the East zone was the smallest in 2010 and the East Central zone is the smallest for both 2018 and 2023.



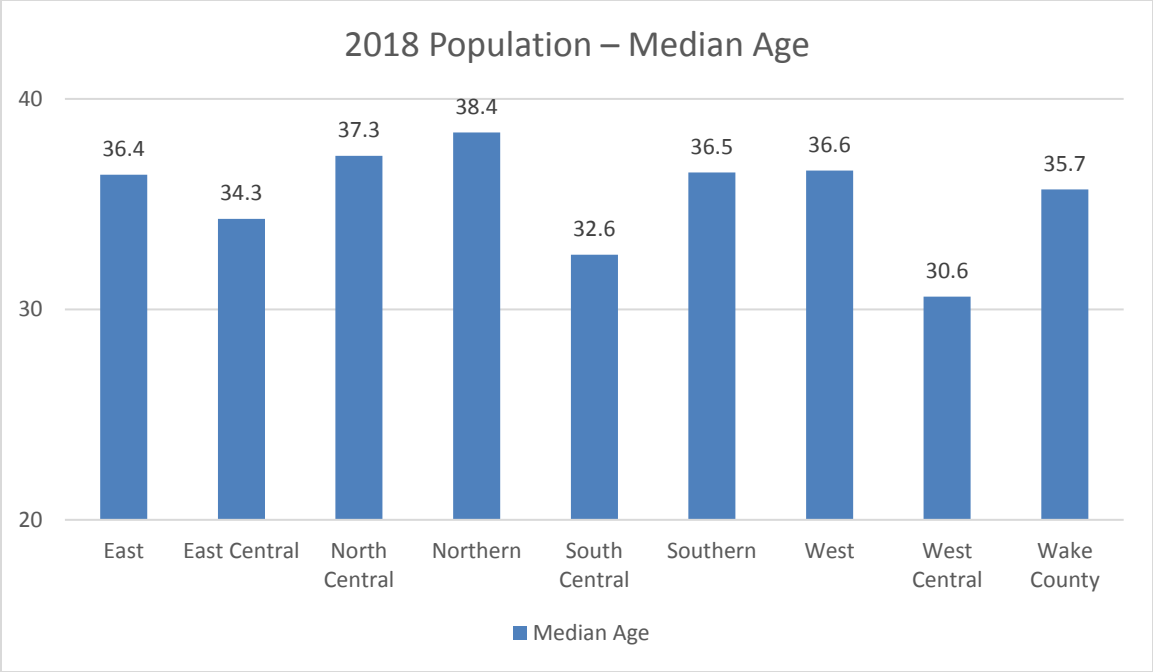
Source: Esri Population Reports for 2010 (census), 2018, and 2023.

The age distribution varies by service zone with the North Central zone having the largest percentage of its population over the age of 65.



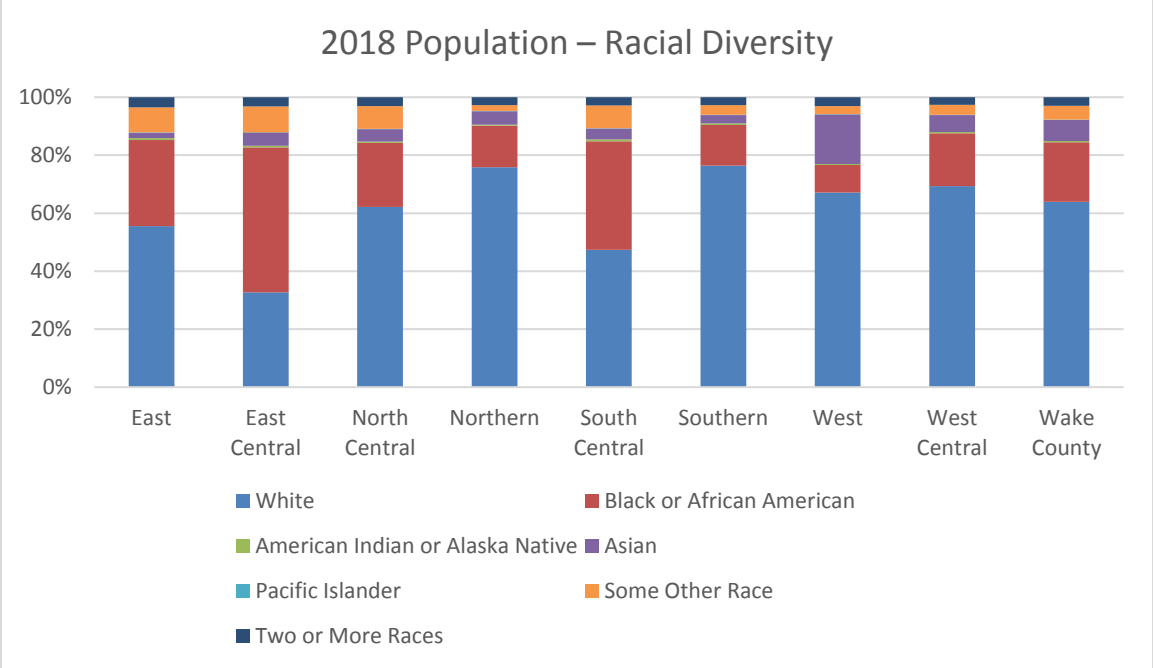
Source: Esri Population Reports for 2018.

However, the highest median age is within the Northern zone while the lowest median age is in the West Central zone.



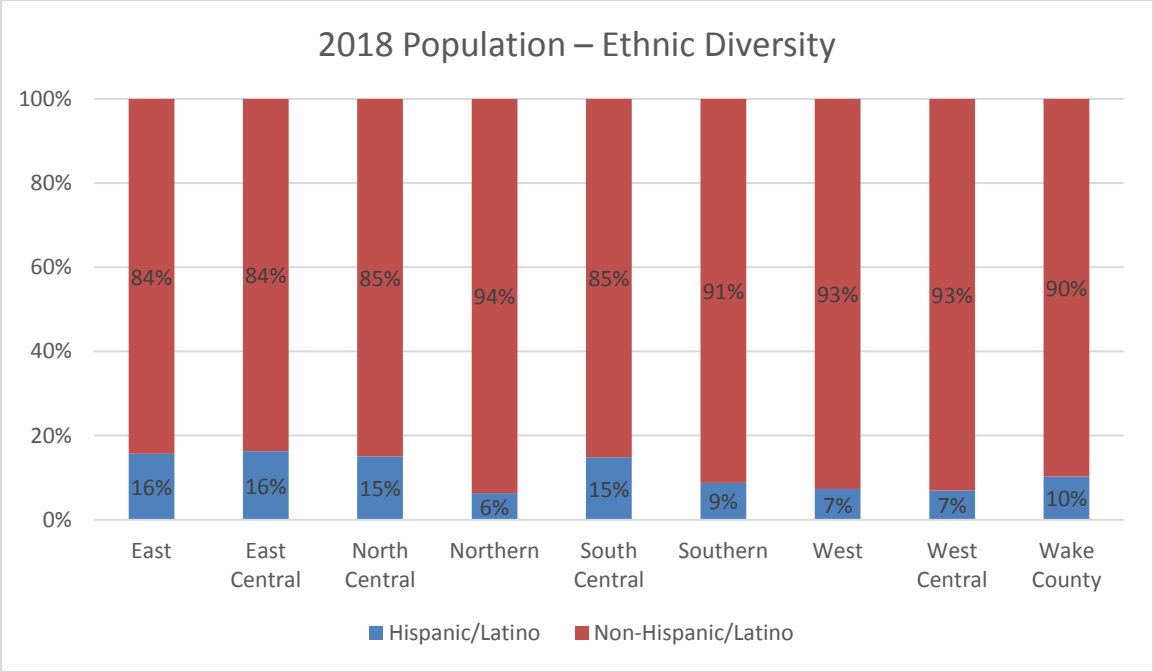
Source: Esri Population Reports for 2018.

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



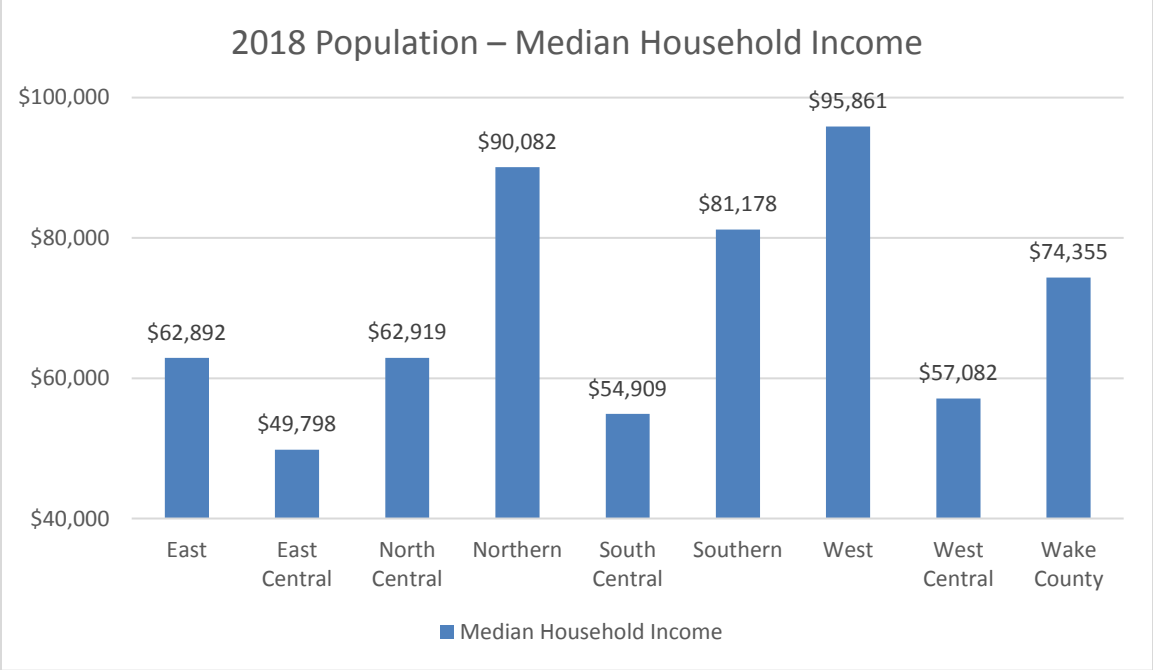
Source: Esri Population Reports for 2018.

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



Source: Esri Population Reports for 2018.

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



Source: Esri Population Reports for 2018.

As the health needs and priorities for 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 findings.

CHAPTER 4 | COUNTY PRIORITY AREAS

This chapter examines each of the five 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. In addition, existing data by race, gender, and ethnicity are presented within each priority area as available. For more detailed supporting data, please see the appendices of this document.

Priority 1: Transportation Options and Transit

While transportation may not initially seem to be a health-related concern, many aspects of daily life require the use of transportation – such as employment, education, access to nutritional foods, and access to healthcare services - and each of these areas impacts one's overall health. Wake County has recognized that there are many important factors that impact the health of a community and has dedicated significant time and efforts into broadening the definition of health to include transportation and other social determinants to best determine ways to improve the health and wellbeing of its residents.

The Transportation Options and Transit priority includes information related to how people get around for work, school, and play as well as public transportation and other transportation choices. This focus area was identified through the prioritization matrix as the top scoring priority need for Wake County with a score of 2.54 (on a 1 to 3 scale) and was also frequently found to be a top scoring need area among the service zones as shown in Chapter 5. Transportation was also identified as a 2016 Wake County CHNA priority, demonstrating that continued efforts are needed to impact this issue within the community.

The prioritization matrix relied on both existing and new data to identify areas of need within Wake County. Findings that support the identification of Transportation Options and Transit as a priority area in Wake County included:

- Existing Data - Four of seven data measures for which Wake County performed more than five percent worse than applicable benchmarks/targets/peer counties:
    - Percentage of workforce driving alone to work;
    - Percentage of workforce that commute more than 30 minutes in their car alone;
    - Percentage of workforce commuting by public transportation; and,
    - Percentage of workforce who walk to work.
- Focus Group Findings – Transportation and alternative transportation options were discussed as an area of continued need in Wake County in all eleven focus groups.
- Survey Results – Access to public transit (buses, commuter rail, etc.) and the availability of alternative transportation options (biking, walking, carpooling, etc.) were noted as areas needing improvement within the community via all three surveys.
- Community and Steering Committee Prioritization Input – Transportation Option and Transit received the top highest rank from community members and the second highest rank from the Steering Committee.

Each of these factors are discussed in more detail below.

Existing Data

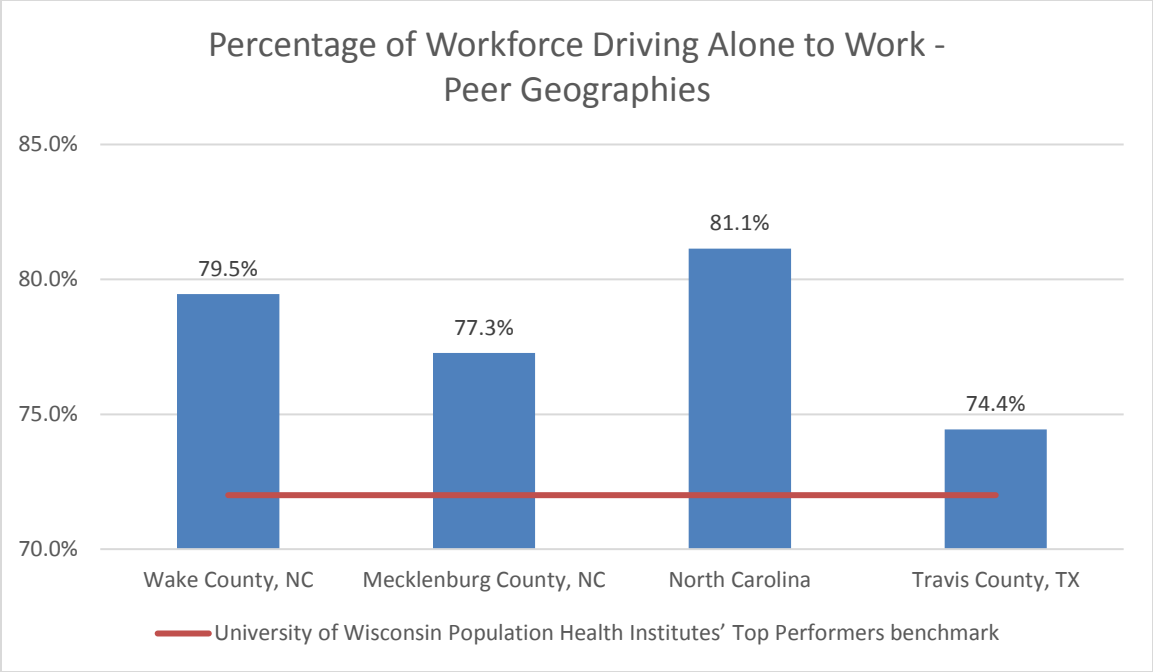
Seven existing data measures within this focus area were collected and analyzed. As discussed in more detail in the methodology section of Appendix 2, Wake County data were systematically compared to benchmarks/targets/peer geographies as these data were available and appropriate. Based on these comparisons, the severity of need was identified based on whether Wake County data were more than five percent better or worse than its comparative counterpart or within or equal to five percent of its counterpart.

Of the seven measures related to Transportation Options and Transit, Wake County scored more than five percent worse on four measures, within or equal to five on one measures, and five percent better on two measures. The four measures for which Wake County scored worse than its comparative counterparts are discussed below.

Percentage of Workforce Driving Alone to Work

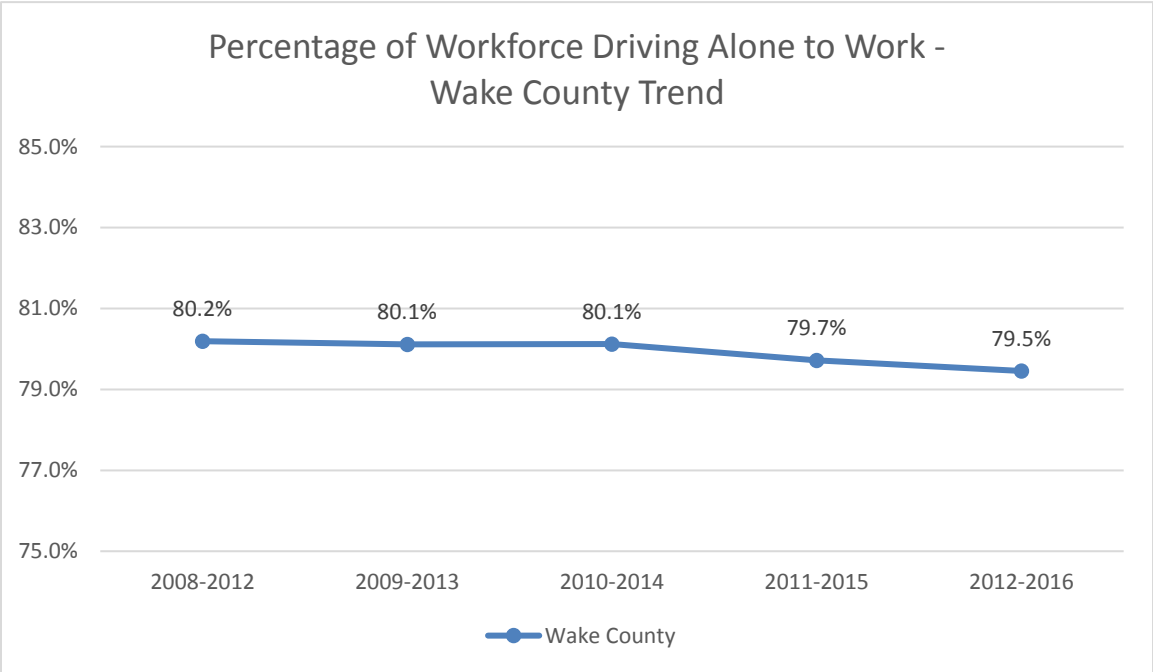
Existing data show that while Wake County has a lower percentage of its workforce driving alone to work than the state of North Carolina, it is higher than both Mecklenburg County, NC and Travis County, TX. Additionally, Wake County's percentage is higher than University of Wisconsin Population Health Institutes' Top Performers benchmark (72.0 percent). According to the University of Wisconsin Population Health Institute's County Health Rankings, high percentages of the workforce driving alone to work is an indicator of poor public transit infrastructure and sedentary behaviors and is the most damaging commuting method to the health of communities. The reason for this measure's inclusion in the County Health Rankings is because "[t]he transportation choices that communities and individuals make have important impacts on health through items such as active living, air quality, and traffic crashes."[5]

[5] http://www.countyhealthrankings.org/app/north-carolina/2018/measure/factors/67/description



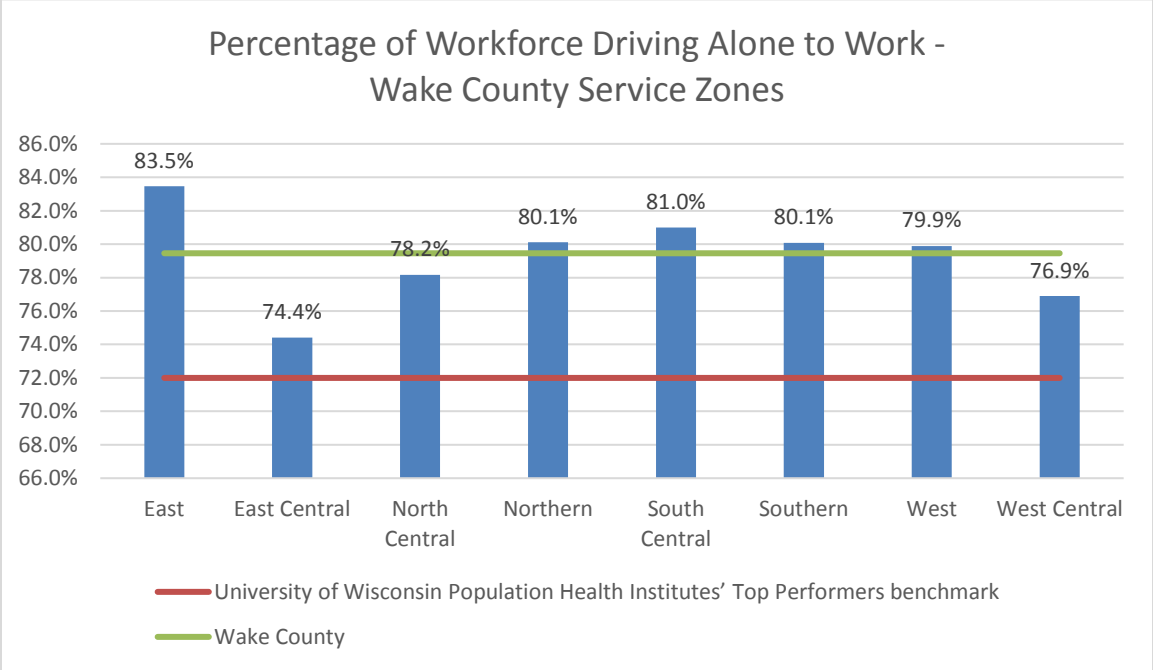
Source: University of Wisconsin Population Health Institute, County Health Rankings. Data accessed June 2018.

Despite performing worse than most of its comparative counterparts in the most recent data period, Wake County is trending in the correct direction and has experienced a 0.2 percent compound annual decline over the most recent five years of aggregated data periods available.



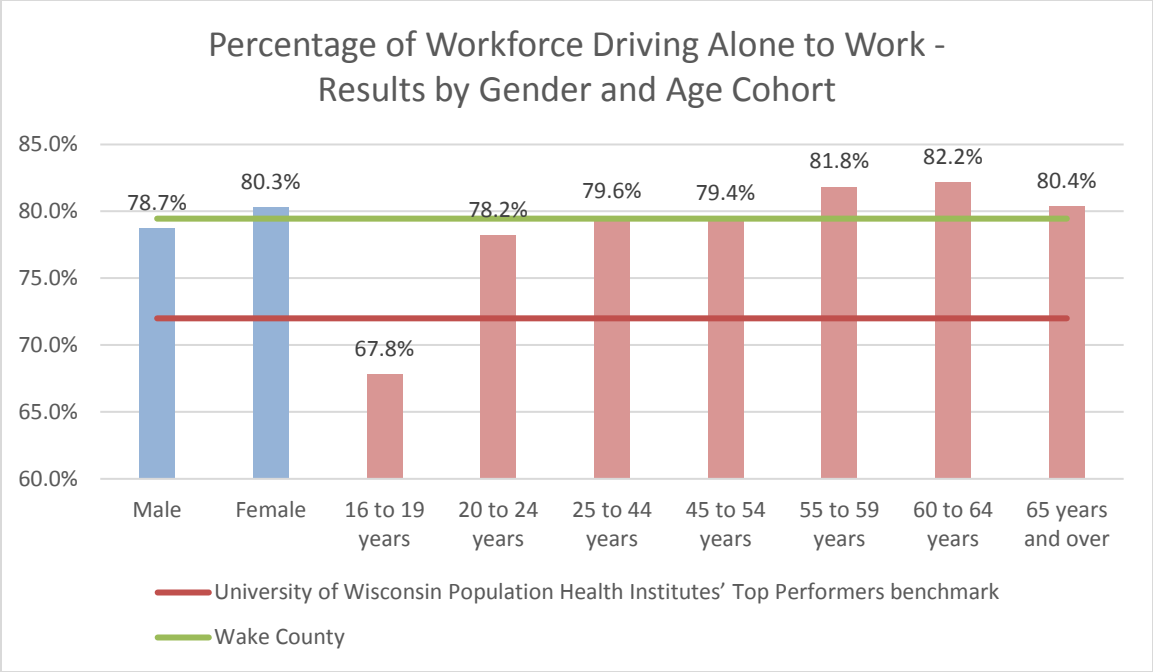
Source: University of Wisconsin Population Health Institute, County Health Rankings. Data accessed June 2018.

Among the eight Wake County service zones, five perform worse than the county overall and all have higher percentages than the University of Wisconsin Population Health Institutes Top Performers benchmark (72.0 percent). The East Central service zone is performing the best with only 74.4 percent of its workforce driving alone to work.



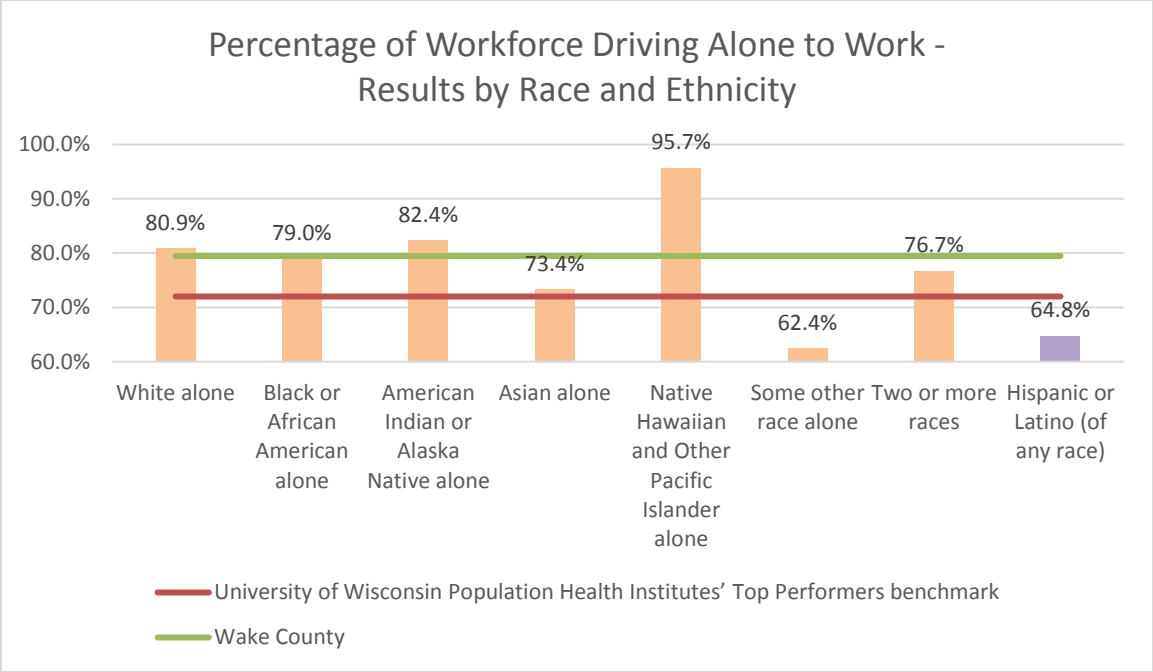
Source: US Census Bureau, American Fact Finder, American Community Survey, American Community Survey (ACS) 5-Year Estimates, Table B08301. Data accessed July 2018.

As presented below, the female population has a higher percentage of its workforce driving alone to work (80.3 percent) than the male workforce population in Wake County (78.7 percent). Each of the three oldest workforce cohorts have higher percentages of their populations driving alone to work than their younger counterparts.



Source: US Census Bureau, American Fact Finder, American Community Survey, American Community Survey (ACS) 5-Year Estimates, Tables B08006 and B08101. Data accessed April 2019.

As demonstrated below, there are significant differences among racial groups regarding the percentage of the workforce driving alone to work. Native Hawaiian and Other Pacific Islanders have the highest percentage of its workforce driving alone to work (95.7 percent) while the population representing some other single racial group have the lowest percentage (62.4 percent). The percentage of the Hispanic or Latino workforce driving to work alone (64.8 percent) is lower than both Wake County overall (79.5 percent) and the University of Wisconsin Population Health Institutes Top Performers benchmark (72.0 percent).

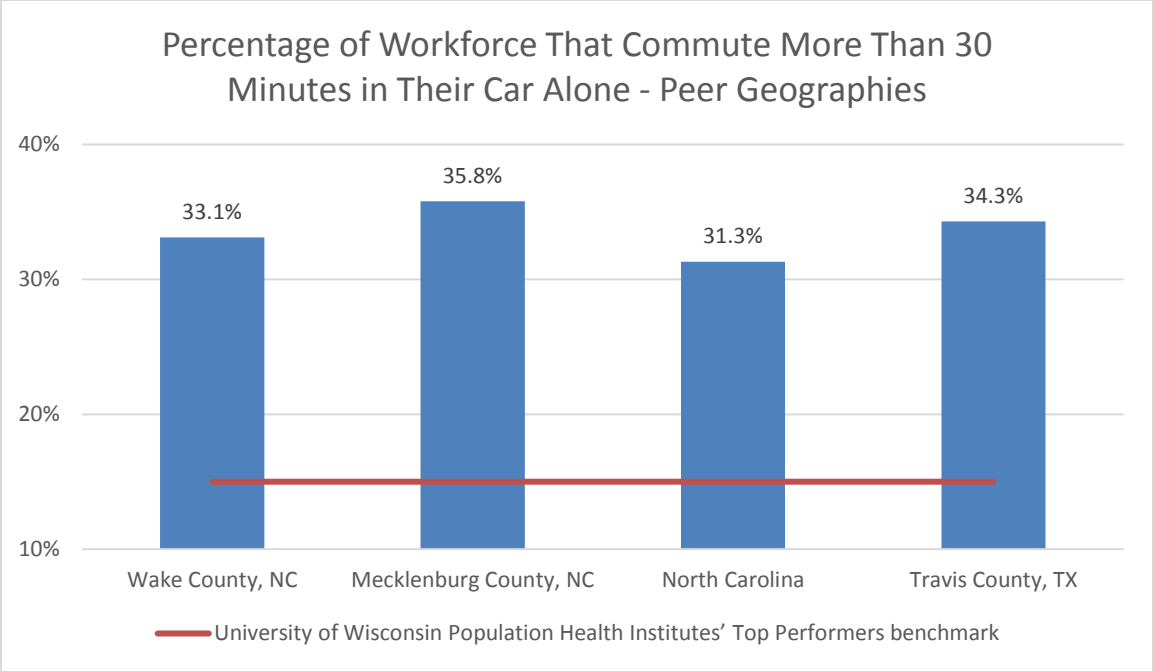


Source: US Census Bureau, American Fact Finder, American Community Survey, American Community Survey (ACS) 5-Year Estimates, Tables B08105 A-G, I. Data accessed April 2019.

Percentage of Workforce That Commute More Than 30 Minutes in Their Car Alone

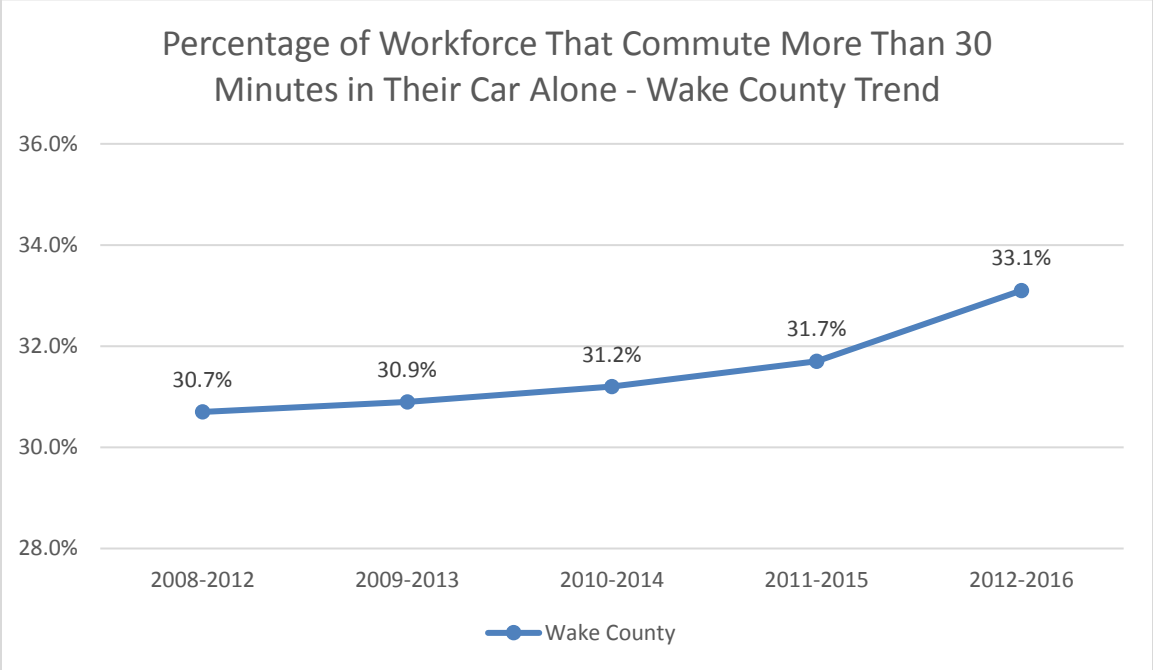
Existing data show that while Wake County has a lower percentage of its workforce commuting in their cars alone with a commute of longer than 30 minutes than both Mecklenburg County, NC and Travis County, TX, it is higher than North Carolina overall. Additionally, Wake County's percentage is higher than University of Wisconsin Population Health Institutes' Top Performers benchmark (15.0 percent). According to the University of Wisconsin Population Health Institute's County Health Rankings, high percentages of the workforce driving alone to work with a commute of at least 30 minutes is an indicator of community design and infrastructure that discourages active commuting and social interactions. The reason for this measure's inclusion in the County Health Rankings is due to the negative link between longer commutes and health. The farther people commute, the higher their blood pressure and body mass index, the less physical activity they participate in, and the more likely they are to be obese.[6]

[6] http://www.countyhealthrankings.org/app/north-carolina/2018/measure/factors/137/description



Source: University of Wisconsin Population Health Institute, County Health Rankings. Data accessed June 2018.

In addition to performing negatively compared to North Carolina and the University of Wisconsin Population Health Institute's Top Performers benchmark, Wake County is also trending in the wrong direction and has experienced a 1.9 percent annual growth rate over the most recent five years of aggregated data periods available.

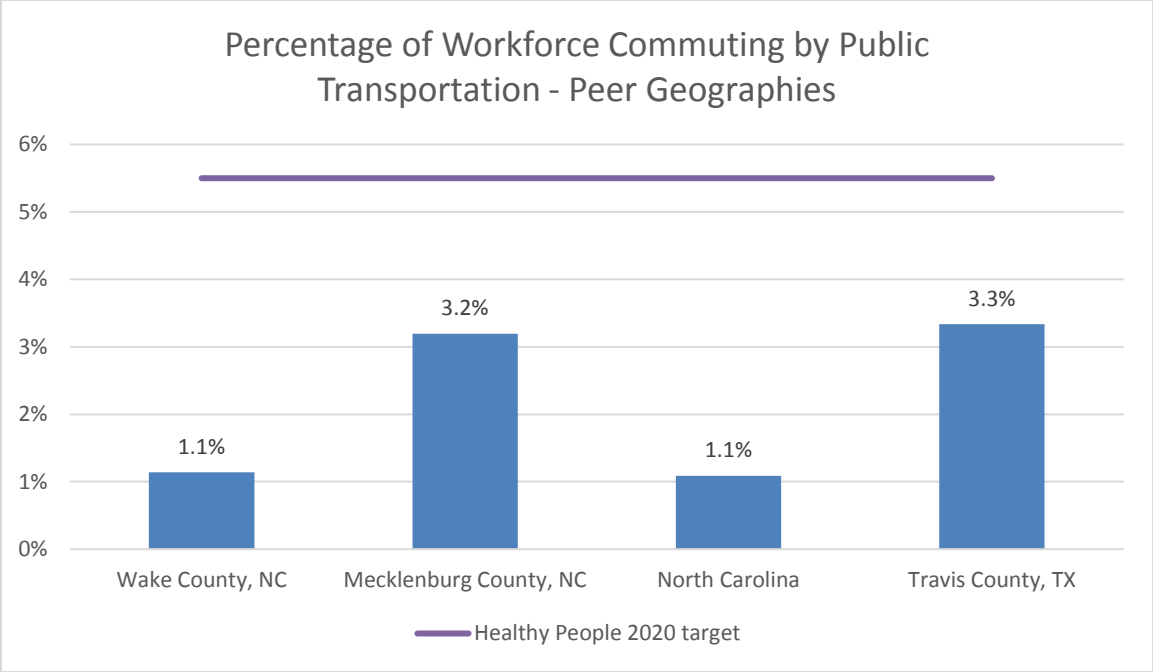


Source: University of Wisconsin Population Health Institute, County Health Rankings. Data accessed June 2018.

Service zone data were not available for this data measure.

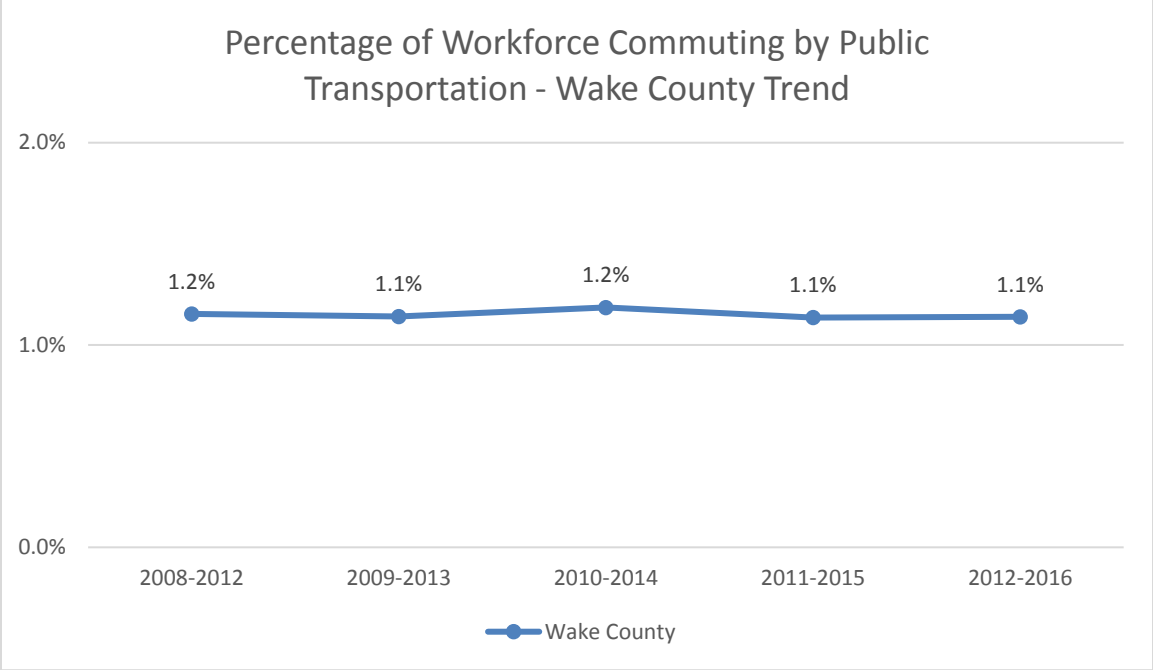
Percentage of Workforce Commuting by Public Transportation

Existing data show that while Wake County has a slightly higher percentage of its workforce commuting by public transit than the state of North Carolina, it is lower than both Mecklenburg County, NC and Travis County, TX. Additionally, Wake County's percentage is lower than the Healthy People 2020 target (5.5 percent). Increased use of alternative transportation methods can help to improve the environmental health of a community as well as reduce traffic-related congestion on public infrastructure.



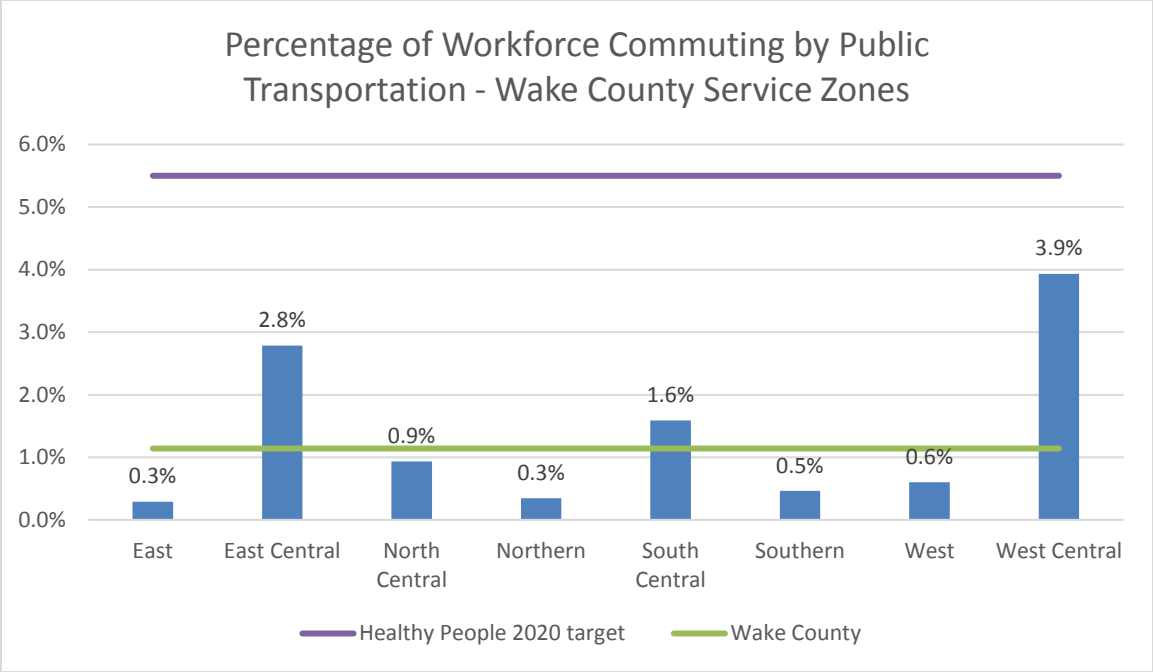
Source: US Census Bureau, American Fact Finder, American Community Survey, American Community Survey (ACS) 5-Year Estimates, Table B08301. Data accessed July 2018.

In addition to performing negatively compared to two of its three peer geographies and the Healthy People 2020 target, Wake County is also trending in the wrong direction and has experienced a 0.3 percent compound annual decline over the most recent five years of aggregated data periods available.



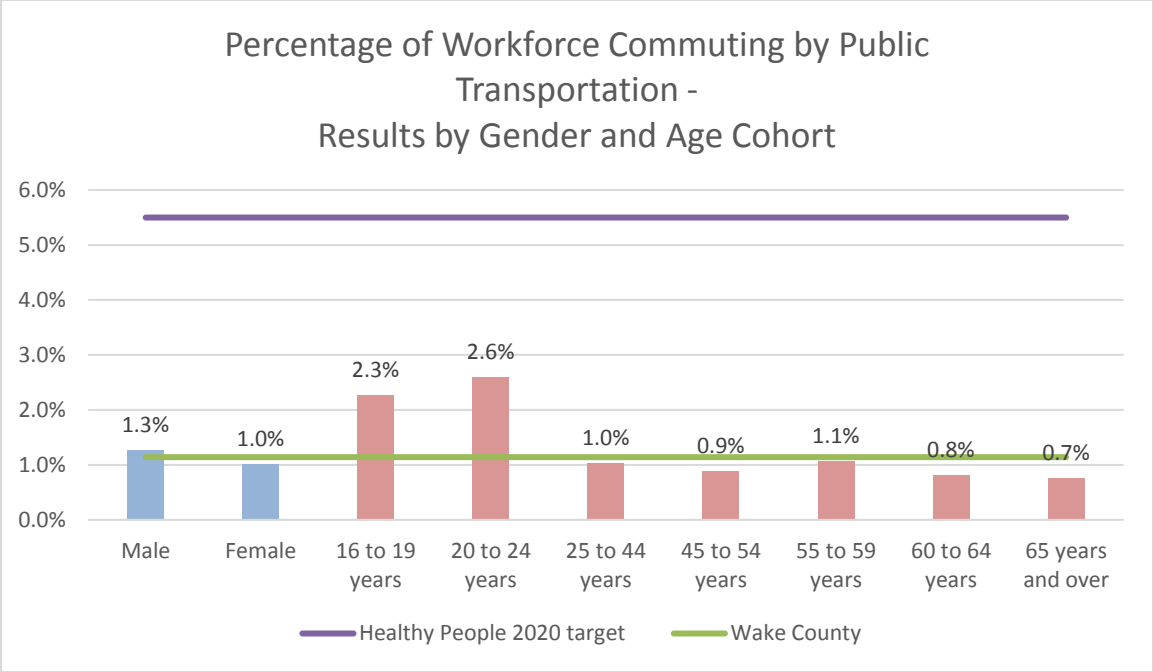
Source: US Census Bureau, American Fact Finder, American Community Survey, American Community Survey (ACS) 5-Year Estimates, Table B08301. Data accessed July 2018.

Among the eight Wake County service zones, five perform worse than the county overall and all perform worse than the Healthy People 2020 target (5.5 percent). The West Central zone is performing the best with 3.9 percent of its workforce commuting via public transportation.



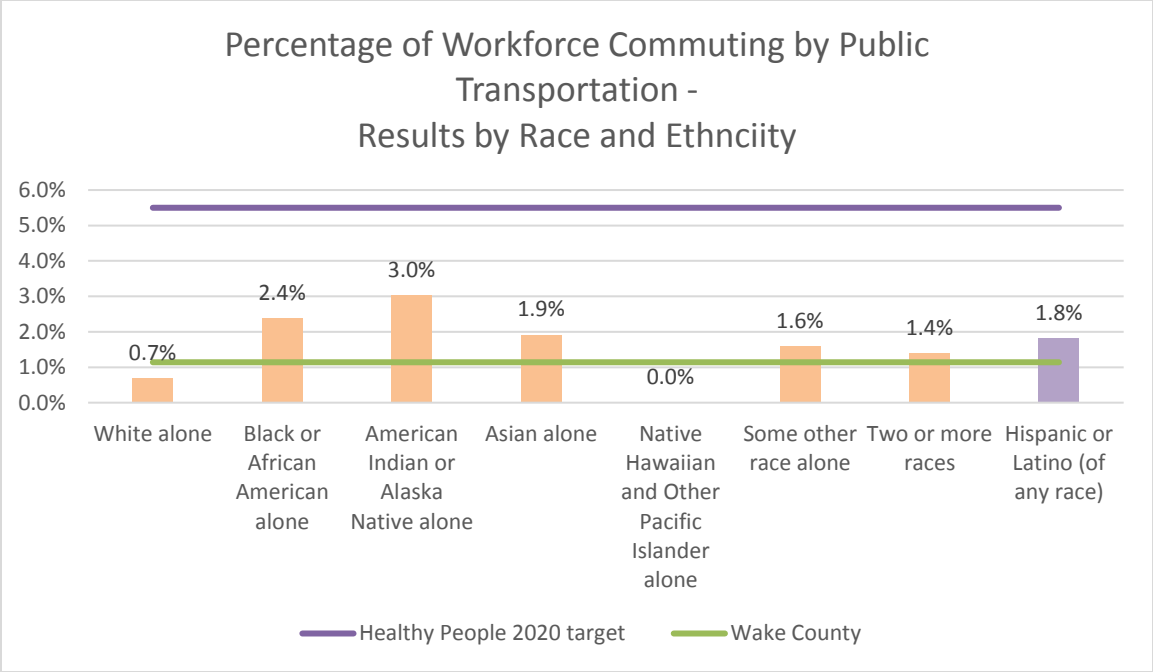
Source: US Census Bureau, American Fact Finder, American Community Survey, American Community Survey (ACS) 5-Year Estimates, Table B08301. Data accessed July 2018.

As presented below, Wake County's male workforce is more likely to commute by public transportation (1.3 percent) than its female workforce (1.0 percent). Younger members of the workforce have higher percentages of their cohorts commuting by public transportation when compared to their older counterparts. The 20 to 24 years old population is the most likely to use public transportation (2.6 percent) and the 65 years and over cohort is the least likely (0.7 percent).



Source: US Census Bureau, American Fact Finder, American Community Survey, American Community Survey (ACS) 5-Year Estimates, Tables B08006 and B08101. Data accessed April 2019.

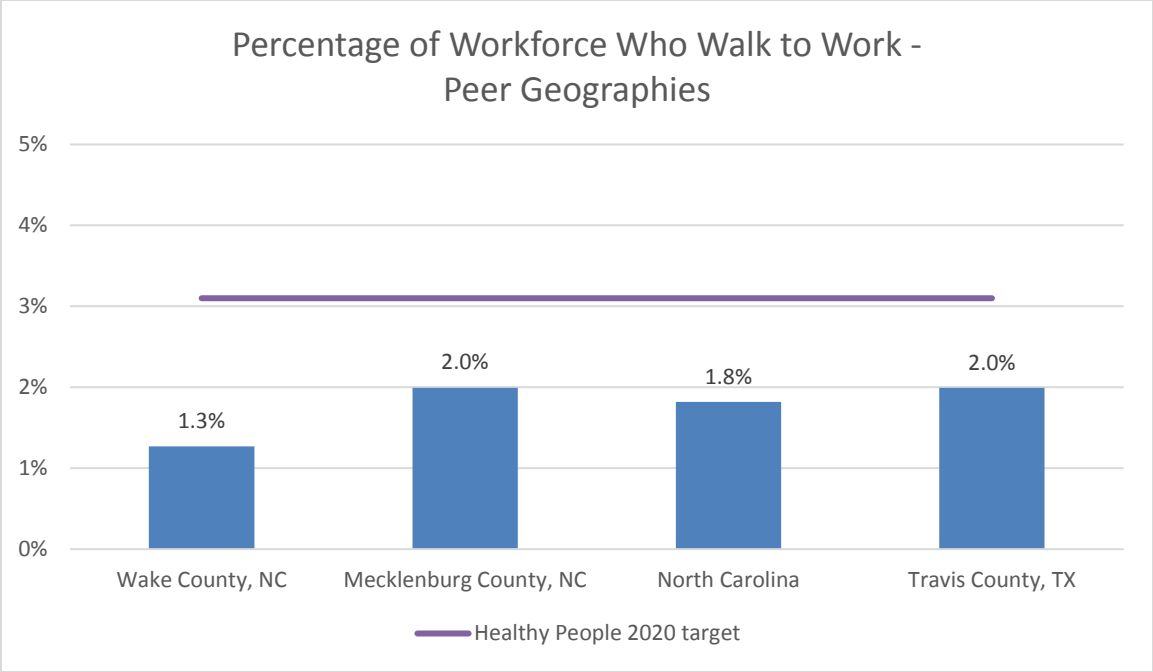
As demonstrated below, there are significant differences among racial groups regarding the percentage of the workforce commuting by public transportation. American Indian or Alaska Natives have the highest percentage of its workforce commuting by public transportation (3.0 percent) while Native Hawaiian and Other Pacific Islanders have the lowest percentage of its workforce commuting by public transportation (0.0 percent). The percentage of the Hispanic or Latino workforce commuting by public transportation (1.8 percent) is higher than Wake County overall (1.1 percent).



Source: US Census Bureau, American Fact Finder, American Community Survey, American Community Survey (ACS) 5-Year Estimates, Tables B08105 A-G, I. Data accessed April 2019.

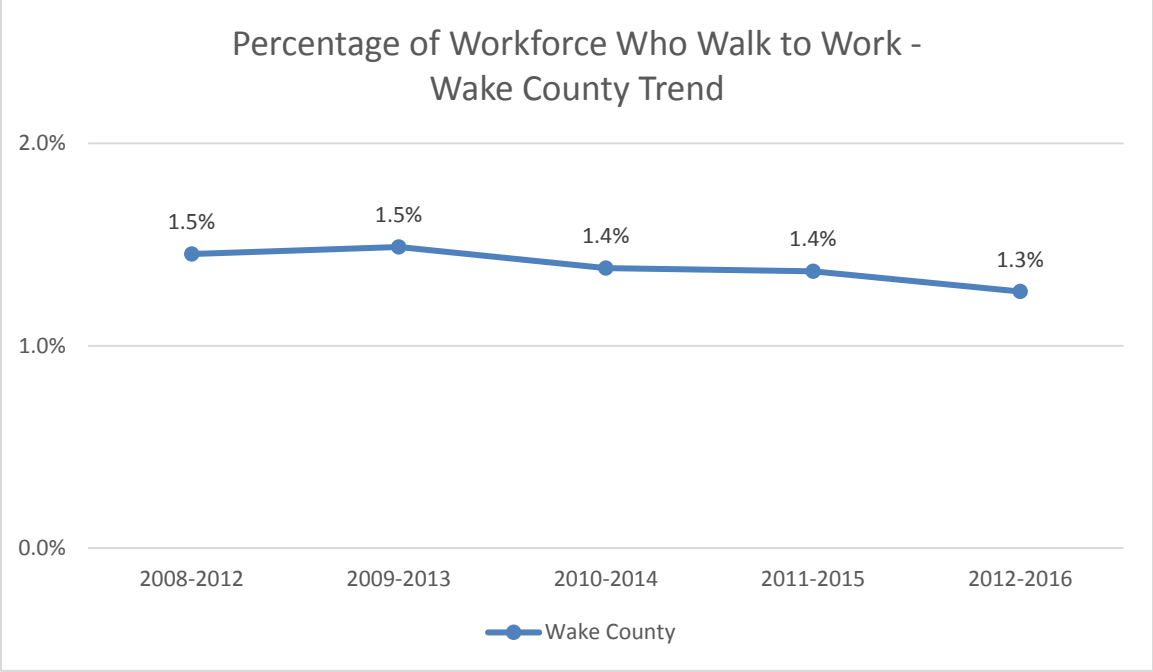
Percentage of Workforce Who Walk to Work

Existing data show that Wake County has a lower percentage of its workforce walking to work than all three of its peer geographies. Additionally, Wake County's percentage is lower than the Healthy People 2020 target (3.1 percent). Increased use of alternative transportation methods can help to improve the environmental health of a community as well as reduce traffic-related congestion on public infrastructure. Walking is the transportation method with the least negative environmental impact.



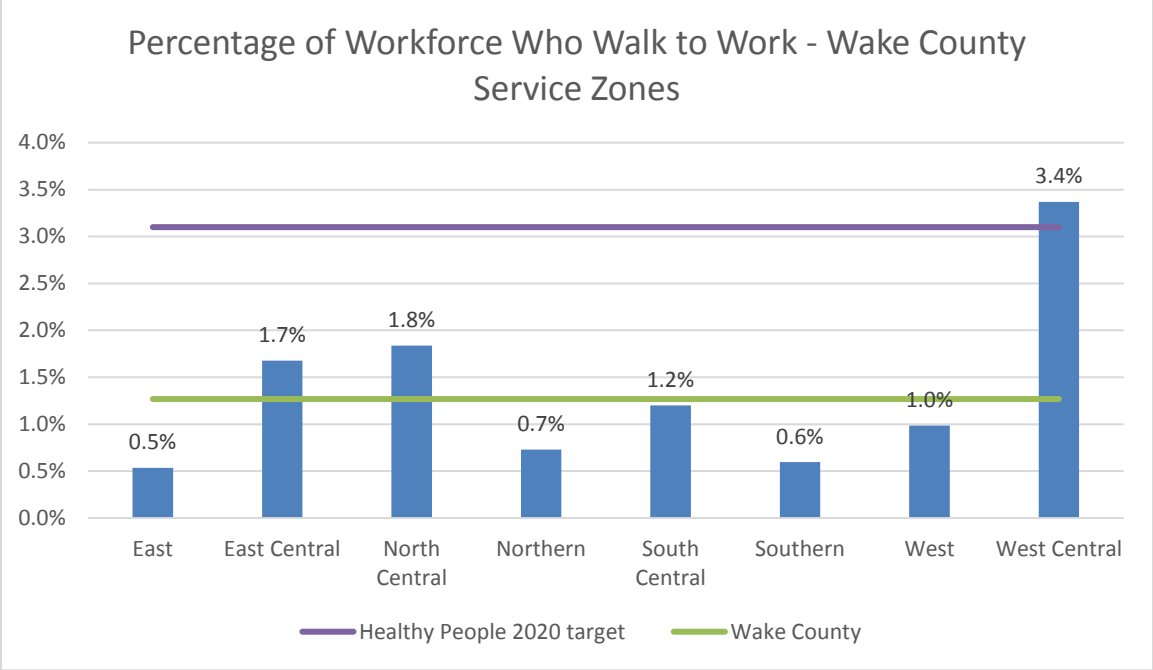
Source: US Census Bureau, American Fact Finder, American Community Survey, American Community Survey (ACS) 5-Year Estimates, Table B08301. Data accessed July 2018.

In addition, Wake County is trending negatively and has experienced a 3.4 percent compound annual decline over the most recent five years of aggregated data periods available.



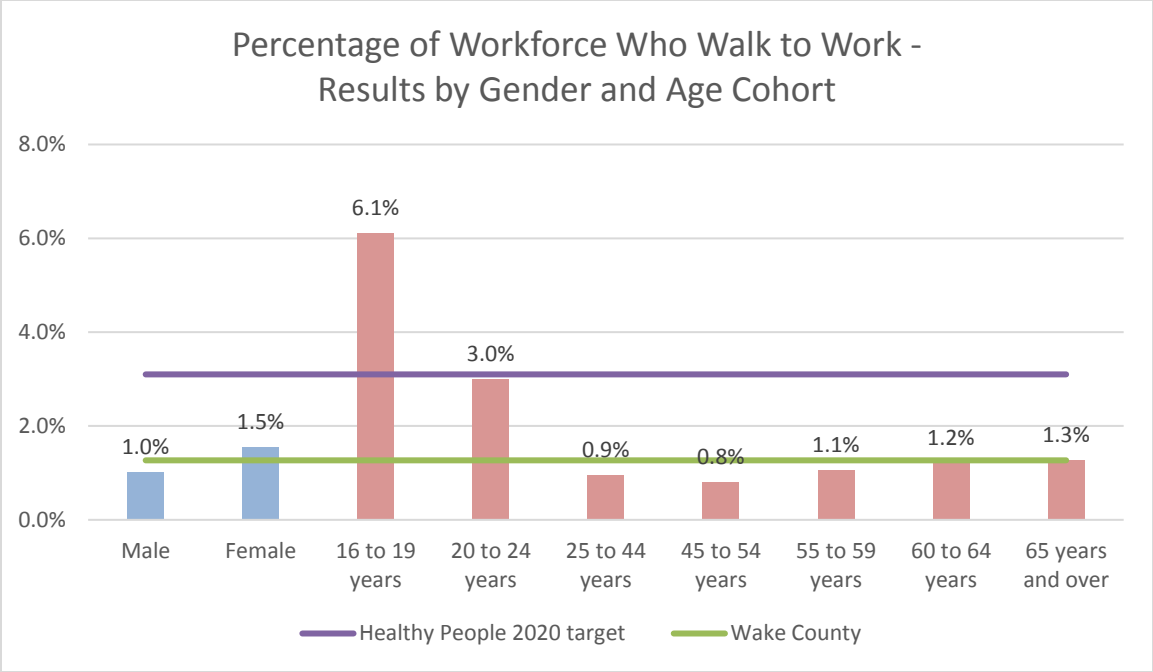
Source: US Census Bureau, American Fact Finder, American Community Survey, American Community Survey (ACS) 5-Year Estimates, Table B08301. Data accessed July 2018.

Among the eight Wake County service zones, five perform worse than the county overall and all except for the West Central zone perform worse than the Healthy People 2020 target (3.1 percent). The West Central zone is performing the best with 3.4 percent of its workforce walking to work.



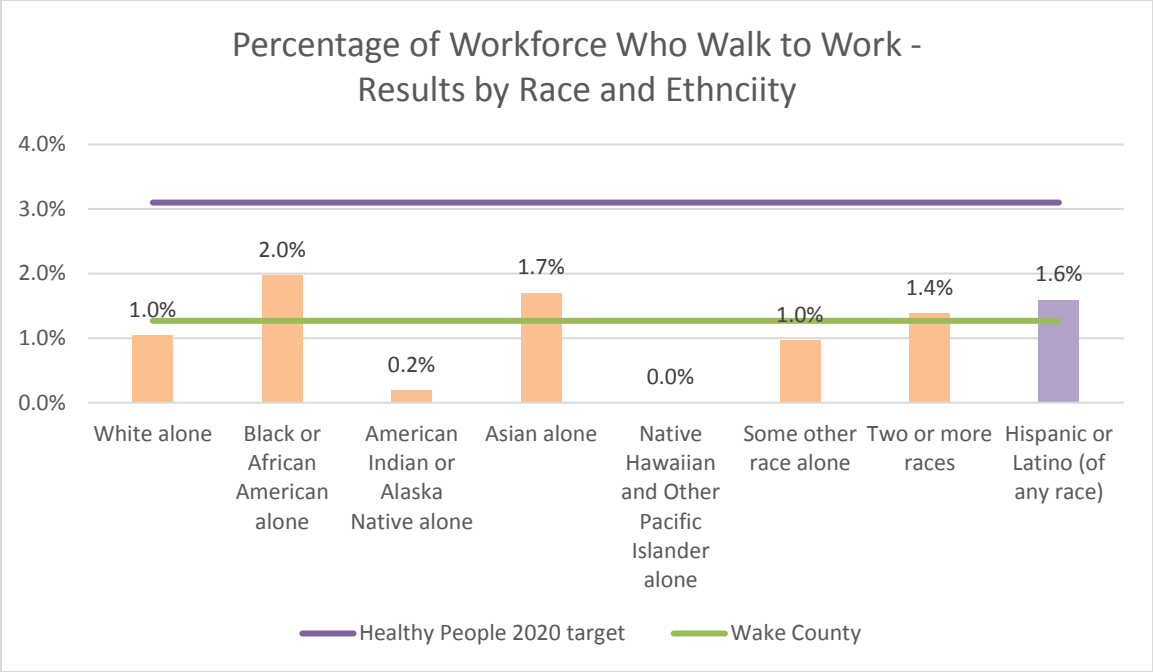
Source: US Census Bureau, American Fact Finder, American Community Survey, American Community Survey (ACS) 5-Year Estimates, Table B08301. Data accessed July 2018.

As presented below, Wake County's female workforce is more likely to walk to work (1.5 percent) than its male workforce (1.0 percent). Younger cohorts of the workforce have higher percentages walking to work than older cohorts. The 16 to 19 years cohort has the highest percentage of its workforce walking to work (6.1 percent) and the 45 to 54 years cohort is the least likely (0.8 percent).



Source: US Census Bureau, American Fact Finder, American Community Survey, American Community Survey (ACS) 5-Year Estimates, Tables B08006 and B08101. Data accessed April 2019.

As demonstrated below, there are significant differences among racial groups regarding the percentage of the workforce walking to work. Black or African Americans have the highest percentage of its workforce walking to work (2.0 percent) while Native Hawaiian and Other Pacific Islanders have the lowest percentage (0.0 percent). The percentage of the Hispanic or Latino workforce walking to work (1.6 percent) is higher than Wake County overall (1.3 percent).



Source: US Census Bureau, American Fact Finder, American Community Survey, American Community Survey (ACS) 5-Year Estimates, Tables B08105 A-G, I. Data accessed April 2019.

Focus Group Findings

When asked to evaluate the 2016 Wake County CHNA and to gauge the perceived progress (if any) that has been made towards improving the priority areas, the primary improvements noted for transportation were related to private transportation options such as taxi or ridesharing services. Little progress was noted by respondents related to public transit. Focus group participants voice concerns regarding whether the new transit plans embrace expanding areas of the county and whether it will be able to keep up with expected growth. It is perceived that existing plans still focus on high density areas of the county at the expense of more rural and isolated geographies. Requests for additional community involvement in planning processes related to transportation were also mentioned.

Residents described problems with existing public transportation services, noting that sometimes coordinating multiple bus schedules and catching buses on multiple routes is required to reach their desired destination. This is time consuming, creates additional stress, and can quickly create financial distress. This advanced planning and coordination related to transportation was noted as a barrier to accessing healthcare services because many residents need to travel across the county to visit providers for healthcare. More specifically, this was noted as an issue for accessing specialty care since these services are not offered in many of the outlying areas of the county. Reliability on limited transportation services can also hamper educational and job opportunities.

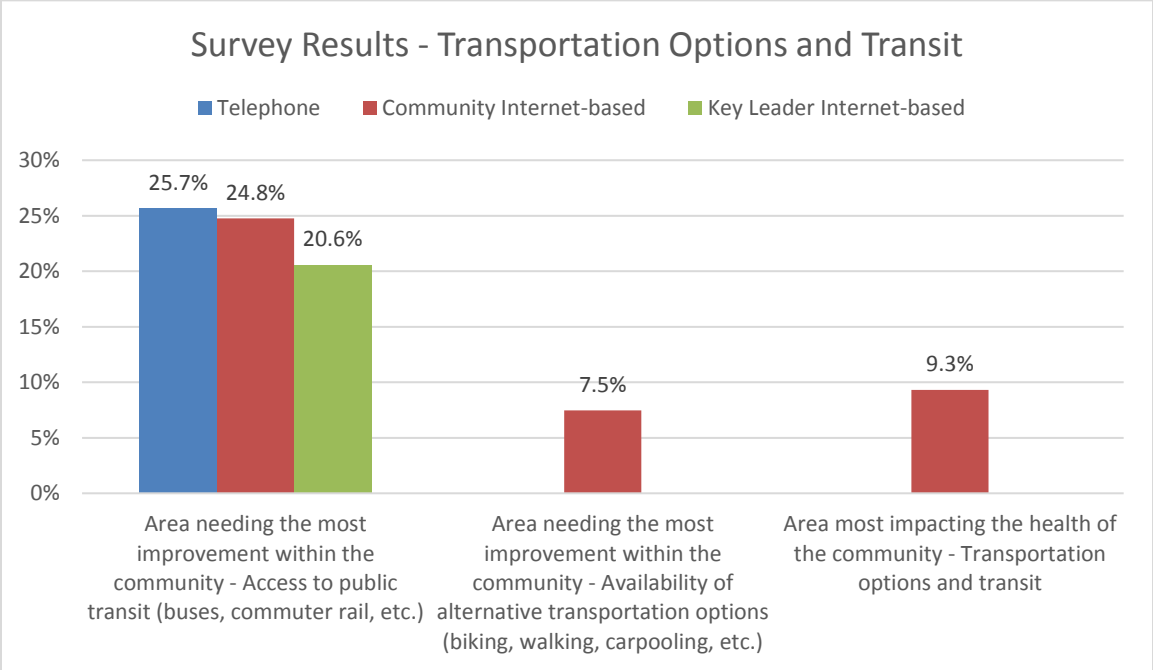
Issues related to transportation services are particularly troublesome for disparate populations within the county. Specifically, focus group participants noted that the elderly, persons who have a disability, those

with communication barriers, and those in poverty were particularly vulnerable to experiencing transportation-related issues. As discussed throughout this assessment, social determinants of health such as transportation can also impact the health of individuals and the community.

Some residents noted that the county has low walkability for those who wish to travel via walking and/or biking or for those who do not have access to a personal vehicle regularly. This is difficult even when the destination is within a reasonable distance or when the destination is even a short distance from a bus stop. While this may not negatively impact individuals with access to a personal vehicle, it is a greater concern for those who rely on public transportation. Further, for those who do not live or work near a public transit location, getting to where they need to go becomes extremely difficult. Additional sidewalks and crosswalks may help with enhancing access to alternative transportation options.

Survey Results

As discussed in more detail in the methodology sections of Appendix 3, the severity of need for each focus area was determined for select survey questions by ranking responses for each question in order of largest to smallest as a percent of total responses. The following chart details the question topics and corresponding answer choices for which the survey responses demonstrated the most severity.



Note: See Appendix 4 for full data findings by focus area and Appendix 3 for full results by survey method.

Community and Steering Committee Prioritization Input

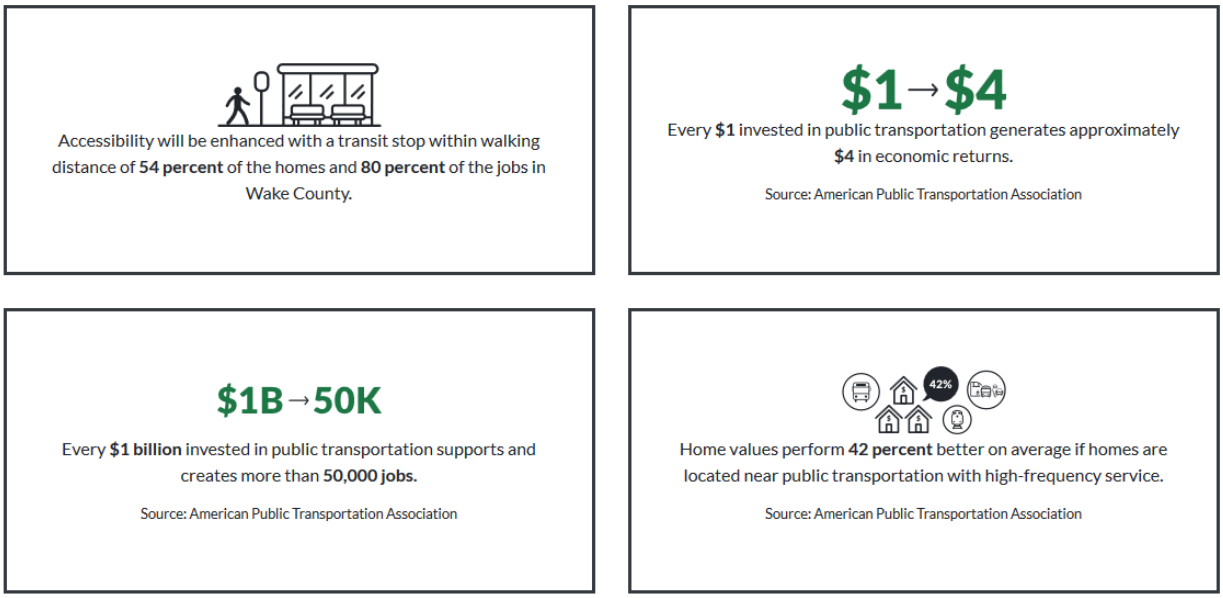
Transportation Option and Transit received 870 votes from community members (11.4 percent of total responses from community members), making it the highest ranked focus area based on community input. It received 31 votes from Steering Committee members (14.0 percent of total responses from

Steering Committee members), making it the second highest ranked focus area from the Steering Committee.

Summary

As evidenced above, 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. As we know from the research on social determinants of health, access to reliable and timely transportation options can improve the well-being of the community.

Voters in Wake County approved a transit-dedicated half-cent sales tax investment to expand and better connect the public transit network throughout the county in November 2016. The Wake Transit Plan will be implemented under the guidance of the Wake County Board of Commissioners per its Growth and Sustainability strategic goal area.[7] Planned transit improvements in Wake County include expanding bus service, improving bus stops and shelters, implementing bus rapid transit, funding local service, expanding rural on-demand service, and building a 37-mile commuter rail system.[8]



Source: http://goforwardnc.org/county/wake-county/about/

The Wake County Transit Plan is one of three individual components (alongside Durham and Orange counties) that comprise a regional network that will provide alternatives to driving on increasingly

[7] For more information on the Wake County Board of Commissioners strategic goals and objectives, please visit http://www.wakegov.com/commissioners/goals/Pages/default.aspx.

[8] For more information on the Wake County Transit Plan please visit http://goforwardnc.org/county/wake-county/about/ .

congested roads throughout the Triangle with the intent of opening access to more job, education, and healthcare opportunities for everyone within these communities.

Wake County also has numerous programs and initiatives related to non-auto-centric transportation options, including but not limited to the North Carolina Department of Transportation's Complete Streets Policy, Safe Routes Wake County, and the BikeRaleigh Plan. In addition, all twelve municipalities and the county itself have greenways and trails that offer additional recreational and transportation alternatives.[9]

Priority 2: Employment

Employment is also a social determinant of health that rose to the top of the Wake County prioritization matrix to become a priority area for the county for the coming years. 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. This focus area was identified through the prioritization matrix as the second top scoring priority need for Wake County with a score of 2.46 (on a 1 to 3 scale). In addition, variation by service zone was apparent as related to the Employment focus area. Poverty and Unemployment was identified as a 2013 Wake County CHNA priority thus demonstrating that continued efforts are needed to improve the issue within the community in response to a growing problem.

The prioritization matrix relied on both existing and new data to identify areas of need within Wake County. Findings that support the identification of Employment as a priority area in Wake County included:

- Existing Data – Wake County performed more than five percent worse than applicable benchmarks/targets/peer counties on the existing data measure analyzed:
    - Unemployment rate (percent of population age 16+ unemployed)
- Focus Group Findings – Issues related to unemployment, underemployment, and the need for additional employment-related programs (including self-employment opportunities and employment for those who have previously been incarcerated) were discussed in the focus groups.
- Survey Results – Employment was selected as a top area impacting the health of the community via the telephone survey. Survey respondents also noted a lack of employment and economic opportunities as a concern as well as employment being a factor impacting the health of the community.
- Community and Steering Committee Prioritization Input – Employment received the tenth highest rank from community members and was tied for the fourteenth highest rank from the Steering Committee.

Each of these factors are discussed in more detail below.

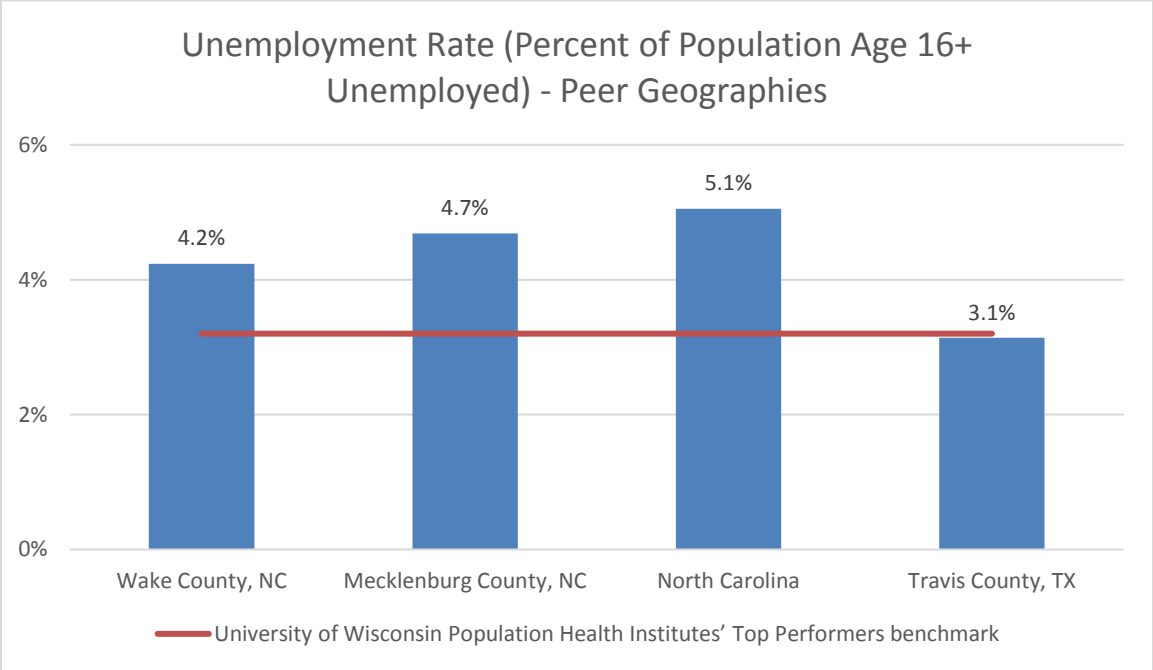
[9] For more information on greenways and trails please visit http://www.wakegov.com/parks/about/pages/trailsgreenways.aspx.

Existing Data

Severity of need was identified based on whether Wake County data were more than five percent better or worse than its comparative counterpart/target or within or equal to five percent of its counterpart/target. Wake County scored more than five percent worse on the sole existing data measure related to the Employment focus area which is detailed further below.

Unemployment Rate (Percent of Population Age 16+ Unemployed)

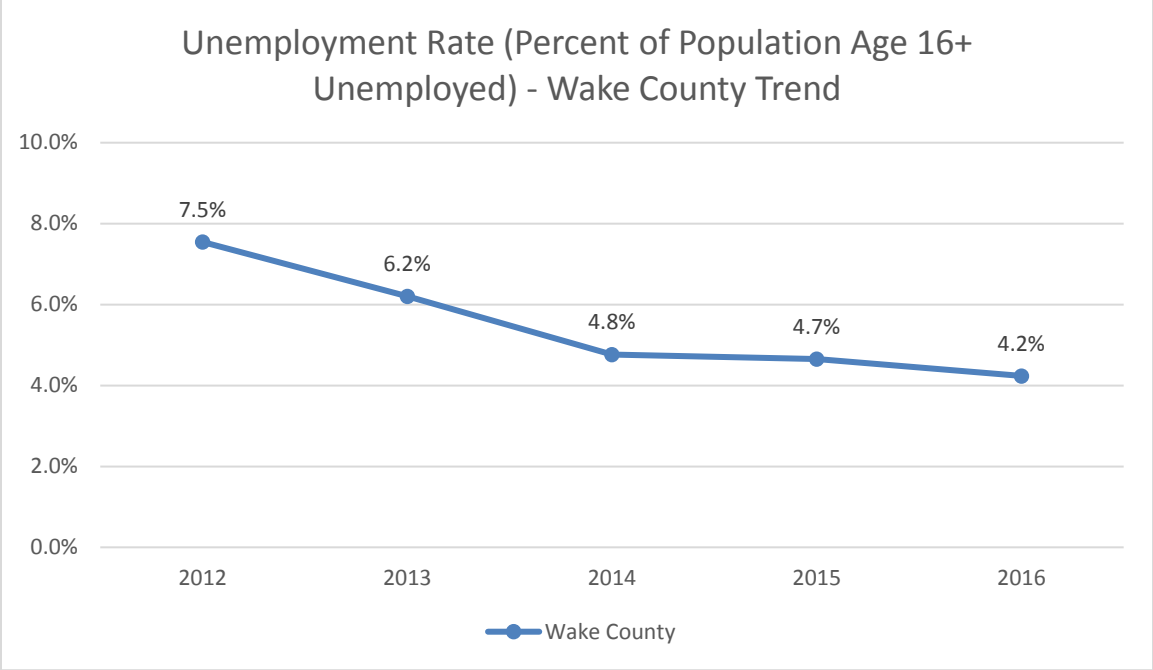
Existing data show that while Wake County has a lower unemployment rate than both Mecklenburg County, NC and North Carolina overall, it is higher than Travis County, TX. Additionally, Wake County's percentage is higher than University of Wisconsin Population Health Institutes' Top Performers benchmark (3.2 percent). The reason for this measure's inclusion in the County Health Rankings is because "[u]nemployment has been shown to lead to an increase in unhealthy behaviors related to alcohol and tobacco consumption, diet, exercise, and other health-related behaviors, which in turn can lead to increased risk for disease or mortality, especially suicide."[10] In addition, unemployment can create a potential barrier to accessing health services given its impact on whether or not an individual has health insurance.



Source: University of Wisconsin Population Health Institute, County Health Rankings. Data accessed June 2018.

10 http://www.countyhealthrankings.org/app/north-carolina/2018/measure/factors/67/description

Despite performing worse than Travis County, TX in the most recent data year, Wake County is trending in the correct direction and has experienced a 13.4 percent compound annual decline over the most recent five years of available data.



Source: University of Wisconsin Population Health Institute, County Health Rankings. Data accessed June 2018.

Secondary data were not available by service zone for the Employment focus area.

Focus Group Findings

Focus group participants noted that issues related to unemployment and a lesser discussed problem of underemployment are both areas for improvement within Wake County. Ensuring that residents are working jobs that fully utilize their capabilities and skillsets will benefit both employers and employees as positions will be most appropriately filled and employees will be more likely to remain within their role and create less turnover if they are being adequately utilized.

Livable wages were also frequently discussed as an area for improvement. It was noted that many times people may commute to Wake County for work but not be able to reside within the county due to higher costs of living and/or lower wages. This limits the ability to create a lasting sense of a cohesive community when people are not connected with both their colleagues and neighbors and do not feel as if they truly have a stake in either community. More local employment opportunities in conjunction with more of a focus on ensuring livable wages will help to foster healthier communities.

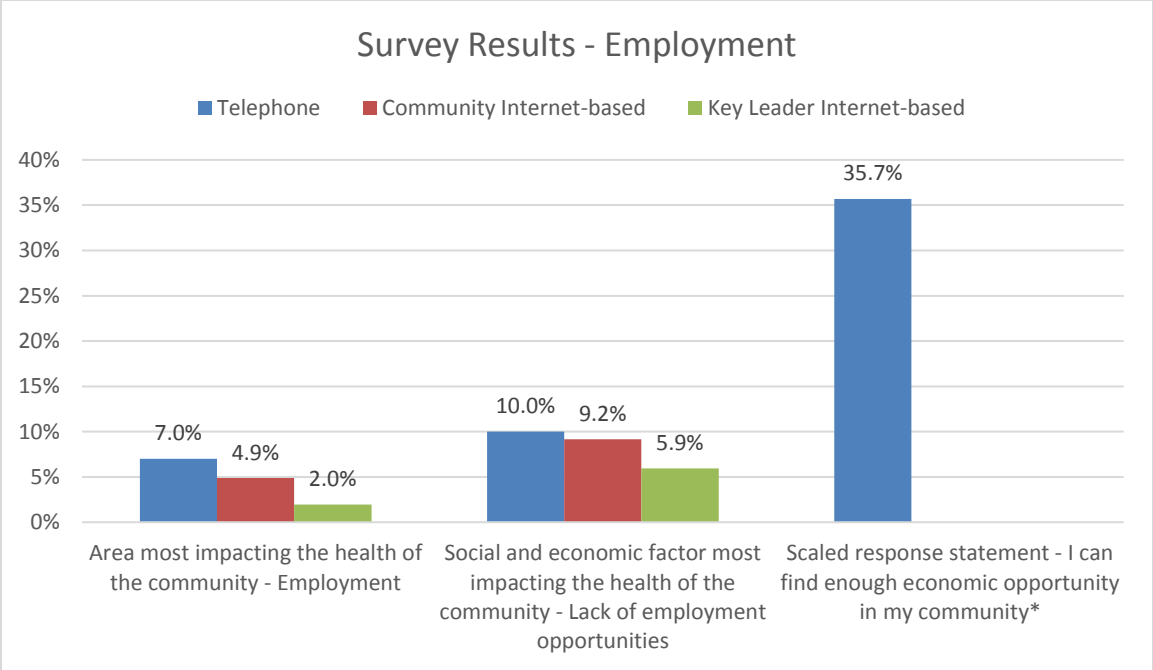
Disparities in employment opportunities among various sub-groups of the population were also mentioned as concerns. Those experiencing homelessness, males of color, those recently released from

incarceration, and the younger population were all noted as facing additional barriers to equal and sustainable employment opportunities. A need for additional employment-related programs focused on self-employment opportunities and employment opportunities for those particularly vulnerable groups exists.

A lack of full-time positions and the health insurance coverage gap that exists for many minimally employed individuals are areas of concern that have lasting impacts on both an individual health and the health of the community.

Survey Results

As discussed in more detail in the methodology sections of Appendix 3, the severity of need for each focus area was determined for select survey questions by ranking responses for each question in order of largest to smallest as a percent of total responses. The following chart details the question topics and corresponding answer choices for which the survey responses demonstrated the most and moderate severity.



*Based on the total percent of responses within the 3-4 scale.

Note: See Appendix 4 for full data findings by focus area and Appendix 3 for full results by survey method.

Community and Steering Committee Prioritization Input

Employment received 385 votes from community members (5.0 percent of total responses from community members), making it the tenth ranked focus area based on community input. It received four votes from Steering Committee members (1.8 percent of total responses from Steering Committee

members), making it tied for fourteenth with regard to the highest ranked focus area from the Steering Committee.

Summary

Opportunities exist for Wake County to reduce its unemployment rate, ensure that residents are working jobs that fully utilize their skillsets, and to ensure equity in opportunities available to disparate populations. There are existing programs and services within the county that share this vision.

The Capital Area Workforce Development Program is a public-private partnership focusing on ensuring that the local workforce in Wake and Johnston counties has the skills, training, and education to meet the demand of local employers.

NCWorks offers five Career Center locations in Wake County, including three at Wake County Human Services locations (Swinburne, Millbrook, and the Southern Regional Center) which offer monthly hiring events to connect employers and job seekers. From July 1, 2016 through June 30, 2017, job seekers made over 18,000 visits to the NCWorks Career Centers located at the three Wake County Human Services locations. An interagency team coordinated nine hiring events, with 97 participating employers, that were attended by over 1,000 job seekers.

In addition, the Middle Class Express (MCE) was established through the Wake County Human Services' Human Capital Development Campaign in 2008 as 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.

Continued improvements related to employment can positively impact the residents of Wake County not only within socioeconomic and financial realms but can also positively impact the health of the community.

Priority 3: Access to Care

Access to Care was an identified priority in both the 2013 and 2016 Wake County CHNAs and there is consensus that room for improvement still exists as evidenced by its continued prioritization in the current CHNA. The Access to Care priority includes 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. This focus area was identified through the prioritization matrix as the third top scoring priority need for Wake County with a score of 2.44 (on a 1 to 3 scale) and was also found to be a top scoring need area among a few of the service zones as discussed in more detail in Chapter 5.

The prioritization matrix relied on both existing and new data to identify areas of need within Wake County. Findings that support the identification of Access to Care as a priority area in Wake County included:

- Existing Data – 14 of 32 data measures analyzed for which Wake County performed more than five percent worse than applicable benchmarks/targets/peer counties:
    - Health Professionals Ratio per 10,000 - Nurse Practitioner
    - Health Professionals Ratio per 10,000 - Physician Assistants
    - Health Professionals Ratio per 10,000 - Physicians
    - Beds in General Hospitals per 10,000 population
    - Nursing Facility Beds per 10,000 population
    - Persons served by Area Mental Health Programs per 10,000 population
    - Persons served in State Alcohol and Drug Treatment Centers per 10,000 population
    - Persons served in State Psychiatric Hospitals per 10,000 population
    - Dentists (ratio of population to dentists - population per one dentist)
    - Mental health providers (ratio of population to mental health providers - population per one provider)
    - Other primary care providers (ratio of population to other primary care providers - population per one provider)
    - Percentage of uninsured individuals
    - Primary Care (ratio of population to primary care physicians - population per one provider)
    - Mental Health ED visits
- Focus Group Findings – Access to Care and Health Insurance Coverage were each discussed as areas that haven't experienced much improvement since the 2016 CHNA.
- Survey Results – Survey participants noted that access to care is limited due to a lack of availability of various providers, a lack of providers accepting Medicare and Medicaid insurances, and a lack of bilingual providers.
- Community and Steering Committee Prioritization Input – Access to Care received the sixth highest rank from community members and was tied for the third highest rank from the Steering Committee.

Each of these factors are discussed in more detail below.

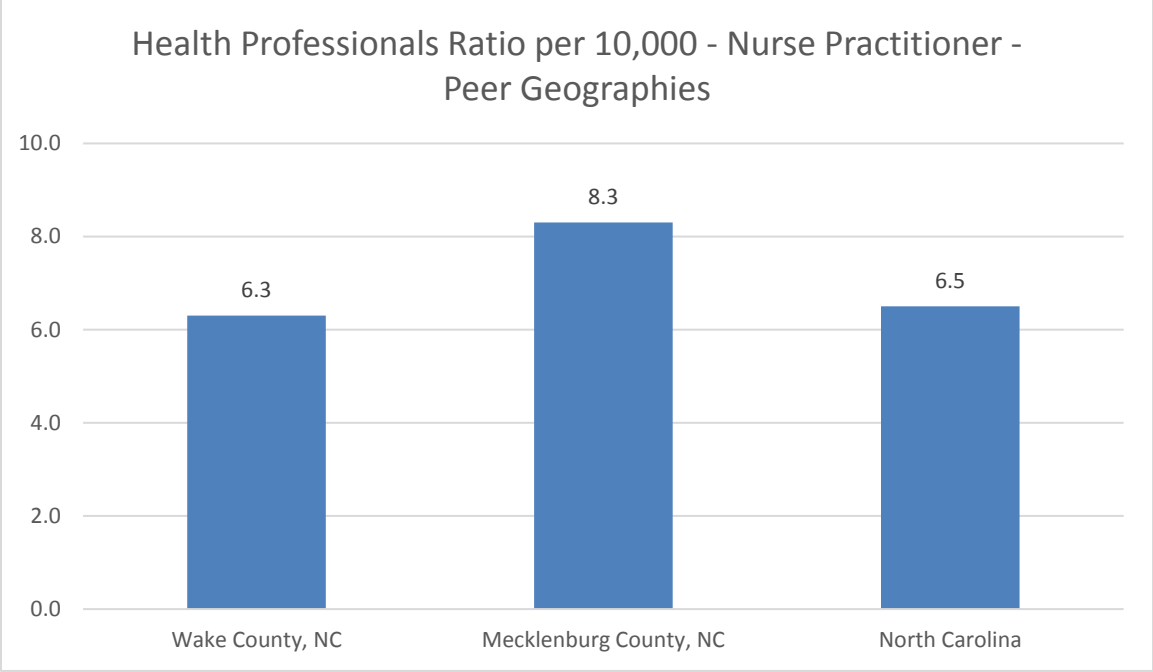
Existing Data

When comparing Wake County to its peer geographies and targets, 14 of the 32 existing data measures within the Access to Care focus area were found to be high need areas. Each of these 14 data measures are discussed in more detail below.

Health Professionals Ratio per 10,000 - Nurse Practitioner

Ratios of health professionals are important tools used to describe the supply and distribution of the current workforce and can be used to identify shortages within specific specialties, particularly when using such ratios to compare various similar geographies. According to the Cecil G. Sheps Center for Health Services Research, the data produced by the NC Health Profession Data System (HPDS) "have been used to inform decisions about what educational programs are needed, provide evidence for legislative debates about changes in health professional regulation, quantify the return on investment of funds spent on medical education in the state, designate health professional shortage areas (HPSAs), and identify where the state needs to attract more health professionals."[11]

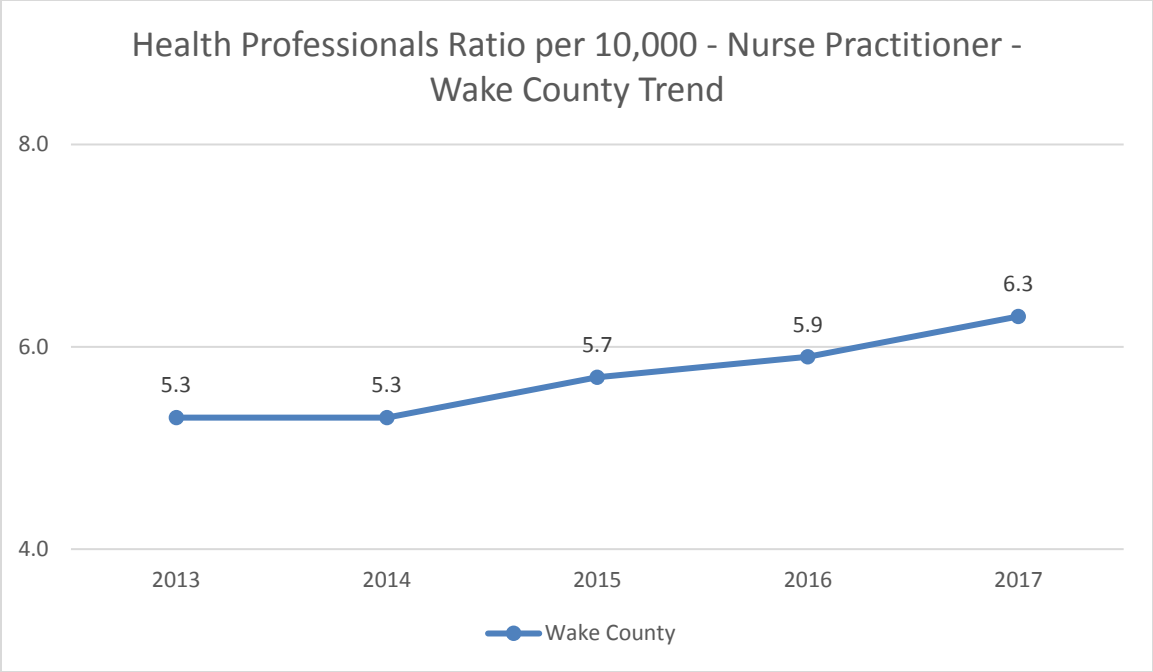
Existing data show that Wake County has a lower rate of nurse practitioners per 10,000 population than both Mecklenburg County, NC and the state of North Carolina.



Source: Cecil G. Sheps Center for Health Services Research, North Carolina Health Professions Data System. Data accessed July 2018.

Despite performing worse than its comparative counterparts in the most recent data period, Wake County is trending in the correct direction and has experienced a compound annual growth rate of 4.4 percent over the most recent five years of data periods available.

[11] https://www.shepscenter.unc.edu/wp-content/uploads/2017/02/DataForPolicy_1Overview.pdf

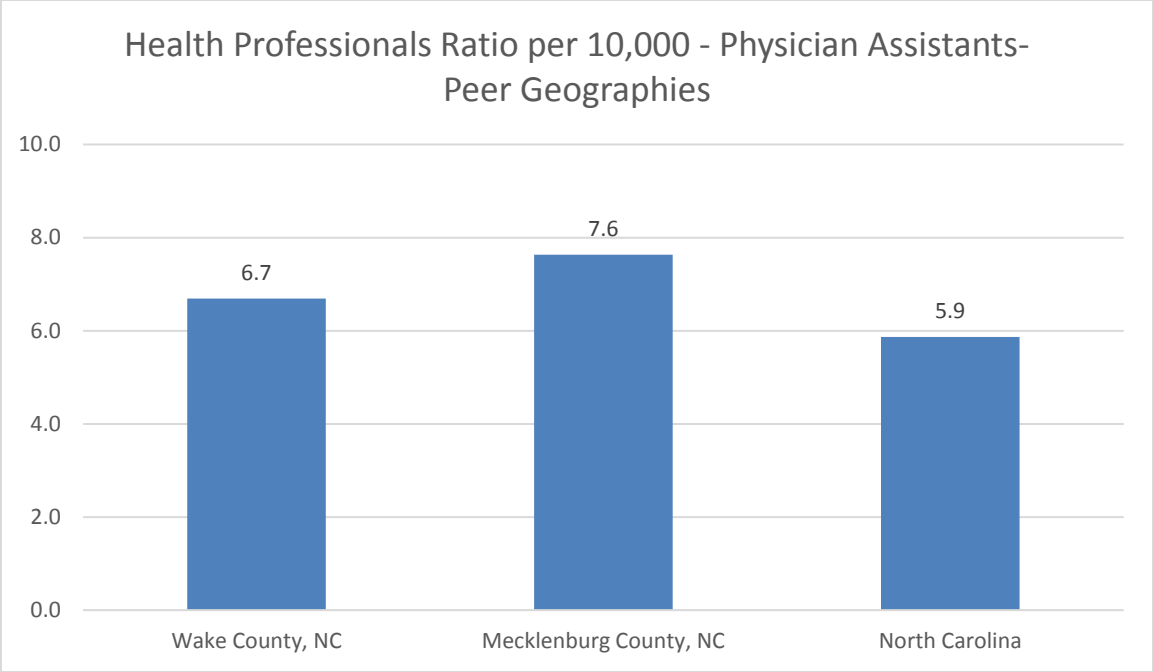


Source: Cecil G. Sheps Center for Health Services Research, North Carolina Health Professions Data System. Data accessed July 2018.

Existing data were not available by service zone for this measure.

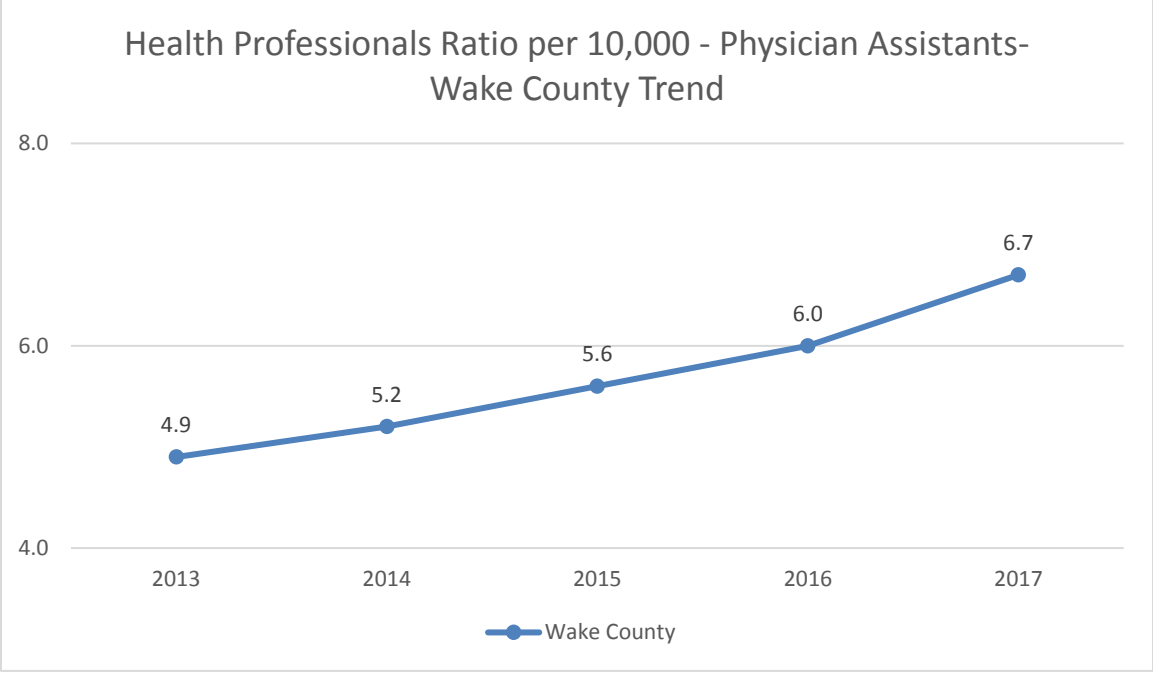
Health Professionals Ratio per 10,000 – Physician Assistants

Existing data show that although Wake County has a higher rate of physician assistants per 10,000 population than the state of North Carolina, it is still significantly lower than Mecklenburg County, NC.



Source: Cecil G. Sheps Center for Health Services Research, North Carolina Health Professions Data System. Data accessed July 2018.

However, Wake County is trending in the correct direction and has experienced a compound annual growth rate of 8.3 percent over the most recent five years of data periods available.

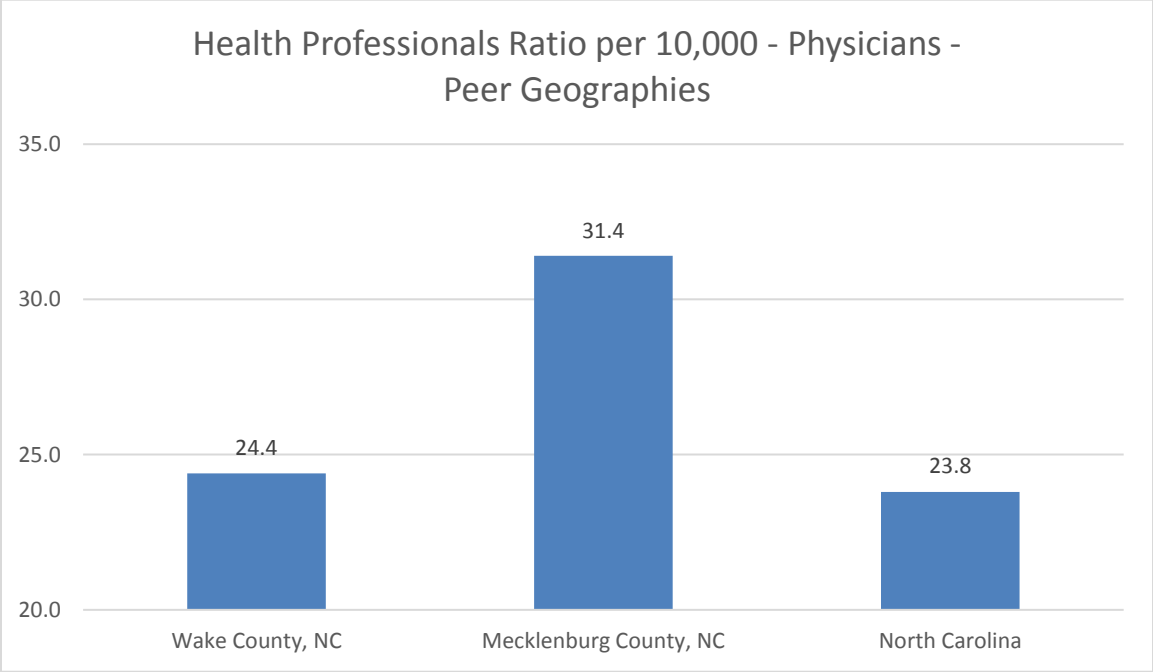


Source: Cecil G. Sheps Center for Health Services Research, North Carolina Health Professions Data System. Data accessed July 2018.

Existing data were not available by service zone for this measure.

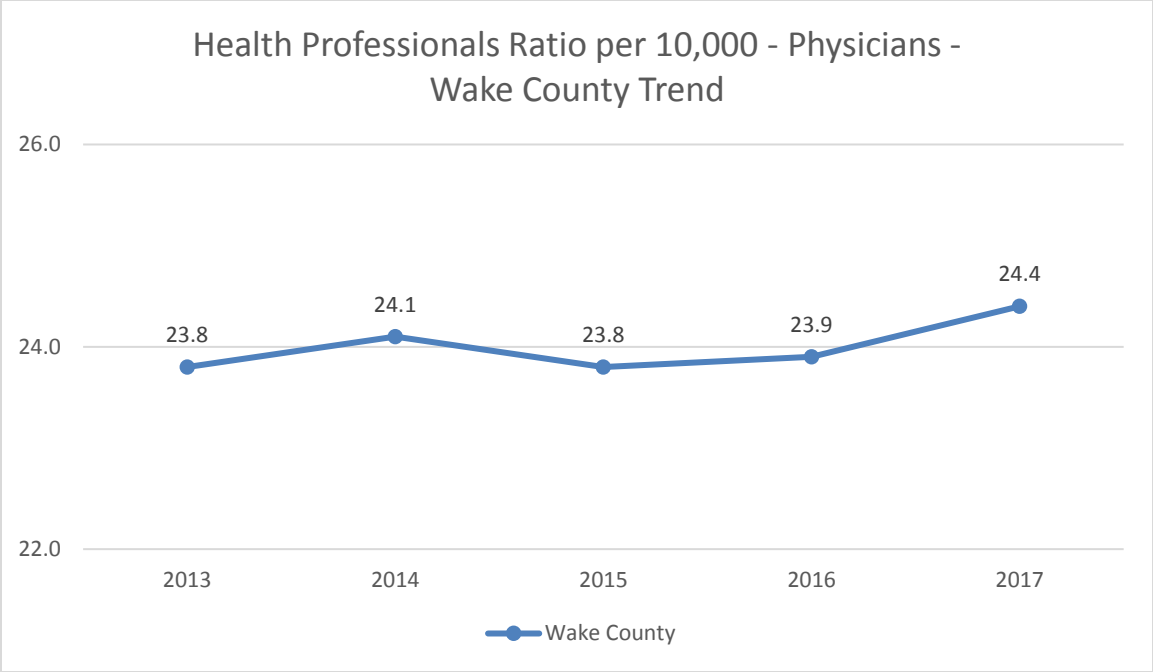
Health Professionals Ratio per 10,000 – Physicians

Existing data show that although Wake County has a slightly higher rate of physicians per 10,000 population than the state of North Carolina, it is still significantly lower than Mecklenburg County, NC.



Source: Cecil G. Sheps Center for Health Services Research, North Carolina Health Professions Data System. Data accessed July 2018.

Despite performing worse than one of its two comparative counterparts in the most recent data period, Wake County is trending in the correct direction and has experienced a compound annual growth rate of 0.6 percent over the most recent five years of data periods available.

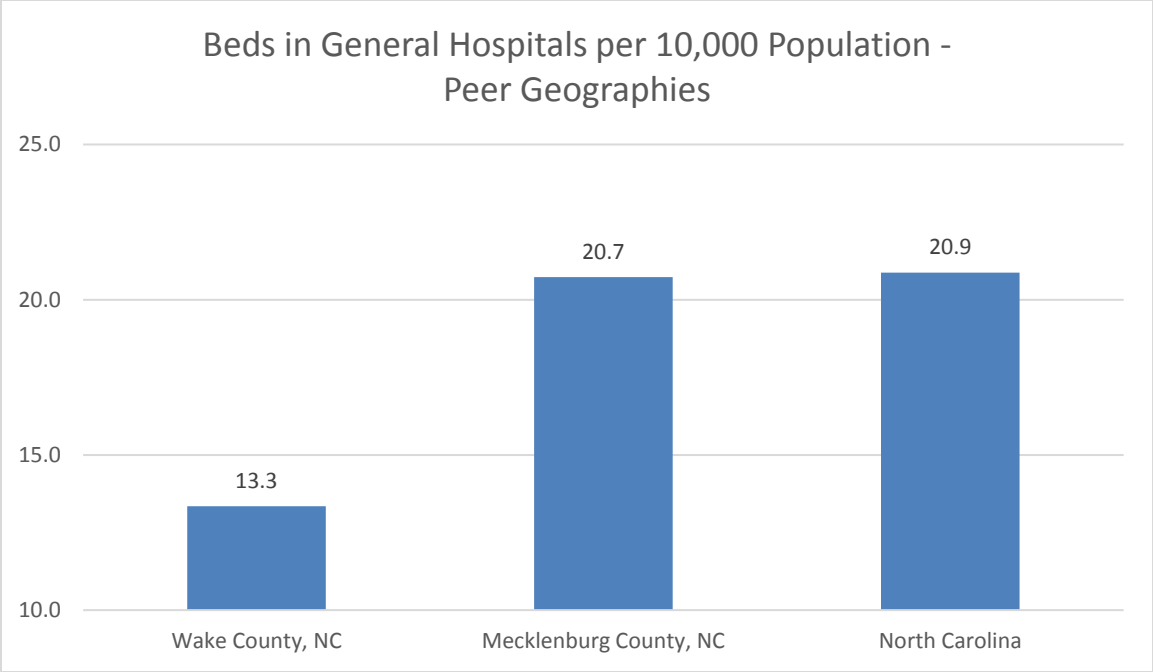


Source: Cecil G. Sheps Center for Health Services Research, North Carolina Health Professions Data System. Data accessed July 2018.

Existing data were not available by service zone for this measure.

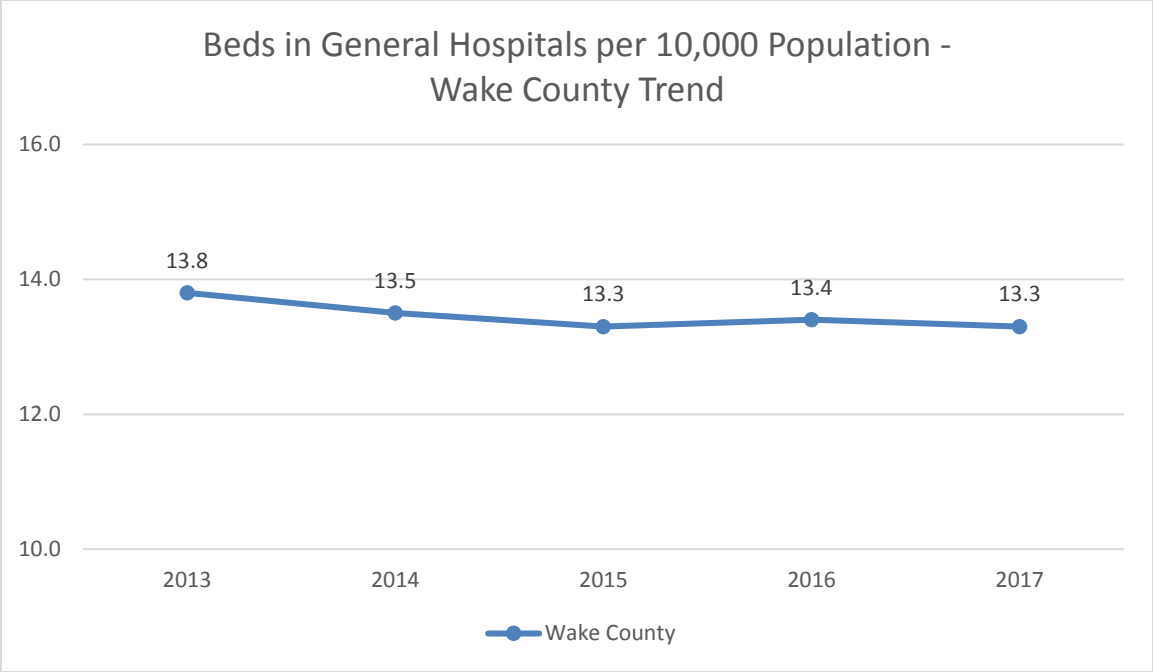
Beds in General Hospitals per 10,000 Population

Similar to the healthcare providers per population ratios above, the availability of hospitals beds as a rate per population is also an indicator of adequate access and availability of health services within a community. Existing data show that Wake County has a lower rate of beds in general hospitals than both Mecklenburg County, NC and the state of North Carolina.



Source: Log Into North Carolina (LINC) Database, Topic Group Vital Statistics and Health. United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Bridged-Race Population Estimates, United States July 1st resident population by state, county, age, sex, bridged-race, and Hispanic origin. Compiled from 1990-1999 bridged-race intercensal population estimates (released by NCHS on 7/26/2004); revised bridged-race 2000-2009 intercensal population estimates (released by NCHS on 10/26/2012); and bridged-race Vintage 2017 (2010-2017) postcensal population estimates (released by NCHS on 6/27/2018). Available on CDC WONDER Online Database. Data accessed August 2018.

In addition, Wake County's rate of beds in general hospitals is trending negatively and has experienced a 0.9 percent compound annual decline over the most recent five years of data periods available.

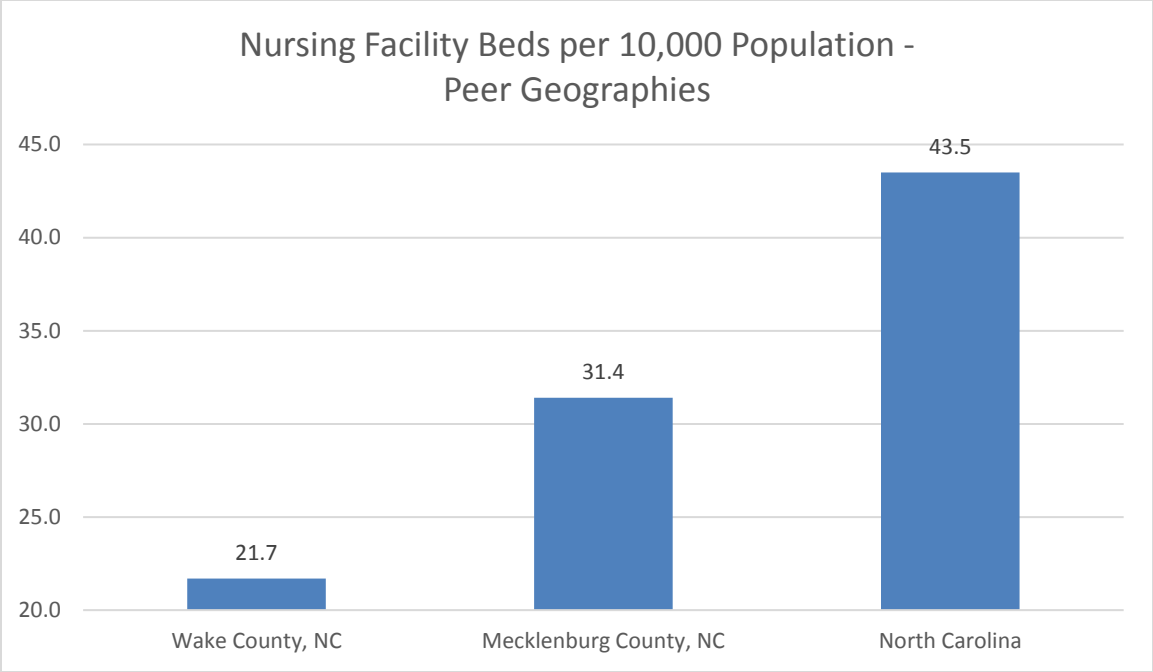


Source: Log Into North Carolina (LINC) Database, Topic Group Vital Statistics and Health. United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Bridged-Race Population Estimates, United States July 1st resident population by state, county, age, sex, bridged-race, and Hispanic origin. Compiled from 1990-1999 bridged-race intercensal population estimates (released by NCHS on 7/26/2004); revised bridged-race 2000-2009 intercensal population estimates (released by NCHS on 10/26/2012); and bridged-race Vintage 2017 (2010-2017) postcensal population estimates (released by NCHS on 6/27/2018). Available on CDC WONDER Online Database. Data accessed August 2018.

Existing data were not available by service zone for this measure.

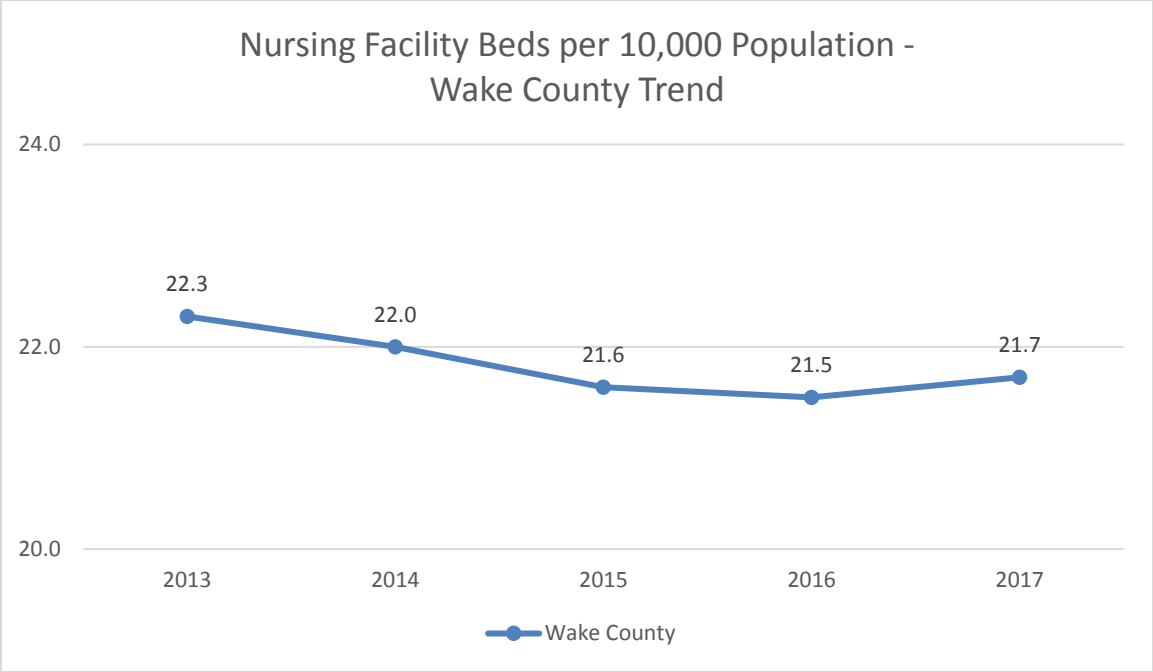
Nursing Facility Beds per 10,000 Population

Existing data show that Wake County has a lower rate of nursing facility beds than both Mecklenburg County, NC and the state of North Carolina.



Source: Log Into North Carolina (LINC) Database, Topic Group Vital Statistics and Health. United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Bridged-Race Population Estimates, United States July 1st resident population by state, county, age, sex, bridged-race, and Hispanic origin. Compiled from 1990-1999 bridged-race intercensal population estimates (released by NCHS on 7/26/2004); revised bridged-race 2000-2009 intercensal population estimates (released by NCHS on 10/26/2012); and bridged-race Vintage 2017 (2010-2017) postcensal population estimates (released by NCHS on 6/27/2018). Available on CDC WONDER Online Database. Data accessed August 2018.

In addition, Wake County's rate of nursing facility beds is trending negatively and has experienced a 0.7 percent compound annual decline over the most recent five years of data periods available.

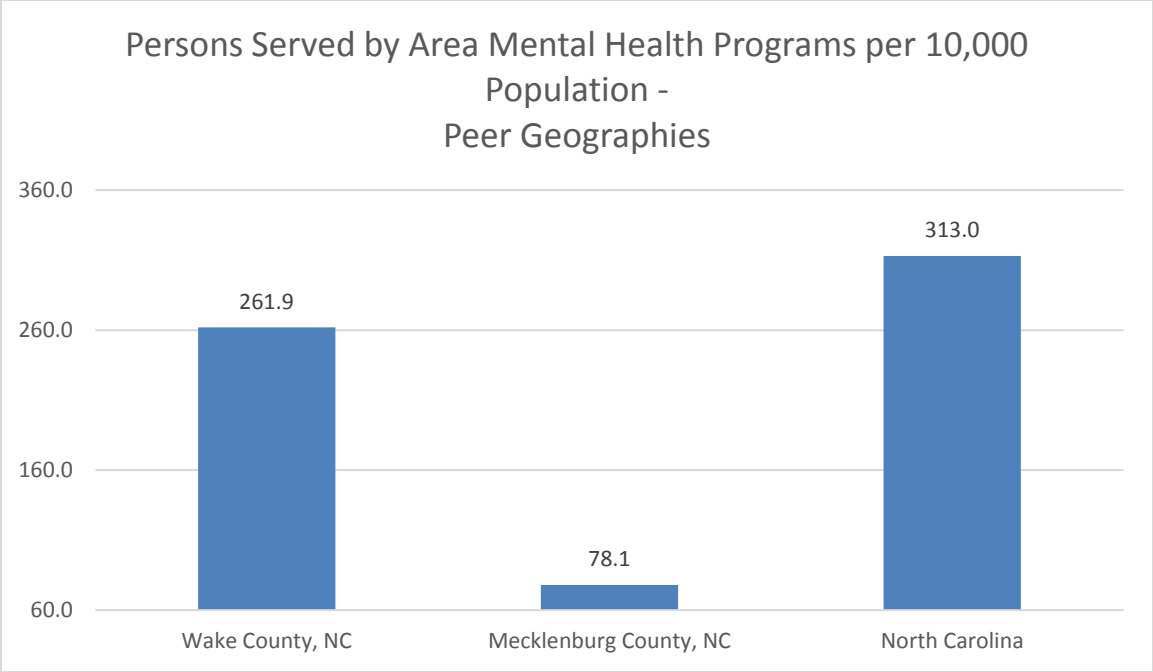


Source: Log Into North Carolina (LINC) Database, Topic Group Vital Statistics and Health. United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Bridged-Race Population Estimates, United States July 1st resident population by state, county, age, sex, bridged-race, and Hispanic origin. Compiled from 1990-1999 bridged-race intercensal population estimates (released by NCHS on 7/26/2004); revised bridged-race 2000-2009 intercensal population estimates (released by NCHS on 10/26/2012); and bridged-race Vintage 2017 (2010-2017) postcensal population estimates (released by NCHS on 6/27/2018). Available on CDC WONDER Online Database. Data accessed August 2018.

Existing data were not available by service zone for this measure.

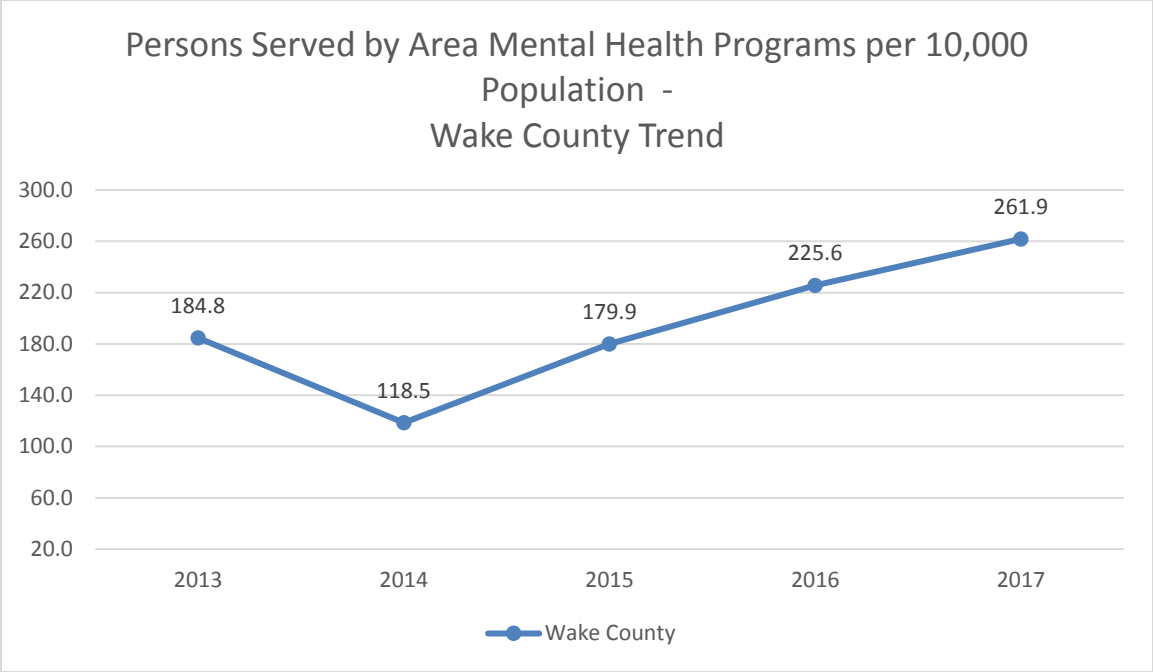
Persons Served by Area Mental Health Programs per 10,000 Population

Existing data show that Wake County has higher rate of persons served by Area Mental Health Programs per 10,000 population than Mecklenburg County, NC but its rate is lower than the state overall.



Source: Log Into North Carolina (LINC) Database, Topic Group Vital Statistics and Health. United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Bridged-Race Population Estimates, United States July 1st resident population by state, county, age, sex, bridged-race, and Hispanic origin. Compiled from 1990-1999 bridged-race intercensal population estimates (released by NCHS on 7/26/2004); revised bridged-race 2000-2009 intercensal population estimates (released by NCHS on 10/26/2012); and bridged-race Vintage 2017 (2010-2017) postcensal population estimates (released by NCHS on 6/27/2018). Available on CDC WONDER Online Database. Data accessed August 2018.

In addition, Wake County's rate is trending in the wrong direction and has a compound annual growth rate of 9.1 percent over the most recent five years of data periods available.

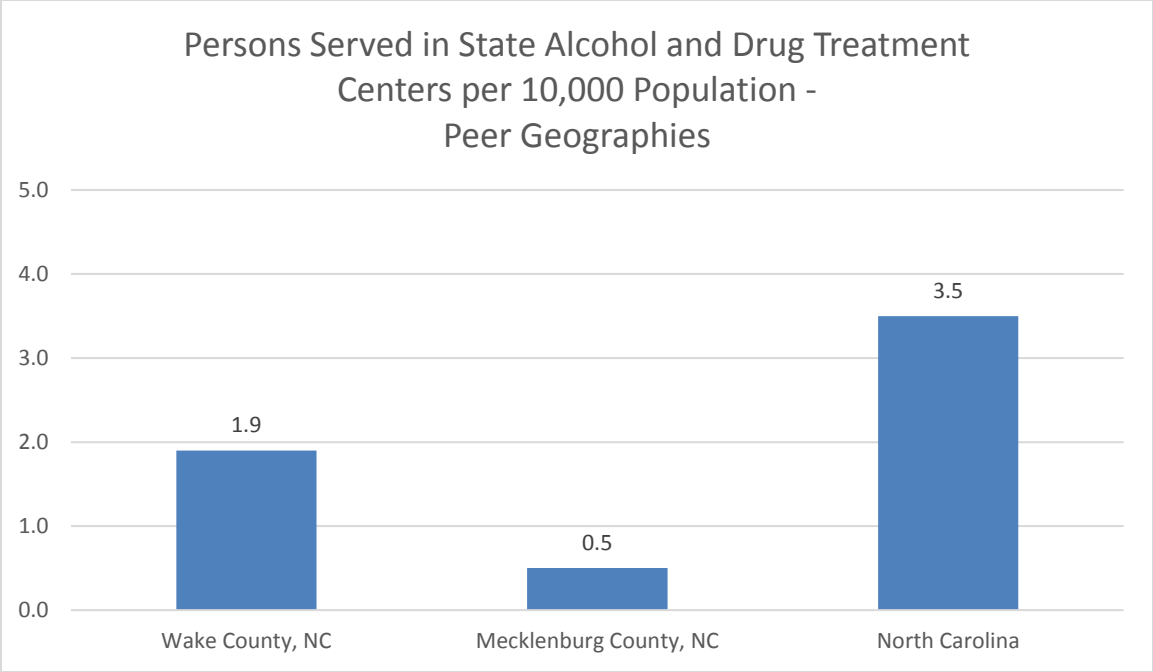


Source: Log Into North Carolina (LINC) Database, Topic Group Vital Statistics and Health. United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Bridged-Race Population Estimates, United States July 1st resident population by state, county, age, sex, bridged-race, and Hispanic origin. Compiled from 1990-1999 bridged-race intercensal population estimates (released by NCHS on 7/26/2004); revised bridged-race 2000-2009 intercensal population estimates (released by NCHS on 10/26/2012); and bridged-race Vintage 2017 (2010-2017) postcensal population estimates (released by NCHS on 6/27/2018). Available on CDC WONDER Online Database. Data accessed August 2018.

Existing data were not available by service zone for this measure.

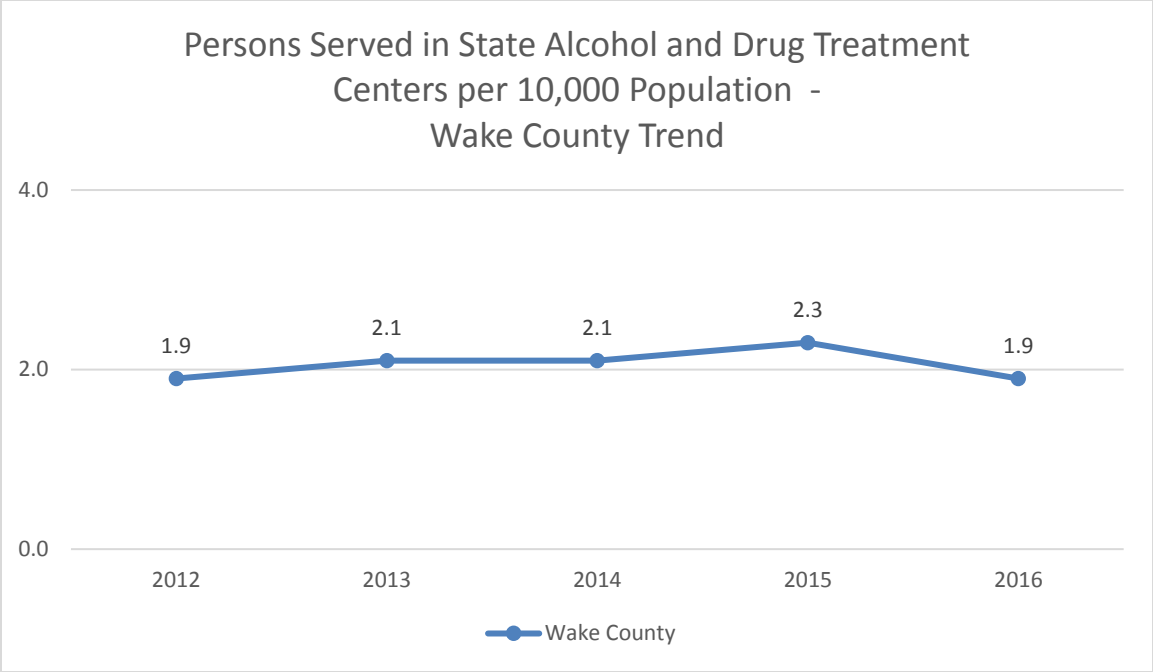
Persons Served in State Alcohol and Drug Treatment Centers per 10,000 Population

Existing data show that Wake County has higher rate of persons served in State Alcohol and Drug Treatment Centers per 10,000 population than Mecklenburg County, NC but is lower than the state overall.



Source: Log Into North Carolina (LINC) Database, Topic Group Vital Statistics and Health. United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Bridged-Race Population Estimates, United States July 1st resident population by state, county, age, sex, bridged-race, and Hispanic origin. Compiled from 1990-1999 bridged-race intercensal population estimates (released by NCHS on 7/26/2004); revised bridged-race 2000-2009 intercensal population estimates (released by NCHS on 10/26/2012); and bridged-race Vintage 2017 (2010-2017) postcensal population estimates (released by NCHS on 6/27/2018). Available on CDC WONDER Online Database. Data accessed August 2018.

In addition, Wake County's rate is trending in the wrong direction and has a compound annual growth rate of 0.6 percent over the most recent five years of data periods available.

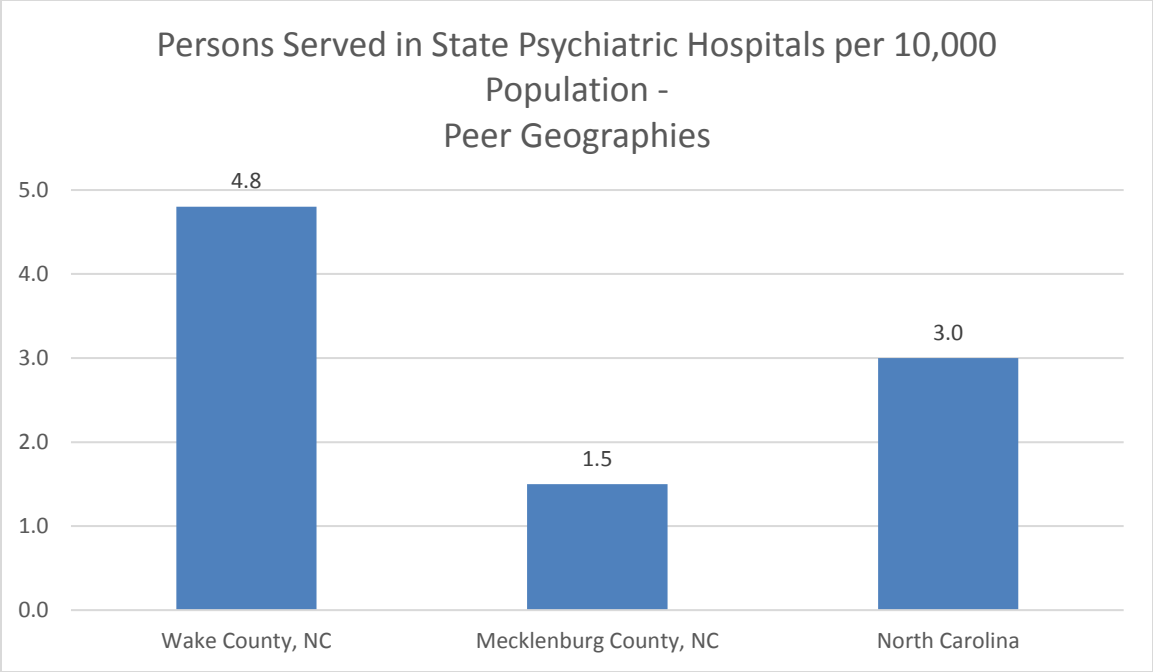


Source: Log Into North Carolina (LINC) Database, Topic Group Vital Statistics and Health. United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Bridged-Race Population Estimates, United States July 1st resident population by state, county, age, sex, bridged-race, and Hispanic origin. Compiled from 1990-1999 bridged-race intercensal population estimates (released by NCHS on 7/26/2004); revised bridged-race 2000-2009 intercensal population estimates (released by NCHS on 10/26/2012); and bridged-race Vintage 2017 (2010-2017) postcensal population estimates (released by NCHS on 6/27/2018). Available on CDC WONDER Online Database. Data accessed August 2018.

Existing data were not available by service zone for this measure.

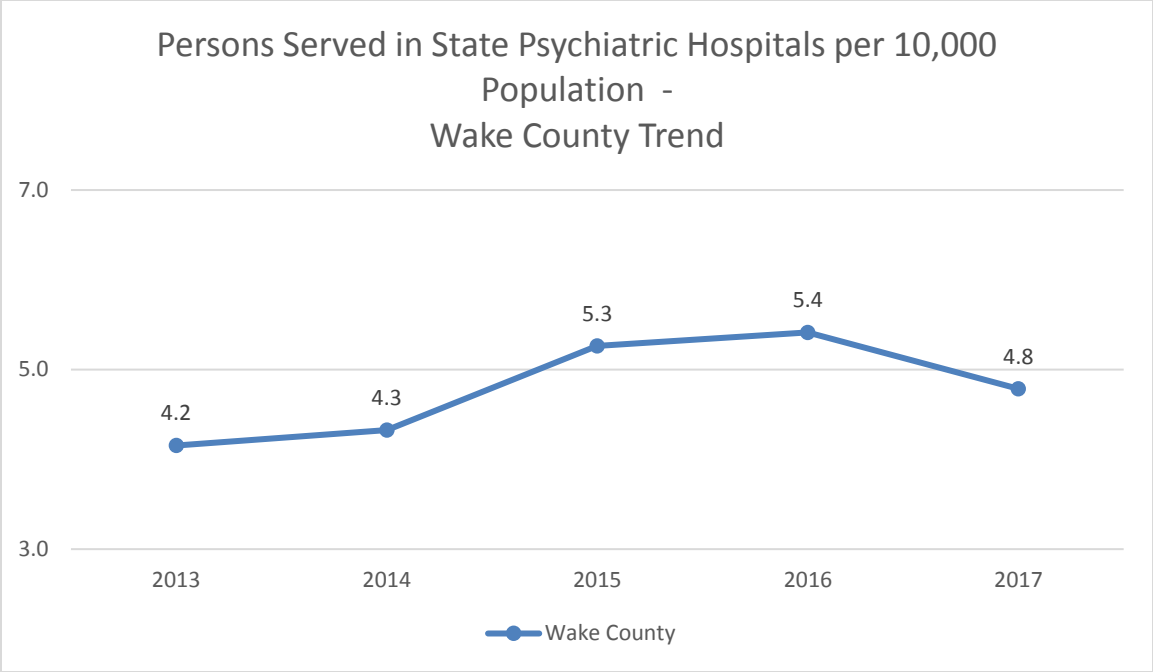
Persons Served in State Psychiatric Hospitals per 10,000 Population

Existing data show that Wake County has higher rate of persons served in State Psychiatric Hospitals per 10,000 population than both Mecklenburg County, NC and the state overall.



Source: Log Into North Carolina (LINC) Database, Topic Group Vital Statistics and Health. United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Bridged-Race Population Estimates, United States July 1st resident population by state, county, age, sex, bridged-race, and Hispanic origin. Compiled from 1990-1999 bridged-race intercensal population estimates (released by NCHS on 7/26/2004); revised bridged-race 2000-2009 intercensal population estimates (released by NCHS on 10/26/2012); and bridged-race Vintage 2017 (2010-2017) postcensal population estimates (released by NCHS on 6/27/2018). Available on CDC WONDER Online Database. Data accessed August 2018.

In addition, Wake County's rate is trending in the wrong direction and has a compound annual growth rate of 3.6 percent over the most recent five years of data periods available.



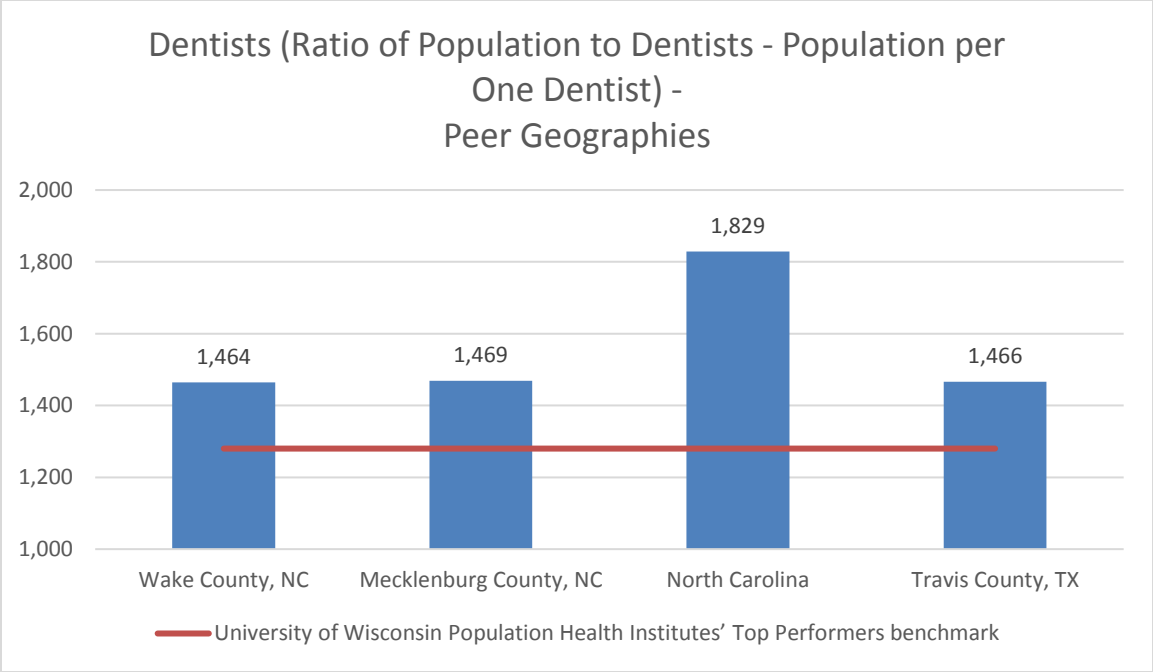
Source: Log Into North Carolina (LINC) Database, Topic Group Vital Statistics and Health. United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Bridged-Race Population Estimates, United States July 1st resident population by state, county, age, sex, bridged-race, and Hispanic origin. Compiled from 1990-1999 bridged-race intercensal population estimates (released by NCHS on 7/26/2004); revised bridged-race 2000-2009 intercensal population estimates (released by NCHS on 10/26/2012); and bridged-race Vintage 2017 (2010-2017) postcensal population estimates (released by NCHS on 6/27/2018). Available on CDC WONDER Online Database. Data accessed August 2018.

Existing data were not available by service zone for this measure.

Dentists (Ratio of Population to Dentists - Population per One Dentist)

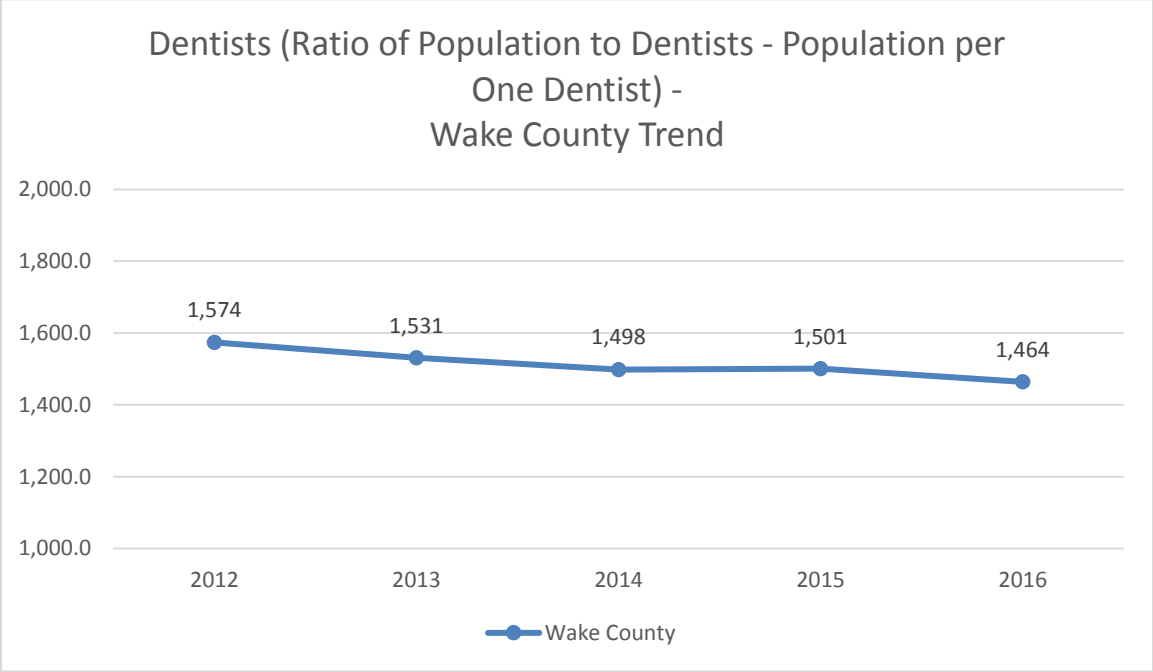
Existing data show that while Wake County has a lower ratio of population to dentists than its peer geographies, it remains higher than University of Wisconsin Population Health Institutes' Top Performers benchmark (1,280:1). According to the University of Wisconsin Population Health Institute's County Health Rankings, lower ratios are desired to ensure adequate access to dental care. The reason for this measure's inclusion in the County Health Rankings is because much of the nation suffers from shortages of dental providers and untreated dental disease has many negative long-term impacts on one's overall health. [12]

[12] http://www.countyhealthrankings.org/app/north-carolina/2018/measure/factors/88/description



Source: University of Wisconsin Population Health Institute, County Health Rankings. Data accessed June 2018.

Despite performing worse than the University of Wisconsin Population Health Institutes' Top Performers benchmark in the most recent data period, Wake County is trending in the correct direction and has experienced a 1.8 percent compound annual decline over the most recent five years of data periods available.



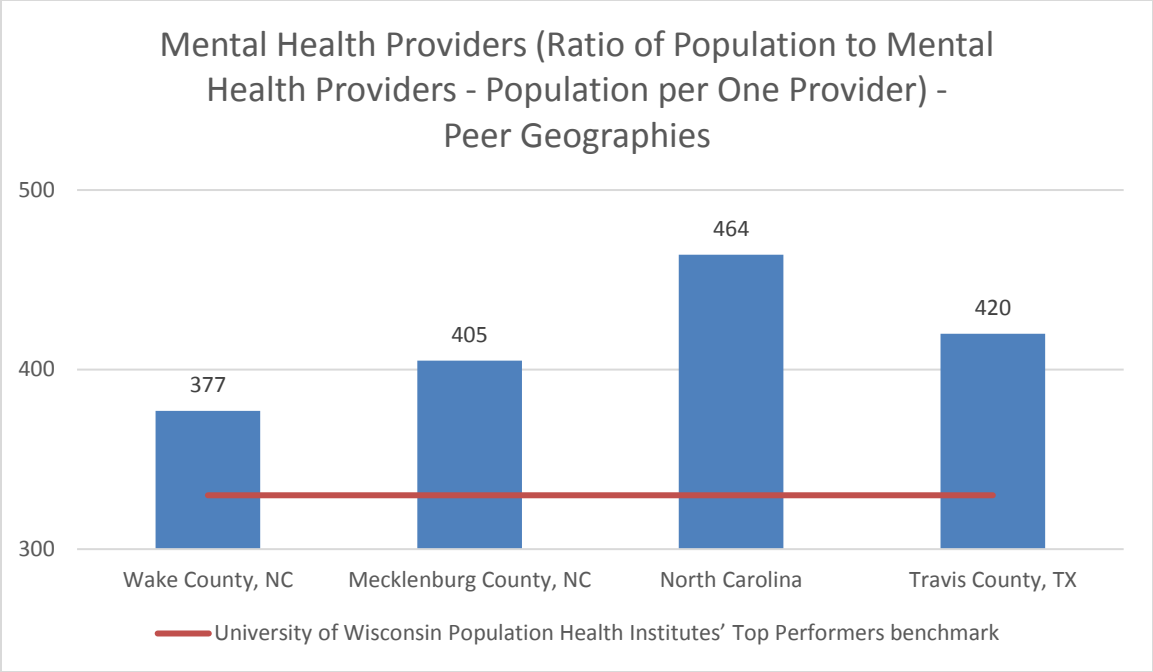
Source: University of Wisconsin Population Health Institute, County Health Rankings. Data accessed June 2018.

Existing data were not available by service zone for this measure.

Mental Health Providers (Ratio of Population to Mental Health Providers - Population per One Provider)

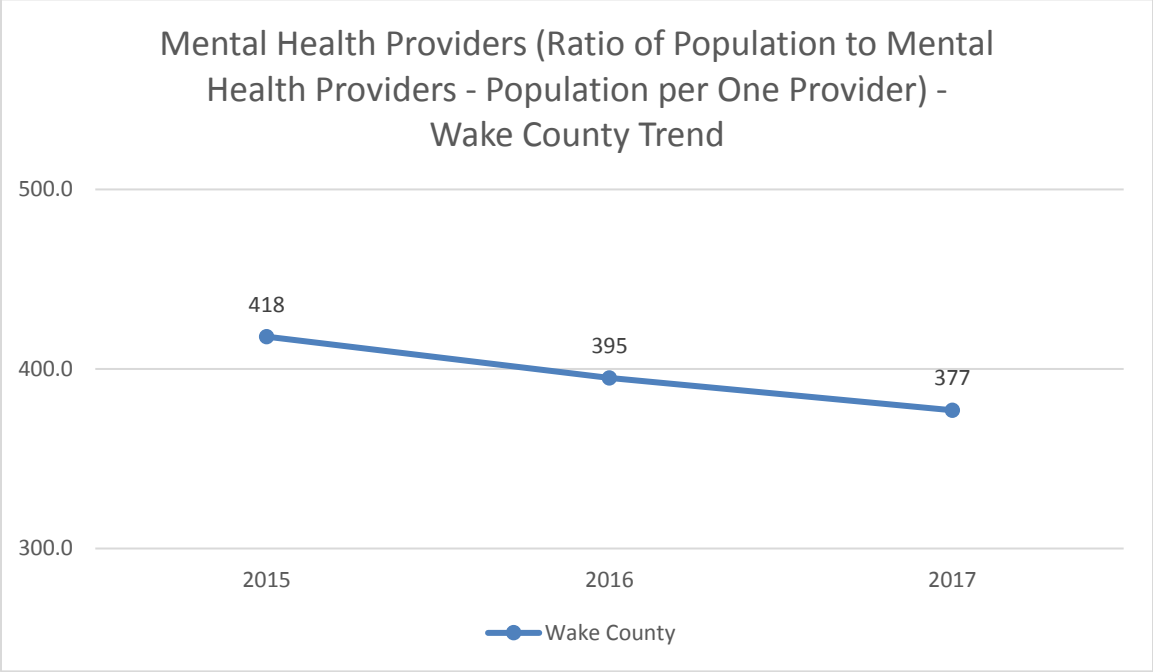
Existing data show that while Wake County has a lower ratio of population to mental health providers than its peer geographies, it remains higher than University of Wisconsin Population Health Institutes' Top Performers benchmark (330:1). According to the University of Wisconsin Population Health Institute's County Health Rankings, lower ratios are desired to ensure adequate access to mental health care. The reason for this measure's inclusion in the County Health Rankings is because 30 percent of the country's population lives in a county designated as a Mental Health Professional Shortage Area. [13]

[13] http://www.countyhealthrankings.org/app/north-carolina/2018/measure/factors/62/description



Source: University of Wisconsin Population Health Institute, County Health Rankings. Data accessed June 2018.

Despite performing worse than the University of Wisconsin Population Health Institutes' Top Performers benchmark in the most recent data period, Wake County is trending in the correct direction and has experienced a 5.0 percent compound annual decline over the most recent three years of data periods available.

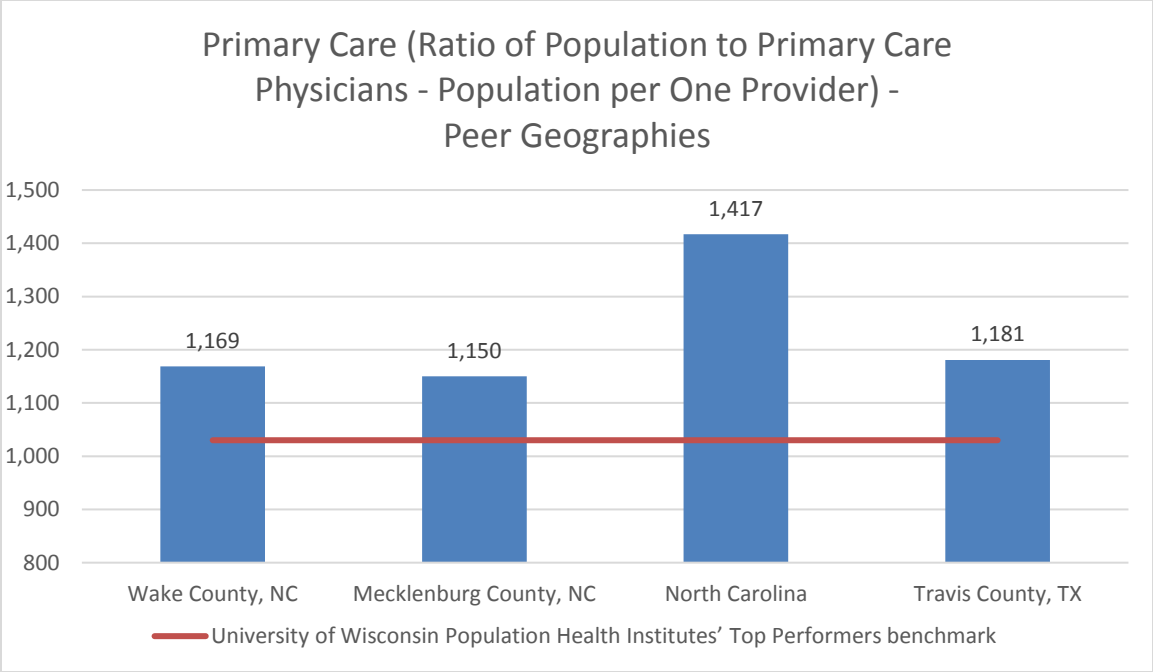


Source: University of Wisconsin Population Health Institute, County Health Rankings. Data accessed June 2018.

Existing data were not available by service zone for this measure.

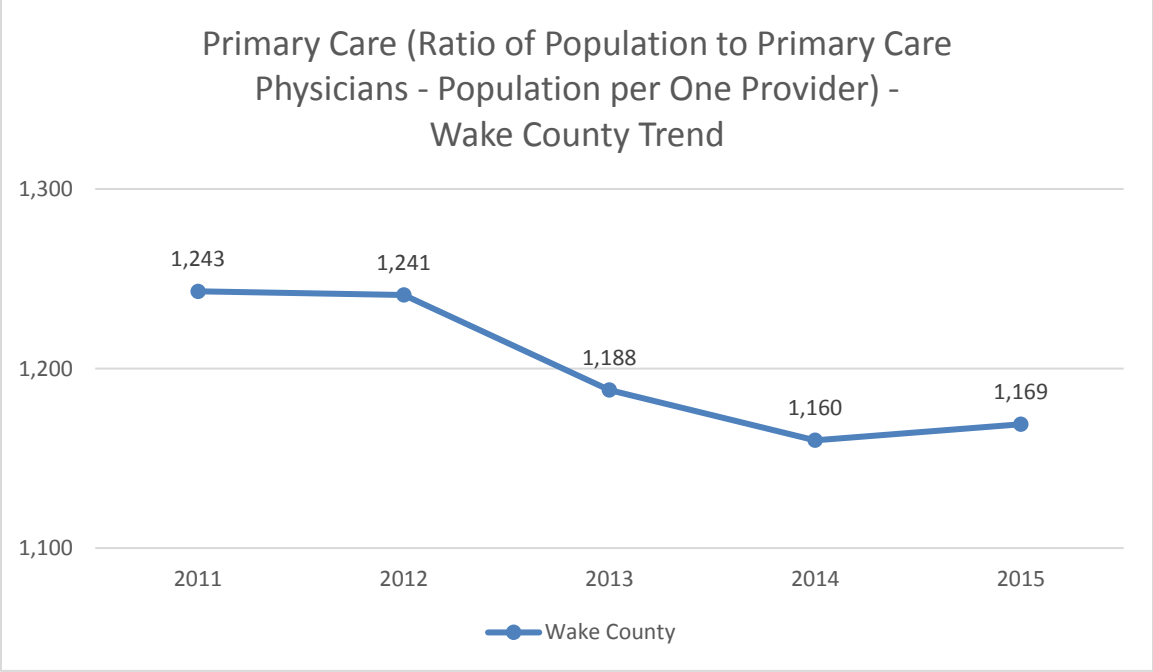
Primary Care (Ratio of Population to Primary Care Physicians - Population per One Provider)

Existing data show that while Wake County has a lower ratio of population to physician primary care providers than two of its peer geographies, it has a higher ratio when compared to Mecklenburg County, NC and University of Wisconsin Population Health Institutes' Top Performers benchmark (1,030:1). According to the University of Wisconsin Population Health Institute's County Health Rankings, lower ratios are desired to ensure adequate access to primary care.



Source: University of Wisconsin Population Health Institute, County Health Rankings. Data accessed June 2018.

Wake County is trending in the correct direction and has experienced a 1.5 percent compound annual decline over the most recent five years of data periods available.

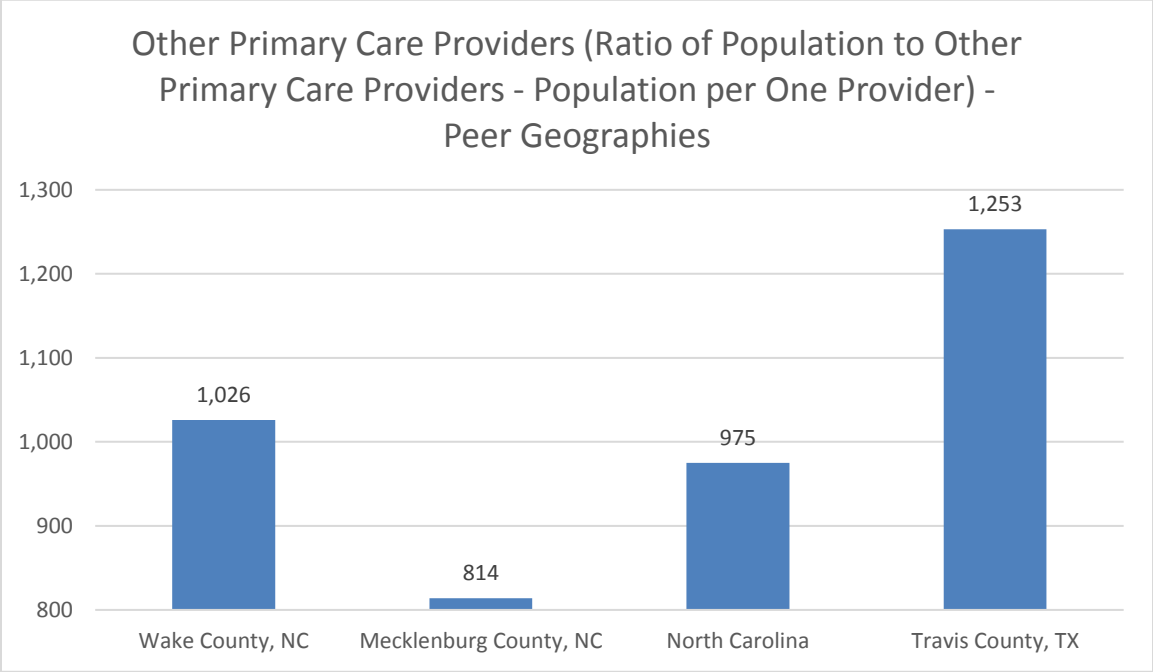


Source: University of Wisconsin Population Health Institute, County Health Rankings. Data accessed June 2018.

Existing data were not available by service zone for this measure.

Other Primary Care Providers (Ratio of Population to Other Primary Care Providers - Population per One Provider)

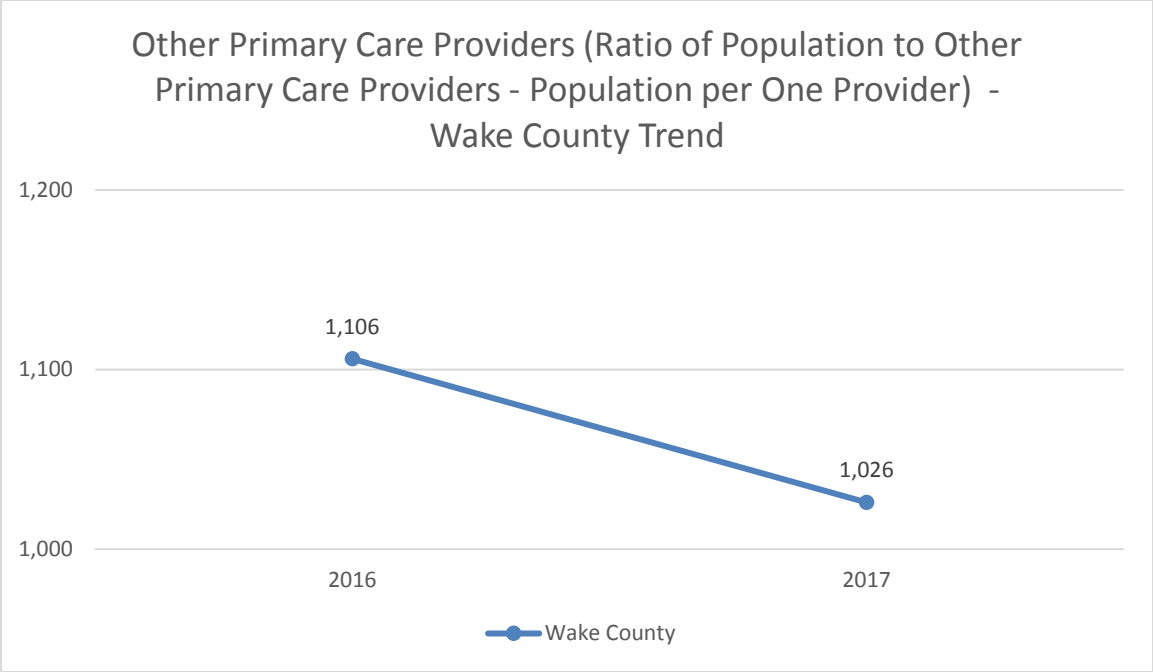
Existing data show that while Wake County has a lower ratio of population to non-physician primary care providers than Travis County, TX, it has a higher ratio when compared to the remaining two peer geographies. According to the University of Wisconsin Population Health Institute's County Health Rankings, lower ratios are desired to ensure adequate access to primary care. The reason for this measure's inclusion in the County Health Rankings is because preventive care can be provided by non-physician providers and it is projected the non-physician primary care workforce will grow faster than physician workforce supply in the next decade. [14]



Source: University of Wisconsin Population Health Institute, County Health Rankings. Data accessed June 2018.

Despite performing worse than Travis County, TX in the most recent data period, Wake County is trending in the correct direction and has experienced a 7.2 percent compound annual decline over the most recent two years of data periods available.

[14] http://www.countyhealthrankings.org/app/north-carolina/2018/measure/factors/131/description

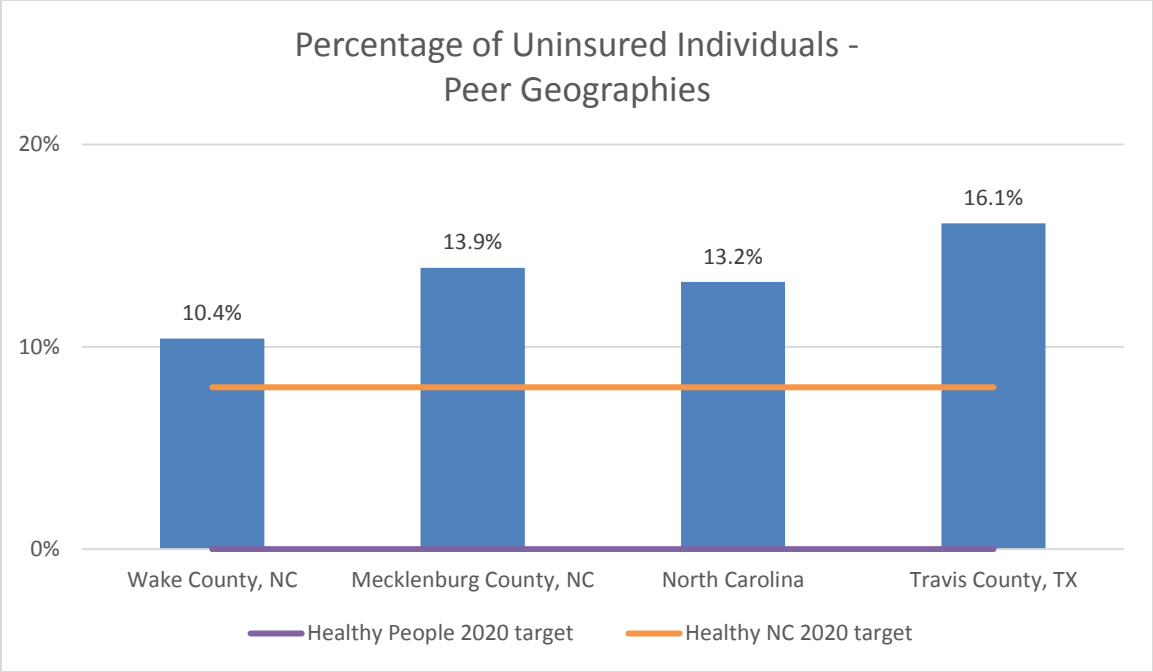


Source: University of Wisconsin Population Health Institute, County Health Rankings. Data accessed June 2018.

Existing data were not available by service zone for this measure.

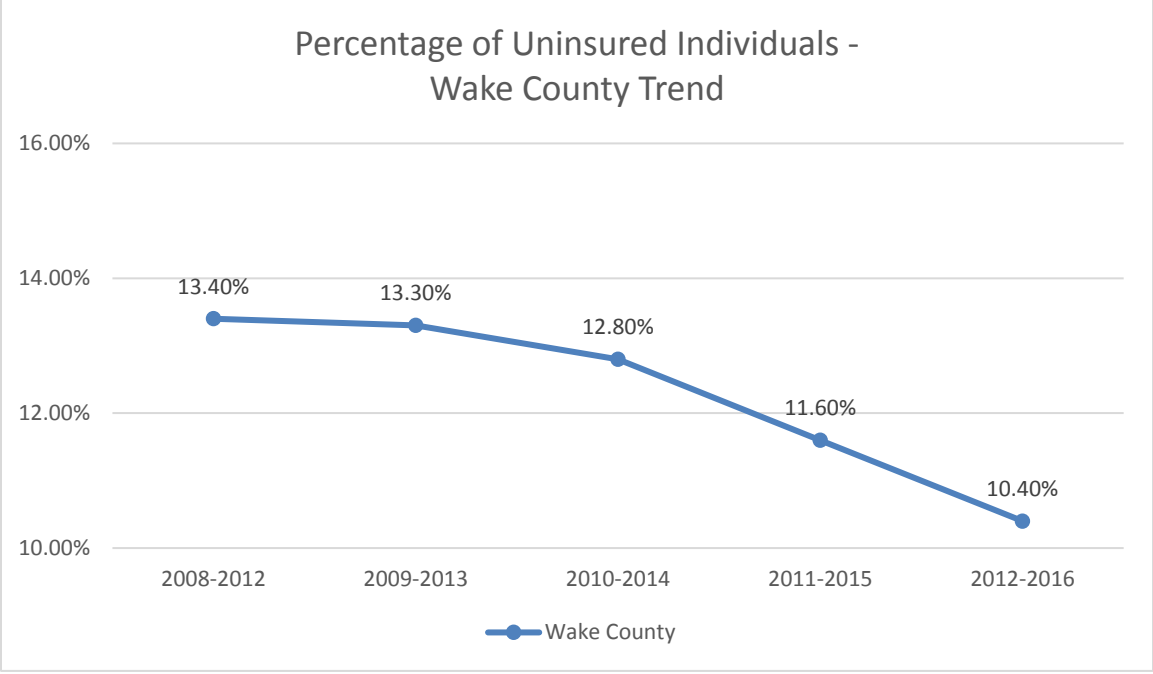
Percentage of Uninsured Individuals

Health insurance coverage and financial stability typically enhance access to care. As such, lower percentages of uninsured individuals are desired. Existing data show that while Wake County has a lower percentage of uninsured individuals than its three peer geographies, it is higher than both the Healthy NC 2020 (8.0 percent) and Healthy People 2020 targets (0.0 percent).



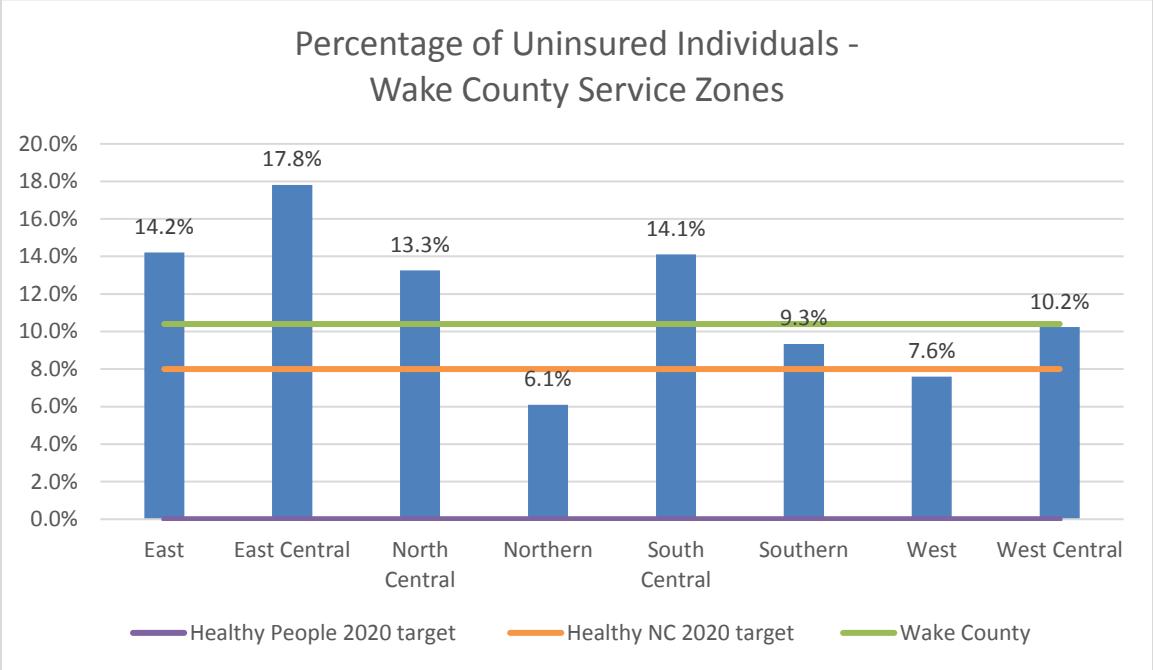
Source: US Census Bureau, American Fact Finder, American Community Survey, American Community Survey (ACS) 5-Year Estimates, Table S2701. Data accessed July 2018.

Wake County is trending in the correct direction and has experienced a 6.0 percent compound annual decline over the most recent five years of aggregated data periods available.



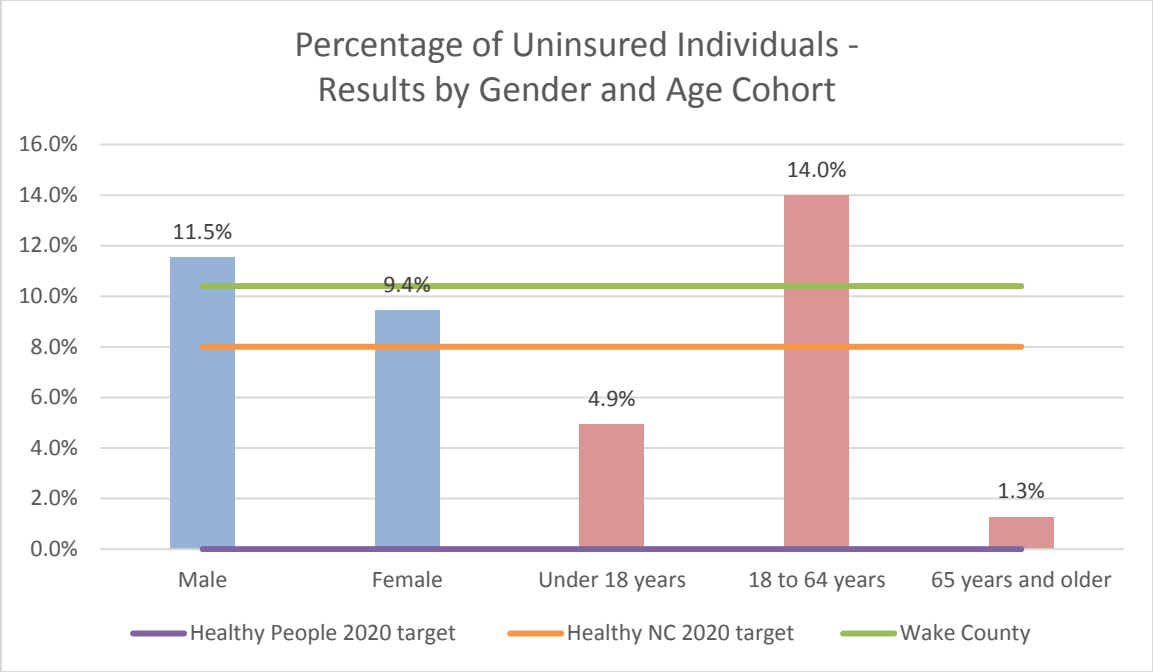
Source: US Census Bureau, American Fact Finder, American Community Survey, American Community Survey (ACS) 5-Year Estimates, Table S2701. Data accessed July 2018.

Among the eight Wake County service zones, four have higher percentages than the county overall, seven have higher percentages than the NC Healthy People 2020 target (8.0 percent), and all eight have higher percentages than Healthy People 2020 target (0.0 percent). The Northern service zone is performing the best with only 6.1 percent of its population not having health insurance.



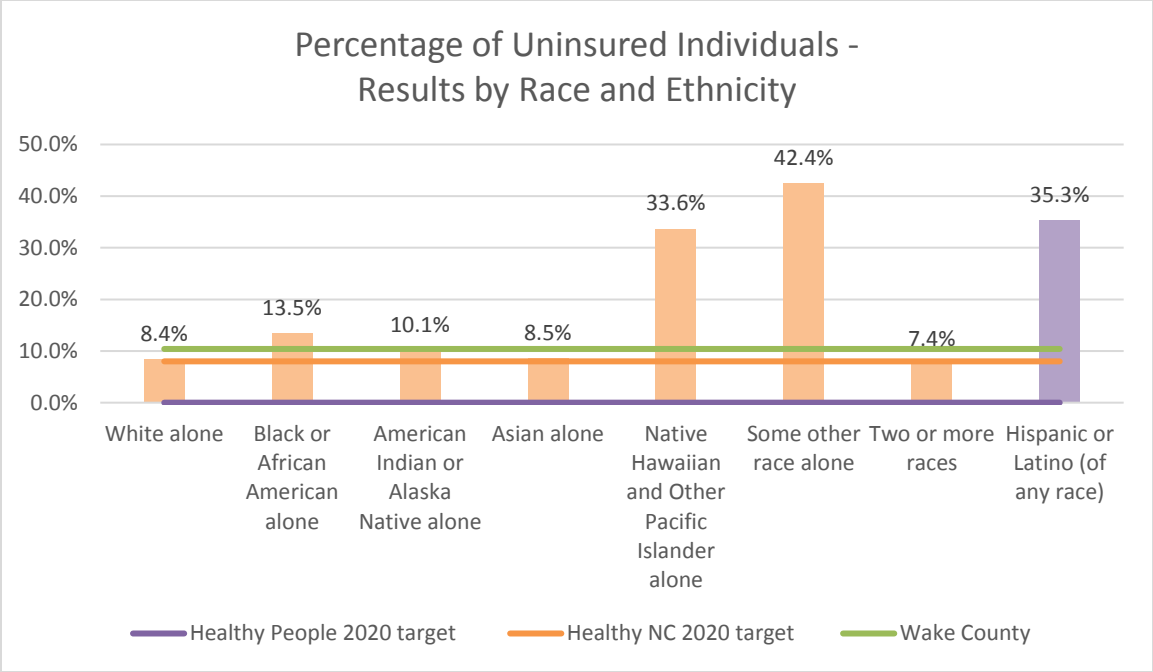
Source: US Census Bureau, American Fact Finder, American Community Survey, American Community Survey (ACS) 5-Year Estimates, Table S2701. Data accessed July 2018.

As presented below, males in Wake County are more likely to be uninsured (11.5 percent) than females (9.4 percent). The population ages 18 to 64 has the highest percentage of its population uninsured (14.0 percent) while the population ages 65 years and older has the lowest percentage uninsured (1.3 percent).



Source: US Census Bureau, American Fact Finder, American Community Survey, American Community Survey (ACS) 5-Year Estimates, Table S2701. Data accessed July 2018.

As demonstrated below, there are significant differences among racial groups regarding the percentage of uninsured individuals. The population representing some other single racial group have the highest percentage uninsured (42.4 percent) while the population representing those who identify as two or more races have the lowest percentage uninsured (7.4 percent). The percentage of those of Hispanic or Latino ethnicity who are uninsured (35.5 percent) is significantly higher than both targets and Wake County.

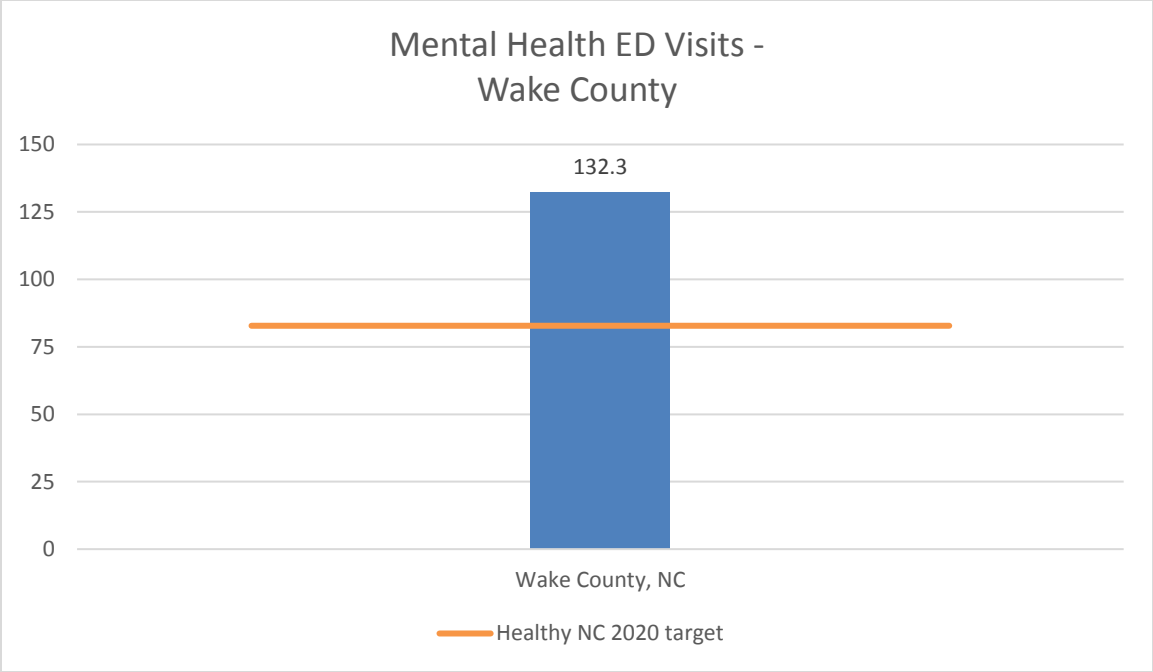


Source: US Census Bureau, American Fact Finder, American Community Survey, American Community Survey (ACS) 5-Year Estimates, Table S2701. Data accessed July 2018.

Mental Health ED Visits

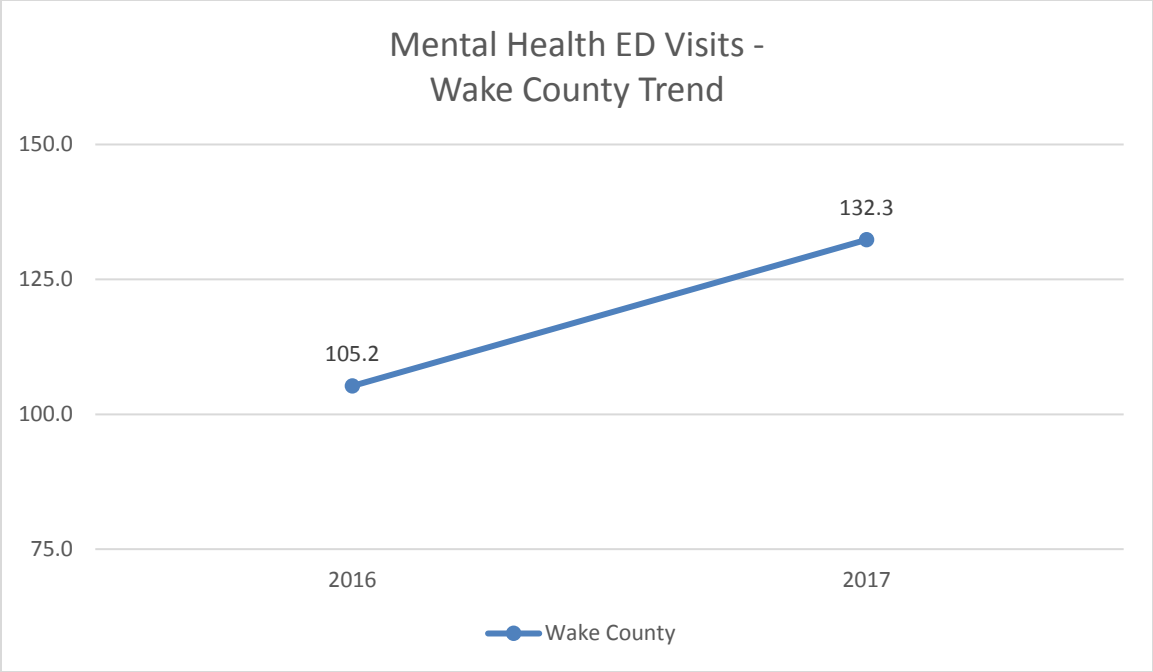
According to Healthy NC 2020, while emergency departments may be appropriate during crisis mental health situations, this is not the ideal setting to care for persons with mental health conditions who are not experiencing a crisis.[15] Such instances are more appropriately treated and managed in community-based outpatient settings. Existing data show that Wake County's rate of mental health ED visits is higher than the Healthy NC 2020 target (82.8 per 10,000 population).

15 https://publichealth.nc.gov/hnc2020/docs/HNC2020-FINAL-March-revised.pdf



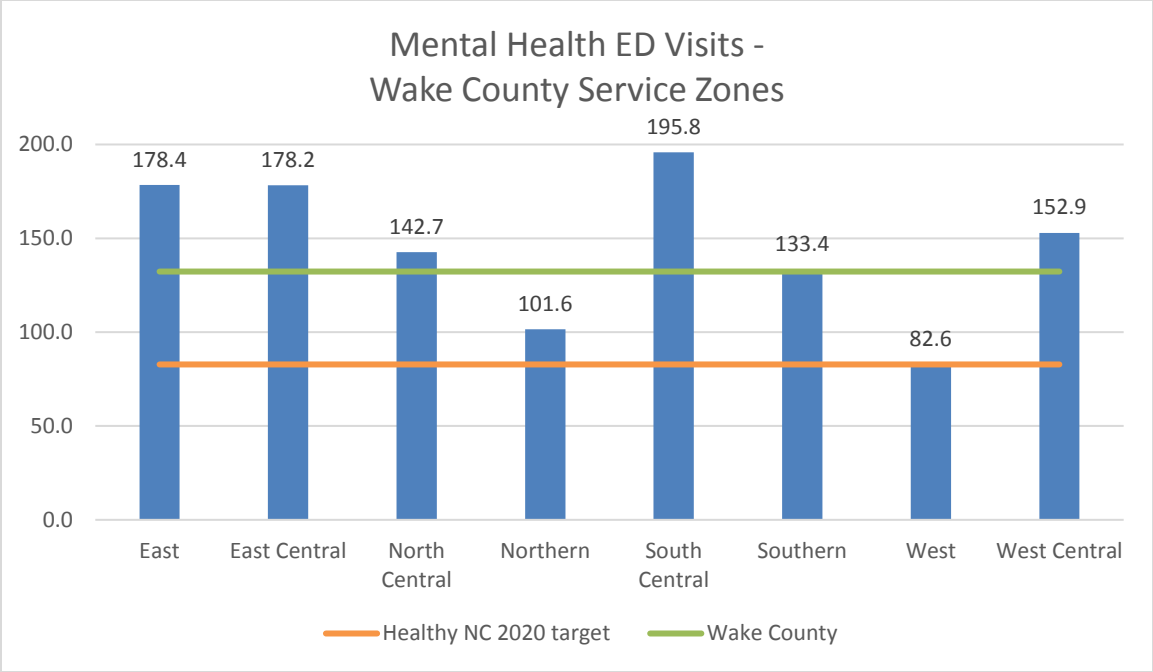
Source: Wake County Human Services, Data Request, NC DETECT, Custom Event Line Listing, Mental health: anxiety, mood and psychotic disorders. Data received August 2018. United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Bridged-Race Population Estimates, United States July 1st resident population by state, county, age, sex, bridged-race, and Hispanic origin. Compiled from 1990-1999 bridged-race intercensal population estimates (released by NCHS on 7/26/2004); revised bridged-race 2000-2009 intercensal population estimates (released by NCHS on 10/26/2012); and bridged-race Vintage 2017 (2010-2017) postcensal population estimates (released by NCHS on 6/27/2018). Available on CDC WONDER Online Database. Data accessed August 2018.

In addition, Wake County is trending in the wrong direction and has experienced a compound annual growth rate of 25.7 over the most two years of data periods available.



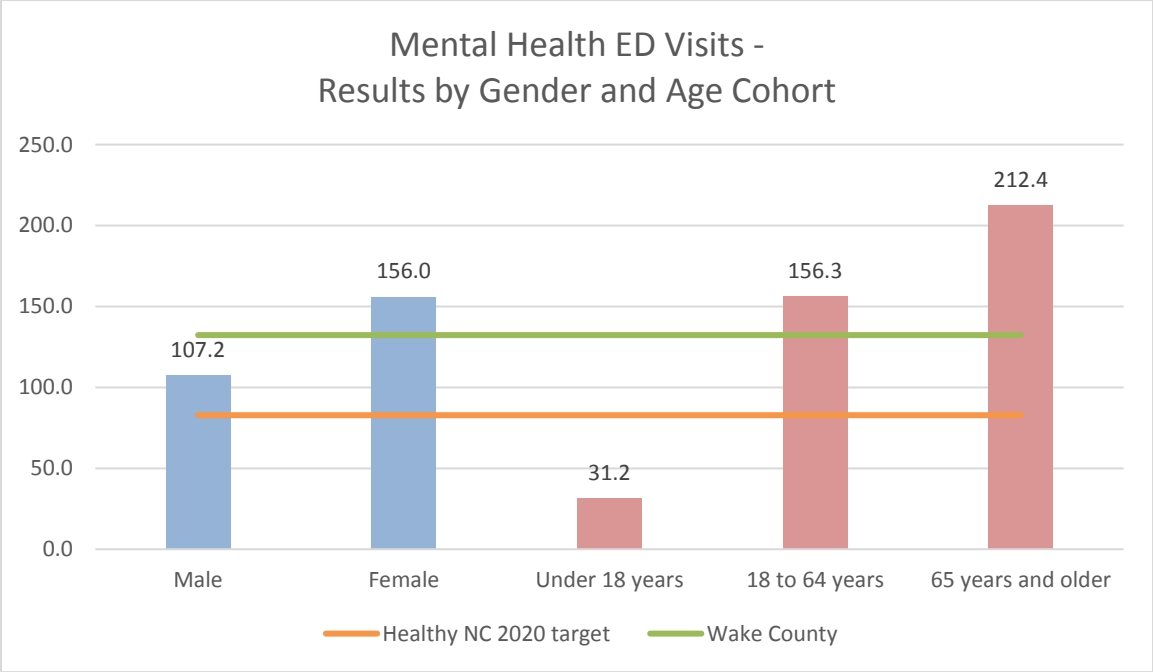
Source: Wake County Human Services, Data Request, NC DETECT, Custom Event Line Listing, Mental health: anxiety, mood and psychotic disorders. Data received August 2018. United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Bridged-Race Population Estimates, United States July 1st resident population by state, county, age, sex, bridged-race, and Hispanic origin. Compiled from 1990-1999 bridged-race intercensal population estimates (released by NCHS on 7/26/2004); revised bridged-race 2000-2009 intercensal population estimates (released by NCHS on 10/26/2012); and bridged-race Vintage 2017 (2010-2017) postcensal population estimates (released by NCHS on 6/27/2018). Available on CDC WONDER Online Database. Data accessed August 2018.

Among the eight Wake County service zones, six have higher rates than the county overall and seven have rates higher than the Healthy NC 2020 target (82.8 per 10,000 population). The West service zone is performing the best with a rate of 82.6 mental health ED visits per 10,000 population.



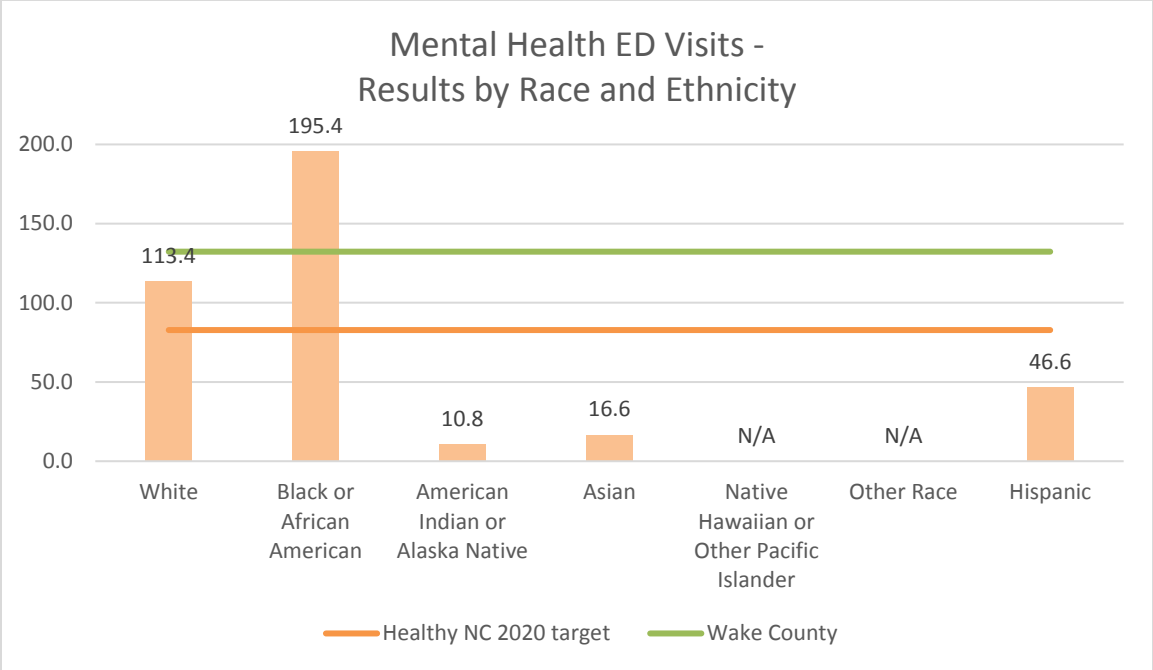
Source: Wake County Human Services, Data Request, NC EDSS, Event Line List. Data received August 2018. Esri/NCHS Bridged-Race Population with Ascendient estimates.

As presented below, females in Wake County have a higher rate of mental health ED visits (156.0 per 10,000) than males (107.2 per 10,000). The population ages 65 and over has a higher rate of mental health ED visits (212.4 per 10,000) than the other two age cohorts.



Note: Mental health ED visits by gender and by age cohort do not sum to the number of total Wake County mental health ED visits. There were several visits for which these demographic data were not provided.
Source: Wake County Human Services, Data Request, NC EDSS, Event Line List. Data received August 2018. Esri/NCHS Bridged-Race Population with Ascendient estimates.

As demonstrated below, there are significant differences among racial groups as to the percentage of uninsured individuals. The Black or African American population is most likely to utilize the emergency department for mental health visits (195.4 per 10,000). The percentage of those of Hispanic or Latino ethnicity utilizing the emergency department for mental health visits (46.6 per 10,000) is nearly three times lower than the rate for Wake County.



Note: Mental health ED visits by race and by ethnicity do not sum to the number of total Wake County mental health ED visits. There were several visits for which these demographic data were not provided. Rates for Native Hawaiian or Other Pacific Islander and Other Race cohorts could not be calculated due to limitations within the population data.
Source: Wake County Human Services, Data Request, NC EDSS, Event Line List. Data received August 2018. Esri/NCHS Bridged-Race Population with Ascendient estimates.

Focus Group Findings

When asked to evaluate the 2016 Wake County CHNA and to gauge the perceived progress that has been made towards improving the priority areas, the primary improvements noted for access to health services were related to the increased presence of satellite hospital locations and more sites of care. This improvement in access is expected to continue to improve with the opening of UNC REX's Holly Springs Hospital in the next few years. Health insurance coverage was viewed separately from access to health services in Wake County's 2026 CHNA and was noted as a continued area of concern that has been

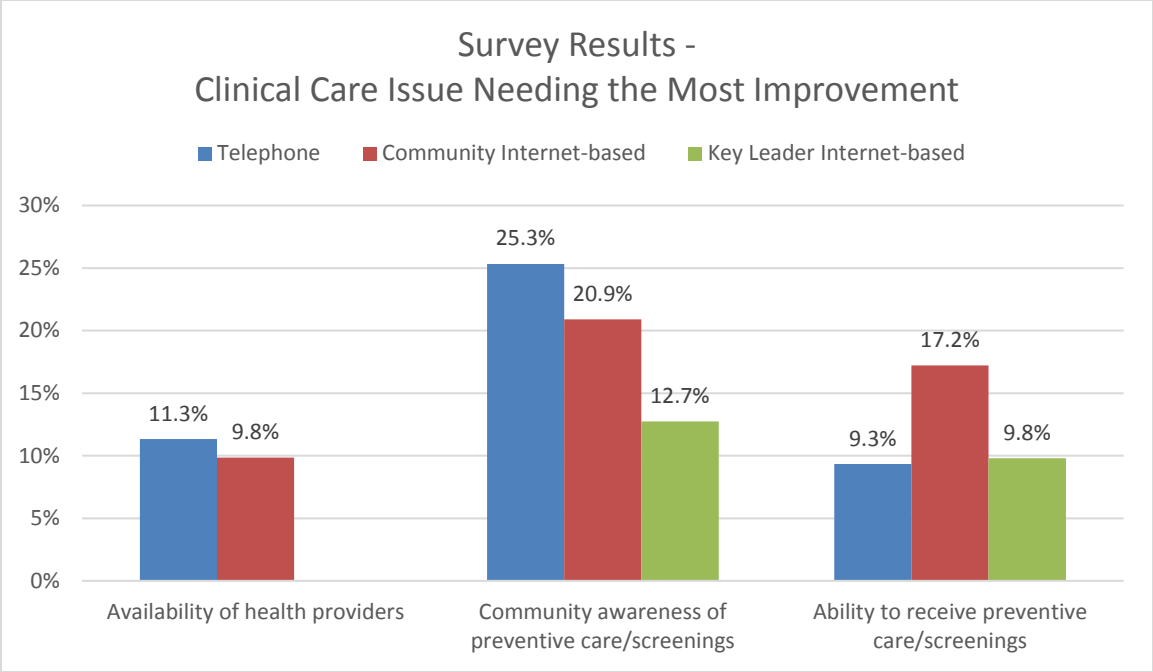
perceived to have worsened over recent years. Even among those with insurance coverage, the additional financial obligations of accessing care that are associated with visits, treatment and prescriptions were noted as additional barriers that may keep someone from getting the care they need.

Issues and barriers that keep individuals from seeking care may vary by geographical location throughout the county as well as by population sub-group. Sub-groups that were specifically mentioned as facing additional barriers included immigrant populations who may be afraid to access available services and resources due to fears of deportation, those who have lower education achievement, those with language barriers, and those who may not know how to use or do not have access to the Internet. Individuals of low-income or other socioeconomic disadvantages were also mentioned. More time and resources dedicated to educating these populations of the importance of seeking preventive care may help to alleviate more serios long-term health issues.

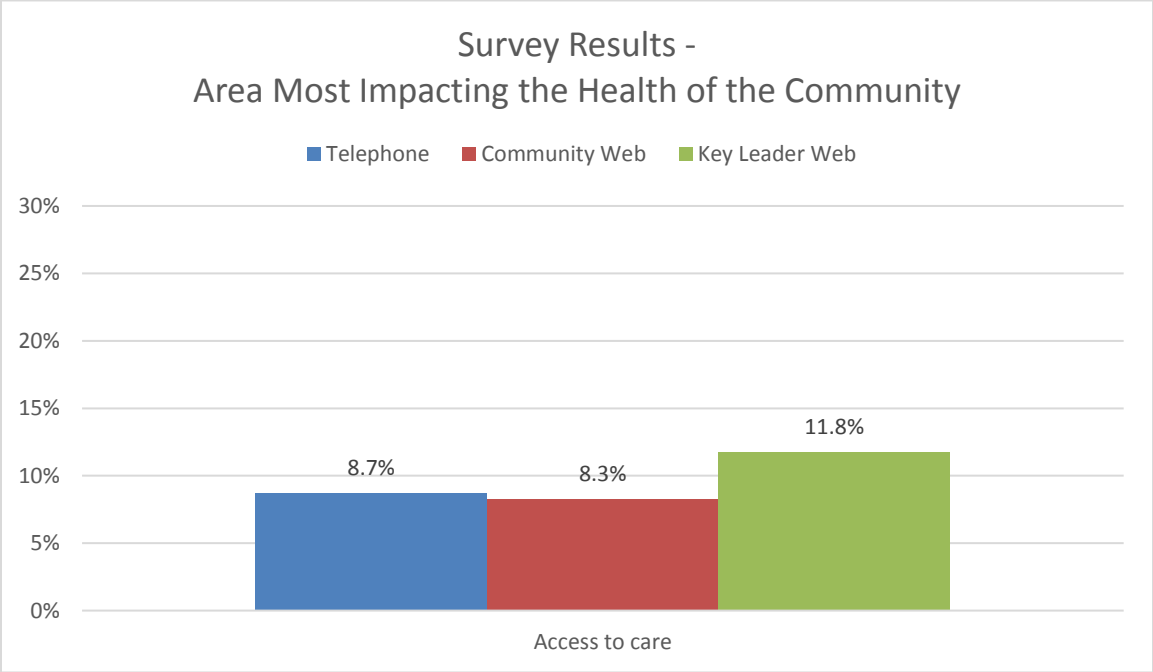
The need for a centralized place to share all available services and existing resources with community members was also mentioned as a need. Currently, there is a lack of consistent marketing and advertising to those who may need the service which causes confusion and decrease the likelihood of solving the problem. Ensuring that existing programs are more widely disseminated to and known among community members is a key area for improvement.

Survey Results

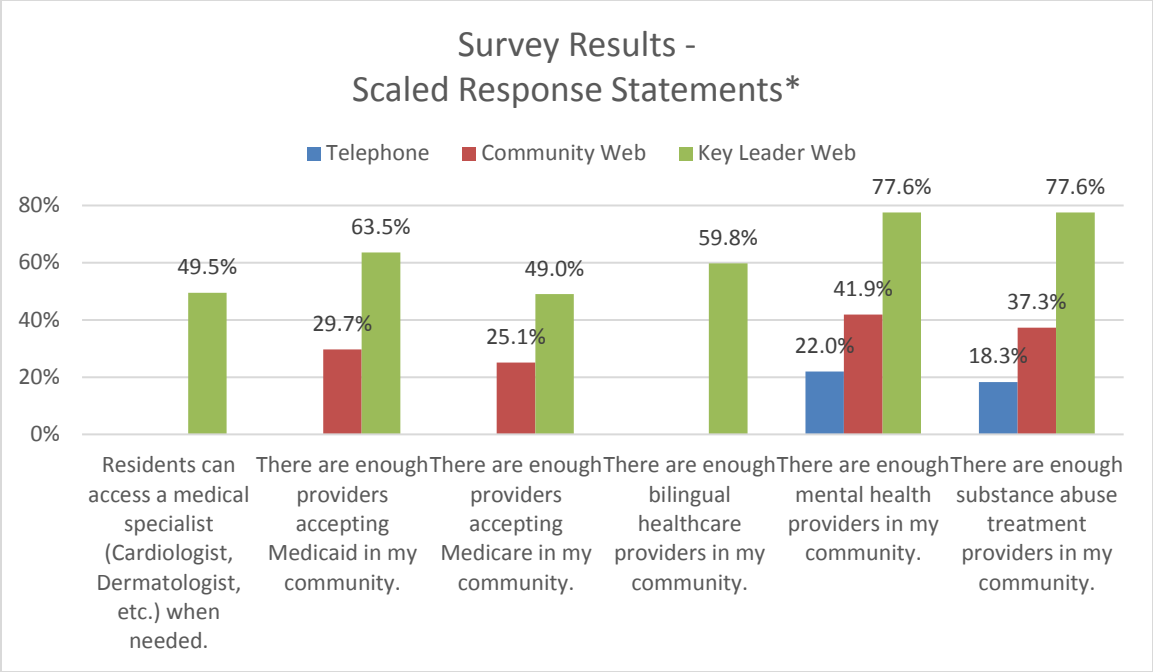
As discussed in more detail in the methodology sections of Appendix 3, the severity of need for each focus area was determined for select survey questions by ranking responses for each question in order of largest to smallest as a percent of total responses. The following charts detail the question topics and corresponding answer choices for which the survey responses demonstrated the most severity.



Note: See Appendix 4 for full data findings by focus area and Appendix 3 for full results by survey method.



Note: See Appendix 4 for full data findings by focus area and Appendix 3 for full results by survey method.



*Based on the total percent of responses within the 1-2 scale.

Note: See Appendix 4 for full data findings by focus area and Appendix 3 for full results by survey method.

Community and Steering Committee Prioritization Input

Access to Care received 474 votes from community members (6.2 percent of total responses from community members), making it the sixth ranked focus area based on community input. It received 23 votes from Steering Committee members (10.4 percent of total responses from Steering Committee members), making it tied for third with regard to the highest ranked focus area from the Steering Committee.

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 and therefore improve 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.

Regarding existing community resources, Wake County is home to Advance Community Health which is one of 34 Federally Qualified Health Centers (FQHCs) in North Carolina. FQHCs 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. Of the Wake County patients served by Advance Community Health in 2017, an estimated 27.5 percent are uninsured.

Wake County is also home to four acute care hospitals that collectively offer the following services to its residents:

Acute Care Hospital	City	Hospital Beds	Nursing Home Beds	Operating Rooms	Trauma Designation
Duke Raleigh Hospital	Raleigh	General: 186	0	Shared Inpatient/Ambulatory: 15	--
UNC REX Hospital	Raleigh	General: 439	120	Shared Inpatient/Ambulatory: 24 C-Section: 3 Ambulatory: 3	--
WakeMed Raleigh	Raleigh	General: 628 Rehab: 98	19	Shared Inpatient/Ambulatory: 20 Open Heart: 4 C-Section: 4	Level I
WakeMed Cary	Cary	General: 178	36	C-Section: 2 Shared Inpatient/Ambulatory: 9	--

Source: DHHS Licensed Facilities as of January 8, 2019.

A new hospital, UNC REX's Holly Springs Hospital, has been approved for 50-beds. Construction began in March 2019 and is expected to be completed in 2021. UNC REX's Holly Springs Hospital will be licensed as part of UNC REX Hospital.

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

- 23 Skilled Nursing Facilities (SNFs);
- 33 adult care homes;
- 64 family care homes;
- Seven hospice providers (including one inpatient facility);
- 12 home health providers;
- 177 home care providers;
- 19 licensed ambulatory surgery/GI endoscopy centers;
- 19 outpatient dialysis centers; and,
- 43 Emergency Medical Service (EMS) stations.

Please see Chapter 6 for a more exhaustive list of existing facilities and resources.

Priority 4: Mental Health/Substance Use Disorders[16]

Mental Health/Substance Use Disorders was an identified priority in both the 2013 and 2016 Wake County CHNAs. The Mental Health and Substance Use Disorders priority includes mental health disease (like depression, Alzheimer's and Schizophrenia), poor mental health days, and hurting oneself as well as alcohol, opioid, and illegal drug use and data related to overdoses. Mental Health was identified through the prioritization matrix as the fourth top scoring priority need for Wake County with a score of 2.37 (on a 1 to 3 scale). Substance Use Disorders was identified through the prioritization matrix as the sixth top scoring priority need for the county with a score of 2.26 (on a 1 to 3 scale). In particular, Substance Use Disorders was found to be a top scoring need area among a few of the service zones as discussed in more detail in Chapter 5.

Wake County has experienced an increase in the prevalence and severity of mental health and substance use disorders 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 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 use conditions are not receiving timely treatment due to capacity constraints at existing facilities.

The prioritization matrix relied on both existing and new data to identify areas of need within Wake County. Findings that support the identification of Mental Health/Substance Use Disorders as a priority area in Wake County included:

- Existing Data – Nine of 35 data measures analyzed for which Wake County performed more than five percent worse than applicable benchmarks/targets/peer counties:
    - All benzodiazepine poisoning deaths (all intents), rate per 10,000 population
    - All commonly prescribed opioid medication poisoning hospitalizations (all intents), rate per 10,000 population
    - All heroin poisoning hospitalizations (all intents), rate per 10,000 population
    - All methadone poisoning deaths (all intents), rate per 10,000 population
    - All opiate poisoning hospitalizations (all intents), rate per 10,000 population
    - Opioid Pills Dispensed, rate per 10,000 population
    - Alcohol-impaired driving deaths
    - Suicide mortality rate (per 100,000 population)
    - Poor mental health days (avg number in past 30 days age-adjusted)
- Focus Group Findings – Various issues related to Mental Health and Substance Use Disorders were discussed as a concern in the majority of conducted focus groups.

[16] Please note that although mental health and substance use disorders were viewed separately through the data collection process, the CHAT has decided to combine these two focus areas as the fourth priority for Wake County overall and will view these together for purposes of action planning and implementation.

- Survey Results – Survey participants noted that drug overdose attempts and deaths and substance use disorders are health outcomes impacting the community.
- Community and Steering Committee Prioritization Input – Mental Health received the second highest rank from community members and was tied for the third highest rank from the Steering Committee. Substance Use Disorders received the seventh highest rank from community members and received the fifth highest rank from the Steering Committee.

Each of these factors are discussed in more detail below.

Existing Data

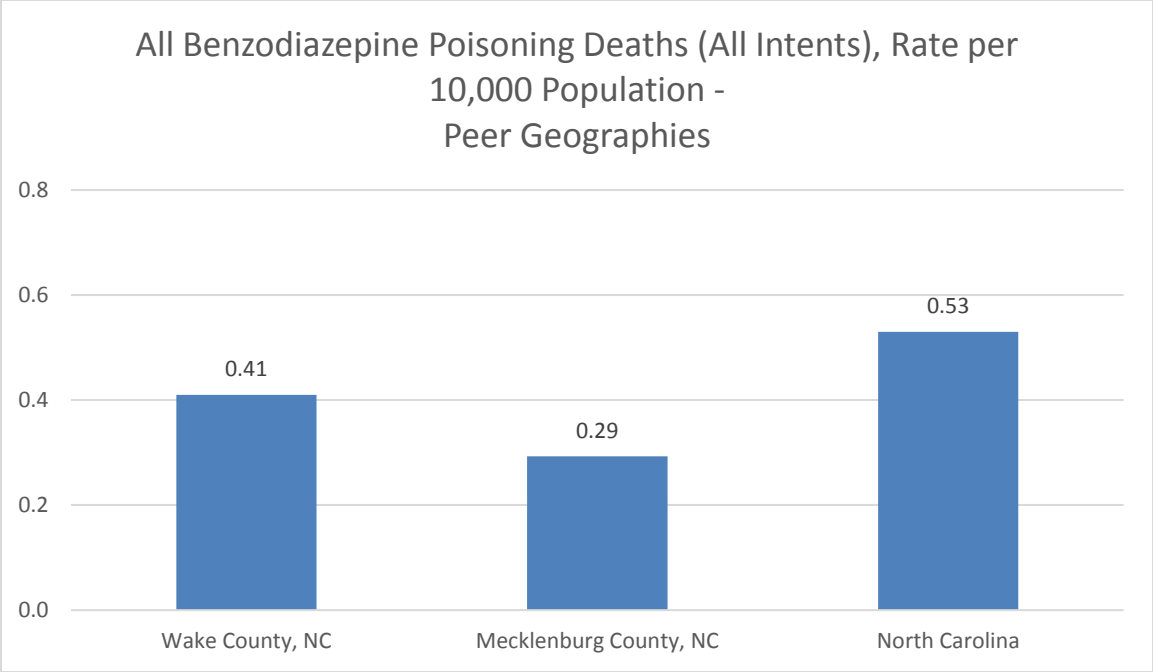
When comparing Wake County to its peer geographies and targets, nine of the 35 existing data measures within the Mental Health and Substance Use Disorders focus areas were found to be high need areas. Each of these nine data measures are discussed in more detail below.

All Benzodiazepine Poisoning Deaths (All Intents), Rate per 10,000 Population

The North Carolina Department of Public Health tracks poisoning deaths, hospitalizations, and emergency department visits and has noted growth in the incidence of such events as well as evolving and changing problems with the types of drugs being misused. As excerpted from its website, "Since 1999 the number of medication and drug poisoning deaths in North Carolina has increased by more than 580 percent, from 363 to 2,474 in 2017. Additionally, in 2017 there were nearly 12,000 hospitalizations and over 25,000 ED visits related to medication and drug poisoning. Historically, prescription opioids have been a major driver of this epidemic. However, illicit drugs are now contributing to this problem in increasing numbers. Heroin or other synthetic narcotics (like fentanyl) were involved in nearly 80 percent of unintentional opioid deaths in 2017. The number of overdose deaths involving stimulants is also on the rise."[17]

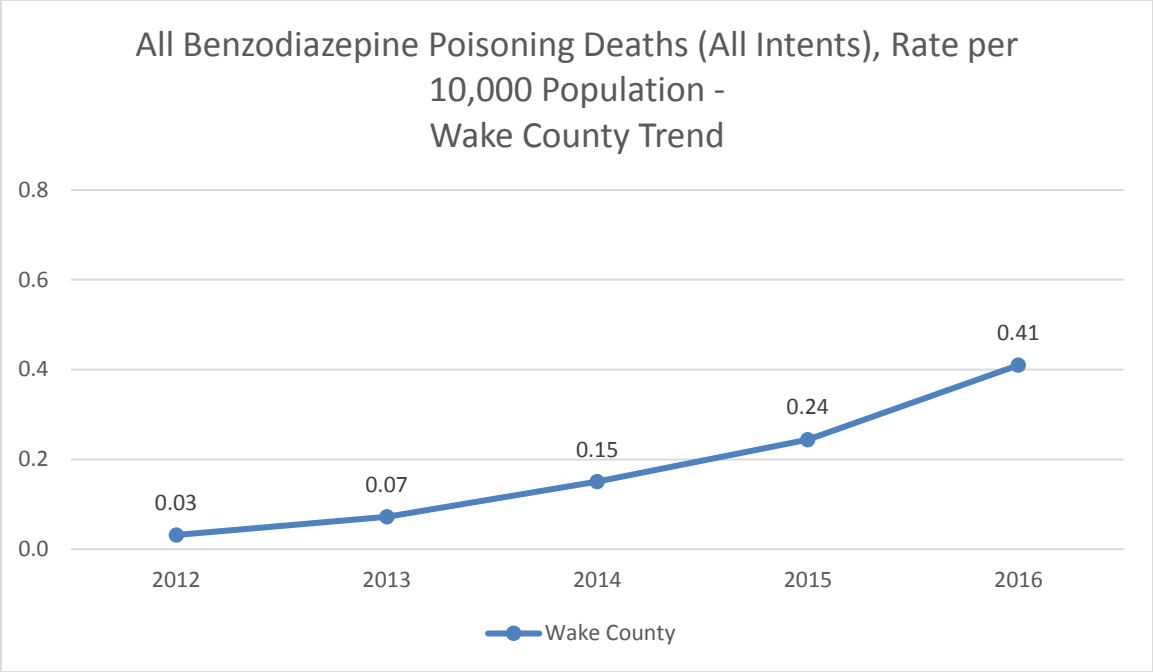
Existing data show that Wake County has a higher rate of benzodiazepine poisoning deaths (all intents) per 10,000 population than Mecklenburg County, NC but has a slightly lower rate than the state of North Carolina.

[17] https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/Poisoning.htm



Source: NC Department of Public Health, Chronic Disease and Injury Section, Injury and Violence Prevention Branch, Poisoning Data. United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Bridged-Race Population Estimates, United States July 1st resident population by state, county, age, sex, bridged-race, and Hispanic origin. Compiled from 1990-1999 bridged-race intercensal population estimates (released by NCHS on 7/26/2004); revised bridged-race 2000-2009 intercensal population estimates (released by NCHS on 10/26/2012); and bridged-race Vintage 2017 (2010-2017) postcensal population estimates (released by NCHS on 6/27/2018). Available on CDC WONDER Online Database. Data accessed August 2018.

Wake County is trending in the wrong direction and has experienced a compound annual growth rate of 90.0 percent over the most recent five years of data periods available.

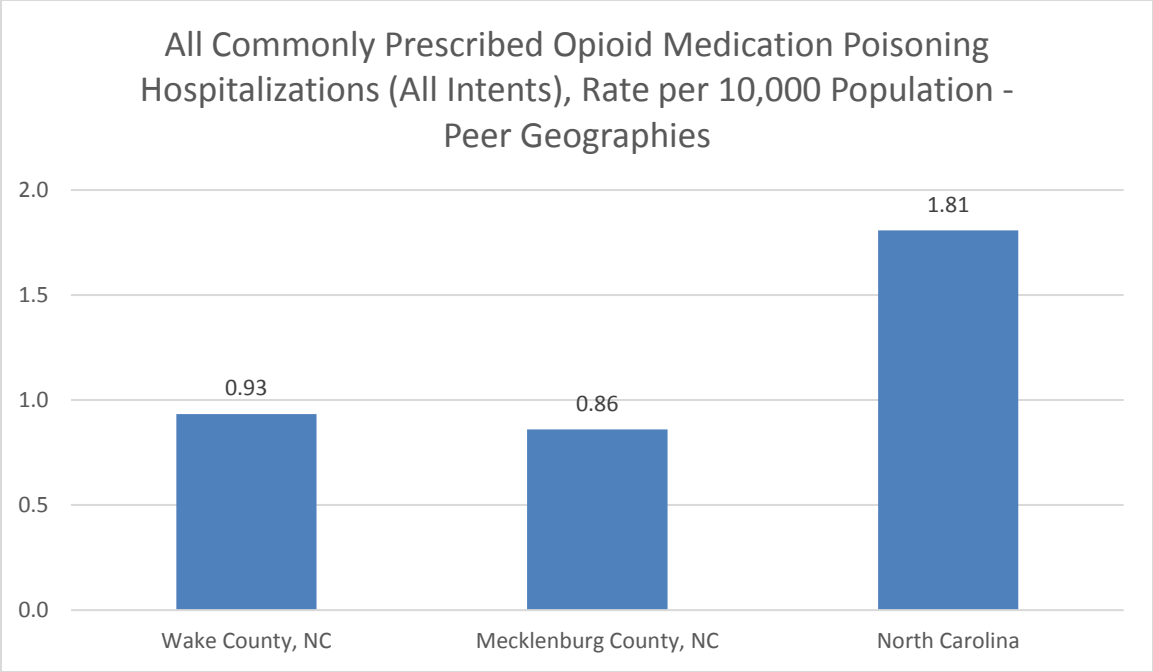


Source: NC Department of Public Health, Chronic Disease and Injury Section, Injury and Violence Prevention Branch, Poisoning Data. United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Bridged-Race Population Estimates, United States July 1st resident population by state, county, age, sex, bridged-race, and Hispanic origin. Compiled from 1990-1999 bridged-race intercensal population estimates (released by NCHS on 7/26/2004); revised bridged-race 2000-2009 intercensal population estimates (released by NCHS on 10/26/2012); and bridged-race Vintage 2017 (2010-2017) postcensal population estimates (released by NCHS on 6/27/2018). Available on CDC WONDER Online Database. Data accessed August 2018.

Existing data were not available by service zone for this measure.

All Commonly Prescribed Opioid Medication Poisoning Hospitalizations (All Intents), Rate per 10,000 Population

Existing data show that Wake County has a higher rate of commonly prescribed opioid medication poisoning hospitalizations (all intents) per 10,000 population than Mecklenburg County, NC but has a lower rate than the state of North Carolina.

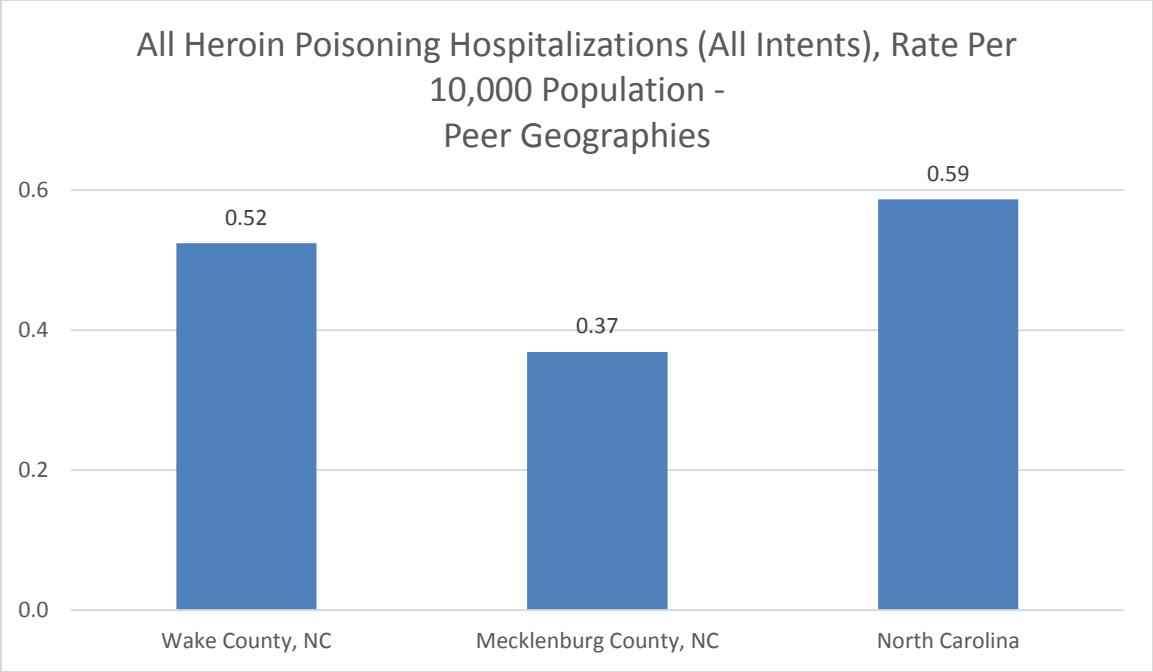


Source: NC Department of Public Health, Chronic Disease and Injury Section, Injury and Violence Prevention Branch, Poisoning Data. United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Bridged-Race Population Estimates, United States July 1st resident population by state, county, age, sex, bridged-race, and Hispanic origin. Compiled from 1990-1999 bridged-race intercensal population estimates (released by NCHS on 7/26/2004); revised bridged-race 2000-2009 intercensal population estimates (released by NCHS on 10/26/2012); and bridged-race Vintage 2017 (2010-2017) postcensal population estimates (released by NCHS on 6/27/2018). Available on CDC WONDER Online Database. Data accessed August 2018.

Neither county-level trended data nor data by service zone were available for this data measure.

All Heroin Poisoning Hospitalizations (All Intents), Rate Per 10,000 Population

Existing data show that Wake County has a higher rate of heroin poisoning hospitalizations (all intents) per 10,000 population than Mecklenburg County, NC but has a lower rate than the state of North Carolina.

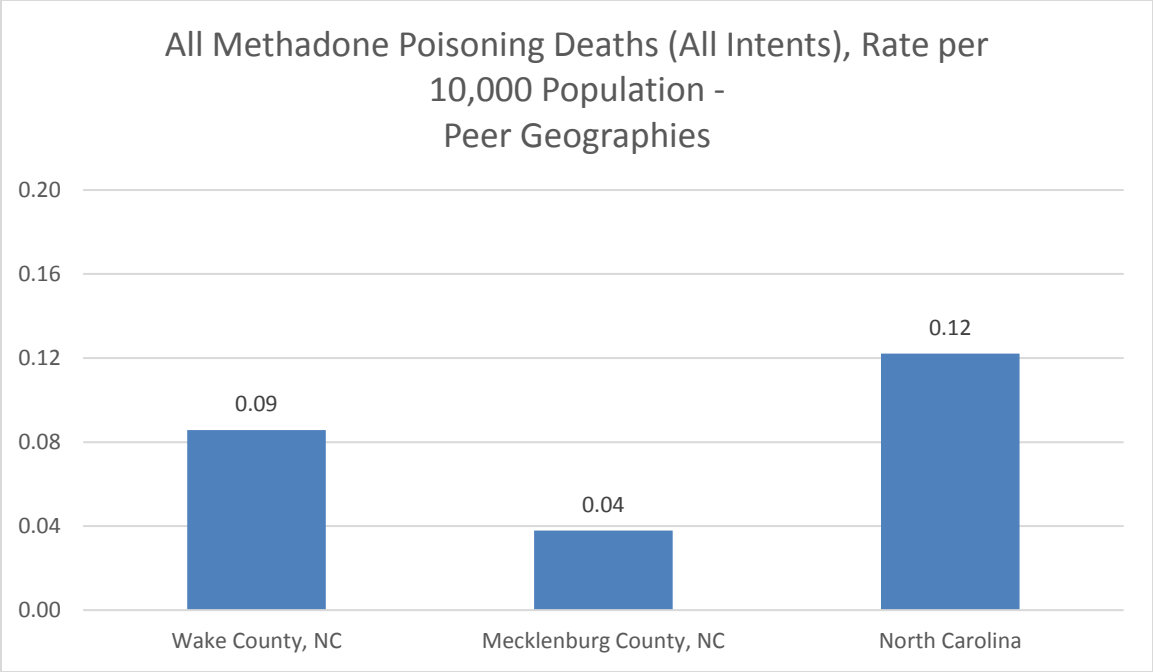


Source: NC Department of Public Health, Chronic Disease and Injury Section, Injury and Violence Prevention Branch, Poisoning Data. United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Bridged-Race Population Estimates, United States July 1st resident population by state, county, age, sex, bridged-race, and Hispanic origin. Compiled from 1990-1999 bridged-race intercensal population estimates (released by NCHS on 7/26/2004); revised bridged-race 2000-2009 intercensal population estimates (released by NCHS on 10/26/2012); and bridged-race Vintage 2017 (2010-2017) postcensal population estimates (released by NCHS on 6/27/2018). Available on CDC WONDER Online Database. Data accessed August 2018.

Neither county-level trended data nor data by service zone were available for this data measure.

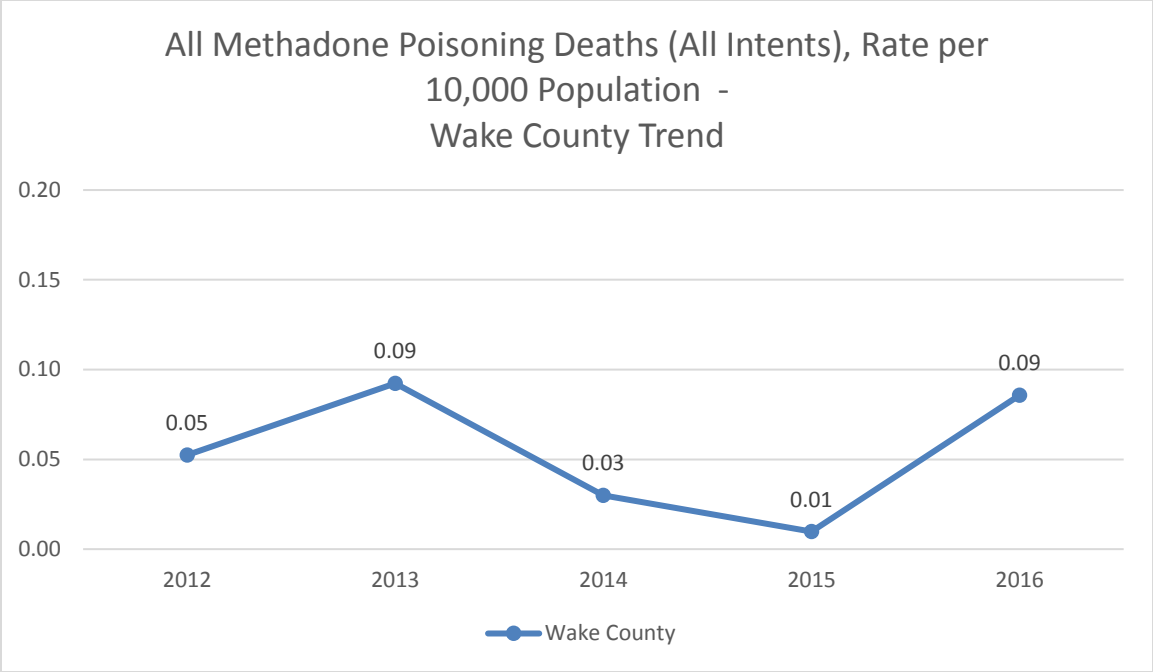
All Methadone Poisoning Deaths (All Intents), Rate per 10,000 Population

Existing data show that Wake County has a higher rate of methadone poisoning deaths (all intents) per 10,000 population than Mecklenburg County, NC but has a slightly lower rate than the state of North Carolina.



Source: NC Department of Public Health, Chronic Disease and Injury Section, Injury and Violence Prevention Branch, Poisoning Data. United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Bridged-Race Population Estimates, United States July 1st resident population by state, county, age, sex, bridged-race, and Hispanic origin. Compiled from 1990-1999 bridged-race intercensal population estimates (released by NCHS on 7/26/2004); revised bridged-race 2000-2009 intercensal population estimates (released by NCHS on 10/26/2012); and bridged-race Vintage 2017 (2010-2017) postcensal population estimates (released by NCHS on 6/27/2018). Available on CDC WONDER Online Database. Data accessed August 2018.

Wake County is trending in the wrong direction and has experienced a compound annual growth rate of 13.1 percent over the most recent five years of data periods available.

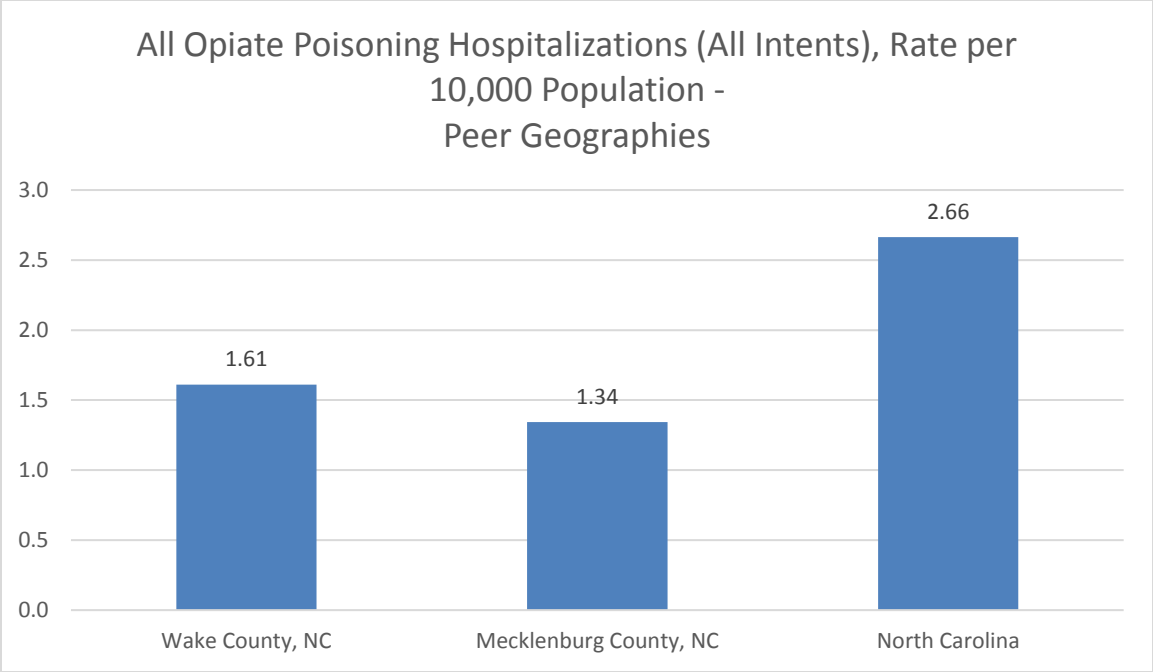


Source: NC Department of Public Health, Chronic Disease and Injury Section, Injury and Violence Prevention Branch, Poisoning Data. United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Bridged-Race Population Estimates, United States July 1st resident population by state, county, age, sex, bridged-race, and Hispanic origin. Compiled from 1990-1999 bridged-race intercensal population estimates (released by NCHS on 7/26/2004); revised bridged-race 2000-2009 intercensal population estimates (released by NCHS on 10/26/2012); and bridged-race Vintage 2017 (2010-2017) postcensal population estimates (released by NCHS on 6/27/2018). Available on CDC WONDER Online Database. Data accessed August 2018.

Secondary data were not available by service zone for this measure.

All Opiate Poisoning Hospitalizations (All Intents), Rate per 10,000 Population

Existing data show that Wake County has a higher rate of opiate poisoning hospitalizations (all intents) per 10,000 population than Mecklenburg County, NC but has a lower rate than the state of North Carolina.

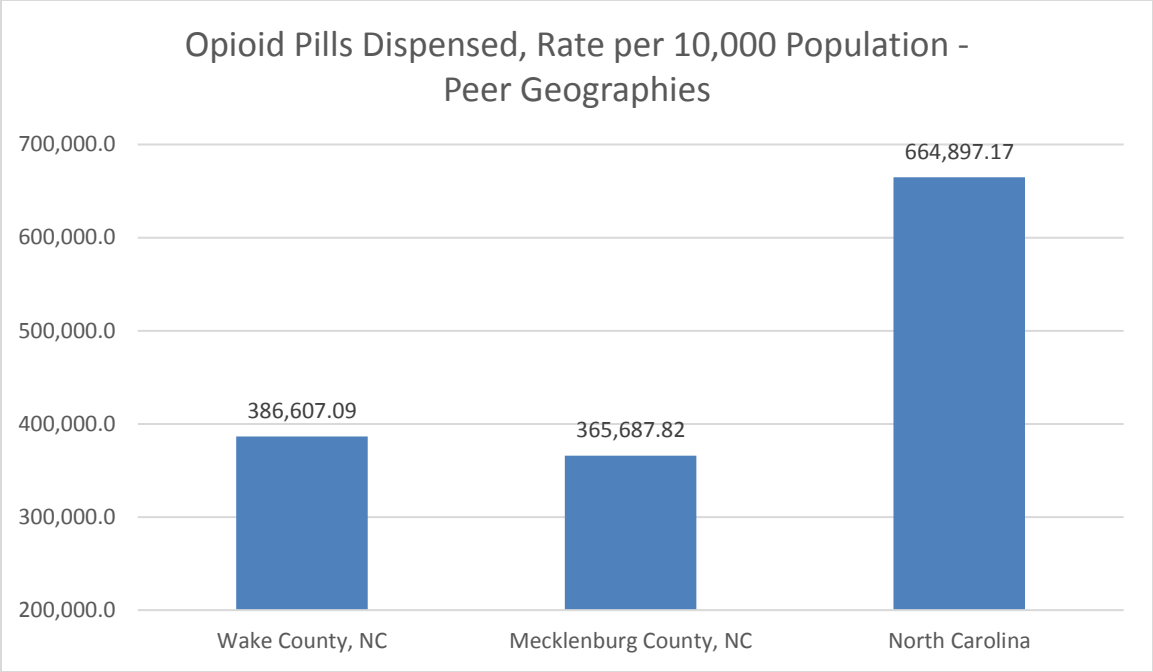


Source: NC Department of Public Health, Chronic Disease and Injury Section, Injury and Violence Prevention Branch, Poisoning Data. United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Bridged-Race Population Estimates, United States July 1st resident population by state, county, age, sex, bridged-race, and Hispanic origin. Compiled from 1990-1999 bridged-race intercensal population estimates (released by NCHS on 7/26/2004); revised bridged-race 2000-2009 intercensal population estimates (released by NCHS on 10/26/2012); and bridged-race Vintage 2017 (2010-2017) postcensal population estimates (released by NCHS on 6/27/2018). Available on CDC WONDER Online Database. Data accessed August 2018.

Neither county-level trended data nor data by service zone were available for this data measure.

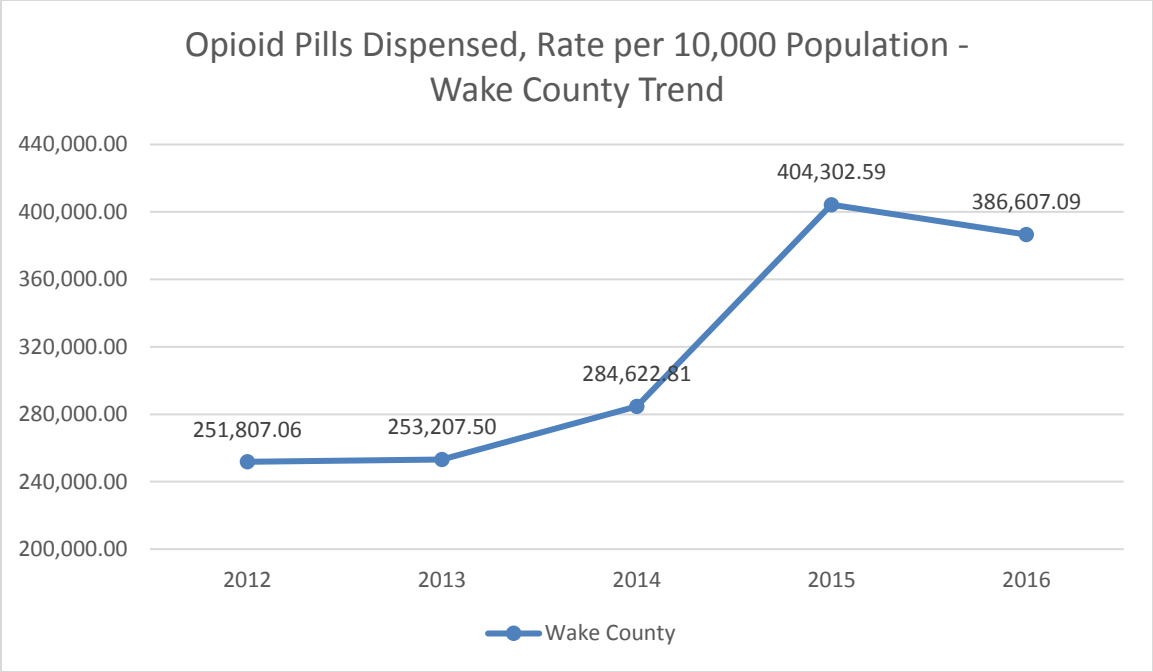
Opioid Pills Dispensed, Rate per 10,000 Population

Existing data show that Wake County has a higher rate of opioid pills dispensed per 10,000 population than Mecklenburg County, NC but has a lower rate than the state of North Carolina.



Source: NC Department of Public Health, Chronic Disease and Injury Section, Injury and Violence Prevention Branch, Poisoning Data. United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Bridged-Race Population Estimates, United States July 1st resident population by state, county, age, sex, bridged-race, and Hispanic origin. Compiled from 1990-1999 bridged-race intercensal population estimates (released by NCHS on 7/26/2004); revised bridged-race 2000-2009 intercensal population estimates (released by NCHS on 10/26/2012); and bridged-race Vintage 2017 (2010-2017) postcensal population estimates (released by NCHS on 6/27/2018). Available on CDC WONDER Online Database. Data accessed August 2018.

Wake County is trending in the wrong direction and has experienced a compound annual growth rate of 11.3 percent over the most recent five years of data periods available.

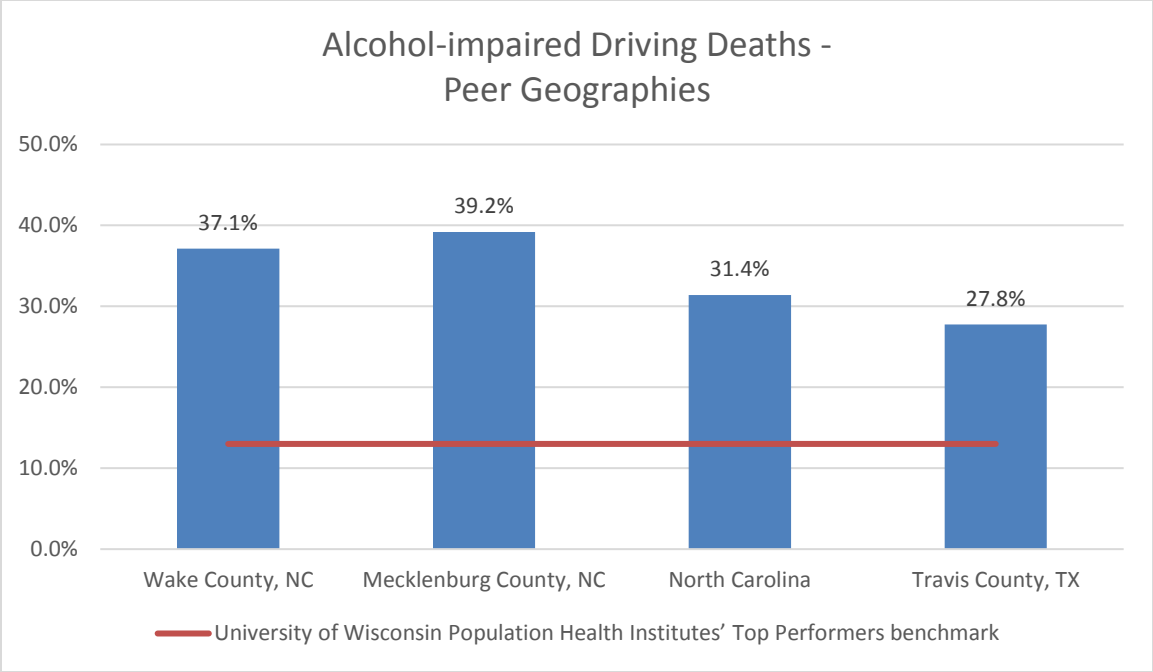


Source: NC Department of Public Health, Chronic Disease and Injury Section, Injury and Violence Prevention Branch, Poisoning Data. United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Bridged-Race Population Estimates, United States July 1st resident population by state, county, age, sex, bridged-race, and Hispanic origin. Compiled from 1990-1999 bridged-race intercensal population estimates (released by NCHS on 7/26/2004); revised bridged-race 2000-2009 intercensal population estimates (released by NCHS on 10/26/2012); and bridged-race Vintage 2017 (2010-2017) postcensal population estimates (released by NCHS on 6/27/2018). Available on CDC WONDER Online Database. Data accessed August 2018.

Existing data were not available by service zone for this measure.

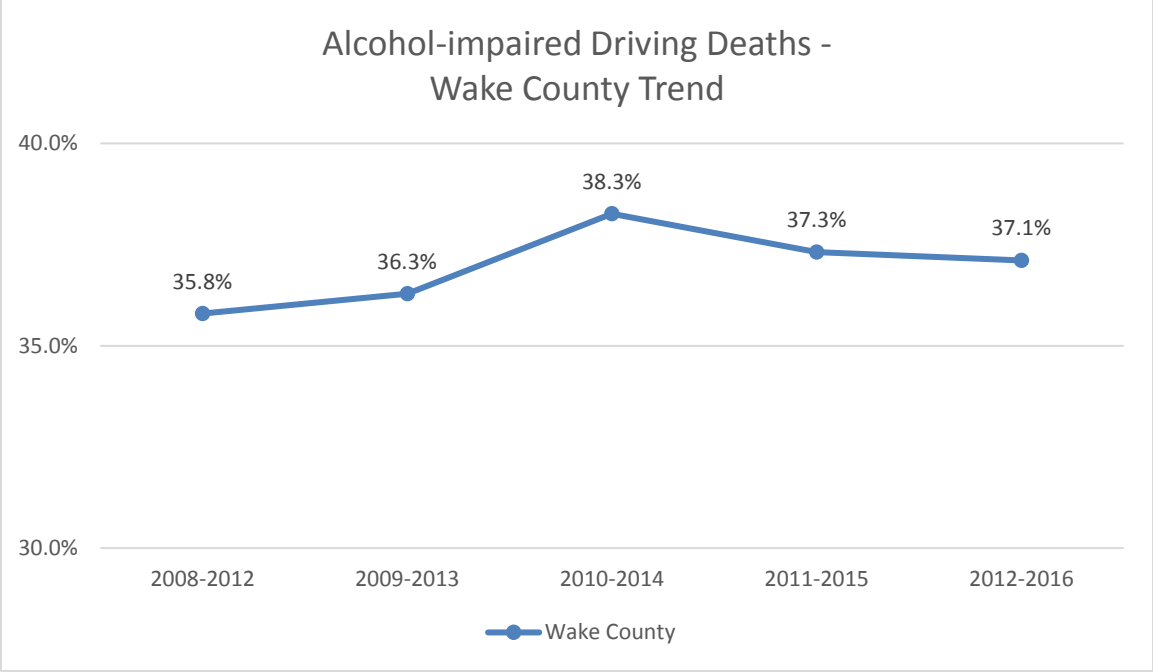
Alcohol-Impaired Driving Deaths

Existing data show that Wake County has a higher percentage of driving deaths due to alcohol impairment than both North Carolina and Travis County, TX. Wake County's percentage is also higher than University of Wisconsin Population Health Institutes' Top Performers benchmark (13.0 percent).



Source: University of Wisconsin Population Health Institute, County Health Rankings. Data accessed June 2018.

Wake County is trending in the wrong direction and has experienced a compound annual growth rate of 0.9 percent over the most recent five years of data periods available.

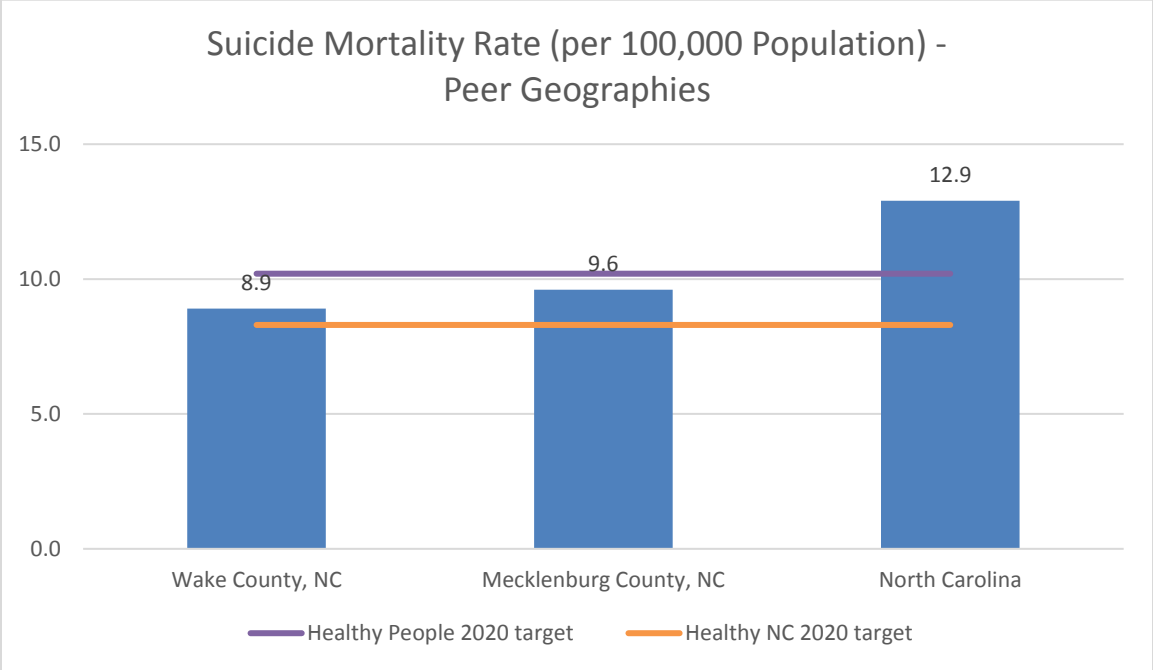


Source: University of Wisconsin Population Health Institute, County Health Rankings. Data accessed June 2018.

Existing data were not available by service zone for this measure.

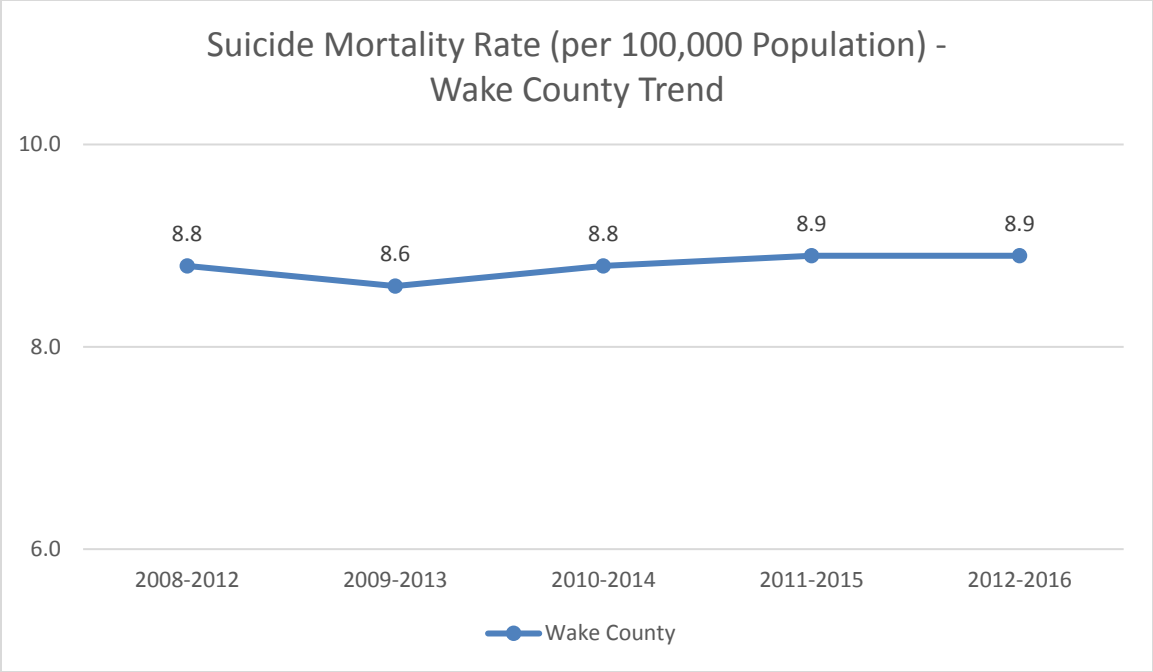
Suicide Mortality Rate (per 100,000 Population)

Existing data show that Wake County has a lower suicide mortality rate than both Mecklenburg County, NC and the state overall; however, Wake County's rate is higher than the Healthy NC 2020 target (8.3).



Source: NC Center for Health Statistics, County-level Data, County Health Data Books. Data accessed July 2018.

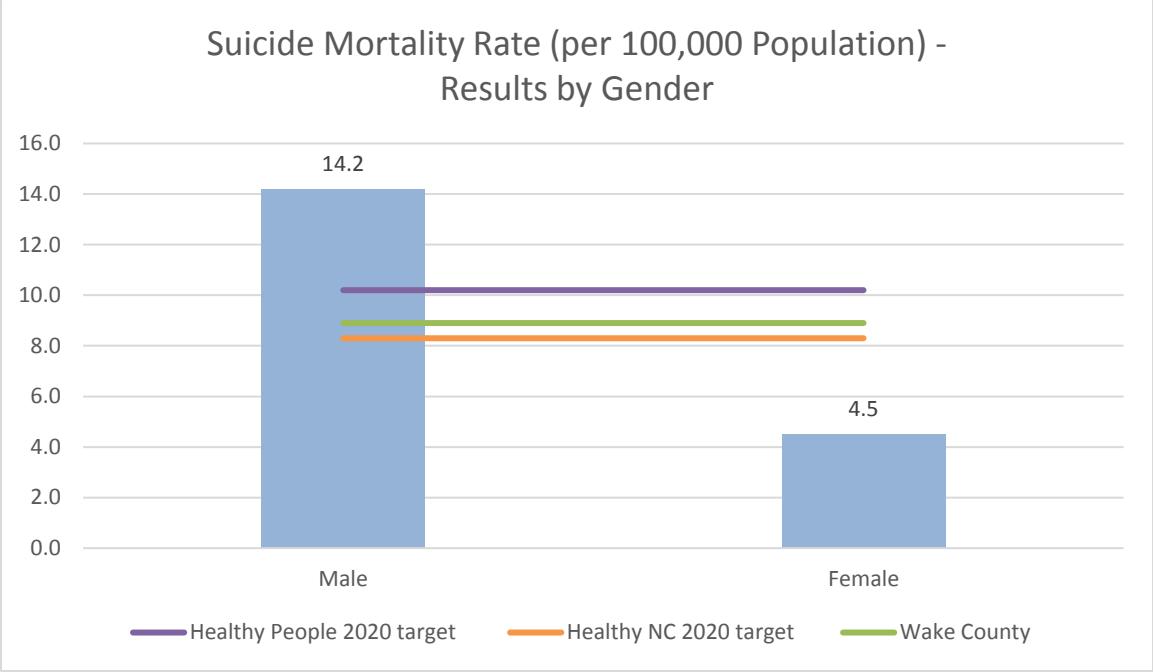
Wake County is trending in the wrong direction and has experienced a compound annual growth rate of 0.3 percent over the most recent five years of data periods available.



Source: NC Center for Health Statistics, County-level Data, County Health Data Books. Data accessed July 2018.

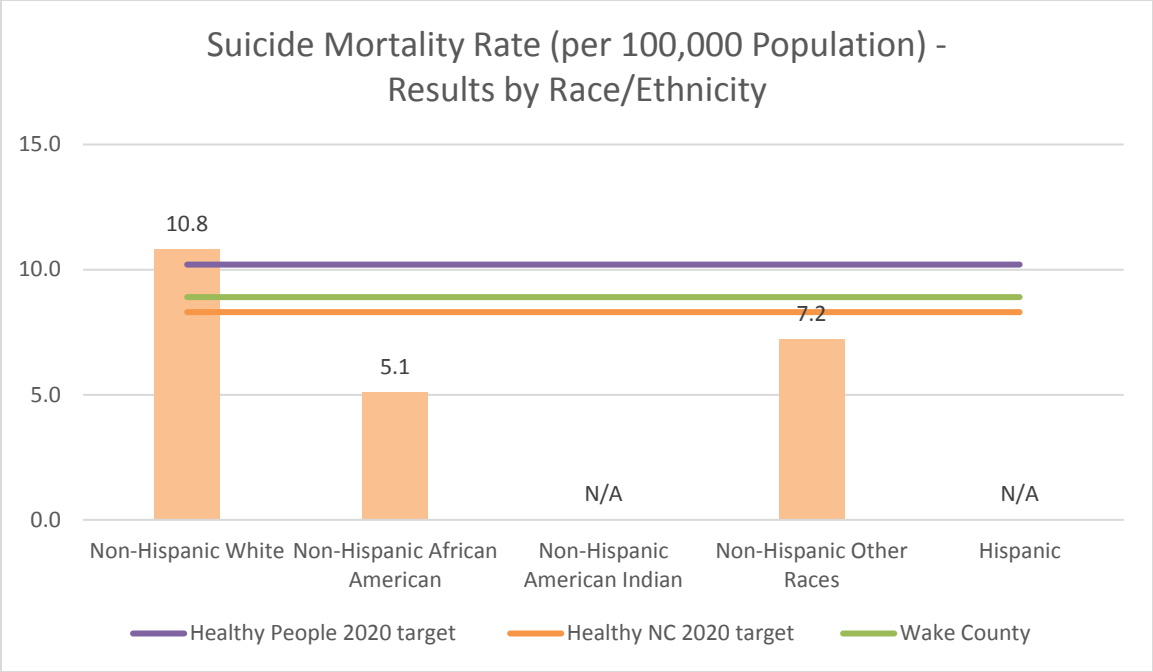
Existing data were not available by service zone for this measure.

As presented below, males have a higher mortality rate from suicide (14.2 per 10,000) than females (4.5 per 10,000) in Wake County.



Source: NC Center for Health Statistics, County-level Data, County Health Data Books. Data accessed July 2018.

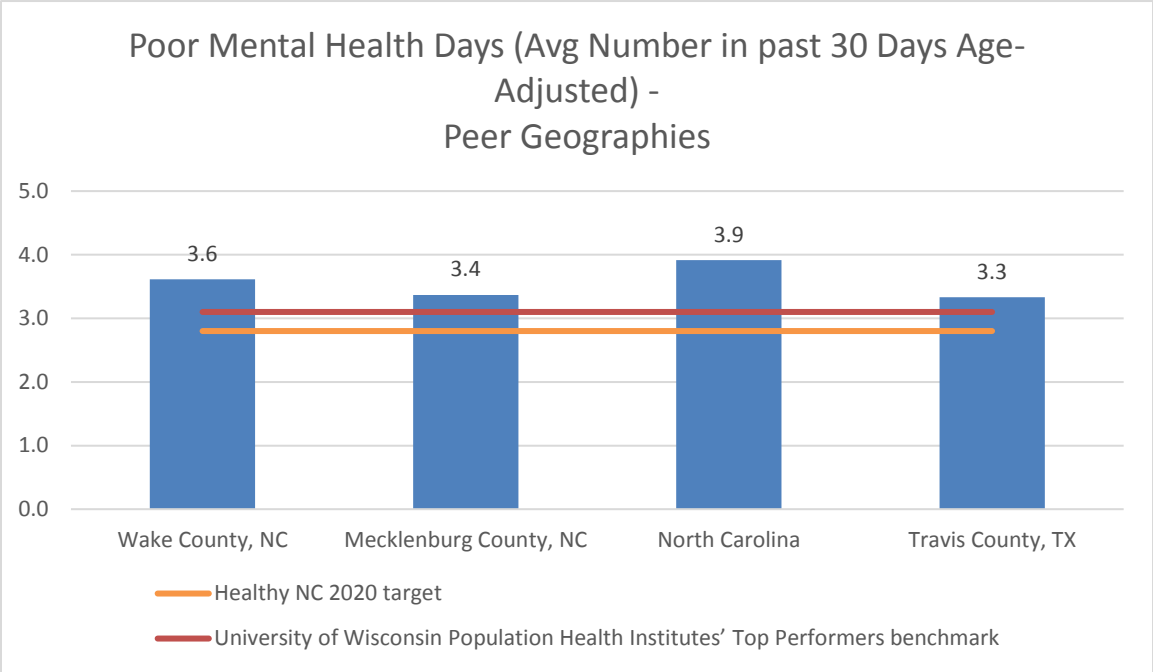
As demonstrated below, there are significant differences among racial groups regarding suicide mortality rates. Of the data available, Non-Hispanic Whites have the highest suicide mortality rate (10.8 per 10,000) and is the only racial/ethnic group that has a rate exceeding both targets and Wake County.



Source: NC Center for Health Statistics, County-level Data, County Health Data Books. Data accessed July 2018.

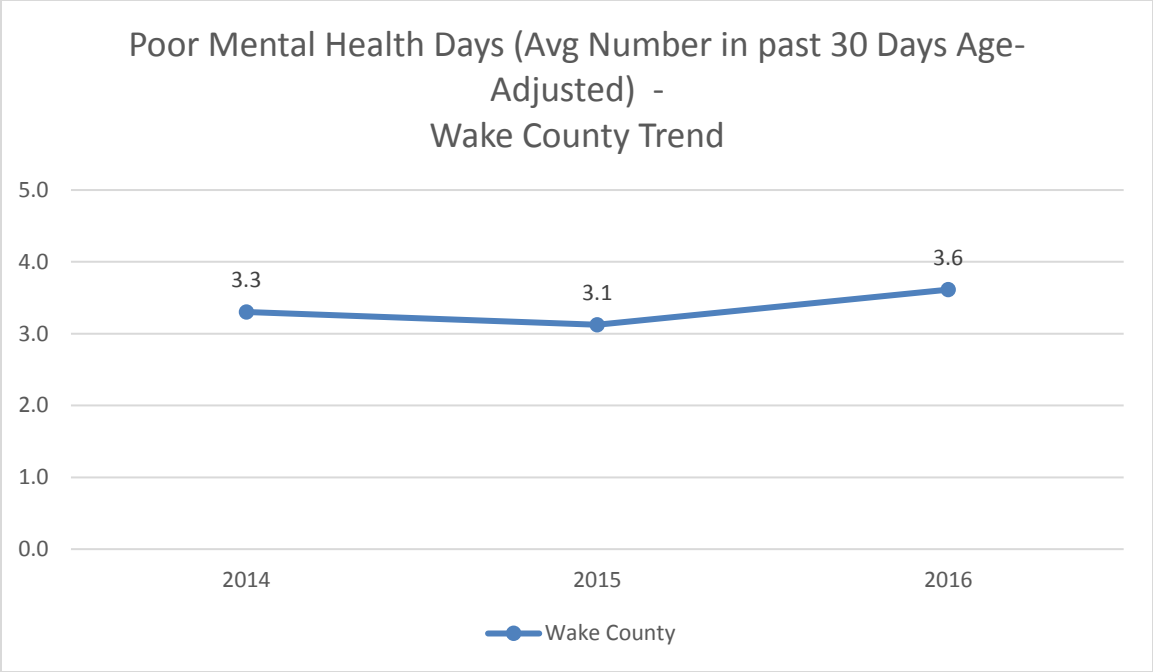
Poor Mental Health Days (Avg Number in past 30 Days Age-Adjusted)

Existing data show that Wake County has a higher average of poor mental health days than Mecklenburg County, NC, Travis County, TX, the Healthy NC 2020 target (2.8), and University of Wisconsin Population Health Institutes' Top Performers benchmark (3.1)



Source: University of Wisconsin Population Health Institute, County Health Rankings. Data accessed June 2018.

Wake County is trending in the wrong direction and has experienced a compound annual growth rate of 4.6 percent over the most recent three years of data periods available.



Source: University of Wisconsin Population Health Institute, County Health Rankings. Data accessed June 2018.

Existing data were not available by service zone for this measure.

Focus Group Findings

Focus group participants mentioned that mental health conditions/substance use disorders remain a concerning priority area for the county since the 2016 CHNA and is an area that has been perceived to have worsened over the last few years. Focus group participants noted that despite mental health and substance use disorders worsening, the availability of resources to help are declining. Specifically, both issues were noted as impacting younger populations at alarming rates that have not yet been fully realized. 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 all residents can receive the care they need.

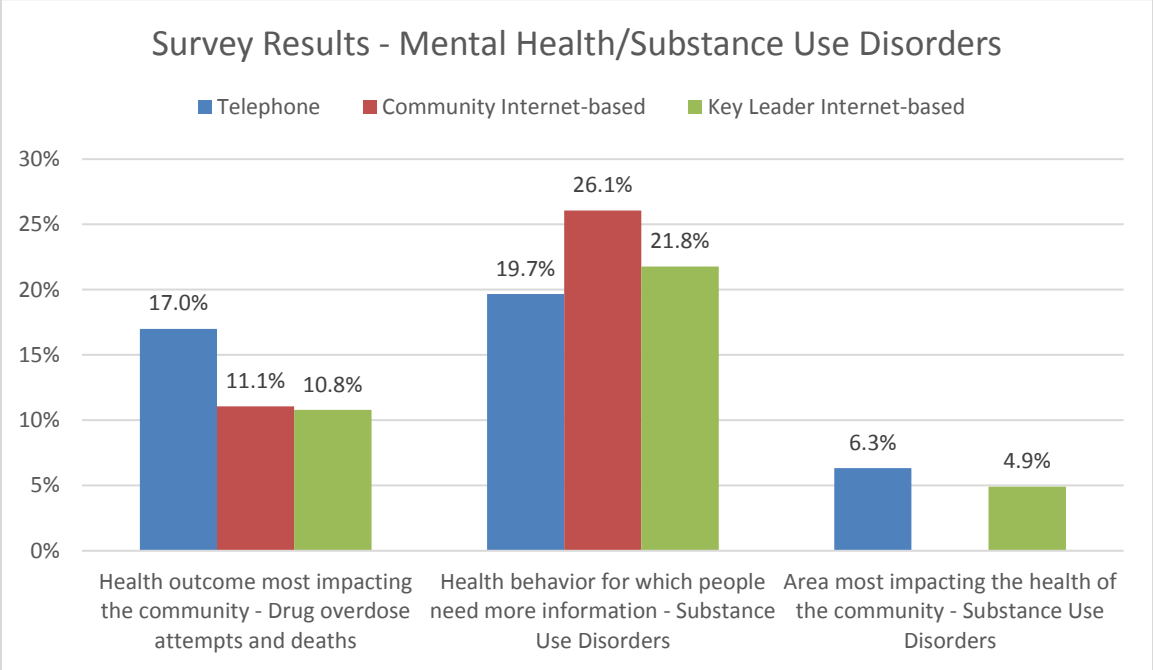
More education and outreach efforts to further combat the stigma generally associated with mental health and substance use problems and to inform the public as to what resources are available were noted as specific needs. However, there were conflicting thoughts among participants with regard to the level of stigmatization of mental health issues. Some participants said that these conditions are still very stigmatized within the community and others noted that because anxiety disorders are now so common that they are less stigmatized.

Persons with mental health and/or substance use disorders were noted as being a frequently overlooked and particularly vulnerable sub-section of the population. Ensuring access to facilities, for individuals of all socioeconomic levels, was also noted as an important component of addressing these issues. In

addition, more and better training is needed for providers of mental health and substance use disorder services. Additional inpatient capacity to serve these populations are also needed.

Survey Results

As discussed in more detail in the methodology sections of Appendix 3, the severity of need for each focus area was determined for select survey questions by ranking responses for each question in order of largest to smallest as a percent of total responses. The following chart details the question topics and corresponding answer choices for which the survey responses demonstrated the most severity.



Note: See Appendix 4 for full data findings by focus area and Appendix 3 for full results by survey method.

Community and Steering Committee Prioritization Input

Mental Health received 841 votes from community members (11.0 percent of total responses from community members), making it the second ranked focus area based on community input. It received 23 votes from Steering Committee members (10.4 percent of total responses from Steering Committee members), making it tied for third with regard to the highest ranked focus area from the Steering Committee.

Substance Use Disorders received 447 votes from community members (5.8 percent of total responses from community members), making it the seventh ranked focus area based on community input. It received 17 votes from Steering Committee members (7.7 percent of total responses from Steering Committee members), making it the fifth highest ranked focus area from the Steering Committee.

Summary

The Wake County Board of Commissioners is focusing on mental and behavioral health and substance use per its Community Health and Public Safety strategic goal areas.[18] The Commissioners adopted a 2019 budget that invests $30.6 million into mental and behavioral health services including "$750,000 for a behavioral health urgent care program, $400,000 for school-based mental health teams and $850,000 for mobile crisis pilot programs that would allow mental health experts to team up with first responders."[19]

In November 2015, the Wake County Drug Overdose Prevention Coalition was formed to aid in preventing and responding to heroin and opioid overdoses in the area. The Coalition established the Wake County Drug Overdose Prevention and Tobacco Use Initiative with the goals of expanding access to treatment and recovery resources, preventing substance and tobacco use, and ensuring more widespread availability of Naloxone.

Additional community resources related to prevention and treatment will benefit the younger populations that are perceived to be impacted more heavily at ages younger than those seen historically.

Priority 5: Housing and Homelessness

Housing and Homelessness are also social determinants of health that rose to the top of the Wake County prioritization matrix to become a priority area for the county to focus on over the coming years. The Housing and Homelessness priority includes cost of housing, housing choices, and how many people are homeless. This focus area was identified through the prioritization matrix as the fifth top scoring priority need for Wake County with a score of 2.26 (on a 1 to 3 scale). In addition, variation by service zone was apparent related to the this focus area.

The prioritization matrix relied on both existing and new data to identify areas of need within Wake County. Findings that support the identification of Housing and Homelessness as a priority area in Wake County included:

- Existing Data – Wake County performed more than five percent worse than applicable benchmarks/targets/peer counties on four of the 13 data measures analyzed:
    - 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; and,
    - Crowded households (more than 1 person per room).
- Focus Group Findings – Focus group participants mentioned that a lack of affordable housing, increased gentrification, and a lack of sense of community (primarily because people cannot both

[18] For more information on the Wake County Board of Commissioners strategic goals and objectives, please visit http://www.wakegov.com/commissioners/goals/Pages/default.aspx.

[19] https://www.wral.com/wake-county-invests-30-6-million-into-mental-health-services/17607183/

work and live within the same area) are all negatively impacting Wake County residents. It was also noted that what is often promoted as being "affordable" housing is not realistically financially feasible to residents.

- Survey Results – 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 homelessness were also frequently mentioned as an area that impacts of the health of the community by respondents of all three surveys
- Community and Steering Committee Prioritization Input – Housing and Homelessness received the third highest rank from community members and received the highest rank from the Steering Committee.

Each of these factors are discussed in more detail below.

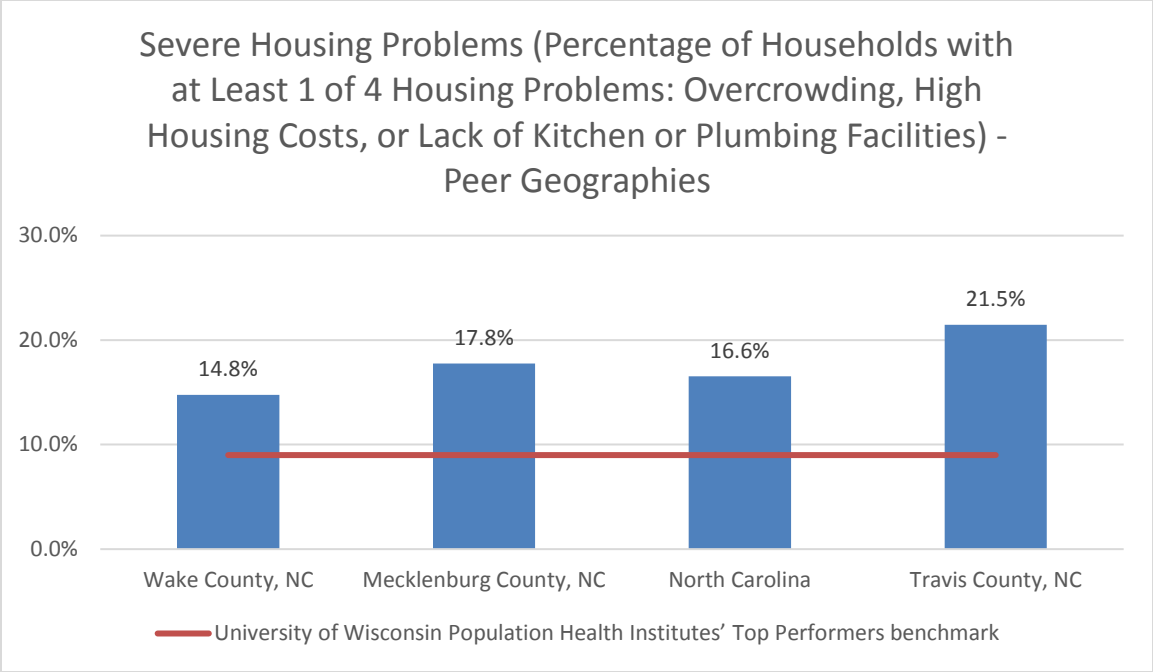
Existing Data

When comparing Wake County to its peer geographies and targets, four of the 13 existing data measures within the Housing and Homelessness focus area were found to be high need areas. Each of these four data measures are discussed in more detail below.

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)

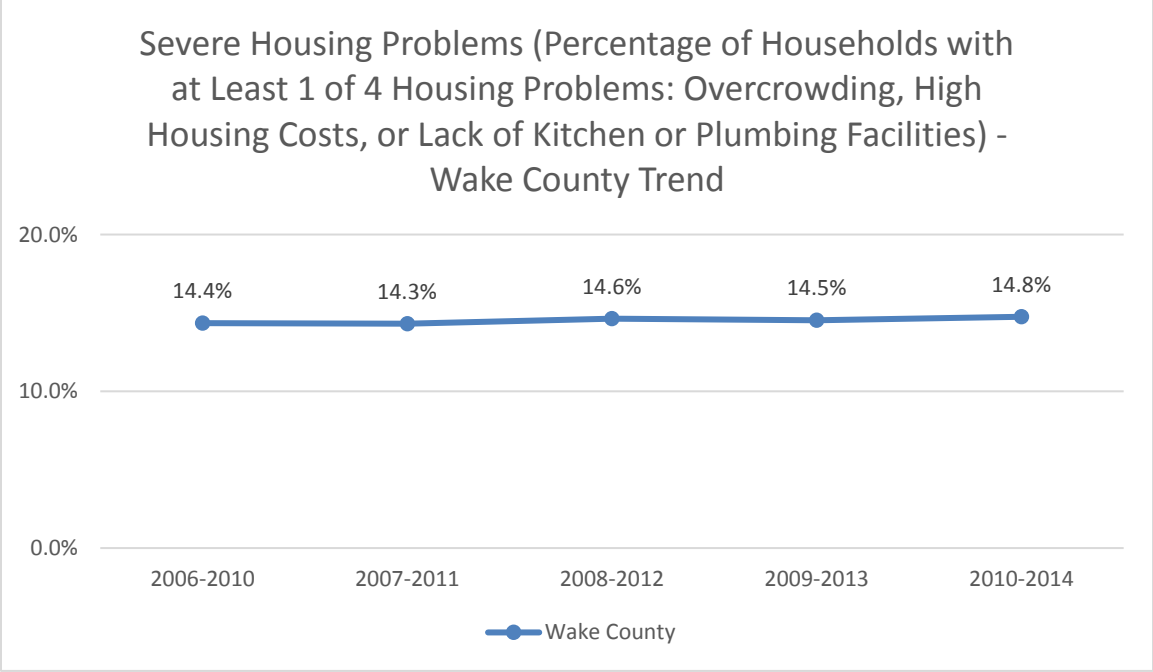
Existing data show that Wake County has a lower percentage of households with severe housing problems; however, its percentage is significantly higher than University of Wisconsin Population Health Institutes' Top Performers benchmark (9.0 percent). The reason for this measure's inclusion in the County Health Rankings is because "poor quality and inadequate housing contributes to health problems such as infectious and chronic diseases, injuries, and poor childhood development."[20]

[20] http://www.countyhealthrankings.org/app/north-carolina/2018/measure/factors/136/description



Source: University of Wisconsin Population Health Institute, County Health Rankings. Data accessed June 2018.

Wake County is trending in the wrong direction and has experienced a compound annual growth rate of 0.7 percent over the most recent five years of aggregated data periods available.

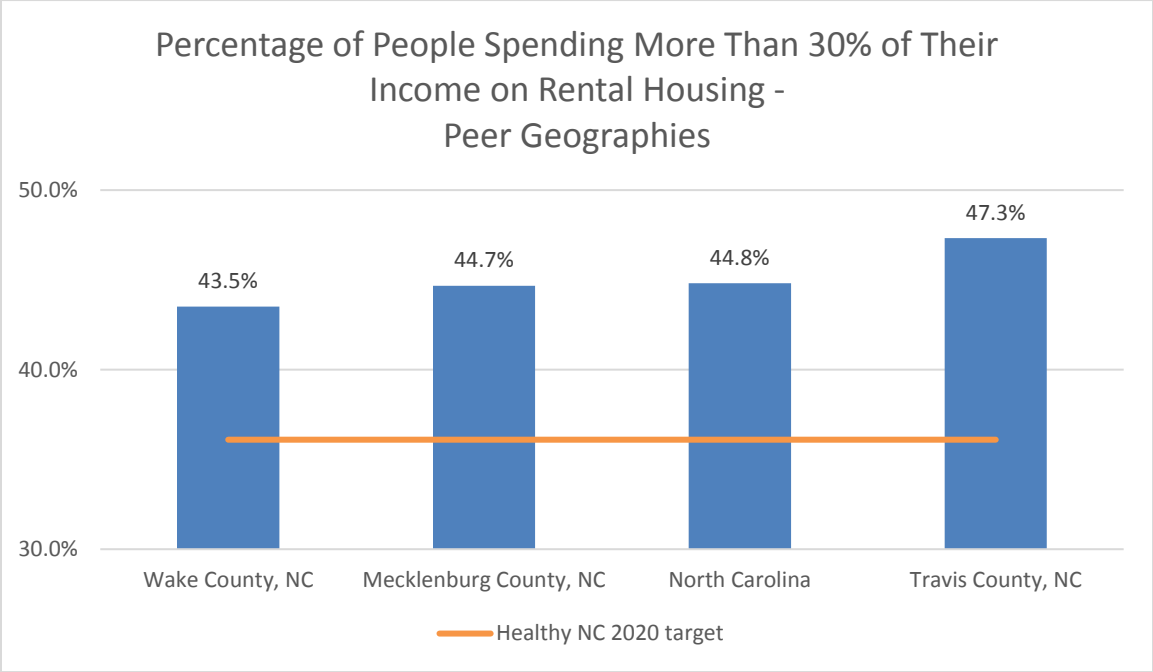


Source: University of Wisconsin Population Health Institute, County Health Rankings. Data accessed June 2018.

Existing data were not available by service zone for this measure.

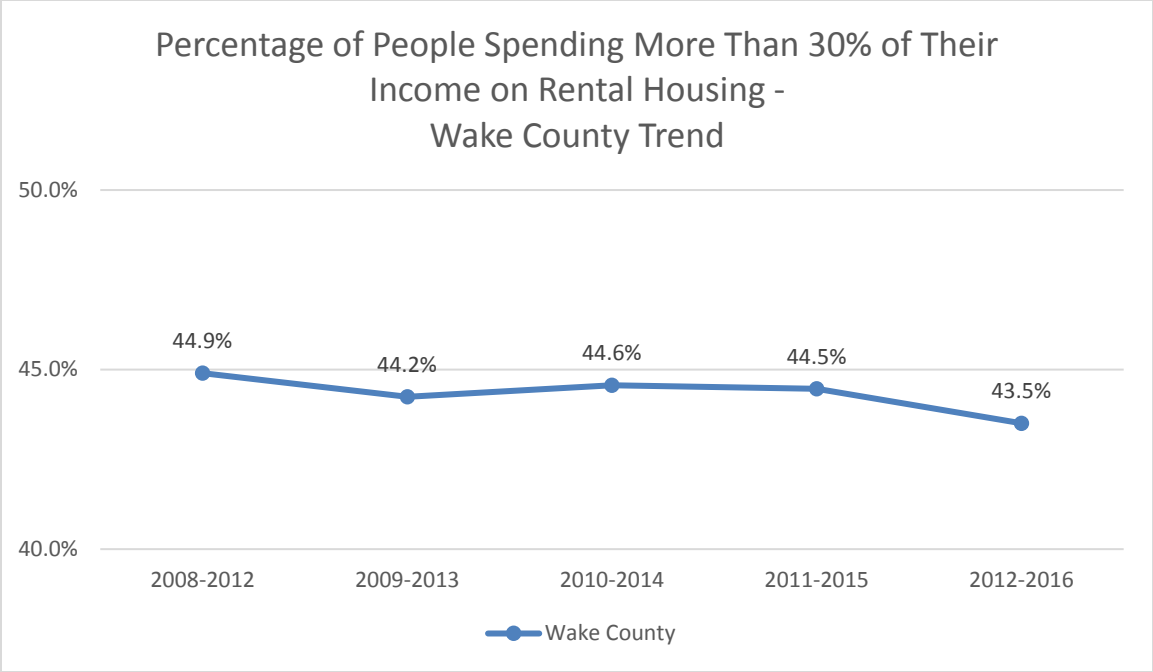
Percentage of People Spending More Than 30% of Their Income on Rental Housing

It is commonly recommended that people not spend more than 30 percent of their income on housing as doing so may put individuals at increased financial risk. Existing data show that Wake County has 43.5 percent of renting households spending more than recommended on housing. While this is lower than all three peer geographies, it is higher than the Healthy NC 2020 target of 36.1 percent.



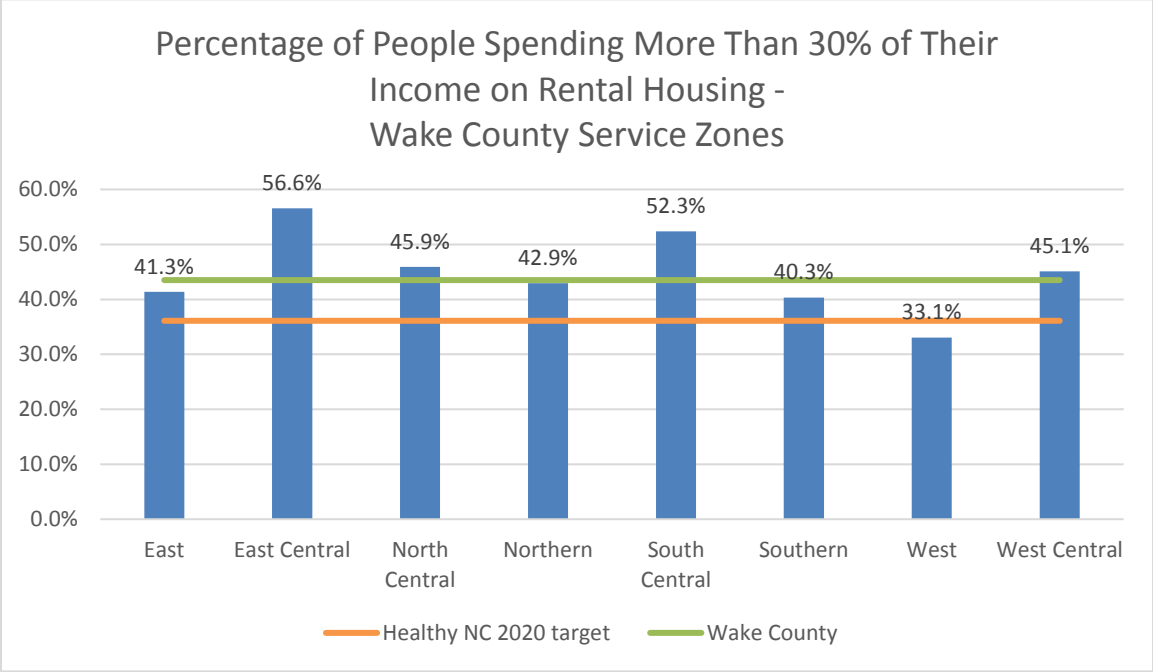
Source: US Census Bureau, American Fact Finder, American Community Survey, American Community Survey (ACS) 5-Year Estimates, Table B25070. Data accessed July 2018.

Wake County is trending in the correct direction and has experienced a compound annual decline of 0.8 percent over the most recent five years of aggregated data periods available.



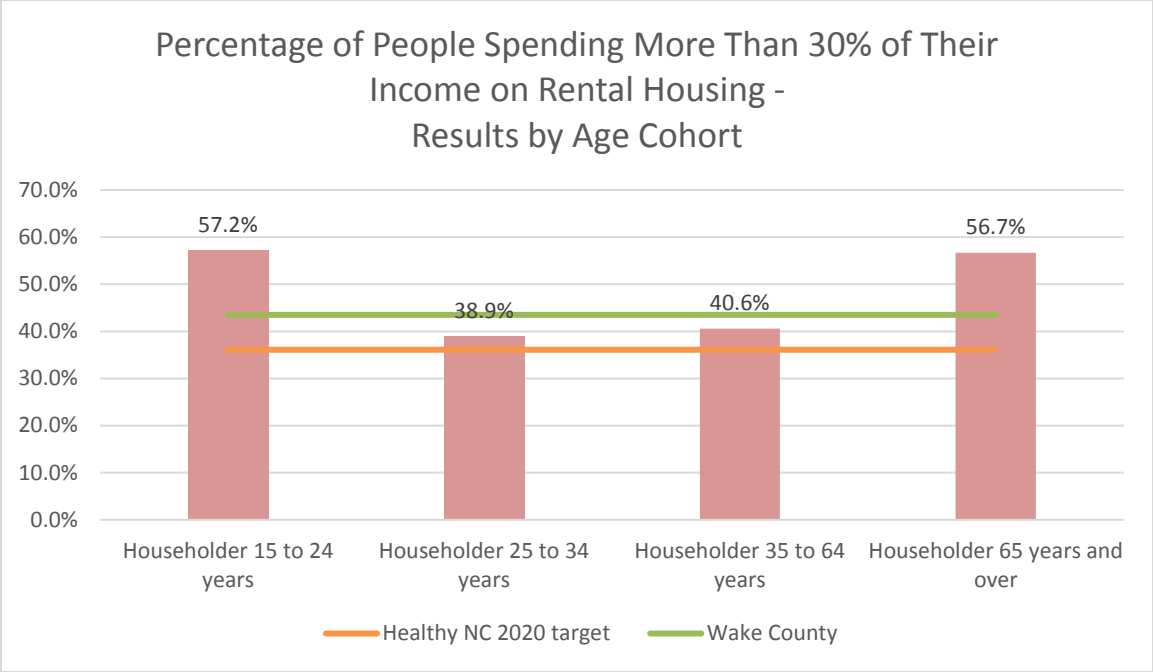
Source: US Census Bureau, American Fact Finder, American Community Survey, American Community Survey (ACS) 5-Year Estimates, Table B25070. Data accessed July 2018.

Among the eight Wake County service zones, four have higher percentages than the county overall and seven have higher percentages than the Healthy NC 2020 target (36.1 percent). The West service zone is performing the best with only 33.1 percent of its renter-occupied households spending 30 percent or more of household income on rent.



Source: US Census Bureau, American Fact Finder, American Community Survey, American Community Survey (ACS) 5-Year Estimates, Table B25070. Data accessed July 2018.

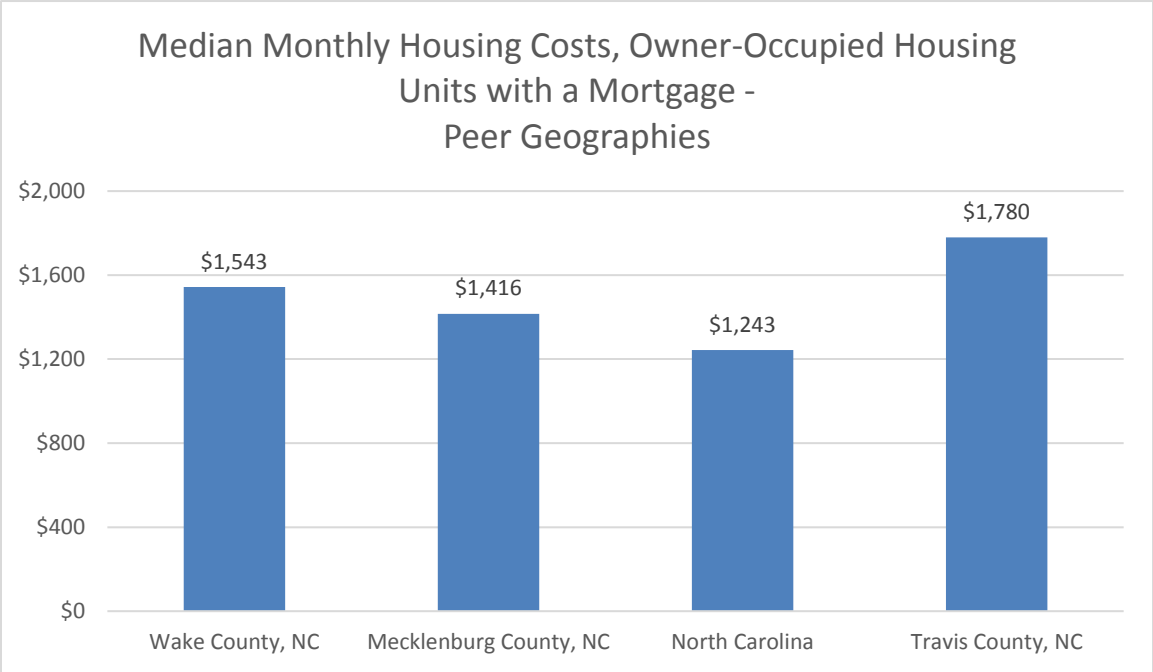
As presented below, householders ages 25 to 34 years have the lowest percentage of people spending more than 30 percent of their income on rental housing (38.9 percent) while the cohort ages 15 to 24 years cohort has the highest percentage (57.2 percent).



Source: US Census Bureau, American Fact Finder, American Community Survey, American Community Survey (ACS) 5-Year Estimates, Table B25072. Data accessed April 2019.

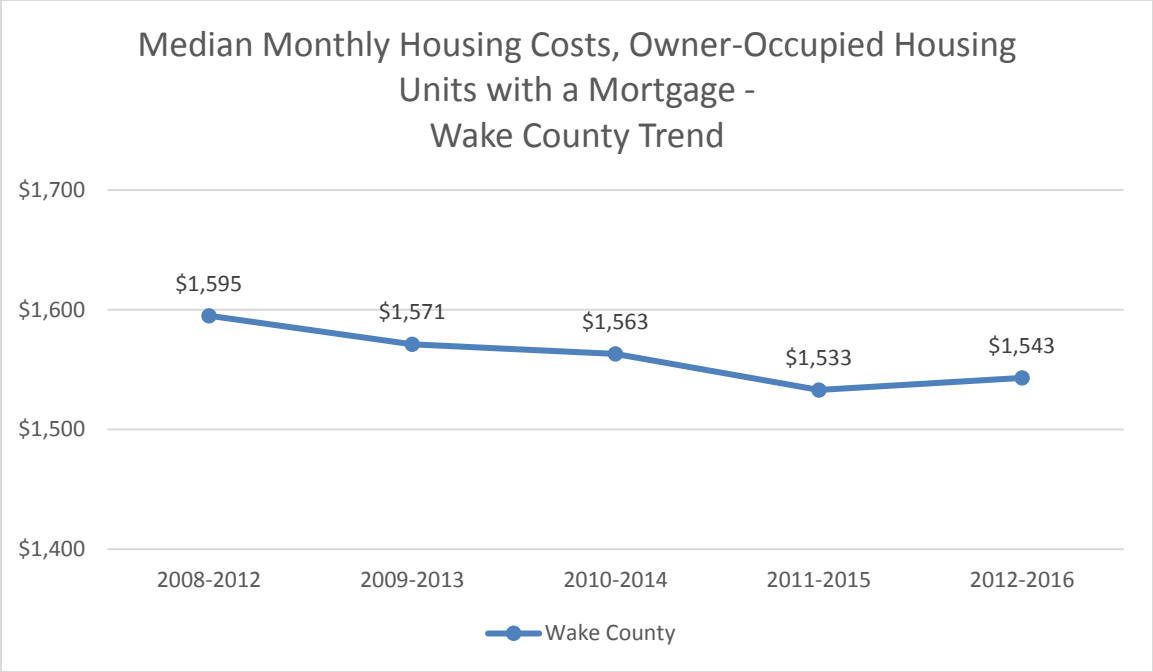
Median Monthly Housing Costs, Owner-Occupied Housing Units with a Mortgage

Existing data show that Wake County has a higher median mortgage cost than both Mecklenburg County, NC and North Carolina. Lower median mortgage costs are indicative of affordable home ownership within a community.



Source: US Census Bureau, American Fact Finder, American Community Survey, American Community Survey (ACS) 5-Year Estimates, Table B25088. Data accessed July 2018.

Wake County is trending in the correct direction and has experienced a compound annual decline of 0.8 percent over the most recent five years of aggregated data periods available.

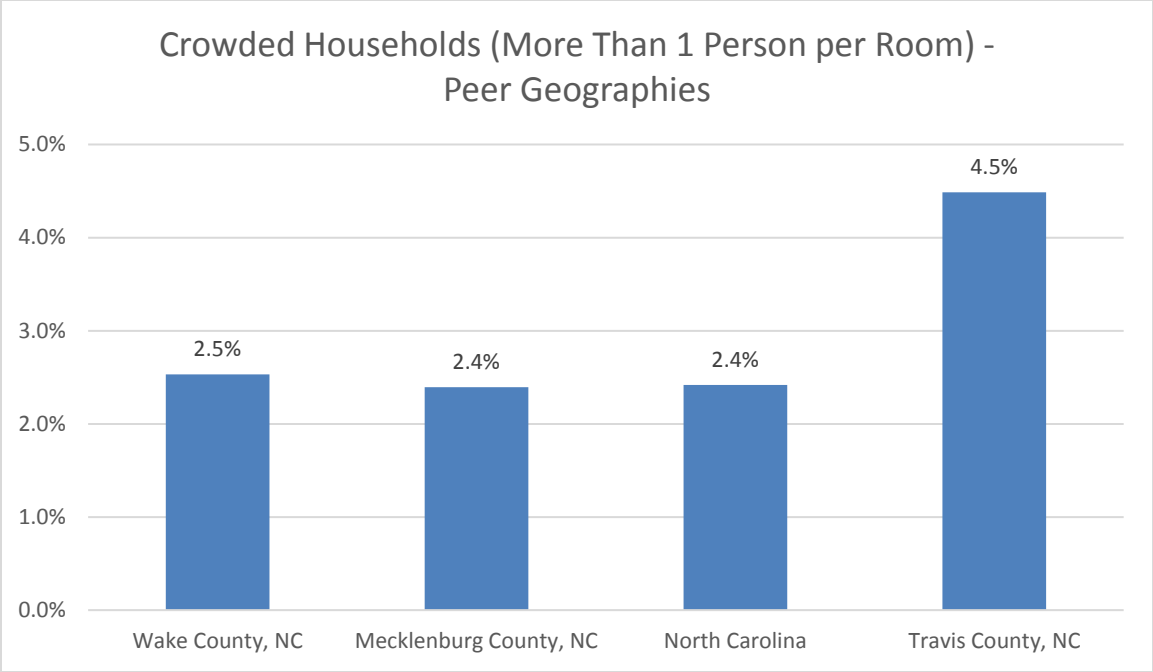


Source: US Census Bureau, American Fact Finder, American Community Survey, American Community Survey (ACS) 5-Year Estimates, Table B25088. Data accessed July 2018.

Existing data were not available by service zone for this measure.

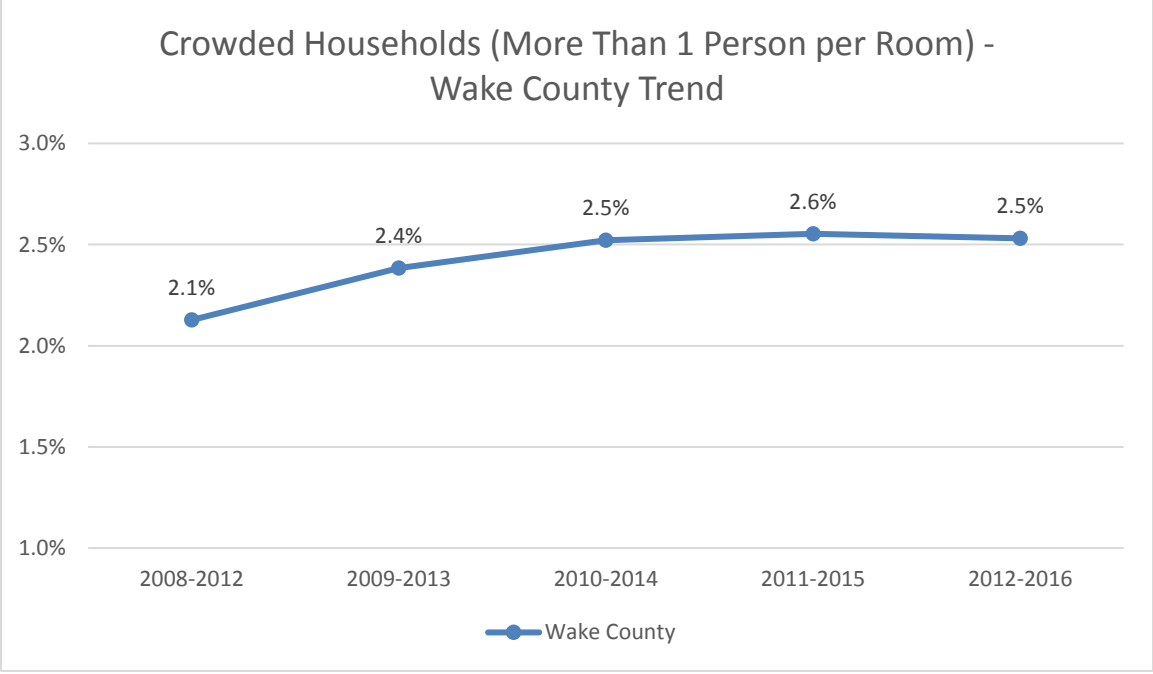
Crowded Households (More Than 1 Person per Room)

Overcrowding is defined as having more than one person per room within a household. Existing data show that Wake County has a slightly higher percentage of households with more than one occupant per room than both Mecklenburg County, NC and North Carolina.



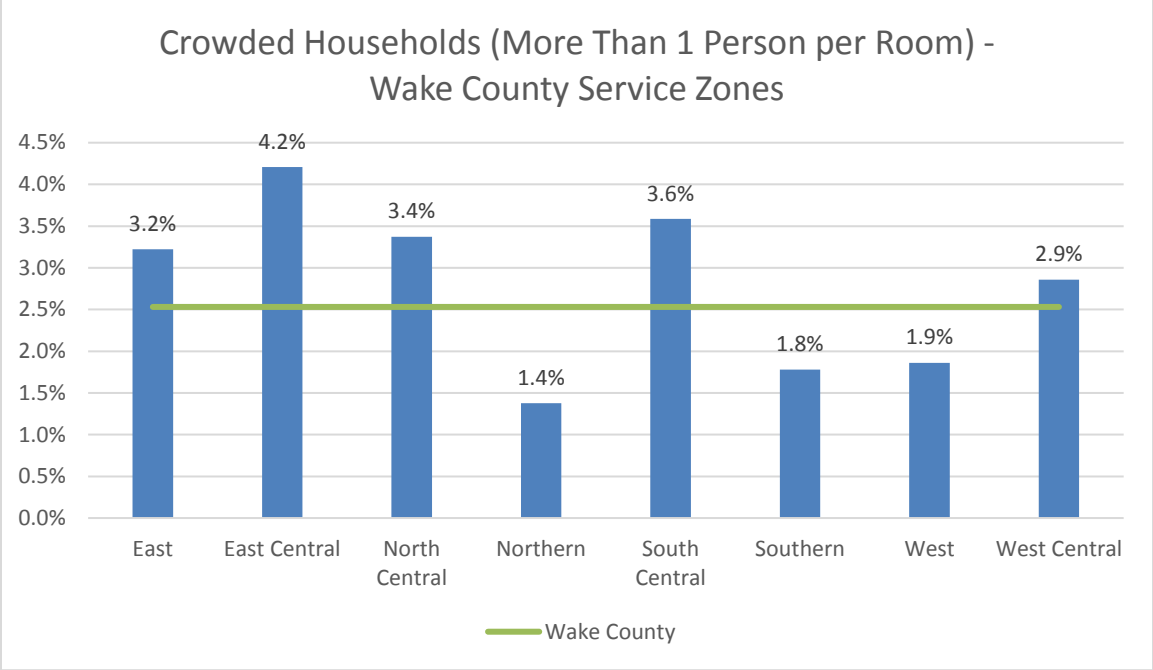
Source: US Census Bureau, American Fact Finder, American Community Survey, American Community Survey (ACS) 5-Year Estimates, Table DP04. Data accessed July 2018.

Wake County is trending in the wrong direction and has experienced a compound annual growth rate of 4.4 percent over the most recent five years of aggregated data periods available.



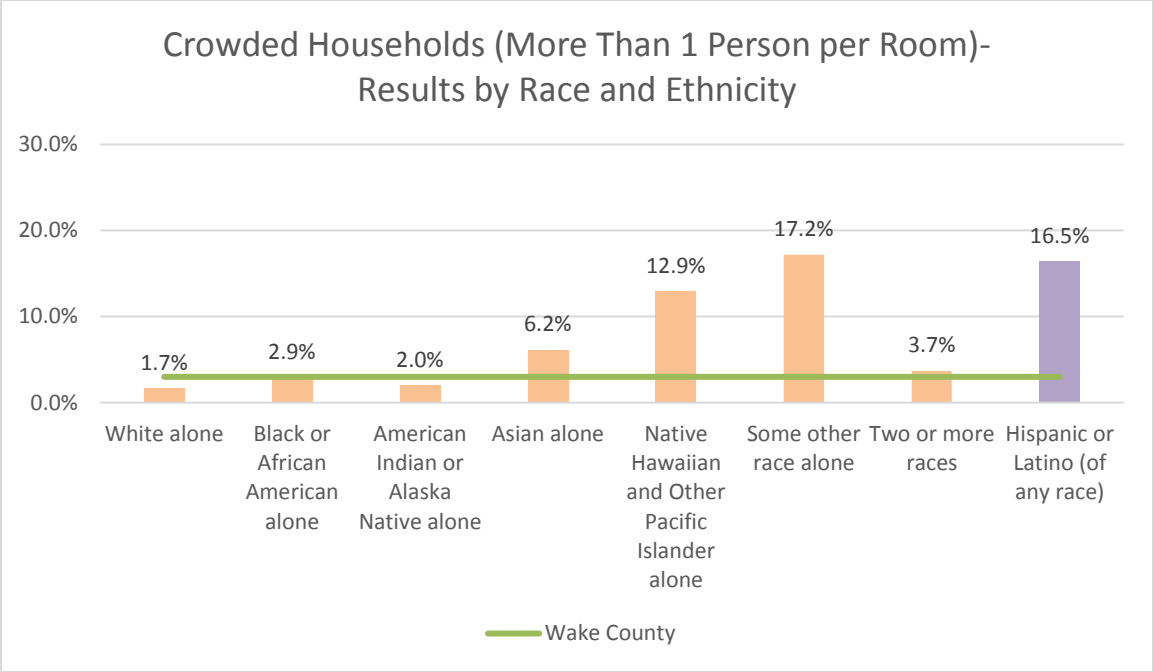
Source: US Census Bureau, American Fact Finder, American Community Survey, American Community Survey (ACS) 5-Year Estimates, Table DP04. Data accessed July 2018.

Among the eight Wake County service zones, five perform have higher percentages than the county overall. The Northern service zone is performing the best with only 1.4 percent of its households having more than one occupant per room.



Source: US Census Bureau, American Fact Finder, American Community Survey, American Community Survey (ACS) 5-Year Estimates, Table DP04. Data accessed July 2018.

As demonstrated below, there are significant differences among racial groups regarding the percentage of households with more than one occupant per room. Whites have the lowest percentage of households with more than one occupant per room (1.7 percent) while the population identifying as some other single race has the highest percentage (17.2 percent). Hispanic or Latino households have nearly 17 percent of households with more than one occupant per room.



Source: US Census Bureau, American Fact Finder, American Community Survey, American Community Survey (ACS) 5-Year Estimates, Table B25014 A-G, I. Data accessed April 2019.

Focus Group Findings

Focus group participants mentioned that a lack of affordable housing, increased gentrification, and a lacking sense of community are all negatively impacting Wake County residents.

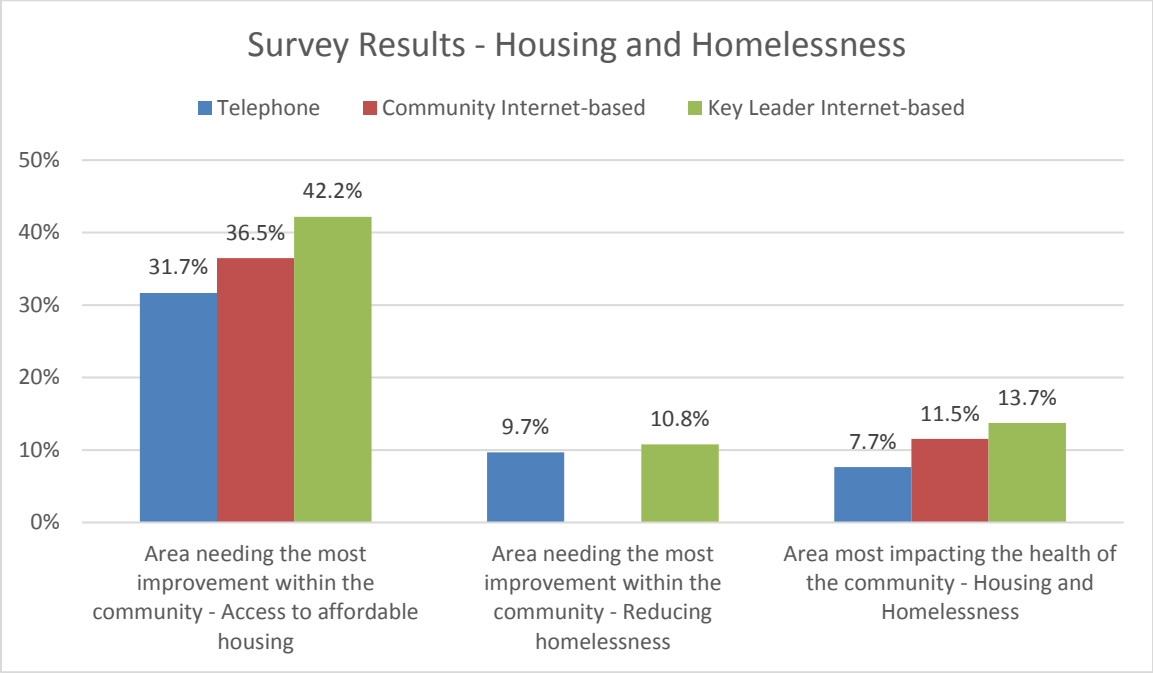
While housing costs have risen, it is perceived that incomes have remained relatively flat. This has created a lack of affordable housing within the community and is leading to people being forced out of their current residencies as areas are being gentrified and further developed. This leads to additional personal stressors that can negatively impact both the health of individuals and the community.

It was also noted that often what is promoted as being "affordable" housing is not realistically financially feasible for residents. There was general agreement among participants that terminology must be adjusted accordingly to most adequately address the concern. "Workforce housing" was a suggested term that is defined as housing that the local population working in the area can afford. Many people are not able to live and work within the same community and are relying on lengthy commutes in and out of Wake County to compensate for the high cost of living. This limits the ability to create a lasting sense of a cohesive community when people are not connected with both their colleagues and neighbors and do not feel as if they truly have a stake in either community. Further, longer commutes contribute negatively to transportation and transit issues discussed previously.

Housing options may vary based on local geography and sub-population groups such as those who have low incomes, the elderly, and young adults.

Survey Results

As discussed in more detail in the methodology sections of Appendix 3, the severity of need for each focus area was determined for select survey questions by ranking responses for each question in order of largest to smallest as a percent of total responses. The following chart details the question topics and corresponding answer choices for which the survey responses demonstrated the most severity.



Note: See Appendix 4 for full data findings by focus area and Appendix 3 for full results by survey method.

Community and Steering Committee Prioritization Input

Housing and Homelessness received 784 votes from community members (10.2 percent of total responses from community members), making it the third ranked focus area based on community input. It received 35 votes from Steering Committee members (15.8 percent of total responses from Steering Committee members), making it the highest ranked focus area from the Steering Committee.

Summary

The Wake County Board of Commissioners is focused on preserving and increasing affordable housing options and reducing homelessness per its Social and Economic Vitality strategic goal area.[21] The Board of Commissioners unanimously passed the Affordable Housing Plan aimed at creating and preserving affordable housing, formed the Affordable Housing Steering Committee to develop a 20-year action plan, and assisted 136 families at Forest Hills Apartments in Garner with finding affordable housing. Housing is

[21] For more information on the Wake County Board of Commissioners strategic goals and objectives, please visit http://www.wakegov.com/commissioners/goals/Pages/default.aspx.

also one of the social determinants of health discussed in the 2018 Wake County Population Health Task Force Report.

While efforts to-date have yielded progress, additional opportunities still exist to better ensure the availability of affordable housing options to Wake County residents. Per the discussion within focus groups, part of ongoing efforts should be aimed at better developing reliable definitions of what affordability truly means to residents.

CHAPTER 5 | FINDINGS BY DISPARATE POPULATION GROUPS

This chapter of the assessment discusses findings by disparate population groups including by each of the eight service zones as well as for CHAT-identified disparate groups (Spanish-speaking individuals, individuals experiencing homelessness, and youth) and population groups identified by the Wake County Population Task Force (Healthy Wake, Vulnerable Populations, and Familiar Faces). In addition, select data regarding disparate health outcomes by race and ethnicity are presented in Appendix 5.

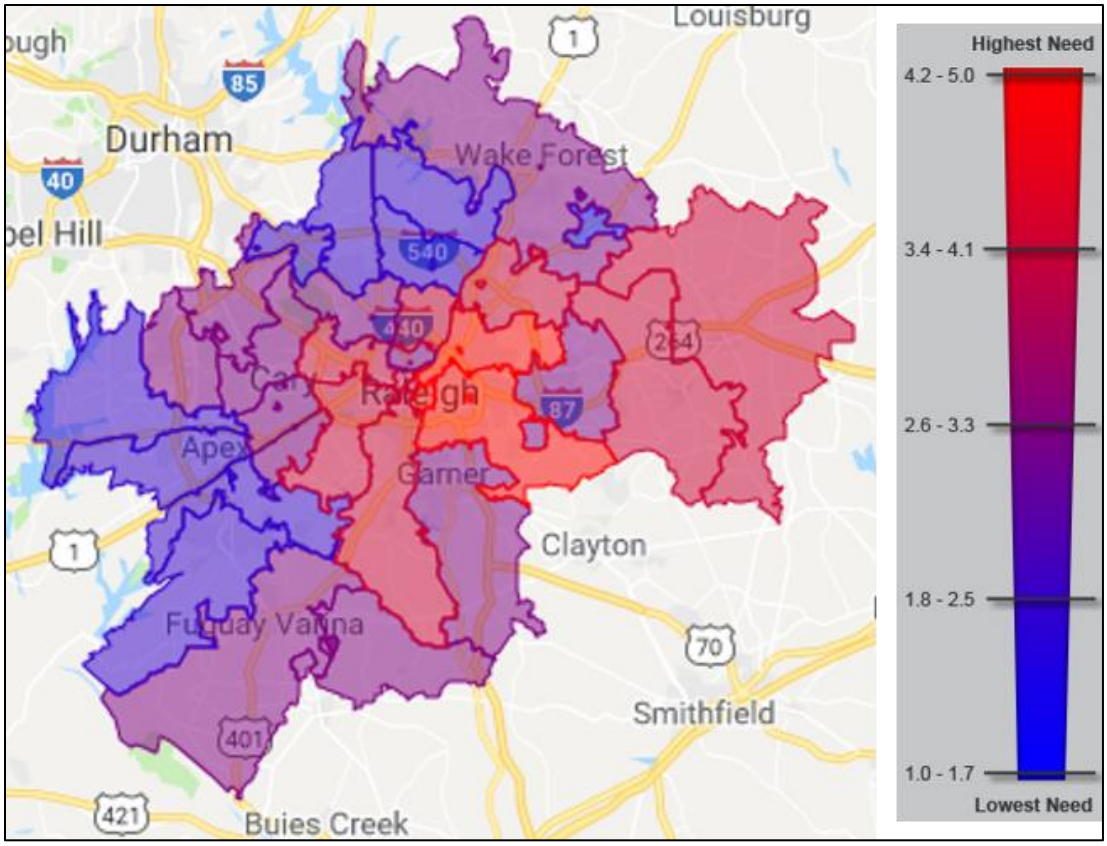
Service Zone Findings

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, available data for the eight service zones were analyzed for each zone individually to determine localized health needs, particularly those that might vary from the needs for the county as a whole.

As discussed previously, existing data were not as readily available at a localized level; as such, 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 prioritization process to ensure that residents and key leaders could provide input regarding the needs of their specific communities. Summaries of findings by zone can be found on the following pages.

One resource that is helpful in demonstrating need variation among geographies is 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 including social determinants of 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 over one third of the county's ZIP codes received a CNI score exceeding 3.4, indicating the presence of socioeconomic barriers to health and healthcare for the populations residing in those areas. As shown on the map below, areas of greatest need are in the central and eastern portions of the county. Please note that since the CNI is based on ZIP code, some of the highlighted areas extend beyond the county borders.



Source: Dignity Health and Truven Health Analytics, Community Need Index. Data accessed March 2019.

East Service Zone

The East service zone represented approximately seven percent of the total Wake County population in 2018. It was the smallest zone in terms of population size in 2010 but grew to surpass the East Central zone based on 2018 population figures. This growth is projected to continue through 2023.

The final scores for the East service zone relative to each of the twenty-one focus areas are provided in the following table.

East Service Zone: Scoring Summary	
Focus Area	**Final Score**
Education	2.82
Substance Use Disorders	2.80
Transportation Options and Transit	2.71
Housing and Homelessness	2.62
Access to Care	2.58
Diet and Exercise (T-6)	2.47
Disabilities (T-6)	2.47
Food Security	2.36
Safety	2.32

East Service Zone: Scoring Summary	
Focus Area	**Final Score**
Quality of Care	2.29
Built Environment	2.23
Mental Health	2.20
Family, Community, and Social Support	2.13
Sexual Health	2.10
Employment	1.93
Income	1.93
Length of Life	1.67
Physical Health	1.65
Tobacco Use	1.20
Maternal and Infant Health	1.13
Environmental Quality	1.05

Select findings for the East service zone are presented below. For detailed findings by focus area, please refer to Appendix 4.

The following table summarizes the existing data measures that support the top scoring focus area for the East service zone and each measure's relationship to national and state benchmarks and targets, as applicable. Existing data related to the second highest scoring focus area (Substance Use Disorders) were not available by service zone.

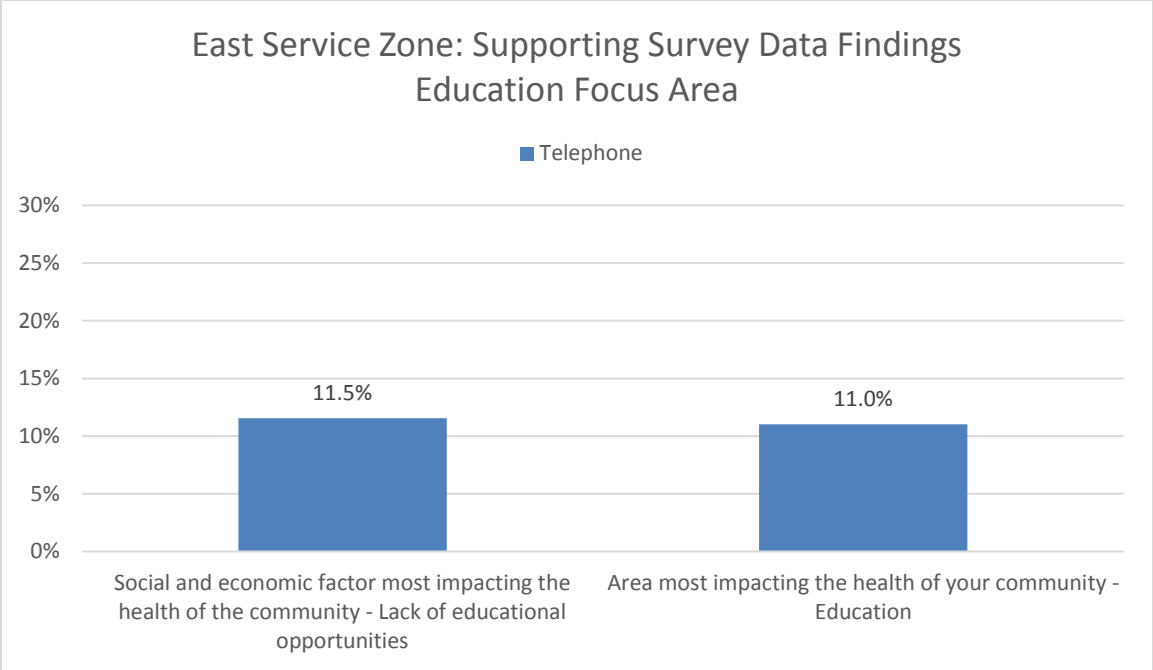
East Service Zone: Supporting Existing Data Findings						
Focus Area	**Data Measure**	**Healthy People 2020 Target**	**Healthy NC 2020 Target**	**Univ. of Wisconsin Top Performer Benchmark**	**Wake County, NC**	**East Service Zone**
Education	Some college (percent of adults aged 25-44 years with some post-secondary education)	NA	NA	72.0%	79.1%	66.2%
Education	Percent of 3-4-year olds enrolled in school	NA	NA	NA	56.3%	45.8%

Note: See Appendix 4 for full data findings by focus area and Appendix 2 for a list of data sources by focus area.

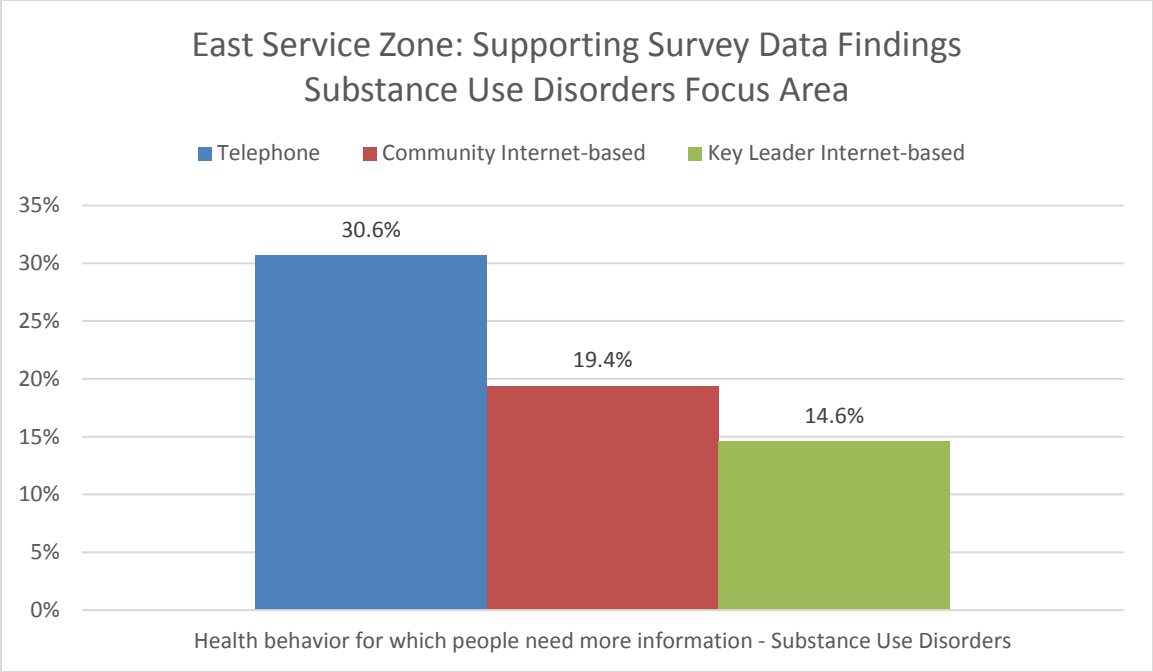
The analysis of newly collected data also supported the highest scoring focus areas. Community members who participated in the focus group held at the Eastern Regional Center believed that substance use disorders and mental health remain as pressing health concerns for their community and for the county overall. These areas were a priority for Wake County in its 2016 CHNA and were found to be present within the East service zone in 2016 as well. Education was also mentioned as a pressing health concern

for residents of the East service zone. The need for better education systems and skill-based programs and opportunities were noted as some of the most important issues to address. Limited higher education opportunities were also discussed as the closest technical college for residents of the East service zone is in Raleigh and many noted difficulties affording tuition and/or the cost and difficulties associated with commuting to and from campus.

As discussed in more detail in the methodology sections of Appendix 3, the severity of need for each focus area was determined by analyzing responses to select survey questions. The following charts detail the question topics and corresponding answer choices for which the survey responses demonstrated the most severity for the two top scoring focus areas in the East service zone.



Note: See Appendix 4 for full data findings by focus area and Appendix 3 for full results by survey method.



Note: See Appendix 4 for full data findings by focus area and Appendix 3 for full results by survey method.

Finally, participants of the county-wide prioritization process from the East zone ranked Education as the fifth most important issue in the community and Substance Use Disorders as the seventh most important issue.

East Central Service Zone

The East Central zone is the smallest in terms of population size and represented approximately seven percent of the total Wake County population in 2018. It also has the highest percentage of its population identifying as female when compared to the other seven service zones. 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 other areas of the county.

The final scores for the East Central service zone relative to each of the twenty-one focus areas are provided in the following table.

East Central Service Zone: Scoring Summary	
Focus Area	**Final Score**
Housing and Homelessness	2.87
Employment	2.69
Family, Community, and Social Support	2.64
Education	2.58
Income	2.53
Mental Health	2.43
Diet and Exercise	2.42
Access to Care	2.40

East Central Service Zone: Scoring Summary	
Focus Area	**Final Score**
Food Security	2.38
Transportation Options and Transit	2.35
Safety	2.34
Substance Use Disorders	2.29
Disabilities	2.26
Quality of Care	2.20
Sexual Health	2.15
Built Environment	1.80
Physical Health	1.65
Tobacco Use	1.50
Length of Life	1.40
Environmental Quality	1.25
Maternal and Infant Health	1.13

Select findings for the East Central service zone are presented below. For detailed findings by focus area, please refer to Appendix 4.

The following table summarizes the existing data measures that support the top scoring focus area for the East Central service zone and each measure's relationship to national and state benchmarks and targets, as applicable. Existing data related to the second highest scoring focus area (Employment) were not available by service zone.

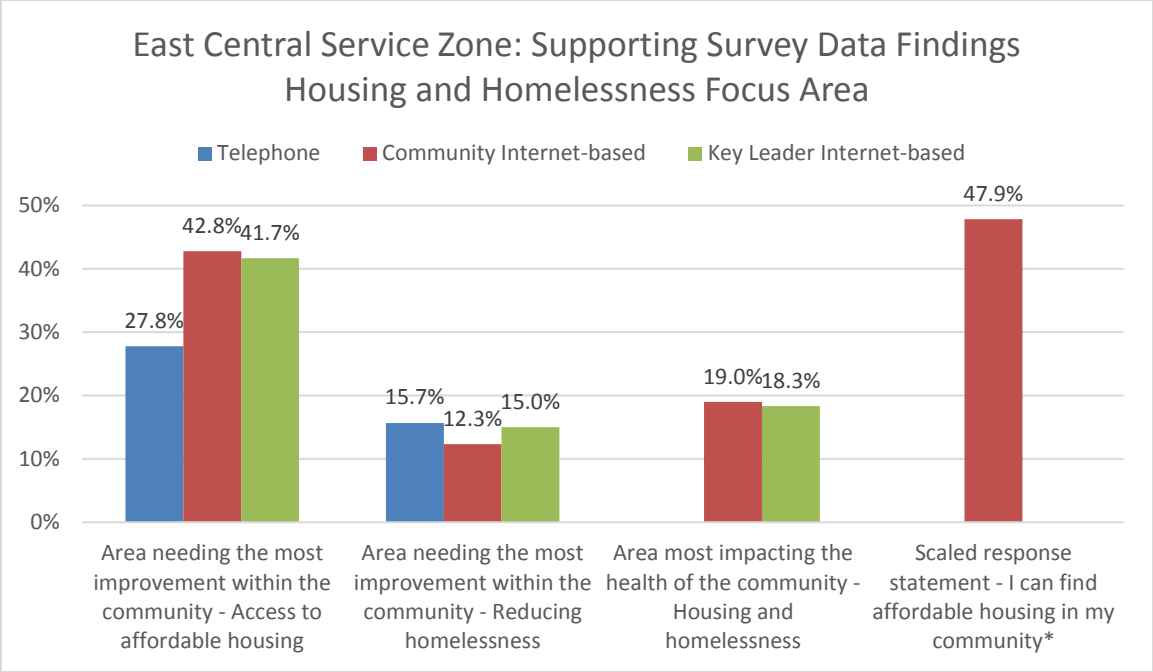
East Central Service Zone: Supporting Existing Data Findings						
Focus Area	**Data Measure**	**Healthy People 2020 Target**	**Healthy NC 2020 Target**	**Univ. of Wisconsin Top Performer Benchmark**	**Wake County, NC**	**East Central Service Zone**
Housing and homelessness	Percentage of people spending more than 30% of their income on rental housing	NA	36.1%	NA	43.5%	56.6%
Housing and homelessness	Crowded households (more than 1 person per room)	NA	NA	NA	2.5%	4.2%
Housing and homelessness	Houses Built Prior to 1950	NA	NA	NA	3.7%	6.7%
Housing and homelessness	Percent of all housing units (occupied and	NA	NA	NA	59.0%	51.3%

East Central Service Zone: Supporting Existing Data Findings						
Focus Area	**Data Measure**	**Healthy People 2020 Target**	**Healthy NC 2020 Target**	**Univ. of Wisconsin Top Performer Benchmark**	**Wake County, NC**	**East Central Service Zone**
	unoccupied) that are occupied by homeowners					

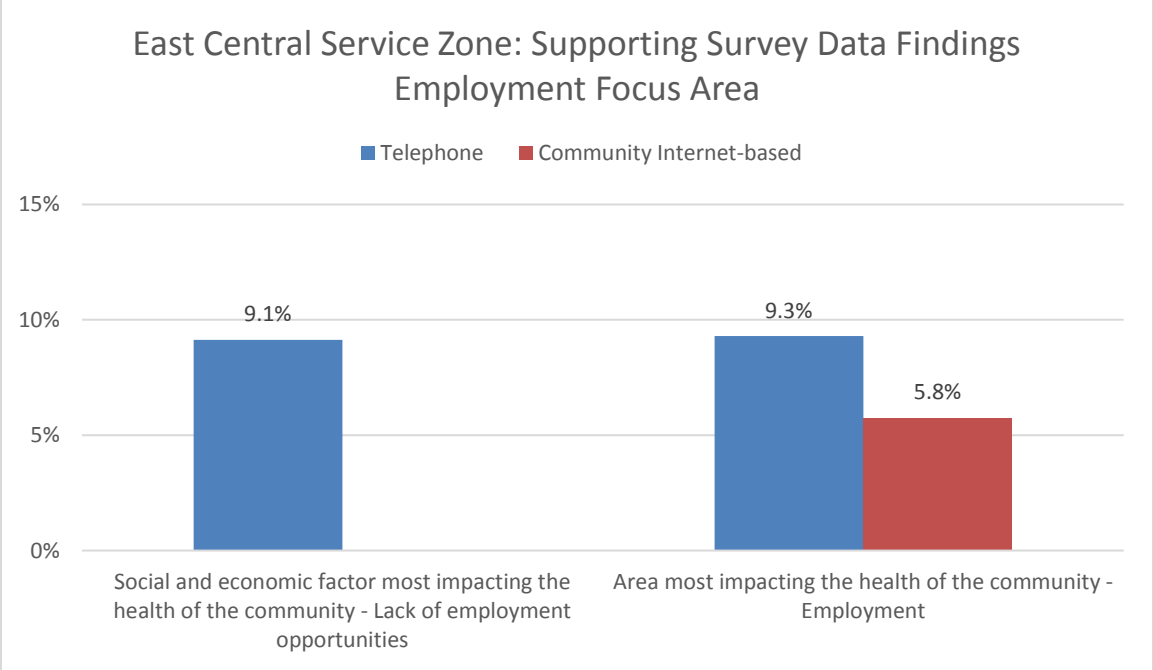
Note: See Appendix 4 for full data findings by focus area and Appendix 2 for a list of data sources by focus area.

Community members who participated in the focus group held at The Light House mentioned that one significant change in their community over the past five years was increased gentrification in the area. Although this has been a problem historically as well, it was noted as increasing at a more significant rate than previously perceived. This is leading to a further decrease in the availability of affordable housing for all members of the community with additional barriers existing for low-income, elderly, and adolescent populations. It was also noted that even housing that is advertised for low-income populations is not affordable for many. Relative to employment, the need for additional programs to help residents find and maintain employment and consider self-employment opportunities were discussed. Such services and programs are especially needed to help those who are recently released from incarceration. Employment was also an identified need for the East Central zone in the 2016 CHNA.

As discussed in more detail in the methodology sections of Appendix 3, the severity of need for each focus area was determined by analyzing responses to select survey questions. The following charts detail the question topics and corresponding answer choices for which the survey responses demonstrated the most severity for the two top scoring focus areas in the East Central service zone.



*Based on the total percent of responses within the 1-2 scale.
Note: See Appendix 4 for full data findings by focus area and Appendix 3 for full results by survey method.



Note: See Appendix 4 for full data findings by focus area and Appendix 3 for full results by survey method.

Finally, participants of the county-wide prioritization process from the East Central zone ranked Housing and Homelessness as the most important issue in the community and Substance Use Disorders as the seventh most important issue.

North Central Service Zone

The North Central zone represented approximately 11 percent of Wake County's 2018 population. It is projected to have the lowest compound annual rate of growth from 2018 to 2023. It has the largest percentage of its population aged 65 or older when compared to the other zones within Wake County.

The final scores for the North Central service zone relative to each of the twenty-one focus areas are provided in the following table.

North Central Service Zone: Scoring Summary	
Focus Area	**Final Score**
Substance Use Disorders	2.88
Family, Community, and Social Support	2.84
Transportation Options and Transit	2.72
Access to Care	2.72
Housing and Homelessness	2.65
Environmental Quality	2.47
Food Security	2.46
Education	2.25
Quality of Care	2.23
Mental Health	2.16
Physical Health	2.10
Built Environment	2.09
Diet and Exercise	2.00
Income	1.83
Disabilities	1.77
Employment	1.71
Sexual Health	1.60
Safety	1.52
Length of Life	1.40
Tobacco Use	1.20
Maternal and Infant Health	1.07

Select findings for the North Central service zone are presented below. For detailed findings by focus area, please refer to Appendix 4.

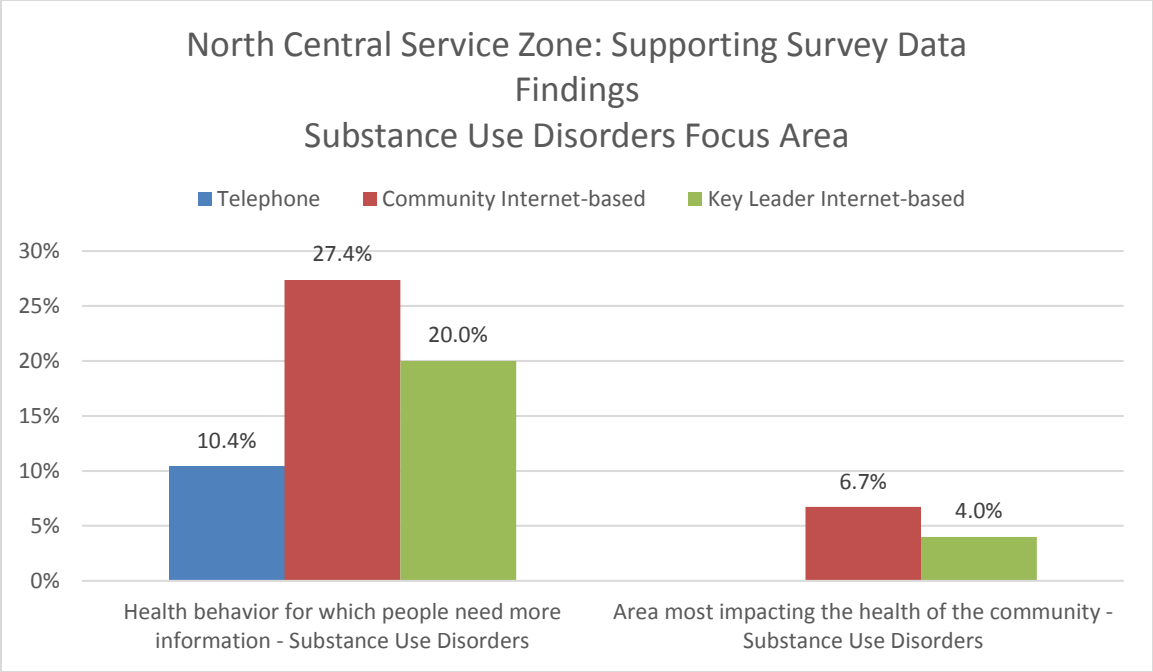
The following table summarizes the existing data measures that support the second top scoring focus area for the North Central service zone and each measure's relationship to national and state benchmarks and targets, as applicable. Existing data related to the top scoring focus area (Substance Use Disorders) were not available by service zone.

North Central Service Zone: Supporting Existing Data Findings						
Focus Area	**Data Measure**	**Healthy People 2020 Target**	**Healthy NC 2020 Target**	**Univ. of Wisconsin Top Performer Benchmark**	**Wake County, NC**	**North Central Service Zone**
Family, community, and social support	Percent of children that live in single-parent household	NA	NA	20.0%	27.0%	38.2%
Family, community, and social support	People 65+ Living Alone	NA	NA	NA	25.3%	28.7%
Family, community, and social support	Limited English-Speaking Households	NA	NA	NA	2.8%	3.0%

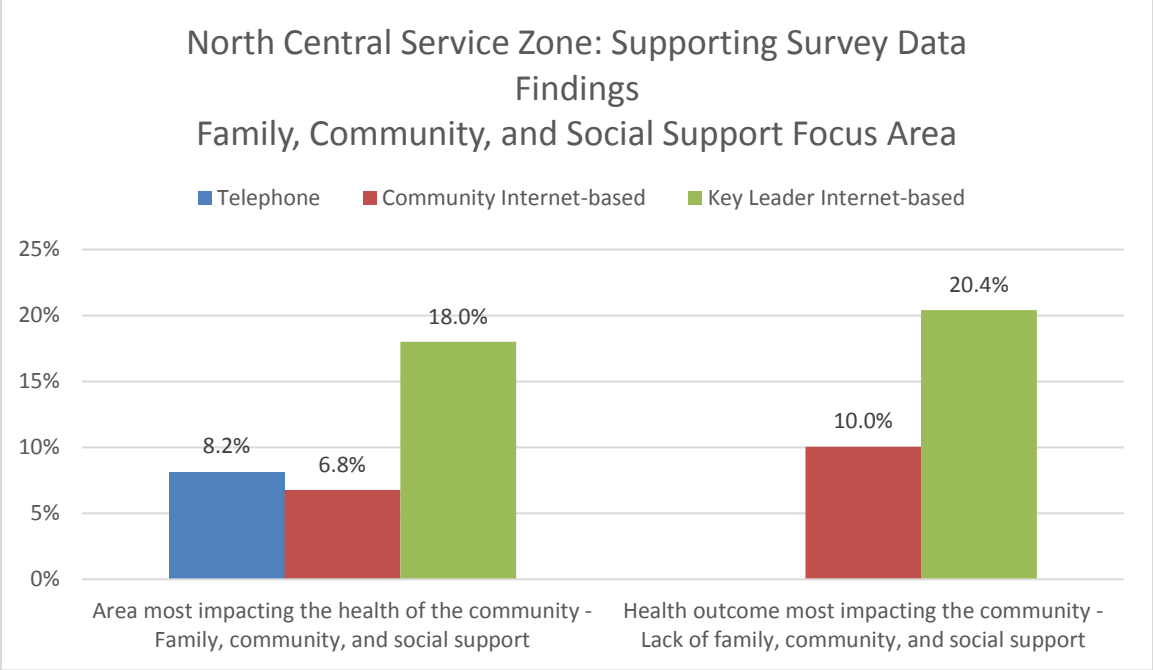
Note: See Appendix 4 for full data findings by focus area and Appendix 2 for a list of data sources by focus area.

Community members who participated in the focus group held at Alliance Health discussed how each of the top two scoring focus areas (Substance Use Disorders and Family, Community, and Social Support) have worsened within the last five years in their community. Specifically, it was noted that abuse of both prescription drugs and tobacco use via electronic cigarettes have increased among residents. Additionally, the negative impact of social media with regard to bullying, a lack of accountability on social media platforms, and a general lack of community engagement and social awareness has noticeably worsened. Participants believed that substance use disorders and mental health remain as pressing health concerns for both their local community and for the county overall. These areas were a priority for Wake County in its 2016 CHNA and were found to be present as a need within the North Central service zone in 2016 as well.

As discussed in more detail in the methodology sections of Appendix 3, the severity of need for each focus area was determined by analyzing responses to select survey questions. The following charts detail the question topics and corresponding answer choices for which the survey responses demonstrated the most severity for the two top scoring focus areas in the North Central service zone.



Note: See Appendix 4 for full data findings by focus area and Appendix 3 for full results by survey method.



Note: See Appendix 4 for full data findings by focus area and Appendix 3 for full results by survey method.

Finally, participants of the county-wide prioritization process from the North Central zone ranked Substance Use Disorders as the seventh most important issue in the community and Family, Community, and Social Support as the fourth most important issue.

Northern Service Zone

The Northern zone represented 16 percent of Wake County's 2018 population. This zone is the least ethnically diverse of the eight service zones with approximately six percent of its 2018 population identifying as Hispanic/Latino. It is also the zone with the largest percentage of its population within the 15 to 44 age group range and the smallest percentage of its population within the 45 to 64 age group range. The Northern zone had the highest median age of all eight service zones at 38.4 years in 2018.

The final scores for the Northern service zone relative to each of the twenty-one focus areas are provided in the following table.

Northern Service Zone: Scoring Summary	
Focus Area	**Final Score**
Transportation Options and Transit	2.49
Substance Use Disorders	2.38
Access to Care	2.30
Quality of Care	2.26
Housing and Homelessness	2.15
Built Environment	2.10
Diet and Exercise	2.07
Family, Community, and Social Support	1.97
Mental Health	1.90
Physical Health	1.83
Education	1.78
Employment	1.70
Environmental Quality	1.65
Disabilities	1.55
Safety	1.46
Food Security	1.46
Income	1.41
Length of Life	1.40
Tobacco Use	1.15
Sexual Health	1.10
Maternal and Infant Health	1.07

Select findings for the Northern service zone are presented below. For detailed findings by focus area, please refer to Appendix 4.

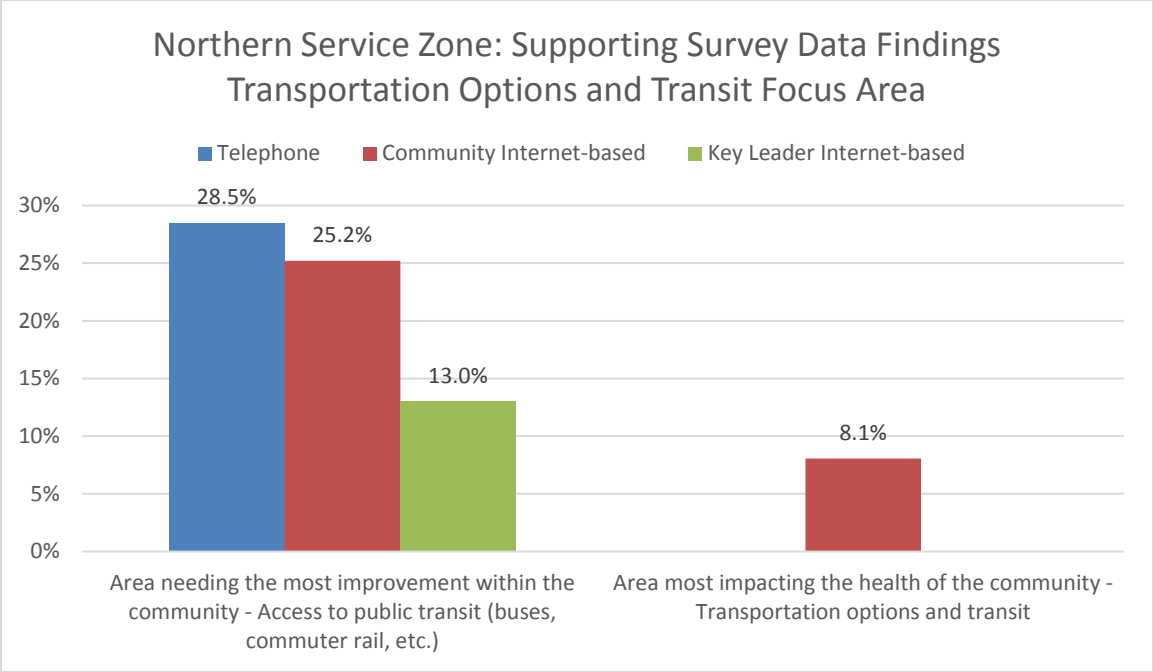
The following table summarizes the existing data measures that support the top scoring focus area for the Northern service zone and each measure's relationship to national and state benchmarks and targets, as applicable. Existing data related to the second highest focus area (Substance Use Disorders) were not available by service zone.

Northern Service Zone: Supporting Existing Data Findings						
Focus Area	**Data Measure**	**Healthy People 2020 Target**	**Healthy NC 2020 Target**	**Univ. of Wisconsin Top Performer Benchmark**	**Wake County, NC**	**Northern Service Zone**
Transportation options and transit	Driving alone to work (percent of the workforce that drives alone to work)	NA	NA	72.0%	79.5%	80.1%
Transportation options and transit	Workers Commuting by Public Transportation	5.5%	NA	NA	1.1%	0.3%
Transportation options and transit	Workers who Walk to Work	3.1%	NA	NA	1.3%	0.7%

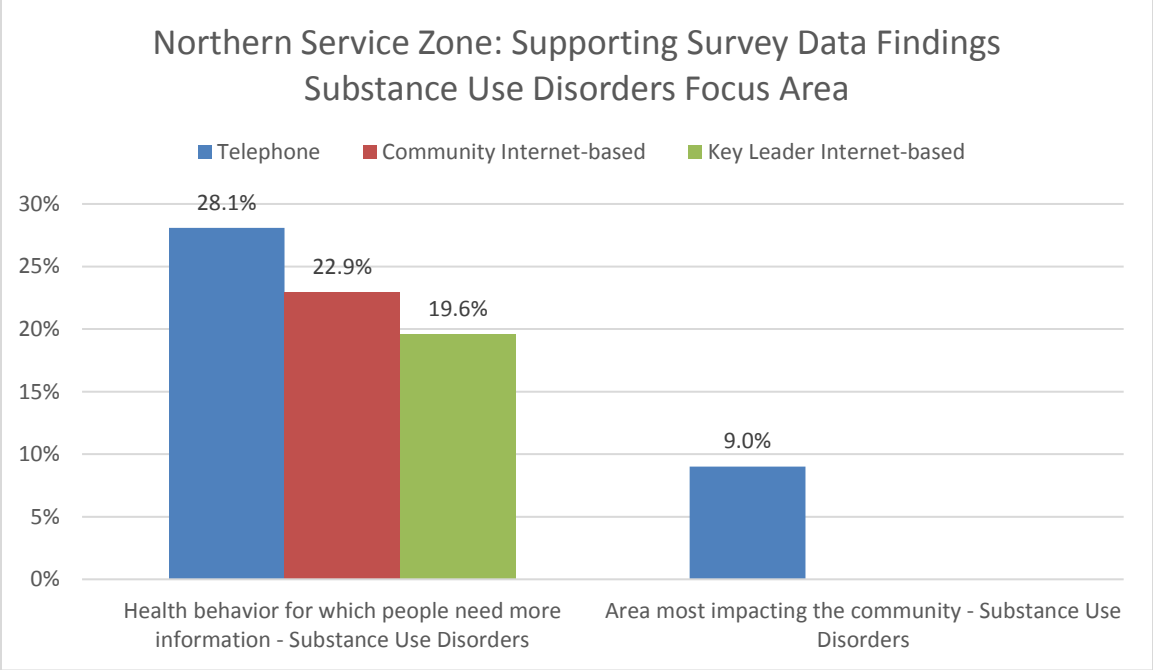
Note: See Appendix 4 for full data findings by focus area and Appendix 2 for a list of data sources by focus area.

Community members who participated in the focus group held at WakeMed North Hospital noted that issues related to transportation and substance use disorders were still needs within Wake County as part of their evaluation of the 2016 CHNA priorities. Transportation was also identified as a need within the Northern service zone in the 2016 CHNA. Although improvements related to transportation could be attributed to the bus routes that now service Wake Forest and the implementation of a bike program, there is still room for improvement in many isolated areas as most resources are still currently focused on high density areas. It was noted that there is still a large deficit of public transportation in Northern zone communities and that this need is exacerbated for senior citizens who can no longer drive, cannot afford transportation, or have no transportation options available to them from their place of residence. Relative to substance use disorders, participants noted that the demand for services is greater than the supply of qualified staff who are trained to help and that the issue is now affecting youth more frequently than before.

As discussed in more detail in the methodology sections of Appendix 3, the severity of need for each focus area was determined by analyzing responses to select survey questions. The following charts detail the question topics and corresponding answer choices for which the survey responses demonstrated the most severity for the two top scoring focus areas in the Northern service zone.



Note: See Appendix 4 for full data findings by focus area and Appendix 3 for full results by survey method.



Note: See Appendix 4 for full data findings by focus area and Appendix 3 for full results by survey method.

Finally, participants of the county-wide prioritization process from the Northern zone ranked Transportation Options and Transit as the most important issue in the community and Substance Use Disorders as the ninth most important issue.

South Central Service Zone

The South Central zone is the second most racially diverse zone within Wake County. This zone represented approximately 11 percent of the total Wake County population in 2018.

The final scores for the South Central service zone relative to each of the twenty-one focus areas are provided in the following table.

South Central Service Zone: Scoring Summary	
Focus Area	**Final Score**
Transportation Options and Transit	2.78
Income	2.73
Employment	2.65
Housing and Homelessness	2.64
Safety	2.49
Access to Care	2.45
Family, Community, and Social Support	2.43
Disabilities	2.40
Mental Health	2.39
Substance Use Disorders (T-10)	2.38
Quality of Care (T-10)	2.38
Food Security	2.38
Physical Health	2.30
Education	2.28
Built Environment	2.20
Sexual Health	2.10
Diet and Exercise	2.05
Length of Life	1.40
Environmental Quality	1.24
Tobacco Use	1.10
Maternal and Infant Health	1.07

Select findings for the South Central service zone are presented below. For detailed findings by focus area, please refer to Appendix 4.

The following table summarizes the existing data measures that support the top two scoring focus areas for the South Central service zone and each measure's relationship to national and state benchmarks and targets, as applicable.

South Central Service Zone: Supporting Existing Data Findings						
Focus Area	**Data Measure**	**Healthy People 2020 Target**	**Healthy NC 2020 Target**	**Univ. of Wisconsin Top Performer Benchmark**	**Wake County, NC**	**South Central Service Zone**
Transportation options and transit	Driving alone to work (percent of the	NA	NA	72.0%	79.5%	81.0%

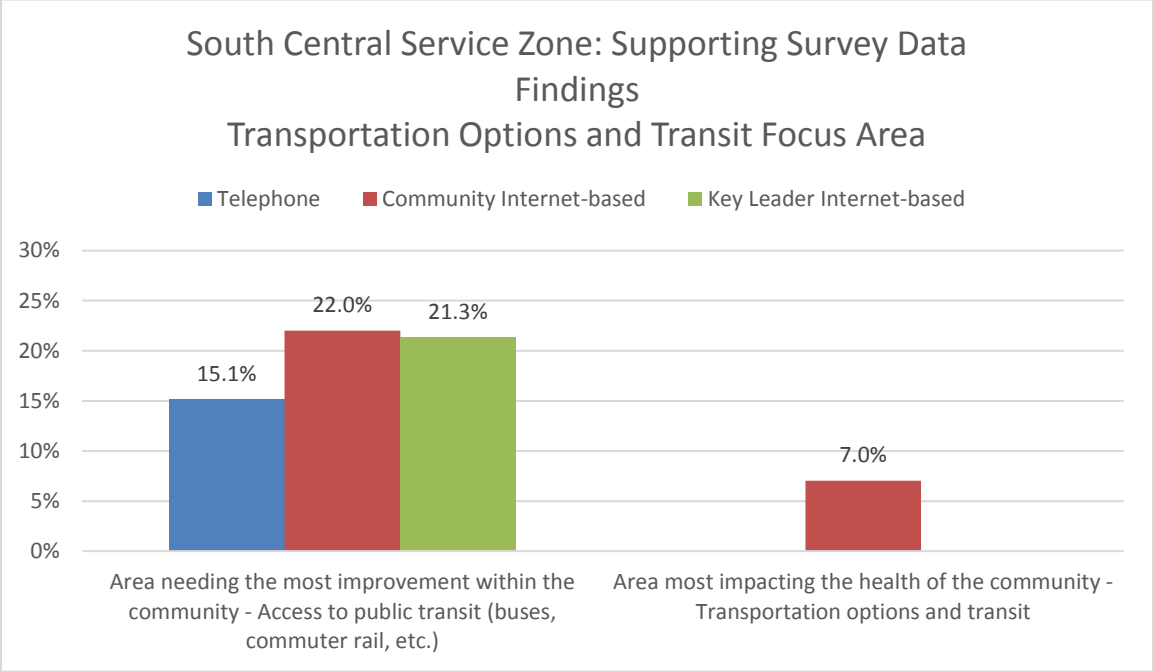
South Central Service Zone: Supporting Existing Data Findings						
Focus Area	**Data Measure**	**Healthy People 2020 Target**	**Healthy NC 2020 Target**	**Univ. of Wisconsin Top Performer Benchmark**	**Wake County, NC**	**South Central Service Zone**
	workforce that drives alone to work)					
Transportation options and transit	Workers Commuting by Public Transportation	5.5%	NA	NA	1.1%	1.6%
Transportation options and transit	Workers who Walk to Work	3.1%	NA	NA	1.3%	1.2%
Transportation options and transit	Households without a Vehicle	NA	NA	NA	4.3%	4.8%
Income	Children in poverty (percent of children under age 18 in poverty)	22.0%	NA	NA	14.3%	25.1%
Income	Households with Cash Public Assistance Income	NA	NA	NA	1.2%	1.6%
Income	Percent of population below 200% federal poverty level	NA	NA	NA	25.3%	38.7%
Income	People 65+ Living Below Poverty Level	NA	NA	NA	5.8%	6.9%
Income	Percentage of individuals living in poverty	NA	12.5%	NA	10.8%	18.2%
Income	Families Living Below Poverty Level	NA	NA	NA	7.4%	11.8%

Note: See Appendix 4 for full data findings by focus area and Appendix 2 for a list of data sources by focus area.

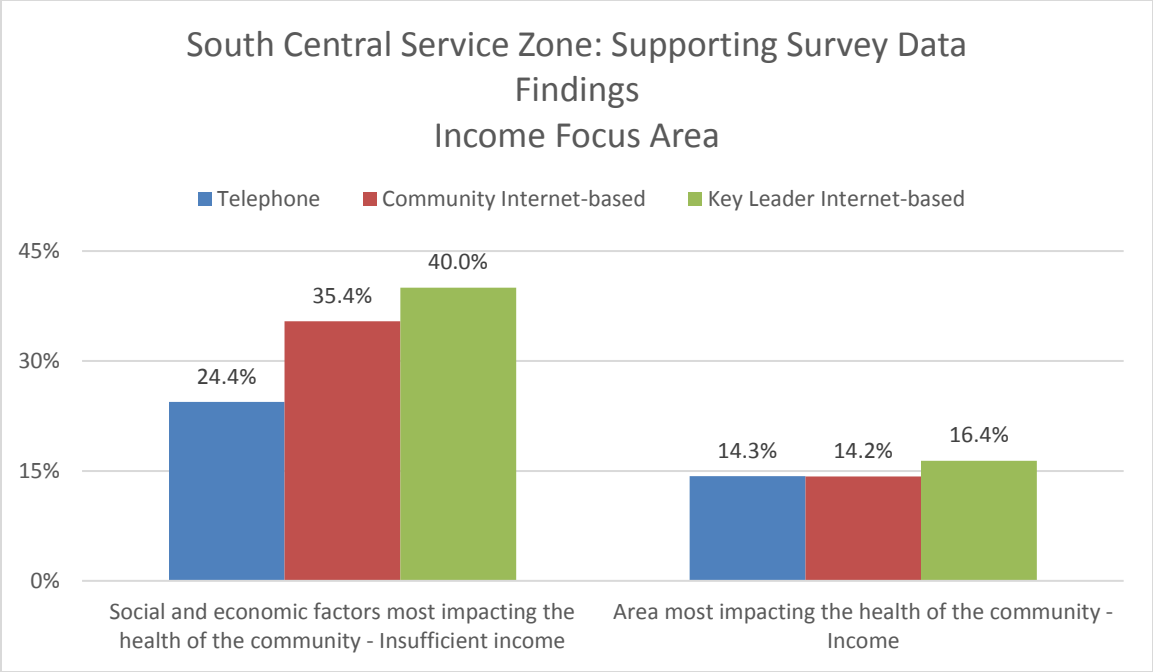
Community members who participated in the focus group held at the REX Wellness Center of Garner felt that issues related to transportation still existed as an area for improvement both within the county and within the South Central service zone. They also mentioned that traveling around town has become more difficult over recent years. This was an identified priority for the county overall and was identified as an

area of need for the South Central zone in the 2016 CHNA. Participants felt that bus routes within their community were not convenient and the lack of a bus stop at the senior center was particularly concerning.

As discussed in more detail in the methodology sections of Appendix 3, the severity of need for each focus area was determined by analyzing responses to select survey questions. The following charts detail the question topics and corresponding answer choices for which the survey responses demonstrated the most severity for the two top scoring focus areas in the South Central service zone.



Note: See Appendix 4 for full data findings by focus area and Appendix 3 for full results by survey method.



Note: See Appendix 4 for full data findings by focus area and Appendix 3 for full results by survey method.

Finally, participants of the county-wide prioritization process from the South Central zone ranked Transportation Options and Transit as the third most important issue in the community and Income as the fourteenth most important issue.

Southern Service Zone

The Southern zone represented approximately 13 percent of the 2018 Wake County population. This zone has the highest projected compound annual growth rates from both 2010 to 2023 and from 2018 to 2023. It has the highest percentage of its population ages 15 and under and is the least racially diverse when compared to the remaining zones.

The final scores for the Southern service zone relative to each of the twenty-one focus areas are provided in the following table.

Southern Service Zone: Scoring Summary	
Focus Area	**Final Score**
Built Environment	2.53
Transportation Options and Transit	2.51
Mental Health	2.40
Quality of Care	2.36
Substance Use Disorders	2.32
Housing and Homelessness	2.25
Employment	2.20
Access to Care	2.17
Diet and Exercise	2.05
Education	1.98

Southern Service Zone: Scoring Summary	
Focus Area	**Final Score**
Family, Community, and Social Support	1.95
Physical Health	1.85
Disabilities	1.77
Safety	1.44
Environmental Quality	1.44
Income	1.41
Length of Life	1.40
Food Security	1.35
Tobacco Use	1.20
Sexual Health	1.13
Maternal and Infant Health	1.07

Select findings for the Southern service zone are presented below. For detailed findings by focus area, please refer to Appendix 4.

The following table summarizes the existing data measures that support the second top scoring focus area for the Southern service zone and each measure's relationship to national and state benchmarks and targets, as applicable. Existing data were not available by service zone for the top scoring focus area (Built Environment) focus area.

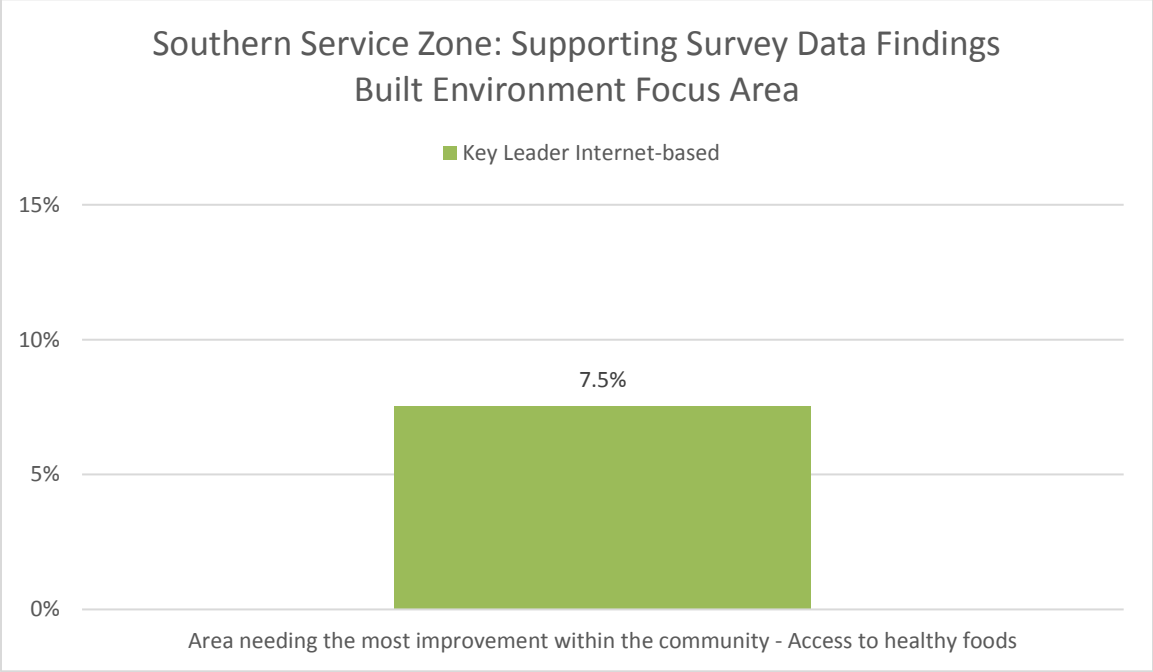
Southern Service Zone: Supporting Existing Data Findings						
Focus Area	**Data Measure**	**Healthy People 2020 Target**	**Healthy NC 2020 Target**	**Univ. of Wisconsin Top Performer Benchmark**	**Wake County, NC**	**East Service Zone**
Transportation options and transit	Driving alone to work (percent of the workforce that drives alone to work)	NA	NA	72.0%	79.5%	80.1%
Transportation options and transit	Workers Commuting by Public Transportation	5.5%	NA	NA	1.1%	0.5%
Transportation options and transit	Workers who Walk to Work	3.1%	NA	NA	1.3%	0.6%

Note: See Appendix 4 for full data findings by focus area and Appendix 2 for a list of data sources by focus area.

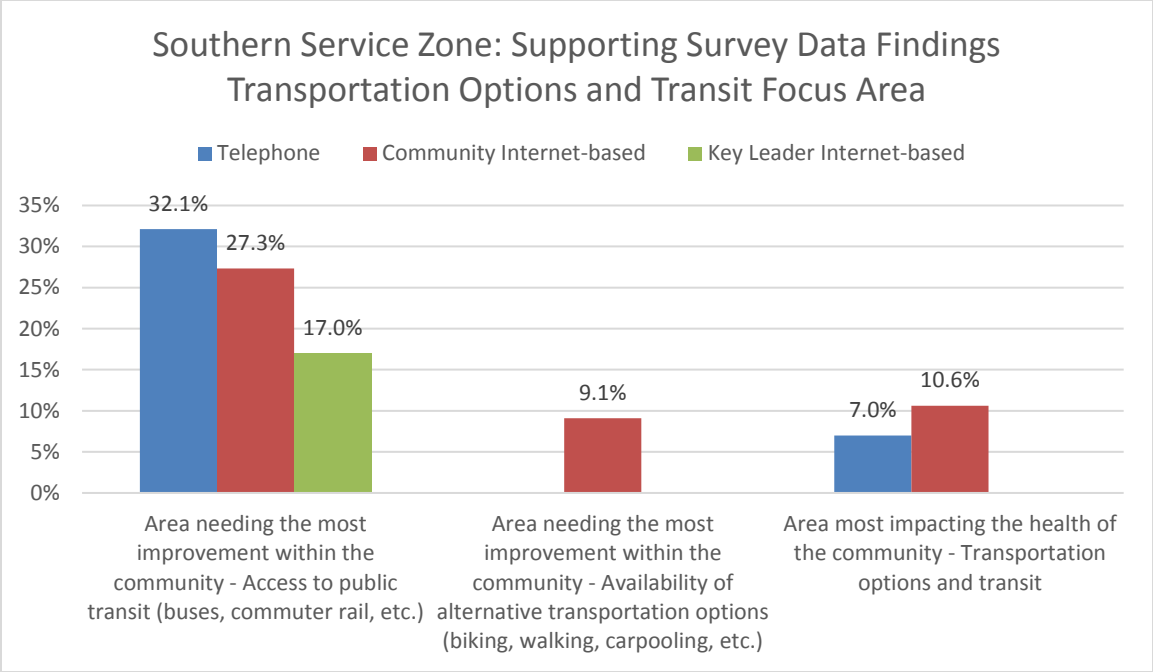
Residents of the Southern service zone who participated in the focus group held at Holly Springs Town Hall noted issues related to the two top scoring focus areas (Transportation Options and Transit and Built Environment) as pressing health concerns within their community. Transportation was also an identified priority for the county overall and was identified as an area of need for the Southern zone in the 2016 CHNA. Participants mentioned that certain sub-groups within the zone have even more prevalent transportation issues including the low-income and elderly populations. The conversation regarding the

Built Environment focus area primarily focused on the lack of existing resources and need for better information sharing of resources that do exist. There is a perceived need for additional resources within schools (such as school nurses and social workers) to help promote healthy behaviors at an earlier age. In addition, it was mentioned that more health information dissemination channels are needed to ensure that people are aware of the resources that are available within the community. It was also noted that an increased effort on identifying and treating the root causes of health issues would help make the community healthier.

As discussed in more detail in the methodology sections of Appendix 3, the severity of need for each focus area was determined by analyzing responses to select survey questions. The following charts detail the question topics and corresponding answer choices for which the survey responses demonstrated the most severity for the two top scoring focus areas in the Southern service zone.



Note: See Appendix 4 for full data findings by focus area and Appendix 3 for full results by survey method.



Note: See Appendix 4 for full data findings by focus area and Appendix 3 for full results by survey method.

Finally, participants of the county-wide prioritization process from the Southern zone ranked Built Environment as the fourth most important issue in the community and Transportation Options and Transit as the top most important issue.

West Service Zone

The West zone is the largest in terms of population size and represented approximately 25 percent of Wake County's total 2018 population. This service zone also has the highest median household income of the eight zones and the lowest percentage of its population ages 65 and older.

The final scores for the West service zone relative to each of the twenty-one focus areas are provided in the following table.

West Service Zone: Scoring Summary	
Focus Area	**Final Score**
Transportation Options and Transit	2.52
Substance Use Disorders	2.51
Access to Care	2.31
Environmental Quality	2.27
Quality of Care	2.21
Physical Health	2.20
Family, Community, and Social Support	2.19
Housing and Homelessness	2.11
Diet and Exercise	2.07
Employment	1.90
Built Environment	1.89

West Service Zone: Scoring Summary	
Focus Area	**Final Score**
Mental Health	1.87
Education	1.76
Safety	1.52
Food Security	1.46
Income	1.43
Length of Life	1.40
Tobacco Use	1.40
Disabilities	1.30
Sexual Health	1.13
Maternal and Infant Health	1.07

Select findings for the West service zone are presented below. For detailed findings by focus area, please refer to Appendix 4.

The following table summarizes the existing data measures that support the top scoring focus area for the West service zone and each measure's relationship to national and state benchmarks and targets, as applicable. Existing data related to the second highest scoring focus area (Substance Use Disorders) were not available by service zone.

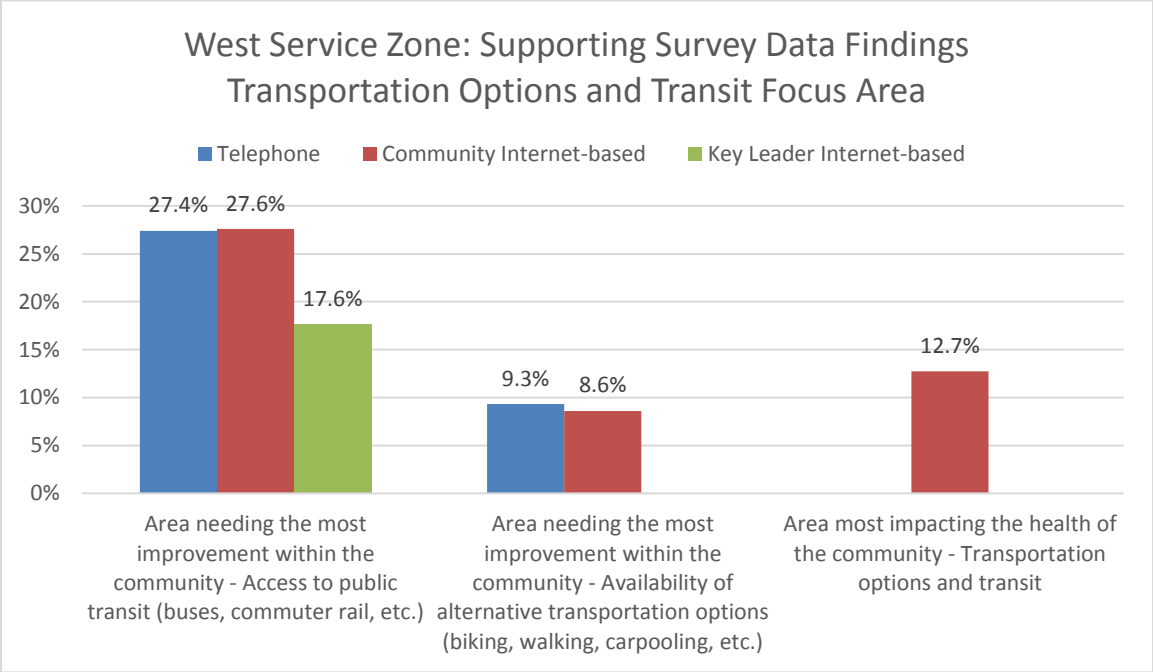
West Service Zone: Supporting Existing Data Findings						
Focus Area	**Data Measure**	**Healthy People 2020 Target**	**Healthy NC 2020 Target**	**Univ. of Wisconsin Top Performer Benchmark**	**Wake County, NC**	**West Service Zone**
Transportation options and transit	Driving alone to work (percent of the workforce that drives alone to work)	NA	NA	72.0%	79.5%	79.9%
Transportation options and transit	Workers Commuting by Public Transportation	5.5%	NA	NA	1.1%	0.6%
Transportation options and transit	Workers who Walk to Work	3.1%	NA	NA	1.3%	1.0%

Note: See Appendix 4 for full data findings by focus area and Appendix 2 for a list of data sources by focus area.

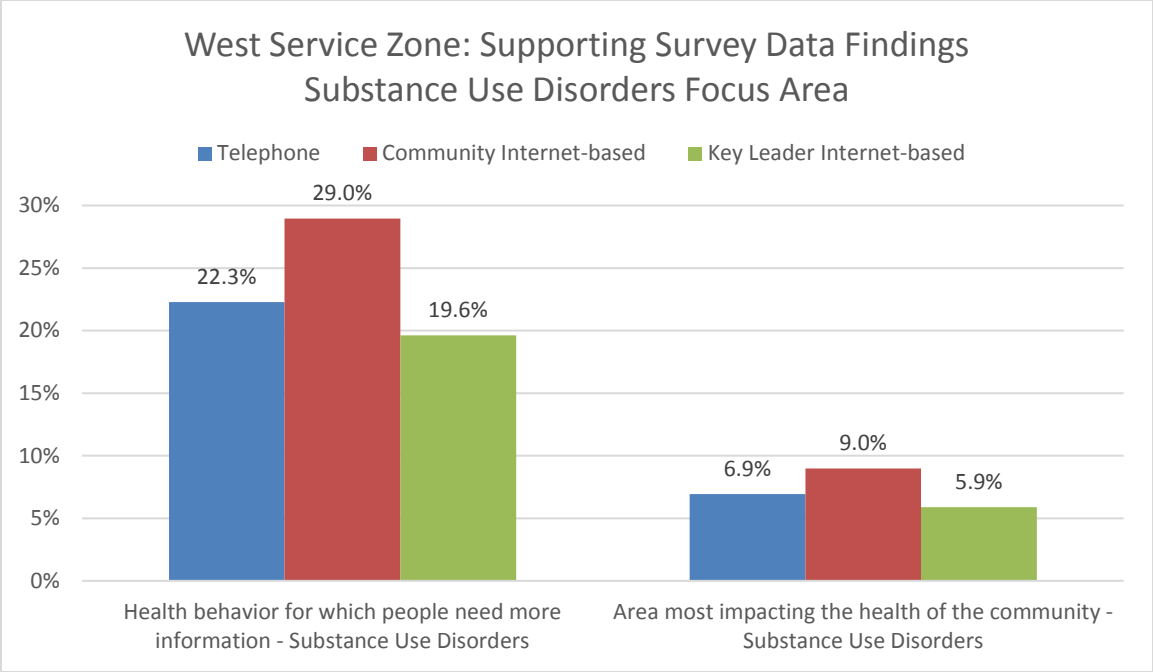
Community members who participated in the focus group held at West Cary Middle School mentioned increases in the prevalence of substance use disorders within the community particularly as related to the number of opioid overdoses. This remains as a top finding for the West zone since 2016. The need for additional resources to help prevent and treat substance use disorders were also discussed as pressing health concerns. The lack of alternative transportation options within the community was also noted as a

remaining health concern from the 2016 CHNA. Specifically, the lack of bikes lanes was a point of discussion in relation to this focus area for the current assessment.

As discussed in more detail in the methodology sections of Appendix 3, the severity of need for each focus area was determined by analyzing responses to select survey questions. The following charts detail the question topics and corresponding answer choices for which the survey responses demonstrated the most severity for the two top scoring focus areas in the West service zone.



Note: See Appendix 4 for full data findings by focus area and Appendix 3 for full results by survey method.



Note: See Appendix 4 for full data findings by focus area and Appendix 3 for full results by survey method.

Finally, participants of the county-wide prioritization process from the West zone ranked Transportation Options and Transit as the most important issue in the community and Substance Use Disorders as the eighth most important issue.

West Central Service Zone

The West Central zone represented approximately 10 percent of the 2018 Wake County population. This zone has the largest percentage of its population identifying as male when compared to the other service zones. It also has the lowest median age of the eight service zones.

The final scores for the West Central service zone relative to each of the twenty-one focus areas are provided in the following table.

West Central Service Zone: Scoring Summary	
Focus Area	**Final Score**
Substance Use Disorders	2.88
Housing and Homelessness	2.87
Family, Community, and Social Support	2.83
Food Security	2.50
Transportation Options and Transit	2.47
Access to Care	2.41
Diet and Exercise	2.40
Environmental Quality	2.37
Physical Health	2.35
Safety	2.26
Mental Health	2.18

West Central Service Zone: Scoring Summary	
Focus Area	**Final Score**
Quality of Care	2.11
Sexual Health	2.10
Income	2.02
Employment	1.80
Education	1.75
Built Environment	1.73
Maternal and Infant Health	1.53
Length of Life	1.27
Tobacco Use	1.25
Disabilities	1.23

Select findings for the West Central service zone are presented below. For detailed findings by focus areas, please refer to Appendix 4.

The following table summarizes the existing data measures that support the second top scoring focus area for the West Central service zone and each measure's relationship to national and state benchmarks and targets, as applicable. Existing data related to the top scoring focus area (Substance Use Disorders) were not available by service zone.

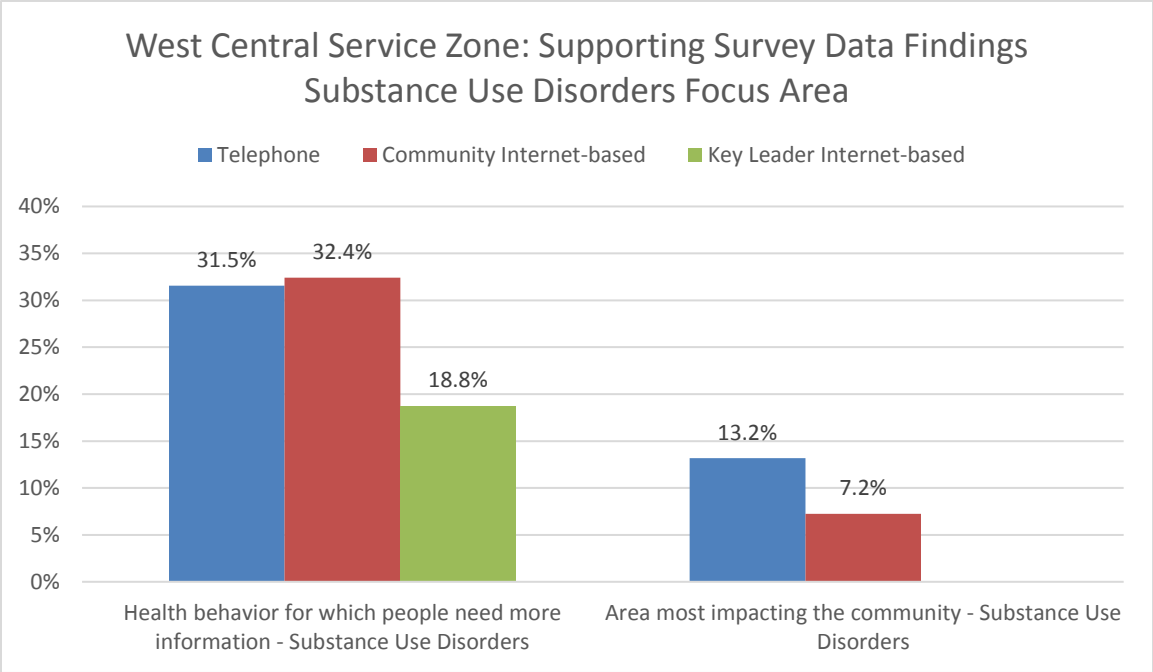
West Central Service Zone: Supporting Existing Data Findings						
Focus Area	**Data Measure**	**Healthy People 2020 Target**	**Healthy NC 2020 Target**	**Univ. of Wisconsin Top Performer Benchmark**	**Wake County, NC**	**West Central Service Zone**
Housing and homelessness	Percentage of people spending more than 30% of their income on rental housing	NA	36.1%	NA	43.5%	45.1%
Housing and homelessness	Crowded households (more than 1 person per room)	NA	NA	NA	2.5%	2.9%
Housing and homelessness	Houses Built Prior to 1950	NA	NA	NA	3.7%	16.8%
Housing and homelessness	Percent of all housing units (occupied and unoccupied) that are	NA	NA	NA	59.0%	37.8%

West Central Service Zone: Supporting Existing Data Findings						
Focus Area	**Data Measure**	**Healthy People 2020 Target**	**Healthy NC 2020 Target**	**Univ. of Wisconsin Top Performer Benchmark**	**Wake County, NC**	**West Central Service Zone**
	occupied by homeowners					

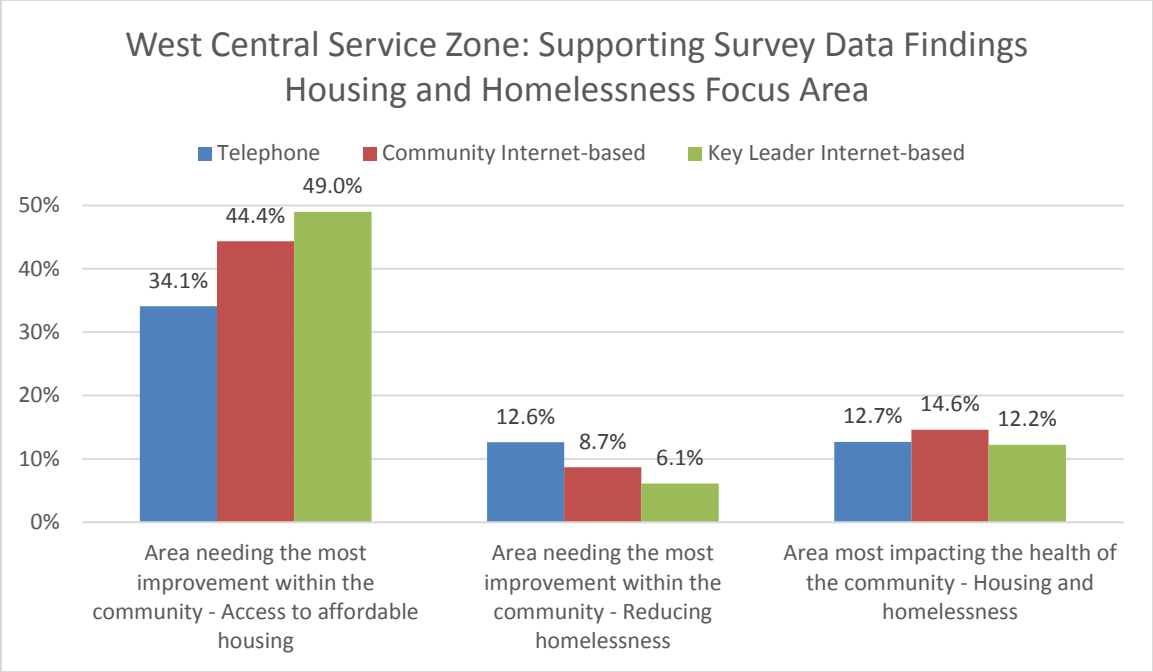
Note: See Appendix 4 for full data findings by focus area and Appendix 2 for a list of data sources by focus area.

Community members who participated in the focus group held at Pullen Park Community Center mentioned that substance use disorders and additional affordable housing for the low-income populations are both pressing health concerns within the West Central service zone. Additional resources and efforts geared towards reducing the stigmas associated with substance use disorders and mental health conditions are needed. In addition, more crisis intervention training for law enforcement officers could help to increase appropriate courses of action for people suffering from such issues.

As discussed in more detail in the methodology sections of Appendix 3, the severity of need for each focus area was determined by analyzing responses to select survey questions. The following charts detail the question topics and corresponding answer choices for which the survey responses demonstrated the most severity for the two top scoring focus areas in the West Central service zone.



Note: See Appendix 4 for full data findings by focus area and Appendix 3 for full results by survey method.



Note: See Appendix 4 for full data findings by focus area and Appendix 3 for full results by survey method.

Finally, participants of the county-wide prioritization process from the West Central zone ranked Substance Use Disorders as the sixth most important issue in the community and Housing and Homelessness as the most important issue.

CHAT-Identified Disparate Populations

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 gather data for these sub-segments of the greater population through qualitative data collected throughout the CHNA process. This portion of the assessment includes a summary of the needs identified by three specific sub-population groups via focus groups including Spanish-speaking individuals, individuals experiencing homelessness, and youth. While Spanish-speaking individuals and individuals experiencing homelessness were included in the targeted focus group approach utilized in the 2016 CHNA, this is the first Wake County CHNA that specifically targeted youth participants through focus group participation. This youth-focused discussion was made possible through the efforts of Youth Thrive and their involvement as members of the CHAT during the 2019 CHNA process.

<u>Spanish-speaking Individuals</u>

The Spanish-speaking focus group was held at Millbrook Human Services Center and consisted of nine participants.[22] The following high need areas were identified throughout the discussion:

[22] Based on the number of participants on the sign-in sheet.

- Access to care
- Built environment
- Family, community, and social support
- Mental health
- Physical health
- Substance use disorders
- Transportation options and transit

Many themes emerged throughout the discussion. While it was noted that the number of services for Latinos has increased over the past five years, there is still a great need for more community outreach and additional advisors/guides to provide people with information on available resources/services. This can help encourage the community to access existing resources and preventive care. Such efforts should be focused in locations frequented by people in the community such as supermarkets, ESL classes, churches, etc. It is essential that outreach efforts reach people where they are within the community versus requiring community members to seek out services. In addition, having access to transportation to reach existing services is currently lacking.

With regard to preventive care, more education is needed to encourage people to access care in the most appropriate setting. Cultural differences regarding preventive care exists and must be overcome. Teaching the importance of preventive care on overall health can be as simple as teaching individuals how to cook healthy foods, how to manage chronic illnesses, and how the healthcare system and health insurance works.

Language barriers and fear both exist and keep Latinos from asking or applying for help via existing resources. Fear of deportation keeps people from seeking care and utilizing programs. There is a great need for the community and political climate to be more welcoming to the Spanish-speaking population. These stressors have a negative effect on mental health and substance use which were noted as top health concerns for the Latino population. More cultural competence and acceptance of the immigrant population is needed.

The participants were also asked to identify specific vulnerable sub-groups within the Spanish-speaking community. Vulnerable groups mentioned included the elderly, adults over the age of 21 years old, parents of children, those without lay advisors (*promotoras de salud*), and those who do not speak English. While children may have Medicaid, older populations may not have health insurance or may not have access to existing resources after aging out. Daytime services for the elderly population, specifically services and events being conducted in Spanish, were noted as resources that are needed within Wake County to encourage social engagement.

Individuals Experiencing Homelessness

Oak City Outreach Center hosted a focus group for individuals experiencing homelessness. Eleven participants[23] attended and the following high need areas were identified throughout the discussion:

- Access to care
- Built environment
- Employment
- Family, community, and social support
- Mental health
- Physical health
- Substance use disorders
- Diet and exercise
- Transportation options and transit

Much of the focus group discussion centered on the perceived disconnect that exists between those who are experiencing homelessness and those working for organizations that serve those who are homeless. This disconnect limits the amount of information shared with those who are homeless with regard to existing resource availability. These gaps in communication and inconsistent information sharing were noted as problems. Feelings of distrust were also mentioned as many feel disrespected and judged when they do reach out for services. Increased sensitivity training was noted as a possible solution to overcome some of these issues.

It was also noted that there is a need for service providers and the community at large to understand that not all homeless people are the same and that there are various reasons that people may be homeless. Treating all homeless people as if their situations are the same will not be beneficial given these complexities. Similarly, the perception that those who are homeless are simply seeking a hand-out is widely inaccurate as it is truly a hand-up that is sought after. These issues could be addressed through additional training.

Perceived favoritism and a lack of transparency and oversight within the shelters were also noted as deteriorating conditions within the community that are fueling the feelings of distrust described previously. Safety concerns within the shelters were also mentioned as an area that could be improved. It is desired that a third-party complaint system be implemented where those utilizing services can lodge complaints and not have to be concerned about negative personal repercussions. This would also allow those investigating the concerns to do so in a completely unbiased manner.

Health needs identified included dental and vision care, mental health care, and chronic conditions that require medical management and routine access to healthcare providers such as diabetes, high blood pressure, and heart conditions.

[23] Based on the number of participants on the sign-in sheet.

When asked if there were any overlooked sub-groups of people who are experiencing homelessness, it was mentioned that those with substance use disorders, mental illnesses, and disabilities were particularly vulnerable. In addition, those who are low-income or have transportation and/or communication barriers face additional hurdles as well.

Youth

As mentioned previously, this is the first Wake County CHNA that specifically targeted youth participants through focus group participation. The youth focus group was hosted at The Wade Edwards Learning Lab and had 14 participants[24] in attendance. The following high need areas were identified:

- Access to care
- Built environment
- Environmental quality
- Family, community, and social support
- Mental health
- Safety
- Substance use disorders
- Transportation options and transit

It was noted that substance use has become more common in recent years particularly among high-school aged youth; however, substance use is also being noticed in middle school and late elementary school as well. It is now openly seen, even at school and within locker rooms, and is frequently discussed with their peers.

While there is less perceived stigmatization around mental health issues, the new norms of depression and anxiety are having a lasting impact on this population. The need for more awareness programs and 24/7 facilities and services were noted. In conjunction with the rise in mental health issues, the negative impacts of social media and bullying were also discussed. Social media platforms not only expose kids to alcohol, drugs, and violence but have led to increased bullying. Due to the nature of these platforms, these issues have become inescapable as bullying is no longer a school-based issue but now also follows youth home via social media. It was noted that even bullying that occurs on school grounds is not being handled effectively as “no tolerance” policies are not being enforced effectively.

Participants also noted that they have had increased feelings of insecurity and lack of safety within their communities. Increased crime and gun violence have led to people feeling unsafe walking down the street in their neighborhoods and has also contributed to more fear and social anxiety.

A perceived lack of safe spaces and personnel with whom to discuss and address common problems was also noted as an area for improvement. An outreach program or dedicated person within schools that youth can talk to and develop a relationship with would be beneficial. It was noted that for this to be

[24] Based on the number of participants on the sign-in sheet.

successful the person would need to have the authority to act as needed. Community outreach programs with community leaders could also help with these issues.

Participants also discussed that although they wish to be more involved in community, they do not feel that they have time outside of school, work, and social events. These commitments and expectations cause additional stress, exhaustion, and feelings of being overwhelmed.

Participants mentioned that youth who were from low-income families, bullied, or had mental health issues are particularly overlooked and vulnerable sub-groups within their community.

Wake County Population Health Task Force Identified Disparate Populations

The Population Health Task Force was appointed by the Wake County Board of Commissioners in 2017 to study the county's overall approach to health and wellbeing of its residents and to make recommendations for continued improvements. The Task Force had five overarching goals, one of which focused on distinguishing and addressing the needs of three disparate populations – the general population, vulnerable residents, and frequent users of health and social services. The following three working groups were created to correspond to these identified disparate populations:

- Healthy Wake Work Group - focused on all Wake County residents;
- Vulnerable Populations Work Group - focused on those who are at a higher risk for poor health due to social determinants of health and/or limitation caused by illness, disability, or aging; and,
- Familiar Faces Work Group – focused on a relatively small group of Wake County residents who access multiple health services at high rates.

Recommendations from each of these work groups have been reproduced below from the 2018 Wake County Population Health Task Force Report. Please refer to the provided link for more details on the goals and recommendations of the Task Force.

Healthy Wake Work Group Recommendations

The Healthy Wake Work Group focused on recommendations addressing all Wake County residents and supporting overall health and wellbeing.

1. Designate and adequately fund public/private partnership to coordinate health-related efforts in Wake County. The partnership – which must begin work immediately – must be nimble while remaining focused on a strong mission. It must be broadly representative and financially secure, and it will be tasked with implementing the policy recommendations of this report and providing an annual update of the county's progress.
2. Address the wellness and healthcare needs of Wake County by broadening the scope of and increasing participation in the 2019 Community Health Needs Assessment. The CHNA should be resourced and empowered to connect actions and interventions to outcomes.

3. "Make the healthy choice the easy choice" by creating and enriching healthy physical and educational environments by 2030.

Vulnerable Populations Work Group Recommendations

Vulnerable populations are those at higher risk for poor health as a result of social, economic, political, and environmental factors, as well as limitations caused by illness, disability, or aging. The underlying assumption of this work group is that every person, irrespective of their background or geographic location, should have a fair and just opportunity for the best possible health and wellbeing and that adverse childhood experiences are directly correlated with poverty.

1. Develop a community grant fund to support population health initiatives. Encourage all businesses, philanthropic organizations, and other donors to support the fund by investing fiscal or human capital in communities identified as most vulnerable by use of a data driven methodology. The grant funding should address the HOPE (Health Opportunity and Equity) continuum of indicators for health outcomes, socioeconomic factors, social environments, physical environments, and access to health care. (See Appendix lll [of the Population Health Task Force Report]). The grant funding should also address Community Health Needs Assessment priorities in vulnerable communities.
2. Create safe and humane environments and remove barriers to healthy food, affordable transportation, and housing.
3. Reduce over-criminalization that removes children from schools and parents from homes, decrease incidence of Adverse Childhood Experiences (ACEs), reduce incarceration, and support employment.
4. Encourage early childhood brain development and enjoy a more creative, healthy, well-educated, and economically-engaged population.
5. Expand the Wake County-administered Social and Economic Vitality Model working in Southeast Raleigh and the Eastern Region to vulnerable communities identified in the Western, Northern, and Southern areas of the County to address disparities in health and social outcomes countywide. Measures of success in the short term may include more students trained, more students receiving universal breakfast in the classroom, an increase in summer food initiatives, diversion training, and more children in high quality pre-K programs. Long term measures of success may include lower adverse community and childhood experiences for those living in vulnerable communities.

Familiar Faces Work Group Recommendations

"Familiar faces" describes a relatively small group of residents who access multiple health services in Wake County such as hospitals, homeless shelters, mental health service providers, emergency medical services (EMS), and detention services. Familiar faces have persistent and unaddressed physical, mental and behavioral health challenges that result in acute, high-cost interventions. The county currently lacks intense coordinated information-sharing and support that familiar faces need in order to achieve better

outcomes. Addressing the healthcare and social needs of familiar faces requires collaboration and innovation. Leaving these needs unaddressed hurts quality of life and increases overall costs of care, diverting resources away from more proactive population health efforts.

1. Develop an ongoing Wake County Familiar Faces Work Group and utilize business agreements/collaboration with local hospitals, jail system, EMS, Alliance and other community providers to share and link pertinent data. Develop advanced analytics to identify residents at highest risk.
2. Align a public/private partner to issue a Request for Proposal and identify a lead organization who could coordinate existing organizations and/ or manage a central database capable of using data analytics to identify persons in need of services.
3. Pilot the use of a standardized Social Determinants of Health screening assessment and design a uniform enrollment process to connect people to appropriate resources.
4. Develop community protocols to coordinate the existing case management programs in the community. Consider piloting new interventions with a subset of the population. Provide training and support, and engage workforce currently working directly with familiar faces.
5. Develop a return on investment model to demonstrate cost savings and develop a case for scale and sustainable support to meet the needs of this population.

CHAPTER 6 | HEALTH RESOURCE INVENTORY AND STATE-IDENTIFIED NEEDS FOR WAKE COUNTY

The following sections detail existing resources, facilities, and programs throughout Wake County as well as additional need for specific health services and equipment in Wake County as identified by the state of North Carolina.

Health Resources

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 they live in the same municipality as the facility location. Please note that while the county overall 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 additional resources, please use the following links which provide information related to available resources:

- Wake Network of Care - A one-stop resource directory to help you locate needed services and supports throughout the Wake community. The Wake Network of Care provides comprehensive information on local services and organizations and a Learning Center dedicated to topics related to health and well-being. With the click of a button, one can translate the entire website into several different languages, as well as change the font size to an easier-to-read print.
- Community Care of Wake/Johnston Counties - Currently, there are 160 primary care medical homes and 125,000 patients in Wake and Johnston counties as part of the Community Care of Wake and Johnston Counties (CCWJC) network. CCWJC works closely with these local primary care medical homes, their patients and community partners. CCWJC:
    - provides data and analytics to guide population health activities;
    - promotes best practice management for chronic diseases and quality improvement initiatives;
    - provides multi-disciplinary care management, including transitional care, for high risk patients that includes nurses, social workers, pharmacists, physicians, a dietician, and a chaplain;
    - supports pharmacy initiatives to maximize patient safety, medication adherence, and cost-effective medication management;
    - fosters integrated behavioral and physical health care and holistic care for special populations;

  - links major segments of the local health care systems (hospitals, public health, primary care providers, pharmacies, specialists, behavioral health providers, social services, community resources, etc.); and,
  - works to address underlying social determinants of health.
- United Way of North Carolina's 2-1-1 Service - NC 2-1-1 is an information and referral service provided by United Way of North Carolina and supported by local United Ways and public and private partners across NC. The service is available in all 100 NC counties. Accessible via an easy-to-remember, three-digit number, families and individuals can call to obtain information on health and human services and resources within their community including food, shelter, energy assistance, housing, parenting resources, healthcare, substance use disorders, as well as specific resources for older adults and for persons with disabilities, and much more. The service is free, confidential, and available in most languages. The online database is the same database used by the call specialists. However, the call specialists are trained to search using specific keywords which may provide additional resources. If one cannot find what is needed online, it is encouraged to dial 2-1-1. Call specialists are available 24/7/365 to help.
- Youth Thrive – Youth Thrive is a convener that seeks to ensure that all youth in Wake County become thriving adults. It provides resources, training, technical assistance, and networking opportunities to identify gaps and align resources for youth programs and services. Youth Thrive is home to the Youth GIS Map, a resource that identifies the location, name, and type of organizations providing youth services throughout the county. The map is also available via the iThrive Wake mobile app.
- Mapping Social Determinants of Health for Children and Families in Wake County - The John Rex Endowment's interactive story map provides a guided description and narrative on twelve indicators that impact the health and well-being of children and families in Wake County. These indicators are categorized into four areas: Education, Economic and Work, Neighborhood and Physical Environment, and Family and Household Environment.
- Alliance Health Community Needs Assessment and Gaps Analysis – In March 2016, Alliance Behavioral Healthcare (now known as Alliance Health) developed its Community Needs Assessment which includes a list of specialized service providers in Appendix B.
- NCCARE360 – NCCARE360 is a result of a public-private partnership between the NC Department of Health and Human Services and the Foundation for health Leadership and innovation (FHLI). It is the first statewide coordinated care network to electronically connect those with identified needs to community resources and allow for a feedback loop on the outcome of that connection. Implementation of NCCARE360 started in January 2019 and will be available in every North Carolina county with full statewide implementation by the end of 2020. The NCCARE360 implementation partners are United Way of NC/211, Expound Decision Systems and Unite Us. Through NCCARE360, community partners will have access to:
  - A robust statewide resource directory that will include a call center with dedicated navigators, a data team verifying resources and text and chat capabilities.
  - A data repository to integrate resource directories across the state to share resource data.

- A shared technology platform that enables health care and human service providers to send and receive secure electronic referrals, seamlessly communicate in real-time, securely share client information and track outcomes.
- A community engagement team working with community-based organizations, social service agencies, health systems, independent providers and more to create a statewide coordinated care network.

Healthcare Facilities

Acute Care Hospitals	**City**
Duke Raleigh Hospital	Raleigh
UNC REX Hospital	Raleigh
WakeMed Raleigh	Raleigh
WakeMed Cary	Cary

Source: DHHS Licensed Facilities as of January 8, 2019.

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
Holly Springs Surgery Center, LLC	Holly Springs
Kurt Vernon, MD PA	Fuquay-Varina
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
REX Surgery Center of Wakefield	Raleigh
Surgical Center for Dental Professionals of Raleigh	Raleigh
Triangle Gastroenterology	Raleigh
Triangle Orthopaedics Surgery Center	Raleigh
W.F. Endoscopy Center, LLC	Wake Forest
Wake Endoscopy Center, LLC	Raleigh

Source: DHHS Licensed Facilities as of January 8, 2019.

Nursing Facilities	**City**
BellaRose Nursing and Rehab	Garner
Brittany Place	Cary
Capital Nursing and Rehabilitation Center	Raleigh
Cary Health and Rehabilitation Center	Cary
Dan E & Mary Louise Stewart Health Center of	Raleigh
Glenaire	Cary
Hillcrest Raleigh at Crabtree Valley	Raleigh
Hillside Nursing Center of Wake Forest	Wake Forest
Litchford Falls Healthcare and Rehabilitation Center	Raleigh

Nursing Facilities	City
PruittHealth-Raleigh	Raleigh
Raleigh Rehabilitation Center	Raleigh
Sunnybrook Rehabilitation Center	Raleigh
The Cardinal at North Hills	Raleigh
The Laurels of Forest Glenn	Garner
The Oaks at Whitaker Glen-Mayview	Raleigh
The Rosewood Health Center	Raleigh
Tower Nursing and Rehabilitation Center	Raleigh
UNC REX Rehabilitation and Nursing Care Center of Apex	Apex
Universal Health Care/Fuquay-Varina	Fuquay-Varina
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 January 8, 2019.

Hospice Facilities	City
Transitions LifeCare	Raleigh

Source: DHHS Licensed Facilities as of January 8, 2019.

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 Garner	Garner
Carillon Assisted Living of Knightdale	Knightdale
Carillon Assisted Living of North Raleigh	Raleigh
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
Lawndale Manor	Garner
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 Cary	Cary
Spring Arbor of Raleigh	Raleigh
Sunrise Assisted Living at North Hills	Raleigh
Sunrise of Cary	Cary

Adult Care Homes	City
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 January 8, 2019.

Family Care Homes	City
A Good Life Family Care Home	Raleigh
Adorable Family Care Home	Raleigh
Agape Family Care Home # 1	Raleigh
Agape House - Stonehollow	Cary
Allcare Assisted Living	Garner
Ann's Family Care # 4	Raleigh
Ann's Family Care #6	Raleigh
Ann's Family Care #7	Raleigh
Ann's New Day	Raleigh
Ann's Sunrise II	Raleigh
Avendelle Assisted Living On Maynard	Cary
Avendelle Assisted Living at Carlton Pointe	Rolesville
Avendelle Assisted Living at Fuquay	Fuquay-Varina
Avendelle Assisted Living at Heritage	Rolesville
Avendelle Assisted Living at Rolesville	Rolesville
Avendelle Assisted Living at Shepherds Vineyard	Apex
Avendelle Assisted Living at Southern Oaks	Fuquay-Varina
Avendelle Assisted Living at Waterford Landing	Raleigh
Avendelle Assisted Living at Weaver Crossing	Apex
Avendelle Assisted Living at Wyckford	Raleigh
Avendelle Assisted Living on Lazy River	Raleigh
Avendelle Assisted Living on Saratoga	Raleigh
Bethel Assisted Living	Raleigh
Bright Horizon	Raleigh
Bright Horizon at Lake Boone	Raleigh
Brightside Homes 2	Garner
Brown's Family Care Home	New Hill
Care Innovations of North Carolina	Knightdale
Cary Family Care	Cary
Compassionate Place Home	Raleigh
Elsie's Place	Raleigh
Fairfax Hills Senior Living	Raleigh
Falls of Neuse Senior Living	Raleigh
Gracie Sturdivant @ North Raleigh	Raleigh
Gracie Sturdivant Care Home	Knightdale
Jackson Family Care Home	Zebulon
Kelley's Family Care Home	Raleigh
Lynn's Home at Riverside	Raleigh
Mercy Manor at Saybrooke	Raleigh

Family Care Homes	City
Midtown Senior Living	Raleigh
Mims Family Care Home	Holly Springs
North Hills Senior Living	Raleigh
Novelty Healthcare Services	Raleigh
Novelty Healthcare Services II	Willow Springs
Pioneer Healthcare Inc at River Knoll	Raleigh
Poole Road Family Care Home	Raleigh
R & S Family Care Home # 1	Raleigh
Renaissance Care Home at Neuse River Estates	Raleigh
Renaissance Care Home at Traditions	Wake Forest
Rose Hill #2	Raleigh
Rose Hill Family Care	Raleigh
Seagraves Family Home	Apex
Tender Touch FCH	Raleigh
The Manor at Coventry Creek	Raleigh
The Manor at Edgewater	Raleigh
The Manor at Perry Creek	Raleigh
The Retreat at Cary	Cary
Tiffany's Family Care Home	Garner
Val's Family Care Home	Raleigh
Val's Place	Raleigh
Val's Place at Brookhaven	Raleigh
Val's Place at Dodsworth	Raleigh
Worthdale Family Care Home	Raleigh
Wrenette's Place	Raleigh

Source: DHHS Licensed Facilities as of January 8, 2019.

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

Source: DHHS Licensed Facilities as of January 8, 2019.

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

Intermediate Care Facilities	City
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 January 8, 2019.

Dialysis Centers	City
BMA of Fuquay-Varina Kidney Center	Fuquay-Varina
BMA of Raleigh Dialysis	Raleigh
Cary Kidney Center*	Cary
Cary Kidney Center	Cary
FMC Eastern Wake	Rolesville
FMC Morrisville	Morrisville
FMC New Hope Dialysis	Raleigh
FMC Northern Wake	Wake Forest
FMC Wake Dialysis Clinic	Raleigh
Fresenius Kidney Care Holly Springs*	Holly Springs
Fresenius Medical Care Apex	Apex
Fresenius Medical Care Central Raleigh	Raleigh
Fresenius Medical Care Millbrook	Raleigh
Fresenius Medical Care Rock Quarry*	Raleigh
Fresenius Medical Care White Oak	Garner
Oak City Dialysis*	Raleigh
Southwest Wake County Dialysis	Raleigh
Wake Forest Dialysis Center	Raleigh
Zebulon Kidney Center	Zebulon

*Proposed new site consisting of existing stations

Source: North Carolina Semiannual Dialysis Report, January 2019.

Cardiac Rehabilitation Facilities	City
WakeMed Cardiac Rehabilitation Program	Raleigh
WakeMed Cary Hospital Cardiac Rehabilitation Program	Cary

Source: DHHS Licensed Facilities as of January 8, 2019.

Mental Health Facilities*	City
1st Step Substance Abuse & DWI Services	Garner
A+ Residential Care	Raleigh
Absolute Care Human Services	Raleigh
Absolute Home #5	Garner
Absolute Home & Community Services 3	Raleigh
Absolute Home - Apex	Apex
Absolute Home - Marcony Way	Raleigh

Mental Health Facilities*	**City**
Absolute Home and Community Services	Raleigh
Absolute Home and Community Services 2	Cary
Absolute Home-Whilshire Drive	Cary
Abundant Grace Family Care Home Inc.	Raleigh
Access Health System 1	Raleigh
Access Health System 2, Inc.	Raleigh
Agape Family Care Homes, LLC	Raleigh
Alpha Home Care Service	Raleigh
Alpha Home Care Services #9	Wake Forest
Alpha Home Care Services Inc.	Knightdale
Alpha Home Care Services Inc.	Apex
Alpha Home Care Services Inc.	Raleigh
Alpha Home Care Services Inc. II	Raleigh
Alpha Home Care Services Inc. VI	Wake Forest
Alpha Home Care Services, Inc. III	Raleigh
Alpha Home Care Services, Inc. IV	Cary
Alston Home	Zebulon
Ann's Country Manor II	Wendell
Ann's Haven of Rest	Raleigh
Ann's Haven of Rest II	Raleigh
Arbor House	Raleigh
Aspire Supportive & Counseling Services, LLC	Raleigh
Avent Ferry Home	Holly Springs
Bass Lake	Holly Springs
Best Home Care Services	Cary
Beyond Measures	Zebulon
Blanche Drive	Raleigh
Blessed Home, LLC	Raleigh
Blessed Home, LLC	Raleigh
Blessed Home, LLC	Raleigh
Booker Home	Wendell
Bradley Home	Garner
Bradley Home Extension-Kimberly House	Raleigh
Bradley Home Extension-PKEDS House	Garner
Brighthaven Home	Raleigh
Brightside Homes Inc.	Raleigh
Building Foundations	Raleigh
Bushberry Residential	Garner
Canaan Care Home	Cary
Care One Homes	Raleigh
Carolina House - Raleigh	Raleigh
Cary Behavioral Health, PC	Cary
Cary Satellite House	Cary
Cherrywood Court	Raleigh
Clora's Angels Home	Wendell
Club Horizon	Knightdale
Community Workforce Solutions, Inc.	Raleigh
Cottage Health Care Services, Inc.	Raleigh

Mental Health Facilities*	**City**
Country Lane	Holly Springs
Creative Living	Raleigh
Creech Road Supervised Care	Garner
Cyrus Home	Zebulon
Dartmouth Road Group Home	Raleigh
Destiny Family Care Home	Raleigh
Destiny Family Care Home 2	Cary
Destiny Family Care Home 3	Raleigh
Dickens Drive Home	Raleigh
Divine Supportive Homes	Raleigh
Dominion Home	Raleigh
Dowtin's Therapeutic Home	Raleigh
Drop In Center	Raleigh
Eagle Home II	Raleigh
Eagle Home III	Raleigh
Eagle PSR	Raleigh
Easter Seals UCP NC Raleigh Group Home	Raleigh
Easter Seals UCP-Zebulon Group Home	Zebulon
Elmhurst Ridge Court Home	Raleigh
Etta's Residential Services & Supports, Inc.	Raleigh
Evans-Walston Home	Fuquay-Varina
Fanny Brown	Raleigh
Favour Home 2	Raleigh
First Step Services, LLC	Raleigh
First Step Services, LLC	Cary
Foot Steps To Success	Raleigh
Forest Creek Group Home	Raleigh
G & S Williams Home	Cary
Gateway Clubhouse	Raleigh
Georgia Court	Cary
Glen Forest Home	Raleigh
Glorious Home Care	Raleigh
Gloryland Home Care Services	Wake Forest
Goshawk Lane	Garner
Green Hill Recovery	Raleigh
Griffing Home	Raleigh
Hannah Family Care Homes, Inc.	Raleigh
Harrison Homes	Raleigh
Healing Interventions, Inc	Raleigh
Healing Transitions	Raleigh
Healing Transitions Women's Facility	Raleigh
Heaven Sent Group Home	Raleigh
Heavenly Place 2	Raleigh
Heavenly Place, LLC	Raleigh
Helmsdale Group Home	Cary
Herbert Reid Home	Holly Springs
Hickory Avenue Home	Holly Springs
Hilltop Home	Raleigh

Mental Health Facilities*	**City**
Huntleigh	Raleigh
Idella's Care Homes, LLC	Rolesville
JACE Healthcare	Raleigh
JACE Healthcare Inc. II	Zebulon
Jade Tree	Raleigh
Johnson's House of Hope Family Care Home, LLC	Raleigh
Lake Lynn	Raleigh
Learning Services Corporation - Cedar House	Raleigh
Learning Services Corporation - Willow House	Raleigh
Learning Services Corporation-Brian K. Preston Center	Raleigh
Learning Services-River Ridge	Raleigh
Life Skills Independent Care #1	Fuquay-Varina
Lindley College VIII	Cary
Living With Autism 2	Raleigh
Living With Autism, Inc.	Raleigh
Lockley Road	Holly Springs
Lord Berkley Home	Raleigh
Lucy Daniels Center for Early Childhood	Cary
Mary's Manor	Wendell
Mary's Manor II	Zebulon
Mary's Manor III	Raleigh
Mason Street	Apex
McGee Care Home	Raleigh
McNeil Home	Garner
McNeil Home 3	Garner
Meeks #2	Wendell
Meeks #3	Wendell
Meeks Group Home	Zebulon
Meredith Autism Program	Raleigh
Metro Treatment of NC, L.P. dba New Season Raleigh	Raleigh
Montreal Court Home	Cary
Morse Clinic of Zebulon	Zebulon
Ms. Chevi's Place	Wake Forest
Murchison Residential Corp	Holly Springs
NC Unity Services	Raleigh
Neuro Restorative - Windemere	Raleigh
New Bailey	Raleigh
New Beginnings Health Care	Raleigh
New Beginnings Health Care Phase III	Raleigh
North Carolina Recovery Support Services	Raleigh
Novella's Place, Inc.	Raleigh
P.H.P. of N.C. Inc.	Zebulon
Pasadena Villa Outpatient Center - Raleigh	Cary
Pathways for People, Inc. Day Program	Cary
Peace Healthcare Inc.	Raleigh
Pine Forest II	Raleigh
Pine Valley	Raleigh
Pioneer Healthcare Inc. #3	Raleigh

Mental Health Facilities*	**City**
Prosperous Living Community Center (PLCC)	Raleigh
Q-1 @ Havering Place	Raleigh
Q1 at Beaufain	Raleigh
RUSMED 1	Raleigh
Raleigh Methadone Treatment Center	Raleigh
Ralph Drive Home	Cary
Ray of Hope	Raleigh
Rebecca's Home	Raleigh
Res. Support Svcs. of Wake Co.-Atlantic Ave GH	Raleigh
Res. Support Svcs. of Wake Co.-Hailey Dr G H	Raleigh
Res. Support Svcs. of Wake Co.-Millbrook Rd GH	Raleigh
Resources For Human Development	Raleigh
Rockwood	Raleigh
Rolling Meadows	Raleigh
Rose Home	Cary
Rose Residential Services	Knightdale
Rusmed III	Raleigh
SLHC Residential Program for Women and Children	Garner
Sandlewood Drive Home	Raleigh
Sellars Residential	Knightdale
Serenity Home Corporation Inc.	Raleigh
Showers of Blessings	Raleigh
Sigma Health Services, LLC	Raleigh
South Light Health Care	Raleigh
Southeastern Healthcare of North Carolina, Inc.	Raleigh
Southlight Healthcare-Garner Road	Raleigh
St. Mark's Manor	Holly Springs
Starkey Lowery's Supervised Living Home	Raleigh
Stonegate	Raleigh
Tammy Lynn Center for Developmental Disabilities	Raleigh
Tammy Lynn Center for Developmental Disabilities	Raleigh
Terry's Safe Haven	Raleigh
The Agape House	Raleigh
The Bruson Group Inc. dbaNew Beginnings Health Care Pha	Raleigh
The Emmanuel Home III	Raleigh
The Emmanuel Home IV	Knightdale
The Insight Program	Cary
The Manor at Riverbrooke	Raleigh
The Morse Clinic of North Raleigh	Raleigh
Thomas Supervised Care	Raleigh
Transitions Day Program	Raleigh
Transitions II Day Program	Raleigh
Trotters Bluff	Holly Springs
UNC Health Care Alcohol&Drug Detoxification @ WakeBrook	Raleigh
UNC Health Care Facility Based Crisis at WakeBrook	Raleigh
United Family Network @ Willow Springs	Willow Springs
United Family Network of Fuquay-Varina	Willow Springs
VOCA Olive Home	Apex

Mental Health Facilities*	City
VOCA-Creekway	Fuquay-Varina
Varsity Crest #1	Raleigh
Varsity Crest #2	Raleigh
Varsity Crest #3	Raleigh
Victory Healthcare Services 2	Raleigh
Victory Healthcare Services, Inc.	Raleigh
Wake County Group Home #2	Raleigh
Wake Enterprises - The Miller Building	Raleigh
Wake Enterprises, Inc.	Fuquay-Varina
Walnut Street Group Home	Cary
Welwynn Outpatient Center	Raleigh
Western Wake Treatment Center, LLC	Apex
Whittecar Group Home	Raleigh
Wilkins Home	Zebulon
Wilmington Treatment Center	Raleigh
Woodard's Home	Fuquay-Varina
YES Program Services	Raleigh
YES-Residential #1	Raleigh
YES-Residential #4	Raleigh

*These facilities include:

- intermediate care facilities for individuals with intellectual disabilities (ICF/IID);
- group homes for children and adults with mental illness, developmental disabilities, and substance abuse issues; and,
- day services for children and adults with mental illness, developmental disabilities, and substance abuse issues.

Source: DHHS Licensed Facilities as of January 8, 2019.

Home-based Health Services

Hospice Providers	City
Amedisys Hospice	Garner
Community Home Care & Hospice	Raleigh
Continuum Home Care & Hospice of Wake County	Raleigh
Duke Hospice	Raleigh
Heartland Home Health Care and Hospice	Raleigh
Liberty Home Care and Hospice	Raleigh
Transitions LifeCare	Raleigh

Source: DHHS Licensed Providers as of January 8, 2019.

Home Health Providers	City
Aveanna Healthcare	Cary
BAYADA Home Health Care, Inc.	Raleigh
Intrepid USA Healthcare Services	Raleigh
Kindred at Home	Raleigh
Liberty Home Care	Raleigh
Maxim Healthcare Services	Raleigh
Medi Home Health Agency	Raleigh
North Carolina Home Health	Garner

Home Health Providers	City
REX Home Services	Morrisville
Transitions LifeCare	Raleigh
WakeMed Home Health	Raleigh
Well Care Home Health, Inc.	Raleigh

Source: DHHS Licensed Providers as of January 8, 2019.

Home Care Providers	City
A Plus Home Care Agency, LLC	Raleigh
A Plus Home Care Inc	Raleigh
A Special Me. LLC	Raleigh
A1-Omega Healthcare Services, Inc.	Raleigh
Absolute Health Care	Garner
Absolute Home Health NC	Raleigh
Access Community - Based Services	Garner
Accessible Home Health Care of Mid Carolina	Raleigh
Accord Services NC, LLC	Raleigh
Acon Health Care Services, Inc.	Raleigh
Adult & Pediatric Specialists	Cary
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
Always Best Care Senior Services	Raleigh
Always Best Care Senior Services	Wake Forest
Amazing Life Home Healthcare, Inc.	Raleigh
Amazing Light Health Care Services LLC	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 Health Services	Cary
Assured Home Health Inc	Raleigh
Atlantic Homecare Services	Raleigh
Aveanna Healthcare	Cary
Aware Senior Care, LLC	Cary
BAYADA Home Health Care, Inc	Raleigh
BAYADA Home Health Care, Inc.	Raleigh
BAYADA Home Health Care, Inc.	Raleigh
BAYADA Home Health Care, Inc.	Raleigh
Best Home Healthcare Agency, LLC	Raleigh
Blessed Health Care Inc	Raleigh
Blessing Senior Homecare	Knightdale
Bluecross Home Care and Health Services Inc.	Raleigh
Bridges Home Health & Wellness, LLC	Morrisville
BrightStar Care of Cary	Cary
Brookdale at Home Raleigh	Raleigh

Home Care Providers	City
CEMAC Healthcare Services, LLC	Wendell
Care Advantage, 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
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 Health Care	Raleigh
Davestel Healthcare Services, LLC	Raleigh
Dependable Nursing Alliance, PA	Raleigh
Diamond Home Health Care and Staffing	Morrisville
Divine HealthCare Incorporated	Raleigh
Dynamedics Healthcare Services, Inc.	Raleigh
Eagle Healthcare Services	Raleigh
Emerald Home Care LLC	Raleigh
Evana Home Care, LLC	Raleigh
Excel Home Healthcare Agency	Raleigh
Express Support Home Care	Raleigh
Extension of You	Raleigh
Family First Personal Care, LLC	Clinton
Franvimag Home Care L.L.C.	Cary
Global Healthcare Resources, Inc.	Raleigh
Golden Harmony, LLC	Wake Forest
Grace Health Care Services Inc.	Raleigh
Griswold Home Care	Raleigh
Guardian Home Healthcare, Inc.	Raleigh
Healthcore Home Care, Inc.	Raleigh
Helping Hands of America LLC	Raleigh
Hillcrest Home Health of the Triangle	Morrisville
Home Care Assistance	Raleigh
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	Raleigh
HomeChoice Home Care Solutions	Raleigh
Homewatch Caregivers of the Triangle	Cary
Hope Support Services, LLC	Raleigh
Hope and Haven Healthcare LLC.	Wendell
I Am Unique Special Care and Case Management, Inc.	Raleigh
Impact Health Solutions, Inc.	Raleigh

Home Care Providers	City
Inomancy Home Care Inc.	Raleigh
IntelliChoice Home Care	Raleigh
IntelliChoice Home Care	Raleigh
Interim Healthcare of Triangle, LLC	Raleigh
Intrepid USA Healthcare Services	Raleigh
Joemax Healthcare Services, LLC	Raleigh
Joyner Healthcare Services	Raleigh
Kindred at Home	Raleigh
Liberty Home Care	Raleigh
Liberty Home Health Care	Raleigh
Life 1st Krystal Home Care Agency	Raleigh
LiveWell Home Care, Inc.	Chapel Hill
Loving Angels Home Care	Raleigh
MH Nursing Service, Inc.	Raleigh
Maxim Healthcare Services	Raleigh
Maxim Healthcare Services, Inc.	Raleigh
Medi Home Health Agency	Raleigh
Melody Home Health Care Services, Inc.	Raleigh
Millineum Home Health Care LLC	Cary
Mission Medstaff	Raleigh
Myriad Homecare Agency, LLC	Rolesville
New Era Home Healthcare & Companion Services, Inc.	Fuquay-Varina
North Carolina Home Health	Garner
NuAngels Home Care, LLC	Wake Forest
Nurse Care of North Carolina	Greensboro
Nurse Care of North Carolina	Raleigh
Oak Tree Home Care, LLC	Apex
One Choice Healthcare, Inc.	Wake Forest
Option Care	Morrisville
Options For Senior America	Cary
Orchard Home Care Agency	Raleigh
Pacific Staffing Inc.	Raleigh
Pathways for People, Inc.	Cary
Peaceful Living Home Care, LLC	Rolesville
Pediatric Therapy Associates	Cary
Pediatric Therapy Associates	Garner
Pediatric Therapy Associates	Raleigh
Pediatric Therapy Associates	Wake Forest
Perpetual Home Care, LLC	Raleigh
Personal Home Care of North Carolina, LLC	Cary
Pinnacle Healthcare Services, Inc.	Raleigh
Premier Nursecare Solutions PLLC	Raleigh
Prestige Home Health Care, LLC	Raleigh
Professional Healthcare, Inc.	Knightdale
Progressive Home Health	Raleigh
Providence Home Care Agency, Inc.	Raleigh
Raleigh Therapy Services, Inc.	Raleigh
ResCare HomeCare	Raleigh

Home Care Providers	City
Resources for Seniors, Inc.	Raleigh
REX Home Services	Morrisville
Right At Home of Wake County	Raleigh
Royal Health Services LLC	Knightdale
S & L Home Care Services, Inc.	Raleigh
SAAR Homecare, LLC	Raleigh
Senior Life Home Care	Raleigh
Seniors Helping Seniors of North & East Raleigh	Wake Forest
Serenity Care, LLC	Raleigh
Sisters Aide Health Services Incorporated	Wilson
Southeastern Healthcare of North Carolina	Raleigh
Spectrum Infusion, Inc.	Raleigh
Springmoor Home Care	Raleigh
Stay At Home Senior Care, LLC	Wake Forest
SuAnnah Care, Inc.	Raleigh
Summit Home Care, Inc.	Raleigh
Tarheels Home Healthcare Services, LLC	Raleigh
Tender Care Health Services, PLLC	Raleigh
The Cypress of Raleigh Home Care	Raleigh
The Full Coverage PDN Company	Raleigh
Thrive Skilled Pediatric Care	Raleigh
Total Care Agency	Raleigh
Transitions LifeCare	Raleigh
Transitions LifeCare	Raleigh
Trinity Staffing, Inc.	Raleigh
Ultimate Home Care	Henderson
Unconditional Care Senior Services, LLC	Raleigh
Vantage HealthCare Services, Inc.	Raleigh
Victory Healthcare Inc.	Raleigh
Victory Home Care, Inc.	Raleigh
Visiting Angels Home Care	Raleigh
Vital Health Services, LLC	Knightdale
WakeMed Home Health	Raleigh
WakeMed Home Support Services	Raleigh
We Care For You Home Health	Garner
Well Care Home Health, Inc.	Raleigh
Weserve Homecare Agency	Raleigh
Wisdom Senior Care	Cary
Wisdom Senior Care	Raleigh
Yelverton's Enrichment Services, Inc.	Raleigh

Source: DHHS Licensed Providers as of January 8, 2019.

Other Healthcare Services

Public Health Clinics	City
Eastern Regional Center	Zebulon
Millbrook Human Services Center	Raleigh
Northern Regional Center	Wake Forest

Public Health Clinics	City
Southern Regional Center	Fuquay-Varina
Wake County Public Health Center, Sunnybrook	Raleigh

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 - Cary at Dorcas Plaza	Cary
Advance Community Health - Dental	Raleigh
Advance Community Health - Fuquay-Varina	Fuquay-Varina
Advance Community Health - Pediatrics	Raleigh
Advance Community Health - Southeast Raleigh	Raleigh
Alliance Medical Ministry	Raleigh
Eastern Regional Center	Zebulon
Horizon Healthcare for the Homeless - S. Wilmington Street Center	Raleigh
Horizon Healthcare for the Homeless - The Women's Center	Raleigh
Mariam Clinic	Cary
Millbrook Human Services Center	Raleigh
NCIAP People's Medical Center	Raleigh
Northern Regional Center	Wake Forest
Project Access of Wake County	
Shepherd's Care Medical Clinic	Zebulon
Southern Regional Center	Fuquay-Varina
SouthLight Healthcare	Raleigh
The Salvation Army	Raleigh
Urban Ministries (Open Door Clinic)	Raleigh
Wake County Public Health Center, Sunnybrook	Raleigh

Sources: 2016 Wake County CHNA, Google searches

HIV Testing / AIDS Services	City
Alliance of AIDS Services Carolina	Raleigh
Eastern Regional Center	Zebulon
Gateway Campus	Raleigh
Horizon Healthcare for the Homeless - S. Wilmington Street Center	Raleigh
Horizon Healthcare for the Homeless - The Women's Center	Raleigh
LGBT Center of Raleigh	Raleigh
Millbrook Human Services Center	Raleigh
My Sister's Keeper of the Triangle	Raleigh
Northern Regional Center	Wake Forest
Planned Parenthood	Raleigh
Southern Regional Center	Fuquay-Varina
SouthLight Healthcare	Raleigh
Strengthening the Black Family	Raleigh
Urban Ministries	Raleigh
Wake County Public Health Center, Sunnybrook	Raleigh

Sources: 2016 Wake County CHNA, Google searches

Prescription Assistance	City
Advance Community Health - Apex	Apex
Advance Community Health - Cary at Dorcas Plaza	Cary
Advance Community Health - Dental	Raleigh
Advance Community Health - Fuquay-Varina	Fuquay-Varina
Advance Community Health - Pediatrics	Raleigh
Advance Community Health - Southeast Raleigh	Raleigh
Dorcas Ministries	Cary
NC Division of Medical Assistance	Raleigh
North Carolina Drug Card	
North Carolina HIV Medication Assistance Program (NC HMAP)	Raleigh
UNC Health Care Alcohol and Drug Detoxification Unit at WakeBrook	Raleigh
UNC Health Care Facility Based Crisis at WakeBrook	Raleigh
Urban Ministries	Raleigh
Wake County Human Services, Medicaid - Eastern Regional Center	Zebulon
Wake County Human Services, Medicaid - Millbrook Human Services Center	Raleigh
Wake County Human Services, Medicaid - Northern Regional Center	Wake Forest
Wake County Human Services, Medicaid - Southern Regional Center	Fuquay-Varina
Wake County Human Services, Medicaid - Swinburne	Raleigh
Wake County Public Health Center, Sunnybrook	Raleigh

Sources: 2016 Wake County CHNA, Google searches

Mental Health & Substance Use Disorders	City
Advance Community Health - Apex	Apex
Advance Community Health - Cary at Dorcas Plaza	Cary
Advance Community Health - Fuquay-Varina	Fuquay-Varina
Advance Community Health - Pediatrics	Raleigh
Advance Community Health - Southeast Raleigh	Raleigh
Horizon Healthcare for the Homeless - S. Wilmington Street Center	Raleigh
Horizon Healthcare for the Homeless - The Women's Center	Raleigh
Wake County Human Services - Cornerstone Center	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
Monarch (Walk-in Mental Health Clinics)	Fuquay-Varina
Fellowship Health Resources	Raleigh
Strategic Behavioral Center	Garner
Easter Seals UCP	Raleigh
Hope Services, LLC	Raleigh
Carolina Community Mental Health	Raleigh
The Healing Place of Wake County (Men's Facility)	Raleigh
Healing Transitions (Women's Facility)	Raleigh
Holly Hill Hospital	Raleigh
SouthLight Adult Services	Raleigh
Triangle Family Services	Raleigh
Catholic Diocese of Raleigh	Raleigh
The Jewish Federation of Raleigh-Cary	Raleigh

Mental Health & Substance Use Disorders	City
Armstrong House	Raleigh
Life Resources of NC	Raleigh
The Lucy Daniels Center, SecurePath	Cary
UNC Health Care Alcohol and Drug Detoxification Unit at WakeBrook	Raleigh
UNC Health Care Facility Based Crisis at WakeBrook	Raleigh

Sources: 2016 Wake County CHNA, Google searches

Dental Services	City
Advance Community Health - Dental	Raleigh
Wake County Public Health Center, Sunnybrook	Raleigh
Wake Tech Dental Hygiene	Raleigh

Sources: 2016 Wake County CHNA, Google searches

Eye Care	City
Division of Services for the Blind	Raleigh
NC Association of Educators	
Prevent Blindness NC	Raleigh
Sight for Students	
Wake County Human Services, Swinburne	Raleigh

Sources: 2016 Wake County CHNA, Google searches

Pregnancy and Child Care	City
Birthchoice	Raleigh
Care Coordination for Children	Raleigh
Community Partnerships, Inc.	Raleigh
Early Head Start Home Visiting Program	Raleigh
NC Division of Child Development and Early Education	Raleigh
Nurse-Family Partnership	Raleigh
Planned Parenthood	Raleigh
Sacred Heart Catholic Church	Raleigh
Safechild NC	Raleigh
Wake Connections	Raleigh
Wake County Child Care Subsidy Program	
Wake County Health Department	Raleigh
Your Choice Pregnancy Clinic	Raleigh
Your Choice Pregnancy Clinic	Fuquay-Varina
Your Choice Pregnancy Clinic	Raleigh

Sources: 2016 Wake County CHNA, Google searches

Emergency Medical Services (EMS) Stations	City
Apex Main Station	Apex
Apex South Station	Apex
Bethany Church Station	Wendell
Cary Main Station	Cary
Cary North Station	Cary
Cary South Station	Cary
Cary West Station	Cary
Downtown Station	Raleigh

Emergency Medical Services (EMS) Stations	City
Durant Station	Raleigh
E Raleigh Station	Raleigh
Fairgrounds Station	Raleigh
Fairview EMS Station	Cary
Fuquay Station	Fuquay-Varina
Garner East Station	Garner
Garner Main Station	Garner
Garner South Station	Garner
Garner South Station	Garner
Highwoods Station	Raleigh
Hilltop Station	Fuquay-Varina
Holly Springs Station	Holly Springs
Holly Springs Station	Holly Springs
Knightdale Main Station	Knightdale
Knightdale South Station	Knightdale
Knightdale West Station	Wendell
Mini City Station	Raleigh
Morrisville Station	Morrisville
NC State Station	Raleigh
New Hope 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
Wake Crossroads	Raleigh
Wake Forest South Station	Wake Forest
Wake Forest Station	Wake Forest
Wakebrook Station	Raleigh
Wendell Main Station	Wendell
Whitaker Mill Station	Raleigh
Zebulon Station	Zebulon

Source: Open Data Raleigh, EMS Stations as of 12/14/2018, https://data-ral.opendata.arcgis.com/datasets/19db1eb33d6a4cd8b7101c355912a615_0

Community Services

Wake County Human Services Locations	City
Cornerstone Center	Raleigh
Crosby-Garfield Center	Raleigh
Eastern Regional Center	Zebulon
Falstaff Human Services Center	Raleigh
Larry B. Zieverick, Sr. Center	Raleigh
Millbrook Human Services Center	Raleigh
Northern Regional Center	Wake Forest

Wake County Human Services Locations	City
South Wilmington Street Center	Raleigh
Southern Regional Center	Fuquay-Varina
Swinburne	Raleigh
Wake County Courthouse	Raleigh
Wake County Public Health Center, Sunnybrook	Raleigh
WakeBrook	Raleigh
Waverly F. Akins Building (W.C. Office Bldg.)	Raleigh
Western Human Services Center	Cary

Source: Wake County Human Services, http://www.wakegov.com/humanservices/locations/Pages/default.aspx

Senior Centers and Programs	City
Anne Gordon Center for Active Adults at Millbrook Exchange	Raleigh
Apex Senior Programs	Apex
Cary Senior Center	Cary
Eastern Wake Senior Center	Wendell
Five Points Center for Active Adults	Raleigh
Fuquay-Varina Senior Programs	Fuquay-Varina
Garner Senior Center	Garner
Northern Wake Senior Center	Wake Forest
Walnut Terrace Neighborhood Center	Raleigh

Source: Wake Network of Care, http://wake.nc.networkofcare.org/mh/services/subcategory.aspx?cid=40094&tax=TC-5500.8000

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
Wake County Human Services, Swinburne	Raleigh

Sources: 2016 Wake County CHNA, Google searches

Parks & Recreation	City
American Tobacco Trail	Apex
Blue Jay Point County Park	Raleigh
Crowder County Park	Apex
Green Hills County Park	Raleigh
Harris Lake County Park	New Hill
Historic Oak View County Park	Raleigh
Historic Yates Mill County Park	Raleigh
Lake Crabtree County Park	Morrisville

Source: Wake County Parks and Recreation, Parks, Trails & Greenways Locations, http://www.wakegov.com/parks/about/Pages/locations.aspx

Homeless/Emergency Shelters	City
Easter Seals UCP of North Carolina - ASAP	Raleigh
Healing Transitions (Men's Facility)	Raleigh
Healing Transitions (Women's Facility)	Raleigh
Interact of Wake County	Raleigh

Homeless/Emergency Shelters	City
Raleigh Rescue Mission	Raleigh
Salvation Army	Raleigh
South Wilmington Street Center	Raleigh
The Helen Wright Center for Women	Raleigh
Wake Interfaith Hospitality Network Day Center	Raleigh
Wrenn House (Haven House)	Raleigh

Sources: 2016 Wake County CHNA, Google searches

Transportation	City
GoCary	Cary
GoRaleigh Access	Raleigh
GoTriangle	Raleigh
GoWake Access	Raleigh
Resources for Seniors, Inc.	Raleigh
Traveler's Aid (Cornerstone)	Raleigh
Wheels for Hope	Raleigh
Wolfline	Raleigh

Sources: 2016 Wake County CHNA, Google searches

Veterans Services	City
NC Division of Veteran's Affairs	Raleigh
Raleigh VA Clinic	Raleigh
The Raleigh Vet Center	Raleigh
Wake County Human Services Veterans Services	Raleigh

Sources: 2016 Wake County CHNA, Google searches

Youth Services	City
100 Black Men of Triangle East	
Backpack Tutoring	
Big Brother Big Sister	Morrisville
Brentwood Club	Raleigh
Camp SWAG (Students with Ambitions & Goals)	Cary
City of Raleigh Parks and Recreation	Raleigh
Haven House - Main Office	Raleigh
Haven House - Wrenn House	Raleigh
Kids Peace	Raleigh
NC Theatre 4 Change	Raleigh
NCWorks Apprenticeship	Raleigh
Neighbor to Neighbor Outreach	Raleigh
Passage Homes Youth Development	Raleigh
Raleigh Boys Club	Raleigh
Raleigh Girls Club	Raleigh
Salvation Army Community Center	Raleigh
The Club Teen Center	Raleigh
Wake Forest Club	Wake Forest
Washington Street Elementary School	Raleigh
YMCA	Raleigh
Youth & 4-H	Raleigh

Youth Services	**City**
Youth Empowered Solutions	Raleigh
Zebulon Club	Zebulon

Sources: 2016 Wake County CHNA, Google searches

Food Pantries	**City**
A Place Called Hope	Garner
Brooks Avenue Church of Christ	Raleigh
Capital City Christian Church	Raleigh
Catholic Parish Outreach	Raleigh
Dorcas Ministries	Cary
Food Bank of Eastern/Central NC	Raleigh
Food Cooperatives	
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
The Women's Center	Raleigh
Tri-Area Ministries	Wake Forest
Urban Ministries Crisis Intervention Center	Raleigh
Wake Relief	Raleigh
Western Wake Crisis Ministries	Apex
With Love from Jesus	Raleigh

Sources: 2016 Wake County CHNA, Google searches

Food - Meals	**City**
First Baptist Church	Raleigh
Hallelujah Soup Kitchen	Raleigh
Meals on Wheels	Raleigh
Oak City Outreach Center	Raleigh
Salvation Army	Raleigh
Shepherd's Table Soup Kitchen	Raleigh
The Women's Center	Raleigh

Sources: 2016 Wake County CHNA, Google searches

Housing - Emergency Shelters	**City**
Easter Seals UCP of North Carolina-ASAP	Raleigh
Healing Transitions (Men's Facility)	Raleigh
Healing Transitions (Women's Facility)	Raleigh
Interact of Wake County	Raleigh
PLM Families Together	Raleigh
Raleigh Rescue Mission	Raleigh
Salvation Army	Raleigh
South Wilmington Street Center	Raleigh
The Helen Wright Center for Women	Raleigh
Wake Interfaith Hospitality Network	Raleigh
Wrenn House (Haven House)	Raleigh

Sources: 2016 Wake County CHNA, Google searches

Housing - Transitional Housing	City
Christian Life Home	Raleigh
Emmaus House	Raleigh
Fellowship Home of Raleigh	Raleigh
Hustead House	Raleigh
Incentive Housing Dormitory	Raleigh
Lutheran Services Carolinas	Raleigh
Oxford House (multiple locations)	Multiple sites
Pan Lutheran Ministries	Raleigh
Passage Homes	Raleigh
Southlight Healthcare	Raleigh
St. Paul's AME Men's Empowerment Center	Raleigh
The Carying Place	Cary
Women's Center of Wake County	Raleigh

Sources: 2016 Wake County CHNA, Google searches

Educational Resources	City
Forest Hills Baptist Church	Raleigh
Goodwill Industries of Eastern North Carolina	Raleigh
Hispanic Family Center	Raleigh
Wake Cross Roads Baptist Church	Raleigh
Wake Technical Community College	Raleigh

Sources: 2016 Wake County CHNA, Google searches

Educational Resources - Early Childhood Education	City
Childcare Subsidy	Raleigh
Division of Child Development and Early Education	Raleigh
Early Intervention Infant-toddler B2 Program	Raleigh
Family Literacy Program	Raleigh
Family Resource Center	Raleigh
HIPPYUSA	Raleigh
NC Head Start Office	Raleigh
NC Pre-Kindergarten	Multiple sites
Office of Early Learning/Preschool Services (WCPSS)	Multiple sites
Parents as Teachers	Raleigh
Pre-K Title 1	Cary
Project Enlightenment	Raleigh
Ready to Learn Centers (through WCPSS)	Multiple sites
STEM for Kids	Raleigh
Wake Connections	Raleigh
Wake County Smart Start	Raleigh

Sources: 2016 Wake County CHNA, Google searches

Educational Resources - Colleges/Universities	City
Campbell Law School	Raleigh
ECPI College of Technology	Raleigh
Meredith College	Raleigh

Educational Resources - Colleges/Universities	City
Miller Motte Technical College	Raleigh
Miller Motte Technical College	Cary
North Carolina State University	Raleigh
Saint Augustine University	Raleigh
Shaw University	Raleigh
Strayer University	Raleigh
Strayer University	Raleigh
Strayer University	Morrisville
William Peace College	Raleigh

Sources: 2016 Wake County CHNA, Google searches

Employment Resources	City
Culinary Job Training Program	Raleigh
Goodwill Industries	Raleigh
NC State Industrial Commission	Raleigh
NC Triangle Apprenticeship Program	
NCWorks Career Center @ Swinburne	Raleigh
North Carolina Division of Services for the Blind	Raleigh
Passage Homes BOOST Workforce Development Program	Raleigh
Step Up Ministries	Raleigh
Telamon	Raleigh
Vocational Rehabilitation Services	Raleigh
Work First 200% Program (Wake County Human Services)	Raleigh

Sources: 2016 Wake County CHNA, Google searches

Special Needs Resources	City
A Small Miracle	Raleigh
Autism Society of North Carolina	Raleigh
Gigi's Playhouse	Raleigh
Going Full Circle	Fuquay-Varina
Helping Horse Therapeutic Riding Program	Raleigh
Horses for Hope	Raleigh
Lindley Habilitation	Cary
The Power of the Dream Inc	Raleigh

Source: Google searches

Other community resources, programs, and organizations providing a variety of services include the following:

Other Community Resources
ACI Support Specialist
Advance Community Health
Advocacy & Rural Health North Carolina Healthcare Association
Advocates for Health in Action
AHEC, WakeMed Health and Hospitals
Alexander Family YMCA
Alice Aycock Poe Center for Health Education
Alliance Health

Other Community Resources
Alliance Medical Ministry
AME Church Shelter for Homeless
American Heart Association
American Red Cross of Eastern North Carolina
Apex Chamber of Commerce
Apex Town Council
Bank of America
BAREUP
Capital Area Workforce Development
Carolina Partners in Mental Health
Carolina Peace Center
Cary Town Council
Center for Volunteer Caregiving
City of Raleigh Housing
City of Raleigh Housing and Neighborhoods Department
City of Raleigh Parks and Recreation
Clean Design
Color Me Healthy
Community Campus Partnerships for Health
Community of Hope Ministries, Garner
Community Partnership Inc.
Delta Dental of North Carolina
DHIC, Inc
Dorcas Ministries
Dorothy Mae Hall Women's Center, Wendell
Duke Raleigh Hospital
East Wake Education Foundation
Farm to Family Food Finder
Food Bank of Eastern NC and Central NC
Fuquay-Varina Board of Commissioners
Fuquay-Varina Chamber of Commerce
Garner Town Council
Gethsemane Seventh-day Adventist Church
Glenaire Retirement Community
GoTriangle
Greater Raleigh Chamber of Commerce
Grocers on Wheels
Habitat for Humanity
Healing Transitions (Formerly The Healing Place)
Help Health Education and Lifestyle Programs
Hill Chesson and Woody
Hispanic Chamber of Commerce
Holly Springs Chamber of Commerce
Holly Springs Economic Development
Holly Springs Food Cupboard
Holly Springs Town Council
In Our Shoes, Inc.
Inter-Faith Food Shuttle

Other Community Resources
Islamic Association of Raleigh
Jewish Federation of Raleigh-Cary
John Rex Endowment
Knightdale Town Council
Lifelong Learning with Community Schools
Living Healthy with Chronic Disease, Living Healthy with Diabetes and Living Healthy with Chronic Pain Workshops
Meals on Wheels
MetLife
Millbrook Human Service Center
Morrisville Town Council
NAMI Wake County
NC Cooperative Extension
NC DHHS
NC General Assembly
NC House of Representatives
NCPA/NAMI
NCWorks Career Center - Millbrook Human Services Center
NCWorks Career Center - Southern Regional Center
North Carolina Center for Non-Profits
North Carolina Healthcare Association
North Carolina House of Representatives
North Carolina Medicaid and NC Health Choice Dental Provider List
North Carolina Safety Net Dental Clinics
Office of Minority Health & Health Disparities
Open Space Program
Pan Lutheran Ministries
Passage Home
PNC Arena
Project Homeless Connect
Protus 3
QuitLine NC
Raleigh City Council
Raleigh Midtown Rotary Club
Raleigh Promise
Raleigh Rescue Mission
Raleigh Wake Partnership to End and Prevent Homelessness
Read and Feed
ReadyWake!
Recovery Communities of North Carolina
Regional Transportation Alliance
Restoration CDC, Inc.
RI District 7710 North Carolina-USA
Rolesville Board of Commissioners
Saint Augustine's University
Salvation Army
SAS
School Health Advisory Council

Other Community Resources
Southlight Healthcare
Spring Arbor of Cary
State Employees' Credit Union
Sunrise Senior Living of Raleigh
Tamara G. Prosper, LLC
Tammy Lynn Center
The Arc of the Triangle, Inc.
The Blood Connection
The Butcher's Market
The Carying Place
The Children with Special Health Care Needs helpline
The Fountain Of Raleigh Fellowship
The Salvation Army
Town of Apex
Town of Cary
Town of Fuquay-Varina
Town of Garner
Town of Holly Springs
Town of Knightdale
Town of Morrisville
Town of Rolesville
Town of Wake Forest
Town of Wendell
Town of Zebulon
Transitions LifeCare
Triangle Area Red Cross
Triangle Family Services
Triangle Interfaith Alliance
Triangle J Area Agency on Aging
UNC REX Healthcare
United Way of the Greater Triangle
Univision 40
Urban Ministries
Wake Coordinated Transportation Services
Wake County Board of Commissioners
Wake County Board of Education
Wake County Collaborative
Wake County Community Services
Wake County Department of Environmental Services
Wake County Emergency Management
Wake County Environmental Services
Wake County Government
Wake County Human Service Board
Wake County Human Services
Wake County Human Services Northern Regional Center
Wake County Medical Society
Wake County Medical Society Community Health Foundation
Wake County of Social and Economic Vitality

Other Community Resources
Wake County Planning
Wake County Public Libraries
Wake County Smart Start
Wake Education Partnership
Wake EMS
Wake Forest Board of Commissioners
Wake Forest Charter Academy
Wake Forest Police Dept.
Wake Technical Community College
WakeMed Health and Hospitals
Warmth for Wake
Wake County Human Services Board
Wendell Board of Commissioners
Word for Transformation Church and Outreach Center, Inc.
YMCA of the Triangle
Youth Thrive
Zebulon Board of Commissioners

State-Identified Health Facility Needs for Wake County

Each calendar year, the Governor of North Carolina, under advisement from the State Health Coordinating Council (SHCC), 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 *2019 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 Determination
Acute Care Beds	1,547	160	NA	0
Operating Rooms	106	NA	2.34	2
Inpatient Rehabilitation Beds	118	Not available	Not available	0
Nursing Care Beds	2,341	91	NA	0
Adult Care Home Beds	3,220	900	NA	0
Home Health Agencies	12	Not available	Not available	0
Hospice Home Care Agencies	7	NA	NA	0
Hospice Inpatient Beds	30	NA	1.89	0
Adult Inpatient Psychiatric Beds*	292	85	NA	0
Child/Adolescent Psychiatric Beds*	92	NA	1	1
Intermediate Care Beds*	172	Not available	Not available	0
Adult Substance Abuse Beds^	62	6	NA	32**
Child/Adolescent Substance Abuse Beds^	0	NA	6	17
Linear Accelerator	10	Not available	Not available	0
PET Scanner (Fixed Only)	3	Not available	Not available	0
MRI Scanner (Fixed Equiv.)	22	Not available	Not available	1
Cardiac Catheterization (Fixed Only)	18	Not available	Not available	0

*Planning inventory reflects Wake County beds only; surplus/deficit reflects entire Alliance Health LME.
^Planning inventory reflects Wake County beds only; surplus/deficit reflects entire Central Region.
**The need determination in the Central Planning Region for 32 adult chemical dependency treatment beds is in response to a petition that was approved by the State Health Coordinating Council (SHCC). The SHCC has stipulated that Certificate of Need applicants must commit to establishing a contract with the Cardinal Innovations Healthcare Solutions LME-MCO to treat underserved populations, specifically the indigent and/or uninsured.

As shown above, need determinations exist for additional operating rooms, child/adolescent psychiatric beds, adult and child/adolescent substance abuse beds, and a fixed MRI scanner. 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 *2019 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 described previously.

CHAPTER 7 | BRINGING IT ALL TOGETHER

The development of effective community health improvement strategies and action plans are the next and final step in the CHNA process. The action planning and implementation process has been updated compared to prior years as the County moves to align its Population Health Task Force Recommendations with the Community Health Needs Assessment priorities. The alignment of these two groups will fulfill the Population Health Task Force's recommendation for a public/private partnership through the creation of the Live Well Wake Collaborative.

As discussed in Chapter 5, the Population Health Task Force consisted of three work groups (Healthy Wake, Vulnerable Populations, and Familiar Faces) and the 2019 CHNA identified five priority areas for the county overall (Transportation Options and Transit, Employment, Access to Care, Mental Health/Substance Use Disorders, and Housing and Homelessness).

The five priorities identified through the CHNA will become priorities for the Live Well Wake Collaborative to address through the development of quantifiable strategies through which progress can be measured. In addition, two committees will be established as part of the Live Well Wake Collaborative – a Vulnerable Populations Committee and a Familiar Faces Committee – each of which will set specific objectives and measurable indicators of success to also be addressed via the action planning and implementation process.

Representatives of the Live Well Wake Collaborative will be reaching out to invite members of the community and community organizations to action planning meetings to discuss the best ways to address the five county-level priorities and objectives for the vulnerable and familiar faces populations. The partners believe that the most effective strategies will be those that have the collaborative support of community organizations and residents. This is an exciting time for Wake County as we look to improve the health of residents and address social determinants of health.

APPENDICES

APPENDIX 1 | COMMUNITY DEMOGRAPHIC DETAIL

Detailed information regarding the demographics of Wake County, its service zones, and comparable peer geographies can be found in the tables below.

Total Population

The tables below show the total population for 2010, 2018, and 2023.

Total Population – Wake County and Peer Geographies

Year	Wake County, NC	Mecklenburg County, NC	North Carolina	Travis County, TX
2010	900,993	919,628	9,535,483	1,024,266
2018	1,092,636	1,092,533	10,455,604	1,258,823
2023	1,224,073	1,206,295	11,061,202	1,410,482
2010-2023 CAGR*	2.4%	2.1%	1.1%	2.5%
2018-2023 CAGR*	2.3%	2.0%	1.1%	2.3%

Source: Esri Population Reports for 2010 (census), 2018, and 2023.
*Compound Annual Growth Rate

Total Population – Wake County Service Zones

Year	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
2010	64,944	69,065	107,536	142,124	106,891	107,897	215,268	87,268	900,993
2018	79,238	74,938	122,161	174,558	124,242	140,657	272,469	104,373	1,092,636
2023	89,838	81,402	132,282	196,162	136,895	161,222	310,184	116,088	1,224,073
2010-2023 CAGR*	2.5%	1.3%	1.6%	2.5%	1.9%	3.1%	2.8%	2.2%	2.4%
2018-2023 CAGR*	2.5%	1.7%	1.6%	2.4%	2.0%	2.8%	2.6%	2.2%	2.3%

Source: Esri Population Reports for 2010 (census), 2018, and 2023.
*Compound Annual Growth Rate

Age

The tables below show the population by age cohort and as a percentage of total population for 2010, 2018, and 2023.

2010 Population by Age – Wake County and Peer Geographies

2010 Population	Wake County, NC	Mecklenburg County, NC	North Carolina	Travis County, TX
<15	197,706	196,856	1,899,089	209,249
15-44	407,194	424,874	3,894,908	513,001

2010 Population	Wake County, NC	Mecklenburg County, NC	North Carolina	Travis County, TX
45-64	219,544	216,785	2,507,407	227,257
>65	76,549	81,113	1,234,079	74,759
Total	**900,993**	**919,628**	**9,535,483**	**1,024,266**
Median Age	34.4	33.9	37.3	32.0

Source: Esri Population Reports for 2010 (census).

2010 Population by Age as Percent of Total – Wake County and Peer Geographies

2010 Population	Wake County, NC	Mecklenburg County, NC	North Carolina	Travis County, TX
<15	21.9%	21.4%	19.9%	20.4%
15-44	45.2%	46.2%	40.8%	50.1%
45-64	24.4%	23.6%	26.3%	22.2%
>65	8.5%	8.8%	12.9%	7.3%
Total	**100.0%**	**100.0%**	**100.0%**	**100.0%**

Source: Esri Population Reports for 2010 (census).

2010 Population by Age – Wake County Service Zones

2010 Population	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
<15	15,384	15,586	20,160	35,069	22,240	28,031	49,600	11,636	197,706
15-44	27,800	32,270	48,531	55,325	52,157	44,394	95,791	50,926	407,194
45-64	16,120	15,580	26,486	39,720	23,704	27,204	53,948	16,782	219,544
>65	5,640	5,629	12,359	12,010	8,790	8,268	15,929	7,924	76,549
Total	**64,944**	**69,065**	**107,536**	**142,124**	**106,891**	**107,897**	**215,268**	**87,268**	**900,993**
Median Age	34.8	32.9	35.5	37.2	31.7	35.6	35.3	28.9	34.4

Source: Esri Population Reports for 2010 (census).

2010 Population by Age as Percent of Total – Wake County Service Zones

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

2010 Population	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
>65	8.7%	8.2%	11.5%	8.5%	8.2%	7.7%	7.4%	9.1%	8.5%
Total	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**

Source: Esri Population Reports for 2010 (census).

2018 Population by Age – Wake County and Peer Geographies

2018 Population	Wake County, NC	Mecklenburg County, NC	North Carolina	Travis County, TX
<15	223,750	219,189	1,943,428	248,012
15-44	471,007	481,698	4,117,133	603,119
45-64	275,861	266,755	2,731,511	283,762
>65	122,018	124,891	1,663,532	123,930
Total	**1,092,636**	**1,092,533**	**10,455,604**	**1,258,823**
Median Age	35.7	35.3	38.7	33.5

Source: Esri Population Reports for 2018.

2018 Population by Age as Percent of Total – Wake County and Peer Geographies

2018 Population	Wake County, NC	Mecklenburg County, NC	North Carolina	Travis County, TX
<15	20.5%	20.1%	18.6%	19.7%
15-44	43.1%	44.1%	39.4%	47.9%
45-64	25.2%	24.4%	26.1%	22.5%
>65	11.2%	11.4%	15.9%	9.8%
Total	**100.0%**	**100.0%**	**100.0%**	**100.0%**

Source: Esri Population Reports for 2018.

2018 Population by Age – Wake County Service Zones

2018 Population	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
<15	17,135	15,983	22,272	38,871	23,838	33,921	58,561	13,169	223,750
15-44	32,570	33,275	52,369	65,102	59,170	54,720	114,906	58,895	471,007
45-64	20,573	17,708	29,823	49,977	28,286	37,278	72,056	20,160	275,861
>65	8,960	7,972	17,697	20,608	12,948	14,738	26,946	12,149	122,018
Total	**79,238**	**74,938**	**122,161**	**174,558**	**124,242**	**140,657**	**272,469**	**104,373**	**1,092,636**

2018 Population	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
Median Age	36.4	34.3	37.3	38.4	32.6	36.5	36.6	30.6	35.7

Source: Esri Population Reports for 2018.

2018 Population by Age as Percent of Total – Wake County Service Zones

2018 Population	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
<15	21.6%	21.3%	18.2%	22.3%	19.2%	24.1%	21.5%	12.6%	20.5%
15-44	41.1%	44.4%	42.9%	37.3%	47.6%	38.9%	42.2%	56.4%	43.1%
45-64	26.0%	23.6%	24.4%	28.6%	22.8%	26.5%	26.4%	19.3%	25.2%
>65	11.3%	10.6%	14.5%	11.8%	10.4%	10.5%	9.9%	11.6%	11.2%
Total	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**

Source: Esri Population Reports for 2018.

2023 Population by Age – Wake County and Peer Geographies

2023 Population	Wake County, NC	Mecklenburg County, NC	North Carolina	Travis County, TX
<15	242,599	236,511	2,017,155	274,365
15-44	529,528	533,355	4,304,094	673,025
45-64	294,005	281,479	2,756,570	304,151
>65	157,941	154,950	1,983,383	158,941
Total	**1,224,073**	**1,206,295**	**11,061,202**	**1,410,482**
Median Age	35.8	35.5	39.4	33.8

Source: Esri Population Reports for 2023.

2023 Population by Age as Percent of Total – Wake County and Peer Geographies

2023 Population	Wake County, NC	Mecklenburg County, NC	North Carolina	Travis County, TX
<15	19.8%	19.6%	18.2%	19.5%
15-44	43.3%	44.2%	38.9%	47.7%
45-64	24.0%	23.3%	24.9%	21.6%
>65	12.9%	12.8%	17.9%	11.3%
Total	**100.0%**	**100.0%**	**100.0%**	**100.0%**

Source: Esri Population Reports for 2023.

2023 Population by Age – Wake County Service Zones

2023 Population	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
<15	19,268	17,168	23,385	41,580	25,764	37,507	63,487	14,440	242,599
15-44	36,957	36,487	55,936	73,575	65,926	63,349	132,581	64,717	529,528
45-64	21,922	18,180	31,268	52,915	29,304	40,671	78,021	21,724	294,005
>65	11,691	9,567	21,693	28,092	15,901	19,695	36,095	15,207	157,941
Total	**89,838**	**81,402**	**132,282**	**196,162**	**136,895**	**161,222**	**310,184**	**116,088**	**1,224,073**
Median Age	36.3	34.2	37.9	38.8	32.5	36.2	36.5	31.5	35.8

Source: Esri Population Reports for 2023.

2023 Population by Age as Percent of Total – Wake County Service Zones

2023 Population	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
<15	21.4%	21.1%	17.7%	21.2%	18.8%	23.3%	20.5%	12.4%	19.8%
15-44	41.1%	44.8%	42.3%	37.5%	48.2%	39.3%	42.7%	55.7%	43.3%
45-64	24.4%	22.3%	23.6%	27.0%	21.4%	25.2%	25.2%	18.7%	24.0%
>65	13.0%	11.8%	16.4%	14.3%	11.6%	12.2%	11.6%	13.1%	12.9%
Total	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**

Source: Esri Population Reports for 2023.

<15 Population – Wake County, Peer Geographies, and Service Zones

Geography	2010	2018	2023	2010-2023 CAGR*	2018-2023 CAGR*
East	15,384	17,135	19,268	1.7%	2.4%
East Central	15,586	15,983	17,168	0.7%	1.4%
North Central	20,160	22,272	23,385	1.1%	1.0%
Northern	35,069	38,871	41,580	1.3%	1.4%
South Central	22,240	23,838	25,764	1.1%	1.6%
Southern	28,031	33,921	37,507	2.3%	2.0%
West	49,600	58,561	63,487	1.9%	1.6%
West Central	11,636	13,169	14,440	1.7%	1.9%
Wake County, NC	197,706	223,750	242,599	1.6%	1.6%
Mecklenburg County, NC	196,856	219,189	236,511	1.4%	1.5%
North Carolina	1,899,089	1,943,428	2,017,155	0.5%	0.7%

Geography	2010	2018	2023	2010-2023 CAGR*	2018-2023 CAGR*
Travis County, TX	209,249	248,012	274,365	2.1%	2.0%

Source: Esri Population Reports for 2010 (census), 2018, and 2023.
*Compound Annual Growth Rate

15-44 Population – Wake County, Peer Geographies, and Service Zones

Geography	2010	2018	2023	2010-2023 CAGR*	2018-2023 CAGR*
East	27,800	32,570	36,957	2.2%	2.6%
East Central	32,270	33,275	36,487	0.9%	1.9%
North Central	48,531	52,369	55,936	1.1%	1.3%
Northern	55,325	65,102	73,575	2.2%	2.5%
South Central	52,157	59,170	65,926	1.8%	2.2%
Southern	44,394	54,720	63,349	2.8%	3.0%
West	95,791	114,906	132,581	2.5%	2.9%
West Central	50,926	58,895	64,717	1.9%	1.9%
Wake County, NC	407,194	471,007	529,528	2.0%	2.4%
Mecklenburg County, NC	424,874	481,698	533,355	1.8%	2.1%
North Carolina	3,894,908	4,117,133	4,304,094	0.8%	0.9%
Travis County, TX	513,001	603,119	673,025	2.1%	2.2%

Source: Esri Population Reports for 2010 (census), 2018, and 2023.
*Compound Annual Growth Rate

45-64 Population – Wake County, Peer Geographies, and Service Zones

Geography	2010	2018	2023	2010-2023 CAGR*	2018-2023 CAGR*
	2010	2018	2023	2010-2023 CAGR*	2018-2023 CAGR*
East	16,120	20,573	21,922	2.4%	1.3%
East Central	15,580	17,708	18,180	1.2%	0.5%
North Central	26,486	29,823	31,268	1.3%	1.0%
Northern	39,720	49,977	52,915	2.2%	1.1%
South Central	23,704	28,286	29,304	1.6%	0.7%
Southern	27,204	37,278	40,671	3.1%	1.8%
West	53,948	72,056	78,021	2.9%	1.6%
West Central	16,782	20,160	21,724	2.0%	1.5%
Wake County, NC	219,544	275,861	294,005	2.3%	1.3%
Mecklenburg County, NC	216,785	266,755	281,479	2.0%	1.1%

Geography	2010	2018	2023	2010-2023 CAGR*	2018-2023 CAGR*
North Carolina	2,507,407	2,731,511	2,756,570	0.7%	0.2%

Source: Esri Population Reports for 2010 (census), 2018, and 2023.
*Compound Annual Growth Rate

65+ Population – Wake County, Peer Geographies, and Service Zones

Geography	2010	2018	2023	2010-2023 CAGR*	2018-2023 CAGR*
East	5,640	8,960	11,691	5.8%	5.5%
East Central	5,629	7,972	9,567	4.2%	3.7%
North Central	12,359	17,697	21,693	4.4%	4.2%
Northern	12,010	20,608	28,092	6.8%	6.4%
South Central	8,790	12,948	15,901	4.7%	4.2%
Southern	8,268	14,738	19,695	6.9%	6.0%
West	15,929	26,946	36,095	6.5%	6.0%
West Central	7,924	12,149	15,207	5.1%	4.6%
Wake County, NC	76,549	122,018	157,941	5.7%	5.3%
Mecklenburg County, NC	81,113	124,891	154,950	5.1%	4.4%
North Carolina	1,234,079	1,663,532	1,983,383	3.7%	3.6%
Travis County, TX	74,759	123,930	158,941	6.0%	5.1%

Source: Esri Population Reports for 2010 (census), 2018, and 2023.
*Compound Annual Growth Rate

Gender

The tables below show the population by gender and gender as a percentage of total population for 2010, 2018, and 2023.

Male Population – Wake County, Peer Geographies, and Service Zones

Geography	2010	2018	2023	2010-2023 CAGR*	2018-2023 CAGR*
East	31,539	38,602	43,867	2.6%	2.6%
East Central	32,419	35,280	38,518	1.3%	1.8%
North Central	51,500	58,688	63,414	1.6%	1.6%
Northern	68,687	84,428	95,066	2.5%	2.4%
South Central	52,394	61,076	67,473	2.0%	2.0%
Southern	52,932	68,728	78,779	3.1%	2.8%
West	104,703	132,736	150,975	2.9%	2.6%

Geography	2010	2018	2023	2010-2023 CAGR*	2018-2023 CAGR*
West Central	44,618	53,444	59,297	2.2%	2.1%
Wake County, NC	438,792	532,982	597,389	2.4%	2.3%
Mecklenburg County, NC	444,881	530,370	586,834	2.2%	2.0%
North Carolina	4,645,492	5,109,694	5,422,680	1.2%	1.2%
Travis County, TX	516,637	633,240	707,233	2.4%	2.2%

Source: Esri Population Reports for 2010 (census), 2018, and 2023.
*Compound Annual Growth Rate

Male Population as Percent of Total – Wake County, Peer Geographies, and Service Zones

Geography	2010	2018	2023
East	48.6%	48.7%	48.8%
East Central	46.9%	47.1%	47.3%
North Central	47.9%	48.0%	47.9%
Northern	48.3%	48.4%	48.5%
South Central	49.0%	49.2%	49.3%
Southern	49.1%	48.9%	48.9%
West	48.6%	48.7%	48.7%
West Central	51.1%	51.2%	51.1%
Wake County, NC	48.7%	48.8%	48.8%
Mecklenburg County, NC	48.4%	48.5%	48.6%
North Carolina	48.7%	48.9%	49.0%
Travis County, TX	50.4%	50.3%	50.1%

Source: Esri Population Reports for 2010 (census), 2018, and 2023.

Female Population – Wake County, Peer Geographies, and Service Zones

Geography	2010	2018	2023	2010-2023 CAGR*	2018-2023 CAGR*
East	33,405	40,636	45,971	2.5%	2.5%
East Central	36,646	39,658	42,884	1.2%	1.6%
North Central	56,036	63,473	68,868	1.6%	1.6%
Northern	73,437	90,130	101,096	2.5%	2.3%
South Central	54,497	63,166	69,422	1.9%	1.9%
Southern	54,965	71,929	82,443	3.2%	2.8%
West	110,565	139,733	159,209	2.8%	2.6%
West Central	42,650	50,929	56,791	2.2%	2.2%

Geography	2010	2018	2023	2010-2023 CAGR*	2018-2023 CAGR*
Wake County, NC	462,201	559,654	626,684	2.4%	2.3%
Mecklenburg County, NC	474,747	562,163	619,461	2.1%	2.0%
North Carolina	4,889,991	5,345,910	5,638,522	1.1%	1.1%
Travis County, TX	507,629	625,583	703,249	2.5%	2.4%

Source: Esri Population Reports for 2010 (census), 2018, and 2023.
*Compound Annual Growth Rate

Female Population as Percent of Total – Wake County, Peer Geographies, and Service Zones

Geography	2010	2018	2023
East	51.4%	51.3%	51.2%
East Central	53.1%	52.9%	52.7%
North Central	52.1%	52.0%	52.1%
Northern	51.7%	51.6%	51.5%
South Central	51.0%	50.8%	50.7%
Southern	50.9%	51.1%	51.1%
West	51.4%	51.3%	51.3%
West Central	48.9%	48.8%	48.9%
Wake County, NC	51.3%	51.2%	51.2%
Mecklenburg County, NC	51.6%	51.5%	51.4%
North Carolina	51.3%	51.1%	51.0%
Travis County, TX	49.6%	49.7%	49.9%

Source: Esri Population Reports for 2010 (census), 2018, and 2023.

Race

The tables below show the population by race and by race as a percentage of total population for 2010, 2018, and 2023.

2010 Population by Race – Wake County and Peer Geographies

2010 Population	Wake County, NC	Mecklenburg County, NC	North Carolina	Travis County, TX
One Race				
White	597,546	508,946	6,528,950	709,814
Black or African American	186,510	282,804	2,048,628	87,308
American Indian or Alaska Native	4,503	4,261	122,110	8,555

2010 Population	Wake County, NC	Mecklenburg County, NC	North Carolina	Travis County, TX
Asian	48,553	42,352	208,962	59,333
Pacific Islander	387	668	6,604	718
Other	40,928	57,113	414,030	124,706
Two or More Races	22,566	23,484	206,199	33,832
Total	**900,993**	**919,628**	**9,535,483**	**1,024,266**

Source: Esri Population Reports for 2010 (census).

2010 Population by Race as Percent of Total – Wake County and Peer Geographies

2010 Population	Wake County, NC	Mecklenburg County, NC	North Carolina	Travis County, TX
One Race				
White	66.3%	55.3%	68.5%	69.3%
Black or African American	20.7%	30.8%	21.5%	8.5%
American Indian or Alaska Native	0.5%	0.5%	1.3%	0.8%
Asian	5.4%	4.6%	2.2%	5.8%
Pacific Islander	0.0%	0.1%	0.1%	0.1%
Other	4.5%	6.2%	4.3%	12.2%
Two or More Races	2.5%	2.6%	2.2%	3.3%
Total	**100.0%**	**100.0%**	**100.0%**	**100.0%**

Source: Esri Population Reports for 2010 (census).

2010 Population by Race – Wake County Service Zones

2010 Population	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
One Race									
White	37,142	23,670	69,679	111,208	52,911	84,815	155,558	62,563	597,546
Black or African American	19,259	34,838	23,384	19,621	39,856	14,391	19,907	15,254	186,510
American Indian or Alaska Native	453	446	546	462	824	591	841	340	4,503
Asian	932	2,372	3,399	4,964	2,917	2,276	27,408	4,285	48,553
Pacific Islander	21	29	56	39	46	70	92	34	387
Other	5,165	5,801	7,611	2,665	7,699	3,309	5,797	2,881	40,928

2010 Population	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
Two or More Races	1,972	1,909	2,861	3,165	2,638	2,445	5,665	1,911	22,566
Total	**64,944**	**69,065**	**107,536**	**142,124**	**106,891**	**107,897**	**215,268**	**87,268**	**900,993**

Source: Esri Population Reports for 2010 (census).

2010 Population by Age as Percent of Total – Wake County Service Zones

2010 Population	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
One Race									
White	57.2%	34.3%	64.8%	78.2%	49.5%	78.6%	72.3%	71.7%	66.3%
Black or African American	29.7%	50.4%	21.7%	13.8%	37.3%	13.3%	9.2%	17.5%	20.7%
American Indian or Alaska Native	0.7%	0.6%	0.5%	0.3%	0.8%	0.5%	0.4%	0.4%	0.5%
Asian	1.4%	3.4%	3.2%	3.5%	2.7%	2.1%	12.7%	4.9%	5.4%
Pacific Islander	0.0%	0.0%	0.1%	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%
Other	8.0%	8.4%	7.1%	1.9%	7.2%	3.1%	2.7%	3.3%	4.5%
Two or More Races	3.0%	2.8%	2.7%	2.2%	2.5%	2.3%	2.6%	2.2%	2.5%
Total	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**

Source: Esri Population Reports for 2010 (census).

2018 Population by Race – Wake County and Peer Geographies

2018 Population	Wake County, NC	Mecklenburg County, NC	North Carolina	Travis County, TX
One Race				
White	698,622	563,646	6,937,588	854,783
Black or African American	223,904	349,193	2,272,390	105,341
American Indian or Alaska Native	5,032	4,856	132,371	9,017
Asian	79,842	66,691	316,537	86,195
Pacific Islander	721	1,040	8,714	995
Other	52,201	74,298	512,216	156,150

2018 Population	Wake County, NC	Mecklenburg County, NC	North Carolina	Travis County, TX
Two or More Races	32,314	32,809	275,788	46,342
Total	**1,092,636**	**1,092,533**	**10,455,604**	**1,258,823**

Source: Esri Population Reports for 2018.

2018 Population by Race as Percent of Total – Wake County and Peer Geographies

2018 Population	Wake County, NC	Mecklenburg County, NC	North Carolina	Travis County, TX
One Race				
White	63.9%	51.6%	66.4%	67.9%
Black or African American	20.5%	32.0%	21.7%	8.4%
American Indian or Alaska Native	0.5%	0.4%	1.3%	0.7%
Asian	7.3%	6.1%	3.0%	6.8%
Pacific Islander	0.1%	0.1%	0.1%	0.1%
Other	4.8%	6.8%	4.9%	12.4%
Two or More Races	3.0%	3.0%	2.6%	3.7%
Total	**100.0%**	**100.0%**	**100.0%**	**100.0%**

Source: Esri Population Reports for 2018.

2018 Population by Race – Wake County Service Zones

2018 Population	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
One Race									
White	44,014	24,504	75,952	132,470	58,889	107,508	182,866	72,419	698,622
Black or African American	23,495	37,459	26,905	25,033	46,431	19,651	25,932	18,998	223,904
American Indian or Alaska Native	514	447	573	544	876	732	966	380	5,032
Asian	1,552	3,408	5,312	8,120	4,626	4,096	46,547	6,181	79,842
Pacific Islander	38	50	96	76	83	141	175	62	721
Other	6,839	6,693	9,550	3,624	9,755	4,613	7,493	3,634	52,201
Two or More Races	2,786	2,377	3,773	4,691	3,582	3,916	8,490	2,699	32,314
Total	**79,238**	**74,938**	**122,161**	**174,558**	**124,242**	**140,657**	**272,469**	**104,373**	**1,092,636**

Source: Esri Population Reports for 2018.

2018 Population by Age as Percent of Total – Wake County Service Zones

2018 Population	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
One Race									
White	55.5%	32.7%	62.2%	75.9%	47.4%	76.4%	67.1%	69.4%	63.9%
Black or African American	29.7%	50.0%	22.0%	14.3%	37.4%	14.0%	9.5%	18.2%	20.5%
American Indian or Alaska Native	0.6%	0.6%	0.5%	0.3%	0.7%	0.5%	0.4%	0.4%	0.5%
Asian	2.0%	4.5%	4.3%	4.7%	3.7%	2.9%	17.1%	5.9%	7.3%
Pacific Islander	0.0%	0.1%	0.1%	0.0%	0.1%	0.1%	0.1%	0.1%	0.1%
Other	8.6%	8.9%	7.8%	2.1%	7.9%	3.3%	2.8%	3.5%	4.8%
Two or More Races	3.5%	3.2%	3.1%	2.7%	2.9%	2.8%	3.1%	2.6%	3.0%
Total	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**

Source: Esri Population Reports for 2018.

2023 Population by Race – Wake County and Peer Geographies

2023 Population	Wake County, NC	Mecklenburg County, NC	North Carolina	Travis County, TX
One Race				
White	749,733	587,323	7,142,464	944,837
Black or African American	252,276	396,186	2,418,940	116,302
American Indian or Alaska Native	5,367	5,254	138,219	9,717
Asian	110,326	88,389	410,264	108,411
Pacific Islander	905	1,251	10,176	1,195
Other	63,974	86,548	602,886	173,972
Two or More Races	41,492	41,344	338,253	56,048
Total	**1,224,073**	**1,206,295**	**11,061,202**	**1,410,482**

Source: Esri Population Reports for 2023.

2023 Population by Race as Percent of Total – Wake County and Peer Geographies

2023 Population	Wake County, NC	Mecklenburg County, NC	North Carolina	Travis County, TX
One Race				
White	61.2%	48.7%	64.6%	67.0%
Black or African American	20.6%	32.8%	21.9%	8.2%
American Indian or Alaska Native	0.4%	0.4%	1.2%	0.7%
Asian	9.0%	7.3%	3.7%	7.7%
Pacific Islander	0.1%	0.1%	0.1%	0.1%
Other	5.2%	7.2%	5.5%	12.3%
Two or More Races	3.4%	3.4%	3.1%	4.0%
Total	**100.0%**	**100.0%**	**100.0%**	**100.0%**

Source: Esri Population Reports for 2023.

2023 Population by Race – Wake County Service Zones

2023 Population	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
One Race									
White	47,866	25,277	78,838	143,856	61,908	119,294	194,564	78,130	749,733
Black or African American	26,934	40,307	29,467	29,231	51,251	23,613	29,916	21,557	252,276
American Indian or Alaska Native	557	457	579	600	907	830	1,036	401	5,367
Asian	2,205	4,595	7,232	11,525	6,388	5,997	64,327	8,057	110,326
Pacific Islander	52	61	114	98	102	182	222	74	905
Other	8,634	7,815	11,416	4,664	11,862	5,997	9,159	4,427	63,974
Two or More Races	3,590	2,890	4,636	6,188	4,477	5,309	10,960	3,442	41,492
Total	**89,838**	**81,402**	**132,282**	**196,162**	**136,895**	**161,222**	**310,184**	**116,088**	**1,224,073**

Source: Esri Population Reports for 2023.

2023 Population by Age as Percent of Total – Wake County Service Zones

2023 Population	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
One Race									
White	53.3%	31.1%	59.6%	73.3%	45.2%	74.0%	62.7%	67.3%	61.2%
Black or African American	30.0%	49.5%	22.3%	14.9%	37.4%	14.6%	9.6%	18.6%	20.6%
American Indian or Alaska Native	0.6%	0.6%	0.4%	0.3%	0.7%	0.5%	0.3%	0.3%	0.4%
Asian	2.5%	5.6%	5.5%	5.9%	4.7%	3.7%	20.7%	6.9%	9.0%
Pacific Islander	0.1%	0.1%	0.1%	0.0%	0.1%	0.1%	0.1%	0.1%	0.1%
Other	9.6%	9.6%	8.6%	2.4%	8.7%	3.7%	3.0%	3.8%	5.2%
Two or More Races	4.0%	3.6%	3.5%	3.2%	3.3%	3.3%	3.5%	3.0%	3.4%
Total	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**

Source: Esri Population Reports for 2023.

Ethnicity

The tables below show the population by ethnicity and by ethnicity as a percentage of total population for 2010, 2018, and 2023.

Hispanic/Latino Population – Wake County, Peer Geographies, and Service Zones

Geography	2010	2018	2023	2010-2023 CAGR*	2018-2023 CAGR*
East	9,419	12,415	15,533	3.9%	4.6%
East Central	10,634	12,216	14,218	2.3%	3.1%
North Central	14,825	18,453	21,870	3.0%	3.5%
Northern	8,254	11,077	14,048	4.2%	4.9%
South Central	14,774	18,491	22,245	3.2%	3.8%
Southern	8,806	12,381	15,962	4.7%	5.2%
West	15,469	19,963	24,264	3.5%	4.0%
West Central	5,741	7,269	8,858	3.4%	4.0%
Wake County, NC	87,922	112,265	136,998	3.5%	4.1%
Mecklenburg County, NC	111,944	146,119	174,051	3.5%	3.6%
North Carolina	800,120	996,426	1,178,338	3.0%	3.4%

Geography	2010	2018	2023	2010-2023 CAGR*	2018-2023 CAGR*
Travis County, TX	342,766	428,546	496,155	2.9%	3.0%

Source: Esri Population Reports for 2010 (census), 2018, and 2023.
*Compound Annual Growth Rate

Hispanic/Latino Population as Percent of Total – Wake County, Peer Geographies, and Service Zones

Geography	2010	2018	2023
East	14.5%	15.7%	17.3%
East Central	15.4%	16.3%	17.5%
North Central	13.8%	15.1%	16.5%
Northern	5.8%	6.3%	7.2%
South Central	13.8%	14.9%	16.2%
Southern	8.2%	8.8%	9.9%
West	7.2%	7.3%	7.8%
West Central	6.6%	7.0%	7.6%
Wake County, NC	9.8%	10.3%	11.2%
Mecklenburg County, NC	12.2%	13.4%	14.4%
North Carolina	8.4%	9.5%	10.7%
Travis County, TX	33.5%	34.0%	35.2%

Source: Esri Population Reports for 2010 (census), 2018, and 2023.

Non-Hispanic/Latino Population – Wake County, Peer Geographies, and Service Zones

Geography	2010	2018	2023	2010-2023 CAGR*	2018-2023 CAGR*
East	55,525	66,823	74,305	2.3%	2.1%
East Central	58,431	62,722	67,184	1.1%	1.4%
North Central	92,711	103,708	110,412	1.4%	1.3%
Northern	133,870	163,481	182,114	2.4%	2.2%
South Central	92,117	105,751	114,650	1.7%	1.6%
Southern	99,091	128,276	145,260	3.0%	2.5%
West	199,799	252,506	285,920	2.8%	2.5%
West Central	81,527	97,104	107,230	2.1%	2.0%
Wake County, NC	813,071	980,371	1,087,075	2.3%	2.1%
Mecklenburg County, NC	807,684	946,414	1,032,244	1.9%	1.8%
North Carolina	8,735,363	9,459,178	9,882,864	1.0%	0.9%
Travis County, TX	681,500	830,277	914,327	2.3%	1.9%

Source: Esri Population Reports for 2010 (census), 2018, and 2023.
*Compound Annual Growth Rate

Non-Hispanic/Latino Population as Percent of Total – Wake County, Peer Geographies, and Service Zones

Geography	2010	2018	2023
East	85.5%	84.3%	82.7%
East Central	84.6%	83.7%	82.5%
North Central	86.2%	84.9%	83.5%
Northern	94.2%	93.7%	92.8%
South Central	86.2%	85.1%	83.8%
Southern	91.8%	91.2%	90.1%
West	92.8%	92.7%	92.2%
West Central	93.4%	93.0%	92.4%
Wake County, NC	90.2%	89.7%	88.8%
Mecklenburg County, NC	87.8%	86.6%	85.6%
North Carolina	91.6%	90.5%	89.3%
Travis County, TX	66.5%	66.0%	64.8%

Source: Esri Population Reports for 2010 (census), 2018, and 2023.

Median Household Income

The table below shows the median household income for 2018 and 2023.

Median Household Income – Wake County, Peer Geographies, and Service Zones

Geography	2010	2018	2023
East	85.5%	84.3%	82.7%
East Central	84.6%	83.7%	82.5%
North Central	86.2%	84.9%	83.5%
Northern	94.2%	93.7%	92.8%
South Central	86.2%	85.1%	83.8%
Southern	91.8%	91.2%	90.1%
West	92.8%	92.7%	92.2%
West Central	93.4%	93.0%	92.4%
Wake County, NC	90.2%	89.7%	88.8%
Mecklenburg County, NC	87.8%	86.6%	85.6%

Geography	2010	2018	2023
North Carolina	91.6%	90.5%	89.3%
Travis County, TX	66.5%	66.0%	64.8%

Source: Esri Population Reports for 2010 (census), 2018, and 2023.

APPENDIX 2 | SECONDARY (EXISTING) DATA COLLECTION

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 related to social determinants of health.

Methodology

All individual data measures were grouped into six categories and 21 corresponding focus areas 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 County Health Rankings Top Performers Benchmark
- Mecklenburg County, NC
- North Carolina
- Travis County, TX

For service zones, the most recently available 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 County Health Rankings Top Performers Benchmark
- Wake County, NC

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

- If the data were more than 5 percent worse = A health score of 3 was assigned
- If the data were within or equal to 5 percent (better or worse) = A health score of 2 was assigned
- If the data were more than 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 focus area to which they were assigned. For example, if the Access to Care focus area 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 Care focus area 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 x 50% for a secondary (existing) data score of 0.75.

Data Sources

The following tables are organized by each of the twenty-one focus areas and contain information related to existing data measures analyzed, a description of each measure, the data source(s), and most recent data time periods for both the county and service zones (as available).

Length of Life

Length of Life

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
Life expectancy	Average number of additional years that someone at a given age would be expect ed to live if current mortality conditions remained co nstant throughout their lifetime. Based on life expectancy at birth. State data are a single year while county data are a three-year aggregate. Data were not reported in the County Health Book prior to 2013.	NC Center for Health Statistics, County-level Data, County Health Data Books. Data accessed July 2018.	2014-2016	NA	NA
Child mortality	Number of deaths among children under age 18 per 100,000 population	University of Wisconsin Population Health Institute, County Health Rankings. Data accessed June 2018.	2013-2016	NA	NA
Infant mortality	Number of deaths among children less than one year of age per 1,000 live births	University of Wisconsin Population Health Institute, County Health Rankings. Data accessed June 2018.	2010-2016	NA	NA
Premature age-adjusted mortality	Number of deaths among residents under the age of 75 per 100,000 population	University of Wisconsin Population Health Institute, County Health	2014-2016	NA	NA

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
		Rankings. Data accessed June 2018.			
Premature Death (years of potential life lost before age 75 per 100,000 population age-adjusted)	Number of events (i.e., deaths, births, etc.) in a given time period (three-year period) divided by the average number of people at risk during that period. Years of potential life lost measures mortality by giving more weight to deaths at earlier ages than deaths at later ages. Premature deaths are deaths before age 75. All of the years of potential life lost in a county during a three-year period are summed and divided by the total population of the county during that same time period-this value is then multiplied by 100,000 to calculate the years of potential life lost under age 75 per 100,000 people. These are age-adjusted.	University of Wisconsin Population Health Institute, County Health Rankings. Data accessed June 2018.	2014-2016	NA	NA
Infant mortality racial disparity between whites and African Americans	The death rate of African American Non-Hispanic infants divided by the death rate of white Non-Hispanic infants	NC Center for Health Statistics, County-level Data, County Health Data Books. Data accessed July 2018.	2012-2016	NA	NA

Disabilities

Disabilities

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
Rate of Blind/Visually impaired individuals per 10,000 population	Number of North Carolinians on the Register of Blind and Visually Impaired Persons as of December of the reference year by county of residence per 10,000 population	Log Into North Carolina (LINC) Database, Topic Group Vital Statistics and Health. United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Bridged-Race Population Estimates, United States July 1st resident population by state, county, age, sex, bridged-race, and Hispanic origin. Compiled from 1990-1999 bridged-race intercensal population estimates (released by NCHS on 7/26/2004); revised bridged-race 2000-2009 intercensal population estimates (released by NCHS on 10/26/2012); and bridged-race Vintage 2017 (2010-2017) postcensal population estimates (released by NCHS on 6/27/2018). Available on CDC WONDER Online Database. Data accessed August 2018.	2017	NA	NA
Percent of population with a disability	Estimate of number of people with a disability as a percentage of total estimated civilian noninstitutionalized population	US Census Bureau, American Fact Finder, American Community Survey, American Community Survey (ACS) 5-Year Estimates, Table S1810. Data accessed July 2018.	2012-2016	US Census Bureau, American Fact Finder, American Community Survey, American Community Survey (ACS) 5-Year Estimates, Table S1810.	2012-2016

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
				Data accessed July 2018.	
Percent of population with a cognitive difficulty	Estimate of number of people with a cognitive difficulty as a percentage of total estimated civilian noninstitutionalized population ages 5 and over	US Census Bureau, American Fact Finder, American Community Survey, American Community Survey (ACS) 5-Year Estimates, Table S1810. Data accessed July 2018.	2012-2016	US Census Bureau, American Fact Finder, American Community Survey, American Community Survey (ACS) 5-Year Estimates, Table S1810. Data accessed July 2018.	2012-2016
Percent of population with a hearing difficulty	Estimate of number of people with a hearing difficulty as a percentage of total estimated civilian noninstitutionalized population	US Census Bureau, American Fact Finder, American Community Survey, American Community Survey (ACS) 5-Year Estimates, Table S1810. Data accessed July 2018.	2012-2016	US Census Bureau, American Fact Finder, American Community Survey, American Community Survey (ACS) 5-Year Estimates, Table S1810. Data accessed July 2018.	2012-2016
Percent of population with a self-care difficulty	Estimate of number of people with a self-care difficulty as a percentage of total estimated civilian noninstitutionalized	US Census Bureau, American Fact Finder, American Community Survey, American Community Survey (ACS) 5-Year Estimates, Table S1810. Data accessed July 2018.	2012-2016	US Census Bureau, American Fact Finder, American Community Survey, American	2012-2016

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
	population ages 5 and over			Community Survey (ACS) 5-Year Estimates, Table S1810. Data accessed July 2018.	
Percent of population with a vision difficulty	Estimate of number of people with a vision difficulty as a percentage of total estimated civilian noninstitutionalized population	US Census Bureau, American Fact Finder, American Community Survey, American Community Survey (ACS) 5-Year Estimates, Table S1810. Data accessed July 2018.	2012-2016	US Census Bureau, American Fact Finder, American Community Survey, American Community Survey (ACS) 5-Year Estimates, Table S1810. Data accessed July 2018.	2012-2016
Percent of population with an ambulatory difficulty	Estimate of number of people with an ambulatory difficulty as a percentage of total estimated civilian noninstitutionalized population ages 5 and over	US Census Bureau, American Fact Finder, American Community Survey, American Community Survey (ACS) 5-Year Estimates, Table S1810. Data accessed July 2018.	2012-2016	US Census Bureau, American Fact Finder, American Community Survey, American Community Survey (ACS) 5-Year Estimates, Table S1810. Data accessed July 2018.	2012-2016
Percent of population with	Estimate of number of people with an	US Census Bureau, American Fact Finder, American Community Survey, American	2012-2016	US Census Bureau,	2012-2016

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
an independent living difficulty	independent living difficulty as a percentage of total estimated civilian noninstitutionalized population ages 18 and over	Community Survey (ACS) 5-Year Estimates, Table S1810. Data accessed July 2018.		American Fact Finder, American Community Survey, American Community Survey (ACS) 5-Year Estimates, Table S1810. Data accessed July 2018.	

Maternal and Infant Health

Maternal and Infant Health

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
Fetal mortality (rate per 1,000 deliveries)	Fetal Death rates per 1,000 deliveries	NC Center for Health Statistics, County-level Data, County Health Data Books. Data accessed July 2018.	2012-2016	NA	NA
High parity births (% of high parity births w/ Mother aged 30 or over of all births to mother 30+)	Number of high parity births w/ Mother aged 30 or over as percent of all births to mothers aged 30 or over	NC Center for Health Statistics, County-level Data, County Health Data Books. Data accessed July 2018.	2012-2016	NA	NA
High parity births (% of high parity births w/ Mother aged less than 30	Number of high parity births w/ Mother aged less than 30 as percent of all births to mothers less than 30	NC Center for Health Statistics, County-level Data, County Health Data	2012-2016	NA	NA

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
of all births to mothers less than 30)		Books. Data accessed July 2018.			
Live Birth Rates per 1,000 Population	Live Birth Rates per 1,000 Population	NC Center for Health Statistics, County-level Data, County Health Data Books. Data accessed July 2018.	2012-2016	NA	NA
Neonatal (<28 days) mortality rate (per 1,000 live births)	Number of deaths within 28 days of birth as a rate per 1,000 live births	NC Center for Health Statistics, County-level Data, County Health Data Books. Data accessed July 2018.	2012-2016	NA	NA
Post neonatal (28 days to 1 year) mortality rate (per 1,000 live births)	Number of deaths after 28 days of birth through 1 year as a rate per 1,000 live births	NC Center for Health Statistics, County-level Data, County Health Data Books. Data accessed July 2018.	2012-2016	NA	NA
Pregnancy rates for 15-44 age group (per 1,000)	Rate of pregnancy for 15-44 age group per 1,000 population	NC Center for Health Statistics, County-level Data, County Health Data Books. Data accessed July 2018.	2012-2016	NA	NA
Short interval births (%)	Number of births from interval of last delivery to conception of six months or less as percent of all births excluding first pregnancies	NC Center for Health Statistics, County-level Data, County Health Data Books. Data accessed July 2018.	2012-2016	NA	NA
Low birthweight (percent of live births with birthweight < 2500 grams)	Percentage of live births where the infant weighed less than 2,500 grams (approximately 5 lbs., 8 oz.). The numerator is the number of low birthweight infants born over a 7-year	University of Wisconsin Population Health Institute, County Health Rankings. Data accessed June 2018.	2010-2016	NA	NA

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
	time span, while the denominator is the total number of births in a county during the same time.				

Mental Health

Mental Health

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
Alzheimer's Disease/Dementia Prevalence, Medicare population	Prevalence estimates are calculated by taking the beneficiaries with a particular condition divided by the total number of beneficiaries in our fee-for-service population, expressed as a percentage. The Medicare utilization and spending information represents beneficiaries with the condition. The 19 chronic conditions are identified through Medicare administrative claims. A Medicare beneficiary is considered to have a chronic condition if the CMS administrative data have a claim indicating that the beneficiary received a service or treatment for the specific condition. Beneficiaries may have more than one of the chronic conditions listed. On October 1, 2015 the conversion from the 9th version of the International Classification of Diseases (ICD-9-CM) to version 10 (ICD-10-CM) occurred. Regardless of when a claim was submitted for payment, services that occurred prior to October 1, 2015, use ICD-9 codes. Chronic conditions identified in 2015 are based upon ICD-9 codes for the first ¾ of the year (January-September) and ICD-10 codes for the last quarter of the year (October-December). The data used in the chronic condition reports are based upon CMS administrative enrollment and claims	CMS Chronic Conditions. Data accessed July 2018.	2015	NA	NA

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
	data for Medicare beneficiaries enrolled in the fee-for-service program. These data are available from the CMS Chronic Condition Data Warehouse (CCW), www.ccwdata.org. For all the chronic condition reports the Medicare beneficiary population is limited to fee-for-service beneficiaries. We exclude Medicare beneficiaries with any Medicare Advantage enrollment during the year since claims data are not available for these beneficiaries. Also, we exclude beneficiaries who were enrolled at any time in the year in Part A only or Part B only, since their utilization and spending cannot be compared directly to beneficiaries enrolled in both Part A and Part B. Beneficiaries who die during the year are included up to their date of death if they meet the other inclusion criteria.				
Autism Spectrum Disorders Prevalence, Medicare population	Prevalence estimates are calculated by taking the beneficiaries with a particular condition divided by the total number of beneficiaries in our fee-for-service population, expressed as a percentage. The Medicare utilization and spending information represents beneficiaries with the condition. The 19 chronic conditions are identified through Medicare administrative claims. A Medicare beneficiary is considered to have a chronic condition if the CMS administrative data have a claim indicating that the beneficiary received a service or treatment for the specific condition. Beneficiaries may have more than one of the chronic conditions listed. On October 1, 2015 the conversion from the 9th version of the International Classification of Diseases (ICD-9-CM) to version 10 (ICD-10-CM) occurred. Regardless of when a claim was submitted for payment, services that occurred prior to October 1, 2015, use ICD-9 codes. Chronic conditions identified in 2015 are based upon ICD-9 codes for the first ¾ of the year (January-September)	CMS Chronic Conditions. Data accessed July 2018.	2015	NA	NA

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
	and ICD-10 codes for the last quarter of the year (October-December). The data used in the chronic condition reports are based upon CMS administrative enrollment and claims data for Medicare beneficiaries enrolled in the fee-for-service program. These data are available from the CMS Chronic Condition Data Warehouse (CCW), www.ccwdata.org. For all the chronic condition reports the Medicare beneficiary population is limited to fee-for-service beneficiaries. We exclude Medicare beneficiaries with any Medicare Advantage enrollment during the year since claims data are not available for these beneficiaries. Also, we exclude beneficiaries who were enrolled at any time in the year in Part A only or Part B only, since their utilization and spending cannot be compared directly to beneficiaries enrolled in both Part A and Part B. Beneficiaries who die during the year are included up to their date of death if they meet the other inclusion criteria.				
Depression Prevalence, Medicare population	Prevalence estimates are calculated by taking the beneficiaries with a particular condition divided by the total number of beneficiaries in our fee-for-service population, expressed as a percentage. The Medicare utilization and spending information represents beneficiaries with the condition. The 19 chronic conditions are identified through Medicare administrative claims. A Medicare beneficiary is considered to have a chronic condition if the CMS administrative data have a claim indicating that the beneficiary received a service or treatment for the specific condition. Beneficiaries may have more than one of the chronic conditions listed. On October 1, 2015 the conversion from the 9th version of the International Classification of Diseases (ICD-9-CM) to version 10 (ICD-10-CM) occurred. Regardless of when a claim was submitted for payment,	CMS Chronic Conditions. Data accessed July 2018.	2015	NA	NA

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
	services that occurred prior to October 1, 2015, use ICD-9 codes. Chronic conditions identified in 2015 are based upon ICD-9 codes for the first ¾ of the year (January-September) and ICD-10 codes for the last quarter of the year (October-December). The data used in the chronic condition reports are based upon CMS administrative enrollment and claims data for Medicare beneficiaries enrolled in the fee-for-service program. These data are available from the CMS Chronic Condition Data Warehouse (CCW), www.ccwdata.org. For all the chronic condition reports the Medicare beneficiary population is limited to fee-for-service beneficiaries. We exclude Medicare beneficiaries with any Medicare Advantage enrollment during the year since claims data are not available for these beneficiaries. Also, we exclude beneficiaries who were enrolled at any time in the year in Part A only or Part B only, since their utilization and spending cannot be compared directly to beneficiaries enrolled in both Part A and Part B. Beneficiaries who die during the year are included up to their date of death if they meet the other inclusion criteria.				
Schizophrenia and Other Psychotic Disorders Prevalence, Medicare population	Prevalence estimates are calculated by taking the beneficiaries with a particular condition divided by the total number of beneficiaries in our fee-for-service population, expressed as a percentage. The Medicare utilization and spending information represents beneficiaries with the condition. The 19 chronic conditions are identified through Medicare administrative claims. A Medicare beneficiary is considered to have a chronic condition if the CMS administrative data have a claim indicating that the beneficiary received a service or treatment for the specific condition. Beneficiaries may have more than one of the chronic conditions listed. On October 1, 2015 the conversion	CMS Chronic Conditions. Data accessed July 2018.	2015	NA	NA

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
	from the 9th version of the International Classification of Diseases (ICD-9-CM) to version 10 (ICD-10-CM) occurred. Regardless of when a claim was submitted for payment, services that occurred prior to October 1, 2015, use ICD-9 codes. Chronic conditions identified in 2015 are based upon ICD-9 codes for the first ¾ of the year (January-September) and ICD-10 codes for the last quarter of the year (October-December). The data used in the chronic condition reports are based upon CMS administrative enrollment and claims data for Medicare beneficiaries enrolled in the fee-for-service program. These data are available from the CMS Chronic Condition Data Warehouse (CCW), www.ccwdata.org. For all the chronic condition reports the Medicare beneficiary population is limited to fee-for-service beneficiaries. We exclude Medicare beneficiaries with any Medicare Advantage enrollment during the year since claims data are not available for these beneficiaries. Also, we exclude beneficiaries who were enrolled at any time in the year in Part A only or Part B only, since their utilization and spending cannot be compared directly to beneficiaries enrolled in both Part A and Part B. Beneficiaries who die during the year are included up to their date of death if they meet the other inclusion criteria.				
Suicide mortality rate (per 100,000 population)	Number of deaths attributable to each condition as rate per 100,000 population, age-adjusted.	NC Center for Health Statistics, County-level Data, County Health Data Books. Data accessed July 2018.	2012-2016	NA	NA
Child mortality rate per 100,000 resident children ages 0-17 - Suicide	Number of deaths by cause of death for children ages 0-17 as rate per 100,000 population ages 0-17	NC Center for Health Statistics, Vital Statistics, Child Deaths. Data accessed July 2018. United States	2016	NA	NA

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
		Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Bridged-Race Population Estimates, United States July 1st resident population by state, county, age, sex, bridged-race, and Hispanic origin. Compiled from 1990-1999 bridged-race intercensal population estimates (released by NCHS on 7/26/2004); revised bridged-race 2000-2009 intercensal population estimates (released by NCHS on 10/26/2012); and bridged-race Vintage 2017 (2010-2017) postcensal population estimates (released by NCHS on 6/27/2018). Available on CDC WONDER Online Database. Data accessed August 2018.			
Frequent mental distress	Percentage of adults who reported ≥14 days in response to the question, "Now, thinking about your mental health, which includes stress, depression, and problems with	University of Wisconsin Population Health Institute,	2016	NA	NA

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
	emotions, for how many days during the past 30 days was your mental health not good?"	County Health Rankings. Data accessed June 2018.			
Poor mental health days (avg number in past 30 days age-adjusted)	Average number of mentally unhealthy days reported in past 30 days. This measure is based on responses to the Behavioral Risk Factor Surveillance System (BRFSS) question: "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?" The value reported in the County Health Rankings is the average number of days a county's adult respondents report that their mental health was not good. Poor Mental Health Days is age-adjusted. Prior to the 2016 County Health Rankings, the CDC's BRFSS provided the County Health Rankings with county-level estimates that were constructed from seven years of responses from participants who used a landline phone. However, even with multiple years of data, these did not provide reliable estimates for all counties, particularly those with smaller respondent samples. In 2016, the CDC began producing single-year estimates at the county level using a combination of BRFSS data and a multilevel modeling approach based on respondent answers and individual characteristics such as age, sex, and race/ethnicity, along with county-level poverty and county and state-level contextual effects. Poor Mental Health Days estimates are created using statistical modeling.	University of Wisconsin Population Health Institute, County Health Rankings. Data accessed June 2018.	2016	NA	NA
Suicide and self-harm visits per 10,000 population	Number of suicide and self-harm visits to emergency departments as a rate per 10,000 population. Reporting structure changed due to ICD-9/ICD-10 change in 2015.	Wake County Human Services, Data Request, NC EDSS, Event Line List, Injury Suicide and Self-Harm. Data received August 2018. United States Department	2017	Wake County Human Services, Data Request,	2017

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
		of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Bridged-Race Population Estimates, United States July 1st resident population by state, county, age, sex, bridged-race, and Hispanic origin. Compiled from 1990-1999 bridged-race intercensal population estimates (released by NCHS on 7/26/2004); revised bridged-race 2000-2009 intercensal population estimates (released by NCHS on 10/26/2012); and bridged-race Vintage 2017 (2010-2017) postcensal population estimates (released by NCHS on 6/27/2018). Available on CDC WONDER Online Database. Data accessed August 2018.		NC EDSS, Event Line List. Data received August 2018. Esri/NCHS Bridged-Race Population with Ascendient estimates.	
Suicide and self-harm visits by adolescents per 100	Number of suicide and self-harm visits to emergency departments by 15-19 year olds as a rate per 100 population	Wake County Human Services, Data Request, NC EDSS, Event Line List, Injury	2017	Wake County Human	2017

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
population aged 15-19 years	ages 15-19. Reporting structure changed due to ICD-9/ICD-10 change in 2015.	Suicide and Self-Harm. Data received August 2018. United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Bridged-Race Population Estimates, United States July 1st resident population by state, county, age, sex, bridged-race, and Hispanic origin. Compiled from 1990-1999 bridged-race intercensal population estimates (released by NCHS on 7/26/2004); revised bridged-race 2000-2009 intercensal population estimates (released by NCHS on 10/26/2012); and bridged-race Vintage 2017 (2010-2017) postcensal population estimates (released by NCHS on 6/27/2018). Available on CDC WONDER Online Database. Data accessed August 2018.		Services, Data Request, NC EDSS, Event Line List. Data received August 2018. Esri/NCHS Bridged-Race Population with Ascendient estimates.	

Physical Health

Physical Health

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
Arthritis Prevalence, Medicare population	Prevalence estimates are calculated by taking the beneficiaries with a particular condition divided by the total number of beneficiaries in our fee-for-service population, expressed as a percentage. The Medicare utilization and spending information represents beneficiaries with the condition. The 19 chronic conditions are identified through Medicare administrative claims. A Medicare beneficiary is considered to have a chronic condition if the CMS administrative data have a claim indicating that the beneficiary received a service or treatment for the specific condition. Beneficiaries may have more than one of the chronic conditions listed. On October 1, 2015 the conversion from the 9th version of the International Classification of Diseases (ICD-9-CM) to version 10 (ICD-10-CM) occurred. Regardless of when a claim was submitted for payment, services that occurred prior to October 1, 2015, use ICD-9 codes. Chronic conditions identified in 2015 are based upon ICD-9 codes for the first ¾ of the year (January-September) and ICD-10 codes for the last quarter of the year (October-December). The data used in the chronic condition reports are based upon CMS administrative enrollment and claims data for Medicare beneficiaries enrolled in the fee-for-service program. These data are available from the CMS Chronic Condition Data Warehouse (CCW), www.ccwdata.org. For all the chronic condition reports the Medicare beneficiary population is limited to fee-for-service beneficiaries. We exclude Medicare beneficiaries with any Medicare Advantage enrollment during the year since claims data are not available	CMS Chronic Conditions. Data accessed July 2018.	2015	NA	NA

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
	for these beneficiaries. Also, we exclude beneficiaries who were enrolled at any time in the year in Part A only or Part B only, since their utilization and spending cannot be compared directly to beneficiaries enrolled in both Part A and Part B. Beneficiaries who die during the year are included up to their date of death if they meet the other inclusion criteria.				
Asthma Prevalence, Medicare population	Prevalence estimates are calculated by taking the beneficiaries with a particular condition divided by the total number of beneficiaries in our fee-for-service population, expressed as a percentage. The Medicare utilization and spending information represents beneficiaries with the condition. The 19 chronic conditions are identified through Medicare administrative claims. A Medicare beneficiary is considered to have a chronic condition if the CMS administrative data have a claim indicating that the beneficiary received a service or treatment for the specific condition. Beneficiaries may have more than one of the chronic conditions listed. On October 1, 2015 the conversion from the 9th version of the International Classification of Diseases (ICD-9-CM) to version 10 (ICD-10-CM) occurred. Regardless of when a claim was submitted for payment, services that occurred prior to October 1, 2015, use ICD-9 codes. Chronic conditions identified in 2015 are based upon ICD-9 codes for the first ¾ of the year (January-September) and ICD-10 codes for the last quarter of the year (October-December). The data used in the chronic condition reports are based upon CMS administrative enrollment and claims data for Medicare beneficiaries enrolled in the fee-for-service program. These data are available from the CMS Chronic Condition Data Warehouse (CCW), www.ccwdata.org. For all the chronic condition reports the Medicare beneficiary	CMS Chronic Conditions. Data accessed July 2018.	2015	NA	NA

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
	population is limited to fee-for-service beneficiaries. We exclude Medicare beneficiaries with any Medicare Advantage enrollment during the year since claims data are not available for these beneficiaries. Also, we exclude beneficiaries who were enrolled at any time in the year in Part A only or Part B only, since their utilization and spending cannot be compared directly to beneficiaries enrolled in both Part A and Part B. Beneficiaries who die during the year are included up to their date of death if they meet the other inclusion criteria.				
Atrial Fibrillation Prevalence, Medicare population	Prevalence estimates are calculated by taking the beneficiaries with a particular condition divided by the total number of beneficiaries in our fee-for-service population, expressed as a percentage. The Medicare utilization and spending information represents beneficiaries with the condition. The 19 chronic conditions are identified through Medicare administrative claims. A Medicare beneficiary is considered to have a chronic condition if the CMS administrative data have a claim indicating that the beneficiary received a service or treatment for the specific condition. Beneficiaries may have more than one of the chronic conditions listed. On October 1, 2015 the conversion from the 9th version of the International Classification of Diseases (ICD-9-CM) to version 10 (ICD-10-CM) occurred. Regardless of when a claim was submitted for payment, services that occurred prior to October 1, 2015, use ICD-9 codes. Chronic conditions identified in 2015 are based upon ICD-9 codes for the first ¾ of the year (January-September) and ICD-10 codes for the last quarter of the year (October-December). The data used in the chronic condition reports are based upon CMS administrative enrollment and claims data for Medicare beneficiaries enrolled in the fee-for-service	CMS Chronic Conditions. Data accessed July 2018.	2015	NA	NA

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
	program. These data are available from the CMS Chronic Condition Data Warehouse (CCW), www.ccwdata.org. For all the chronic condition reports the Medicare beneficiary population is limited to fee-for-service beneficiaries. We exclude Medicare beneficiaries with any Medicare Advantage enrollment during the year since claims data are not available for these beneficiaries. Also, we exclude beneficiaries who were enrolled at any time in the year in Part A only or Part B only, since their utilization and spending cannot be compared directly to beneficiaries enrolled in both Part A and Part B. Beneficiaries who die during the year are included up to their date of death if they meet the other inclusion criteria.				
Cancer Prevalence, Medicare population	Prevalence estimates are calculated by taking the beneficiaries with a particular condition divided by the total number of beneficiaries in our fee-for-service population, expressed as a percentage. The Medicare utilization and spending information represents beneficiaries with the condition. The 19 chronic conditions are identified through Medicare administrative claims. A Medicare beneficiary is considered to have a chronic condition if the CMS administrative data have a claim indicating that the beneficiary received a service or treatment for the specific condition. Beneficiaries may have more than one of the chronic conditions listed. On October 1, 2015 the conversion from the 9th version of the International Classification of Diseases (ICD-9-CM) to version 10 (ICD-10-CM) occurred. Regardless of when a claim was submitted for payment, services that occurred prior to October 1, 2015, use ICD-9 codes. Chronic conditions identified in 2015 are based upon ICD-9 codes for the first ¾ of the year (January-September) and ICD-10 codes for the last quarter of the year (October-	CMS Chronic Conditions. Data accessed July 2018.	2015	NA	NA

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
	December). The data used in the chronic condition reports are based upon CMS administrative enrollment and claims data for Medicare beneficiaries enrolled in the fee-for-service program. These data are available from the CMS Chronic Condition Data Warehouse (CCW), www.ccwdata.org. For all the chronic condition reports the Medicare beneficiary population is limited to fee-for-service beneficiaries. We exclude Medicare beneficiaries with any Medicare Advantage enrollment during the year since claims data are not available for these beneficiaries. Also, we exclude beneficiaries who were enrolled at any time in the year in Part A only or Part B only, since their utilization and spending cannot be compared directly to beneficiaries enrolled in both Part A and Part B. Beneficiaries who die during the year are included up to their date of death if they meet the other inclusion criteria.				
Chronic Kidney Disease Prevalence, Medicare population	Prevalence estimates are calculated by taking the beneficiaries with a particular condition divided by the total number of beneficiaries in our fee-for-service population, expressed as a percentage. The Medicare utilization and spending information represents beneficiaries with the condition. The 19 chronic conditions are identified through Medicare administrative claims. A Medicare beneficiary is considered to have a chronic condition if the CMS administrative data have a claim indicating that the beneficiary received a service or treatment for the specific condition. Beneficiaries may have more than one of the chronic conditions listed. On October 1, 2015 the conversion from the 9th version of the International Classification of Diseases (ICD-9-CM) to version 10 (ICD-10-CM) occurred. Regardless of when a claim was submitted for payment, services that occurred prior to October 1, 2015, use ICD-9	CMS Chronic Conditions. Data accessed July 2018.	2015	NA	NA

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
	codes. Chronic conditions identified in 2015 are based upon ICD-9 codes for the first ¾ of the year (January-September) and ICD-10 codes for the last quarter of the year (October-December). The data used in the chronic condition reports are based upon CMS administrative enrollment and claims data for Medicare beneficiaries enrolled in the fee-for-service program. These data are available from the CMS Chronic Condition Data Warehouse (CCW), www.ccwdata.org. For all the chronic condition reports the Medicare beneficiary population is limited to fee-for-service beneficiaries. We exclude Medicare beneficiaries with any Medicare Advantage enrollment during the year since claims data are not available for these beneficiaries. Also, we exclude beneficiaries who were enrolled at any time in the year in Part A only or Part B only, since their utilization and spending cannot be compared directly to beneficiaries enrolled in both Part A and Part B. Beneficiaries who die during the year are included up to their date of death if they meet the other inclusion criteria.				
COPD Prevalence, Medicare population	Prevalence estimates are calculated by taking the beneficiaries with a particular condition divided by the total number of beneficiaries in our fee-for-service population, expressed as a percentage. The Medicare utilization and spending information represents beneficiaries with the condition. The 19 chronic conditions are identified through Medicare administrative claims. A Medicare beneficiary is considered to have a chronic condition if the CMS administrative data have a claim indicating that the beneficiary received a service or treatment for the specific condition. Beneficiaries may have more than one of the chronic conditions listed. On October 1, 2015 the conversion from the 9th version of the International Classification of	CMS Chronic Conditions. Data accessed July 2018.	2015	NA	NA

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
	Diseases (ICD-9-CM) to version 10 (ICD-10-CM) occurred. Regardless of when a claim was submitted for payment, services that occurred prior to October 1, 2015, use ICD-9 codes. Chronic conditions identified in 2015 are based upon ICD-9 codes for the first ¾ of the year (January-September) and ICD-10 codes for the last quarter of the year (October-December). The data used in the chronic condition reports are based upon CMS administrative enrollment and claims data for Medicare beneficiaries enrolled in the fee-for-service program. These data are available from the CMS Chronic Condition Data Warehouse (CCW), www.ccwdata.org. For all the chronic condition reports the Medicare beneficiary population is limited to fee-for-service beneficiaries. We exclude Medicare beneficiaries with any Medicare Advantage enrollment during the year since claims data are not available for these beneficiaries. Also, we exclude beneficiaries who were enrolled at any time in the year in Part A only or Part B only, since their utilization and spending cannot be compared directly to beneficiaries enrolled in both Part A and Part B. Beneficiaries who die during the year are included up to their date of death if they meet the other inclusion criteria.				
Diabetes Prevalence, Medicare population	Prevalence estimates are calculated by taking the beneficiaries with a particular condition divided by the total number of beneficiaries in our fee-for-service population, expressed as a percentage. The Medicare utilization and spending information represents beneficiaries with the condition. The 19 chronic conditions are identified through Medicare administrative claims. A Medicare beneficiary is considered to have a chronic condition if the CMS administrative data have a claim indicating that the beneficiary received a service or treatment for the specific	CMS Chronic Conditions. Data accessed July 2018.	2015	NA	NA

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
	condition. Beneficiaries may have more than one of the chronic conditions listed. On October 1, 2015 the conversion from the 9th version of the International Classification of Diseases (ICD-9-CM) to version 10 (ICD-10-CM) occurred. Regardless of when a claim was submitted for payment, services that occurred prior to October 1, 2015, use ICD-9 codes. Chronic conditions identified in 2015 are based upon ICD-9 codes for the first ¾ of the year (January-September) and ICD-10 codes for the last quarter of the year (October-December). The data used in the chronic condition reports are based upon CMS administrative enrollment and claims data for Medicare beneficiaries enrolled in the fee-for-service program. These data are available from the CMS Chronic Condition Data Warehouse (CCW), www.ccwdata.org. For all the chronic condition reports the Medicare beneficiary population is limited to fee-for-service beneficiaries. We exclude Medicare beneficiaries with any Medicare Advantage enrollment during the year since claims data are not available for these beneficiaries. Also, we exclude beneficiaries who were enrolled at any time in the year in Part A only or Part B only, since their utilization and spending cannot be compared directly to beneficiaries enrolled in both Part A and Part B. Beneficiaries who die during the year are included up to their date of death if they meet the other inclusion criteria.				
Heart Failure Prevalence, Medicare population	Prevalence estimates are calculated by taking the beneficiaries with a particular condition divided by the total number of beneficiaries in our fee-for-service population, expressed as a percentage. The Medicare utilization and spending information represents beneficiaries with the condition. The 19 chronic conditions are identified through Medicare administrative claims. A Medicare beneficiary is	CMS Chronic Conditions. Data accessed July 2018.	2015	NA	NA

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
	considered to have a chronic condition if the CMS administrative data have a claim indicating that the beneficiary received a service or treatment for the specific condition. Beneficiaries may have more than one of the chronic conditions listed. On October 1, 2015 the conversion from the 9th version of the International Classification of Diseases (ICD-9-CM) to version 10 (ICD-10-CM) occurred. Regardless of when a claim was submitted for payment, services that occurred prior to October 1, 2015, use ICD-9 codes. Chronic conditions identified in 2015 are based upon ICD-9 codes for the first ¾ of the year (January-September) and ICD-10 codes for the last quarter of the year (October-December). The data used in the chronic condition reports are based upon CMS administrative enrollment and claims data for Medicare beneficiaries enrolled in the fee-for-service program. These data are available from the CMS Chronic Condition Data Warehouse (CCW), www.ccwdata.org. For all the chronic condition reports the Medicare beneficiary population is limited to fee-for-service beneficiaries. We exclude Medicare beneficiaries with any Medicare Advantage enrollment during the year since claims data are not available for these beneficiaries. Also, we exclude beneficiaries who were enrolled at any time in the year in Part A only or Part B only, since their utilization and spending cannot be compared directly to beneficiaries enrolled in both Part A and Part B. Beneficiaries who die during the year are included up to their date of death if they meet the other inclusion criteria.				
Hepatitis (Chronic Viral B & C) Prevalence,	Prevalence estimates are calculated by taking the beneficiaries with a particular condition divided by the total number of beneficiaries in our fee-for-service population, expressed as a percentage. The Medicare utilization and	CMS Chronic Conditions. Data accessed July 2018.	2015	NA	NA

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
Medicare population	spending information represents beneficiaries with the condition. The 19 chronic conditions are identified through Medicare administrative claims. A Medicare beneficiary is considered to have a chronic condition if the CMS administrative data have a claim indicating that the beneficiary received a service or treatment for the specific condition. Beneficiaries may have more than one of the chronic conditions listed. On October 1, 2015 the conversion from the 9th version of the International Classification of Diseases (ICD-9-CM) to version 10 (ICD-10-CM) occurred. Regardless of when a claim was submitted for payment, services that occurred prior to October 1, 2015, use ICD-9 codes. Chronic conditions identified in 2015 are based upon ICD-9 codes for the first ¾ of the year (January-September) and ICD-10 codes for the last quarter of the year (October-December). The data used in the chronic condition reports are based upon CMS administrative enrollment and claims data for Medicare beneficiaries enrolled in the fee-for-service program. These data are available from the CMS Chronic Condition Data Warehouse (CCW), www.ccwdata.org. For all the chronic condition reports the Medicare beneficiary population is limited to fee-for-service beneficiaries. We exclude Medicare beneficiaries with any Medicare Advantage enrollment during the year since claims data are not available for these beneficiaries. Also, we exclude beneficiaries who were enrolled at any time in the year in Part A only or Part B only, since their utilization and spending cannot be compared directly to beneficiaries enrolled in both Part A and Part B. Beneficiaries who die during the year are included up to their date of death if they meet the other inclusion criteria.				

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
Hyperlipidemia Prevalence, Medicare population	Prevalence estimates are calculated by taking the beneficiaries with a particular condition divided by the total number of beneficiaries in our fee-for-service population, expressed as a percentage. The Medicare utilization and spending information represents beneficiaries with the condition. The 19 chronic conditions are identified through Medicare administrative claims. A Medicare beneficiary is considered to have a chronic condition if the CMS administrative data have a claim indicating that the beneficiary received a service or treatment for the specific condition. Beneficiaries may have more than one of the chronic conditions listed. On October 1, 2015 the conversion from the 9th version of the International Classification of Diseases (ICD-9-CM) to version 10 (ICD-10-CM) occurred. Regardless of when a claim was submitted for payment, services that occurred prior to October 1, 2015, use ICD-9 codes. Chronic conditions identified in 2015 are based upon ICD-9 codes for the first ¾ of the year (January-September) and ICD-10 codes for the last quarter of the year (October-December). The data used in the chronic condition reports are based upon CMS administrative enrollment and claims data for Medicare beneficiaries enrolled in the fee-for-service program. These data are available from the CMS Chronic Condition Data Warehouse (CCW), www.ccwdata.org. For all the chronic condition reports the Medicare beneficiary population is limited to fee-for-service beneficiaries. We exclude Medicare beneficiaries with any Medicare Advantage enrollment during the year since claims data are not available for these beneficiaries. Also, we exclude beneficiaries who were enrolled at any time in the year in Part A only or Part B only, since their utilization and spending cannot be compared	CMS Chronic Conditions. Data accessed July 2018.	2015	NA	NA

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
	directly to beneficiaries enrolled in both Part A and Part B. Beneficiaries who die during the year are included up to their date of death if they meet the other inclusion criteria.				
Hypertension Prevalence, Medicare population	Prevalence estimates are calculated by taking the beneficiaries with a particular condition divided by the total number of beneficiaries in our fee-for-service population, expressed as a percentage. The Medicare utilization and spending information represents beneficiaries with the condition. The 19 chronic conditions are identified through Medicare administrative claims. A Medicare beneficiary is considered to have a chronic condition if the CMS administrative data have a claim indicating that the beneficiary received a service or treatment for the specific condition. Beneficiaries may have more than one of the chronic conditions listed. On October 1, 2015 the conversion from the 9th version of the International Classification of Diseases (ICD-9-CM) to version 10 (ICD-10-CM) occurred. Regardless of when a claim was submitted for payment, services that occurred prior to October 1, 2015, use ICD-9 codes. Chronic conditions identified in 2015 are based upon ICD-9 codes for the first ¾ of the year (January-September) and ICD-10 codes for the last quarter of the year (October-December). The data used in the chronic condition reports are based upon CMS administrative enrollment and claims data for Medicare beneficiaries enrolled in the fee-for-service program. These data are available from the CMS Chronic Condition Data Warehouse (CCW), www.ccwdata.org. For all the chronic condition reports the Medicare beneficiary population is limited to fee-for-service beneficiaries. We exclude Medicare beneficiaries with any Medicare Advantage enrollment during the year since claims data are not available	CMS Chronic Conditions. Data accessed July 2018.	2015	NA	NA

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
	for these beneficiaries. Also, we exclude beneficiaries who were enrolled at any time in the year in Part A only or Part B only, since their utilization and spending cannot be compared directly to beneficiaries enrolled in both Part A and Part B. Beneficiaries who die during the year are included up to their date of death if they meet the other inclusion criteria.				
Ischemic Heart Disease Prevalence, Medicare population	Prevalence estimates are calculated by taking the beneficiaries with a particular condition divided by the total number of beneficiaries in our fee-for-service population, expressed as a percentage. The Medicare utilization and spending information represents beneficiaries with the condition. The 19 chronic conditions are identified through Medicare administrative claims. A Medicare beneficiary is considered to have a chronic condition if the CMS administrative data have a claim indicating that the beneficiary received a service or treatment for the specific condition. Beneficiaries may have more than one of the chronic conditions listed. On October 1, 2015 the conversion from the 9th version of the International Classification of Diseases (ICD-9-CM) to version 10 (ICD-10-CM) occurred. Regardless of when a claim was submitted for payment, services that occurred prior to October 1, 2015, use ICD-9 codes. Chronic conditions identified in 2015 are based upon ICD-9 codes for the first ¾ of the year (January-September) and ICD-10 codes for the last quarter of the year (October-December). The data used in the chronic condition reports are based upon CMS administrative enrollment and claims data for Medicare beneficiaries enrolled in the fee-for-service program. These data are available from the CMS Chronic Condition Data Warehouse (CCW), www.ccwdata.org. For all the chronic condition reports the Medicare beneficiary	CMS Chronic Conditions. Data accessed July 2018.	2015	NA	NA

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
	population is limited to fee-for-service beneficiaries. We exclude Medicare beneficiaries with any Medicare Advantage enrollment during the year since claims data are not available for these beneficiaries. Also, we exclude beneficiaries who were enrolled at any time in the year in Part A only or Part B only, since their utilization and spending cannot be compared directly to beneficiaries enrolled in both Part A and Part B. Beneficiaries who die during the year are included up to their date of death if they meet the other inclusion criteria.				
Osteoporosis Prevalence, Medicare population	Prevalence estimates are calculated by taking the beneficiaries with a particular condition divided by the total number of beneficiaries in our fee-for-service population, expressed as a percentage. The Medicare utilization and spending information represents beneficiaries with the condition. The 19 chronic conditions are identified through Medicare administrative claims. A Medicare beneficiary is considered to have a chronic condition if the CMS administrative data have a claim indicating that the beneficiary received a service or treatment for the specific condition. Beneficiaries may have more than one of the chronic conditions listed. On October 1, 2015 the conversion from the 9th version of the International Classification of Diseases (ICD-9-CM) to version 10 (ICD-10-CM) occurred. Regardless of when a claim was submitted for payment, services that occurred prior to October 1, 2015, use ICD-9 codes. Chronic conditions identified in 2015 are based upon ICD-9 codes for the first ¾ of the year (January-September) and ICD-10 codes for the last quarter of the year (October-December). The data used in the chronic condition reports are based upon CMS administrative enrollment and claims data for Medicare beneficiaries enrolled in the fee-for-service	CMS Chronic Conditions. Data accessed July 2018.	2015	NA	NA

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
	program. These data are available from the CMS Chronic Condition Data Warehouse (CCW), www.ccwdata.org. For all the chronic condition reports the Medicare beneficiary population is limited to fee-for-service beneficiaries. We exclude Medicare beneficiaries with any Medicare Advantage enrollment during the year since claims data are not available for these beneficiaries. Also, we exclude beneficiaries who were enrolled at any time in the year in Part A only or Part B only, since their utilization and spending cannot be compared directly to beneficiaries enrolled in both Part A and Part B. Beneficiaries who die during the year are included up to their date of death if they meet the other inclusion criteria.				
Stroke Prevalence, Medicare population	Prevalence estimates are calculated by taking the beneficiaries with a particular condition divided by the total number of beneficiaries in our fee-for-service population, expressed as a percentage. The Medicare utilization and spending information represents beneficiaries with the condition. The 19 chronic conditions are identified through Medicare administrative claims. A Medicare beneficiary is considered to have a chronic condition if the CMS administrative data have a claim indicating that the beneficiary received a service or treatment for the specific condition. Beneficiaries may have more than one of the chronic conditions listed. On October 1, 2015 the conversion from the 9th version of the International Classification of Diseases (ICD-9-CM) to version 10 (ICD-10-CM) occurred. Regardless of when a claim was submitted for payment, services that occurred prior to October 1, 2015, use ICD-9 codes. Chronic conditions identified in 2015 are based upon ICD-9 codes for the first ¾ of the year (January-September) and ICD-10 codes for the last quarter of the year (October-	CMS Chronic Conditions. Data accessed July 2018.	2015	NA	NA

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
	December). The data used in the chronic condition reports are based upon CMS administrative enrollment and claims data for Medicare beneficiaries enrolled in the fee-for-service program. These data are available from the CMS Chronic Condition Data Warehouse (CCW), www.ccwdata.org. For all the chronic condition reports the Medicare beneficiary population is limited to fee-for-service beneficiaries. We exclude Medicare beneficiaries with any Medicare Advantage enrollment during the year since claims data are not available for these beneficiaries. Also, we exclude beneficiaries who were enrolled at any time in the year in Part A only or Part B only, since their utilization and spending cannot be compared directly to beneficiaries enrolled in both Part A and Part B. Beneficiaries who die during the year are included up to their date of death if they meet the other inclusion criteria.				
Prevalence of healthy weight among children ages 2-18	Number of children within each weight category as a percent of total children seen in North Carolina Public Health Sponsored WIC and Child Health Clinics and some School Based Health Centers by age group.	Eat Smart, Move More, Data on Children and Youth in NC, North Carolina Pediatric Nutrition and Epidemiology Surveillance System (NC-PedNESS). Data accessed July 2018.	2015	NA	NA
Prevalence of healthy weight among children ages 2-4	Number of children within each weight category as a percent of total children seen in North Carolina Public Health Sponsored WIC and Child Health Clinics and some School Based Health Centers by age group.	Eat Smart, Move More, Data on Children and Youth in NC, North Carolina Pediatric Nutrition and Epidemiology Surveillance System (NC-PedNESS). Data accessed July 2018.	2015	NA	NA
Prevalence of healthy weight	Number of children within each weight category as a percent of total children seen in North Carolina Public Health	Eat Smart, Move More, Data on Children and Youth	2015	NA	NA

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
among children ages 5-11	Sponsored WIC and Child Health Clinics and some School Based Health Centers by age group.	in NC, North Carolina Pediatric Nutrition and Epidemiology Surveillance System (NC-PedNESS). Data accessed July 2018.			
Prevalence of obesity among children ages 2-18	Number of children within each weight category as a percent of total children seen in North Carolina Public Health Sponsored WIC and Child Health Clinics and some School Based Health Centers by age group.	Eat Smart, Move More, Data on Children and Youth in NC, North Carolina Pediatric Nutrition and Epidemiology Surveillance System (NC-PedNESS). Data accessed July 2018.	2015	NA	NA
Prevalence of obesity among children ages 2-4	Number of children within each weight category as a percent of total children seen in North Carolina Public Health Sponsored WIC and Child Health Clinics and some School Based Health Centers by age group.	Eat Smart, Move More, Data on Children and Youth in NC, North Carolina Pediatric Nutrition and Epidemiology Surveillance System (NC-PedNESS). Data accessed July 2018.	2015	NA	NA
Prevalence of obesity among children ages 5-11	Number of children within each weight category as a percent of total children seen in North Carolina Public Health Sponsored WIC and Child Health Clinics and some School Based Health Centers by age group.	Eat Smart, Move More, Data on Children and Youth in NC, North Carolina Pediatric Nutrition and Epidemiology Surveillance System (NC-PedNESS). Data accessed July 2018.	2015	NA	NA
Prevalence of overweight among children ages 2-18	Number of children within each weight category as a percent of total children seen in North Carolina Public Health Sponsored WIC and Child Health Clinics and some School Based Health Centers by age group.	Eat Smart, Move More, Data on Children and Youth in NC, North Carolina Pediatric Nutrition and Epidemiology Surveillance	2015	NA	NA

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
		System (NC-PedNESS). Data accessed July 2018.			
Prevalence of overweight among children ages 2-4	Number of children within each weight category as a percent of total children seen in North Carolina Public Health Sponsored WIC and Child Health Clinics and some School Based Health Centers by age group.	Eat Smart, Move More, Data on Children and Youth in NC, North Carolina Pediatric Nutrition and Epidemiology Surveillance System (NC-PedNESS). Data accessed July 2018.	2015	NA	NA
Prevalence of overweight among children ages 5-11	Number of children within each weight category as a percent of total children seen in North Carolina Public Health Sponsored WIC and Child Health Clinics and some School Based Health Centers by age group.	Eat Smart, Move More, Data on Children and Youth in NC, North Carolina Pediatric Nutrition and Epidemiology Surveillance System (NC-PedNESS). Data accessed July 2018.	2015	NA	NA
Prevalence of underweight among children ages 2-18	Number of children within each weight category as a percent of total children seen in North Carolina Public Health Sponsored WIC and Child Health Clinics and some School Based Health Centers by age group.	Eat Smart, Move More, Data on Children and Youth in NC, North Carolina Pediatric Nutrition and Epidemiology Surveillance System (NC-PedNESS). Data accessed July 2018.	2015	NA	NA
Prevalence of underweight among children ages 2-4	Number of children within each weight category as a percent of total children seen in North Carolina Public Health Sponsored WIC and Child Health Clinics and some School Based Health Centers by age group.	Eat Smart, Move More, Data on Children and Youth in NC, North Carolina Pediatric Nutrition and Epidemiology Surveillance System (NC-PedNESS). Data accessed July 2018.	2015	NA	NA

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
Prevalence of underweight among children ages 5-11	Number of children within each weight category as a percent of total children seen in North Carolina Public Health Sponsored WIC and Child Health Clinics and some School Based Health Centers by age group.	Eat Smart, Move More, Data on Children and Youth in NC, North Carolina Pediatric Nutrition and Epidemiology Surveillance System (NC-PedNESS). Data accessed July 2018.	2015	NA	NA
Acute myocardial infarction mortality rate (per 100,000 population)	Number of deaths attributable to each condition as rate per 100,000 population, age-adjusted.	NC Center for Health Statistics, County-level Data, County Health Data Books. Data accessed July 2018.	2012-2016	NA	NA
AIDS mortality rate (per 100,000 population)	Number of deaths attributable to each condition as rate per 100,000 population, age-adjusted.	NC Center for Health Statistics, County-level Data, County Health Data Books. Data accessed July 2018.	2012-2016	NA	NA
All causes mortality rate (per 100,000 population)	Number of deaths attributable to each condition as rate per 100,000 population, age-adjusted.	NC Center for Health Statistics, County-level Data, County Health Data Books. Data accessed July 2018.	2012-2016	NA	NA
All other unintentional injuries mortality rate (per 100,000 population)	Number of deaths attributable to each condition as rate per 100,000 population, age-adjusted.	NC Center for Health Statistics, County-level Data, County Health Data Books. Data accessed July 2018.	2012-2016	NA	NA
Alzheimer's Disease mortality rate (per 100,000 population)	Number of deaths attributable to each condition as rate per 100,000 population, age-adjusted.	NC Center for Health Statistics, County-level Data, County Health Data	2012-2016	NA	NA

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
		Books. Data accessed July 2018.			
Cancer mortality rate, breast (per 100,000 population)	Number of deaths attributable to each condition as rate per 100,000 population, age-adjusted.	NC Center for Health Statistics, County-level Data, County Health Data Books. Data accessed July 2018.	2012-2016	NA	NA
Cancer mortality rate, colon, rectum, and anus (per 100,000 population)	Number of deaths attributable to each condition as rate per 100,000 population, age-adjusted.	NC Center for Health Statistics, County-level Data, County Health Data Books. Data accessed July 2018.	2012-2016	NA	NA
Cancer mortality rate, pancreas (per 100,000 population)	Number of deaths attributable to each condition as rate per 100,000 population, age-adjusted.	NC Center for Health Statistics, County-level Data, County Health Data Books. Data accessed July 2018.	2012-2016	NA	NA
Cancer mortality rate, prostate (per 100,000 population)	Number of deaths attributable to each condition as rate per 100,000 population, age-adjusted.	NC Center for Health Statistics, County-level Data, County Health Data Books. Data accessed July 2018.	2012-2016	NA	NA
Cancer mortality rate, total (per 100,000 population)	Number of deaths attributable to each condition as rate per 100,000 population, age-adjusted.	NC Center for Health Statistics, County-level Data, County Health Data Books. Data accessed July 2018.	2012-2016	NA	NA
Cancer mortality rate, trachea, bronchus, lung (per 100,000 population)	Number of deaths attributable to each condition as rate per 100,000 population, age-adjusted.	NC Center for Health Statistics, County-level Data, County Health Data	2012-2016	NA	NA

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
		Books. Data accessed July 2018.			
Cerebrovascular Disease mortality rate (per 100,000 population)	Number of deaths attributable to each condition as rate per 100,000 population, age-adjusted.	NC Center for Health Statistics, County-level Data, County Health Data Books. Data accessed July 2018.	2012-2016	NA	NA
Chronic liver disease and cirrhosis mortality rate (per 100,000 population)	Number of deaths attributable to each condition as rate per 100,000 population, age-adjusted.	NC Center for Health Statistics, County-level Data, County Health Data Books. Data accessed July 2018.	2012-2016	NA	NA
Chronic Lower Respiratory Disease mortality rate (per 100,000 population)	Number of deaths attributable to each condition as rate per 100,000 population, age-adjusted.	NC Center for Health Statistics, County-level Data, County Health Data Books. Data accessed July 2018.	2012-2016	NA	NA
Diabetes mortality rate (per 100,000 population)	Number of deaths attributable to each condition as rate per 100,000 population, age-adjusted.	NC Center for Health Statistics, County-level Data, County Health Data Books. Data accessed July 2018.	2012-2016	NA	NA
Disease of heart mortality rate (per 100,000 population)	Number of deaths attributable to each condition as rate per 100,000 population, age-adjusted.	NC Center for Health Statistics, County-level Data, County Health Data Books. Data accessed July 2018.	2012-2016	NA	NA
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). A new diagnostic coding system (ICD-10CM) was implemented	NC Center for Health Statistics, County-level Data, County Health Data	2014	NA	NA

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
	in October of 2015. The new coding system is not comparable to the ICD-9CM coding criteria used previously. Therefore, reporting of Calendar Year 2015 discharge data will not be available because it crosses over two different diagnostic coding methods. The latest available hospital discharge summary reports for 2014 can be found in our 2015 County Data book. Calendar year 2016 hospital discharge summary reports will be published as soon as standardized ICD-10CM reporting categories are established.	Books. Data accessed July 2018.			
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). A new diagnostic coding system (ICD-10CM) was implemented in October of 2015. The new coding system is not comparable to the ICD-9CM coding criteria used previously. Therefore, reporting of Calendar Year 2015 discharge data will not be available because it crosses over two different diagnostic coding methods. The latest available hospital discharge summary reports for 2014 can be found in our 2015 County Data book. Calendar year 2016 hospital discharge summary reports will be published as soon as standardized ICD-10CM reporting categories are established.	NC Center for Health Statistics, County-level Data, County Health Data Books. Data accessed July 2018.	2014	NA	NA
Nephritis, Nephrotic Syndrome, and Nephrosis mortality rate (per 100,000 population)	Number of deaths attributable to each condition as rate per 100,000 population, age-adjusted.	NC Center for Health Statistics, County-level Data, County Health Data Books. Data accessed July 2018.	2012-2016	NA	NA
Other ischemic heart disease mortality rate (per 100,000 population)	Number of deaths attributable to each condition as rate per 100,000 population, age-adjusted.	NC Center for Health Statistics, County-level Data, County Health Data	2012-2016	NA	NA

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
		Books. Data accessed July 2018.			
Pneumonia and Influenza mortality rates	Number of deaths attributable to each condition as rate per 100,000 population, age-adjusted.	NC Center for Health Statistics, County-level Data, County Health Data Books. Data accessed July 2018.	2012-2016	NA	NA
Septicemia mortality rate (per 100,000 population)	Number of deaths attributable to each condition as rate per 100,000 population, age-adjusted.	NC Center for Health Statistics, County-level Data, County Health Data Books. Data accessed July 2018.	2012-2016	NA	NA
Child mortality rate per 100,000 resident children ages 0-17 - All other causes	Number of deaths by cause of death for children ages 0-17 as rate per 100,000 population ages 0-17	NC Center for Health Statistics, Vital Statistics, Child Deaths. Data accessed July 2018. United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Bridged-Race Population Estimates, United States July 1st resident population by state, county, age, sex, bridged-race, and Hispanic origin. Compiled from 1990-1999 bridged-race intercensal population estimates (released by	2016	NA	NA

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
		NCHS on 7/26/2004); revised bridged-race 2000-2009 intercensal population estimates (released by NCHS on 10/26/2012); and bridged-race Vintage 2017 (2010-2017) postcensal population estimates (released by NCHS on 6/27/2018). Available on CDC WONDER Online Database. Data accessed August 2018.			
Child mortality rate per 100,000 resident children ages 0-17 - Birth Defects	Number of deaths by cause of death for children ages 0-17 as rate per 100,000 population ages 0-17	NC Center for Health Statistics, Vital Statistics, Child Deaths. Data accessed July 2018. United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Bridged-Race Population Estimates, United States July 1st resident population by state, county, age, sex, bridged-race, and Hispanic origin. Compiled from 1990-1999 bridged-race intercensal population	2016	NA	NA

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
		estimates (released by NCHS on 7/26/2004); revised bridged-race 2000-2009 intercensal population estimates (released by NCHS on 10/26/2012); and bridged-race Vintage 2017 (2010-2017) postcensal population estimates (released by NCHS on 6/27/2018). Available on CDC WONDER Online Database. Data accessed August 2018.			
Child mortality rate per 100,000 resident children ages 0-17 - Drowning	Number of deaths by cause of death for children ages 0-17 as rate per 100,000 population ages 0-17	NC Center for Health Statistics, Vital Statistics, Child Deaths. Data accessed July 2018. United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Bridged-Race Population Estimates, United States July 1st resident population by state, county, age, sex, bridged-race, and Hispanic origin. Compiled from 1990-1999 bridged-race	2016	NA	NA

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
		intercensal population estimates (released by NCHS on 7/26/2004); revised bridged-race 2000-2009 intercensal population estimates (released by NCHS on 10/26/2012); and bridged-race Vintage 2017 (2010-2017) postcensal population estimates (released by NCHS on 6/27/2018). Available on CDC WONDER Online Database. Data accessed August 2018.			
Child mortality rate per 100,000 resident children ages 0-17 - Homicide	Number of deaths by cause of death for children ages 0-17 as rate per 100,000 population ages 0-17	NC Center for Health Statistics, Vital Statistics, Child Deaths. Data accessed July 2018. United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Bridged-Race Population Estimates, United States July 1st resident population by state, county, age, sex, bridged-race, and Hispanic origin. Compiled from	2016	NA	NA

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
		1990-1999 bridged-race intercensal population estimates (released by NCHS on 7/26/2004); revised bridged-race 2000-2009 intercensal population estimates (released by NCHS on 10/26/2012); and bridged-race Vintage 2017 (2010-2017) postcensal population estimates (released by NCHS on 6/27/2018). Available on CDC WONDER Online Database. Data accessed August 2018.			
Child mortality rate per 100,000 resident children ages 0-17 - Illnesses	Number of deaths by cause of death for children ages 0-17 as rate per 100,000 population ages 0-17	NC Center for Health Statistics, Vital Statistics, Child Deaths. Data accessed July 2018. United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Bridged-Race Population Estimates, United States July 1st resident population by state, county, age, sex, bridged-race, and Hispanic	2016	NA	NA

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
		origin. Compiled from 1990-1999 bridged-race intercensal population estimates (released by NCHS on 7/26/2004); revised bridged-race 2000-2009 intercensal population estimates (released by NCHS on 10/26/2012); and bridged-race Vintage 2017 (2010-2017) postcensal population estimates (released by NCHS on 6/27/2018). Available on CDC WONDER Online Database. Data accessed August 2018.			
Child mortality rate per 100,000 resident children ages 0-17 - Motor Vehicle	Number of deaths by cause of death for children ages 0-17 as rate per 100,000 population ages 0-17	NC Center for Health Statistics, Vital Statistics, Child Deaths. Data accessed July 2018. United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Bridged-Race Population Estimates, United States July 1st resident population by state, county, age, sex,	2016	NA	NA

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
		bridged-race, and Hispanic origin. Compiled from 1990-1999 bridged-race intercensal population estimates (released by NCHS on 7/26/2004); revised bridged-race 2000-2009 intercensal population estimates (released by NCHS on 10/26/2012); and bridged-race Vintage 2017 (2010-2017) postcensal population estimates (released by NCHS on 6/27/2018). Available on CDC WONDER Online Database. Data accessed August 2018.			
Child mortality rate per 100,000 resident children ages 0-17 - Other Injuries	Number of deaths by cause of death for children ages 0-17 as rate per 100,000 population ages 0-17	NC Center for Health Statistics, Vital Statistics, Child Deaths. Data accessed July 2018. United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Bridged-Race Population Estimates, United States July 1st resident population by	2016	NA	NA

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
		state, county, age, sex, bridged-race, and Hispanic origin. Compiled from 1990-1999 bridged-race intercensal population estimates (released by NCHS on 7/26/2004); revised bridged-race 2000-2009 intercensal population estimates (released by NCHS on 10/26/2012); and bridged-race Vintage 2017 (2010-2017) postcensal population estimates (released by NCHS on 6/27/2018). Available on CDC WONDER Online Database. Data accessed August 2018.			
Child mortality rate per 100,000 resident children ages 0-17 - Perinatal Conditions	Number of deaths by cause of death for children ages 0-17 as rate per 100,000 population ages 0-17	NC Center for Health Statistics, Vital Statistics, Child Deaths. Data accessed July 2018. United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Bridged-Race Population Estimates, United States July 1st	2016	NA	NA

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
		resident population by state, county, age, sex, bridged-race, and Hispanic origin. Compiled from 1990-1999 bridged-race intercensal population estimates (released by NCHS on 7/26/2004); revised bridged-race 2000-2009 intercensal population estimates (released by NCHS on 10/26/2012); and bridged-race Vintage 2017 (2010-2017) postcensal population estimates (released by NCHS on 6/27/2018). Available on CDC WONDER Online Database. Data accessed August 2018.			
Child mortality rate per 100,000 resident children ages 0-17 - SIDS	Number of deaths by cause of death for children ages 0-17 as rate per 100,000 population ages 0-17	NC Center for Health Statistics, Vital Statistics, Child Deaths. Data accessed July 2018. United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Bridged-Race Population Estimates,	2016	NA	NA

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
		United States July 1st resident population by state, county, age, sex, bridged-race, and Hispanic origin. Compiled from 1990-1999 bridged-race intercensal population estimates (released by NCHS on 7/26/2004); revised bridged-race 2000-2009 intercensal population estimates (released by NCHS on 10/26/2012); and bridged-race Vintage 2017 (2010-2017) postcensal population estimates (released by NCHS on 6/27/2018). Available on CDC WONDER Online Database. Data accessed August 2018.			
Child mortality rate per 100,000 resident children ages 0-17 - Suffocation/Choking /Strangulation	Number of deaths by cause of death for children ages 0-17 as rate per 100,000 population ages 0-17	NC Center for Health Statistics, Vital Statistics, Child Deaths. Data accessed July 2018. United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Bridged-	2016	NA	NA

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
		Race Population Estimates, United States July 1st resident population by state, county, age, sex, bridged-race, and Hispanic origin. Compiled from 1990-1999 bridged-race intercensal population estimates (released by NCHS on 7/26/2004); revised bridged-race 2000-2009 intercensal population estimates (released by NCHS on 10/26/2012); and bridged-race Vintage 2017 (2010-2017) postcensal population estimates (released by NCHS on 6/27/2018). Available on CDC WONDER Online Database. Data accessed August 2018.			
Child mortality rate per 100,000 resident children ages 0-17 - Total	Number of deaths by cause of death for children ages 0-17 as rate per 100,000 population ages 0-17	NC Center for Health Statistics, Vital Statistics, Child Deaths. Data accessed July 2018. United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health	2016	NA	NA

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
		Statistics (NCHS), Bridged-Race Population Estimates, United States July 1st resident population by state, county, age, sex, bridged-race, and Hispanic origin. Compiled from 1990-1999 bridged-race intercensal population estimates (released by NCHS on 7/26/2004); revised bridged-race 2000-2009 intercensal population estimates (released by NCHS on 10/26/2012); and bridged-race Vintage 2017 (2010-2017) postcensal population estimates (released by NCHS on 6/27/2018). Available on CDC WONDER Online Database. Data accessed August 2018.			
Cancer Incidence rates, colon/rectum (per 100,000)	Number of cancer cases by site as rate per 100,000 population age-adjusted to the 2000 US Census	North Carolina Central Cancer Registry. Data accessed July 2018.	2012-2016	NA	NA
Cancer Incidence rates, female breast (per 100,000)	Number of cancer cases by site as rate per 100,000 population age-adjusted to the 2000 US Census	North Carolina Central Cancer Registry. Data accessed July 2018.	2012-2016	NA	NA

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
Cancer Incidence rates, lung/bronchus (per 100,000)	Number of cancer cases by site as rate per 100,000 population age-adjusted to the 2000 US Census	North Carolina Central Cancer Registry. Data accessed July 2018.	2012-2016	NA	NA
Cancer Incidence rates, prostate (per 100,000)	Number of cancer cases by site as rate per 100,000 population age-adjusted to the 2000 US Census	North Carolina Central Cancer Registry. Data accessed July 2018.	2012-2016	NA	NA
Cancer Incidence rates, total (per 100,000)	Number of cancer cases by site as rate per 100,000 population age-adjusted to the 2000 US Census	North Carolina Central Cancer Registry. Data accessed July 2018.	2012-2016	NA	NA
Adult obesity (percent of adults that report a BMI >= 30)	Based on responses to the Behavioral Risk Factor Surveillance Survey (BRFSS) and is the percentage of the adult population (age 20 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m2. Participants are asked to self-report their height and weight. From these reported values, BMIs for the participants are calculated. The method for calculating Adult Obesity changed. Data for Adult Obesity are provided by the CDC Interactive Diabetes Atlas which combines 3 years of survey data to provide county-level estimates. In 2011, BRFSS changed their methodology to include cell phone and landline participants. Previously only landlines were used to collect data. Adult Obesity is created using statistical modeling.	University of Wisconsin Population Health Institute, County Health Rankings. Data accessed June 2018.	2014	NA	NA
Diabetes prevalence	Prevalence of diagnosed diabetes in a given county. Respondents were considered to have diagnosed diabetes if they responded "yes" to the question, "Has a doctor ever told you that you have diabetes?" Women who indicated that they only had diabetes during pregnancy were not considered to have diabetes.	University of Wisconsin Population Health Institute, County Health Rankings. Data accessed June 2018.	2014	NA	NA
Frequent physical distress	Percentage of adults who reported ≥14 days in response to the question, “Thinking about your physical health, which	University of Wisconsin Population Health Institute,	2016	NA	NA

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
	includes physical illness and injury, for how many days during the past 30 days was your physical health not good?"	County Health Rankings. Data accessed June 2018.			
Poor or fair health (percent of adults reporting fair or poor health age-adjusted)	Percentage of adults in a county who consider themselves to be in poor or fair health. This measure is based on responses to the Behavioral Risk Factor Surveillance Survey (BRFSS) 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 respondents who rated their health "fair" or "poor." Poor or Fair Health is age-adjusted. Prior to the 2016 County Health Rankings, the CDC's BRFSS provided the County Health Rankings with county-level estimates that were constructed from seven years of responses from participants who used a landline phone. However, even with multiple years of data, these did not provide reliable estimates for all counties, particularly those with smaller respondent samples. In 2016, the CDC began producing single-year estimates at the county level using a combination of BRFSS data and a multilevel modeling approach based on respondent answers and individual characteristics such as age, sex, and race/ethnicity, along with county-level poverty and county and state-level contextual effects. Poor or Fair Health estimates are created using statistical modeling.	University of Wisconsin Population Health Institute, County Health Rankings. Data accessed June 2018.	2016	NA	NA
Poor physical health days (avg number of unhealthy days in past 30 days, age-adjusted)	Average number of physically unhealthy days reported in past 30 days. This measure is based on responses to the Behavioral Risk Factor Surveillance System (BRFSS) 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	University of Wisconsin Population Health Institute, County Health Rankings. Data accessed June 2018.	2016	NA	NA

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
	was not good. Poor Physical Health Days is age-adjusted. Prior to the 2016 County Health Rankings, the CDC's BRFSS provided the County Health Rankings with county-level estimates that were constructed from seven years of responses from participants who used a landline phone. However, even with multiple years of data, these did not provide reliable estimates for all counties, particularly those with smaller respondent samples. In 2016, the CDC began producing single-year estimates at the county level using a combination of BRFSS data and a multilevel modeling approach based on respondent answers and individual characteristics such as age, sex, and race/ethnicity, along with county-level poverty and county and state-level contextual effects. Poor Physical Health Days estimates are created using statistical modeling.				
Foodborne Illnesses (Cases per 10,000 population)	Number of confirmed, suspect, and probable foodborne illness cases per 100,000 population. Cases include the following diseases: Campylobacter infection (50), E. coli - shiga toxin producing (53), Salmonellosis (38), Shigellosis (39).	Wake County Human Services, Communicable Diseases Data Request, NC EDSS, Event Line List. Data received August 2018. United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Bridged-Race Population Estimates, United States July 1st resident population by state, county, age, sex,	2017	Wake County Human Services, Communicable Diseases Data Request, NC EDSS, Event Line List. Data received August 2018.	2017

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
		bridged-race, and Hispanic origin. Compiled from 1990-1999 bridged-race intercensal population estimates (released by NCHS on 7/26/2004); revised bridged-race 2000-2009 intercensal population estimates (released by NCHS on 10/26/2012); and bridged-race Vintage 2017 (2010-2017) postcensal population estimates (released by NCHS on 6/27/2018). Available on CDC WONDER Online Database. Data accessed August 2018.		Esri/NCHS Bridged-Race Population with Ascendient estimates.	
General Communicable Diseases per 10,000 population	Number of confirmed, suspect, and probable general communicable disease cases per 100,000 population. Cases include the following diseases: Cryptosporidiosis (56), Haemophilus influenzae, invasive disease (23), Hepatitis A (14), Hepatitis C - Acute (60), Legionellosis (18), Meningitis, pneumococcal (25), Streptococcal invasive infection, Group A (61), Vibrio infection (other than cholera and vulnificus) (55).	Wake County Human Services, Communicable Diseases Data Request, NC EDSS, Event Line List. Data received August 2018. United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Bridged-Race Population Estimates,	2017	Wake County Human Services, Communicable Diseases Data Request, NC EDSS, Event Line List. Data	2017

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
		United States July 1st resident population by state, county, age, sex, bridged-race, and Hispanic origin. Compiled from 1990-1999 bridged-race intercensal population estimates (released by NCHS on 7/26/2004); revised bridged-race 2000-2009 intercensal population estimates (released by NCHS on 10/26/2012); and bridged-race Vintage 2017 (2010-2017) postcensal population estimates (released by NCHS on 6/27/2018). Available on CDC WONDER Online Database. Data accessed August 2018.		received August 2018. Esri/NCHS Bridged-Race Population with Ascendient estimates.	
Tuberculosis per 10,000 population	Number of confirmed tuberculosis cases per 100,000 population.	Wake County Human Services, Communicable Diseases Data Request, NC EDSS, Event Line List. Data received August 2018. United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National	2017	Wake County Human Services, Communicable Diseases Data Request, NC EDSS,	2017

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
		Center for Health Statistics (NCHS), Bridged-Race Population Estimates, United States July 1st resident population by state, county, age, sex, bridged-race, and Hispanic origin. Compiled from 1990-1999 bridged-race intercensal population estimates (released by NCHS on 7/26/2004); revised bridged-race 2000-2009 intercensal population estimates (released by NCHS on 10/26/2012); and bridged-race Vintage 2017 (2010-2017) postcensal population estimates (released by NCHS on 6/27/2018). Available on CDC WONDER Online Database. Data accessed August 2018.		Event Line List. Data received August 2018. Esri/NCHS Bridged-Race Population with Ascendient estimates.	
Vaccine Preventable Diseases per 10,000 population	Number of confirmed, suspect, and probable vaccine preventable diseases cases per 100,000 population. Cases include the following diseases: Hepatitis B - Acute (15), Hepatitis B - Chronic Carrier (115), Influenza, adult death (18 years of age or more) (76), Pertussis (47).	Wake County Human Services, Communicable Diseases Data Request, NC EDSS, Event Line List. Data received August 2018. United States Department of Health and Human	2017	Wake County Human Services, Communicable Diseases	2017

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
		Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Bridged-Race Population Estimates, United States July 1st resident population by state, county, age, sex, bridged-race, and Hispanic origin. Compiled from 1990-1999 bridged-race intercensal population estimates (released by NCHS on 7/26/2004); revised bridged-race 2000-2009 intercensal population estimates (released by NCHS on 10/26/2012); and bridged-race Vintage 2017 (2010-2017) postcensal population estimates (released by NCHS on 6/27/2018). Available on CDC WONDER Online Database. Data accessed August 2018.		Data Request, NC EDSS, Event Line List. Data received August 2018. Esri/NCHS Bridged-Race Population with Ascendient estimates.	

Access to Care

Access to Care

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
Advance Community Health - Overall Wake County Patient Utilization per 10,000 population	Utilization of Advance Community Health by Wake County residents per 10,000 population	Advance Community Health Uniform Data System Report - 2017; United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Bridged-Race Population Estimates, United States July 1st resident population by state, county, age, sex, bridged-race, and Hispanic origin. Compiled from 1990-1999 bridged-race intercensal population estimates (released by NCHS on 7/26/2004); revised bridged-race 2000-2009 intercensal population estimates (released by NCHS on 10/26/2012); and bridged-race Vintage 2017 (2010-2017) postcensal population estimates (released by NCHS on	2017	Advance Community Health Uniform Data System Report - 2017; Esri/NCHS Bridged-Race Population with Ascendient estimates. Data accessed August 2018.	2017

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
		6/27/2018). Available on CDC WONDER Online Database. Data accessed August 2018.			
Advance Community Health - Wake County patients by payor (% of total) - None/Uninsured	Utilization of Advance Community Health by Wake County residents by payor type as a percent of total Wake County resident utilization	Advance Community Health Uniform Data System Report - 2017	2017	Advance Community Health Uniform Data System Report - 2017	2017
Advance Community Health - Wake County patients by payor (% of total) - Medicaid/CHIP/Other Public	Utilization of Advance Community Health by Wake County residents by payor type as a percent of total Wake County resident utilization	Advance Community Health Uniform Data System Report - 2017	2017	Advance Community Health Uniform Data System Report - 2017	2017
Advance Community Health - Wake County patients by payor (% of total) - Medicare	Utilization of Advance Community Health by Wake County residents by payor type as a percent of total Wake County resident utilization	Advance Community Health Uniform Data System Report - 2017	2017	Advance Community Health Uniform Data System Report - 2017	2017
Advance Community Health - Wake County	Utilization of Advance Community Health by Wake County residents by payor type as a percent of total Wake County resident utilization	Advance Community Health Uniform Data System Report - 2017	2017	Advance Community Health	2017

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
patients by payor (% of total) - Private				Uniform Data System Report - 2017	
Health Professionals Ratio per 10,000 - Dental Hygienist	Number of dental hygienists per 10,000 population. Data include active, licensed dental hygienists in practice in North Carolina as of October 31 of each year. Dental hygienist data are derived from the North Carolina State Board of Dental Examiners. Population census data and estimates are downloaded from the North Carolina Office of State Budget and Management via NC LINC and are based on US Census data.	Cecil G. Sheps Center for Health Services Research, North Carolina Health Professions Data System. Data accessed July 2018.	2017	NA	NA
Health Professionals Ratio per 10,000 - Nurse Practitioner	Number of nurse practitioners per 10,000 population. Data include active, licensed nurse practitioners in practice in North Carolina as of October 31 of each year. Nurse practitioner data are derived from the North Carolina Board of Nursing. Population census data and estimates are downloaded from the North Carolina Office of State Budget and Management via NC LINC and are based on US Census data.	Cecil G. Sheps Center for Health Services Research, North Carolina Health Professions Data System. Data accessed July 2018.	2017	NA	NA
Health Professionals Ratio per 10,000 - Optometrist	Number of optometrists per 10,000 population. Data include active, licensed optometrists in practice in North Carolina as of October 31 of each year. Optometrist data are derived from the North Carolina Board of Optometry. Population census data and estimates are downloaded from the North Carolina Office of State Budget and Management via NC LINC and are based on US Census data.	Cecil G. Sheps Center for Health Services Research, North Carolina Health Professions Data System. Data accessed July 2018.	2017	NA	NA
Health Professionals Ratio per 10,000 - Pharmacists	Number of pharmacists per 10,000 population. Data include active, licensed pharmacists in practice in North Carolina as of October 31 of each year. Pharmacist data are derived from	Cecil G. Sheps Center for Health Services Research, North Carolina Health	2016	NA	NA

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
	the North Carolina Board of Pharmacy. Population census data and estimates are downloaded from the North Carolina Office of State Budget and Management via NC LINC and are based on US Census data.	Professions Data System. Data accessed July 2018.			
Health Professionals Ratio per 10,000 - Physician Assistants	Number of physician assistants per 10,000 population. Data include active, licensed physician assistants in practice in North Carolina as of October 31 of each year. Physician assistant data are derived from the North Carolina Board of Medicine. County estimates are based on primary practice location. Population census data and estimates are downloaded from the North Carolina Office of State Budget and Management via NC LINC and are based on US Census data.	Cecil G. Sheps Center for Health Services Research, North Carolina Health Professions Data System. Data accessed July 2018.	2017	NA	NA
Health Professionals Ratio per 10,000 - Physicians	Number of physicians per 10,000 population. Data include active, licensed physicians in practice in North Carolina as of October 31 of each year who are not residents-in-training and are not employed by the Federal government. Physician data are derived from the North Carolina Board of Medicine. County estimates are based on primary practice location. Population census data and estimates are downloaded from the North Carolina Office of State Budget and Management via NC LINC and are based on US Census data.	Cecil G. Sheps Center for Health Services Research, North Carolina Health Professions Data System. Data accessed July 2018.	2017	NA	NA
Health Professionals Ratio per 10,000 - Psychologist	Number of psychologists per 10,000 population. Data include active, licensed psychologists in practice in North Carolina as of October 31 of each year. Psychologist data are derived from the North Carolina Psychology Board. Population census data and estimates are downloaded from the North Carolina Office of State Budget and Management via NC LINC and are based on US Census data.	Cecil G. Sheps Center for Health Services Research, North Carolina Health Professions Data System. Data accessed July 2018.	2017	NA	NA

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
Health Professionals Ratio per 10,000 - Registered Nurses	Number of registered nurses per 10,000 population. Data include active, licensed registered nurses in practice in North Carolina as of October 31 of each year. Registered nurse data are derived from the North Carolina Board of Nursing. Population census data and estimates are downloaded from the North Carolina Office of State Budget and Management via NC LINC and are based on US Census data.	Cecil G. Sheps Center for Health Services Research, North Carolina Health Professions Data System. Data accessed July 2018.	2017	NA	NA
Beds in General Hospitals per 10,000 population	Number of beds in general hospitals per 10,000 population. 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. An exception is the inclusion of beds in one state facility, NC Memorial Hospital in Orange County.	Log Into North Carolina (LINC) Database, Topic Group Vital Statistics and Health. United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Bridged-Race Population Estimates, United States July 1st resident population by state, county, age, sex, bridged-race, and Hispanic origin. Compiled from 1990-1999 bridged-race intercensal population estimates (released by NCHS on 7/26/2004); revised bridged-race 2000-2009 intercensal population estimates (released by NCHS on 10/26/2012); and	2017	NA	NA

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
		bridged-race Vintage 2017 (2010-2017) postcensal population estimates (released by NCHS on 6/27/2018). Available on CDC WONDER Online Database. Data accessed August 2018.			
General Hospital Discharges per 10,000 population	Number of general hospital discharges per 10,000 population. Discharges of residents of the county in all short stay, acute care general hospitals in the state during the federal fiscal year. Excluded are federal and state hospitals, with the exception of one state facility, which is included, UNC Hospitals in Orange County. Normal (''well'') newborn babies are excluded. Excluded are hospitals that are specifically for psychiatric, substance abuse, rehabilitation, and other specialty care. Discharges to residents of the county are presented, regardless of the location of the hospital.	Log Into North Carolina (LINC) Database, Topic Group Vital Statistics and Health. United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Bridged-Race Population Estimates, United States July 1st resident population by state, county, age, sex, bridged-race, and Hispanic origin. Compiled from 1990-1999 bridged-race intercensal population estimates (released by NCHS on 7/26/2004); revised bridged-race 2000-2009 intercensal population estimates (released by	2015	NA	NA

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
		NCHS on 10/26/2012); and bridged-race Vintage 2017 (2010-2017) postcensal population estimates (released by NCHS on 6/27/2018). Available on CDC WONDER Online Database. Data accessed August 2018.			
Nursing Facility Beds per 10,000 population	Number of nursing facility beds per 10,000 population. his count 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, nonstate general hospitals are included. Nursing care beds in State Veterans Nursing Homes, Mental Retardation Centers, and Special Care Centers are not counted.	Log Into North Carolina (LINC) Database, Topic Group Vital Statistics and Health. United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Bridged-Race Population Estimates, United States July 1st resident population by state, county, age, sex, bridged-race, and Hispanic origin. Compiled from 1990-1999 bridged-race intercensal population estimates (released by NCHS on 7/26/2004); revised bridged-race 2000-2009 intercensal population	2017	NA	NA

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
		estimates (released by NCHS on 10/26/2012); and bridged-race Vintage 2017 (2010-2017) postcensal population estimates (released by NCHS on 6/27/2018). Available on CDC WONDER Online Database. Data accessed August 2018.			
Persons served by Area Mental Health Programs per 10,000 population	Number of persons served per 10,000 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. County of residence is reported at the time of admission. North Carolina data include clients reported to reside out-of-state and sometimes contains individuals of unknown county of residence.	Log Into North Carolina (LINC) Database, Topic Group Vital Statistics and Health. United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Bridged-Race Population Estimates, United States July 1st resident population by state, county, age, sex, bridged-race, and Hispanic origin. Compiled from 1990-1999 bridged-race intercensal population estimates (released by NCHS on 7/26/2004); revised bridged-race 2000-	2017	NA	NA

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
		2009 intercensal population estimates (released by NCHS on 10/26/2012); and bridged-race Vintage 2017 (2010-2017) postcensal population estimates (released by NCHS on 6/27/2018). Available on CDC WONDER Online Database. Data accessed August 2018.			
Persons served in State Alcohol and Drug Treatment Centers per 10,000 population	Number of persons served per 10,000 population. 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. County of residence is reported at the time of admission. North Carolina data include clients reported to reside out-of-state.	Log Into North Carolina (LINC) Database, Topic Group Vital Statistics and Health. United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Bridged-Race Population Estimates, United States July 1st resident population by state, county, age, sex, bridged-race, and Hispanic origin. Compiled from 1990-1999 bridged-race intercensal population estimates (released by NCHS on 7/26/2004);	2016	NA	NA

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
		revised bridged-race 2000-2009 intercensal population estimates (released by NCHS on 10/26/2012); and bridged-race Vintage 2017 (2010-2017) postcensal population estimates (released by NCHS on 6/27/2018). Available on CDC WONDER Online Database. Data accessed August 2018.			
Persons served in State Mental Health Development Centers per 10,000 population	Number of persons served per 10,000 population. All clients in residence at or on leave from a North Carolina Mental Health Developmental Center at the start of the state fiscal year plus all admitted during the year. Transfers-in and persons served in respite care are excluded. Multiple admissions of the same client are counted multiple times. County of residence is reported at the time of admission. North Carolina data include clients reported to reside out-of-state.	Log Into North Carolina (LINC) Database, Topic Group Vital Statistics and Health. United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Bridged-Race Population Estimates, United States July 1st resident population by state, county, age, sex, bridged-race, and Hispanic origin. Compiled from 1990-1999 bridged-race intercensal population estimates (released by	2016	NA	NA

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
		NCHS on 7/26/2004); revised bridged-race 2000-2009 intercensal population estimates (released by NCHS on 10/26/2012); and bridged-race Vintage 2017 (2010-2017) postcensal population estimates (released by NCHS on 6/27/2018). Available on CDC WONDER Online Database. Data accessed August 2018.			
Persons served in State Psychiatric Hospitals per 10,000 population	Number of persons served per 10,000 population. 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 four state psychiatric hospitals. Excluded are visiting patients and outpatients. Multiple admissions of the same client are counted multiple times. County of residence is reported at the time of admission. North Carolina data include clients reported to reside out-of-state.	Log Into North Carolina (LINC) Database, Topic Group Vital Statistics and Health. United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Bridged-Race Population Estimates, United States July 1st resident population by state, county, age, sex, bridged-race, and Hispanic origin. Compiled from 1990-1999 bridged-race intercensal population	2017	NA	NA

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
		estimates (released by NCHS on 7/26/2004); revised bridged-race 2000-2009 intercensal population estimates (released by NCHS on 10/26/2012); and bridged-race Vintage 2017 (2010-2017) postcensal population estimates (released by NCHS on 6/27/2018). Available on CDC WONDER Online Database. Data accessed August 2018.			
Dentists (ratio of population to dentists - population per one dentist)	Ratio of the population to dentists. The ratio represents the population served by one dentist if the entire population of a county was distributed equally across all practicing dentists.	University of Wisconsin Population Health Institute, County Health Rankings. Data accessed June 2018.	2016	NA	NA
Health care costs	Price-adjusted Medicare reimbursements (Parts A and B) per enrollee.	University of Wisconsin Population Health Institute, County Health Rankings. Data accessed June 2018.	2015	NA	NA
Mental health providers (ratio of population to mental health providers - population per one provider)	Ratio of the population to mental health providers. Mental health providers are defined as psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists, and mental health providers that treat alcohol and other drug abuse, as well as advanced practice nurses specializing in mental health care. The ratio represents the number of individuals served by one mental health provider in a county, if the population were equally	University of Wisconsin Population Health Institute, County Health Rankings. Data accessed June 2018.	2017	NA	NA

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
	distributed across providers. In 2015, marriage and family therapists and mental health providers that treat alcohol and other drug abuse were added to this measure.				
Other primary care providers (ratio of population to other primary care providers - population per one provider)	Ratio of the county population to the number of other primary care providers. Other primary care providers include nurse practitioners (NP), physician assistants (PA), and clinical nurse specialists. Please note that the methods for calculating this measure changed in the 2017 Rankings.	University of Wisconsin Population Health Institute, County Health Rankings. Data accessed June 2018.	2017	NA	NA
Percentage of uninsured individuals	Percentage of the population under age 65 without health insurance coverage.	US Census Bureau, American Fact Finder, American Community Survey, American Community Survey (ACS) 5-Year Estimates, Table S2701. Data accessed July 2018.	2012-2016	US Census Bureau, American Fact Finder, American Community Survey, American Community Survey (ACS) 5-Year Estimates, Table S2701. Data accessed July 2018.	2012-2016

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
Primary Care (ratio of population to primary care physicians - population per one provider)	Ratio of the population to primary care physicians. Primary care physicians include practicing non-federal physicians (M.D.'s and D.O.'s) under age 75 specializing in general practice medicine, family medicine, internal medicine, and pediatrics. The ratio represents the number of individuals served by one physician in a county, if the population was equally distributed across physicians. Prior to the 2013 County Health Rankings, primary care physicians were defined only as M.D.s. In 2013, we included D.O.s into the definition of primary care physicians and removed obstetrics/gynecology as a primary care physician type.	University of Wisconsin Population Health Institute, County Health Rankings. Data accessed June 2018.	2015	NA	NA
Uninsured adults (ages 18 to 64)	Percentage of the population ages 18 to 64 that has no health insurance coverage in a given geography.	US Census Bureau, American Fact Finder, American Community Survey, American Community Survey (ACS) 5-Year Estimates, Table S2701. Data accessed July 2018.	2012-2016	US Census Bureau, American Fact Finder, American Community Survey, American Community Survey (ACS) 5-Year Estimates, Table S2701. Data accessed	2012-2016

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
				July 2018.	
Uninsured children (ages under 19)	Percentage of the population under age 19 that has no health insurance coverage.	University of Wisconsin Population Health Institute, County Health Rankings. Data accessed June 2018.	2015	NA	NA
Percent of population with Medicaid/means tested coverage alone	Estimate of number of people with Medicaid/means tested insurance coverage alone as a percentage of total estimated civilian noninstitutionalized population	US Census Bureau, American Fact Finder, American Community Survey, American Community Survey (ACS) 5-Year Estimates, Table S2704. Data accessed July 2018.	2012-2016	US Census Bureau, American Fact Finder, American Community Survey, American Community Survey (ACS) 5-Year Estimates, Table S2704. Data accessed July 2018.	2012-2016
Wake County Human Services Dental Services	The number of unduplicated patients for dental care services at Sunnybrook as a rate per 10,000 population. Wake County Human Services dental care services are for children (0-20 years) and pregnant women and includes comprehensive	Wake County Human Services, Data Request, GE Centricity Electronic Health Record. Data received	2017	Wake County Human Services,	2017

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
Utilization per 10,000 population	preventive and treatment dental care to uninsured and underinsured children under the age of 20 and pregnant women as well as the provision of community outreach including screening, referral, follow-up and education. Data is for calendar years. Service zone data do not equal Wake County overall due to invalid and/or blank ZIP codes provided by Wake County Human Services clients. Because accurate data from a consistent source do not exist regarding uninsured/population 0-20 and pregnant women by year, the overall population was used as a denominator in the calculation.	September 2018. United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Bridged-Race Population Estimates, United States July 1st resident population by state, county, age, sex, bridged-race, and Hispanic origin. Compiled from 1990-1999 bridged-race intercensal population estimates (released by NCHS on 7/26/2004); revised bridged-race 2000-2009 intercensal population estimates (released by NCHS on 10/26/2012); and bridged-race Vintage 2017 (2010-2017) postcensal population estimates (released by NCHS on 6/27/2018). Available on CDC WONDER Online Database. Data accessed August 2018.		Data Request, GE Centricity Electronic Health Record. Data received September 2018. Esri/NCHS Bridged-Race Population with Ascendient estimates.	

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
Wake County Human Services Overall Utilization per 10,000 population	The number of unduplicated patients for all clinical services at all five Wake County Human Services locations as a rate per 10,000 population. Wake County Human Services services include child health, dental, family planning, HIV, prenatal, STD, TB, and immunization. Wake County Human Services locations include Sunnybrook, Eastern Regional Center, Millbrook, Northern Regional Center, and Southern Regional Center. Clinic services for Millbrook started 10-1-16 and there were not services prior to that date. Service offerings vary by location. Data is for calendar years. Service zone data do not equal Wake County overall due to invalid and/or blank ZIP codes provided by Wake County Human Services clients.	Wake County Human Services, Data Request, GE Centricity Electronic Health Record. Data received September 2018. United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Bridged-Race Population Estimates, United States July 1st resident population by state, county, age, sex, bridged-race, and Hispanic origin. Compiled from 1990-1999 bridged-race intercensal population estimates (released by NCHS on 7/26/2004); revised bridged-race 2000-2009 intercensal population estimates (released by NCHS on 10/26/2012); and bridged-race Vintage 2017 (2010-2017) postcensal population estimates (released by NCHS on 6/27/2018). Available on	2017	Wake County Human Services, Data Request, GE Centricity Electronic Health Record. Data received September 2018. Esri/NCHS Bridged-Race Population with Ascendient estimates.	2017

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
		CDC WONDER Online Database. Data accessed August 2018.			
Mental Health ED visits	Number of mental health ED visits (anxiety, mood, and psychotic disorders) as rate per 10,000 population	Wake County Human Services, Data Request, NC DETECT, Custom Event Line Listing, Mental health: anxiety, mood and psychotic disorders. Data received August 2018. United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Bridged-Race Population Estimates, United States July 1st resident population by state, county, age, sex, bridged-race, and Hispanic origin. Compiled from 1990-1999 bridged-race intercensal population estimates (released by NCHS on 7/26/2004); revised bridged-race 2000-2009 intercensal population estimates (released by NCHS on 10/26/2012); and	2017	Wake County Human Services, Data Request, NC EDSS, Event Line List. Data received August 2018. Esri/NCHS Bridged-Race Population with Ascendient estimates.	2017

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
		bridged-race Vintage 2017 (2010-2017) postcensal population estimates (released by NCHS on 6/27/2018). Available on CDC WONDER Online Database. Data accessed August 2018.			

Quality of Care

Quality of Care

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
Prenatal care in first trimester	Percent of women who began to receive prenatal care in the first trimester by county of residence as a percent of total county births.	NC State Center for Health Statistics, Basic Automated Birth Yearbook (BABY Book). Data accessed July 2018.	2016	NA	NA
Childhood Blood Surveillance Data: % of 1-2 year olds with blood lead levels >=5 of total 1-2 year olds tested	Number of 1-2 year olds with blood lead levels >=5 as of percent of total 1-2 year olds tested. Starting July 5, 2012, the CDC lowered its reference value to 5 µg/dL; therefore, surveillance tables for 2013 and later include testing and confirmation at ≥5 µg/dL rather than previously reported ≥10 µg/dL.	North Carolina Childhood Blood Lead Surveillance Data, NC Environmental Health Section, Children's Environmental Health Branch. Data accessed July 2018.	2014	NA	NA
Diabetic screening (percent of diabetic	Percentage of individuals with diabetes who had their blood sugar control monitored. It measures this for a very specific	University of Wisconsin Population Health Institute,	2014	NA	NA

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
Medicare enrollees that receive HbA1c screening)	population - fee-for-service Medicare patients between the ages of 65 and 75. To calculate the percentage, the number of patients ages 65-75 with diabetes who have had their blood sugar control monitored using a test of their glycated hemoglobin (HbA1c) is then divided by the total number of Medicare patients in the same age group who are diagnosed with diabetes.	County Health Rankings. Data accessed June 2018.			
Mammography screening (percent of female Medicare enrollees)	Percentage of female Medicare enrollees ages 67-69 that received at least one mammogram during the last two years. The numerator is women ages 67-69 on Medicare who have received at least one mammogram during the past year. The denominator is all women ages 67-69 on Medicare in a specific geography.	University of Wisconsin Population Health Institute, County Health Rankings. Data accessed June 2018.	2014	NA	NA
Preventable hospital stays (rate for ambulatory sensitive conditions per 1,000 Medicare enrollees)	Hospital discharge rate for ambulatory care-sensitive conditions per 1,000 fee-for-service Medicare enrollees. That means it looks at people who were discharged from the hospital for conditions that, with appropriate care, can normally be treated without the need for a hospital stay. Examples of these conditions include convulsions, chronic obstructive pulmonary disease, bacterial pneumonia, asthma, congestive heart failure, hypertension, angina, cellulitis, diabetes, gastroenteritis, kidney/urinary infection, and dehydration. Preventable hospital stays are measured among fee-for-service Medicare enrollees and is age-adjusted.	University of Wisconsin Population Health Institute, County Health Rankings. Data accessed June 2018.	2015	NA	NA
Percentage of children aged 35 months or younger who receive the recommended vaccines	Number of clients who meet all vaccination recommendation requirements at 35 months as a percent of total clients. Vaccination recommendation requirements include the following vaccinations and number of doses: DTaP (4), HepB (3), Hib (3), MMR (1), Polio (3), Pneumo (4), and Varicella (1). Based on birth date of October to October. Data year corresponds to the October ending the birth date period.	Wake County Human Services, Data Request, NC Immunization Registry. Data received September 2018.	2015	Wake County Human Services, Data Request, NC	2015

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
	Service zone data do not total to equal Wake County overall data due to insufficient ZIP code records for some clients.			Immunization Registry. Data received September 2018.	

Diet and Exercise

Diet and Exercise

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
Physical inactivity (percent of adults that report no leisure time physical activity)	Percentage of adults ages 20 and over reporting no leisure-time physical activity in the past month. Examples of physical activities include running, calisthenics, golf, gardening, or walking for exercise. The method for calculating Physical Inactivity changed. Data for Physical Inactivity are provided by the CDC Interactive Diabetes Atlas which combines 3 years of survey data to provide county-level estimates. In 2011, BRFSS changed their methodology to include cell phone and landline participants. Previously only landlines were used to collect data. Physical Inactivity is created using statistical modeling.	University of Wisconsin Population Health Institute, County Health Rankings. Data accessed June 2018.	2014	NA	NA

Sexual Health

Sexual Health

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
Sexually transmitted infections (chlamydia rate per 100,000)	Number of newly diagnosed chlamydia cases per 100,000 population	University of Wisconsin Population Health Institute, County Health Rankings. Data accessed June 2018.	2015	NA	NA
Teen birth rate (per 1,000 females ages 15-19)	Number of births to females ages 15-19 per 1,000 females	University of Wisconsin Population Health Institute, County Health Rankings. Data accessed June 2018.	2010-2016	NA	NA
Gonorrhea Rates (Rate calculated as confirmed case count per 100,000 population)	Number of newly diagnosed gonorrhea cases per 100,000 population. Includes confirmed cases only.	Wake County Human Services, Public Health Report, Communicable Diseases 2017. Data accessed July 2018.	2016	NA	NA
Early Syphilis Rates (Rate calculated as confirmed case count per 100,000 population)	Number of newly diagnosed early syphilis cases (primary, secondary, early latent) per 100,000 population. Includes confirmed cases only.	Wake County Human Services, Public Health Report, Communicable Diseases 2017. Data accessed July 2018.	2016	NA	NA
HIV Rates (Rate calculated as confirmed case count per 100,000 population)	Number of newly diagnosed HIV cases per 100,000 population. Includes confirmed cases only.	Wake County Human Services, Public Health Report, Communicable Diseases 2017. Data accessed July 2018.	2016	NA	NA
Sexually Transmitted Infections per 10,000 population	Number of confirmed, suspect, and probable STI cases per 10,000 population. Cases include the following diseases: Chlamydia (200), Gonorrhea (300), Non-gonococcal urethritis (400), PID (490), Syphilis - 01. Primary Syphilis (710), Syphilis - 02. Secondary Syphilis (720), Syphilis - 03. Early, Non-Primary,	Wake County Human Services, Communicable Diseases Data Request, NC EDSS, Event Line List. Data received August 2018.	2017	Wake County Human Services, Communi	2017

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
	Non-Secondary Syphilis (730), Syphilis - 04. Latent (unk dur) Syphilis (740), Syphilis - 05. Late Latent Syphilis (745), Syphilis - 05. Syphilis Late w/ clinical manifestations (751), Syphilis - 08. Congenital Syphilis (790).	United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Bridged-Race Population Estimates, United States July 1st resident population by state, county, age, sex, bridged-race, and Hispanic origin. Compiled from 1990-1999 bridged-race intercensal population estimates (released by NCHS on 7/26/2004); revised bridged-race 2000-2009 intercensal population estimates (released by NCHS on 10/26/2012); and bridged-race Vintage 2017 (2010-2017) postcensal population estimates (released by NCHS on 6/27/2018). Available on CDC WONDER Online Database. Data accessed August 2018.		cable Diseases Data Request, NC EDSS, Event Line List. Data received August 2018. Esri/NCHS Bridged-Race Population with Ascendient estimates.	
Chlamydia Rates (Rate calculated as	Number of newly diagnosed chlamydia cases per 100,000 population. Includes confirmed cases only.	Wake County Human Services, Public Health	2016	NA	NA

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
confirmed case count per 100,000 population)		Report, Communicable Diseases 2017. Data accessed July 2018.			
HIV/AIDS Prevalence, Medicare population	Prevalence estimates are calculated by taking the beneficiaries with a particular condition divided by the total number of beneficiaries in our fee-for-service population, expressed as a percentage. The Medicare utilization and spending information represents beneficiaries with the condition. The 19 chronic conditions are identified through Medicare administrative claims. A Medicare beneficiary is considered to have a chronic condition if the CMS administrative data have a claim indicating that the beneficiary received a service or treatment for the specific condition. Beneficiaries may have more than one of the chronic conditions listed. On October 1, 2015 the conversion from the 9th version of the International Classification of Diseases (ICD-9-CM) to version 10 (ICD-10-CM) occurred. Regardless of when a claim was submitted for payment, services that occurred prior to October 1, 2015, use ICD-9 codes. Chronic conditions identified in 2015 are based upon ICD-9 codes for the first ¾ of the year (January-September) and ICD-10 codes for the last quarter of the year (October-December). The data used in the chronic condition reports are based upon CMS administrative enrollment and claims data for Medicare beneficiaries enrolled in the fee-for-service program. These data are available from the CMS Chronic Condition Data Warehouse (CCW), www.ccwdata.org. For all the chronic condition reports the Medicare beneficiary population is limited to fee-for-service beneficiaries. We exclude Medicare beneficiaries with any Medicare Advantage enrollment during the year since claims data are not available	CMS Chronic Conditions. Data accessed July 2018.	2015	NA	NA

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
	for these beneficiaries. Also, we exclude beneficiaries who were enrolled at any time in the year in Part A only or Part B only, since their utilization and spending cannot be compared directly to beneficiaries enrolled in both Part A and Part B. Beneficiaries who die during the year are included up to their date of death if they meet the other inclusion criteria.				
HIV prevalence	Number of diagnosed cases of HIV for persons aged 13 years and older in a county per 100,000 population.	University of Wisconsin Population Health Institute, County Health Rankings. Data accessed June 2018.	2015	NA	NA
HIV/AIDS Cases per 10,000 population	Number of confirmed HIV/AIDS cases per 100,000 population.	Wake County Human Services, Communicable Diseases Data Request, NC EDSS, Event Line List. Data received August 2018. United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Bridged-Race Population Estimates, United States July 1st resident population by state, county, age, sex, bridged-race, and Hispanic origin. Compiled from 1990-1999 bridged-race intercensal population estimates (released by	2017	Wake County Human Services, Communicable Diseases Data Request, NC EDSS, Event Line List. Data received August 2018. Esri/NCHS Bridged-Race Populatio	2017

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
		NCHS on 7/26/2004); revised bridged-race 2000-2009 intercensal population estimates (released by NCHS on 10/26/2012); and bridged-race Vintage 2017 (2010-2017) postcensal population estimates (released by NCHS on 6/27/2018). Available on CDC WONDER Online Database. Data accessed August 2018.		n with Ascendient estimates.	

Substance Use Disorders

Substance Use Disorders

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
All benzodiazepine poisoning deaths (all intents), rate per 10,000 population	Number of benzodiazepine poisoning deaths (all intents) per 10,000 population. Codes used: Any mention (cod1-cod21) of T42.4 (Benzodiazepine). Counts by any mention of drug type are not mutually exclusive; if a death involved multiple drugs it could be listed in additional tables.	NC Department of Public Health, Chronic Disease and Injury Section, Injury and Violence Prevention Branch, Poisoning Data. United States Department of Health and Human Services (US DHHS), Centers for Disease Control and	2016	NA	NA

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
		Prevention (CDC), National Center for Health Statistics (NCHS), Bridged-Race Population Estimates, United States July 1st resident population by state, county, age, sex, bridged-race, and Hispanic origin. Compiled from 1990-1999 bridged-race intercensal population estimates (released by NCHS on 7/26/2004); revised bridged-race 2000-2009 intercensal population estimates (released by NCHS on 10/26/2012); and bridged-race Vintage 2017 (2010-2017) postcensal population estimates (released by NCHS on 6/27/2018). Available on CDC WONDER Online Database. Data accessed August 2018.			
All cocaine poisoning deaths (all intents), rate per 10,000 population	Number of cocaine poisoning deaths (all intents) per 10,000 population. Codes used: Any mention (cod1-cod21) of T40.5 (Cocaine). Counts by any mention of drug type are not mutually exclusive; if a death involved multiple drugs it could be listed in additional tables.	NC Department of Public Health, Chronic Disease and Injury Section, Injury and Violence Prevention Branch, Poisoning Data. United States Department	2016	NA	NA

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
		of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Bridged-Race Population Estimates, United States July 1st resident population by state, county, age, sex, bridged-race, and Hispanic origin. Compiled from 1990-1999 bridged-race intercensal population estimates (released by NCHS on 7/26/2004); revised bridged-race 2000-2009 intercensal population estimates (released by NCHS on 10/26/2012); and bridged-race Vintage 2017 (2010-2017) postcensal population estimates (released by NCHS on 6/27/2018). Available on CDC WONDER Online Database. Data accessed August 2018.			
All cocaine poisoning ED visits	Number of cocaine poisoning ED visits (all intents) per 10,000 population. ICD-10-CM codes (2016): Dx T40.5; a 5th/6th character of 1-accidental, 2-intentional self-harm, 3-assault,	NC Department of Public Health, Chronic Disease and Injury Section, Injury and	2016	NA	NA

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
(all intents), rate per 10,000 population	or 4-undetermined intent; a 7th character of A-initial encounter, D-subsequent encounter, or missing. In October 2015, there was a change in the coding system used in administrative data sets that impacted the definition used to identify poisoning-related injury cases. Because of this change, data are unavailable for 2015, and data pre-2015 are not comparable to data collected after this change occurred. Case definitions in the new coding system are still under review and are therefore subject to change. Counties with >0 and <10 cases suppressed.	Violence Prevention Branch, Poisoning Data. United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Bridged-Race Population Estimates, United States July 1st resident population by state, county, age, sex, bridged-race, and Hispanic origin. Compiled from 1990-1999 bridged-race intercensal population estimates (released by NCHS on 7/26/2004); revised bridged-race 2000-2009 intercensal population estimates (released by NCHS on 10/26/2012); and bridged-race Vintage 2017 (2010-2017) postcensal population estimates (released by NCHS on 6/27/2018). Available on CDC WONDER Online Database. Data accessed August 2018.			

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
All cocaine poisoning hospitalizations (all intents), rate per 10,000 population	Number of cocaine poisoning hospitalizations (all intents) per 10,000 population. ICD-10-CM codes (2016): Dx T40.5; a 5th/6th character of 1-accidental, 2-intentional self-harm, 3-assault, or 4-undetermined intent; a 7th character of A-initial encounter, D-subsequent encounter, or missing. In October 2015, there was a change in the coding system used in administrative data sets that impacted the definition used to identify poisoning-related injury cases. Because of this change, data are unavailable for 2015, and data pre-2015 are not comparable to data collected after this change occurred. Case definitions in the new coding system are still under review and are therefore subject to change. Counties with >0 and <10 cases suppressed.	NC Department of Public Health, Chronic Disease and Injury Section, Injury and Violence Prevention Branch, Poisoning Data. United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Bridged-Race Population Estimates, United States July 1st resident population by state, county, age, sex, bridged-race, and Hispanic origin. Compiled from 1990-1999 bridged-race intercensal population estimates (released by NCHS on 7/26/2004); revised bridged-race 2000-2009 intercensal population estimates (released by NCHS on 10/26/2012); and bridged-race Vintage 2017 (2010-2017) postcensal population estimates (released by NCHS on 6/27/2018). Available on	2016	NA	NA

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
		CDC WONDER Online Database. Data accessed August 2018.			
All commonly prescribed opioid medication poisoning deaths (all intents), rate per 10,000 population	Number of commonly prescribed opioid medication poisoning deaths (all intents) per 10,000 population. Codes used: Any mention (cod1-cod21) of T40.2 (Other Opioids), and/or T40.3 (Methadone). Counts by any mention of drug type are not mutually exclusive; if a death involved multiple drugs it could be listed in additional tables. Previous versions of this table used the definition for "prescription opioid" which included any mention of T40.2 (Other Opioids), T40.3 (Methadone), and/or T40.4 (Other synthetic opioid). Due to the increase in illicitly manufactured fentanyl and its analogues, which are coded as other synthetic opioids, T40.4 is not included in the revised definition for "commonly prescribed opioid medications" displayed in this table. The "prescription opioid" table is archived on this site for reference.	NC Department of Public Health, Chronic Disease and Injury Section, Injury and Violence Prevention Branch, Poisoning Data. United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Bridged-Race Population Estimates, United States July 1st resident population by state, county, age, sex, bridged-race, and Hispanic origin. Compiled from 1990-1999 bridged-race intercensal population estimates (released by NCHS on 7/26/2004); revised bridged-race 2000-2009 intercensal population estimates (released by NCHS on 10/26/2012); and bridged-race Vintage 2017 (2010-2017) postcensal	2016	NA	NA

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
		population estimates (released by NCHS on 6/27/2018). Available on CDC WONDER Online Database. Data accessed August 2018.			
All commonly prescribed opioid medication poisoning ED Visits (all intents), rate per 10,000 population	Number of commonly prescribed opioid medication poisoning ED visits (all intents) per 10,000 population. ICD-10-CM codes (2016): Dx T40.2-T40.3; a 5th/6th character of 1-accidental, 2-intentional self-harm, 3-assault, or 4-undetermined intent; a 7th character of A-initial encounter, D-subsequent encounter, or missing. In October 2015, there was a change in the coding system used in administrative data sets that impacted the definition used to identify poisoning-related injury cases. Because of this change, data are unavailable for 2015, and data pre-2015 are not comparable to data collected after this change occurred. Case definitions in the new coding system are still under review and are therefore subject to change. Counties with >0 and <10 cases suppressed	NC Department of Public Health, Chronic Disease and Injury Section, Injury and Violence Prevention Branch, Poisoning Data. United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Bridged-Race Population Estimates, United States July 1st resident population by state, county, age, sex, bridged-race, and Hispanic origin. Compiled from 1990-1999 bridged-race intercensal population estimates (released by NCHS on 7/26/2004); revised bridged-race 2000-2009 intercensal population estimates (released by	2016	NA	NA

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
		NCHS on 10/26/2012); and bridged-race Vintage 2017 (2010-2017) postcensal population estimates (released by NCHS on 6/27/2018). Available on CDC WONDER Online Database. Data accessed August 2018.			
All commonly prescribed opioid medication poisoning hospitalizations (all intents), rate per 10,000 population	Number of commonly prescribed opioid medication poisoning hospitalizations (all intents) per 10,000 population. ICD-10-CM codes (2016): Dx T40.2-T40.3; a 5th/6th character of 1-accidental, 2-intentional self-harm, 3-assault, or 4-undetermined intent; a 7th character of A-initial encounter, D-subsequent encounter, or missing. In October 2015, there was a change in the coding system used in administrative data sets that impacted the definition used to identify poisoning-related injury cases. Because of this change, data are unavailable for 2015, and data pre-2015 are not comparable to data collected after this change occurred. Case definitions in the new coding system are still under review and are therefore subject to change. Counties with >0 and <10 cases suppressed	NC Department of Public Health, Chronic Disease and Injury Section, Injury and Violence Prevention Branch, Poisoning Data. United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Bridged-Race Population Estimates, United States July 1st resident population by state, county, age, sex, bridged-race, and Hispanic origin. Compiled from 1990-1999 bridged-race intercensal population estimates (released by NCHS on 7/26/2004);	2016	NA	NA

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
		revised bridged-race 2000-2009 intercensal population estimates (released by NCHS on 10/26/2012); and bridged-race Vintage 2017 (2010-2017) postcensal population estimates (released by NCHS on 6/27/2018). Available on CDC WONDER Online Database. Data accessed August 2018.			
All heroin poisoning deaths (all intents), rate per 10,000 population	Number of heroin poisoning deaths (all intents) per 10,000 population. Codes used: Any mention (cod1-cod21) of T40.1 (Heroin). Counts by any mention of drug type are not mutually exclusive; if a death involved multiple drugs it could be listed in additional tables.	NC Department of Public Health, Chronic Disease and Injury Section, Injury and Violence Prevention Branch, Poisoning Data. United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Bridged-Race Population Estimates, United States July 1st resident population by state, county, age, sex, bridged-race, and Hispanic origin. Compiled from 1990-1999 bridged-race	2016	NA	NA

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
		intercensal population estimates (released by NCHS on 7/26/2004); revised bridged-race 2000-2009 intercensal population estimates (released by NCHS on 10/26/2012); and bridged-race Vintage 2017 (2010-2017) postcensal population estimates (released by NCHS on 6/27/2018). Available on CDC WONDER Online Database. Data accessed August 2018.			
All heroin poisoning ED visits (all intents), rate per 10,000 population	Number of heroin poisoning ED visits (all intents) per 10,000 population. ICD-10-CM codes (2016): Dx T40.1; a 5th/6th character of 1-accidental, 2-intentional self-harm, 3-assault, or 4-undetermined intent; a 7th character of A-initial encounter, D-subsequent encounter, or missing. In October 2015, there was a change in the coding system used in administrative data sets that impacted the definition used to identify poisoning-related injury cases. Because of this change, data are unavailable for 2015, and data pre-2015 are not comparable to data collected after this change occurred. Case definitions in the new coding system are still under review and are therefore subject to change. Counties with >0 and <10 cases suppressed	NC Department of Public Health, Chronic Disease and Injury Section, Injury and Violence Prevention Branch, Poisoning Data. United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Bridged-Race Population Estimates, United States July 1st resident population by state, county, age, sex,	2016	NA	NA

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
		bridged-race, and Hispanic origin. Compiled from 1990-1999 bridged-race intercensal population estimates (released by NCHS on 7/26/2004); revised bridged-race 2000-2009 intercensal population estimates (released by NCHS on 10/26/2012); and bridged-race Vintage 2017 (2010-2017) postcensal population estimates (released by NCHS on 6/27/2018). Available on CDC WONDER Online Database. Data accessed August 2018.			
All heroin poisoning hospitalizations (all intents), rate per 10,000 population	Number of heroin poisoning hospitalizations (all intents) per 10,000 population. ICD-10-CM codes (2016): Dx T40.1; a 5th/6th character of 1-accidental, 2-intentional self-harm, 3-assault, or 4-undetermined intent; a 7th character of A-initial encounter, D-subsequent encounter, or missing. In October 2015, there was a change in the coding system used in administrative data sets that impacted the definition used to identify poisoning-related injury cases. Because of this change, data are unavailable for 2015, and data pre-2015 are not comparable to data collected after this change occurred. Case definitions in the new coding system are still under review and are therefore subject to change. Counties with >0 and <10 cases suppressed	NC Department of Public Health, Chronic Disease and Injury Section, Injury and Violence Prevention Branch, Poisoning Data. United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Bridged-Race Population Estimates,	2016	NA	NA

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
		United States July 1st resident population by state, county, age, sex, bridged-race, and Hispanic origin. Compiled from 1990-1999 bridged-race intercensal population estimates (released by NCHS on 7/26/2004); revised bridged-race 2000-2009 intercensal population estimates (released by NCHS on 10/26/2012); and bridged-race Vintage 2017 (2010-2017) postcensal population estimates (released by NCHS on 6/27/2018). Available on CDC WONDER Online Database. Data accessed August 2018.			
All medication and drug poisoning deaths (all intents), rate per 10,000 population	Number of all medication and drug poisoning deaths (all intents) per 10,000 population. Codes used: First listed cause of death (cod1) X40-X44, Y10-Y14, X85, X60-X64.	NC Department of Public Health, Chronic Disease and Injury Section, Injury and Violence Prevention Branch, Poisoning Data. United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National	2016	NA	NA

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
		Center for Health Statistics (NCHS), Bridged-Race Population Estimates, United States July 1st resident population by state, county, age, sex, bridged-race, and Hispanic origin. Compiled from 1990-1999 bridged-race intercensal population estimates (released by NCHS on 7/26/2004); revised bridged-race 2000-2009 intercensal population estimates (released by NCHS on 10/26/2012); and bridged-race Vintage 2017 (2010-2017) postcensal population estimates (released by NCHS on 6/27/2018). Available on CDC WONDER Online Database. Data accessed August 2018.			
All medication and drug poisoning ED Visits (all intents), rate per 10,000 population	Number of all medication and drug poisoning ED visits (all intents) per 10,000 population. ICD-10-CM codes (2016): Dx T36-T50; a 5th/6th character of 1-accidental, 2-intentional self-harm, 3-assault, or 4-undetermined intent; a 7th character of A-initial encounter, D-subsequent encounter, or missing. In October 2015, there was a change in the coding system used in administrative data sets that impacted the	NC Department of Public Health, Chronic Disease and Injury Section, Injury and Violence Prevention Branch, Poisoning Data. United States Department of Health and Human	2016	NA	NA

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
	definition used to identify poisoning-related injury cases. Because of this change, data are unavailable for 2015, and data pre-2015 are not comparable to data collected after this change occurred. Case definitions in the new coding system are still under review and are therefore subject to change. Counties with >0 and <10 cases suppressed	Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Bridged-Race Population Estimates, United States July 1st resident population by state, county, age, sex, bridged-race, and Hispanic origin. Compiled from 1990-1999 bridged-race intercensal population estimates (released by NCHS on 7/26/2004); revised bridged-race 2000-2009 intercensal population estimates (released by NCHS on 10/26/2012); and bridged-race Vintage 2017 (2010-2017) postcensal population estimates (released by NCHS on 6/27/2018). Available on CDC WONDER Online Database. Data accessed August 2018.			
All medication and drug poisoning hospitalizations (all	Number of all medication and drug poisoning hospitalizations (all intents) per 10,000 population. ICD-10-CM codes (2016): Dx T36-T50; a 5th/6th character of 1-accidental, 2-intentional self-harm, 3-assault, or 4-undetermined intent; a 7th	NC Department of Public Health, Chronic Disease and Injury Section, Injury and Violence Prevention	2016	NA	NA

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
intents), rate per 10,000 population	character of A-initial encounter, D-subsequent encounter, or missing. In October 2015, there was a change in the coding system used in administrative data sets that impacted the definition used to identify poisoning-related injury cases. Because of this change, data are unavailable for 2015, and data pre-2015 are not comparable to data collected after this change occurred. Case definitions in the new coding system are still under review and are therefore subject to change. Counties with >0 and <10 cases suppressed	Branch, Poisoning Data. United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Bridged-Race Population Estimates, United States July 1st resident population by state, county, age, sex, bridged-race, and Hispanic origin. Compiled from 1990-1999 bridged-race intercensal population estimates (released by NCHS on 7/26/2004); revised bridged-race 2000-2009 intercensal population estimates (released by NCHS on 10/26/2012); and bridged-race Vintage 2017 (2010-2017) postcensal population estimates (released by NCHS on 6/27/2018). Available on CDC WONDER Online Database. Data accessed August 2018.			

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
All methadone poisoning deaths (all intents), rate per 10,000 population	Number of methadone poisoning deaths (all intents) per 10,000 population. Codes used: Any mention (cod1-cod21). Note: Counts by any mention of drug type are not mutually exclusive; if a death involved multiple drugs it could be listed in additional tables.	NC Department of Public Health, Chronic Disease and Injury Section, Injury and Violence Prevention Branch, Poisoning Data. United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Bridged-Race Population Estimates, United States July 1st resident population by state, county, age, sex, bridged-race, and Hispanic origin. Compiled from 1990-1999 bridged-race intercensal population estimates (released by NCHS on 7/26/2004); revised bridged-race 2000-2009 intercensal population estimates (released by NCHS on 10/26/2012); and bridged-race Vintage 2017 (2010-2017) postcensal population estimates (released by NCHS on 6/27/2018). Available on	2016	NA	NA

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
		CDC WONDER Online Database. Data accessed August 2018.			
All opiate poisoning deaths (all intents), rate per 10,000 population	Number of opiate poisoning deaths (all intents) per 10,000 population. Codes used: Any mention (cod1-cod21) of T40.0 (Opium), T40.1 (Heroin), T40.2 (Other Opioids), T40.3 (Methadone) and/or T40.4 (Other synthetic opioid). Note: Counts by any mention of drug type are not mutually exclusive; if a death involved multiple drugs it could be listed in additional tables.	NC Department of Public Health, Chronic Disease and Injury Section, Injury and Violence Prevention Branch, Poisoning Data. United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Bridged-Race Population Estimates, United States July 1st resident population by state, county, age, sex, bridged-race, and Hispanic origin. Compiled from 1990-1999 bridged-race intercensal population estimates (released by NCHS on 7/26/2004); revised bridged-race 2000-2009 intercensal population estimates (released by NCHS on 10/26/2012); and bridged-race Vintage 2017 (2010-2017) postcensal	2016	NA	NA

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
		population estimates (released by NCHS on 6/27/2018). Available on CDC WONDER Online Database. Data accessed August 2018.			
All opiate poisoning ED Visits (all intents), rate per 10,000 population	Number of opiate poisoning ED Visits (all intents) per 10,000 population. ICD-10-CM codes (2016): Dx T40.0-T40.4; a 5th/6th character of 1-accidental, 2-intentional self-harm, 3-assault, or 4-undetermined intent; a 7th character of A-initial encounter, D-subsequent encounter, or missing. In October 2015, there was a change in the coding system used in administrative data sets that impacted the definition used to identify poisoning-related injury cases. Because of this change, data are unavailable for 2015, and data pre-2015 are not comparable to data collected after this change occurred. Case definitions in the new coding system are still under review and are therefore subject to change. Counties with >0 and <10 cases suppressed	NC Department of Public Health, Chronic Disease and Injury Section, Injury and Violence Prevention Branch, Poisoning Data. United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Bridged-Race Population Estimates, United States July 1st resident population by state, county, age, sex, bridged-race, and Hispanic origin. Compiled from 1990-1999 bridged-race intercensal population estimates (released by NCHS on 7/26/2004); revised bridged-race 2000-2009 intercensal population estimates (released by	2016	NA	NA

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
		NCHS on 10/26/2012); and bridged-race Vintage 2017 (2010-2017) postcensal population estimates (released by NCHS on 6/27/2018). Available on CDC WONDER Online Database. Data accessed August 2018.			
All opiate poisoning hospitalizations (all intents), rate per 10,000 population	Number of opiate poisoning hospitalizations (all intents) per 10,000 population. ICD-10-CM codes (2016): Dx T40.0-T40.4; a 5th/6th character of 1-accidental, 2-intentional self-harm, 3-assault, or 4-undetermined intent; a 7th character of A-initial encounter, D-subsequent encounter, or missing. In October 2015, there was a change in the coding system used in administrative data sets that impacted the definition used to identify poisoning-related injury cases. Because of this change, data are unavailable for 2015, and data pre-2015 are not comparable to data collected after this change occurred. Case definitions in the new coding system are still under review and are therefore subject to change. Counties with >0 and <10 cases suppressed	NC Department of Public Health, Chronic Disease and Injury Section, Injury and Violence Prevention Branch, Poisoning Data. United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Bridged-Race Population Estimates, United States July 1st resident population by state, county, age, sex, bridged-race, and Hispanic origin. Compiled from 1990-1999 bridged-race intercensal population estimates (released by NCHS on 7/26/2004);	2016	NA	NA

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
		revised bridged-race 2000-2009 intercensal population estimates (released by NCHS on 10/26/2012); and bridged-race Vintage 2017 (2010-2017) postcensal population estimates (released by NCHS on 6/27/2018). Available on CDC WONDER Online Database. Data accessed August 2018.			
All other synthetic opioid poisoning deaths (all intents), rate per 10,000 population	Number of all other synthetic opioid poisoning deaths (all intents) per 10,000 population. Codes used: Any mention (cod1-cod21) of T40.4 (Other Synthetic Opioids). Note: Counts by any mention of drug type are not mutually exclusive; if a death involved multiple drugs it could be listed in additional tables.	NC Department of Public Health, Chronic Disease and Injury Section, Injury and Violence Prevention Branch, Poisoning Data. United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Bridged-Race Population Estimates, United States July 1st resident population by state, county, age, sex, bridged-race, and Hispanic origin. Compiled from 1990-1999 bridged-race	2016	NA	NA

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
		intercensal population estimates (released by NCHS on 7/26/2004); revised bridged-race 2000-2009 intercensal population estimates (released by NCHS on 10/26/2012); and bridged-race Vintage 2017 (2010-2017) postcensal population estimates (released by NCHS on 6/27/2018). Available on CDC WONDER Online Database. Data accessed August 2018.			
All Poisoning deaths (all intents), rate per 10,000 population	Number of all poisoning deaths (all intents) per 10,000 population. Codes used: First listed cause of death (cod1) X40-X49, Y10-Y19, X60-X69, X85-X90, U01.6, U01.7, Y35.2, Y35.5-Y35.7.	NC Department of Public Health, Chronic Disease and Injury Section, Injury and Violence Prevention Branch, Poisoning Data. United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Bridged-Race Population Estimates, United States July 1st resident population by state, county, age, sex,	2016	NA	NA

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
		bridged-race, and Hispanic origin. Compiled from 1990-1999 bridged-race intercensal population estimates (released by NCHS on 7/26/2004); revised bridged-race 2000-2009 intercensal population estimates (released by NCHS on 10/26/2012); and bridged-race Vintage 2017 (2010-2017) postcensal population estimates (released by NCHS on 6/27/2018). Available on CDC WONDER Online Database. Data accessed August 2018.			
All Poisoning ED visits (all intents), rate per 10,000 population	Number of all poisoning ED visits (all intents) per 10,000 population. ICD-10-CM codes (2016): Dx T36-T65.94XS; a 5th/6th character of 1-accidental, 2-intentional self-harm, 3-assault, or 4-undetermined intent; a 7th character of A-initial encounter, D-subsequent encounter, or missing. In October 2015, there was a change in the coding system used in administrative data sets that impacted the definition used to identify poisoning-related injury cases. Because of this change, data are unavailable for 2015, and data pre-2015 are not comparable to data collected after this change occurred. Case definitions in the new coding system are still under review and are therefore subject to change. Counties with >0 and <10 cases suppressed	NC Department of Public Health, Chronic Disease and Injury Section, Injury and Violence Prevention Branch, Poisoning Data. United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Bridged-Race Population Estimates,	2016	NA	NA

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
		United States July 1st resident population by state, county, age, sex, bridged-race, and Hispanic origin. Compiled from 1990-1999 bridged-race intercensal population estimates (released by NCHS on 7/26/2004); revised bridged-race 2000-2009 intercensal population estimates (released by NCHS on 10/26/2012); and bridged-race Vintage 2017 (2010-2017) postcensal population estimates (released by NCHS on 6/27/2018). Available on CDC WONDER Online Database. Data accessed August 2018.			
All Poisoning hospitalizations (all intents), rate per 10,000 population	Number of all poisoning hospitalizations (all intents) per 10,000 population. ICD-10-CM codes (2016): Dx T36-T65.94XS; a 5th/6th character of 1-accidental, 2-intentional self-harm, 3-assault, or 4-undetermined intent; a 7th character of A-initial encounter, D-subsequent encounter, or missing. In October 2015, there was a change in the coding system used in administrative data sets that impacted the definition used to identify poisoning-related injury cases. Because of this change, data are unavailable for 2015, and data pre-2015 are not comparable to data collected after this	NC Department of Public Health, Chronic Disease and Injury Section, Injury and Violence Prevention Branch, Poisoning Data. United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National	2016	NA	NA

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
	change occurred. Case definitions in the new coding system are still under review and are therefore subject to change. Counties with >0 and <10 cases suppressed	Center for Health Statistics (NCHS), Bridged-Race Population Estimates, United States July 1st resident population by state, county, age, sex, bridged-race, and Hispanic origin. Compiled from 1990-1999 bridged-race intercensal population estimates (released by NCHS on 7/26/2004); revised bridged-race 2000-2009 intercensal population estimates (released by NCHS on 10/26/2012); and bridged-race Vintage 2017 (2010-2017) postcensal population estimates (released by NCHS on 6/27/2018). Available on CDC WONDER Online Database. Data accessed August 2018.			
Opioid Pills Dispensed, rate per 10,000 population	Number of opioid pills dispensed per 10,000 population.	NC Department of Public Health, Chronic Disease and Injury Section, Injury and Violence Prevention Branch, Poisoning Data. United States Department of Health and Human	2016	NA	NA

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
		Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Bridged-Race Population Estimates, United States July 1st resident population by state, county, age, sex, bridged-race, and Hispanic origin. Compiled from 1990-1999 bridged-race intercensal population estimates (released by NCHS on 7/26/2004); revised bridged-race 2000-2009 intercensal population estimates (released by NCHS on 10/26/2012); and bridged-race Vintage 2017 (2010-2017) postcensal population estimates (released by NCHS on 6/27/2018). Available on CDC WONDER Online Database. Data accessed August 2018.			
Alcohol-impaired driving deaths	Percentage of motor vehicle crash deaths which had alcohol involvement. The National Highway Traffic Safety Administration defines a fatal crash as alcohol-related or alcohol-involved if either a driver or a nonmotorist (usually a	University of Wisconsin Population Health Institute, County Health Rankings. Data accessed June 2018.	2012-2016	NA	NA

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
	pedestrian or bicyclist) had a measurable or estimated blood alcohol concentration of 0.01 grams per deciliter or above. Alcohol-Impaired Driving Deaths are measured in the county of occurrence.				
Drug overdose deaths	Number of deaths due to drug poisoning per 100,000 population. ICD-10 codes used include X40-X44, X60-X64, X85, and Y10-Y14. These codes cover accidental, intentional, and undetermined poisoning by and exposure to: 1) nonopioid analgesics, antipyretics and antirheumatics, 2) antiepileptic, sedative-hypnotic, antiparkinsonism and psychotropic drugs, not elsewhere classified, 3) narcotics and psychodysleptics [hallucinogens], not elsewhere classified, 4) other drugs acting on the autonomic nervous system, and 5) other and unspecified drugs, medicaments and biological substances.	University of Wisconsin Population Health Institute, County Health Rankings. Data accessed June 2018.	2014-2016	NA	NA
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. Please note that the methods for calculating this measure changed in the 2011 Rankings and again in the 2016 Rankings. Excessive Drinking estimates are created using statistical modeling.	University of Wisconsin Population Health Institute, County Health Rankings. Data accessed June 2018.	2016	NA	NA

Tobacco Use

Tobacco Use

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
Percent of births to mothers who smoked prenatally	Percentage of live births to mothers who used tobacco during pregnancy	NC State Center for Health Statistics, Vital Statistics, Volume 1. Data accessed July 2018.	2016	NA	NA
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. Please note that the methods for calculating this measure changed in the 2016 Rankings. Adult Smoking estimates are created using statistical modeling.	University of Wisconsin Population Health Institute, County Health Rankings. Data accessed June 2018.	2016	NA	NA

Built Environment

Built Environment

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
Percent Of Population Living Within A Half Mile Of A Park	Number of people within a buffer of ½ mile radius of a park was determined at the census tract level. These estimates are aggregated to county, state, and national levels. Percentages of people living within ½ mile of the park boundary are calculated for the census tract, county, state, and national levels. The percentage uses the estimated numbers of people as determined via the buffer analysis and then divides this numerator by the total number of people in each geographic unit. The estimates for the population residing within the half-mile of a park are derived estimates. 2010 and 2015 park	Centers for Disease Control and Prevention, National Environmental Public Health Tracking Network. Data accessed July 2018.	2015	NA	NA

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
	data are from different sources; data for these measures are, therefore, not comparable across years.				
Children with Low Access to a Grocery Store	Percentage of children (age < 18) in a county living more than 1 mile from a supermarket or large grocery store if in an urban area, or more than 10 miles from a supermarket or large grocery store if in a rural area. Stores met the definition of a supermarket or large grocery store if they reported at least $2 million in annual sales and contained all the major food departments found in a traditional supermarket, including fresh meat and poultry, dairy, dry and packaged foods, and frozen foods.	U.S. Department of Agriculture, Food Environment Atlas. Data accessed July 2018.	2015	NA	NA
Fast Food Restaurants (Rate per 1,000)	The number of limited-service restaurants in the county per 1,000 county residents. Restaurant data are from the U.S. Census Bureau, County Business Patterns. Population data are from the U.S. Census Bureau, Population Estimates. Limited-service restaurants (defined by North American Industry Classification System (NAICS) code 722211) 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.	U.S. Department of Agriculture, Food Environment Atlas. Data accessed July 2018.	2014	NA	NA
Households with No Car and Low Access to a Grocery Store	Percentage of housing units in a county without a car and more than 1 mile from a supermarket or large grocery store. Stores met the definition of a supermarket or large grocery store if they reported at least $2 million in annual sales and contained all the major food departments found in a traditional supermarket, including fresh meat and poultry, dairy, dry and packaged foods, and frozen foods.	U.S. Department of Agriculture, Food Environment Atlas. Data accessed July 2018.	2015	NA	NA

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
Low-Income and Low Access to a Grocery Store	Percentage of people in a county with low income and living more than 1 mile from a supermarket or large grocery store if in an urban area, or more than 10 miles from a supermarket or large grocery store if in a rural area. Stores met the definition of a supermarket or large grocery store if they reported at least $2 million in annual sales and contained all the major food departments found in a traditional supermarket, including fresh meat and poultry, dairy, dry and packaged foods, and frozen foods.	U.S. Department of Agriculture, Food Environment Atlas. Data accessed July 2018.	2015	NA	NA
People 65+ with Low Access to a Grocery Store	Percentage of seniors (age > 64) in a county living more than 1 mile from a supermarket or large grocery store if in an urban area, or more than 10 miles from a supermarket or large grocery store if in a rural area. Stores met the definition of a supermarket or large grocery store if they reported at least $2 million in annual sales and contained all the major food departments found in a traditional supermarket, including fresh meat and poultry, dairy, dry and packaged foods, and frozen foods.	U.S. Department of Agriculture, Food Environment Atlas. Data accessed July 2018.	2015	NA	NA
People with Low Access to a Grocery Store	Percentage of people in a county living more than 1 mile from a supermarket or large grocery store if in an urban area, or more than 10 miles from a supermarket or large grocery store if in a rural area. Stores met the definition of a supermarket or large grocery store if they reported at least $2 million in annual sales and contained all the major food departments found in a traditional supermarket, including fresh meat and poultry, dairy, dry and packaged foods, and frozen foods.	U.S. Department of Agriculture, Food Environment Atlas. Data accessed July 2018.	2015	NA	NA
Supermarkets and Grocery Stores (Rate per 1,000)	The number of supermarkets and grocery stores in the county per 1,000 county residents. Store data are from the U.S. Census Bureau, County Business Patterns. Population data are from the U.S. Census Bureau, Population Estimates.	U.S. Department of Agriculture, Food Environment Atlas. Data accessed July 2018.	2014	NA	NA

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
	Grocery stores (defined by North American Industry Classification System (NAICS) code 445110) 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.				
WIC-authorized Food Stores	The number of stores in a county that are authorized to accept WIC Program (Special Supplemental Nutrition Program for Women, Infants, and Children) benefits per 1,000 population.	U.S. Department of Agriculture, Food Environment Atlas. Data accessed July 2018.	2012	NA	NA
SNAP-authorized Food Stores	The average monthly number of stores in the county authorized to accept SNAP (Supplemental Nutrition Assistance Program, previously called Food Stamp Program) per 1,000 county residents. Store data are from USDA's Food and Nutrition Service, SNAP Benefits Redemption Division. Population data are from the U.S. Census Bureau, Population Estimates. Stores authorized for SNAP include supermarkets; large, medium and small grocery stores and convenience stores; superstores and supercenters; warehouse club stores; and specialized food stores (retail bakeries, meat and seafood markets, and produce markets).	U.S. Department of Agriculture, Food Environment Atlas. Data accessed July 2018.	2016	NA	NA
Access to exercise opportunities (percent of the population with	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. Individuals are considered to have access to exercise	University of Wisconsin Population Health Institute, County Health Rankings. Data accessed June 2018.	2010 & 2016	NA	NA

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
adequate access to locations for physical activity)	opportunities if they: reside in a census block that is within a half mile of a park or reside in an urban census block that is within one mile of a recreational facility or reside in a rural census block that is within three miles of a recreational facility. The numerator is the number of individuals who live in census blocks meeting at least one of the above criteria. The denominator is the total county population. Locations for physical activity are defined as parks or recreational facilities. Parks include local, state, and national parks. Recreational facilities include YMCAs as well as businesses identified by the following Standard Industry Classification (SIC) codes and include a wide variety of facilities including gyms, community centers, dance studios and pools: 799101, 799102, 799103, 799106, 799107, 799108, 799109, 799110, 799111, 799112, 799201, 799701, 799702, 799703, 799704, 799707, 799711, 799717, 799723, 799901, 799908, 799958, 799969, 799971, 799984, or 799998. The way this measure is calculated has changed over time. In 2018, County Health Rankings switched from using North American Information Classification System (NAICS) codes to using Standard Industry Classification (SIC)codes due to lack of availability of a nationally reliable and updated data source.				
Food environment index (index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best))	The Food Environment Index measures the quality of the food environment in a county on a scale from 0 to 10. The Food Environment Index is comprised of two variables: Limited access to healthy foods from the USDA's Food Environment Atlas 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 nonrural areas: in rural areas, it means living less than 10 miles from a grocery store whereas in	University of Wisconsin Population Health Institute, County Health Rankings. Data accessed June 2018.	2015	NA	NA

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
	nonrural 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. Food insecurity from Feeding America estimates the percentage of the population who did not have access to a reliable source of food during the past year. The two variables are scaled from 0 to 10 (zero being the worst value in the nation, and 10 being the best) and averaged to produce the Food Environment Index. In 2016, the average value for counties was 7.0 and most counties fell between about 5.4 and 8.3.				

Environmental Quality

Environmental Quality

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
Animal Rabies Cases per 10,000 population	Number of animal rabies cases per 10,000 population	NC Division of Public Health, Epidemiology. Rabies. Facts and Figures. Rabies by County, Tables by Year. Data accessed July 2018. United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health	2016	NA	NA

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
		Statistics (NCHS), Bridged-Race Population Estimates, United States July 1st resident population by state, county, age, sex, bridged-race, and Hispanic origin. Compiled from 1990-1999 bridged-race intercensal population estimates (released by NCHS on 7/26/2004); revised bridged-race 2000-2009 intercensal population estimates (released by NCHS on 10/26/2012); and bridged-race Vintage 2017 (2010-2017) postcensal population estimates (released by NCHS on 6/27/2018). Available on CDC WONDER Online Database. Data accessed August 2018.			
Air Quality Index (Days Good)	Number of days the air quality was deemed good	U.S. Environmental Protection Agency. Air Quality Index Reports. Data accessed July 2018.	2017	NA	NA
Air Quality Index (Days Moderate)	Number of days the air quality was deemed moderate	U.S. Environmental Protection Agency. Air Quality Index Reports. Data accessed July 2018.	2017	NA	NA

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
Air Quality Index (Days Unhealthy for sensitive groups, unhealthy, very unhealthy)	Number of days the air quality was deemed unhealthy for sensitive groups, unhealthy, or very unhealthy	U.S. Environmental Protection Agency. Air Quality Index Reports. Data accessed July 2018.	2017	NA	NA
Air pollution (avg daily measure of fine particulate matter in micrograms per cubic meter)	Average daily density of fine particulate matter in micrograms per cubic meter. Fine particulate matter is defined as particles of air pollutants with an aerodynamic diameter less than 2.5 micrometers (PM2.5). Air Pollution is modeled. For 2017, County Health Rankings is using data provided by the EPHT Network. From 2013-2016 the County Health Rankings used data provided by the NASA Applied Sciences Program, which used a similar methodology but also incorporates satellite data. For 2012 and prior years of the County Health Rankings, data were obtained from the EPHT Network, but the measures of air quality differed from the current measure: County Health Rankings reported the average number of days annually that both PM2.5 and ozone pollution were reported to be over the accepted limit.	University of Wisconsin Population Health Institute, County Health Rankings. Data accessed June 2018.	2012	NA	NA
Vector-borne Diseases per 10,000 population	Number of confirmed, suspect, and probable vaccine preventable diseases cases per 100,000 population. Cases include the following diseases: Lyme Disease (51), Malaria (21).	Wake County Human Services, Communicable Diseases Data Request, NC EDSS, Event Line List. Data received August 2018. United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Bridged-Race	2017	Wake County Human Services, Communicable Diseases Data Request, NC EDSS, Event Line List.	2017

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
		Population Estimates, United States July 1st resident population by state, county, age, sex, bridged-race, and Hispanic origin. Compiled from 1990-1999 bridged-race intercensal population estimates (released by NCHS on 7/26/2004); revised bridged-race 2000-2009 intercensal population estimates (released by NCHS on 10/26/2012); and bridged-race Vintage 2017 (2010-2017) postcensal population estimates (released by NCHS on 6/27/2018). Available on CDC WONDER Online Database. Data accessed August 2018.		Data received August 2018. Esri/NCHS Bridged-Race Population with Ascendient estimates.	

Housing and Homelessness

Housing and Homelessness

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
Homeless persons by subpopulation: % of Homeless Adults Seriously Mentally Ill	Number of adults (persons age 18 and over) who are homeless (including emergency & seasonal, transitional housing, and unsheltered homeless) who are seriously mentally ill as a percentage of total homeless adults.	North Carolina Coalition to End Homelessness, North Carolina Point-in-Time Count Data. Data accessed July 2018.	2016	NA	NA
Homeless persons by subpopulation: % of Homeless Adults Substance Abuse Disorder	Number of adults (persons age 18 and over) who are homeless (including emergency & seasonal, transitional housing, and unsheltered homeless) who have a substance abuse disorder as a percentage of total homeless adults.	North Carolina Coalition to End Homelessness, North Carolina Point-in-Time Count Data. Data accessed July 2018.	2016	NA	NA
Homeless persons by subpopulation: % of Homeless Adults Victims of Domestic Violence	Number of adults (persons age 18 and over) who are homeless (including emergency & seasonal, transitional housing, and unsheltered homeless) who are victims of domestic violence as a percentage of total homeless adults. This measure is listed as optional so may not be comprehensive or consistent from year-to-year.	North Carolina Coalition to End Homelessness, North Carolina Point-in-Time Count Data. Data accessed July 2018.	2016	NA	NA
Homeless persons by subpopulation: % of Homeless Adults with HIV/AIDS	Number of adults (persons age 18 and over) who are homeless (including emergency & seasonal, transitional housing, and unsheltered homeless) who have HIV/AIDS as a percentage of total homeless adults.	North Carolina Coalition to End Homelessness, North Carolina Point-in-Time Count Data. Data accessed July 2018.	2016	NA	NA
Rate of homelessness per 10,000 population	Number of persons who are homeless (including emergency & seasonal, transitional housing, and unsheltered homeless) as a rate per 10,000 population.	North Carolina Coalition to End Homelessness, North Carolina Point-in-Time Count Data. Data accessed July 2018. United States Department of Health and Human Services (US DHHS),	2016	NA	NA

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
		Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Bridged-Race Population Estimates, United States July 1st resident population by state, county, age, sex, bridged-race, and Hispanic origin. Compiled from 1990-1999 bridged-race intercensal population estimates (released by NCHS on 7/26/2004); revised bridged-race 2000-2009 intercensal population estimates (released by NCHS on 10/26/2012); and bridged-race Vintage 2017 (2010-2017) postcensal population estimates (released by NCHS on 6/27/2018). Available on CDC WONDER Online Database. Data accessed August 2018.			
Severe housing problems (percentage of households with at least 1 of 4 housing	Percentage of households with one or more of the following housing problems: Housing unit lacks complete kitchen facilities; Housing unit lacks complete plumbing facilities; Household is severely overcrowded; or Household is severely cost burdened.	University of Wisconsin Population Health Institute, County Health Rankings. Data accessed June 2018.	2010-2014	NA	NA

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities)	Incomplete kitchen facilities is defined as a unit which lacks a sink with running water, a range or a refrigerator. Incomplete plumbing facilities is defined as lacking hot and cold piped water, a flush toilet, or a bathtub/shower. Severe overcrowding is defined as more than 1.5 persons per room. Severe cost burden is defined as monthly housing costs (including utilities) that exceed 50% of monthly income. The numerator is the number of households in a county with at least one of the above housing problems and the denominator is the number of total households in a county.				
Median monthly rent	Median monthly gross rent (dollars) of Renter-occupied housing units paying cash rent	US Census Bureau, American Fact Finder, American Community Survey, American Community Survey (ACS) 5-Year Estimates, Table B25064. Data accessed July 2018.	2012-2016	NA	NA
Percentage of people spending more than 30% of their income on rental housing	Number of renter-occupied housing units spending 30 or more percent of household income on rent as a percentage of total renter-occupied housing units	US Census Bureau, American Fact Finder, American Community Survey, American Community Survey (ACS) 5-Year Estimates, Table B25070. Data accessed July 2018.	2012-2016	US Census Bureau, American Fact Finder, American Community Survey, American Community Survey (ACS) 5-	2012-2016

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
				Year Estimates, Table B25070. Data accessed July 2018.	
Median monthly housing costs, owner-occupied housing units with a mortgage	Median selected monthly owner costs (dollars) of owner-occupied housing units with a mortgage (dollars)	US Census Bureau, American Fact Finder, American Community Survey, American Community Survey (ACS) 5-Year Estimates, Table B25088. Data accessed July 2018.	2012-2016	NA	NA
Crowded households (more than 1 person per room)	Percent of occupied housing units with more than 1 occupant per room	US Census Bureau, American Fact Finder, American Community Survey, American Community Survey (ACS) 5-Year Estimates, Table DP04. Data accessed July 2018.	2012-2016	US Census Bureau, American Fact Finder, American Community Survey, American Community Survey (ACS) 5-Year Estimates	2012-2016

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
				, Table DP04. Data accessed July 2018.	
Houses Built Prior to 1950	Percent of total housing units built prior to 1950	US Census Bureau, American Fact Finder, American Community Survey, American Community Survey (ACS) 5-Year Estimates, Table DP04. Data accessed July 2018.	2012-2016	US Census Bureau, American Fact Finder, American Community Survey, American Community Survey (ACS) 5-Year Estimates, Table DP04. Data accessed July 2018.	2012-2016
Housing types (occupancy): Occupied Housing Units as % of Total	Number of occupied housing units as a percent of total housing units	US Census Bureau, American Fact Finder, American Community Survey, American	2012-2016	US Census Bureau, American	2012-2016

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
		Community Survey (ACS) 5-Year Estimates, Table DP04. Data accessed July 2018.		Fact Finder, American Community Survey, American Community Survey (ACS) 5-Year Estimates, Table DP04. Data accessed July 2018.	
Percent of all housing units (occupied and unoccupied) that are occupied by homeowners	Number of housing units occupied by homeowners as a percentage of total housing units	US Census Bureau, American Fact Finder, American Community Survey, American Community Survey (ACS) 5-Year Estimates, Table DP04. Data accessed July 2018.	2012-2016	US Census Bureau, American Fact Finder, American Community Survey, American Community Survey (ACS) 5-Year	2012-2016

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
				Estimates, Table DP04. Data accessed July 2018.	

Transportation Options and Transit

Transportation Options and Transit

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
Driving alone to work (percent of the workforce that drives alone to work)	Percentage of the workforce that usually drives alone to work. The numerator is the number of workers who commute alone to work via a car, truck, or van. The denominator is the total workforce.	University of Wisconsin Population Health Institute, County Health Rankings. Data accessed June 2018.	2012-2016	US Census Bureau, American Fact Finder, American Community Survey, American Community Survey (ACS) 5-Year Estimates	2012-2016

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
				, Table B08301. Data accessed July 2018.	
Long commute/driving alone (among workers who commute in their car alone, the percentage that commute more than 30 minutes)	Percentage of workers who drive alone (via car, truck, or van) with a commute longer than 30 minutes. The numerator is the number of workers who drive alone for more than 30 minutes during their commute. The denominator is the number of workers who drive alone during their commute.	University of Wisconsin Population Health Institute, County Health Rankings. Data accessed June 2018.	2012-2016	NA	NA
Workers Commuting by Public Transportation	Percentage of the workforce that usually takes public transportation (excluding taxicab) to work. The numerator is the number of workers who commute to work via bus or trolley bus, streetcar or trolley care, subway or elevated, railroad, or ferryboat. The denominator is the total workforce.	US Census Bureau, American Fact Finder, American Community Survey, American Community Survey (ACS) 5-Year Estimates, Table B08301. Data accessed July 2018.	2012-2016	US Census Bureau, American Fact Finder, American Community Survey, American Community Survey (ACS) 5-Year Estimates, Table	2012-2016

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
				B08301. Data accessed July 2018.	
Workers who Walk to Work	Percentage of the workforce that usually walks to work. The numerator is the number of workers who commute to work via walking. The denominator is the total workforce.	US Census Bureau, American Fact Finder, American Community Survey, American Community Survey (ACS) 5-Year Estimates, Table B08301. Data accessed July 2018.	2012-2016	US Census Bureau, American Fact Finder, American Community Survey, American Community Survey (ACS) 5-Year Estimates, Table B08301. Data accessed July 2018.	2012-2016
Workers who Worked from home	Percentage of the workforce that usually works from home. The numerator is the number of workers who work from home. The denominator is the total workforce.	US Census Bureau, American Fact Finder, American Community Survey, American Community Survey (ACS) 5-	2012-2016	US Census Bureau, American Fact	2012-2016

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
		Year Estimates, Table B08301. Data accessed July 2018.		Finder, American Community Survey, American Community Survey (ACS) 5-Year Estimates, Table B08301. Data accessed July 2018.	
Households without a Vehicle	Percent of occupied housing units with no available vehicles	US Census Bureau, American Fact Finder, American Community Survey, American Community Survey (ACS) 5-Year Estimates, Table DP04. Data accessed July 2018.	2012-2016	US Census Bureau, American Fact Finder, American Community Survey, American Community Survey (ACS) 5-Year Estimates	2012-2016

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
				, Table DP04. Data accessed July 2018.	
Mean Travel Time to Work	Average travel time to work (minutes)	US Census Bureau, American Fact Finder, American Community Survey, American Community Survey (ACS) 5-Year Estimates, Table S0802. Data accessed July 2018.	2012-2016	NA	NA

Education

Education

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
EOG Test Results - 3rd Grade - Math	Percentage of Students Grade Level Proficient - EOG 3rd Grade Math	NC Department of Public Instruction, Public Schools of North Carolina, NC School Report Cards. Data accessed July 2018.	2017	NA	NA
EOG Test Results - 3rd Grade - Reading	Percentage of Students Grade Level Proficient - EOG 3rd Grade Reading	NC Department of Public Instruction, Public Schools of North Carolina, NC	2017	NA	NA

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
		School Report Cards. Data accessed July 2018.			
EOG Test Results - 8th Grade - Math	Percentage of Students Grade Level Proficient - EOG 8th Grade Math	NC Department of Public Instruction, Public Schools of North Carolina, NC School Report Cards. Data accessed July 2018.	2017	NA	NA
EOG Test Results - 8th Grade - Reading	Percentage of Students Grade Level Proficient - EOG 8th Grade Reading	NC Department of Public Instruction, Public Schools of North Carolina, NC School Report Cards. Data accessed July 2018.	2017	NA	NA
EOG Test Results - 8th Grade - Science	Percentage of Students Grade Level Proficient - EOG 8th Grade Science	NC Department of Public Instruction, Public Schools of North Carolina, NC School Report Cards. Data accessed July 2018.	2017	NA	NA
Per pupil Funding by source: Federal	The financial support per pupil from federal sources. Per pupil expenditures and the source of funds are calculated annually by the NC Department of Public Instruction as a guide for local school administrators, legislators, and the general public. It includes all disbursements necessary for the daily operation of the public schools. Capital expenditures for new buildings and grounds, existing building renovations, and miscellaneous equipment purchases are excluded, as are community service programs, Head Start, adult education, and inter/intra fund transfers.	NC Department of Public Instruction, Public Schools of North Carolina, NC School Report Cards. Data accessed July 2018.	2017	NA	NA
Per pupil Funding by source: Local	The financial support per pupil from local sources. Per pupil expenditures and the source of funds are calculated annually by the NC Department of Public Instruction as a guide for local school administrators, legislators, and the general	NC Department of Public Instruction, Public Schools of North Carolina, NC	2017	NA	NA

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
	public. It includes all disbursements necessary for the daily operation of the public schools. Capital expenditures for new buildings and grounds, existing building renovations, and miscellaneous equipment purchases are excluded, as are community service programs, Head Start, adult education, and inter/intra fund transfers.	School Report Cards. Data accessed July 2018.			
Per pupil Funding by source: State	The financial support per pupil from state sources. Per pupil expenditures and the source of funds are calculated annually by the NC Department of Public Instruction as a guide for local school administrators, legislators, and the general public. It includes all disbursements necessary for the daily operation of the public schools. Capital expenditures for new buildings and grounds, existing building renovations, and miscellaneous equipment purchases are excluded, as are community service programs, Head Start, adult education, and inter/intra fund transfers.	NC Department of Public Instruction, Public Schools of North Carolina, NC School Report Cards. Data accessed July 2018.	2017	NA	NA
High School Dropout rates	All cases of reported dropouts (in grades 9-13) divided by the sum of the twentieth day membership for the reporting year and the number of reported dropouts. A dropout is an individual who was enrolled in school at some time during the reporting year; was not enrolled on day 20 of the current year; has not graduated from high school or completed a state or district approved educational program; and does not meet any of the following reporting exclusions: transferred to another public school district, private school, home school or state/district approved educational program, temporarily absent due to suspension or school approved illness, or death.	NC Dept of Public Instruction, Public Schools of North Carolina, Research and Evaluation, Dropout Data and Collection Process, Annual Dropout Reports. Data accessed July 2018.	2017	NA	NA
High school graduation (percent of ninth grade	Percentage of the ninth-grade cohort in public schools that graduates from high school in four years. Please note this measure was modified in the 2011, 2012, and 2014 Rankings.	University of Wisconsin Population Health Institute,	2014-2015	NA	NA

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
cohort that graduates in four years)		County Health Rankings. Data accessed June 2018.			
Some college (percent of adults aged 25-44 years with some post-secondary education)	Percentage of the population ages 25-44 with some post-secondary education, such as enrollment in vocational/technical schools, junior colleges, or four-year colleges. It includes individuals who pursued education following high school but did not receive a degree as well as those who attain degrees. The numerator is the number of adults ages 25-44 who have obtained some level of post-secondary education. The denominator is the population ages 25-44 in a county.	University of Wisconsin Population Health Institute, County Health Rankings. Data accessed June 2018.	2012-2016	US Census Bureau, American Fact Finder, American Community Survey, American Community Survey (ACS) 5-Year Estimates, Table B15001. Data accessed July 2018.	2012-2016
Percent of 3-4 year olds enrolled in school	Number of 3-4 year olds enrolled in school as percent of total 3-4 year olds	US Census Bureau, American Fact Finder, American Community Survey, American Community Survey (ACS) 5-Year Estimates, Table	2012-2016	US Census Bureau, American Fact Finder, American	2012-2016

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
		S1401. Data accessed July 2018.		Community Survey, American Community Survey (ACS) 5-Year Estimates, Table S1401. Data accessed July 2018.	

Employment

Employment

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
Unemployment rate (percent of population age 16+ unemployed)	Percentage of a county's workforce that is not employed. The numerator is the number of individuals over age 16 in a county who are seeking work but do not have a job. The denominator is the total labor force, which includes all individuals over age 16 who are actively searching for work and unemployed plus those who are employed. Unemployment estimates are modeled.	University of Wisconsin Population Health Institute, County Health Rankings. Data accessed June 2018.	2016	NA	NA

Family, Community, and Social Support

Family, Community, and Social Support

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
Median # of days spent in child welfare custody	Median number of days in custody/placement authority	Duncan, D.F., Kum, H.C., Flair, K.A., Stewart, C.J., Vaughn, J.S., Guest, S., Rose, R.A., Malley, K.M.D. and Gwaltney, A.Y.(2018). Management Assistance for Child Welfare, Work First, and Food & Nutrition Services in North Carolina (v3.2), from the University of North Carolina at Chapel Hill Jordan Institute for Families website. URL: http://ssw.unc.edu/ma/ Data accessed July 2018.	2017	NA	NA
Rate of Children entering child welfare custody per 1,000 children (under 18)	Number of children under 18 years of age entering child welfare custody based on initial cohort data per 1,000 children under 18	Duncan, D.F., Kum, H.C., Flair, K.A., Stewart, C.J., Vaughn, J.S., Guest, S., Rose, R.A., Malley, K.M.D. and Gwaltney, A.Y. (2018). Management Assistance for Child Welfare, Work First, and Food & Nutrition Services in North Carolina (v3.2), from the University of North Carolina at Chapel Hill Jordan Institute for Families website. URL:	2016	NA	NA

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
		http://ssw.unc.edu/ma/ Data accessed July 2018.			
Rate of Children in foster care under DSS custody per 1,000 children (under 18)	Number of children under 18 years of age entering DSS custody based on initial cohort data per 1,000 children under 18	Duncan, D.F., Kum, H.C., Flair, K.A., Stewart, C.J., Vaughn, J.S., Guest, S., Rose, R.A., Malley, K.M.D. and Gwaltney, A.Y. (2018). Management Assistance for Child Welfare, Work First, and Food & Nutrition Services in North Carolina (v3.2), from the University of North Carolina at Chapel Hill Jordan Institute for Families website. URL: http://ssw.unc.edu/ma/ Data accessed July 2018.	2016	NA	NA
Percent of Registered Voters Voting in General Election	Calculated using the number of votes for president (variable 1722) as the numerator and the number of registered voters (variable 125) as the denominator.	Log Into North Carolina (LINC) Database, Topic Group Government.	2016	NA	NA
Percent of voting age population registered to vote	An estimate calculated using the number of registered voters (variable number 125 from the State Board of Elections) as the numerator and the voting age population (variable 1714 from the State Demographer) as the denominator. In a few cases, the percentage is greater than 100.	Log Into North Carolina (LINC) Database, Topic Group Government.	2017	NA	NA
Disconnected youth	Percentage of teens and young adults ages 16-24 who are neither working nor in school	University of Wisconsin Population Health Institute, County Health Rankings. Data accessed June 2018.	2010-2014	NA	NA

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
Percent of children that live in single-parent household	Percentage of children (less than 18 years of age) in family households that live in a household headed by a single parent. The single parent could be a male or female and is without the presence of a spouse. Foster children and children living in non-family households or group quarters are not included in either the numerator or denominator.	University of Wisconsin Population Health Institute, County Health Rankings. Data accessed June 2018.	2012-2016	US Census Bureau, American Fact Finder, American Community Survey, American Community Survey (ACS) 5-Year Estimates, Table B09005. Data accessed July 2018.	2012-2016
Residential segregation - black/white	Degree to which two or more groups live separately from one another in a geographic area. The index of dissimilarity is a demographic measure of the evenness with which two groups (black and white residents, in this case) are distributed across the component geographic areas (census tracts, in this case) that make up a larger area (counties, in this case). The index score can be interpreted as the percentage of either black or white residents that would have to move to different geographic areas in order to produce a distribution that matches that of the larger area.	University of Wisconsin Population Health Institute, County Health Rankings. Data accessed June 2018.	2012-2016	NA	NA

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
Residential segregation - non-white/white	Degree to which two or more groups live separately from one another in a geographic area. The index of dissimilarity is a demographic measure of the evenness with which two groups (non-white and white residents) are distributed across the component geographic areas (census tracts, in this case) that make up a larger area (counties, in this case). The index score can be interpreted as the percentage of white or non-white that would have to move to different geographic areas in order to produce a distribution that matches that of the larger area.	University of Wisconsin Population Health Institute, County Health Rankings. Data accessed June 2018.	2012-2016	NA	NA
Social associations (number of membership associations per 10,000 population)	Number of organizations per 10,000 population in a county. The numerator is the number of organizations or associations in a county. Associations include membership organizations such as civic organizations, bowling centers, golf clubs, fitness centers, sports organizations, political organizations, labor organizations, business organizations, and professional organizations. The denominator is the population of a county. Social Associations does not measure all of the social support available within a county. Data and business codes are self-reported by businesses in a county. We use the primary business code of organizations, which in some cases may not match up with our notion of what should be labeled as a civic organization. This measure does not take into account other important social connections offered via family support structures, informal networks, or community service organizations, all of which are important to consider when understanding the amount of social support available within a county.	University of Wisconsin Population Health Institute, County Health Rankings. Data accessed June 2018.	2015	NA	NA
People 65+ Living Alone	Percent of population ages 65 and over who live alone	US Census Bureau, American Fact Finder, American Community	2012-2016	US Census Bureau,	2012-2016

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
		Survey, American Community Survey (ACS) 5-Year Estimates, Table B09020. Data accessed July 2018.		American Fact Finder, American Community Survey, American Community Survey (ACS) 5-Year Estimates, Table B09020. Data accessed July 2018.	
Percent of population ages 16-19 considered "idle"	Percent of population 16-19 not enrolled in school and not in the labor force. Unlike other idleness measures, this measure does not include youth who are unemployed but in the labor force.	US Census Bureau, American Fact Finder, American Community Survey, American Community Survey (ACS) 1-Year Estimates, Table C14005. Data accessed July 2018.	2016	NA	NA
Limited English-Speaking Households	Number of limited English-speaking households as percent of total households	US Census Bureau, American Fact Finder, American Community Survey, American Community Survey (ACS) 5-	2012-2016	US Census Bureau, American Fact	2012-2016

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
		Year Estimates, Table S1602. Data accessed July 2018.		Finder, American Community Survey, American Community Survey (ACS) 5-Year Estimates, Table S1602. Data accessed July 2018.	

Food Security

Food Security

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
Percent of Public-School Students Enrolled in Free/Reduced Lunch	Total number of children on free or reduced-price lunch divided by average daily membership (ADM). To be eligible for free lunch under the National School Lunch Act students must live in households earning at or below 130 percent of the Federal poverty guidelines. To be eligible for reduced	Annie E. Casey Foundation, Kids Count Data Center, North Carolina, Data by County. Data accessed July 2018.	2017	NA	NA

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
	price lunch, students must live in households earning at or below 185 percent of the Federal poverty guidelines. Excludes charter schools.				
Child food insecurity rate	Child food insecurity rates are determined using data from the 2001-2016 Current Population Survey on children under 18 years old in food insecure households; data from the 2016 American Community Survey on median family incomes for households with children, child poverty rates, home ownership, and race and ethnic demographics among children; and 2016 data from the Bureau of Labor Statistics on unemployment rates.	Feeding America, Map the Meal Gap. Data accessed August 2018.	2016	NA	NA
Food insecure children likely not income-eligible for federal nutrition assistance	Percentage of food insecure children living in households with incomes above or below 185% of the federal poverty guideline for 2016. Eligibility for federal child nutrition programs is determined in part by income thresholds which can vary by state.	Feeding America, Map the Meal Gap. Data accessed August 2018.	2016	NA	NA
Children eligible for free or reduced-price lunch	Percentage of children enrolled in public schools, grades PK - 12, eligible for free (family income less than 130% of federal poverty level) or reduced price (family income less than 185% of federal poverty level) lunch.	University of Wisconsin Population Health Institute, County Health Rankings. Data accessed June 2018.	2015-2016	NA	NA
Food insecurity	Percentage of the population who did not have access to a reliable source of food during the past year. This measure was modeled using information from the Community Population Survey, Bureau of Labor Statistics, and American Community Survey. More detailed information can be found here. This is one of two measures that are used to construct the Food Environment Index.	University of Wisconsin Population Health Institute, County Health Rankings. Data accessed June 2018.	2015	NA	NA
Percent of households receiving food stamps/SNAP	Number of households receiving food stamps/SNAP as percent of total households	US Census Bureau, American Fact Finder, American Community Survey, American	2012-2016	US Census Bureau, American	2012-2016

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
		Community Survey (ACS) 5-Year Estimates, Table S2201. Data accessed July 2018.		Fact Finder, American Community Survey, American Community Survey (ACS) 5-Year Estimates, Table S2201. Data accessed July 2018.	

Income

Income

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
Children in poverty (percent of children under age 18 in poverty)	Percentage of children under age 18 living in poverty. Poverty status is defined by family size and income and is measured at the household level. If a household's income is lower than the poverty threshold for a household of their size, they are considered to be in poverty. Poverty thresholds differ by	US Census Bureau, American Fact Finder, American Community Survey, American Community Survey (ACS) 5-	2012-2016	US Census Bureau, American Fact	2012-2016

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
	household size and geography. For more information on how poverty thresholds are calculated please see the Census poverty page. Children in Poverty estimates are modeled.	Year Estimates, Table S1701. Data accessed July 2018.		Finder, American Community Survey, American Community Survey (ACS) 5-Year Estimates, Table S1701. Data accessed July 2018.	
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 that at the 20th percentile, i.e., when the incomes of all households in a county are listed from highest to lowest, the 80th percentile is the level of income at which only 20% of households have higher incomes, and the 20th percentile is the level of income at which only 20% of households have lower incomes. A higher inequality ratio indicates greater division between the top and bottom ends of the income spectrum.	University of Wisconsin Population Health Institute, County Health Rankings. Data accessed June 2018.	2012-2016	NA	NA
Median household income	Income where half of households in a county earn more and half of households earn less. Income, defined as "Total income", is the sum of the amounts reported separately for: wage or salary income; net self-employment income; interest, dividends, or net rental or royalty income or income from estates and trusts; Social Security or Railroad	University of Wisconsin Population Health Institute, County Health Rankings. Data accessed June 2018.	2016	NA	NA

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
	Retirement income; Supplemental Security Income (SSI); public assistance or welfare payments; retirement, survivor, or disability pensions; and all other income. Receipts from the following sources are not included as income: capital gains; money received from the sale of property (unless the recipient was engaged in the business of selling such property); the value of income "in kind" from food stamps, public housing subsidies, medical care, employer contributions for individuals, etc.; withdrawal of bank deposits; money borrowed; tax refunds; exchange of money between relatives living in the same household; gifts and lump-sum inheritances, insurance payments, and other types of lump-sum receipts.				
Households with Cash Public Assistance Income	Percentage of households receiving general assistance and Temporary Assistance to Needy Families (TANF). It does not include Supplemental Security Income (SSI) or Supplemental Nutrition Assistance Program (SNAP) benefits.	US Census Bureau, American Fact Finder, American Community Survey, American Community Survey (ACS) 5-Year Estimates, Table B19057. Data accessed July 2018.	2012-2016	US Census Bureau, American Fact Finder, American Community Survey, American Community Survey (ACS) 5-Year Estimates, Table B19057. Data	2012-2016

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
				accessed July 2018.	
Per Capita Income	Income per capita (inflation adjusted dollars by year)	US Census Bureau, American Fact Finder, American Community Survey, American Community Survey (ACS) 5-Year Estimates, Table B19301. Data accessed July 2018.	2012-2016	NA	NA
Percent of population below 200% federal poverty level	Percent of population below 200% federal poverty level	US Census Bureau, American Fact Finder, American Community Survey, American Community Survey (ACS) 5-Year Estimates, Table C17002. Data accessed July 2018.	2012-2016	US Census Bureau, American Fact Finder, American Community Survey, American Community Survey (ACS) 5-Year Estimates, Table C17002. Data accessed	2012-2016

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
				July 2018.	
People 65+ Living Below Poverty Level	Number of people 65+ living below poverty level as percent of total population 65+	US Census Bureau, American Fact Finder, American Community Survey, American Community Survey (ACS) 5-Year Estimates, Table S1701. Data accessed July 2018.	2012-2016	US Census Bureau, American Fact Finder, American Community Survey, American Community Survey (ACS) 5-Year Estimates, Table S1701. Data accessed July 2018.	2012-2016
Percentage of individuals living in poverty	Number of people living below poverty level as percent of total population	US Census Bureau, American Fact Finder, American Community Survey, American Community Survey (ACS) 5-Year Estimates, Table S1701. Data accessed July 2018.	2012-2016	US Census Bureau, American Fact Finder, American Communi	2012-2016

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
				ty Survey, American Community Survey (ACS) 5-Year Estimates, Table S1701. Data accessed July 2018.	
Families Living Below Poverty Level	Number of families living below poverty level as percent of total families	US Census Bureau, American Fact Finder, American Community Survey, American Community Survey (ACS) 5-Year Estimates, Table S1702. Data accessed July 2018.	2012-2016	US Census Bureau, American Fact Finder, American Community Survey, American Community Survey (ACS) 5-Year Estimates, Table S1702. Data	2012-2016

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
				accessed July 2018.	

Safety

Safety

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
% of motor vehicle accidents involving drivers ages 16-19	Number of reported crashes with one more teen (16-19 years old) drivers as percent of total reportable crashes on publicly-maintained roads	Highway Safety Research Center, University of North Carolina at Chapel Hill. Data accessed July 2018.	2016	NA	NA
% of motor vehicle accidents, fatal	Number of reported crashes with fatalities as percent of total reportable crashes on publicly-maintained roads	Highway Safety Research Center, University of North Carolina at Chapel Hill. Data accessed July 2018.	2016	NA	NA
Rate of Individuals Filing Domestic Violence Complaints	Number of clients who called for domestic violence services as a rate per 10,000 population. NCCFW changed how agencies report the number of clients served. Previously, clients were counted once per 30 days. Starting July 1, 2015, agencies were instructed to report number of clients served per 6-month-period. The goal is to provide an unduplicated measure for number of clients served in North Carolina. This change did not impact the number of services provided.	NC Department of Administration, Council for Women, Statistics. Data accessed July 2018.	2017	NA	NA
Rate of individuals filing sexual assault complaints	Number of clients who called for domestic violence services as a rate per 10,000 population. NCCFW changed how agencies report the number of clients served. Previously,	NC Department of Administration, Council for	2017	NA	NA

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
	clients were counted once per 30 days. Starting July 1, 2015, agencies were instructed to report number of clients served per 6-month-period. The goal is to provide an unduplicated measure for number of clients served in North Carolina. This change did not impact the number of services provided.	Women, Statistics. Data accessed July 2018.			
Reported sexual assaults, adult rape - Rate per 10,000	Number of reported sexual assaults classified as adult rape as rate per 10,000	NC Department of Administration, Council for Women, Statistics. Data accessed July 2018.	2017	NA	NA
Reported sexual assaults, Adult Survivor of Child Sexual Assault - Rate per 10,000	Number of reported sexual assaults classified as adult survivor of child sexual assault as rate per 10,000	NC Department of Administration, Council for Women, Statistics. Data accessed July 2018.	2017	NA	NA
Reported sexual assaults, Child sexual offense - Rate per 10,000	Number of reported sexual assaults classified as child sexual offense as rate per 10,000	NC Department of Administration, Council for Women, Statistics. Data accessed July 2018.	2017	NA	NA
Reported sexual assaults, date rape - Rate per 10,000	Number of reported sexual assaults classified as date rape as rate per 10,000	NC Department of Administration, Council for Women, Statistics. Data accessed July 2018.	2017	NA	NA
Reported sexual assaults, Incest - Rate per 10,000	Number of reported sexual assaults classified as incest as rate per 10,000	NC Department of Administration, Council for Women, Statistics. Data accessed July 2018.	2017	NA	NA
Reported sexual assaults, Marital rape - Rate per 10,000	Number of reported sexual assaults classified as marital rape as rate per 10,000	NC Department of Administration, Council for Women, Statistics. Data accessed July 2018.	2017	NA	NA

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
Reported sexual assaults, Other - Rate per 10,000	Number of reported sexual assaults classified as other as rate per 10,000	NC Department of Administration, Council for Women, Statistics. Data accessed July 2018.	2017	NA	NA
Reported sexual assaults, total - Rate per 10,000	Number of reported sexual assaults in total as rate per 10,000	NC Department of Administration, Council for Women, Statistics. Data accessed July 2018.	2017	NA	NA
Unintentional poisoning mortality rate (per 100,000 population)	Number of unintentional poisoning deaths per 100,000 population. Codes used: First listed cause of death (cod1) X40-X49.	NC Department of Public Health, Chronic Disease and Injury Section, Injury and Violence Prevention Branch, Poisoning Data. United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Bridged-Race Population Estimates, United States July 1st resident population by state, county, age, sex, bridged-race, and Hispanic origin. Compiled from 1990-1999 bridged-race intercensal population estimates (released by NCHS on 7/26/2004); revised bridged-race 2000-	2016	NA	NA

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
		2009 intercensal population estimates (released by NCHS on 10/26/2012); and bridged-race Vintage 2017 (2010-2017) postcensal population estimates (released by NCHS on 6/27/2018). Available on CDC WONDER Online Database. Data accessed August 2018.			
Rate of Juvenile justice complaints Delinquent (Complaints per 1,000 Ages 6 to 15)	Juvenile crime rate - Rate of delinquent offenses per 1,000 youth age 6-15 (# of delinquent complaints / youth population 6-15) * 1000	NC Department of Public Safety, Juvenile Crime Prevention Councils, County Databooks. Data accessed July 2018.	2017	NA	NA
Rate of Juvenile justice complaints Undisciplined (Complaints per 1,000 Ages 6 to 17)	Rate of undisciplined complaints per 1,000 youth age 6-17	NC Department of Public Safety, Juvenile Crime Prevention Councils, County Databooks. Data accessed July 2018.	2017	NA	NA
Rate of Juvenile justice outcomes - Rate of Detention Admissions per 1,000 youth age 6-17.	Rate of Detention Admissions per 1,000 youth age 6-17.	NC Department of Public Safety, Juvenile Crime Prevention Councils, County Databooks. Data accessed July 2018.	2017	NA	NA
Rate of Juvenile justice outcomes - Rate of Youth Development	Rate of YDC commitments per 1,000 youth age 10-17 (# commitments / youth population 10-17) * 1000	NC Department of Public Safety, Juvenile Crime Prevention Councils,	2017	NA	NA

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
Center commitments per 1,000 youth age 10-17		County Databooks. Data accessed July 2018.			
Reportable Crime Rate per 1,000 students grades 9-13	North Carolina General Statute 115C-288 indicates the procedures for reporting specific offenses to school administrators, and if necessary, law enforcement authorities. The 16 reportable crimes include Assault Resulting in Serious Personal Injury, Assault Involving Use of a Weapon, Assault on School Officials, Employees, and Volunteers, Making Bomb Threats or Engaging in Bomb Hoaxes, Willfully Burning a School Building, Homicide, Kidnapping, Unlawful, underage sales, purchase, provision, possession, or consumption of alcoholic beverages, Possession of Controlled Substance in Violation of Law, Possession of a Firearm, Possession of a Weapon, Rape, Robbery With a Dangerous Weapon, Sexual Assault (not involving rape or sexual offense), Sexual Offense, and Taking Indecent Liberties With A Minor.	NC Dept of Public Instruction, Public Schools of North Carolina, Research and Evaluation, Discipline Data and Collection Process, Annual Report of School Crime and Violence. Data accessed July 2018.	2017	NA	NA
Short-term Suspension Rate per 100 students grades 9-13	Number of short-term suspensions per 100 students grade 9-13. Service zone data are based on location of the school not the ZIP code of residence of the students.	NC Dept of Public Instruction, Public Schools of North Carolina, Research and Evaluation, Discipline Data and Collection Process, Annual Report of School Crime and Violence. Data accessed July 2018.	2017	NC Dept of Public Instruction, Public Schools of North Carolina, Research and Evaluation, Discipline	2017

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
				Data and Collection Process, Annual Report of School Crime and Violence. Data accessed July 2018.	
Rate of crimes (includes index crimes except for arson)	The Crime Index includes the total number of violent and property crimes including murders, rapes, robberies, aggravated assaults, burglaries, larcenies, and motor vehicle thefts as a rate per 100,000. While arson is considered an Index Crime, the number of arsons is not included in the Crime Index	NC State Bureau of Investigation, Crime Reporting, Annual Reports. Data accessed July 2018.	2016	NA	NA
Violent deaths per 100,000	Number of violent deaths per 100,000 population	NC Violent Death Reporting System Annual Report, NC DPH Injury and Violence Prevention Branch. Data accessed August 2018.	2015	NA	NA
Firearm fatalities	Number of deaths due to firearms, defined as ICD-10 codes W32-W34, X72-X74, X93-X95, Y22-Y24, and Y35.0, per 100,000 population.	University of Wisconsin Population Health Institute, County Health Rankings. Data accessed June 2018.	2012-2016	NA	NA
Homicides	Number of deaths from assaults, defined as ICD-10 codes X85-Y09, per 100,000 population	University of Wisconsin Population Health Institute,	2010-2016	NA	NA

Measure	Description	Data Source(s) for Counties/State/Service Zones	Most Recent Data for County(ies)/ State	Data Source(s) for Service Zones	Most Recent Data for Service Zones
		County Health Rankings. Data accessed June 2018.			
Injury mortality per 100,000 population	Number of deaths from planned (e.g. homicide or suicide) and unplanned (e.g. motor vehicle deaths) injuries per 100,000 population. This measure includes injuries from all causes and intents over a 5-year period. Deaths are counted in the county of residence for the person who died, rather than the county where the death occurred.	University of Wisconsin Population Health Institute, County Health Rankings. Data accessed June 2018.	2012-2016	NA	NA
Motor vehicle crash deaths	Number of deaths due to traffic accidents involving a motor vehicle per 100,000 population. Motor vehicle crash deaths include traffic accidents involving motorcycles; 3-wheel motor vehicles; cars; vans; trucks; buses; street cars; ATVs; industrial, agricultural, and construction vehicles; and bicyclists or pedestrians when colliding with any of the previously listed motor vehicles. Deaths due to boating accidents and airline crashes are not included in this measure. In prior years, non-traffic motor vehicle accidents were included in this definition. ICD10 codes included are V02-V04 (.1, .9), V09.2, V12-V14 (.3-.9), V19 (.4-.6), V20-V28 (.3-.9), V29-V79 (.4-.9), V80 (.3-.5), V81.1, V82.1, V83-V86 (.0-.3), V87 (.0-.8), and V89.2.	University of Wisconsin Population Health Institute, County Health Rankings. Data accessed June 2018.	2010-2016	NA	NA
Violent crime rate per 100,000 population	Number of violent crimes reported per 100,000 population. Violent crimes are defined as offenses that involve face-to-face confrontation between a victim and a perpetrator, including homicide, rape, robbery, and aggravated assault. Information for this measure comes from the FBI's Uniform Crime Reporting (UCR) Program. Crimes are counted where they are committed rather than based on the residence of people involved.	University of Wisconsin Population Health Institute, County Health Rankings. Data accessed June 2018.	2012-2014	NA	NA

APPENDIX 3 | PRIMARY (NEW) DATA COLLECTION

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 including input provided from community members and input provided from Steering Committee members. Input provided during the prioritization process was received via a multi-tiered process which included:

- Five community prioritization forums that were held simultaneously throughout Wake County on January 31, 2019. Residents and organizational leaders were invited to attend and hear the main findings from the assessment.
- An Internet-based effort accessible via www.wakegov.com/wellbeing which included a Voter Toolkit that explained the main findings from the assessment and provided instructions on how to vote.
- Community partner meetings hosted by trained Steering Committee members and other trained organizational leaders within the community. These included both standing meetings and small gathering of individuals.

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 describes the various methodologies used to analyze the new data.

Focus Groups

Responses to the following question were analyzed to identify the issues most important to participants at each focus groups:

- How do you believe the health of the population in this community has changed over the past five years? (Any areas that worsened)
- What are the most pressing concerns for the population in this community?
- Are any of the four priority groups from 2016 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 based on similarities and 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 8-11 groups = A health score of 3 was assigned
- If mentioned in 4-7 groups = A health score of 2 was assigned
- If mentioned in 1-3 groups = A health score of 1 was assigned

Each response was assigned a score based on the criteria above and scores were then averaged based on the overarching twenty-one focus areas that were developed prior to the data collection phases of the assessment.

Community Telephone and Internet-based Surveys

Responses to the following questions were analyzed to identify the issues most important to the respondents of the two community surveys, one of which was conducted by telephone and one conducted through an Internet-based survey. The focus areas to which each statement/response option was assigned is denoted in bold parenthesis next to the statement/response. If more than one focus area is shown, the assigned "health score" will count in each of the focus areas listed. Methodologies used to assign "health scores" vary by question. For all questions, non-responses and responses of unsure/do not know were not factored into the "health score" assignment.

- 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 live:
    a. I can access good healthcare in my community. **(Access to Care; Quality of Care)**
    b. My community is a good place to raise children. **(Family, community, and social support)**
    c. My community is good place to grow old. **(Family, community, and social support)**
    d. I am connected and socially supported by others in my community (family, friends, neighbors, etc.). **(Family, community, and social support)**
    e. I can find enough economic opportunity in my community. **(Income; Employment)**
    f. I feel safe living in my community. **(Safety)**
    g. The environment in my community is clean and safe. **(Environmental Quality; Safety)**
    h. I can find enough recreational and entertainment opportunities in my community. **(Built Environment)**
    i. I can easily access healthy, affordable food. **(Food security)**
    j. I can access good education in my community. **(Education)**
    k. I can find affordable housing in my community. **(Housing and homelessness)**
    l. I can easily travel within my community. **(Transportation options and transit)**
    m. It is easy to maintain a healthy diet and regularly exercise in my community. **(Diet and exercise)**
    n. I can find resources that promote sexual health in my community. **(Sexual health)**
    o. I can find resources that address substance use disorders (including opioids) in my community. **(Substance Use Disorders)**
    p. I can find resources that address tobacco cessation in my community. **(Tobacco Use)**
    q. There are adequate resources in my community to support youth. **(Family, community, and social support)**

r. Youth in my community can access affordable resources (recreation, career centers, educational resources, etc.). **(Family, community, and social support)**

For the statements above, a "health score" was assigned based on where most responses fell:

- If majority of responses were within the 1-2 scale = A health score of 3 was assigned
- If majority of responses were within the 3-4 scale = A health score of 2 was assigned
- If majority of responses were within the 5 scale = A health score of 1 was assigned

- In your opinion, which ONE (1) health behavior do people in your community need more information about? If there is a health behavior that you consider the most important and it is not on this list, please let me know and I will write it in.
  a. Diet and Exercise **(Diet and Exercise)**
  b. Sexual Health **(Sexual Health)**
  c. Substance Use Disorders **(Substance Use Disorders)**
  d. Tobacco Use **(Tobacco Use)**
  e. Other (please explain)
  f. None
  g. Unsure/Do not know
  h. Refused/no response

  For the statements above, a "health score" was assigned based on the following methodology:

  - Top 2 mentions = A health score of 3 was assigned
  - 3rd Place mention = A health score of 2 was assigned
  - Other mentions = A health score of 1 was assigned

- In your opinion, which ONE (1) of the following clinical care issues needs the most improvement in your community? If there is an issue that you think needs improvement that is not on this list, please let me know and I will write it in.
  a. Availability of health providers **(Access to Care)**
  b. Number of health providers **(Access to Care)**
  c. Location of health facilities **(Access to Care)**
  d. Number of health facilities **(Access to Care)**
  e. Community awareness of preventive care/screenings **(Access to Care)**
  f. Ability to receive preventive care/screenings **(Access to Care)**
  g. Quality of provided healthcare **(Quality of Care)**
  h. Other (please explain)
  i. None
  j. Unsure/Do not know
  k. Refused/No response

For the statements above, a "health score" was assigned based on the following methodology:

- Top 3 mentions = A health score of 3 was assigned
- Top 4-5 mentions = A health score of 2 was assigned
- Other mentions = A health score of 1 was assigned

- In your opinion, which ONE (1) social and economic factor is impacting the health of your community the most? If there is a factor that you consider to have the most impact and it is not on this list, please let me know and I will write it in.
  a. Lack of educational opportunities **(Education)**
  b. Lack of employment opportunities **(Employment)**
  c. Lack of family, community, and social support **(Family, Community, and Social Support)**
  d. Lack of access to enough healthy food **(Food Security)**
  e. Insufficient income **(Income)**
  f. Lack of community and interpersonal safety **(Safety)**
  g. Other (please explain)
  h. None
  i. Unsure/Do not know
  j. Refused/No response

  For the statements above, a "health score" was assigned based on the following methodology:

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

- In your opinion, which ONE (1) of the following needs the most improvement within your community? If there is a need that you consider to have the most impact and it is not on this list, please let me know and I will write it in.
  a. Access to affordable housing **(Housing and Homelessness)**
  b. Access to healthy foods **(Built Environment)**
  c. Access to public transit (buses, commuter rail, etc.) **(Transportation Options and Transit)**
  d. Access to recreation facilities **(Built Environment)**
  e. Availability of alternative transportation options (biking, walking, carpooling, etc.) **(Transportation Options and Transit)**
  f. Improved air quality **(Environmental Quality)**
  g. Improved water quality **(Environmental Quality)**
  h. Reducing homelessness **(Housing and Homelessness)**
  i. Other (please explain)
  j. None
  k. Unsure/Do not know
  l. Refused/No response

For the statements above, a "health score" was assigned based on the following methodology:

- 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

- In your opinion, which ONE (1) of the following health outcomes most impacts your community? If there is an outcome that you consider to have the most impact and it is not on this list, please let me know and I will write it in.
    a. Life expectancy **(Length of Life)**
    b. Infant and fetal mortality **(Maternal and Infant Health)**
    c. Low birthweight **(Maternal and Infant health)**
    d. Chronic diseases and conditions (heart disease, cancer, asthma, diabetes, obesity, etc.) **(Physical Health)**
    e. Suicide attempts and deaths **(Mental Health)**
    f. Drug overdose attempts and deaths **(Mental Health)**
    g. Other (please explain)
    h. Unsure/Do not know
    i. Refused/No response

  For the statements above, a "health score" was assigned based on the following methodology:

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

- From the list provided, which ONE (1) area most impacts the health of your community? If there is an area that you consider the most important and it is not on this list, please let me know and I will write it in.
    a. Access to Care
    b. Built Environment
    c. Diet and Exercise
    d. Disabilities
    e. Education
    f. Employment
    g. Environmental Quality
    h. Family, community, and social support
    i. Food Security
    j. Housing and homelessness
    k. Income
    l. Quality of Care
    m. Safety

n. Sexual health
o. Substance Use Disorders
p. Tobacco Use
q. Transportation options and transit
r. Other (please explain)
s. None
t. Unsure/Do not know
u. Refused/No response

For the statements above, a "health score" was assigned based on the following methodology:

- Top 6 mentions = A health score of 3 was assigned
- Top 7-12 mentions = A health score of 2 was assigned
- Other mentions = A health score of 1 was assigned

- 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. **(Access to Care)**
  b. Residents can access a medical specialist (Cardiologist, Dermatologist, etc.) when needed. **(Access to Care)**
  c. There are enough providers accepting Medicaid in my community. **(Access to Care)**
  d. There are enough providers accepting Medicare in my community. **(Access to Care)**
  e. There are enough bilingual healthcare providers in my community. **(Access to Care)**
  f. There are enough mental health providers in my community. **(Access to Care)**
  g. There are enough substance abuse treatment providers in my community. **(Access to Care)**

  For the statements above, a "health score" was assigned based on where most responses fell:

  - If majority of responses were within the 1-2 scale = A health score of 3 was assigned
  - If majority of responses were within the 3-4 scale = A health score of 2 was assigned
  - If majority of responses were within the 5 scale = A health score of 1 was assigned

<u>Key Leader Internet-based Surveys</u>

Responses to the following questions were analyzed to identify the issues most important to the respondents of the Internet-based key leader survey. The focus areas to which each statement/response option was assigned is denoted in bold parenthesis next to the statement/response. Methodologies used to assign "health scores" vary by question. For all questions, non-responses and responses of unsure/do not know were not factored into the "health score" assignment.

- In your opinion, which ONE (1) health behavior do people in the community you serve need more information about? If there is a health problem that you consider the most important and it is

not on this list, please select "Other" and write it in.

a. Diet and Exercise **(Diet and Exercise)**
b. Sexual Health **(Sexual Health)**
c. Substance Use Disorders **(Substance Use Disorders)**
d. Tobacco Use **(Tobacco Use)**
e. Other (please explain)
f. None
g. Unsure/Do not know
h. Refused/no response

For the statements above, a "health score" was assigned based on the following methodology:

- Top 2 mentions = A health score of 3 was assigned
- 3rd Place mention = A health score of 2 was assigned
- Other mentions = A health score of 1 was assigned

- In your opinion, which ONE (1) of the following clinical care issues needs the most improvement in the community you serve? If there is an issue that you think needs improvement that is not on this list, please select "Other" and write it in.
  a. Availability of health providers **(Access to Care)**
  b. Number of health providers **(Access to Care)**
  c. Location of health facilities **(Access to Care)**
  d. Number of health facilities **(Access to Care)**
  e. Community awareness of preventive care/screenings **(Access to Care)**
  f. Ability to receive preventive care/screenings **(Access to Care)**
  g. Quality of provided healthcare **(Quality of Care)**
  h. Lack of integrated care (behavioral health/medical) **(Quality of Care)**
  i. Other (please explain)
  j. None
  k. Unsure/Do not know
  l. Refused/No response

  For the statements above, a "health score" was assigned based on the following methodology:

  - 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

- In your opinion, which ONE (1) social and economic factor is impacting the health of the community you serve the most? If there is a factor that you consider to have the most impact and it is not on this list, please select "Other" and write it in.
  a. Lack of educational opportunities **(Education)**

b. Lack of employment opportunities **(Employment)**
c. Lack of family, community, and social support **(Family, Community, and Social Support)**
d. Lack of access to enough healthy food **(Food Security)**
e. Insufficient income **(Income)**
f. Lack of community and interpersonal safety **(Safety)**
g. Other (please explain)
h. None
i. Unsure/Do not know
j. Refused/No response

For the statements above, a "health score" was assigned based on the following methodology:

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

- In your opinion, which ONE (1) of the following needs the most improvement within the community you serve? If there is a need that you consider to need the most improvement and it is not on this list, please select "Other" and write it in.
  a. Access to affordable housing **(Housing and Homelessness)**
  b. Access to healthy foods **(Built Environment)**
  c. Access to public transit (buses, commuter rail, etc.) **(Transportation Options and Transit)**
  d. Access to recreation facilities **(Built Environment)**
  e. Availability of alternative transportation options (biking, walking, carpooling, etc.) **(Transportation Options and Transit)**
  f. Improved air quality **(Environmental Quality)**
  g. Improved water quality **(Environmental Quality)**
  h. Reducing homelessness **(Housing and Homelessness)**
  i. Other (please explain)
  j. None
  k. Unsure/Do not know
  l. Refused/No response

  For the statements above, a "health score" was assigned based on the following methodology:

  - 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

- In your opinion, which of the following health outcomes most impacts the community you serve? If there is an outcome that you consider to have the most impact and it is not on this list, please select "Other" and write it in.

a. Life expectancy **(Length of Life)**
b. Infant and fetal mortality **(Maternal and Infant Health)**
c. Low birthweight **(Maternal and Infant health)**
d. Chronic diseases and conditions (heart disease, cancer, asthma, diabetes, obesity, etc.) **(Physical Health)**
e. Suicide attempts and deaths **(Mental Health)**
f. Drug overdose attempts and deaths **(Mental Health)**
g. Other (please explain)
h. Unsure/Do not know
i. Refused/No response

For the statements above, a "health score" was assigned based on the following methodology:

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

- From the list provided, which area most impacts the health of the community you serve? If there is an area that you consider to have the most impact and it is not on this list, please select "Other" and write it in.
  a. Access to Care
  b. Built Environment
  c. Diet and Exercise
  d. Disabilities
  e. Education
  f. Employment
  g. Environmental Quality
  h. Family, community, and social support
  i. Food Security
  j. Housing and homelessness
  k. Income
  l. Quality of Care
  m. Safety
  n. Sexual health
  o. Substance Use Disorders
  p. Tobacco Use
  q. Transportation options and transit
  r. Other (please explain)
  s. None
  t. Unsure/Do not know
  u. Refused/No response

For the statements above, a "health score" was assigned based on the following methodology:

- Top 6 mentions = A health score of 3 was assigned
- Top 7-12 mentions = A health score of 2 was assigned
- Other mentions = A health score of 1 was assigned

- 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. **(Access to Care)**
  b. Residents can access a medical specialist (Cardiologist, Dermatologist, etc.) when needed. **(Access to Care)**
  c. There are enough providers accepting Medicaid in my community. **(Access to Care)**
  d. There are enough providers accepting Medicare in my community. **(Access to Care)**
  e. There are enough bilingual healthcare providers in my community. **(Access to Care)**
  f. There are enough mental health providers in my community. **(Access to Care)**
  g. There are enough substance abuse treatment providers in my community. **(Access to Care)**

  For the statements above, a "health score" was assigned based on where most responses fell:

  - If majority of responses were within the 1-2 scale = A health score of 3 was assigned
  - If majority of responses were within the 3-4 scale = A health score of 2 was assigned
  - If majority of responses were within the 5 scale = A health score of 1 was assigned

Community Prioritization Meeting

Community members were asked to choose up to three of the twenty-one focus areas that they felt were the most important for the community to address. The responses given by all community members were then aggregated and ranked based on the total number of responses provided for each focus area. In order to assign a "health score" to each of the options, the following methodology was used:

- Top 7 most frequently selected focus areas = A health score of 3 was assigned
- Focus areas ranked 8-14 regarding frequency selected = A health score of 2 was assigned
- Focus areas ranked 15-21 regarding frequency selected = A health score of 1 was assigned

Steering Committee Prioritization

Additionally, Steering Committee members were asked to choose up to three of the twenty-one focus areas that they felt were the most important for the community to address. The responses given by all Steering Committee members were then aggregated and ranked based on the total number of responses provided for each focus area. In order to assign a "health score" to each of the options, the following methodology was used:

- Top 7 most frequently selected focus areas = A health score of 3 was assigned
- Focus areas ranked 8-14 regarding frequency selected = A health score of 2 was assigned
- Focus areas ranked 15-21 regarding frequency selected = A health score of 1 was assigned

Focus Group Data

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. Eleven focus groups were held throughout the county in June and July 2018. Eight focus groups were specific to each of the service zone geographies while the remaining three focused on Spanish-speaking individuals, individuals experiencing homelessness, and youth, respectively. Conducting a focus group in each zone and within targeted population groups helps to ensure representation across demographics and through the county geographically. Through these groups, 115 participants engaged in the CHNA process.

Structure

Each of the focus groups were conducted in a similar method, consisting of introductions, an overview of the goals of the session, a discussion of Wake County's services zones, and a series of questions for participants to discuss. Additionally, participants were asked to both sign-in and fill out a demographic information/contact form.

The questions used to generate discussion at the focus groups were the same for all service zone sessions, the Spanish-speaking session, and the session focusing on individuals experiencing homelessness. Questions varied slightly for the youth population session to be better suited to the experiences of younger Wake County residents. The two variations of discussion topic questions are included below.

Standard Focus Groups Questions

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 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 or health information?
6. What do you believe has the greatest impact on why people in this community might put off going to the doctor?
7. The 2016 assessment resulted in the following four priority groups:
    1) Health Insurance Coverage
    2) Transportation
    3) Access to Health Services

4) Mental Health and Substance Abuse

Have you seen any improvements related to these priorities? If yes, for which group(s) have you seen improvements?

8. Are any of the four priority groups from 2016 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 need assessment?

Youth Focus Group Questions

1. What do you like most about living in Wake County?
2. When you hear the words "healthy community", what comes to mind? To you, what would a healthy community look like?
3. What are the biggest problems for youth in your community?
4. How do you believe the health of youth in your community has changed in the past few years?
5. Are there certain areas/neighborhoods that you visit or live where these problems seem to be worse?
6. Are there groups of people whose health issues seem to be ignored or who aren't getting help with health needs they have?
7. Where do you go when you need medical help or information about your health?
8. What do you believe has the greatest impact on why people might put off going to the doctor?
9. In 2016, we did a similar study and people told us that we should focus on four areas:
    1) Problems getting health insurance
    2) Problems with transportation
    3) Problems getting health care
    4) Problems with mental health or people using drugs or alcohol too much

    Have you seen any of these areas get better in the past couple years? If yes, in what areas and how?
10. Do you think any of those 4 areas from 2016 are still a problem today? If yes, which area(s)?
11. Think back over all the things we've talked about. If you were in charge, what things would you do to help the youth have better health? Are there any activities or programs you would like to see in your community that are not here now?
12. Of all the things we have talked about today, what are the most important ones for your community to address?
13. What are the other health needs or things that youth have to deal with that you feel we should work on to help the youth of your community have better health?

In addition, demographic information/contact forms included three variations – one general demographic form used for all service zone sessions and the Spanish-speaking session, one form used for those experiencing homelessness, and one form used for the youth population session. Each form is provided below.

In addition, the youth participants were required to provide a parental consent form before being allowed to participate. That form has also been reproduced below.

General Demographic Information Form

Your responses will only be reported as a summary of answers given by all focus group participants at this session. Your responses will remain anonymous.

1. What is your ZIP code of residence? _____
2. How long have you lived in Wake County? _____
3. What is your gender?
    a. Male
    b. Female
    c. Transgender/Other
4. What is your age? _____
5. What is your race? Please select all that apply.
    a. White/Caucasian
    b. Black or African American
    c. American Indian or Alaskan Native
    d. Asian
    e. Native Hawaiian or Other Pacific Islander
    f. Multiracial
    g. Other: _____
6. What is your ethnicity?
    a. Hispanic/Latino
    b. Non-Hispanic/Latino
    c. Other: _____
7. What is the highest level of education you have completed?
    a. Did not complete high school
    b. High School Diploma or GED
    c. Some College
    d. Associate's Degree
    e. Bachelor's Degree
    f. Master's Degree
    g. Doctorate
    h. Other: _____

8. What is your annual household income?
    a. Less than $25,000
    b. $25,000 to $49,999
    c. $50,000 to $99,999
    d. Over $100,000
    e. Prefer not to respond

If you are willing to provide your contact information, we would like to reach out to you later in the Community Health Needs Assessment process to get your input regarding the areas of priority. If you would like to be involved in the prioritization process, please provide your email address and/or phone number below.

Email address and/or phone number: _____

Individuals Experiencing Homelessness Demographic Information Form

Your responses will only be reported as a summary of answers given by all focus group participants at this session. Your responses will remain anonymous.

1. If you are currently homeless, how long have you been homeless? _____
2. Prior to becoming homeless, in which ZIP code did you reside? _____
3. How long have you lived in Wake County? _____
4. What is your gender?
    a. Male
    b. Female
    c. Transgender/Other
5. What is your age? _____
6. What is your race? Please select all that apply.
    a. White/Caucasian
    b. Black or African American
    c. American Indian or Alaskan Native
    d. Asian
    e. Native Hawaiian or Other Pacific Islander
    f. Multiracial
    g. Other: _____
7. What is your ethnicity?
    a. Hispanic/Latino
    b. Non-Hispanic/Latino
    c. Other: _____
8. What is the highest level of education you have completed?
    a. Did not complete high school
    b. High School Diploma or GED

c. Some College
d. Associate's Degree
e. Bachelor's Degree
f. Master's Degree
g. Doctorate
h. Other: _____

Youth Population Demographic Information Form

Your responses will only be reported as a summary of answers given by all focus group participants at this session. Your responses will remain anonymous.

1. What is your ZIP code of residence? _____
2. How long have you lived in Wake County? _____
3. What is your gender?
    a. Male
    b. Female
    c. Transgender/Other
4. What is your age? _____
5. What is your race?
    a. White/Caucasian
    b. Black or African American
    c. American Indian or Alaskan Native
    d. Asian
    e. Native Hawaiian or Other Pacific Islander
    f. Multiracial
    g. Other: _____
6. What is your ethnicity?
    a. Hispanic/Latino
    b. Non-Hispanic/Latino
    c. Other: _____

Youth Population Parental Consent Form

Dear Parents/Guardians,

Wake County Human Services, area hospitals, and community partners are currently completing a Community Health Needs Assessment (CHNA). Ascendient Healthcare Advisors is working on the behalf of these community partners to gather information from members of the community. This assessment will provide the foundation for improving and promoting the health of the community by identifying and describing factors that affect the health of the population as well as determining the availability of resources within the community to adequately address health concerns.

As part of this assessment, Youth Thrive is working with Ascendient to hold a focus group to talk directly with youth in the community to learn about issues they face and the types of resources they wish were available within their communities. Given the intent to obtain their opinions and input, the focus group will be largely discussion-based. The discussion will be led by an Ascendient Healthcare Advisors staff member who has experience conducting youth-oriented focus groups.

Your child's participation in the focus group is completely voluntary. His/her name will not be included in any publicly-available reports that are written and their responses will remain anonymous outside of the group. Their responses will only be reported as a summary of answers given by all focus group participants at the session. The materials that will be used are attached for your review.

Your child needs your permission to participate in this discussion. Please complete the attached consent form and child bring it with your child to the focus group. The focus group will take place on Tuesday, June 26, 2018 from 6:00 PM to 8:00 PM at the Wade Edwards Learning Lab (the WELL) located at 714 St Marys St, Raleigh, NC 27605. There will be about 10-15 youth participating in the group discussion. Food will be provided from 6:00 to 6:30. The Focus Group will begin promptly at 6:30 and will take no longer than 1.5 hours.

Please note that Youth Thrive will provide a $50 gift card at the close of the focus group to the participating youth; they will need to sign a form acknowledging receipt of the gift card.

Should you want additional information about the CHNA, you can access the links below:

https://www.rexhealth.com/rh/about/community/community-health-needs-assessment/2016-chna/

http://www.wakegov.com/wellbeing/Documents/2016%20Wake%20County%20CHNA%20Full%20Document%20Final.pdf

Thank you in advance for your support of the Wake County Community Health Needs Assessment.

Sincerely,

Shelia Reich
Executive Director

Consent Form from Parents/Guardians For a Youth Focus Group

June 26, 2018 from 6:00 PM to 8:00 PM at the
Wade Edwards Learning Lab (the WELL)

My child, _____
(please print your child's name clearly)

☐ May participate in the focus group

☐ May NOT participate in the focus group

I understand that I am responsible for my child's transportation to and from the focus group.

_____
Parent/Guardian (print)

_____ _____
Parent/Guardian (signature) Date

Findings

Discussions from each of the eleven focus groups are summarized below. The order of the summaries is as follows:

- East Service Zone – Eastern Regional Center
- East Central Service Zone – The Lighthouse
- North Central Service Zone – Alliance Health
- Northern Service Zone – WakeMed North
- South Central Service Zone – REX Wellness Center of Garner
- Southern Service Zone – Holly Springs Town Hall
- West Service Zone – West Cary Middle School
- West Central Service Zone –Pullen Park Community Center
- Spanish-speaking population – Millbrook Human Services Center
- Individuals Experiencing Homelessness – Oak City Outreach Center
- Youth population – The Wade Edwards Learning Lab (WELL)

East Service Zone – Eastern Regional Center
Date held: June 20, 2018
Number of attendees[25]: 17
Average Age[26]: 66.4 years

Elements of a healthy community

- Community that collaborates and shares transparent and accurate info with one another, particularly regarding large issues such as transportation or infrastructure changes, chronic health concerns, necessary needs of the community (i.e. food, shelter, clothing, other mass care needs)
- Unified place to share resources
    - Currently there is a lack of consistency and advertising to those who need the service leading to a lack of ability to solve the problem
    - Even with improved methods of communication, still great room for improvement
- Adequate transportation and access to health services
- Good food access and healthier food options
- Available recreational and leisure activities
- Access to good public library system and schools

Changes over past five years

- Tremendous population growth
- Housing cost is rising but average income staying same

[25] Based on the number of participants on the sign-in sheet.
[26] Based on participants who completed and returned the demographic/information sheets.

- Food access has regressed and more are experiencing food insecurity
- Boys and Girls club opened which provides a place for child activities; however, there's still a need for additional resources for youth

Pressing health concerns

- Transportation
    - Provider and healthcare access limited due to many residents needing to travel to the other side of the county to receive care
    - Low walkability for those who wish to travel via walking/biking or do not have a vehicle
- Housing
    - Lack of affordable housing and people are being forced out of current residences due to development or inability to afford rising costs of living
    - Leads to additional stressors, cyclical in nature
- Lack of facilities and doctors
    - Limited in terms of geographic accessibility
    - Many practices are at patient volume capacity and/or are too expensive
- Substance abuse and mental health
    - Compounded by so many additional socioeconomic factors and lack of trained providers
- Education
    - Closest tech college is in Raleigh, but many can't afford and/or can't get transportation there

Overlooked/Vulnerable populations

- Seniors
    - Lack of transportation
    - Lack of housing/assisted-living facilities
    - Need more home health care options
    - Need information on available resources
    - Need socialization
    - Fixed income not meeting all their needs, leading to difficult decision-making as to what to purchase
- Children and Youth
    - Additional recreational facilities needed
        - Boys and Girls club helped but now have waitlist and is the only such facility in the area
        - Opportunities in sports leagues are too expensive
    - Many on free/reduced lunch during school year and are going without meals during summer
    - Limited opportunities to develop socially and access adequate resources

- Immigrant population
    - Intimidation factors, parents afraid access services such as WIC, SNAP, Medicaid
    - Leads to larger issues such as food insecurity

Where do people seek medical attention?

- Many seek care in ER due to lack of facilities/providers and low income
- For residents that have transportation, they typically go to Raleigh for care

Greatest Impact on why people put off going to the doctor

- Cost/low income/lack of insurance
- Lack of transportation causes folks to miss appointments which means they later are stuck with costs or denied service
- Limited number of facilities especially that are taking new patients
    - Many go to Raleigh for specialists

2016 CHNA Evaluation

- All are still issues

Resources and needs to improve health of the community

- Better public transportation
- Larger/more health facilities
- More recreational facilities and sidewalks
- Affordable using
- Better education systems and skill-based opportunities

Most important issues to address

- Employment and a livable wage
- Transportation
- Education systems

Other unique health needs and/or challenges

- Local employment
    - Many are under-or-unemployed; Need livable wage
- Need better education and library systems

East Central Service Zone – The Lighthouse

Date held: June 18, 2018

Number of attendees[27]: 8

Average Age[28]: 42.3 years

[27] Based on the number of participants on the sign-in sheet.

[28] Based on participants who completed and returned the demographic/information sheets.

Elements of a healthy community

- Income equality
- Affordable insurance
- Affordable housing/rent prices
- Equal employment opportunities
- Equal education opportunities
- Community funding – One of the biggest issues
    - Accountability
    - Transparency
- Community programs
    - Resources available
    - Transparency
- Healthy businesses
    - Alcohol/tobacco stores on every corner are a problem, continue unhealthy cycle
- Mental health resources
- Work together towards bettering the community

Changes over past five years

- Same issues exist but at a higher rate
    - Gentrification
    - Bullying issues
    - Mass incarceration
    - Mental health issues, now beginning at earlier ages
    - Child neglect
    - Low income money is leaving community
    - Lack of sensitivity

Pressing health concerns

- School to Jail pipeline: starting in 3rd grade, desensitized by 6th grade
- Transportation
    - Lack of community involvement in planning processes
- Lack of racial sensitivity
- Poverty
- Mental health
    - Increased childhood stress, criminalization of mental health issues especially with juveniles, associated shame
- Lack of resources
    - Particularly for black males – after incarceration one has no access to resources to support family, thus resorting to prior criminal behavior to make ends meet
        - No longer available to family
        - Loss of confidence

        - Shame
- Intentional systemic oppression
- Housing for poor, elderly and adolescent
    - Low income, not "affordable"
- Need additional/better quality food banks

Overlooked/Vulnerable populations

- Black Males
    - Cycle of loss to family – unable to be there for children/provide for family if unable to find gainful employment
    - Women and children have more programs
- Latinos
    - Limited access to English speaking classes
    - Limited access to community to learn Spanish
- Children
    - Need more after-school programs and a higher attendance caps in good schools
- Low income students
- Those who do not have access to/know how to use computers or have access to the web
- Young homeless, especially women

Where do people seek medical attention?

- Home remedies
- Urgent cares
- Hospital if no insurance

Greatest Impact on why people put off going to the doctor

- Too expensive
- Unable to get time off work
- Distrust medical professionals
    - Medicines that contradict each other
    - Procedures performed that do not help

2016 CHNA Evaluation

- All are still areas of need, especially mental health and substance abuse

Resources and needs to improve health of the community

- Computer skills/web access
- On the job training, especially for those who have been incarcerated
- Evaluation board and more transparency among police officers
    - Independent review, not city/county/LEO based
- More programs for homeless population

Most important issues to address

- Economic/joblessness
- Access to youth programs
- Programs for productive employment
    - Particularly for those emerging from incarceration
    - Self-employment opportunities
- Accountability of government/business resources within the community
- Accountability of law enforcement

Other unique health needs and/or challenges

- Racial sensitivity
    - Bearer of message may not receive fair welcome if not accepted by the community
- Biases due to miseducation/misunderstandings
    - Many in the community judge individuals by appearance

North Central Service Zone – Alliance Health

Date held: June 22, 2018

Number of attendees[29]: 3

Average Age[30]: 49.7 years

Elements of a healthy community

- Equality in services (School budgets, Parks & recreational facilities, Safety, etc.)
- Access to healthy foods – good in this zone but not so much in others – food deserts exist through county
- Access to medical and behavioral healthcare regardless of socioeconomic status
- Affordable housing
- Shared transportation (carpool, Uber/Lyft)
- Presence of community awareness and shared community responsibilities
- Doctors that not only accept Medicare/Medicaid but are also taking new patients
- Centralized resource database for agencies for help
    - Wake network of care
- Recreation facilities – Need to be safe, available, and accessible
- Residents earn a living wage

Changes over past five years

- Exercise/fitness has increased
    - Trails, parks, fitness in schools
        - Incentives to engage
    - New communities with trails

29 Based on the number of participants on the sign-in sheet.

30 Based on participants who completed and returned the demographic/information sheets.

    - Meetups – biking, running clubs
    - Gym costs have decreased
- Food quality
    - Fresh markets and stands
    - Store focus on healthier sections
    - Home gardening
    - Wake Food security plan
        - Coordinating pantries, gardens, markets and diverting excess to desert areas
- Drug abuse increased
    - Rx drugs
    - Tobacco use (especially e-cigarettes)
- Social media impact has worsened with regard to bullying and lack of accountability
- Decreased work ethic
- Less stigma on community colleges
- Lack of engagement/community building

Pressing health concerns

- Housing
    - Deficit of 57,000 affordable houses in Wake County
    - Will get worse with increased population from big business
    - People can't live and work here
- Transportation
    - Concerns over whether the new transit embraces expanding areas and whether it has the ability to keep up with expected growth

Overlooked/Vulnerable populations

- Homeless population
    - Seems to have been an increase in the number of people on streets asking for money
    - Men are especially overlooked due to lack of services/beds
- Persons with mental health issues
- Low income population
- Children/Youth
    - Struggling children because of family issues
    - Aging out of foster care; lack of safety net
    - Not many resources, funding
    - Need more skill-based training opportunities and resources and life skill classes
    - Youth are ashamed to reach out for help

Where do people seek medical attention?

- GP
- Hospital if needs are severe
- Urgent Care for immediate needs
- Ultimately depends on insurance coverage

Greatest Impact on why people put off going to the doctor

- Can't afford copays
- Difficulty finding opening with GP when on Medicare
- Difficulty taking time off work/school
- Difficulty completing/understanding paperwork
- Transportation
- Lack of understanding insurance coverage
- Child care issues
- Many wait until issue becomes severe

2016 CHNA Evaluation

- Health insurance coverage – remains #1 priority
    - Need to increase the number of practices that accept uninsured
    - Increase availability of flat fee services and Rx assistance programs
    - Need assistance in understanding coverage
    - HMO to rural areas
- Transportation
    - Remains stagnant
    - Telemedicine could help alleviate issues particularly for low-income and behavioral health patients
- Access to health services
    - Improved due to growing population and increased presence of mini-hospitals/satellites
- Mental health and substance abuse issues have worsened

Resources and needs to improve health of the community

- Raise awareness of Wake County resource list
    - Specifically, for youth who can pass along to family
    - Use a volunteer network to get word out
- Activities/events within the community
- Continued effort to provide healthy foods to community
    - Fresh foods are so expensive, and people intimidated by non-traditional foods
- Expansion of trails and increased transit options

Most important issues to address

- Health insurance coverage

- Food equality
- Increased social awareness and involvement

Other unique health needs and/or challenges

- Social media issues
    - Underlying factor for many issues
    - Access to bad influences are too easy
- Lack of Therapists for intellectual disabilities
- Lifelong learning opportunities
    - Adults going back to school to improve skills; however, some costs too high and online options could have accreditation limitations
    - Need less stigma on community colleges

Northern Service Zone – WakeMed North

Date held: June 20, 2018
Number of attendees[31]: 9
Average Age[32]: 48.9 years

Elements of a healthy community

- Affordable housing, specifically "workforce housing" which is defined as housing that the local population working in the area can afford
- Access to clean water and healthy food
- People being able to go outside and be active, a walkable and bikeable community
- Adequate transportation
    - Large deficient of public transportation in certain communities in the Northern Zone
    - Exacerbated for seniors in the community who either can no longer drive, cannot afford transportation, or have no transportation options available from their place of residence
- Community that is taking positive steps forward to ensure that all the right pieces and resources are in place and that people can connect to them.
- Relevant businesses
    - Conducive to what people's needs are
    - Ability to fulfill needs locally versus having to leave community
- Opportunity to give back to the community and feel connected
    - Sense of pride, ownership developed through improving the community
    - ownership of community
- Volunteer opportunities to improve self-confidence and connectivity of residents

[31] Based on the number of participants on the sign-in sheet.
[32] Based on participants who completed and returned the demographic/information sheets.

Changes over past five years

- Food security is improving as the area is not considered a food desert anymore but there are still major limitations to accessing healthy food options
- Transportation has improved somewhat
    - Buses are looping to Wake Forest
    - Bike program implementation
    - Still needs improvement in isolated areas as many resources are currently focused on high density areas
- Diversification of community
    - Difficulty in getting their voices heard and connected
- Schools have improved
- Employment has improved

Pressing health concerns

- Transportation for seniors
- Need more facilities for youth and seniors
- Insurance access issues
    - Many cannot find a provider that takes Medicare
- Lack of housing
    - Workforce housing – those that work in the area cannot afford to live there
    - Senior waiting lists are extremely long
        - Private centers are too expensive
    - Displacement through increased housing costs
- Mental health, particularly for youth
    - Access, cost, resources, identification, stigma
- Long term ramifications associated with growth

Overlooked/Vulnerable populations

- Male population:
    - No healthcare facility dedicated specifically to men
- Seniors
- Youth
- Persons with mental health issues

Where do people seek medical attention?

- Emergency rooms
    - Particularly for mental health issues
    - Residents seek care here if they cannot afford or are unable to seek medical attention elsewhere
- Urgent Cares are replacing PCP facilities and becoming more of a one-stop shop for many needs such as emergencies, x-ray, general illness, etc.

Greatest Impact on why people put off going to the doctor

- Insurance issues:
    - Underinsured or Noninsured populations
- Affordability
    - Issues with being able to afford visits even with insurance or medication costs
- Transportation
- Lack of medical offices and providers to take on new or more patients
    - Especially if have Medicare

2016 CHNA Evaluation

- Health insurance coverage
    - Medicare still an issue
- Transportation
- Access to health services
- Substance abuse/mental health
    - Lack of mental health facilities/beds
    - Demand for services is greater than supply of qualified help
    - Youth issues have increased
        - Schools can't do it on their own

Resources and needs to improve health of the community

- Common definition of what constitutes a community
- Community outreach to help identify and assist with making resources known

Most important issues to address

- Community workforce housing
- Mental health
- Transportation
- Education and awareness for health issues – particularly seniors

Other unique health needs and/or challenges

- General health concerns: diabetes, obesity, high blood-pressure, chronic heart diseases, etc.
- Alzheimer's and Dementia cases have increased significantly with the increasing aging population and there are real concerns around community and family education, awareness, and care capacity

South Central Service Zone – REX Wellness Center of Garner

Date held: July 19, 2018

Number of attendees[33]: 13

[33] Based on the number of participants on the sign-in sheet.

Average Age[34]: 55.6 years

Elements of a healthy community

- Happy
- Socially connected
- Crime free
- Financially secure
- Neighbors helping neighbors; Community involvement
- Rich in resources such as healthy food, health care, community resources, senior centers, and accessible resources
- Accessibility of resources for low income populations
- Religious communities that help residents regardless of religious affiliation
- Seeing people outside
    - Sidewalks, greenways, walkability
    - Physical activity and infrastructure
- Information on how to connect to available resources
- Adequate city planning so that community resources are available and well-distributed
    - Business districts, industrial districts
    - Less waste

Changes over past five years

- Health has improved
    - Senior center offers meals and nutrition information and classes such as walking and diabetic education
- Traveling has become more difficult
    - Bus routes are not convenient
        - Do not stop at senior center

Pressing health concerns

- Crime has gotten worse
- Lack of affordable and quality housing
- More senior resources and more equitable resource distribution

Overlooked/Vulnerable populations

- Seniors
    - Difficultly finding acceptable physicians and paying for it
- Computer illiterate
    - Need centers with classes
- Veterans
    - Coordination of services

[34] Based on participants who completed and returned the demographic/information sheets.

        - Need assistance locating and finding resources
- Mental health issues
- Single people
    - All ages and genders
    - Benefits are easier to get for those with family
- Young people
    - Employability
    - Skills
    - Childhood obesity

Where do people seek medical attention?

- Urgent care
    - More convenient locations/closer
    - Easier when walk-in/no appointment necessary
- ER

Greatest Impact on why people put off going to the doctor

- Difficultly finding acceptable physicians and paying for it
- Fear of finding out something is wrong
- Providers not spending time with patient talking with patient which creates lack of trust and patient discomfort
- Financial concerns

2016 CHNA Evaluation

- All still need improvements
- Health insurance coverage gap for minimally employed

Resources and needs to improve health of the community

- Access to providers
    - Kids and seniors
    - Dental care
    - Specialists unavailable
        - Long wait times
        - Transportation concerns
- Improved transportation
- Public screening days for all ages
    - Dental work
    - Physicals

Most important issues to address

- Housing
    - Affordable housing

- Healthcare access
- Transportation
- Nursing homes

Other unique health needs and/or challenges

- None

Southern Service Zone – Holly Springs Town Hall

Date held: June 13, 2018
Number of attendees[35]: 17
Average Age[36]: 53.9 years

Elements of a healthy community

- Walkability – sidewalks downtown
- Transportation
- Access to health providers
- Recreation centers
- Low density housing
    - Plenty of foliage and access to nature
- Food share programs

Changes over past five years

- Focus on holistic medicines and food sources
- Overdosing, opioids and prescription drug issues have increased
- Access to health care has and will continue to increase with the opening of the UNC REX Holly Springs Hospital

Pressing health concerns

- Low income dental
- Transportation within town
- Transportation/access issues for low income
- Senior citizen/aging
    - Need more resources such as transportation and mental health that are affordable
- Affordable housing
- Mental health services
    - Both for adolescents and senior
    - Access to facilities – lack of psych ERs causing backlogs, lack of beds locally means someone needing treatment can be sent anywhere in the state (away from support systems, etc.)

[35] Based on the number of participants on the sign-in sheet.
[36] Based on participants who completed and returned the demographic/information sheets.

- Division of Aging Agency should be brought in-house locally
- Identifying and treating the root causes of health issues to truly make healthier community
- Need more health information distribution channels
- Need more school nurses and social workers to help promote healthy behaviors earlier in age

Overlooked/Vulnerable populations

- Seniors
- Low income
    - Mental health specifically
- Children/teen
    - Access to and availability of after school and summer programs
    - More bullying among youth
- Special needs adults

Where do people seek medical attention?

- Urgent Care
- Emergency department
    - Inappropriate use for mental health issues and non-emergency cases casing long waits and backlogs

Greatest Impact on why people put off going to the doctor

- Cost
- Transportation
- Unable to miss work
- Lack of health information/understanding (don't realize doctor can help)
- Fear
- Part of a group that does not want to draw attention to themselves
- No health insurance

2016 CHNA Evaluation

- Access has increased
- Mental health should be #1 issue moving forward
- Displacement of transportation issue – Seniors may now have transportation but it's negatively impacting those providing the transportation

Resources and needs to improve health of the community

- Proactive approach rather than reactive approach
- Better marketing to make resources that are available more widely known to population
- Awareness of aging demographic shift
- Elderly transportation

Most important issues to address

- Transportation
- Mental health

Other unique health needs and/or challenges

- Division of Aging
- Need less expensive health care
- Special needs programs needed for those who have aged out of school-based programs
- Medicaid expansion needed
- TOCS program

West Service Zone – West Cary Middle School

Date held: June 28, 2018

Number of attendees[37]: 9

Average Age[38]: 44.8 years

Elements of a healthy community

- Lots of active people spending time outside
- Many resources distributed equitably
- Informed and well-educated people
- Access to farmers markets and healthy eating
- Ability to take care of health financially
- Kids playing and going to school
- Engaged in religion
    - Noted that substance abuse is from lack of religious engagement
- Low crime rates of homicide, DWI, etc.
- Low drug/gang activity
- Accessible medical care
- People interacting via community activities, playing, and spending time together
- Ability to age in place
    - Serve all age groups

Changes over past five years

- Income disparity has increased which negatively impacts health access
- Increased diversity
- Social media has an increased presence
    - Children getting engaged online instead of outside
- More screen time
- Increased population density and less natural area

[37] Based on the number of participants on the sign-in sheet.

[38] Based on participants who completed and returned the demographic/information sheets.

- Built more greenway access
- Substance abuse increase especially opioid overdoses
- Aging community
- Transportation
    - Public safety response time
    - ER access

Pressing health concerns

- Chapel hill road near Durham – no bike/trail paths
    - Unable to bike/walk to work or retail stores
- Traffic
- Taxes
- Schools
    - Overcrowded, not enough schools, and some have to travel too far from home to go to school
- Need healthy choices within schools in terms of lunches and vending machines
- Environment
- Out of control justice system
    - No knowledge of how system works
    - CPS/foster care system
- People cannot live and work in proximity
    - Must commute
    - Lack of affordable housing
- Opioids and drug use

Overlooked/Vulnerable populations

- Young children
    - Not playing on their own due to laziness and/or safety concerns
    - Encountering diseases/disorders earlier in age
- Young, old, and disabled hindered by lack of transportation
- Those that are aging in place
    - Need socialization opportunities
- Those with mental health/substance abuse problems

Where do people seek medical attention?

- Online/Google/WebMD
- Primary care physician
- Health screening at Sam's club
    - BMI, blood sugar
- Work

Greatest Impact on why people put off going to the doctor

- Don't want to wait at a doctor's office
- Patronization
- Lack of health insurance or are underinsured
- Cost
- Access issues due to lack of primary care within the community
- Fear/Pain/Ignorance

2016 CHNA Evaluation

- Health insurance
    - Small/independent business owners can now band together for better costs
- Transportation
    - Better but still inaccessible to bikes
    - Infrastructure has not been able to keep up with population growth
- Access to Health Services
    - Western wake health center
    - Duke urgent/primary
- Mental health and substance abuse
    - Awareness has increased
    - Less stigmatized
    - More coverage in health insurance

Resources and needs to improve health of the community

- Transportation needs infrastructure
- Need long term places for mental health/substance abuse treatment (like 1-2 years)
- Need more resources and facilities for substance abuse and inpatient facilities for mental health
- Violence prevention among young people
    - Language/bullying
    - Weapons violence
    - Mental health
- More resources at school such as after-school programs and school counselors
- Rechanneled disciplinary programs
    - Martial arts
    - Triangle Shooting academy
- Ensure full, robust health care
- Wake county transit plan
- More parks and recreation facilities
- More youth outreach in community spaces

Most important issues to address

- Substance abuse disorders
- Spiritual environment
- Health insurance
- Housing
- Healthy food
- Community mobility

Other unique health needs and/or challenges

- Weight management
- Substance abuse prevention
- Lack of knowledge of resources
- Chronic pain management patients
    - Physicians wary of overprescribing
- Domestic violence
    - Cultural differences
- Human trafficking
- Uber health
    - Assertive outreach for elderly/disabled
- Social attitudes towards monuments

West Central Service Zone –Pullen Park Community Center

Date held: July 12, 2018

Number of attendees[39]: 5

Average Age[40]: 41.7 years

Elements of a healthy community

- Knowledgeable community, aware of health issues, causes, and treatments
- Good education systems
- Physical fitness programs, particularly for elderly
- Have access to food/gardens
- Safe places to walk
- Public transportation
- Community taking care of each other
- Good communication and ability to discuss needs
- Programs for assistance and residents knowing that they're available and getting people to them
    - Elderly

[39] Based on the number of participants on the sign-in sheet.

[40] Based on participants who completed and returned the demographic/information sheets.

    - Transportation
- Caucasian communities typically have better health/resources

Changes over past five years

- Healthcare cost has increased and insurance coverage gaps have worsened
    - Medicaid worse
    - Age has changed making older children not be covered
- Community garden
- Grandparents raising grandchildren, creating a new set of problems and a need for resources not needed or provided before

Pressing health concerns

- Substance abuse and mental health epidemics
- Elderly care
- Appropriate resources and services for elementary students
- Access to maintenance medications, need for affordable and consistent options
- Affordable housing
    - Need low income housing

Overlooked/Vulnerable populations

- Elderly
    - Need assistance with medications (affordability, ability to pick up) and getting to and from providers
- Elementary school children
    - Need preventative care in schools
- Black community
    - Disrespect from health centers leads to otherwise unnecessary ER visits
- 19-30 year old population
    - Medicaid stops at 18
    - Adults working but not earning enough for insurance
- Sickle cell/Lupus
    - Diseases becoming more common and not enough resources
- Young black women
    - STI resources
    - Sexual health awareness

Where do people seek medical attention?

- ER
- Many simply don’t go
- Student health for surrounding area college students
- Urgent care

Greatest Impact on why people put off going to the doctor

- Disrespect from front desk staff and/or providers, particularly for already vulnerable populations such as Medicaid patients and the homeless
- Cost
    - Urgent care is $75 per visit
    - Can't find providers accepting Medicaid
- Oral care
    - Can't find decent dentist that takes Medicaid
- Vision
    - Can't find good care with Medicaid or get glasses
        - one pair per two years
- Transportation
- Time constraints
    - Working people that can't take time off

2016 CHNA Evaluation

- All have become worse
- Transportation
    - Too expensive
    - Bus stops too spread out
- Mental health and substance abuse
    - Stigma has increased
    - STOP act restricts Rx amounts
    - Need more services/locations
    - People are Completely ignored
    - Need crisis intervention training, LEO take people to jail which escalates situation

Resources and needs to improve health of the community

- Assistance with elderly and adults so that they are better able to take care of their children/grandchildren
- Health literacy programs
- Preventative maintenance and medicines
- Need more centralized health facilities
    - Bring health facilities to the area instead of sending the community to the facilities
- Welfare checks
- Service providers need more respect for those they are supposed to be helping

Most important issues to address

- Reparations
- Knowledge/education
    - Connection to what is out there and how to use information once you get it

- How to reach people/population that hasn't previously been reached especially since many are those needing the resources/services being made available
- Access to fresh foods
    - Summer feeding programs provide food for children but not adults causing a gap
- Bring resources into the community
- Increase welfare checks

Other unique health needs and/or challenges

- Underage drinking/DWI especially prevalent in area due to surrounding colleges
- Resources need to be allocated evenly throughout the community
- Need walking trails that do not allow dogs and that are safer

Spanish-speaking population – Millbrook Human Services Center

Date held: June 29, 2018
Number of attendees[41]: 9
Average Age[42]: 49.3 years

Health of this community

- According to the Latinos I work with, health is minimal because there aren't economical places for people to go to get health care. That's because people don't have insurance. People can be very sick and don't go to the doctor. Both parents and children.
- There are clinics but folks don't know about them.
- Yes, that's the problem, because people don't have access to the information they need.
- The clinics aren't close enough and there's no transportation.
- The problem is really with the adults. The majority of kids have Medicaid, if they were born here and are residents. Of course, there is a certain percentage of kids that are undocumented.
- But sometimes, depending on who's at the entrance points, we might be received differently. We may not get the same attention if they see me speaking Spanish. They may not explain what services are available. I've noticed that a lot of times people get to the clinic, but they don't find anyone who speaks (Spanish). They are not explained their rights, like who qualifies and why or why not, and the families are shy and don't ask what they might qualify for or what options they have.
- Language is still a barrier
- One health issue is obesity, in children.
- Mental health is also an issue.
- I've only been here a few years and I've had to look really hard to find what I need. Services at the health department has been good for the kids, but there's nothing for me because I don't have insurance (female speaking). But when I have gone, the service has been good, and I don't

41 Based on the number of participants on the sign-in sheet.
42 Based on participants who completed and returned the demographic/information sheets.

have to pay much, or they've been free. I think the information is there, but we need to be better about informing people about what's available. People find it too difficult to figure out.

Elements of a healthy community

- Medical access.
- Employment
- Education
- Housing, affordable and dignified, where 5 families don't have to share one home.
- Exercise and nutrition – detailed information. Information about where to go to exercise. Need free places – like a center, not a gym where you have to pay. A place you can go with your kids, your family.
- Access to everything mentioned above.
- Children end up having to translate.
- Latinos with low education levels, who are undocumented are not able to figure out how to access the services that are there. Often, we have to help guide them, or take them there. (agreement)
- There is a lot of fear to ask for/apply for help. People are afraid of deportation. That's the main reason they don't look for help. (agreement)
- Right now, even if the programs exist, people won't go. It is particularly bad due to the current political situation. I don't blame them. It's hard to lose family members, especially if they are the bread winner, or the mother or kids. To have a healthier community, we need to be more welcoming to the migrant community. We were more welcoming 5, 6, 10 years ago. The doors were open and we were creating positions to serve Latinos. Those that work with the community need to be more culturally competent, have a better attitude. We need to be more humane and treat people like people. Even if we can't help them, we can look for other resources for them. You don't have to be bilingual to do that.
- People are treated well here (Millbrook HS Center) and folks come from far away if they can. They know they will get the service or information they need.
- We provide more personalized attention. That's the difference with this building, compared to the others.
- Good customer service towards immigrants, or anybody. (general agreement)
- Having access to everything mentioned above.
- Access to cheaper food, not trendy, expensive grocery stores like Publix.
- We need to teach people what they do have access to. We need to get out and tell people more about what's available because they don't know.
- We don't do as much outreach as what used to do. We would go out to the trailer parks, where people live, but now we all have fancier jobs than that.
- Even staff don't know about what services are available. We need training about what's available to the community. There's no booklet, we have to just ask around to see if anyone knows of a service. We need this information, especially for other cultures and languages that

don't speak Spanish. It's not the workers fault for not knowing. Wake County should provide training.

- Wake Network of Care is new, but it doesn't have many resources either. Especially for folks that aren't educated, they won't be able to find the services they need on the computer. For workers to use, it's okay but it's hard to find things on there.
- We have lots of training when we start work, but we should add one about other resources that are available, not necessarily where you'll be working, but other basic services that are available. We should be able to guide people as to where they might go.
- Institutional training for employees about the services that are out there.
- Create outreach positions, promotoras de salud (lay health advisors) like we used to have. Another thing, because we always focus on youth, we also need to provide services or people over 50. This group is growing. We don't see them because they stay home, taking care of the grandchildren, while the children are working. They get even fewer health services because they are too old, and they don't have Medicare and they don't get any health care.
- We need places for the elderly to go during the day, specifically for Latinos, where they speak Spanish. There's a place like this for older Koreans, not in Raleigh, but we need a place like that for Latinos.

Changes over past five years

- There are more services for Latinos, but not lay health advisors (promotoras de salud) as mentioned earlier. They helped a lot to reach the new immigrant populations.
- There are better services to keep children healthy.
- Even if they don't have insurance, there's help for kids. UNC helps a lot.
- Teens with mental health problems don't have anywhere to go. I need a referral for a teen…. (devolved into a private discussion as to where she might refer a specific teen).
- We focus too much on little kids, once they reach 21+ there's nothing available so parents are dying, they don't get disability or anything and they have no access to health care. What good is it to have a healthy child, if the parent is dying? They will end up orphans. Why focus so much on children and give nothing to the parents? That has nothing to do with legal status, because it's the same for Americans. This is a huge gap and its horrible.
- The completely political! There are groups that are fighting to change this, but…. (general agreement)
- I agree, the same thing happened to me when I got here. My child had health services, but there was nothing for me. It doesn't have to be forever, but at least 6 months if the person is sick.
- There's emergency Medicaid that can be used. It can only be used at the moment, not for prevention services.
- The foreign community/ immigrants from anywhere is growing and our parents that have come here with us need medical services and there's nothing.

Pressing health concerns

- Mental Health (agreement)

- The worry about deportation (public charge). People don't want to access services because they are worried that it will hurt their chances of fixing their papers (legalize immigration status). It's causing lots of stress and affects mental health. (general agreement)
- Education about the above. These messages are coming from the federal government that say that if people apply for public services, they won't qualify for residency or citizenship, so we're at zero.
- But this still isn't a reality (public charge). They shouldn't be worried about this yet.
- But this causes stress and people won't access services because they're scared now.
- But they've always been scared. They don't want to see themselves as needing services. They want to be able to provide for their families themselves. That's the concept of the immigrant, that they will be able to provide for their families here, something they couldn't do in their home countries.
- Health in general
- Cancer
- Dialysis
- Emergency Medicaid covers a lot of that
- General health
- Better public transportation (general agreement)
- Information about resources – outreach.
- They need to go to the doctor for preventative care as well. They only go to the doctor when they're sick. They need more education about this. We have to change this way of thinking. Lots of people don't have the interest to learn about things. (general agreement)
- We have to remind people not to let their insurance lapse. Because with the upcoming changes, we don't know what's going to happen, but if your child has insurance, they have to continue to see you.

Overlooked/Vulnerable populations

- Yes, the elderly; adults are a gap, from 21 years up. Parents of children.
- Prevention education. We need more lay health advisors (promotoras de salud). If even the people who speak English aren't getting preventative care, imagine if you speak another language. We end up in the ER instead of getting the preventative care we need.

Where do people seek medical attention?

- La Clinica Roja (Public Health Center) (general agreement)
- Regional centers
- Alliance Health Care
- Private doctors
- Internet and what's app.
- Centro para familias hispanas
- Community churches. Some have nurses that will help congregants.

- Neighbors and relatives.

Greatest Impact on why people put off going to the doctor

- It's expensive
- They don't have insurance
- They don't have enough money and don't know how much it's going to cost.
- Transportation
- If I go to the doctor, I'll have to miss work. The clinic schedule (is a problem) because they're not open in the evening or on the weekends.
- If you don't know where to go, you look around and lose time and money. Knowing what's available to you.
- Don't you think it's also cultural? I have money, insurance and a doctor I like, but I don't go. I still use my home health remedies; It's cultural
- Women may not want to see a male doctor.

2016 CHNA Evaluation – Any Improvements?

- We just talked about all this!
- NO (general agreement)
- Yes, in transportation, a little bit – uber and taxis, not public transportation
- We also have to learn how to take the bus. I get everywhere by bus from Cary to Raleigh and its easy. People who don't have cars can do this, but they have to learn how.
- And they have to be retired. There are buses, but you can't take the bus to work
- Yes, insurance for children's health care has gotten substantially better.
- Yes, there are health services available,
- But there are waiting lists so the need is greater than what's available.
- The population has grown!

2016 CHNA Evaluation – Any still a concern?

- Yes (general agreement)
- Immigrants, recently arrived, undocumented.
- The last one – mental health (general agreement)
- Medical insurance (general agreement)
- Just invert the list from the last slide (general agreement)

Resources and needs to improve health of the community

- Inform people who are afraid to come out of their homes due to the police or their legal status… they don't look for information. But they still have to eat so do outreach at International foods and other small Latino stores (tiendas) where folks go and put information in those places.
- Use federal funding to create lay health advisor positions (promotoras de salud) in the community, like at the supermarkets, flea markets… where people go.
- We need outreach folks that are out there where the people are.

- We have lay health advisors, but they don't seem to advance. It's a lot of work so we need more collaboration.
- It has to be people that don't just sit in the health clinics. Those people are important, but we need outreach workers too.
- ESL classes would be a good place for outreach.
- Schools, churches, consulates, markets etc. Outreach information. Like the Ventanilla de Salud (Window of Health) at the Mexican Consulate with their mission to inform people about where they can go for health services if they don't have insurance. They do great work that could be used as an example or pilot for other entities. Everything is probably on the web, but people can't read or don't have a way to access it. Wake Tech gives lots of great information to newly arrived people. The most important thing is the "culture." We don't understand how preventative medicine works here and how important it is for your health. This can be as simple as learning how to cook healthy to avoid obesity, hypertension, diabetes and other preventable chronic diseases.

Most important issues to address

- Learning about chronic disease prevention, how to manage chronic illness and how US healthcare works.
- Mental health, substance abuse and address the cultural differences around prevention. It's a process we have to learn.

Other unique health needs and/or challenges

- Political climate and immigration stressors. Because as the Department of health, you are trying to create the structure so everyone will have access to education and services but if all of the rest of this is going on around us, especially in these times, it's not going to be worth the effort and you're going to lose time and money. How can we change the conversation? Until we address this it will be hard to address health issues like getting to the doctor when I need to. (agreement)
- Somewhere in this report we have to put that politics is killing us.
- This doesn't just affect undocumented people, but everyone! I know about what's out there, but I'm still scared to navigate the system simply because I'm Hispanic. It's not because of anything I've done, but because of the current conditions and the messages we're hearing every day. Imagine if you didn't have papers (saying you're legally in the US), you would lock yourself inside and your mental health would be over.
- I feel like my citizenship could be taken away at any time. If they take public services away from one group, they will take them away from all (blacks, poor, etc.) eventually.
- We need more school nurses and social workers. One for every 3-4 schools isn't enough. Middle, high school and even the little kids are having mental health problems. And even if they have insurance there's nobody doing prevention work. They are being bullied, they are vaping and are depressed. We worry about them, but we're not doing anything.
- There are 1200 kids per school nurse, when it should be only 700, and even that is a lot.

- Guns too
- Peer pressure. Shy kids are being pressured.

Individuals Experiencing Homelessness – Oak City Outreach Center

Date held: June 19, 2018

Number of attendees[43]: 11

Average Age[44]: 51.0 years

Elements of a healthy community

- Having access to health services and medical needs
    - Current gap related to dental and vision coverage and accessibility
- Access to healthy foods
- Access to medicines
- Safe living environment
    - One participant noted not feeling safe within women's shelters due to wide array of people accepted
    - Freedom to pray
- Employment/work programs
- Being treated with respect
- Community that shares information, respects each other, and empowers each other to improve themselves; Current perceptions of:
    - Lack of information and/or accurate information regarding the availability of resources
    - Lack of feeling respected by those in authoritative or "non-homelessness" positions
    - Lack of empowerment to feel they are an important addition to society and can be helpful

Changes over past five years

- Much has regressed in the past 5 years for their population regarding agency/organization information sharing and personal and community medical issues
- Medical care accessibility has improved
- More meetings/discussion held where they can hold a dialogue about their concerns

Pressing health concerns

- Access to dental and vision coverage
- Conditions that require medical management and routine access to providers, such as diabetes, blood pressure, and heart conditions
- Lag times between starting programs, getting jobs, and getting paid
- Being able to find/access services

[43] Based on the number of participants on the sign-in sheet.

[44] Based on participants who completed and returned the demographic/information sheets.

    - Mental health
        - People may not be trained or equipped to handle
    - Foods
        - Fatty, greasy, starchy
    - Men's gym but no women's gym within shelters
        - Access to physical fitness facilities
- Accessibility of preventative care
- Physical disability while homeless
    - Mental disability creates jobs while physical disability does not create jobs; thought that prevents funding and resource discrepancies
    - Have to adjust to survive
    - Feelings that they are viewed by others as disposable
- Funding of programs specific to homeless populations
- Pushback from "higher ups" and culture
- Favoritism among shelters
    - Power control struggles

Overlooked/Vulnerable populations

- Persons with substance abuse issues
- Mentally ill
    - Try to avoid detection out of fear of judgement
- Disabled
- Low income populations
- Those with transportation and/or communication barriers

Where do people seek medical attention?

- Hospital if necessary and able to get to it
- Advance Community Health is a great resource
- Health departments

Greatest Impact on why people put off going to the doctor

- Distrust
    - Feelings of disrespect and judgement when reaching out for services
    - Feelings of personal protective information being inappropriately shared or used to negatively impact their health
- Costs of medications or necessary follow-ups such as glasses or additional procedures
- Accessibility to local services/distance/transportation
    - Chapel hill vs hospitals that are much closer
- The run-around for services – unsure of who to go to and what questions to ask
- Unable to get time off job

2016 CHNA Evaluation

- All participants agreed that all priority groups identified in 2016, except for medical health services (excluding dental and vision), are worse now.
- For this population, many of the medical needs are currently being addressed by Advanced Community Health

Resources and needs to improve health of the community

- Oversight and transparency needed within shelters
    - Need someone specifically to lodge complaints with that does not have hands tied and can investigate issues within shelters in an unbiased manner
    - Legal help to file complaints
- Healthy food options
- Dental and vision resources
- Medical respite facility/care
    - Mentioned specifically respite care following advanced procedures or for patients that are seen with chronic conditions or episodes of vertigo
    - The physician mentions how not having medical respite care for these populations puts them at high risk for relapse or unsuccessful outcomes as they cannot recover in the prescribed environment
- Accessibility to info regarding available assistance
- Need for more mental health counseling services as well as additional/better trainings for those delivering the services
- Sensitivity training
    - Need training desperately to understand how to deal with homeless population

Most important issues to address

- Not all homeless are the same. Various reasons for the situation.
    - Capable of work but no sustainable jobs available – circle of PT work
    - “Homeless” isn’t a community. Everyone has their own story and situations.
- Disconnect between those who are experiencing homelessness and those who deliver services to them
- Lack of knowledge of available resources
    - Lack of consistent information sharing, communication gaps, and training insentiences or weaknesses

Other unique health needs and/or challenges

- Uber/Lyft for travel for services
- I don’t want a handout, but a hand-up
- Need way to keep track of those within shelter in case someone becomes missing
- Concerns over medical records being requested by State/Fed agencies

Youth population – The Wade Edwards Learning Lab (WELL)

Date held: June 26, 2018

Number of attendees[45]: 14

Average Age[46]: 15.4 years

What do you like most about living in Wake County?

- Lot of opportunities via camps and volunteer work
- College opportunity
- Lot of culture/arts
- Feel safe
- Diverse community
- Good schools/education system

Elements of a health community

- Work to decrease poverty
- Food security
    - Healthy foods are expensive so many get unhealthy foods because cheaper and have to eat
- Positive influences
    - Social interactions
    - Food
    - Less exposure to drugs and violence
    - Less smoking
- Healthy environment
    - No trash on roads
- Nonviolent
- People working together
- Feel safe
- Everyone has a place

Biggest problems for youth

- Fortnight/Video games
    - Focus more on game than studies
    - Possible gaming addiction
    - Microtransactions
        - Loot boxes/gambling
- Not involved enough in the community
    - School/work/social = not enough time to be involved
        - Social aspect is such a high priority

45 Based on the number of participants on the sign-in sheet.

46 Based on participants who completed and returned the demographic/information sheets.

        - Grades have become more important
- Lack of after school programs/activities/rec centers
- Social platforms expose youth to alcohol/drugs/violence/negative social media
    - Dealing with issues from a social media perspective
        - Both at home and school due to social media
- Substance abuse among both boys and girls
    - Occurs openly, even at school and within locker rooms
    - Seen commonly, talked about frequently
- College prep/school work/extracurricular activities cause stress, exhaustion, feelings of being overwhelmed
- Lack of parental understanding
    - Social media in particular
    - Need courses to assist them in relating to the youth
- Fear to talk to resource officers
    - Need exposure to get over fear

Changes over past five years

- Drugs seem more common
    - Common in high school and being pushed down to middle and later elementary school
- Physical health has increased
- Safety and security has decreased
    - Feels unsafe to walk down the street
- Mental health
    - Anxiety has become common so mental health is less stigmatized
- Rising stress levels to meet expectations
- Environment has become worse
    - Trash in schools and on roads
- Gun violence has made people more anti-social/scared
- Community has grown too fast
    - Apple/Amazon
        - Can't support extra people/transportation
- Better physically, worse mental health
    - Depression/anxiety are new norms that can affect career paths

Vulnerable areas or neighborhoods where these problems seem to be worse

- Jennersville Road area in Rolesville
- Merriwoods; East Cary Middle School area
- Capital Boulevard
- Urban areas

Overlooked/vulnerable populations

- Low income population
- Bullied kids
    - Wake County's "no tolerance" policy is a joke
        - Not being enforced and follow-up is non-existent; officers may enforce but teachers won't
    - Getting worse despite policy; one and done solution if at all
    - Racism plays a role in bullying
    - Can cause major mental issues
    - Must intervene with elementary school to teach skills
    - School/outside of school interactions = no enforcement
    - Caused by jealousy, attention-seekers, lack of coping mechanisms to deal with anger, nonconformity…seems to be caused by any and every issue
- Gangs have led to fighting in schools
- Those with mental health issues

Where do you go when you need medical help or information about your health?

- School resource officer
- Guidance counselor
- Parents
- Friends
- Online
- Lack of good resources for uncommon/embarrassing questions
    - No locally accessible private places for help

Greatest Impact on why people put off going to the doctor

- Financial
    - Cannot afford, will get better on my own or it won't work
    - Burden on family causes stress
- Laziness
    - "It's not that serious" mindset
- Fear of Doctor/treatment/seriousness of problem
- Humiliation/shame
- Boredom/too many forms to fill out
- Transportation

2016 CHNA Evaluation

- Problems getting health insurance
    - No physical access to insurance agency
    - Conflicts between insurance and hospital agencies
    - Available but not practical because of expense

- Transportation
    - Rolesville has improved
- Getting Health Care
    - Rural areas are still difficult to get to/from
    - Satellite hospitals can be somewhat useless and cause extraneous expenses
        - Get transferred to main hospital for anything serious at all
    - Urgent care
        - Should be expanded to include more services
- Mental Health/Substance abuse still an issue

Resources and needs to improve health of the community

- Community outreach and charity/assistance programs to help with poverty
- Always open/available mental health facilities
    - Including transportation if needed
    - If it already exists, it needs more exposure/awareness
- Outreach person or program within schools/communities that youth can talk to about common problems
    - Need authority to take action
    - Develop relationship
- Bullying
    - Too late to do anything for current generation but need to focus on molding next generation through a long-term solution
    - Pay-it-forward style
    - Administration is commonly non-responsive
- No way for youth to make a change or make someone listen to problems
- More programs outside of Raleigh main
    - Stipends are very popular
- Outreach programs with community leaders
    - Discuss evolution of society
- Mental illness awareness programs
    - PAL – resource officer involvement program

Most important issues to address

- Bullying
- Mental illness
- Substance abuse
- Criminal activity and weapons
- Community involvement
- Leadership in the community
- Medical service access/financial constraints

Other unique health needs and/or challenges

- Need to set aside our beliefs and views to see other people's needs and stop hate
- Need to see change

Community Telephone Survey Data

The community telephone survey included 30 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 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 Wake County Human Services 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 zone) and Internet-based surveys.

In total, 300 responses from residents representing Wake County were collected via the telephone survey. Responses were analyzed by service zone. This survey was available in both English and Spanish (upon request).

<u>Findings</u>

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?

Respondents were required be at least 18 years old, a Wake County resident, and agree to participate. All 300 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.

Please note that responses by service zone do not total to the number of Wake County respondents because some respondents did not properly identify their ZIP code of residence to be assigned to a service zone.

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.

1. 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 live:

    a. I can access good healthcare in my community.

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
1	9.6%	4.0%	0.0%	2.7%	5.3%	0.6%	1.4%	0.0%	2.7%
2	0.4%	5.7%	3.0%	0.6%	6.6%	0.6%	0.5%	5.1%	2.3%
3	18.1%	16.9%	19.6%	9.4%	8.2%	7.3%	13.3%	17.7%	13.0%
4	14.5%	14.6%	18.0%	13.1%	16.7%	13.5%	14.9%	22.9%	15.7%
5	57.2%	56.2%	58.5%	74.2%	63.1%	70.2%	68.6%	54.2%	64.7%
Unsure/Do not know	0.2%	2.6%	1.0%	0.0%	0.0%	7.9%	0.0%	0.2%	1.3%
Refused/No response	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.4%	0.0%	0.3%
Total Number of Responses	**19**	**21**	**35**	**46**	**35**	**38**	**74**	**30**	**300**

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

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
1	6.4%	0.8%	2.0%	2.9%	0.0%	0.0%	1.6%	1.2%	1.7%
2	0.0%	0.0%	0.0%	0.0%	2.3%	0.6%	0.0%	0.0%	0.3%
3	8.9%	13.8%	5.8%	7.6%	9.6%	4.1%	1.6%	6.0%	6.3%
4	20.1%	23.0%	15.2%	12.0%	15.5%	5.5%	12.8%	14.9%	13.7%
5	54.5%	53.1%	75.1%	72.6%	65.7%	85.8%	80.0%	77.1%	73.3%

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
Unsure/Do not know	9.4%	2.6%	1.0%	4.9%	3.8%	4.1%	4.1%	0.7%	3.7%
Refused/No response	0.7%	6.7%	1.0%	0.0%	3.1%	0.0%	0.0%	0.2%	1.0%
Total Number of Responses	**19**	**21**	**35**	**46**	**35**	**38**	**74**	**30**	**300**

c. My community is good place to grow old.

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
1	6.4%	0.8%	3.7%	1.3%	0.0%	0.3%	3.0%	1.2%	2.0%
2	5.6%	3.5%	1.7%	5.5%	1.7%	3.2%	4.1%	0.7%	3.3%
3	14.1%	19.3%	11.1%	7.7%	19.0%	11.3%	6.2%	24.0%	12.7%
4	26.7%	19.7%	24.6%	20.8%	11.4%	12.3%	24.3%	6.8%	18.7%
5	41.4%	51.4%	52.0%	59.2%	67.8%	72.9%	56.6%	62.2%	59.0%
Unsure/Do not know	5.9%	5.3%	7.0%	5.4%	0.0%	0.0%	5.7%	5.2%	4.3%
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	**19**	**21**	**35**	**46**	**35**	**38**	**74**	**30**	**300**

d. I am connected and socially supported by others in my community (family, friends, neighbors, etc.).

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
1	8.5%	11.0%	8.0%	2.7%	8.4%	2.3%	0.6%	2.5%	4.3%
2	0.9%	4.0%	5.6%	8.3%	5.6%	0.3%	2.8%	3.6%	4.0%
3	24.8%	11.5%	12.3%	14.5%	16.2%	8.4%	14.2%	11.6%	13.7%
4	20.4%	14.3%	26.7%	17.1%	16.6%	14.6%	26.7%	32.8%	21.7%
5	44.7%	54.5%	46.3%	53.2%	51.7%	71.8%	54.4%	49.3%	54.3%

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
Unsure/Do not know	0.4%	2.0%	0.0%	4.3%	1.5%	0.0%	1.4%	0.0%	1.3%
Refused/No response	0.2%	2.6%	1.0%	0.0%	0.0%	2.6%	0.0%	0.2%	0.7%
Total Number of Responses	**19**	**21**	**35**	**46**	**35**	**38**	**74**	**30**	**300**

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

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
1	11.2%	10.3%	6.9%	3.4%	8.4%	1.4%	3.6%	5.2%	6.0%
2	14.5%	5.1%	1.7%	1.8%	1.3%	3.2%	3.8%	4.1%	3.7%
3	8.4%	18.8%	10.8%	6.5%	20.8%	9.8%	10.0%	14.2%	11.7%
4	20.4%	15.2%	32.1%	30.7%	18.2%	16.4%	23.3%	32.5%	24.0%
5	34.2%	43.7%	44.0%	51.0%	39.3%	61.8%	53.8%	38.1%	47.7%
Unsure/Do not know	11.0%	4.9%	2.0%	6.7%	10.4%	7.3%	5.4%	5.6%	6.3%
Refused/No response	0.2%	2.0%	2.5%	0.0%	1.5%	0.0%	0.0%	0.4%	0.7%
Total Number of Responses	**19**	**21**	**35**	**46**	**35**	**38**	**74**	**30**	**300**

f. I feel safe living in my community.

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
1	6.4%	0.8%	2.0%	2.9%	0.0%	0.0%	3.0%	1.2%	2.0%
2	0.7%	5.3%	1.9%	2.1%	0.0%	0.0%	0.0%	0.4%	1.0%
3	6.1%	11.1%	6.5%	6.3%	12.2%	1.7%	8.0%	11.4%	7.7%
4	36.1%	24.6%	37.9%	31.5%	18.0%	16.9%	26.6%	32.5%	27.3%
5	50.8%	58.1%	51.8%	57.1%	69.8%	78.7%	62.3%	54.5%	61.7%

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
Unsure/Do not know	0.0%	0.0%	0.0%	0.0%	0.0%	2.6%	0.0%	0.0%	0.3%
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	**19**	**21**	**35**	**46**	**35**	**38**	**74**	**30**	**300**

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

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
1	6.4%	2.5%	2.0%	2.9%	0.1%	0.0%	1.6%	3.3%	2.0%
2	0.4%	2.0%	0.0%	2.1%	5.1%	0.6%	1.4%	4.9%	2.0%
3	12.9%	13.6%	12.5%	7.9%	8.4%	3.5%	7.4%	13.0%	9.0%
4	34.7%	22.5%	31.9%	28.6%	32.5%	23.6%	29.4%	30.9%	29.0%
5	45.4%	56.7%	52.6%	58.5%	54.0%	69.7%	60.2%	47.6%	57.3%
Unsure/Do not know	0.2%	2.6%	1.0%	0.0%	0.0%	2.6%	0.0%	0.2%	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	**19**	**21**	**35**	**46**	**35**	**38**	**74**	**30**	**300**

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

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
1	5.4%	4.3%	2.7%	0.6%	5.1%	4.1%	1.6%	4.6%	3.0%
2	12.2%	8.3%	2.4%	2.0%	7.6%	1.1%	1.4%	3.5%	3.7%
3	24.7%	22.6%	9.8%	8.2%	15.5%	15.2%	12.6%	12.5%	13.7%
4	11.2%	20.5%	26.7%	27.2%	22.8%	14.5%	19.4%	26.3%	21.3%
5	46.0%	41.6%	56.2%	58.8%	49.0%	62.4%	65.1%	52.9%	57.0%

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
Unsure/Do not know	0.5%	2.6%	2.3%	3.3%	0.0%	2.6%	0.0%	0.2%	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	**19**	**21**	**35**	**46**	**35**	**38**	**74**	**30**	**300**

i. I can easily access healthy, affordable food.

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
1	5.4%	2.0%	0.0%	2.2%	3.1%	0.9%	1.4%	0.5%	2.0%
2	15.5%	2.5%	0.7%	1.3%	1.3%	0.0%	0.0%	3.9%	2.0%
3	19.3%	16.5%	21.5%	6.9%	10.6%	0.9%	8.7%	18.8%	11.7%
4	18.0%	17.4%	16.7%	25.1%	14.2%	17.5%	26.1%	18.7%	20.3%
5	41.8%	61.6%	61.1%	64.6%	70.7%	80.8%	62.5%	58.1%	63.7%
Unsure/Do not know	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.4%	0.0%	0.3%
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	**19**	**21**	**35**	**46**	**35**	**38**	**74**	**30**	**300**

j. I can access good education in my community.

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
1	5.9%	4.7%	2.2%	2.1%	1.5%	0.0%	1.6%	1.4%	2.0%
2	15.5%	1.7%	2.8%	3.7%	1.3%	0.0%	1.4%	1.8%	2.7%
3	13.9%	10.6%	9.4%	8.0%	7.4%	2.9%	5.9%	10.2%	8.0%
4	11.2%	15.4%	11.9%	15.3%	13.4%	18.4%	21.1%	14.0%	16.0%
5	48.2%	65.0%	71.2%	68.1%	71.8%	75.0%	67.1%	72.4%	68.3%

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
Unsure/Do not know	5.4%	2.6%	2.7%	2.8%	4.5%	3.8%	2.9%	0.2%	3.0%
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	**19**	**21**	**35**	**46**	**35**	**38**	**74**	**30**	**300**

k. I can find affordable housing in my community.

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
1	19.8%	11.4%	10.8%	6.2%	11.2%	5.5%	10.4%	8.3%	10.0%
2	7.7%	14.6%	12.2%	7.4%	13.8%	4.9%	11.6%	18.4%	11.0%
3	27.9%	16.2%	37.8%	34.9%	18.8%	27.2%	29.9%	20.2%	27.7%
4	7.4%	20.1%	14.7%	19.1%	22.6%	18.3%	28.2%	22.6%	20.7%
5	27.4%	31.0%	19.3%	29.1%	21.7%	36.0%	18.4%	20.7%	24.7%
Unsure/Do not know	9.8%	6.7%	5.2%	3.3%	9.7%	7.6%	1.6%	9.8%	5.7%
Refused/No response	0.0%	0.0%	0.0%	0.0%	2.3%	0.6%	0.0%	0.0%	0.3%
Total Number of Responses	**19**	**21**	**35**	**46**	**35**	**38**	**74**	**30**	**300**

l. I can easily travel within my community.

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
1	15.9%	2.9%	4.5%	4.5%	1.5%	5.3%	4.6%	2.4%	4.7%
2	0.9%	4.7%	9.0%	6.0%	4.1%	0.0%	3.5%	6.6%	4.3%
3	18.3%	12.2%	15.3%	18.8%	14.8%	16.9%	18.4%	32.4%	18.3%
4	34.9%	27.4%	31.7%	29.7%	19.8%	12.5%	27.8%	15.1%	24.7%
5	29.7%	50.8%	38.1%	39.9%	58.3%	65.3%	45.7%	43.5%	47.3%

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
Unsure/Do not know	0.2%	2.0%	1.3%	1.2%	1.5%	0.0%	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	**19**	**21**	**35**	**46**	**35**	**38**	**74**	**30**	**300**

m. It is easy to maintain a healthy diet and regularly exercise in my community.

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
1	5.4%	2.0%	1.2%	0.0%	6.6%	1.4%	3.0%	3.5%	2.7%
2	0.2%	2.6%	2.3%	1.2%	1.3%	0.3%	1.2%	2.0%	1.3%
3	15.0%	23.5%	12.6%	7.5%	18.6%	5.2%	10.5%	20.4%	12.7%
4	41.7%	15.0%	27.7%	23.9%	14.2%	13.8%	25.7%	26.5%	23.0%
5	32.3%	54.2%	55.2%	67.5%	59.4%	79.3%	58.3%	47.5%	59.3%
Unsure/Do not know	5.4%	2.6%	1.0%	0.0%	0.0%	0.0%	1.4%	0.2%	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	**19**	**21**	**35**	**46**	**35**	**38**	**74**	**30**	**300**

n. I can find resources that promote sexual health in my community.

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
1	10.8%	5.7%	2.5%	2.2%	5.4%	0.6%	6.0%	4.5%	4.3%
2	5.6%	4.9%	2.4%	1.8%	8.4%	4.9%	5.6%	4.1%	4.7%
3	8.0%	21.1%	16.9%	9.4%	16.7%	12.5%	13.1%	28.3%	15.0%
4	14.8%	6.9%	13.8%	12.2%	10.2%	8.1%	18.6%	16.3%	13.3%
5	12.7%	26.0%	27.2%	33.0%	31.7%	29.4%	35.4%	16.8%	29.3%

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
Unsure/Do not know	46.7%	32.6%	32.7%	39.6%	26.1%	44.4%	19.9%	29.5%	31.7%
Refused/No response	1.4%	2.9%	4.5%	1.9%	1.5%	0.0%	1.3%	0.4%	1.7%
Total Number of Responses	**19**	**21**	**35**	**46**	**35**	**38**	**74**	**30**	**300**

o. I can find resources that address substance use disorders (including opioids) in my community.

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
1	5.6%	1.6%	4.7%	7.5%	9.9%	3.4%	4.7%	7.5%	5.7%
2	5.6%	5.5%	5.4%	3.4%	4.3%	3.5%	4.4%	7.2%	4.7%
3	13.6%	20.3%	17.3%	13.7%	14.4%	16.4%	21.3%	28.9%	18.3%
4	16.2%	11.4%	9.9%	6.1%	9.8%	3.2%	18.4%	13.3%	11.3%
5	15.4%	34.2%	27.1%	24.6%	29.6%	30.6%	21.7%	13.5%	24.7%
Unsure/Do not know	42.9%	23.0%	34.3%	41.3%	28.9%	42.9%	29.4%	29.4%	34.0%
Refused/No response	0.7%	4.0%	1.3%	3.3%	3.1%	0.0%	0.0%	0.0%	1.3%
Total Number of Responses	**19**	**21**	**35**	**46**	**35**	**38**	**74**	**30**	**300**

p. I can find resources that address tobacco cessation in my community.

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
1	6.1%	10.3%	5.2%	2.8%	12.2%	2.9%	5.6%	3.7%	5.7%
2	10.8%	3.5%	6.4%	5.7%	1.3%	0.0%	4.5%	5.1%	4.3%
3	9.6%	4.7%	7.8%	7.2%	12.2%	12.6%	22.4%	28.3%	14.3%
4	18.1%	16.9%	17.1%	12.9%	6.4%	10.8%	13.8%	15.0%	13.3%
5	9.5%	28.2%	25.4%	26.2%	29.3%	39.4%	21.6%	17.5%	25.3%

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
Unsure/Do not know	45.0%	30.5%	36.9%	42.0%	30.3%	33.0%	29.3%	29.9%	34.0%
Refused/No response	0.9%	6.0%	1.3%	3.3%	8.4%	1.4%	2.7%	0.5%	3.0%
Total Number of Responses	**19**	**21**	**35**	**46**	**35**	**38**	**74**	**30**	**300**

q. There are adequate resources in my community to support youth.

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
1	5.6%	6.3%	1.0%	2.2%	3.8%	0.6%	2.7%	2.3%	2.7%
2	18.3%	6.2%	9.5%	8.4%	1.6%	2.6%	2.0%	6.4%	5.7%
3	16.9%	11.3%	18.1%	10.5%	26.1%	15.4%	13.2%	28.6%	16.7%
4	12.8%	22.1%	21.4%	20.6%	13.7%	7.0%	38.0%	21.3%	22.0%
5	27.8%	35.5%	37.4%	47.5%	33.7%	58.4%	34.7%	32.3%	39.7%
Unsure/Do not know	18.5%	18.7%	12.7%	10.8%	21.1%	16.0%	9.4%	9.1%	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	**19**	**21**	**35**	**46**	**35**	**38**	**74**	**30**	**300**

r. Youth in my community can access affordable resources (recreation, career centers, educational resources, etc.).

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
1	5.4%	4.3%	2.7%	0.6%	3.6%	0.6%	3.0%	7.2%	3.0%
2	1.9%	7.1%	11.2%	7.6%	3.1%	3.5%	2.1%	5.9%	5.0%
3	17.3%	17.4%	20.9%	16.5%	25.5%	18.0%	18.7%	25.2%	19.7%
4	21.5%	16.8%	24.9%	19.5%	12.2%	13.1%	32.4%	14.7%	21.0%
5	28.5%	34.2%	28.1%	39.0%	36.0%	42.0%	36.3%	34.0%	36.0%

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
Unsure/Do not know	25.1%	18.1%	12.2%	16.7%	18.0%	22.7%	6.2%	12.9%	14.7%
Refused/No response	0.2%	2.0%	0.0%	0.0%	1.5%	0.0%	1.4%	0.0%	0.7%
Total Number of Responses	**19**	**21**	**35**	**46**	**35**	**38**	**74**	**30**	**300**

2. In your opinion, which ONE (1) health behavior do people in your community need more information about? If there is a health behavior 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	Wake County
Diet and Exercise	12.4%	31.1%	42.5%	31.1%	35.5%	30.2%	35.0%	30.9%	33.0%
Sexual Health	10.8%	2.0%	4.7%	4.5%	6.3%	14.6%	7.1%	2.7%	6.7%
Substance Use Disorders	30.6%	14.0%	10.4%	28.1%	13.5%	7.6%	22.3%	31.5%	19.7%
Tobacco Use	11.8%	3.5%	7.7%	3.1%	4.8%	8.5%	4.8%	8.1%	6.0%
Other (please explain)	8.5%	12.7%	8.9%	10.8%	3.1%	0.9%	12.7%	2.8%	8.0%
None	1.2%	2.5%	5.8%	1.9%	5.1%	9.3%	1.7%	6.0%	4.0%
Unsure/Do not know	24.5%	32.3%	18.3%	19.9%	28.7%	28.1%	15.0%	17.5%	21.3%
Refused/No Response	0.2%	2.0%	1.7%	0.6%	3.1%	0.9%	1.5%	0.5%	1.3%
Total Number of Responses	**19**	**21**	**35**	**46**	**35**	**38**	**74**	**30**	**300**

3. In your opinion, which ONE (1) of the following clinical care issues needs the most improvement in your community? If there is an issue 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	Wake County
Availability of health providers	8.0%	7.6%	12.2%	7.1%	8.7%	18.1%	11.4%	13.4%	11.3%
Number of health providers	9.6%	4.7%	4.9%	5.3%	5.3%	1.4%	2.8%	1.9%	4.0%
Location of health facilities	11.8%	3.5%	5.5%	1.9%	3.8%	4.1%	6.0%	9.5%	5.3%
Number of health facilities	4.4%	4.7%	2.2%	0.8%	4.3%	6.1%	2.9%	6.8%	3.7%
Community awareness of preventive care/screenings	23.1%	26.3%	24.2%	27.9%	27.5%	30.3%	22.0%	24.6%	25.3%
Ability to receive preventive care/screenings	5.9%	8.3%	10.3%	9.8%	6.6%	3.2%	14.1%	10.2%	9.3%
Quality of provided healthcare	2.8%	13.5%	6.0%	10.2%	10.4%	5.3%	11.0%	6.9%	8.7%
Other (please explain)	1.2%	0.8%	3.2%	0.7%	1.3%	0.0%	11.4%	4.2%	4.0%
None	11.0%	6.1%	9.9%	7.9%	0.0%	10.5%	4.4%	0.8%	6.0%
Unsure/Do not know	21.8%	22.5%	21.6%	26.3%	29.0%	20.1%	11.3%	21.2%	20.7%
Refused/No response	0.4%	2.0%	0.0%	2.1%	3.1%	0.9%	2.7%	0.5%	1.7%

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
Total Number of Responses	**19**	**21**	**35**	**46**	**35**	**38**	**74**	**30**	**300**

4. In your opinion, which ONE (1) social and economic factor is impacting the health of your community the most? If there is a factor that you consider to have the most impact 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	Wake County
Lack of educational opportunities	11.5%	7.2%	9.4%	9.1%	8.9%	14.9%	5.7%	6.1%	8.7%
Lack of employment opportunities	7.0%	9.1%	15.1%	9.7%	12.0%	5.5%	9.9%	11.4%	10.0%
Lack of family, community, and social support	2.3%	5.5%	12.8%	17.6%	6.3%	16.9%	12.9%	12.4%	12.0%
Lack of access to enough healthy food	4.6%	6.7%	2.2%	2.7%	9.4%	1.4%	7.2%	11.9%	5.7%
Insufficient income	14.6%	37.0%	21.6%	21.2%	24.4%	16.6%	26.8%	21.4%	23.3%
Lack of community and interpersonal safety	8.0%	6.3%	9.7%	7.2%	7.9%	1.4%	3.5%	8.6%	6.0%
Other (please explain)	1.6%	2.9%	4.5%	7.2%	3.1%	3.5%	7.0%	2.1%	4.7%
None	13.5%	3.6%	3.0%	9.2%	1.6%	10.6%	11.0%	2.1%	7.3%
Unsure/Do not know	29.8%	18.8%	21.0%	13.2%	23.8%	29.1%	16.1%	22.2%	20.7%

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
Refused/No response	6.8%	2.9%	0.7%	2.8%	2.8%	0.0%	0.0%	1.8%	1.7%
Total Number of Responses	**19**	**21**	**35**	**46**	**35**	**38**	**74**	**30**	**300**

5. In your opinion, which ONE (1) of the following needs the most improvement within your community? If there is a need that you consider to have the most impact 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	Wake County
Access to affordable housing	21.8%	27.8%	27.2%	32.4%	40.1%	34.9%	31.2%	34.1%	31.7%
Access to healthy foods	5.1%	11.9%	4.1%	0.5%	7.6%	1.1%	4.3%	1.8%	4.3%
Access to public transit (buses, commuter rail, etc.)	29.3%	10.8%	29.8%	28.5%	15.1%	32.1%	27.4%	26.2%	25.7%
Access to recreation facilities	5.2%	1.6%	1.7%	2.8%	1.6%	0.9%	1.6%	5.7%	2.3%
Availability of alternative transportation options (biking, walking, carpooling, etc.)	1.4%	9.3%	6.2%	9.4%	6.9%	4.4%	9.3%	1.3%	6.7%
Improved air quality	5.2%	0.8%	2.0%	2.4%	2.3%	0.6%	5.5%	3.2%	3.0%
Improved water quality	0.2%	3.6%	3.0%	1.8%	3.1%	3.5%	1.5%	2.6%	2.3%

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
Reducing homelessness	7.7%	15.7%	14.1%	10.3%	6.9%	7.9%	7.3%	12.6%	9.7%
Other (please explain)	6.4%	0.8%	0.7%	0.7%	1.3%	0.0%	2.7%	1.8%	1.7%
None	0.7%	2.6%	2.7%	4.8%	0.0%	2.6%	0.2%	3.5%	2.0%
Unsure/Do not know	15.4%	10.1%	7.7%	5.7%	12.2%	12.0%	9.0%	7.2%	9.7%
Refused/No response	1.6%	4.9%	0.7%	0.7%	3.1%	0.0%	0.0%	0.0%	1.0%
Total Number of Responses	**19**	**21**	**35**	**46**	**35**	**38**	**74**	**30**	**300**

6. In your opinion, which ONE (1) of the following health outcomes most impacts your community? If there is an outcome that you consider to have the most impact 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	Wake County
Life expectancy	0.2%	3.6%	5.6%	8.5%	4.6%	4.4%	4.2%	3.1%	4.7%
Infant and fetal mortality	0.2%	2.0%	0.0%	0.0%	1.5%	0.0%	0.0%	0.0%	0.3%
Low birthweight	0.2%	2.6%	1.0%	0.0%	0.2%	2.3%	0.1%	3.5%	1.0%
Chronic diseases and conditions (heart disease, cancer, asthma, diabetes, obesity, etc.)	45.2%	32.9%	29.8%	28.4%	40.8%	29.1%	39.7%	37.6%	35.7%
Suicide attempts and deaths	5.6%	2.6%	6.4%	4.9%	7.1%	3.8%	10.0%	5.4%	6.3%

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
Drug overdose attempts and deaths	14.3%	14.7%	16.9%	23.8%	8.1%	16.1%	14.8%	27.8%	17.0%
Other (please explain)	1.9%	4.9%	4.9%	3.4%	4.6%	0.9%	4.2%	0.9%	3.3%
None	10.8%	4.0%	1.3%	3.4%	4.3%	7.9%	4.1%	1.8%	4.3%
Unsure/Do not know	20.9%	28.0%	31.3%	22.7%	23.7%	35.0%	21.4%	18.0%	24.7%
Refused/No response	0.7%	4.7%	2.7%	4.9%	5.1%	0.6%	1.6%	2.0%	2.7%
Total Number of Responses	**19**	**21**	**35**	**46**	**35**	**38**	**74**	**30**	**300**

7. From the list provided, which ONE (1) area most impacts the health of your community? If there is an area 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	Wake County
Access to Care	5.8%	4.5%	9.3%	11.4%	5.1%	5.8%	10.2%	12.9%	8.7%
Built Environment	4.2%	2.6%	1.0%	0.5%	0.0%	0.0%	0.0%	0.2%	0.7%
Diet and Exercise	5.5%	12.9%	7.1%	11.7%	17.0%	22.2%	12.1%	10.2%	12.7%
Disabilities	0.4%	2.0%	0.0%	2.1%	1.5%	2.6%	0.0%	0.0%	1.0%
Education	11.0%	4.7%	8.2%	5.7%	1.5%	3.2%	9.7%	5.0%	6.3%
Employment	6.3%	9.3%	7.8%	5.5%	4.5%	2.3%	10.5%	7.9%	7.0%
Environmental Quality	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.4%	0.0%	0.3%
Family, community, and social support	0.5%	2.6%	8.2%	3.5%	2.3%	0.6%	5.9%	1.8%	3.7%
Food Security	10.3%	0.0%	0.0%	0.0%	3.5%	0.6%	4.1%	5.1%	3.0%

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
Housing and homelessness	0.4%	4.0%	8.5%	6.7%	10.4%	15.7%	3.6%	12.7%	7.7%
Income	3.7%	22.5%	10.4%	10.1%	14.3%	9.6%	7.4%	10.6%	10.7%
Quality of Care	0.2%	2.0%	2.6%	2.4%	3.8%	0.6%	0.0%	0.0%	1.3%
Safety	1.2%	0.8%	2.0%	0.7%	0.0%	0.0%	0.3%	1.2%	0.7%
Sexual health	0.0%	4.7%	0.0%	0.0%	0.0%	0.0%	2.7%	0.0%	1.0%
Substance Use Disorders	2.8%	1.7%	2.8%	9.0%	4.8%	5.9%	6.9%	13.2%	6.3%
Tobacco Use	0.0%	0.0%	2.5%	2.2%	2.3%	0.6%	1.4%	3.6%	1.7%
Transportation options and transit	11.8%	3.5%	8.4%	2.5%	3.1%	7.0%	4.5%	2.8%	5.0%
Other (please explain)	0.2%	2.0%	1.7%	0.6%	3.1%	0.9%	2.9%	0.5%	1.7%
None	0.0%	0.0%	0.0%	4.4%	1.3%	2.6%	1.4%	1.8%	1.7%
Unsure/Do not know	35.5%	20.1%	19.6%	18.8%	21.6%	19.8%	15.2%	10.7%	18.7%
Refused/No response	0.0%	0.0%	0.0%	2.2%	0.0%	0.0%	0.0%	0.0%	0.3%
Total Number of Responses	**19**	**21**	**35**	**46**	**35**	**38**	**74**	**30**	**300**

8. In your opinion, which population sub-group(s) needs additional resources within your community? Please select all that apply. If there is a population sub-group that needs additional resources 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	Wake County
Persons with disabilities	11.2%	12.6%	8.5%	12.2%	12.5%	13.0%	8.9%	12.6%	11.3%
Youth	14.0%	9.7%	10.2%	9.7%	11.7%	7.3%	9.8%	9.7%	10.0%
Seniors	24.2%	18.3%	18.7%	15.9%	19.4%	21.0%	11.4%	13.3%	16.7%
Homeless population	4.9%	12.5%	12.5%	12.8%	13.6%	10.9%	13.3%	11.8%	12.1%

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
Persons in poverty	18.1%	14.0%	16.9%	11.9%	8.6%	12.6%	13.0%	11.0%	13.0%
Persons with mental illness	13.0%	16.0%	18.9%	16.0%	16.2%	18.3%	19.1%	16.5%	17.1%
Person with substance use disorders	5.7%	12.4%	8.7%	16.6%	10.8%	5.8%	12.1%	17.5%	11.8%
Other (please explain)	0.0%	0.0%	0.6%	0.0%	0.0%	1.9%	2.6%	0.5%	0.9%
None	0.1%	1.0%	0.5%	0.0%	1.3%	0.5%	0.9%	1.1%	0.7%
Unsure/Do not know	7.9%	2.3%	4.2%	4.5%	4.3%	8.2%	9.0%	5.7%	5.8%
Refused/No response	0.8%	1.1%	0.4%	0.4%	1.5%	0.5%	0.0%	0.2%	0.5%
Total Number of Responses	**33**	**56**	**67**	**85**	**72**	**65**	**113**	**68**	**568**

Evaluation of 2016 CHNA

These questions allow you to provide feedback regarding the 2016 Community Health Needs Assessment.

9. Are you aware that Wake County completed a Community Health Needs Assessment in 2016?

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
Yes	18.8%	24.1%	15.1%	12.3%	11.2%	6.7%	9.2%	7.1%	11.7%
No	80.8%	71.2%	75.4%	85.0%	81.0%	89.2%	84.9%	87.1%	83.0%
Unsure/Do not know	0.2%	2.6%	9.5%	2.6%	6.3%	4.1%	5.9%	5.9%	5.0%
Refused/No response	0.2%	2.0%	0.0%	0.0%	1.5%	0.0%	0.0%	0.0%	0.3%
Total Number of Responses	**19**	**21**	**35**	**46**	**35**	**38**	**74**	**30**	**300**

10. The 2016 assessment resulted in the following four priority areas: 1) Health Insurance Coverage, 2) Transportation, 3) Access to Health Services, and 4) 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	Wake County
Yes, all four areas	0.7%	4.0%	1.7%	4.9%	3.1%	0.0%	0.2%	0.0%	1.7%
Yes, 1) Health Insurance Coverage and 2) Transportation	0.2%	2.6%	2.3%	3.4%	0.0%	0.0%	1.4%	0.2%	1.3%
Yes, 1) Health Insurance Coverage and 3) Access to Health Services	0.0%	0.0%	1.7%	0.6%	0.2%	2.3%	2.9%	0.0%	1.3%
Yes, 1) Health Insurance Coverage and 4) Mental Health and Substance Abuse	0.2%	6.7%	0.0%	0.0%	1.5%	0.0%	1.4%	0.0%	1.0%
Yes, 2) Transportation and 3) Access to Health Services	0.5%	4.7%	5.2%	2.8%	2.8%	2.6%	1.6%	2.4%	2.7%
Yes, 2) Transportation and 4) Mental Health and	4.0%	0.0%	5.5%	3.3%	0.0%	0.0%	1.8%	1.6%	2.0%

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
Substance Abuse									
Yes, 3) Access to Health Services and 4) Mental Health and Substance Abuse	0.0%	0.0%	0.0%	2.2%	0.0%	2.6%	0.0%	0.0%	0.7%
Yes, 1) Health Insurance Coverage only	0.2%	2.0%	1.7%	0.6%	4.0%	5.5%	7.1%	3.2%	3.7%
Yes, 2) Transportation only	1.4%	8.3%	2.2%	6.3%	12.2%	18.7%	8.3%	6.2%	8.3%
Yes, 3) Access to Health Services only	6.1%	2.0%	1.2%	8.4%	2.8%	2.6%	0.3%	3.0%	3.0%
Yes, 4) Mental Health and Substance Abuse only	6.1%	6.0%	1.3%	3.3%	4.6%	2.6%	0.0%	0.0%	2.3%
No, none of these areas	61.4%	35.5%	49.9%	39.2%	45.8%	34.3%	49.4%	58.9%	46.3%
Unsure/Do not know	18.6%	23.4%	26.4%	23.1%	21.5%	28.6%	25.7%	24.3%	24.7%
Refused/No response	0.7%	4.7%	1.0%	2.1%	1.5%	0.0%	0.0%	0.2%	1.0%
Total Number of Responses	**19**	**21**	**35**	**46**	**35**	**38**	**74**	**30**	**300**

11. Of these four priority areas, 1) Health Insurance Coverage, 2) Transportation, 3) Access to Health Services, and 4) 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	Wake County
Yes, all four areas	15.6%	15.8%	10.8%	9.0%	15.2%	5.2%	11.5%	9.7%	11.0%
Yes, 1) Health Insurance Coverage and 2) Transportation	0.0%	0.0%	3.0%	0.6%	0.0%	2.6%	1.8%	1.2%	1.3%
Yes, 1) Health Insurance Coverage and 3) Access to Health Services	0.2%	2.0%	1.3%	1.2%	3.8%	0.6%	4.1%	0.0%	2.0%
Yes, 1) Health Insurance Coverage and 4) Mental Health and Substance Abuse	0.2%	2.0%	1.3%	1.2%	1.5%	0.0%	0.1%	3.2%	1.0%
Yes, 2) Transportation and 3) Access to Health Services	0.2%	2.6%	1.0%	0.0%	0.0%	0.0%	1.3%	0.2%	0.7%
Yes, 2) Transportation and 4) Mental Health and	0.5%	10.0%	3.2%	0.0%	3.8%	5.5%	0.4%	3.4%	2.7%

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
Substance Abuse									
Yes, 3) Access to Health Services and 4) Mental Health and Substance Abuse	0.4%	2.0%	0.0%	4.3%	1.5%	0.0%	1.4%	0.0%	1.3%
Yes, 1) Health Insurance Coverage only	16.5%	14.9%	17.8%	15.5%	8.7%	10.8%	8.9%	18.6%	13.0%
Yes, 2) Transportation only	5.8%	3.6%	6.7%	9.1%	3.8%	8.5%	4.0%	6.9%	6.0%
Yes, 3) Access to Health Services only	0.2%	2.0%	6.8%	1.8%	2.8%	0.0%	3.2%	3.4%	2.7%
Yes, 4) Mental Health and Substance Abuse only	16.7%	4.7%	8.3%	9.8%	8.3%	12.6%	17.1%	10.4%	11.7%
No, none of these areas	43.3%	40.3%	39.9%	38.6%	46.1%	47.3%	37.0%	33.8%	40.3%
Unsure/Do not know	0.2%	0.0%	0.0%	8.9%	4.3%	7.0%	9.3%	6.0%	6.0%
Refused/No response	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	3.2%	0.3%
Total Number of Responses	**19**	**21**	**35**	**46**	**35**	**38**	**74**	**30**	**300**

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".)

12. 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	Wake County
Belief that going to the doctor doesn't help	3.4%	0.0%	2.5%	2.1%	1.2%	0.0%	2.3%	1.7%	1.7%
Cannot afford medications	8.1%	6.3%	8.8%	10.7%	4.3%	3.4%	1.5%	2.0%	5.2%
Cannot get an appointment	0.0%	0.0%	0.0%	0.0%	0.0%	2.5%	0.0%	0.0%	0.3%
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	3.4%	0.0%	0.0%	0.4%	0.0%	0.0%	0.0%	0.0%	0.3%
Do not have time in your schedule	7.4%	10.7%	11.1%	17.1%	5.0%	6.5%	18.3%	18.8%	13.1%
Do not know where to go	0.0%	0.0%	0.0%	1.8%	0.0%	0.0%	1.1%	0.0%	0.6%
Do not want to find out that you are sick	0.0%	0.0%	0.0%	0.0%	1.2%	0.0%	2.3%	1.7%	0.9%
Educational barriers	0.0%	0.0%	0.0%	0.0%	2.1%	0.5%	0.0%	0.0%	0.3%

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
Inability to pay for services or copays	14.1%	19.9%	17.6%	14.3%	12.3%	7.3%	19.9%	7.7%	14.8%
Insurance will not cover what you needed	2.3%	5.1%	5.7%	5.8%	1.2%	2.8%	6.1%	8.1%	4.9%
Insurance was not accepted by your health care provider	5.5%	0.7%	3.3%	1.6%	0.0%	5.1%	1.4%	0.0%	2.0%
Lack of adequate transportation	0.6%	3.5%	1.4%	2.2%	2.8%	0.0%	1.3%	3.0%	1.7%
Lack of health insurance	0.2%	1.7%	3.8%	2.2%	6.1%	1.4%	2.4%	5.3%	2.9%
Long wait times	0.2%	1.7%	2.0%	0.0%	1.4%	0.0%	3.9%	2.3%	1.7%
Mistrust of medical professionals	1.0%	0.7%	2.6%	0.6%	0.0%	0.0%	1.1%	0.4%	0.9%
Shortage of healthcare professionals	1.0%	4.8%	1.6%	2.4%	0.0%	2.5%	1.4%	1.1%	1.7%
Stigma associated with going to the doctor	0.0%	0.0%	2.0%	0.0%	0.0%	0.0%	1.6%	2.3%	0.9%
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%
You hope the problem will go away without	3.4%	0.0%	0.0%	0.4%	0.0%	0.0%	2.3%	0.0%	0.9%

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
having to go to the doctor									
Other (please explain)	0.2%	2.3%	3.2%	3.3%	3.5%	3.9%	2.4%	0.6%	2.6%
None/I do not put off going to the doctor for issues related to my physical health	40.8%	38.6%	29.8%	27.1%	53.4%	48.2%	23.2%	32.1%	34.0%
I do not need to go to the doctor for issues related to my physical health	8.4%	4.0%	4.6%	7.8%	5.4%	8.2%	5.0%	10.0%	6.7%
Refused/No response	0.0%	0.0%	0.0%	0.0%	0.0%	7.6%	2.3%	3.0%	1.7%
Total Number of Responses	**23**	**25**	**43**	**55**	**37**	**39**	**88**	**32**	**344**

13. 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	Wake County
Do not seek care	0.2%	2.0%	1.3%	1.2%	4.1%	2.6%	1.5%	6.7%	2.7%
Alternative medicine provider (acupuncture, chiropractic treatments,	5.2%	0.0%	3.0%	4.0%	0.0%	0.0%	0.2%	0.0%	1.3%

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
natural products, medicinal herbs)									
Emergency department	6.4%	0.8%	4.5%	2.9%	1.3%	2.6%	3.0%	6.7%	3.3%
Health department	4.0%	0.0%	3.0%	2.3%	1.5%	0.9%	0.2%	3.8%	1.7%
Primary care provider (doctor, nurse, etc.)	79.9%	93.1%	72.9%	84.2%	86.3%	79.0%	72.6%	77.1%	78.7%
Walk-in/Urgent care center	4.4%	4.0%	10.6%	4.0%	6.9%	7.0%	15.4%	4.5%	8.3%
Other type of health clinic	0.0%	0.0%	1.7%	0.9%	0.0%	2.6%	2.7%	0.0%	1.7%
Telehealth/Tele visit (electronic visit via web or phone app)	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%	1.2%	0.0%	0.0%	0.0%	0.3%	1.2%	0.3%
Other (please explain)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Refused/No response	0.0%	0.0%	1.7%	0.6%	0.0%	5.3%	4.2%	0.0%	2.0%
Total Number of Responses	**19**	**21**	**35**	**46**	**35**	**38**	**74**	**30**	**300**

14. 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	Wake County
Belief that going to the doctor doesn't help	0.0%	0.0%	2.6%	0.8%	0.0%	0.0%	3.8%	1.1%	1.5%
Cannot afford medications	3.9%	1.7%	0.0%	0.5%	3.7%	0.8%	0.1%	4.9%	1.5%
Cannot get an appointment	1.1%	0.7%	0.6%	0.7%	0.0%	2.5%	0.0%	0.0%	0.6%
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%	1.9%	0.0%	0.0%	0.0%	0.0%	0.3%
Do not have time in your schedule	5.0%	2.3%	2.3%	6.4%	0.0%	0.0%	4.8%	0.2%	3.0%
Do not know where to go	1.5%	4.7%	1.5%	0.7%	4.6%	1.4%	0.0%	0.6%	1.5%
Do not want to find out that you are sick	0.0%	0.0%	0.0%	0.0%	4.6%	2.2%	0.0%	0.9%	0.9%
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	5.9%	0.7%	2.9%	5.9%	4.1%	0.5%	6.0%	4.3%	4.1%
Insurance will not cover what you needed	10.2%	5.9%	4.2%	2.4%	0.0%	5.0%	5.1%	6.4%	4.4%

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
Insurance was not accepted by your health care provider	0.0%	0.0%	1.1%	0.0%	0.0%	0.3%	3.6%	1.1%	1.2%
Lack of adequate transportation	0.0%	0.0%	1.5%	0.5%	0.0%	0.0%	0.2%	0.0%	0.3%
Lack of health insurance	0.0%	0.0%	1.5%	0.5%	0.0%	0.0%	3.7%	0.0%	1.2%
Long wait times	5.9%	0.7%	1.7%	0.7%	0.0%	0.0%	1.4%	1.1%	1.2%
Mistrust of medical professionals	1.5%	2.4%	0.6%	2.5%	2.6%	1.1%	2.2%	0.4%	1.8%
Shortage of healthcare professionals	0.0%	0.0%	1.1%	0.0%	1.9%	3.0%	1.4%	1.1%	1.2%
Stigma associated with going to the doctor	0.6%	6.2%	7.2%	4.1%	1.3%	0.0%	2.6%	1.8%	3.0%
Stigma associated with the diagnosis of a mental health condition	1.7%	11.0%	5.6%	1.7%	5.6%	1.4%	7.1%	5.7%	5.0%
Unable to find a provider that speaks your language	0.0%	0.0%	0.0%	1.9%	0.0%	0.0%	1.2%	0.0%	0.6%
You hope the problem will go away without having to go to the doctor	0.0%	0.0%	2.2%	0.0%	1.1%	0.0%	0.0%	2.0%	0.6%

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
Other (please explain)	0.4%	0.0%	1.1%	8.7%	0.0%	5.0%	1.2%	0.0%	2.4%
None/ I do not put off going to the doctor for issues related to my mental health	32.0%	34.0%	35.3%	42.0%	31.5%	43.3%	24.9%	38.8%	34.0%
I do not need to seek care for issues related to my mental health	30.0%	27.8%	22.9%	16.2%	31.9%	24.3%	27.1%	28.8%	26.0%
Refused/No response	0.2%	1.7%	4.3%	1.9%	7.1%	9.1%	3.5%	0.8%	3.8%
Total Number of Responses	**21**	**25**	**40**	**51**	**40**	**40**	**85**	**33**	**338**

15. 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	Wake County
Do not seek care	31.4%	29.6%	19.0%	12.3%	31.0%	14.0%	27.8%	39.1%	24.7%
Alternative medicine provider (acupuncture, chiropractic treatments, natural products, medicinal herbs)	0.0%	0.0%	3.0%	1.8%	0.0%	2.6%	0.2%	0.0%	1.0%

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
Emergency department	0.2%	2.0%	2.5%	0.0%	1.5%	2.6%	2.7%	0.4%	1.7%
Health department	0.0%	0.0%	2.6%	1.2%	2.3%	0.6%	0.3%	1.2%	1.0%
Primary care provider (doctor, nurse, etc.)	47.8%	46.8%	33.3%	53.3%	38.8%	47.2%	24.8%	40.0%	39.0%
Mental health provider (therapist, psychologist, psychiatrist)	14.5%	13.0%	24.7%	26.0%	12.1%	18.1%	23.2%	12.1%	19.3%
Walk-in/Urgent care center	0.0%	0.0%	1.2%	0.0%	0.0%	0.0%	1.6%	1.2%	0.7%
Other type of health clinic	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.3%
Telehealth/Tele visit (electronic visit via web or phone app)	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%	1.7%	0.6%	0.0%	2.6%	0.2%	0.0%	0.7%
Other (please explain)	5.6%	4.7%	4.8%	1.2%	4.6%	2.0%	3.9%	1.6%	3.3%
Refused/No response	0.4%	4.0%	7.2%	3.6%	9.7%	10.2%	15.3%	4.4%	8.3%
Total Number of Responses	**19**	**21**	**35**	**46**	**35**	**38**	**74**	**30**	**300**

16. 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: (Additional options include Unsure/Do not know or Refused/No Response)

    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	Wake County
1 strongly disagree	12.2%	8.3%	5.4%	2.6%	5.3%	3.2%	3.2%	1.4%	4.3%
2	10.3%	0.8%	7.0%	2.4%	7.6%	2.9%	3.3%	3.8%	4.3%
3	7.9%	16.6%	17.2%	13.3%	8.7%	5.6%	19.7%	20.2%	15.0%
4	8.1%	19.6%	20.2%	23.3%	16.0%	14.9%	25.6%	24.4%	20.3%
5 strongly agree	61.0%	52.6%	44.2%	52.7%	48.6%	54.8%	47.8%	44.6%	49.7%
Unsure/Do not know	0.4%	2.0%	6.1%	5.7%	13.7%	18.6%	0.4%	5.7%	6.3%
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	**19**	**21**	**35**	**46**	**35**	**38**	**74**	**30**	**300**

    b. Residents can access a medical specialist (Cardiologist, Dermatologist, etc.) when needed.

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
1	13.4%	11.4%	8.4%	5.7%	5.1%	0.6%	2.9%	4.3%	5.3%
2	6.6%	2.9%	8.3%	1.9%	6.9%	4.9%	4.9%	5.0%	5.0%
3	22.2%	16.0%	25.1%	23.6%	13.4%	10.2%	23.3%	26.4%	20.7%
4	8.0%	13.8%	17.5%	13.4%	14.7%	19.6%	29.3%	20.3%	19.0%
5	43.8%	47.1%	37.0%	52.3%	41.9%	47.0%	36.7%	37.1%	42.0%
Unsure/Do not know	6.0%	8.9%	3.7%	3.0%	18.0%	17.8%	2.9%	7.0%	8.0%

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
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	**19**	**21**	**35**	**46**	**35**	**38**	**74**	**30**	**300**

c. There are enough providers accepting Medicaid in my community.

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
1	13.9%	12.6%	13.2%	10.5%	8.4%	7.6%	2.3%	9.1%	8.3%
2	5.4%	0.8%	3.7%	5.1%	2.8%	3.5%	8.3%	2.3%	4.7%
3	6.3%	13.6%	10.5%	1.7%	6.1%	8.8%	9.4%	19.9%	9.3%
4	6.8%	15.3%	4.5%	3.4%	12.7%	1.7%	12.4%	7.0%	8.0%
5	30.1%	21.2%	14.0%	15.5%	17.7%	15.4%	17.1%	13.6%	17.0%
Unsure/Do not know	37.6%	36.5%	54.1%	63.8%	52.3%	63.0%	49.2%	48.1%	52.3%
Refused/No response	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.4%	0.0%	0.3%
Total Number of Responses	**19**	**21**	**35**	**46**	**35**	**38**	**74**	**30**	**300**

d. There are enough providers accepting Medicare in my community.

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
1	7.3%	7.5%	8.1%	6.4%	10.1%	10.8%	2.0%	7.3%	6.7%
2	5.4%	0.8%	7.5%	7.3%	1.3%	2.6%	6.0%	9.9%	5.3%
3	5.6%	7.8%	7.8%	3.0%	8.9%	9.6%	12.2%	14.6%	9.3%
4	12.6%	22.6%	11.8%	5.0%	16.5%	7.6%	12.6%	11.6%	11.7%
5	40.2%	22.2%	10.0%	12.8%	13.8%	19.9%	16.5%	12.1%	16.7%
Unsure/Do not know	28.9%	39.1%	54.8%	65.6%	49.5%	49.5%	49.4%	44.6%	50.0%

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
Refused/No response	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.4%	0.0%	0.3%
Total Number of Responses	**19**	**21**	**35**	**46**	**35**	**38**	**74**	**30**	**300**

e. There are enough bilingual healthcare providers in my community.

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
1	15.7%	13.6%	7.6%	8.1%	12.7%	2.6%	6.1%	6.1%	8.0%
2	1.9%	8.1%	5.7%	2.5%	1.5%	2.9%	8.2%	3.5%	5.0%
3	5.9%	8.3%	10.7%	4.2%	6.6%	8.5%	13.7%	9.3%	9.0%
4	11.0%	6.7%	3.5%	7.7%	10.7%	9.3%	9.8%	7.2%	8.3%
5	13.8%	23.7%	12.6%	12.3%	20.5%	25.4%	10.7%	18.5%	16.0%
Unsure/Do not know	51.6%	37.6%	57.4%	63.9%	46.4%	51.2%	47.2%	54.1%	51.7%
Refused/No response	0.2%	2.0%	2.6%	1.2%	1.5%	0.0%	4.3%	1.2%	2.0%
Total Number of Responses	**19**	**21**	**35**	**46**	**35**	**38**	**74**	**30**	**300**

f. There are enough mental health providers in my community.

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
1	32.8%	13.2%	12.4%	18.2%	15.5%	14.8%	7.8%	11.3%	14.0%
2	6.3%	11.5%	8.5%	3.3%	12.7%	3.8%	8.6%	12.2%	8.0%
3	11.0%	8.9%	12.3%	10.2%	4.6%	6.1%	19.4%	12.4%	11.7%
4	0.5%	9.3%	15.4%	7.9%	6.6%	1.4%	11.8%	7.8%	8.3%
5	14.7%	26.2%	15.8%	21.6%	20.3%	16.1%	12.3%	16.6%	17.0%
Unsure/Do not know	34.3%	26.1%	34.7%	38.8%	38.8%	57.7%	37.4%	39.6%	39.7%

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
Refused/No response	0.5%	4.7%	1.0%	0.0%	1.5%	0.0%	2.7%	0.2%	1.3%
Total Number of Responses	**19**	**21**	**35**	**46**	**35**	**38**	**74**	**30**	**300**

g. There are enough substance abuse treatment providers in my community.

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
1	30.9%	8.1%	10.2%	9.6%	8.7%	8.1%	6.0%	9.4%	9.7%
2	7.5%	14.0%	7.5%	4.4%	7.9%	5.8%	11.5%	11.6%	8.7%
3	11.3%	16.3%	12.4%	6.3%	10.2%	2.0%	11.6%	17.5%	10.3%
4	5.8%	6.0%	8.0%	2.8%	13.4%	2.9%	10.0%	8.0%	7.3%
5	10.5%	20.3%	10.7%	16.9%	10.9%	6.1%	9.8%	9.3%	11.3%
Unsure/Do not know	33.7%	33.3%	51.2%	60.2%	47.4%	75.0%	47.0%	44.2%	51.3%
Refused/No response	0.2%	2.0%	0.0%	0.0%	1.5%	0.0%	4.0%	0.0%	1.3%
Total Number of Responses	**19**	**21**	**35**	**46**	**35**	**38**	**74**	**30**	**300**

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.

17. 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	Wake County
Male	34.8%	44.2%	45.0%	53.2%	43.3%	41.1%	53.6%	41.6%	46.3%
Female	65.2%	55.8%	55.0%	46.8%	56.7%	58.9%	46.4%	58.4%	53.7%

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
Transgender/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	**19**	**21**	**35**	**46**	**35**	**38**	**74**	**30**	**300**

18. 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	Wake County
18-24 years	0.7%	6.0%	3.0%	0.9%	10.6%	3.5%	9.9%	9.3%	6.0%
25-44 years	23.2%	15.8%	18.9%	29.0%	24.4%	19.5%	37.0%	16.8%	26.0%
45-64 years	45.8%	35.5%	63.5%	55.9%	22.2%	47.6%	43.0%	47.4%	45.3%
65-74 years	29.2%	33.4%	6.8%	6.6%	24.2%	11.1%	2.9%	20.2%	13.0%
75 years and over	1.1%	9.3%	7.8%	7.6%	18.5%	18.3%	7.2%	6.3%	9.7%
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	**19**	**21**	**35**	**46**	**35**	**38**	**74**	**30**	**300**

19. What is your ZIP code of residence? (Let them answer and repeat the ZIP checked in the list.)

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
27501	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%	0.1%	13.5%	0.0%	3.3%
27511	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	12.2%	0.0%	3.0%
27513	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	33.8%	0.0%	8.3%
27518	0.0%	0.0%	0.0%	0.0%	0.0%	0.9%	3.6%	0.0%	1.0%
27519	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	13.5%	0.0%	3.3%
27520	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	Wake County
27522	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%	2.7%	0.0%	0.7%
27526	0.0%	0.0%	0.0%	0.0%	0.0%	39.5%	0.0%	0.0%	5.0%
27529	0.0%	0.0%	0.0%	0.0%	27.2%	6.8%	0.0%	0.0%	4.0%
27539	0.0%	0.0%	0.0%	0.0%	1.1%	11.7%	0.3%	0.0%	1.7%
27540	0.0%	0.0%	0.0%	0.0%	0.0%	23.7%	0.0%	0.0%	3.0%
27545	36.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2.3%
27560	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	8.1%	0.0%	2.0%
27562	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%	6.5%	0.0%	0.0%	0.0%	0.0%	1.0%
27587	3.2%	0.0%	0.0%	29.2%	0.0%	0.0%	0.0%	0.0%	4.7%
27591	25.9%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.7%
27592	0.0%	0.0%	0.0%	0.0%	0.0%	5.3%	0.0%	0.0%	0.7%
27596	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
27597	15.8%	0.0%	0.0%	2.0%	0.0%	0.0%	0.0%	0.0%	1.3%
27601	0.0%	6.5%	0.0%	0.0%	0.2%	0.0%	0.0%	8.4%	1.3%
27603	0.0%	0.0%	0.0%	0.0%	21.4%	12.0%	0.0%	6.7%	4.7%
27604	3.3%	36.9%	13.5%	0.0%	0.0%	0.0%	0.0%	2.7%	4.7%
27605	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	19.8%	2.0%
27606	0.0%	0.0%	0.0%	0.0%	16.5%	0.0%	0.4%	23.2%	4.3%
27607	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.4%	18.9%	2.0%
27608	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	3.3%	0.3%
27609	0.0%	0.0%	15.0%	0.0%	0.0%	0.0%	0.0%	2.6%	2.0%
27610	4.9%	44.3%	0.0%	0.0%	33.6%	0.0%	0.0%	0.1%	7.3%
27612	0.0%	0.0%	14.9%	0.0%	0.0%	0.0%	3.4%	14.3%	4.0%
27613	0.0%	0.0%	34.3%	11.9%	0.0%	0.0%	3.5%	0.0%	6.7%
27614	0.0%	0.0%	0.0%	28.3%	0.0%	0.0%	0.0%	0.0%	4.3%
27615	0.0%	0.0%	15.7%	14.2%	0.0%	0.0%	0.0%	0.0%	4.0%
27616	10.8%	7.6%	6.5%	6.7%	0.0%	0.0%	0.0%	0.0%	3.0%
27617	0.0%	0.0%	0.1%	1.1%	0.0%	0.0%	4.7%	0.0%	1.3%
27703	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
27713	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	Wake County
Other (please provide)	0.0%	4.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	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	**19**	**21**	**35**	**46**	**35**	**38**	**74**	**30**	**300**

20. 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	Wake County
Did not complete high school	0.2%	2.0%	0.0%	0.0%	3.8%	3.2%	0.0%	0.0%	1.3%
High School Diploma or GED	25.9%	22.6%	9.2%	10.0%	28.5%	25.9%	13.7%	21.6%	18.0%
Some College	31.7%	24.7%	20.6%	16.0%	31.7%	39.1%	13.0%	25.5%	23.0%
Associate's Degree	7.3%	4.9%	9.3%	8.5%	8.6%	4.4%	10.4%	10.2%	8.3%
Bachelor's Degree	22.5%	25.0%	36.3%	38.7%	13.8%	11.1%	35.7%	28.2%	28.0%
Master's Degree	2.3%	12.8%	20.1%	21.4%	9.8%	7.0%	20.1%	13.4%	15.0%
Doctorate	4.2%	2.6%	2.7%	3.3%	0.0%	0.0%	5.6%	0.2%	2.7%
Other (please explain)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Refused/No response	5.9%	5.3%	1.9%	2.1%	3.8%	9.3%	1.4%	0.9%	3.7%
Total Number of Responses	**19**	**21**	**35**	**46**	**35**	**38**	**74**	**30**	**300**

21. 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	Wake County
Hispanic/Latino	0.5%	4.7%	6.5%	3.0%	5.1%	13.7%	4.6%	6.3%	6.0%
Non-Hispanic/Latino	93.9%	93.3%	93.5%	94.9%	91.7%	80.4%	93.9%	90.0%	91.0%
Other (please explain)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Refused/No response	5.6%	2.0%	0.0%	2.1%	3.3%	5.8%	1.5%	3.6%	3.0%
Total Number of Responses	**19**	**21**	**35**	**46**	**35**	**38**	**74**	**30**	**300**

22. 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	Wake County
White/Caucasian	57.4%	47.6%	68.7%	79.2%	50.9%	76.2%	69.4%	65.2%	66.7%
Black or African American	29.4%	42.9%	20.7%	9.6%	36.9%	19.5%	13.4%	24.7%	21.3%
American Indian or Alaskan Native	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Asian	0.2%	0.0%	3.0%	3.9%	0.0%	0.0%	11.0%	0.0%	3.7%
Native Hawaiian or Other Pacific Islander	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.4%	0.0%	0.3%
Multiracial	1.4%	2.9%	3.3%	1.9%	6.6%	1.4%	0.3%	6.8%	2.7%
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	Wake County
Refused/No response	11.5%	6.7%	4.4%	5.4%	5.5%	2.9%	4.5%	3.4%	5.3%
Total Number of Responses	**19**	**21**	**35**	**46**	**35**	**38**	**74**	**30**	**300**

23. 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	Wake County
Yes	88.8%	92.5%	93.3%	95.5%	94.1%	90.9%	88.4%	87.5%	91.0%
No	1.9%	7.5%	4.2%	1.9%	5.9%	1.2%	8.3%	7.0%	5.3%
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	9.4%	0.0%	2.5%	2.6%	0.0%	7.9%	3.3%	5.5%	3.7%
Total Number of Responses	**19**	**21**	**35**	**46**	**35**	**38**	**74**	**30**	**300**

24. What type of health insurance do you have? (Let them answer and repeat the category checked in the list.)

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
Tricare/VA	0.3%	0.0%	0.0%	2.2%	2.4%	0.6%	0.0%	0.0%	0.7%
Medicaid	11.9%	2.2%	1.8%	0.6%	4.0%	0.6%	3.3%	7.4%	3.7%
Medicare	19.3%	37.2%	14.2%	9.3%	34.7%	30.1%	8.2%	21.4%	19.0%
Private/commercial insurance (Blue Cross/Blue Shield of NC, Aetna, etc.)	68.6%	60.6%	84.0%	87.9%	58.9%	68.6%	85.4%	71.2%	75.8%

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
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)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.5%	0.0%	0.4%
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%	1.5%	0.0%	0.4%
Total Number of Responses	**17**	**20**	**32**	**44**	**33**	**35**	**65**	**26**	**273**

25. What language(s) do you speak at home? Please select all that apply. (Let them answer and repeat the category checked in the list.)

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
English	99.3%	92.7%	93.8%	98.2%	98.5%	97.4%	91.4%	98.4%	95.3%
Spanish	0.5%	4.7%	2.3%	1.2%	1.5%	2.6%	4.1%	0.2%	2.7%
Other (please explain)	0.2%	2.6%	2.2%	0.0%	0.0%	0.0%	3.0%	1.4%	1.3%
Refused/No response	0.0%	0.0%	1.7%	0.6%	0.0%	0.0%	1.5%	0.0%	0.7%
Total Number of Responses	**19**	**21**	**35**	**46**	**35**	**38**	**74**	**30**	**300**

26. 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	Wake County
Employed full-time	45.0%	43.3%	56.2%	70.3%	39.5%	42.6%	66.2%	48.0%	54.3%

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
Employed part-time	0.7%	4.7%	5.6%	3.3%	4.5%	6.1%	11.4%	3.6%	6.0%
Retired	41.2%	38.9%	22.5%	14.7%	36.9%	41.1%	10.8%	29.1%	25.3%
Student	5.4%	2.0%	1.7%	0.6%	6.3%	0.6%	3.0%	6.7%	3.0%
Unemployed/short-term (less than 27 weeks)	5.4%	2.0%	1.7%	3.0%	1.5%	0.0%	1.3%	0.0%	1.7%
Unemployed long-term (27 weeks or longer)	0.2%	2.0%	2.5%	0.0%	3.8%	0.6%	0.0%	0.4%	1.0%
Person with disabilities unable to work	0.2%	0.0%	0.0%	2.1%	3.5%	0.6%	1.4%	1.8%	1.3%
Homemaker	0.2%	2.0%	3.8%	1.2%	3.8%	3.2%	2.7%	0.4%	2.7%
More than one job	0.0%	0.0%	1.2%	0.0%	0.0%	0.0%	0.3%	1.2%	0.3%
Refused/No response	1.7%	5.1%	4.7%	4.9%	0.1%	5.3%	2.8%	8.6%	4.3%
Total Number of Responses	**19**	**21**	**35**	**46**	**35**	**38**	**74**	**30**	**300**

27. What is your annual household income?

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
Less than $25,000	1.1%	8.7%	2.7%	4.9%	13.7%	4.9%	4.3%	9.8%	6.0%
$25,000 to $49,999	19.7%	12.6%	23.0%	16.1%	14.0%	14.9%	12.3%	8.5%	15.0%
$50,000 to $99,999	15.7%	23.9%	15.5%	22.7%	29.5%	22.7%	21.3%	14.8%	21.0%
Over $100,000	13.9%	14.1%	32.6%	32.8%	11.6%	19.2%	35.9%	36.7%	27.0%

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
Unsure/Do not know	4.4%	4.7%	2.3%	1.7%	3.8%	5.8%	5.5%	3.4%	4.0%
Refused/No response	45.2%	36.0%	23.9%	21.8%	27.4%	32.4%	20.8%	26.8%	27.0%
Total Number of Responses	**19**	**21**	**35**	**46**	**35**	**38**	**74**	**30**	**300**

Community Internet-based Survey Data

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 available via 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. Paper versions of the survey were also made available upon request.

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, 2,678 community members met all survey eligibility requirements to provide their input through this Internet-based survey. Responses were analyzed by service zone.

Please note that responses by service zone do not total to the number of Wake County respondents because some respondents did not properly identify their ZIP code of residence to be assigned to a service zone.

Findings

The questions and results from the community Internet-based 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 old 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?

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. 2,678 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.

6. 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 live: (Additional options include Unsure/Do not know or Refused/No Response)

    a. I can access good healthcare in my community.

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
1	6.2%	4.0%	2.3%	4.0%	2.7%	4.1%	2.4%	3.0%	3.4%
2	11.0%	8.9%	3.3%	3.2%	5.6%	9.8%	2.5%	2.9%	5.5%
3	9.2%	7.9%	3.1%	4.0%	5.7%	6.2%	3.7%	5.3%	5.3%
4	33.7%	38.6%	31.5%	32.8%	39.5%	36.8%	29.4%	28.6%	33.5%
5	38.7%	38.9%	59.3%	55.7%	43.8%	40.2%	61.8%	59.7%	51.1%
Unsure/Do not know	1.2%	1.6%	0.5%	0.4%	2.7%	2.9%	0.2%	0.4%	1.2%
Total Number of Responses	**229**	**146**	**222**	**280**	**315**	**330**	**571**	**177**	**2,276**

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

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
1	1.5%	2.0%	0.8%	1.3%	1.8%	0.9%	1.6%	0.2%	1.3%
2	1.3%	8.2%	1.8%	2.1%	3.9%	1.0%	0.8%	2.1%	2.2%
3	7.6%	10.6%	4.6%	3.0%	8.1%	6.3%	3.3%	6.8%	5.7%
4	42.0%	41.2%	35.7%	32.1%	39.3%	37.9%	24.3%	28.9%	33.8%
5	44.6%	35.2%	54.3%	59.1%	42.1%	50.6%	67.7%	56.1%	53.8%
Unsure/Do not know	3.0%	2.8%	2.8%	2.4%	4.8%	3.3%	2.2%	5.8%	3.2%

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
Total Number of Responses	**231**	**147**	**221**	**280**	**316**	**326**	**570**	**179**	**2,274**

c. My community is good place to grow old.

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
1	2.9%	2.8%	1.1%	1.5%	2.3%	1.6%	2.6%	0.3%	2.0%
2	5.8%	11.5%	5.6%	4.9%	8.2%	8.4%	5.7%	3.7%	6.5%
3	10.1%	13.8%	13.6%	11.8%	13.5%	14.4%	10.5%	14.8%	12.4%
4	42.9%	40.8%	42.6%	36.7%	38.4%	39.8%	35.2%	33.1%	38.2%
5	35.2%	28.5%	33.0%	41.8%	34.0%	32.5%	43.1%	42.5%	37.3%
Unsure/Do not know	3.2%	2.6%	4.2%	3.4%	3.8%	3.3%	2.9%	5.5%	3.5%
Total Number of Responses	**230**	**147**	**221**	**279**	**314**	**329**	**568**	**177**	**2,270**

d. I am connected and socially supported by others in my community (family, friends, neighbors, etc.).

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
1	3.1%	2.5%	1.5%	2.2%	3.0%	2.4%	2.7%	1.9%	2.5%
2	8.1%	9.4%	5.4%	5.2%	9.2%	8.2%	6.0%	5.0%	7.0%
3	11.4%	10.5%	9.7%	13.3%	12.2%	11.7%	11.5%	8.6%	11.4%
4	45.0%	43.3%	43.8%	40.2%	41.1%	45.4%	39.8%	39.7%	42.0%
5	31.5%	34.4%	39.4%	38.6%	33.8%	31.3%	39.8%	44.4%	36.7%
Unsure/Do not know	0.8%	0.0%	0.2%	0.4%	0.8%	1.0%	0.2%	0.4%	0.5%
Total Number of Responses	**229**	**146**	**220**	**279**	**315**	**330**	**573**	**177**	**2,275**

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

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
1	4.5%	5.1%	1.8%	2.6%	3.1%	3.7%	2.6%	2.2%	3.1%
2	22.0%	18.9%	8.5%	9.7%	14.3%	13.4%	6.9%	4.3%	11.6%
3	14.5%	14.9%	13.5%	16.8%	15.6%	15.7%	15.3%	10.4%	14.9%
4	37.0%	38.5%	43.6%	39.6%	38.9%	36.5%	38.6%	44.5%	39.2%
5	19.2%	20.7%	31.1%	29.4%	23.5%	25.7%	33.7%	35.0%	28.1%
Unsure/Do not know	2.9%	2.0%	1.5%	1.8%	4.5%	5.0%	2.8%	3.7%	3.2%
Total Number of Responses	**230**	**148**	**221**	**279**	**316**	**329**	**571**	**178**	**2,277**

f. I feel safe living in my community.

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
1	1.5%	3.3%	0.9%	1.5%	2.0%	0.5%	1.4%	0.9%	1.4%
2	1.8%	8.0%	2.2%	1.5%	6.0%	1.7%	2.1%	2.6%	2.9%
3	9.3%	14.3%	7.6%	6.6%	9.3%	5.9%	5.2%	7.6%	7.4%
4	48.6%	49.9%	55.1%	47.8%	52.2%	50.0%	40.8%	49.1%	48.0%
5	38.2%	23.9%	34.0%	41.3%	30.1%	41.3%	50.2%	39.5%	39.6%
Unsure/Do not know	0.6%	0.5%	0.2%	1.4%	0.5%	0.7%	0.4%	0.4%	0.6%
Total Number of Responses	**231**	**146**	**220**	**279**	**315**	**328**	**571**	**178**	**2,273**

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

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
1	1.3%	4.0%	1.4%	1.5%	2.1%	0.5%	1.2%	0.9%	1.4%

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
2	2.4%	11.0%	3.0%	2.5%	6.3%	3.9%	3.2%	4.9%	4.2%
3	7.0%	18.8%	7.9%	5.9%	12.9%	6.3%	4.2%	10.5%	8.0%
4	56.7%	43.0%	53.7%	47.1%	50.4%	50.8%	43.1%	44.0%	48.2%
5	32.1%	22.9%	33.8%	42.1%	27.7%	37.7%	47.8%	39.7%	37.6%
Unsure/Do not know	0.5%	0.4%	0.1%	0.9%	0.6%	0.7%	0.5%	0.1%	0.5%
Total Number of Responses	**230**	**147**	**221**	**279**	**315**	**329**	**574**	**177**	**2,278**

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

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
1	6.3%	7.2%	1.5%	2.8%	5.3%	2.3%	1.6%	1.5%	3.2%
2	20.0%	14.9%	4.8%	8.0%	11.0%	12.8%	4.0%	3.3%	9.1%
3	12.5%	10.5%	6.1%	5.2%	8.8%	9.0%	8.0%	5.3%	8.2%
4	37.2%	41.8%	42.8%	39.0%	40.9%	41.0%	34.1%	38.2%	38.6%
5	23.3%	24.7%	44.2%	43.1%	33.0%	34.1%	51.5%	51.0%	40.0%
Unsure/Do not know	0.8%	1.0%	0.6%	2.0%	1.1%	0.7%	0.9%	0.7%	1.0%
Total Number of Responses	**231**	**146**	**221**	**279**	**314**	**330**	**571**	**178**	**2,274**

i. I can easily access healthy, affordable food.

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
1	3.6%	8.0%	2.0%	2.2%	5.9%	2.5%	1.9%	2.6%	3.3%
2	16.9%	19.3%	6.4%	7.0%	11.4%	8.2%	5.4%	10.1%	9.3%
3	9.4%	8.0%	8.3%	7.4%	10.4%	7.0%	7.7%	7.8%	8.2%
4	43.4%	41.0%	42.5%	41.7%	43.2%	43.9%	35.9%	37.7%	40.7%
5	26.7%	23.4%	40.5%	41.0%	28.7%	37.4%	48.8%	41.4%	38.1%

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
Unsure/Do not know	0.0%	0.3%	0.3%	0.8%	0.5%	1.0%	0.4%	0.4%	0.5%
Total Number of Responses	**231**	**147**	**221**	**279**	**316**	**330**	**573**	**177**	**2,280**

j. I can access good education in my community.

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
1	4.9%	4.4%	1.3%	1.8%	3.1%	2.7%	1.4%	1.3%	2.4%
2	16.6%	10.1%	2.6%	6.1%	9.4%	4.5%	3.6%	2.9%	6.4%
3	15.3%	13.8%	9.7%	7.3%	14.5%	10.4%	6.5%	7.7%	10.1%
4	35.9%	41.3%	39.8%	39.5%	40.0%	42.3%	31.8%	34.6%	37.5%
5	22.5%	26.3%	43.2%	42.2%	27.1%	34.6%	54.7%	47.7%	39.6%
Unsure/Do not know	4.9%	4.2%	3.3%	3.2%	5.8%	5.5%	1.9%	5.8%	4.0%
Total Number of Responses	**231**	**146**	**219**	**277**	**316**	**329**	**571**	**178**	**2,273**

k. I can find affordable housing in my community.

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
1	11.0%	20.1%	11.5%	8.1%	11.9%	7.9%	9.4%	11.7%	10.7%
2	19.9%	27.7%	26.3%	21.6%	22.8%	22.5%	26.5%	28.3%	24.3%
3	14.2%	14.1%	22.1%	19.8%	17.9%	17.0%	22.3%	23.1%	19.3%
4	38.5%	23.4%	27.8%	33.0%	29.0%	34.0%	25.7%	23.3%	29.5%
5	14.7%	11.2%	9.6%	14.2%	13.7%	15.8%	12.2%	10.0%	12.9%
Unsure/Do not know	1.7%	3.4%	2.8%	3.2%	4.6%	2.8%	3.9%	3.6%	3.4%
Total Number of Responses	**231**	**148**	**222**	**279**	**315**	**330**	**571**	**178**	**2,278**

l. I can easily travel within my community.

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
1	4.6%	4.2%	3.6%	4.5%	4.1%	6.6%	4.1%	2.4%	4.4%
2	12.1%	13.0%	11.6%	11.7%	12.7%	25.6%	12.1%	11.9%	14.1%
3	11.2%	14.5%	15.9%	12.1%	15.1%	12.3%	15.2%	15.4%	14.0%
4	47.2%	45.4%	43.1%	42.6%	43.9%	34.0%	39.7%	39.5%	41.2%
5	24.6%	22.2%	25.7%	27.5%	23.3%	20.9%	28.8%	30.7%	25.8%
Unsure/Do not know	0.2%	0.7%	0.1%	1.5%	0.9%	0.5%	0.2%	0.2%	0.6%
Total Number of Responses	**229**	**145**	**220**	**278**	**314**	**328**	**567**	**176**	**2,262**

m. It is easy to maintain a healthy diet and regularly exercise in my community.

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
1	3.7%	6.5%	1.6%	1.9%	4.7%	2.5%	2.4%	1.1%	2.9%
2	11.3%	14.4%	5.0%	6.3%	8.9%	7.2%	3.4%	5.1%	6.8%
3	13.7%	17.7%	11.7%	10.6%	13.6%	14.3%	9.3%	10.9%	12.1%
4	45.8%	38.4%	49.3%	43.0%	45.4%	45.0%	42.2%	48.4%	44.4%
5	24.3%	21.5%	32.2%	37.7%	26.0%	29.8%	41.6%	33.9%	32.7%
Unsure/Do not know	1.2%	1.4%	0.2%	0.6%	1.3%	1.2%	1.0%	0.6%	1.0%
Total Number of Responses	**230**	**147**	**222**	**279**	**315**	**331**	**572**	**178**	**2,278**

n. I can find resources that promote sexual health in my community.

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
1	7.8%	7.1%	4.6%	3.7%	4.3%	3.7%	3.2%	3.0%	4.4%
2	13.1%	15.6%	7.6%	8.3%	12.7%	14.0%	7.4%	6.8%	10.3%

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
3	27.5%	21.2%	24.1%	23.3%	23.1%	26.9%	27.2%	23.5%	25.1%
4	19.4%	25.2%	27.7%	22.8%	19.2%	18.3%	18.0%	23.1%	20.7%
5	7.3%	14.9%	15.0%	13.0%	12.5%	11.8%	12.9%	17.5%	12.8%
Unsure/Do not know	24.8%	16.0%	21.0%	29.0%	28.3%	25.3%	31.3%	26.2%	26.7%
Total Number of Responses	**231**	**146**	**220**	**278**	**313**	**329**	**569**	**176**	**2,268**

o. I can find resources that address substance use disorders (including opioids) in my community.

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
1	7.1%	9.6%	3.6%	5.2%	5.9%	5.4%	3.1%	4.3%	5.1%
2	17.1%	13.5%	11.7%	10.3%	10.4%	12.9%	11.0%	11.2%	11.9%
3	25.3%	20.4%	23.6%	23.7%	22.2%	24.4%	22.2%	17.3%	22.6%
4	18.7%	27.0%	24.1%	20.4%	21.0%	21.1%	15.8%	21.4%	20.1%
5	7.8%	10.7%	13.0%	9.7%	9.2%	7.7%	10.5%	11.8%	10.0%
Unsure/Do not know	24.0%	18.9%	24.0%	30.7%	31.3%	28.4%	37.4%	34.0%	30.2%
Total Number of Responses	**230**	**147**	**221**	**279**	**317**	**331**	**571**	**178**	**2,279**

p. I can find resources that address tobacco cessation in my community.

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
1	4.3%	8.1%	3.0%	3.9%	5.8%	4.0%	2.0%	3.4%	3.9%
2	19.8%	12.7%	9.3%	9.5%	9.7%	12.4%	7.7%	8.4%	10.6%
3	23.9%	19.2%	21.1%	20.5%	21.1%	23.3%	19.9%	19.4%	21.1%
4	19.9%	30.3%	30.6%	26.6%	22.4%	23.1%	21.0%	21.9%	23.7%
5	10.4%	12.8%	15.1%	12.8%	11.8%	10.6%	13.3%	12.8%	12.5%
Unsure/Do not know	21.6%	16.9%	20.9%	26.8%	29.1%	26.6%	36.1%	34.2%	28.2%

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
Total Number of Responses	**230**	**147**	**221**	**279**	**314**	**328**	**567**	**177**	**2,269**

q. There are adequate resources in my community to support youth.

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
1	8.8%	11.0%	3.0%	3.4%	6.3%	3.8%	2.6%	1.9%	4.5%
2	19.8%	21.5%	10.9%	12.6%	19.2%	15.3%	9.5%	11.5%	14.2%
3	19.0%	18.7%	20.8%	18.5%	15.9%	17.9%	17.6%	19.2%	18.2%
4	32.0%	26.5%	38.9%	33.8%	28.2%	35.9%	35.3%	31.0%	33.5%
5	11.1%	10.6%	15.1%	22.8%	15.8%	16.0%	24.9%	18.1%	18.2%
Unsure/Do not know	9.4%	11.8%	11.2%	9.0%	14.6%	11.0%	10.1%	18.3%	11.5%
Total Number of Responses	**229**	**148**	**221**	**279**	**315**	**329**	**572**	**178**	**2,275**

r. Youth in my community can access affordable resources (recreation, career centers, educational resources, etc.).

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
1	9.8%	10.3%	3.0%	3.5%	6.8%	4.7%	3.5%	1.9%	5.1%
2	18.3%	22.7%	13.2%	14.6%	19.7%	17.1%	9.7%	12.1%	15.0%
3	21.4%	18.5%	20.0%	19.0%	16.7%	19.4%	18.4%	21.4%	19.1%
4	25.4%	26.2%	35.0%	30.2%	27.3%	31.5%	33.7%	29.6%	30.6%
5	14.1%	9.1%	14.4%	19.4%	13.3%	15.0%	21.4%	14.3%	16.3%
Unsure/Do not know	11.1%	13.2%	14.3%	13.3%	16.1%	12.3%	13.3%	20.7%	14.0%
Total Number of Responses	**229**	**147**	**221**	**278**	**313**	**329**	**572**	**177**	**2,270**

7. In your opinion, which ONE (1) health behavior do people in your community need more information about? If there is a health behavior 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	Wake County
Diet and Exercise	38.6%	39.5%	32.0%	30.8%	37.3%	31.5%	27.6%	29.3%	32.3%
Sexual Health	5.7%	7.0%	8.3%	5.5%	5.6%	6.7%	5.7%	5.5%	6.1%
Substance Use Disorders	19.4%	24.3%	27.4%	22.9%	24.2%	27.1%	29.0%	32.4%	26.1%
Tobacco Use	2.8%	1.7%	1.7%	3.0%	4.0%	3.3%	1.8%	1.8%	2.5%
Other (please explain)	12.0%	11.8%	12.4%	16.1%	9.7%	9.3%	14.7%	14.1%	12.8%
None	1.5%	2.0%	2.9%	2.0%	2.2%	2.6%	3.2%	3.7%	2.6%
Unsure/Do not know	20.0%	13.9%	15.3%	19.7%	17.0%	19.6%	18.0%	13.2%	17.6%
Total Number of Responses	**231**	**148**	**221**	**280**	**317**	**331**	**568**	**178**	**2,279**

8. In your opinion, which ONE (1) of the following clinical care issues needs the most improvement in your community? If there is an issue 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	Wake County
Availability of health providers	12.1%	8.8%	10.1%	8.3%	10.5%	10.4%	8.4%	12.3%	9.8%
Number of health providers	9.6%	2.3%	2.3%	4.0%	2.3%	5.5%	2.5%	1.5%	3.7%
Location of health facilities	7.3%	7.0%	4.0%	5.7%	6.2%	10.5%	3.8%	5.7%	6.1%
Number of health facilities	5.1%	3.0%	1.4%	2.3%	3.1%	5.7%	1.5%	2.5%	2.9%

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
Community awareness of preventive care/screenings	17.5%	24.0%	22.4%	22.1%	22.9%	15.8%	22.0%	21.5%	20.9%
Ability to receive preventive care/screenings	14.5%	21.6%	18.8%	17.1%	21.6%	15.5%	15.2%	17.1%	17.2%
Quality of provided healthcare	6.8%	10.6%	4.2%	4.9%	8.6%	5.4%	6.0%	6.1%	6.4%
Other (please explain)	14.0%	10.6%	18.4%	17.4%	10.2%	13.1%	16.7%	15.9%	14.8%
None	5.0%	3.5%	9.3%	8.4%	4.5%	7.8%	10.2%	8.0%	7.6%
Unsure/Do not know	8.2%	8.6%	9.1%	9.8%	10.1%	10.2%	13.8%	9.5%	10.5%
Total Number of Responses	**231**	**148**	**222**	**277**	**316**	**331**	**570**	**177**	**2,277**

9. In your opinion, which ONE (1) social and economic factor is impacting the health of your community the most? If there is a factor that you consider to have the most impact 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	Wake County
Lack of educational opportunities	11.1%	4.6%	1.3%	3.2%	3.4%	3.3%	2.5%	1.1%	3.6%
Lack of employment opportunities	12.5%	9.9%	6.3%	10.3%	10.2%	12.0%	7.0%	5.9%	9.2%
Lack of family, community,	11.4%	14.7%	10.0%	9.7%	13.8%	9.7%	13.4%	10.3%	11.8%

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
and social support									
Lack of access to enough healthy food	6.5%	10.3%	7.6%	7.0%	6.3%	6.5%	3.9%	9.6%	6.5%
Insufficient income	32.5%	43.3%	33.8%	32.2%	35.4%	27.6%	24.1%	34.0%	31.1%
Lack of community and interpersonal safety	3.7%	4.4%	6.3%	4.2%	3.0%	2.5%	3.3%	3.6%	3.7%
Other (please explain)	6.6%	6.1%	16.5%	9.5%	9.4%	11.5%	15.5%	17.8%	12.1%
None	4.7%	1.5%	9.0%	10.8%	5.3%	8.6%	14.8%	5.1%	8.9%
Unsure/Do not know	10.9%	5.2%	9.2%	13.0%	13.2%	18.1%	15.5%	12.6%	13.3%
Total Number of Responses	**230**	**148**	**220**	**279**	**316**	**327**	**568**	**177**	**2,271**

10. In your opinion, which ONE (1) of the following needs the most improvement within your community? If there is a need that you consider to need the most improvement 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	Wake County
Access to affordable housing	27.9%	42.8%	37.7%	32.3%	37.3%	31.2%	40.1%	44.4%	36.5%
Access to healthy foods	6.9%	9.6%	3.4%	4.9%	7.0%	3.9%	2.0%	6.4%	4.8%
Access to public transit (buses, commuter rail, etc.)	29.4%	13.6%	23.6%	25.2%	22.0%	27.3%	27.6%	19.5%	24.8%

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
Access to recreation facilities	5.9%	3.5%	2.6%	3.2%	3.2%	5.6%	2.7%	1.5%	3.5%
Availability of alternative transportation options (biking, walking, carpooling, etc.)	6.3%	5.4%	6.8%	7.3%	6.4%	9.1%	8.6%	6.9%	7.5%
Improved air quality	0.5%	0.9%	1.0%	0.3%	0.3%	0.4%	0.7%	0.5%	0.6%
Improved water quality	0.8%	2.2%	2.5%	3.6%	2.5%	1.4%	1.3%	1.4%	1.9%
Reducing homelessness	7.1%	12.3%	10.2%	7.4%	9.8%	4.2%	4.9%	8.7%	7.3%
Other (please explain)	10.0%	4.8%	5.1%	5.4%	5.9%	9.4%	4.8%	6.2%	6.3%
None	2.1%	2.2%	2.8%	3.1%	2.0%	3.6%	3.4%	2.0%	2.8%
Unsure/Do not know	3.1%	2.7%	4.3%	7.4%	3.6%	3.9%	3.9%	2.5%	4.0%
Total Number of Responses	**230**	**148**	**221**	**279**	**317**	**329**	**568**	**177**	**2,274**

11. In your opinion, which ONE (1) of the following health outcomes most impacts your community? If there is an outcome that you consider to have the most impact 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	Wake County
Life expectancy	1.8%	2.6%	2.6%	2.0%	1.1%	1.5%	1.8%	1.2%	1.8%
Infant and fetal mortality	1.1%	2.3%	1.6%	1.0%	0.9%	0.3%	1.0%	0.3%	1.0%

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
Low birthweight	0.6%	0.4%	0.1%	0.1%	0.2%	0.3%	0.5%	0.0%	0.3%
Chronic diseases and conditions (heart disease, cancer, asthma, diabetes, obesity, etc.)	60.2%	61.5%	55.1%	50.6%	61.1%	51.8%	48.9%	58.3%	54.5%
Suicide attempts and deaths	2.5%	5.0%	3.9%	3.1%	3.7%	3.4%	3.8%	1.3%	3.4%
Drug overdose attempts and deaths	8.6%	7.4%	12.0%	11.3%	7.9%	12.2%	12.6%	14.2%	11.1%
Other (please explain)	4.0%	6.2%	7.0%	5.8%	3.2%	3.4%	6.1%	5.6%	5.2%
None	2.3%	2.6%	3.3%	5.2%	3.5%	6.5%	4.8%	1.2%	4.1%
Unsure/Do not know	18.9%	12.0%	14.4%	20.8%	18.4%	20.6%	20.5%	17.9%	18.7%
Total Number of Responses	**231**	**148**	**221**	**280**	**316**	**328**	**567**	**177**	**2,271**

12. From the list provided, which ONE (1) area most impacts the health of your community? If there is an area that you consider to have the most impact 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	Wake County
Access to Care	10.2%	10.6%	6.2%	7.6%	7.7%	11.8%	7.1%	6.0%	8.3%
Built Environment	1.8%	2.9%	1.3%	2.1%	2.4%	2.1%	1.8%	3.3%	2.1%
Diet and Exercise	15.8%	11.3%	12.2%	8.9%	12.2%	10.7%	12.3%	9.8%	11.7%

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
Disabilities	1.8%	1.1%	1.4%	1.6%	1.5%	1.3%	1.8%	0.3%	1.5%
Education	4.9%	4.4%	5.3%	7.0%	5.3%	5.0%	4.7%	6.0%	5.3%
Employment	7.2%	5.8%	3.6%	6.2%	3.8%	5.5%	4.4%	3.0%	4.9%
Environmental Quality	0.5%	1.7%	1.9%	1.2%	1.3%	1.6%	1.5%	1.6%	1.4%
Family, community, and social support	6.2%	5.7%	6.8%	8.0%	6.4%	7.3%	7.8%	4.8%	6.9%
Food Security	1.6%	2.6%	2.3%	3.3%	2.2%	2.1%	0.7%	3.8%	2.0%
Housing and homelessness	8.9%	19.0%	15.6%	10.4%	15.6%	7.0%	9.1%	14.6%	11.5%
Income	12.6%	15.4%	11.6%	10.5%	14.2%	9.8%	8.5%	12.4%	11.2%
Quality of Care	0.3%	0.9%	0.5%	1.3%	1.8%	2.3%	1.4%	1.1%	1.4%
Safety	2.1%	1.0%	0.5%	0.7%	2.2%	0.5%	0.7%	1.1%	1.1%
Sexual health	0.0%	0.5%	0.0%	0.4%	0.2%	0.0%	0.7%	0.4%	0.3%
Substance Use Disorders	5.2%	3.8%	6.7%	5.3%	4.0%	6.0%	9.0%	7.2%	6.3%
Tobacco Use	0.3%	0.0%	0.4%	0.5%	0.4%	0.8%	0.6%	0.5%	0.5%
Transportation options and transit	7.7%	3.7%	8.6%	8.1%	7.0%	10.6%	12.7%	9.5%	9.3%
Other (please explain)	3.4%	4.6%	5.0%	4.8%	3.4%	3.0%	4.1%	5.6%	4.1%
None	0.6%	1.3%	3.4%	2.7%	1.3%	2.0%	1.7%	1.2%	1.8%
Unsure/Do not know	8.8%	3.9%	6.7%	9.5%	7.4%	10.5%	9.4%	7.8%	8.5%
Total Number of Responses	**231**	**148**	**221**	**280**	**317**	**327**	**568**	**177**	**2,275**

13. In your opinion, which population sub-group(s) needs additional resources within your community? Please select all that apply. If there is a population sub-group that needs additional resources 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	Wake County
Persons with disabilities	11.5%	9.2%	10.3%	10.7%	10.5%	10.1%	11.2%	10.4%	10.6%
Youth	11.4%	13.7%	10.1%	10.6%	11.8%	10.2%	8.5%	8.8%	10.3%
Seniors	17.9%	13.4%	12.8%	14.4%	14.5%	16.4%	13.5%	11.0%	14.3%
Homeless population	11.0%	14.7%	14.0%	11.8%	12.3%	8.1%	9.7%	14.5%	11.5%
Persons in poverty	18.4%	18.2%	17.6%	16.6%	16.9%	17.0%	18.1%	19.0%	17.6%
Persons with mental illness	16.2%	17.7%	20.3%	18.5%	18.9%	20.1%	20.7%	19.9%	19.3%
Persons with substance use disorders	10.9%	10.0%	11.1%	12.8%	10.5%	12.5%	12.4%	12.7%	11.8%
Other (please explain)	1.1%	1.7%	1.2%	1.3%	1.9%	1.5%	1.9%	1.5%	1.6%
None	0.0%	0.1%	0.5%	0.3%	0.4%	0.7%	0.6%	0.2%	0.4%
Unsure/Do not know	1.5%	1.3%	2.1%	3.0%	2.3%	3.5%	3.4%	1.9%	2.6%
Total Number of Responses	**542**	**386**	**581**	**688**	**780**	**744**	**1,225**	**505**	**5,465**

Evaluation of 2016 CHNA

These questions allow you to provide feedback regarding the 2016 Community Health Needs Assessment.

14. Are you aware that Wake County completed a Community Health Needs Assessment in 2016?

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
Yes	30.9%	26.4%	28.6%	30.5%	21.0%	21.9%	21.9%	23.7%	24.8%
No	63.1%	63.4%	62.8%	63.1%	69.1%	72.0%	70.1%	68.4%	67.4%
Unsure/Do not know	5.9%	10.2%	8.7%	6.5%	9.9%	6.1%	8.0%	7.8%	7.8%
Total Number of Responses	**228**	**146**	**219**	**275**	**310**	**325**	**556**	**172**	**2,236**

15. The 2016 assessment resulted in the following four priority areas: 1) Health Insurance Coverage, 2) Transportation, 3) Access to Health Services, and 4) 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. Health Insurance Coverage

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
Improved	11.7%	13.2%	13.0%	12.7%	14.1%	13.2%	12.3%	13.0%	12.8%
Not Improved	38.9%	39.4%	42.6%	36.6%	34.7%	40.2%	37.3%	35.9%	38.0%
Unsure/Do not know	49.4%	47.4%	44.4%	50.7%	51.2%	46.6%	50.4%	51.1%	49.1%
Total Number of Responses	**227**	**145**	**215**	**273**	**307**	**322**	**549**	**171**	**2,214**

b. Transportation

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
Improved	30.8%	30.0%	26.1%	24.9%	23.7%	20.5%	28.6%	25.3%	26.1%
Not Improved	38.2%	38.6%	47.0%	40.4%	38.9%	44.9%	40.2%	39.2%	41.0%
Unsure/Do not know	31.0%	31.4%	26.9%	34.7%	37.4%	34.6%	31.3%	35.5%	32.9%
Total Number of Responses	**225**	**143**	**215**	**272**	**306**	**318**	**553**	**171**	**2,207**

c. Access to Health Services

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
Improved	23.3%	20.0%	20.9%	26.2%	25.5%	25.5%	23.7%	15.6%	23.3%
Not Improved	30.8%	32.6%	27.8%	24.2%	22.5%	23.6%	22.1%	25.7%	25.1%
Unsure/Do not know	45.9%	47.4%	51.4%	49.6%	52.0%	51.0%	54.2%	58.8%	51.6%
Total Number of Responses	**228**	**143**	**215**	**272**	**305**	**321**	**555**	**171**	**2,214**

d. Mental Health and Substance Abuse

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
Improved	8.4%	14.8%	14.2%	10.7%	8.9%	9.4%	8.1%	8.6%	9.8%
Not Improved	43.1%	44.7%	40.4%	37.1%	37.4%	36.0%	34.4%	42.1%	38.1%
Unsure/Do not know	48.5%	40.5%	45.4%	52.2%	53.7%	54.5%	57.5%	49.3%	52.0%
Total Number of Responses	**226**	**143**	**217**	**273**	**305**	**321**	**554**	**171**	**2,216**

16. Of these four priority areas, 1) Health Insurance Coverage, 2) Transportation, 3) Access to Health Services, and 4) Mental Health and Substance Abuse, are any a concern for you today? For each, please select "Yes", "No", or "Unsure/Do not know".

a. Health Insurance Coverage

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
Yes	46.2%	52.4%	50.9%	52.3%	50.2%	43.9%	48.9%	47.2%	48.7%
No	44.1%	39.3%	42.2%	38.9%	39.6%	47.5%	45.0%	46.2%	43.2%
Unsure/Do not know	9.7%	8.4%	6.9%	8.8%	10.3%	8.7%	6.1%	6.6%	8.0%
Total Number of Responses	**225**	**144**	**217**	**268**	**304**	**317**	**548**	**171**	**2,199**

b. Transportation

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
Yes	36.5%	41.5%	49.5%	42.3%	43.0%	44.4%	48.2%	46.6%	44.6%
No	55.2%	50.4%	43.6%	48.5%	48.1%	49.1%	46.3%	46.0%	48.1%
Unsure/Do not know	8.3%	8.1%	6.9%	9.2%	9.0%	6.5%	5.5%	7.4%	7.3%
Total Number of Responses	**222**	**141**	**216**	**263**	**300**	**318**	**544**	**170**	**2,181**

c. Access to Health Services

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
Yes	40.9%	45.8%	38.7%	39.2%	41.7%	39.6%	37.4%	39.2%	39.7%
No	49.2%	44.8%	51.5%	49.5%	45.8%	50.3%	55.0%	52.1%	50.5%
Unsure/Do not know	9.8%	9.3%	9.8%	11.3%	12.5%	10.1%	7.7%	8.7%	9.8%

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
Total Number of Responses	**224**	**142**	**215**	**264**	**299**	**315**	**543**	**170**	**2,176**

d. Mental Health and Substance Abuse

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
Yes	39.0%	52.1%	51.8%	47.1%	48.1%	40.2%	46.4%	50.2%	46.3%
No	46.9%	37.9%	38.8%	40.3%	39.2%	48.0%	42.9%	39.0%	42.1%
Unsure/Do not know	14.1%	9.9%	9.4%	12.6%	12.7%	11.7%	10.7%	10.8%	11.6%
Total Number of Responses	**222**	**144**	**215**	**268**	**306**	**318**	**546**	**172**	**2,196**

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. 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	Wake County
Belief that going to the doctor doesn't help	2.1%	3.9%	4.3%	2.5%	3.4%	3.2%	3.4%	4.3%	3.3%
Cannot afford medications	7.8%	8.0%	6.3%	6.2%	7.7%	6.5%	7.0%	6.2%	7.0%
Cannot get an appointment	3.6%	3.7%	3.0%	5.9%	4.9%	5.5%	4.9%	4.5%	4.7%

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
Cultural/religious beliefs	0.5%	0.3%	0.5%	0.4%	0.2%	0.2%	0.2%	0.2%	0.3%
Do not have child care	2.9%	2.4%	1.5%	2.1%	2.9%	3.0%	1.5%	2.0%	2.2%
Do not have time in your schedule	10.0%	9.6%	13.1%	12.3%	9.5%	12.4%	12.1%	14.6%	11.6%
Do not know where to go	2.5%	3.8%	3.2%	2.4%	3.1%	2.7%	2.4%	3.7%	2.9%
Do not want to find out that you are sick	2.4%	2.3%	3.0%	2.3%	3.0%	2.1%	3.4%	3.5%	2.8%
Educational barriers	0.7%	1.0%	0.5%	0.2%	0.7%	0.2%	0.3%	0.5%	0.5%
Inability to pay for services or copays	13.1%	11.5%	11.1%	10.6%	10.0%	10.4%	9.7%	9.7%	10.6%
Insurance will not cover what you needed	11.6%	10.7%	11.2%	11.5%	10.2%	9.8%	11.0%	9.6%	10.7%
Insurance is not accepted by your health care provider	4.1%	4.4%	4.4%	4.8%	4.7%	5.1%	4.2%	5.0%	4.6%
Lack of adequate transportation	2.1%	2.6%	2.0%	1.7%	2.3%	2.2%	1.6%	1.8%	2.0%
Lack of health insurance	4.3%	4.6%	2.8%	3.5%	4.4%	2.8%	2.9%	2.7%	3.4%
Long wait times	4.7%	3.9%	4.2%	4.8%	4.8%	5.2%	4.3%	3.3%	4.5%
Mistrust of medical professionals	2.9%	4.7%	3.0%	2.0%	3.0%	2.3%	2.5%	2.0%	2.7%

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
Shortage of healthcare professionals	1.4%	1.8%	0.9%	1.8%	3.0%	3.1%	1.3%	1.2%	1.9%
Stigma associated with going to the doctor	0.6%	1.8%	1.0%	1.1%	1.2%	0.7%	0.9%	0.5%	0.9%
Unable to find a provider that speaks your language	0.4%	1.0%	0.6%	0.2%	0.9%	0.4%	0.4%	0.4%	0.5%
You hope the problem will go away without having to go to the doctor	7.4%	4.5%	6.8%	7.7%	6.2%	6.3%	7.5%	8.3%	6.9%
Other (please explain)	1.8%	2.2%	1.7%	1.3%	1.1%	2.2%	1.8%	2.1%	1.8%
None/I do not put off going to the doctor for issues related to my physical health	12.4%	10.4%	13.4%	13.6%	12.0%	12.7%	15.9%	12.7%	13.3%
I do not need to go to the doctor for issues related to my physical health.	0.8%	0.8%	1.4%	1.0%	0.9%	1.0%	0.8%	1.0%	0.9%
Total Number of Responses	**521**	**360**	**483**	**607**	**784**	**752**	**1,164**	**387**	**5,075**

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	Wake County
Do not seek care	1.8%	3.2%	2.4%	2.4%	3.3%	3.6%	2.5%	1.8%	2.7%
Alternative medicine provider (acupuncture, chiropractic treatments, natural products, medicinal herbs)	6.8%	7.0%	5.9%	4.9%	5.0%	4.9%	3.9%	5.1%	5.2%
Emergency department	3.2%	3.3%	0.9%	0.5%	2.8%	0.7%	0.9%	1.8%	1.6%
Health department	1.3%	2.2%	1.2%	1.0%	0.8%	0.3%	0.0%	0.7%	0.8%
Primary care provider (doctor, nurse, etc.)	73.6%	71.8%	75.4%	75.6%	73.9%	75.1%	77.4%	73.9%	75.0%
Walk-in/Urgent care center	9.5%	8.0%	8.9%	10.5%	8.2%	11.5%	8.1%	9.1%	9.2%
Other type of health clinic	0.5%	2.3%	1.6%	0.5%	2.8%	1.1%	1.4%	1.8%	1.5%
Telehealth/Tele visit (electronic visit via web or phone app)	0.5%	0.7%	1.3%	0.6%	0.3%	0.7%	0.8%	2.5%	0.8%
Social media/Internet	1.0%	1.3%	1.5%	1.9%	1.1%	0.5%	3.4%	1.4%	1.7%

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
Other (please explain)	1.7%	0.3%	0.9%	2.1%	1.9%	1.6%	1.5%	1.7%	1.6%
Total Number of Responses	**224**	**139**	**214**	**271**	**301**	**316**	**544**	**168**	**2,182**

19. 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	Wake County
Belief that going to the doctor doesn't help	4.2%	2.8%	3.1%	3.5%	3.5%	4.3%	3.9%	4.3%	3.8%
Cannot afford medications	4.4%	4.1%	2.9%	4.3%	4.5%	3.7%	4.4%	2.8%	4.0%
Cannot get an appointment	2.2%	2.6%	2.3%	3.0%	3.6%	3.5%	2.5%	3.8%	2.9%
Cultural/religious beliefs	1.1%	0.9%	0.9%	1.0%	0.6%	0.3%	0.5%	0.3%	0.7%
Do not have child care	1.3%	1.4%	1.3%	1.1%	1.8%	1.7%	1.1%	1.6%	1.4%
Do not have time in your schedule	6.2%	7.8%	8.6%	8.1%	6.5%	8.1%	7.0%	8.4%	7.5%
Do not know where to go	5.3%	4.9%	5.1%	4.9%	6.3%	6.6%	5.2%	7.6%	5.7%
Do not want to find out that you are sick	1.3%	1.0%	1.9%	2.1%	0.8%	0.6%	1.3%	1.4%	1.3%
Educational barriers	1.1%	0.6%	0.7%	0.4%	0.3%	0.1%	0.4%	0.1%	0.4%

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
Inability to pay for services or copays	11.0%	9.5%	8.9%	8.1%	9.6%	9.5%	8.4%	8.9%	9.1%
Insurance will not cover what you needed	10.3%	9.0%	11.3%	8.9%	9.3%	9.7%	9.8%	9.2%	9.7%
Insurance is not accepted by your health care provider	5.2%	4.1%	4.2%	3.3%	4.0%	4.0%	4.0%	5.6%	4.2%
Lack of adequate transportation	2.1%	1.3%	0.8%	1.0%	1.4%	1.2%	1.2%	1.1%	1.3%
Lack of health insurance	3.4%	3.8%	2.4%	2.5%	2.9%	2.1%	2.9%	2.3%	2.7%
Long wait times	1.6%	2.9%	1.7%	1.6%	3.3%	1.9%	2.2%	1.9%	2.2%
Mistrust of medical professionals	1.4%	3.4%	2.1%	1.5%	2.4%	1.6%	2.0%	1.7%	2.0%
Shortage of healthcare professionals	2.7%	2.2%	1.3%	2.1%	3.4%	3.5%	2.0%	2.9%	2.5%
Stigma associated with going to the doctor	1.3%	3.4%	3.7%	3.5%	1.9%	1.9%	3.0%	2.8%	2.6%
Stigma associated with the diagnosis of a mental health condition	4.6%	6.5%	6.8%	5.1%	6.3%	5.7%	6.6%	7.0%	6.1%
Unable to find a provider that	0.2%	0.9%	0.4%	0.7%	0.6%	0.2%	0.3%	0.2%	0.4%

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
speaks your language									
You hope the problem will go away without having to go to the doctor	2.1%	3.4%	5.1%	4.1%	3.0%	3.5%	4.2%	4.1%	3.7%
Other (please explain)	1.8%	1.8%	2.5%	2.1%	1.5%	2.5%	1.4%	2.1%	1.9%
None/ I do not put off going to the doctor for issues related to my mental health	10.6%	12.0%	10.7%	12.1%	11.2%	10.8%	12.3%	8.3%	11.2%
I do not need to seek care for issues related to my mental health.	14.6%	9.6%	11.1%	15.2%	11.3%	13.1%	13.4%	11.6%	12.7%
Total Number of Responses	**419**	**280**	**426**	**504**	**620**	**605**	**1,013**	**345**	**4,231**

20. 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	Wake County
Do not seek care	37.6%	34.5%	30.9%	42.6%	35.6%	36.1%	37.8%	31.1%	36.4%
Alternative medicine provider (acupuncture,	2.2%	1.9%	2.2%	2.0%	0.9%	2.1%	2.3%	3.2%	2.1%

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
chiropractic treatments, natural products, medicinal herbs)									
Emergency department	1.4%	0.6%	0.5%	1.1%	0.8%	1.4%	0.7%	0.3%	0.9%
Health department	0.3%	0.7%	0.4%	0.4%	0.4%	0.7%	0.2%	0.1%	0.4%
Primary care provider (doctor, nurse, etc.)	25.3%	23.2%	23.0%	21.2%	26.8%	24.3%	23.6%	21.2%	23.7%
Mental health provider (therapist, psychologist, psychiatrist)	20.5%	26.7%	30.0%	20.7%	25.4%	24.5%	26.2%	32.8%	25.5%
Walk-in/Urgent care center	1.2%	2.2%	1.5%	2.2%	1.0%	0.1%	1.0%	0.6%	1.1%
Other type of health clinic	2.8%	2.8%	1.0%	1.2%	1.3%	0.5%	0.8%	0.5%	1.2%
Telehealth/Tele visit (electronic visit via web or phone app)	0.0%	0.7%	0.2%	0.0%	0.0%	0.0%	0.4%	1.0%	0.2%
Social media/Internet	2.2%	1.6%	3.7%	2.7%	2.0%	3.7%	3.3%	3.2%	2.9%
Other (please explain)	6.5%	4.9%	6.6%	5.9%	5.7%	6.5%	3.7%	5.8%	5.5%
Total Number of Responses	**216**	**134**	**207**	**266**	**294**	**310**	**529**	**166**	**2,127**

21. 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: (Additional options include Unsure/Do not know or Refused/No Response)

    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	Wake County
1	4.5%	4.8%	2.8%	2.1%	3.4%	1.9%	1.8%	3.2%	2.7%
2	14.6%	16.6%	9.0%	9.1%	9.0%	11.1%	7.4%	11.3%	10.2%
3	15.3%	16.1%	15.0%	7.9%	13.3%	11.3%	10.5%	17.8%	12.5%
4	44.2%	41.0%	47.3%	50.9%	49.1%	48.7%	46.7%	39.4%	46.7%
5	17.8%	14.7%	22.8%	28.1%	19.8%	22.4%	31.7%	20.9%	24.0%
Unsure/Do not know	3.7%	6.9%	3.2%	1.9%	5.4%	4.6%	1.9%	7.4%	3.9%
Total Number of Responses	**214**	**135**	**206**	**261**	**292**	**310**	**524**	**164**	**2,112**

    b. Residents can access a medical specialist (Cardiologist, Dermatologist, etc.) when needed.

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
1	10.9%	5.6%	2.8%	4.1%	3.7%	3.8%	2.4%	3.4%	4.2%
2	24.0%	24.5%	13.4%	13.1%	18.6%	24.8%	14.3%	16.2%	18.0%
3	12.2%	19.1%	19.0%	11.6%	16.8%	14.5%	13.7%	19.1%	15.1%
4	31.2%	29.9%	40.1%	46.2%	39.8%	36.0%	41.3%	34.3%	38.5%
5	12.5%	12.0%	18.0%	19.8%	14.4%	14.1%	24.6%	18.5%	17.8%
Unsure/Do not know	9.2%	8.9%	6.7%	5.2%	6.7%	6.7%	3.7%	8.6%	6.4%
Total Number of Responses	**213**	**134**	**206**	**261**	**291**	**309**	**522**	**164**	**2,107**

c. There are enough providers accepting Medicaid in my community.

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
1	12.1%	14.8%	11.3%	10.5%	10.0%	7.1%	8.7%	7.2%	9.8%
2	18.9%	23.4%	21.2%	18.7%	20.4%	21.2%	17.9%	21.5%	19.9%
3	9.5%	15.6%	14.6%	8.6%	10.7%	9.3%	9.4%	12.8%	10.7%
4	6.4%	11.6%	6.3%	8.2%	7.8%	6.9%	8.3%	4.2%	7.5%
5	4.5%	2.4%	3.5%	3.8%	3.4%	1.7%	2.6%	3.8%	3.1%
Unsure/Do not know	48.6%	32.3%	43.2%	50.3%	47.6%	53.7%	53.1%	50.5%	49.1%
Total Number of Responses	**215**	**134**	**205**	**261**	**292**	**310**	**523**	**164**	**2,108**

d. There are enough providers accepting Medicare in my community.

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
1	9.7%	12.9%	7.8%	8.3%	8.5%	4.8%	5.7%	5.5%	7.4%
2	18.6%	18.0%	17.8%	16.0%	18.0%	19.8%	16.3%	18.1%	17.7%
3	8.8%	18.0%	15.1%	12.6%	12.2%	9.9%	13.3%	15.1%	12.7%
4	9.4%	12.7%	11.5%	9.4%	10.8%	11.8%	14.7%	8.8%	11.7%
5	4.5%	3.2%	4.6%	5.8%	4.5%	3.8%	3.7%	3.8%	4.2%
Unsure/Do not know	49.0%	35.1%	43.1%	48.0%	45.9%	49.9%	46.2%	48.7%	46.3%
Total Number of Responses	**212**	**134**	**206**	**261**	**292**	**308**	**521**	**163**	**2,101**

e. There are enough bilingual healthcare providers in my community.

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
1	7.3%	7.4%	6.8%	6.2%	5.7%	2.9%	4.2%	6.3%	5.5%

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
2	17.0%	16.9%	19.4%	15.9%	15.7%	17.0%	13.1%	20.3%	16.2%
3	13.4%	19.0%	17.7%	12.5%	14.3%	13.4%	15.0%	14.1%	14.7%
4	6.3%	14.4%	6.2%	6.5%	8.8%	6.3%	7.3%	5.0%	7.3%
5	3.1%	2.3%	1.7%	2.6%	2.5%	1.5%	2.9%	2.4%	2.4%
Unsure/Do not know	53.0%	40.0%	48.1%	56.3%	53.0%	58.8%	57.4%	51.9%	53.9%
Total Number of Responses	**214**	**135**	**205**	**261**	**291**	**308**	**522**	**164**	**2,107**

f. There are enough mental health providers in my community.

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
1	19.1%	18.7%	16.2%	15.2%	15.8%	13.5%	11.8%	17.9%	15.2%
2	30.0%	29.0%	29.2%	26.0%	25.9%	25.8%	24.8%	27.5%	26.7%
3	10.0%	15.7%	15.7%	13.9%	13.7%	11.2%	11.1%	10.3%	12.4%
4	6.3%	13.7%	11.5%	8.6%	8.7%	9.9%	12.8%	10.2%	10.3%
5	0.9%	2.2%	2.3%	1.6%	2.1%	1.0%	4.4%	2.2%	2.4%
Unsure/Do not know	33.5%	20.6%	25.1%	34.7%	33.8%	38.6%	35.1%	31.8%	33.0%
Total Number of Responses	**212**	**134**	**206**	**260**	**290**	**309**	**522**	**164**	**2,102**

g. There are enough substance abuse treatment providers in my community.

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
1	18.2%	16.6%	16.3%	15.6%	14.6%	12.4%	10.4%	15.6%	14.2%
2	24.8%	25.5%	24.8%	22.5%	23.5%	22.0%	21.2%	25.5%	23.1%
3	11.0%	16.4%	14.3%	11.1%	12.8%	10.6%	11.1%	10.0%	11.8%
4	4.6%	9.6%	6.1%	4.3%	6.1%	4.8%	4.2%	4.0%	5.1%
5	0.8%	2.5%	1.5%	1.8%	2.2%	1.1%	1.8%	1.8%	1.7%

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
Unsure/Do not know	40.7%	29.4%	37.0%	44.7%	40.8%	49.2%	51.3%	43.1%	44.1%
Total Number of Responses	**215**	**135**	**206**	**261**	**292**	**309**	**525**	**164**	**2,112**

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.

22. What is your gender?

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
Male	15.1%	13.9%	17.7%	20.9%	17.1%	21.1%	25.6%	18.1%	19.9%
Female	84.9%	86.1%	82.3%	79.1%	82.9%	78.8%	74.2%	81.9%	80.0%
Transgender/Other	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.2%	0.0%	0.0%
Total Number of Responses	**216**	**136**	**205**	**260**	**295**	**309**	**523**	**164**	**2,112**

23. What is your age?

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
18-24 years	0.6%	2.3%	2.4%	2.1%	1.4%	1.5%	1.3%	1.0%	1.5%
25-44 years	41.1%	46.8%	38.8%	36.2%	38.9%	36.8%	33.2%	43.3%	37.9%
45-64 years	48.6%	42.9%	44.8%	46.7%	44.5%	44.9%	41.3%	40.8%	44.1%
65-74 years	7.0%	6.4%	10.8%	12.2%	11.6%	13.3%	16.9%	11.1%	12.3%
75 years and over	2.6%	1.7%	3.2%	2.8%	3.6%	3.5%	7.3%	3.8%	4.2%

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
Total Number of Responses	**216**	**136**	**206**	**263**	**295**	**309**	**522**	**164**	**2,116**

24. What is the highest level of education you have completed?

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
Did not complete high school	0.4%	0.7%	0.2%	0.5%	0.7%	0.3%	0.2%	0.4%	0.4%
High School Diploma or GED	4.4%	2.1%	1.0%	1.9%	2.6%	2.5%	2.9%	1.8%	2.5%
Some College	15.2%	11.4%	7.3%	10.0%	12.0%	12.3%	9.7%	9.0%	10.8%
Associate's Degree	9.5%	12.9%	7.1%	9.6%	10.7%	11.8%	5.9%	6.4%	8.8%
Bachelor's Degree	40.3%	40.3%	42.5%	41.4%	41.5%	37.4%	38.4%	39.4%	39.8%
Master's Degree	27.2%	30.7%	34.9%	30.8%	28.2%	27.8%	35.3%	32.7%	31.3%
Doctorate	2.0%	0.9%	6.3%	5.1%	2.8%	6.1%	7.0%	9.9%	5.3%
Other (please explain)	1.1%	1.1%	0.8%	0.7%	1.5%	1.8%	0.6%	0.4%	1.0%
Total Number of Responses	**215**	**136**	**206**	**263**	**295**	**308**	**521**	**164**	**2,113**

25. What is your ethnicity?

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
Hispanic/Latino	7.3%	7.4%	6.8%	7.4%	5.8%	4.5%	5.4%	3.8%	6.0%
Non-Hispanic/Latino	89.9%	82.4%	84.4%	85.7%	86.6%	88.1%	83.9%	87.5%	85.9%

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
Other (please explain)	2.9%	10.2%	8.8%	7.0%	7.6%	7.4%	10.7%	8.7%	8.1%
Total Number of Responses	**206**	**131**	**200**	**253**	**281**	**293**	**487**	**156**	**2,011**

26. What is your race?

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
White/Caucasian	63.3%	43.3%	74.5%	75.3%	65.1%	86.4%	81.4%	87.9%	74.5%
Black or African American	29.5%	49.0%	16.9%	17.7%	29.0%	8.6%	9.0%	7.4%	18.2%
American Indian or Alaskan Native	0.0%	0.3%	0.0%	0.0%	0.2%	0.7%	0.6%	0.0%	0.3%
Asian	0.4%	1.3%	2.5%	1.7%	0.2%	1.2%	6.2%	0.5%	2.3%
Native Hawaiian or Other Pacific Islander	0.0%	0.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.4%	0.0%
Multiracial	4.8%	4.2%	4.6%	3.2%	3.6%	1.6%	1.5%	2.1%	2.9%
Other (please explain)	2.0%	1.7%	1.5%	2.1%	2.0%	1.6%	1.3%	1.7%	1.7%
Total Number of Responses	**215**	**132**	**205**	**262**	**289**	**302**	**514**	**163**	**2,086**

27. Do you currently have health insurance?

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
Yes	92.0%	95.6%	97.7%	96.9%	95.3%	96.2%	96.9%	97.1%	96.0%
No	7.1%	3.7%	2.1%	3.0%	4.3%	3.7%	2.7%	2.8%	3.6%

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
Unsure/Do not know	0.9%	0.7%	0.2%	0.1%	0.4%	0.1%	0.4%	0.0%	0.3%
Total Number of Responses	**215**	**134**	**204**	**259**	**292**	**306**	**521**	**163**	**2,099**

28. What type of health insurance do you have?

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
Tricare/VA	0.7%	1.1%	0.4%	0.6%	3.1%	2.3%	1.9%	0.9%	1.6%
Medicaid	2.0%	2.6%	1.3%	1.3%	1.7%	0.8%	0.9%	2.6%	1.4%
Medicare	8.8%	5.4%	8.4%	9.3%	11.5%	13.0%	17.8%	10.3%	11.9%
Private/commercial insurance (Blue Cross/Blue Shield of NC, Aetna, etc.)	78.6%	83.7%	85.0%	83.6%	76.4%	77.2%	73.7%	81.7%	78.7%
I do not have health insurance.	5.7%	3.0%	1.9%	2.1%	3.2%	3.0%	2.1%	2.5%	2.8%
Other (please explain)	3.5%	3.4%	2.9%	3.0%	3.7%	3.4%	3.4%	2.1%	3.2%
Unsure/Do not know	0.9%	0.7%	0.2%	0.1%	0.4%	0.4%	0.2%	0.0%	0.3%
Total Number of Responses	**214**	**135**	**205**	**262**	**293**	**307**	**522**	**164**	**2,107**

29. 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	Wake County
English	93.7%	90.5%	92.5%	92.7%	93.1%	96.1%	92.7%	94.9%	93.3%

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
Spanish	5.9%	7.8%	5.4%	6.2%	5.6%	2.5%	3.9%	3.8%	4.9%
Other (please explain)	0.4%	1.7%	2.1%	1.1%	1.3%	1.3%	3.4%	1.3%	1.8%
Total Number of Responses	**224**	**144**	**219**	**280**	**310**	**317**	**546**	**171**	**2,217**

30. What is your employment status?

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
Employed full-time	73.9%	78.2%	76.1%	69.7%	67.9%	65.3%	53.8%	70.5%	66.5%
Employed part-time	6.3%	7.8%	7.6%	7.5%	8.0%	9.3%	9.4%	8.6%	8.3%
Retired	10.6%	7.7%	10.9%	14.1%	15.1%	15.5%	25.2%	11.8%	15.9%
Student	0.8%	1.8%	0.8%	1.1%	1.3%	1.0%	1.7%	1.0%	1.2%
Unemployed/short-term (less than 27 weeks)	1.0%	0.4%	0.8%	0.4%	0.3%	0.5%	1.1%	2.2%	0.8%
Unemployed long-term (27 weeks or longer)	0.0%	0.9%	0.4%	0.0%	0.5%	0.5%	1.4%	0.9%	0.7%
Person with disabilities unable to work	3.0%	0.8%	0.5%	1.2%	2.9%	1.5%	0.4%	0.6%	1.3%
Homemaker	2.7%	2.1%	2.5%	4.8%	3.5%	5.4%	5.9%	3.4%	4.3%
More than one job	1.8%	0.4%	0.4%	1.2%	0.7%	0.9%	1.0%	1.0%	1.0%
Total Number of Responses	**215**	**136**	**206**	**263**	**293**	**307**	**524**	**163**	**2,113**
Employed full-time	73.9%	78.2%	76.1%	69.7%	67.9%	65.3%	53.8%	70.5%	66.5%

31. What is your annual household income?

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
Less than $25,000	5.2%	8.0%	4.0%	4.2%	7.2%	3.3%	3.3%	6.0%	4.7%
$25,000 to $49,999	23.0%	30.1%	20.1%	18.1%	21.1%	13.4%	15.6%	16.0%	18.7%
$50,000 to $99,999	37.9%	37.1%	35.6%	32.7%	38.4%	40.9%	29.2%	31.2%	34.7%
Over $100,000	29.3%	22.2%	36.2%	39.9%	29.5%	35.3%	45.1%	44.0%	36.7%
Unsure/Do not know	4.7%	2.6%	4.0%	5.1%	3.8%	7.1%	6.8%	2.8%	5.1%
Total Number of Responses	**212**	**134**	**205**	**260**	**289**	**298**	**509**	**160**	**2,071**

Key Leader Internet-based Survey Data

Key leaders and organizations in Wake County were engaged in the data collection process via an Internet-based survey consisting of 25 questions related to the health needs, community services, and the health decisions of the population served by their organization. 120 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.

Please note that the number of responses by service zone sums to more than the Wake County total because respondents could select all service zones served by their organization.

Findings

Tell us about your organization

1. Please select the category that best describes your organization. (Require response)

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
Faith-based organization	0.0%	1.5%	0.0%	1.9%	1.4%	3.2%	1.7%	0.0%	4.2%
Non-profit organization	63.0%	56.7%	58.6%	57.4%	56.2%	61.3%	56.7%	59.3%	44.2%
Media	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
County or town government	9.3%	6.0%	8.6%	11.1%	11.0%	4.8%	10.0%	5.1%	19.2%
Institute of higher education	0.0%	6.0%	0.0%	0.0%	1.4%	1.6%	0.0%	1.7%	5.0%
Healthcare provider	18.5%	22.4%	22.4%	20.4%	23.3%	19.4%	21.7%	25.4%	20.0%
Public – private partnership	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Other (please explain)	9.3%	7.5%	10.3%	9.3%	6.8%	9.7%	10.0%	8.5%	7.5%
Total Number of Responses	**54**	**67**	**58**	**54**	**73**	**62**	**60**	**59**	**120**

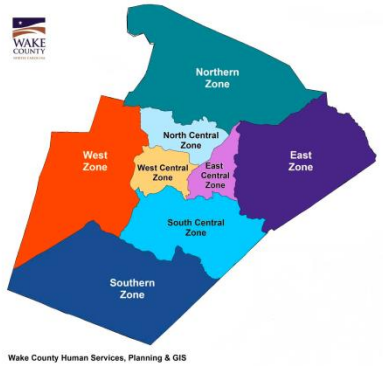
2. In what ZIP code is your organization's/facility's main office located? (Require response)

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
27501	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%	6.7%	1.7%	3.3%
27511	5.6%	3.0%	3.4%	3.7%	2.7%	3.2%	6.7%	3.4%	4.2%
27513	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.7%	0.0%	0.8%

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
27518	3.7%	3.0%	3.4%	3.7%	2.7%	3.2%	3.3%	3.4%	1.7%
27519	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
27520	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%
27523	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
27526	0.0%	0.0%	1.7%	0.0%	1.4%	3.2%	1.7%	1.7%	1.7%
27529	0.0%	0.0%	0.0%	0.0%	6.8%	3.2%	0.0%	0.0%	4.2%
27539	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%	1.6%	0.0%	0.0%	0.8%
27545	3.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.7%
27560	0.0%	3.0%	1.7%	0.0%	0.0%	0.0%	1.7%	0.0%	2.5%
27562	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%	1.9%	0.0%	0.0%	0.0%	0.0%	0.8%
27587	1.9%	0.0%	1.7%	7.4%	0.0%	0.0%	0.0%	0.0%	3.3%
27591	1.9%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.8%
27592	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%
27597	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
27601	9.3%	9.0%	8.6%	7.4%	9.6%	8.1%	6.7%	10.2%	5.8%
27603	18.5%	14.9%	15.5%	14.8%	13.7%	16.1%	15.0%	15.3%	9.2%
27604	3.7%	3.0%	3.4%	3.7%	2.7%	3.2%	3.3%	3.4%	1.7%
27605	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
27606	3.7%	3.0%	3.4%	3.7%	2.7%	3.2%	3.3%	5.1%	2.5%
27607	20.4%	16.4%	19.0%	20.4%	15.1%	17.7%	18.3%	20.3%	10.0%
27608	3.7%	3.0%	1.7%	1.9%	2.7%	3.2%	1.7%	1.7%	1.7%
27609	0.0%	0.0%	3.4%	0.0%	0.0%	0.0%	0.0%	1.7%	2.5%
27610	11.1%	29.9%	13.8%	13.0%	28.8%	22.6%	16.7%	16.9%	30.0%
27612	3.7%	3.0%	6.9%	5.6%	2.7%	3.2%	5.0%	5.1%	3.3%
27613	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
27614	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
27615	0.0%	0.0%	3.4%	1.9%	1.4%	1.6%	0.0%	0.0%	1.7%
27616	1.9%	1.5%	1.7%	1.9%	1.4%	1.6%	1.7%	1.7%	0.8%
27617	0.0%	0.0%	0.0%	1.9%	0.0%	0.0%	1.7%	0.0%	0.8%

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
27703	3.7%	3.0%	3.4%	3.7%	2.7%	3.2%	3.3%	3.4%	1.7%
27713	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Other (please provide)	3.7%	4.5%	3.4%	3.7%	2.7%	1.6%	1.7%	5.1%	2.5%
Total Number of Responses	**54**	**67**	**58**	**54**	**73**	**62**	**60**	**59**	**120**

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. (Require response)



	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
East Central	12.8%	16.2%	12.6%	12.2%	12.4%	12.3%	11.9%	12.6%	13.8%
East	14.1%	11.9%	11.8%	12.2%	11.4%	11.6%	11.4%	11.6%	11.1%
North Central	12.2%	12.1%	14.6%	12.7%	11.9%	11.6%	11.9%	12.4%	11.9%
Northern	12.0%	11.1%	12.1%	14.3%	10.7%	11.3%	11.6%	11.4%	11.1%
South Central	12.8%	12.8%	12.8%	12.2%	17.0%	13.5%	12.7%	12.9%	15.0%
Southern	12.2%	12.1%	11.8%	12.2%	12.8%	15.3%	12.7%	12.1%	12.7%

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
West Central	12.2%	12.3%	12.6%	12.2%	12.1%	12.1%	12.7%	14.6%	12.1%
West	11.7%	11.4%	11.8%	12.2%	11.7%	12.3%	15.2%	12.4%	12.3%
Total Number of Responses	**384**	**413**	**398**	**378**	**429**	**406**	**395**	**404**	**487**

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	Wake County
Greatly improved	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Improved	40.4%	42.4%	42.9%	44.4%	45.0%	40.4%	44.0%	39.6%	50.5%
No change	48.9%	45.8%	49.0%	46.7%	46.7%	51.9%	46.0%	50.0%	39.6%
Worsened	8.5%	8.5%	8.2%	8.9%	8.3%	7.7%	10.0%	10.4%	6.9%
Greatly worsened	2.1%	3.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	3.0%
Total Number of Responses	**47**	**59**	**49**	**45**	**60**	**52**	**50**	**48**	**101**

5. [If answered “Greatly improved” or “Improved” in Question 4] In what way has the health of the community you serve improved?
    - ACA Implementation but could have improved more had Medicaid been expanded as over 2,000 people are in the Coverage Gap in Wake,
    - Access to care. The built environment.
    - Access to healthcare for all, Insured or Un-insured
    - Access to primary care physicians, Increased services for behavioral health, Increased access advanced care planning, caregiver support and to end of life care
    - Adding palliative care services to patients not only in hospitals but also in their homes (nursing homes and assisted living)

- Better access to care, fresh foods, farmers market, etc.
- Better access to health care and services. Advanced Community Health has located at Dorcas Plaza and the County has leased space at James Jackson Avenue for WIC and CPS.
- Better access to health care, opportunities for healthy activity with greenways, sidewalks, access to prevention services- flu shots; more staff trained and competent in mental health, better systems for follow up care of low-income clients from the ED, community case management, community gardens and access to healthy foods, access to community programs through parks and rec
- Better access to healthy foods, more emphasis on healthy outside activities. The economy has greatly improved in the past year and unemployment rates have decreased.
- Better and more accessible medical services from local clinics, although still not near enough to meet the needs.
- By our measurements, the clients we serve have improved outcomes and health. The larger community of Wake County may have seen little overall change.
- Expansion of programs such as Alliance Health. Development of an Adolescent Weight Management Program.
- Greater number of medical services are now available
- Human services has been able to add additional hours to address young mothers need for prenatal care. HS has opened and will continue to expand services into all areas of the county.
- I feel that people are more aware of the benefits of maintaining their health
- I think access to health care has improved due to Affordable Care Act and stronger "volunteer" safety net programs but has worsened in other ways such as opioid epidemic. Improved economy has led to improved well-being.
- I think Health Education resources correlates with improved health of the community. The extension of PCP information, along with community education help to improve health status. Often simply linking the community with resources, whether that being other people or places, helps residents live healthier.
- Improve access to services, social services, food, limited transportation, healthcare
- Improved partnerships, Better organize
- Increase in Palliative Care Referrals
- Increased funding from Wake County Government for education, behavioral health, school nurses, and affordable housing.
- mental and behavioral health patients were enhanced by the addition of an 8-bed behavioral health zone holding area at UNC REX; local non-profit partner Triangle Family Services raised $1M+ through Band Together for mental health program support.

Greater collaboration between hospitals has streamlined efforts to reduce duplication of efforts and support education and awareness of Opioids/abuse issues. Greater access to primary and specialty care services through the growth of providers. Continued support of the United Way Premium Help initiative to support low-income families' access to health insurance. Other examples of collaboration and community support show how the health of our community has improved.

- More awareness of lifestyle changes, slight improvement in nutrition knowledge, wider prevalence of insurance coverage under ACA
- more awareness of the importance of diet, exercise and keeping wt. below a BMI of 30. Perinatal mortality decreasing and trying to address medical disparities,
- More collaboration of providers, new resources, more of a public conversation about healthcare. However, we do not need to create a gap for certain groups of our population (low income, minorities, LGBTQ, etc.).
- More coordination across sectors, shared goals and agendas...better access to Health insurance due to the ACA
- More farming and gardening opportunities allowing people to learn how to grow their own vegetables which allows us to eat healthier.
- More focus on health; more services available.
- More greenways and access to safer places to play.
- More recreational and health opportunities in area (new greenways, new rec. programs)
- More walking and exercising.
- over 25,000 patients receive primary health care which they wouldn't over wise have received.
- overall health metrics have improved.
- patients have better access to necessary medications
- People are more aware of avenues to guard their health. Many shared eating habits have improved along with exercising which improved diabetes, kidney health, and high blood pressure
- Providing more children food during the summer when they are out of school. Educating the community on health issues through a ""health in all policy"" lens. Opioid Epidemic - new measures to educate and partner to help in this health area
- UNC REX has opened a facility in Holly Springs. Duke is building one currently. There are plans for a hospital.
- There is better access to affordable healthcare.
- "Two specific ways related to individuals with substance use disorders: 1. Access to new hepatitis C medications 2. More individuals initiating and sustaining recovery "

- Unemployment is lower, housing construction is up, retail growth is evident.
- We have allowed people to choose their own groceries, greatly reducing food waste. We also have introduced much more healthy produce into the food options we have available in our food pantry.

6. [If answered "Greatly worsened" or "Worsened" in Question 4] In what way has the health of the community you serve worsened?
   - access to proper mental health and Substance abuse care.
   - Health Disparities
   - Lack of diversity of housing, access to jobs and transportation, and affordable healthcare has gotten more difficult to obtain.
   - Lifestyle choices show inactivity, poor eating habits and lack of socialization skills.
   - People are being murdered by the Raleigh Police Department
   - The city, county and state officials seem to be focused on a so-called opioid epidemic and taking great measures to get a lid on it while at the same time ignoring the Crack Cocaine epidemic that's plagued the Black community for decades.
   - The waiting list for children and adults with intellectual and developmental disabilities to receive needed community-based supports and services (funded by Medicaid) is appalling. Estimated 10 year wait list.
   - There are not easily accessible, comprehensive, or high-quality services for families and children.
   - Youth with Medicaid appointments are scheduled months beyond the original attempts to schedule. This applies to well care appointments

7. In your opinion, which ONE (1) health behavior do people in the community you serve need more information about? If there is a health 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	Wake County
Diet and Exercise	27.1%	28.3%	26.0%	21.7%	36.1%	30.2%	21.6%	20.8%	34.7%
Sexual Health	2.1%	3.3%	2.0%	2.2%	3.3%	1.9%	2.0%	2.1%	3.0%
Substance Use Disorders	14.6%	16.7%	20.0%	19.6%	13.1%	17.0%	19.6%	18.8%	21.8%
Tobacco Use	2.1%	1.7%	2.0%	2.2%	1.6%	1.9%	2.0%	2.1%	1.0%
Other (please explain)	43.8%	41.7%	42.0%	43.5%	37.7%	39.6%	45.1%	45.8%	30.7%

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
None	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Unsure/Do not know	10.4%	8.3%	8.0%	10.9%	8.2%	9.4%	9.8%	10.4%	8.9%
Total Number of Responses	**48**	**60**	**50**	**46**	**61**	**53**	**51**	**48**	**101**

8. In your opinion, which ONE (1) of the following clinical care issues needs the most improvement in the community you serve? If there is an issue 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	Wake County
Availability of health providers	2.1%	5.0%	4.0%	2.2%	4.9%	3.8%	3.9%	6.1%	4.9%
Number of health providers	2.1%	3.3%	2.0%	4.3%	3.3%	3.8%	3.9%	4.1%	3.9%
Location of health facilities	4.2%	1.7%	2.0%	4.3%	1.6%	0.0%	0.0%	2.0%	2.9%
Number of health facilities	0.0%	3.3%	0.0%	2.2%	0.0%	1.9%	2.0%	0.0%	2.9%
Community awareness of preventive care/screenings	6.3%	6.7%	4.0%	6.5%	13.1%	9.4%	7.8%	8.2%	12.7%
Ability to receive preventive care/screenings	4.2%	6.7%	2.0%	2.2%	8.2%	9.4%	2.0%	2.0%	9.8%
Quality of provided healthcare	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	Wake County
Lack of integrated care (behavioral health/medical)	50.0%	45.0%	56.0%	47.8%	44.3%	45.3%	47.1%	51.0%	39.2%
Other (please explain)	25.0%	23.3%	24.0%	26.1%	19.7%	22.6%	27.5%	22.4%	16.7%
None	0.0%	1.7%	2.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2.0%
Unsure/Do not know	6.3%	3.3%	4.0%	4.3%	4.9%	3.8%	5.9%	4.1%	4.9%
Total Number of Responses	**48**	**60**	**50**	**46**	**61**	**53**	**51**	**49**	**102**

9. In your opinion, which ONE (1) social and economic factor is impacting the health of the community you serve the most? If there is a factor that you consider to have the most impact 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	Wake County
Lack of educational opportunities	2.1%	1.7%	2.0%	2.2%	3.3%	1.9%	2.0%	4.2%	3.0%
Lack of employment opportunities	4.3%	1.7%	0.0%	0.0%	5.0%	5.8%	0.0%	2.1%	5.9%
Lack of family, community, and social support	19.1%	23.7%	20.4%	15.6%	23.3%	25.0%	20.0%	22.9%	20.8%
Lack of access to enough healthy food	4.3%	11.9%	4.1%	6.7%	6.7%	3.8%	4.0%	6.3%	9.9%
Insufficient income	40.4%	33.9%	36.7%	44.4%	40.0%	40.4%	42.0%	37.5%	33.7%

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
Lack of community and interpersonal safety	2.1%	3.4%	4.1%	2.2%	1.7%	1.9%	2.0%	2.1%	2.0%
Other (please explain)	21.3%	20.3%	24.5%	24.4%	16.7%	17.3%	20.0%	20.8%	15.8%
None	0.0%	1.7%	2.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2.0%
Unsure/Do not know	6.4%	1.7%	6.1%	4.4%	3.3%	3.8%	10.0%	4.2%	6.9%
Total Number of Responses	**47**	**59**	**49**	**45**	**60**	**52**	**50**	**48**	**101**

10. In your opinion, which ONE (1) of the following needs the most improvement within the community you serve? If there is a need that you consider to need the most improvement 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	Wake County
Access to affordable housing	50.0%	41.7%	44.0%	52.2%	41.0%	49.1%	52.9%	49.0%	42.2%
Access to healthy foods	6.3%	10.0%	6.0%	8.7%	9.8%	7.5%	5.9%	6.1%	10.8%
Access to public transit (buses, commuter rail, etc.)	14.6%	15.0%	22.0%	13.0%	21.3%	17.0%	17.6%	14.3%	20.6%
Access to recreation facilities	0.0%	0.0%	0.0%	0.0%	1.6%	0.0%	0.0%	2.0%	2.0%
Availability of alternative transportation options (biking,	6.3%	3.3%	4.0%	4.3%	3.3%	3.8%	3.9%	4.1%	2.9%

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
walking, carpooling, etc.)									
Improved air quality	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Improved water quality	0.0%	0.0%	2.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.0%
Reducing homelessness	4.2%	15.0%	4.0%	4.3%	8.2%	7.5%	3.9%	6.1%	10.8%
Other (please explain)	16.7%	13.3%	16.0%	15.2%	13.1%	13.2%	13.7%	16.3%	8.8%
None	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Unsure/Do not know	2.1%	1.7%	2.0%	2.2%	1.6%	1.9%	2.0%	2.0%	1.0%
Total Number of Responses	**48**	**60**	**50**	**46**	**61**	**53**	**51**	**49**	**102**

11. In your opinion, which of the following health outcomes most impacts the community you serve? If there is an outcome that you consider to have the most impact 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	Wake County
Life expectancy	2.1%	1.7%	2.0%	4.3%	3.3%	1.9%	2.0%	2.0%	2.9%
Infant and fetal mortality	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Low birthweight	2.1%	1.7%	2.0%	2.2%	1.6%	1.9%	2.0%	2.0%	1.0%
Chronic diseases and conditions (heart disease, cancer, asthma,	56.3%	56.7%	60.0%	58.7%	62.3%	64.2%	56.9%	59.2%	61.8%

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
diabetes, obesity, etc.)									
Suicide attempts and deaths	0.0%	3.3%	2.0%	0.0%	0.0%	0.0%	0.0%	2.0%	2.9%
Drug overdose attempts and deaths	14.6%	13.3%	12.0%	13.0%	13.1%	13.2%	17.6%	14.3%	10.8%
Other (please explain)	16.7%	15.0%	14.0%	15.2%	11.5%	11.3%	13.7%	14.3%	10.8%
None	0.0%	1.7%	0.0%	0.0%	1.6%	0.0%	0.0%	0.0%	2.0%
Unsure/Do not know	8.3%	6.7%	8.0%	6.5%	6.6%	7.5%	7.8%	6.1%	7.8%
Total Number of Responses	**48**	**60**	**50**	**46**	**61**	**53**	**51**	**49**	**102**

12. From the list provided, which area most impacts the health of the community you serve? If there is an area that you consider to have the most impact 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	Wake County
Access to Care	12.5%	13.3%	18.0%	13.0%	14.8%	13.2%	11.8%	14.3%	11.8%
Built Environment	6.3%	3.3%	4.0%	4.3%	3.3%	3.8%	5.9%	4.1%	3.9%
Diet and Exercise	4.2%	3.3%	4.0%	6.5%	14.8%	7.5%	5.9%	2.0%	12.7%
Disabilities	6.3%	5.0%	6.0%	6.5%	4.9%	5.7%	5.9%	6.1%	2.9%
Education	4.2%	6.7%	4.0%	4.3%	3.3%	3.8%	3.9%	6.1%	3.9%
Employment	2.1%	1.7%	0.0%	0.0%	1.6%	3.8%	0.0%	2.0%	2.0%
Environmental Quality	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Family, community,	14.6%	16.7%	18.0%	15.2%	13.1%	15.1%	15.7%	18.4%	11.8%

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
and social support									
Food Security	2.1%	5.0%	2.0%	2.2%	1.6%	1.9%	2.0%	2.0%	2.9%
Housing and homelessness	14.6%	18.3%	10.0%	17.4%	13.1%	15.1%	11.8%	12.2%	13.7%
Income	16.7%	11.7%	12.0%	13.0%	16.4%	15.1%	15.7%	14.3%	14.7%
Quality of Care	2.1%	1.7%	2.0%	2.2%	1.6%	1.9%	2.0%	4.1%	2.0%
Safety	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Sexual health	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Substance Use Disorders	2.1%	3.3%	4.0%	2.2%	1.6%	1.9%	5.9%	2.0%	4.9%
Tobacco Use	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Transportation options and transit	4.2%	1.7%	4.0%	4.3%	1.6%	1.9%	3.9%	2.0%	3.9%
Other (please explain)	8.3%	6.7%	12.0%	8.7%	8.2%	9.4%	7.8%	10.2%	6.9%
None	0.0%	1.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.0%
Unsure/Do not know	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2.0%	0.0%	1.0%
Total Number of Responses	**48**	**60**	**50**	**46**	**61**	**53**	**51**	**49**	**102**

13. In your opinion, which population sub-group(s) needs additional resources within the community you serve? Please select all that apply. If there is a population sub-group that needs additional resources 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	Wake County
Persons with disabilities	12.8%	10.8%	11.7%	10.9%	12.1%	12.6%	12.0%	11.1%	10.9%
Youth	9.8%	8.9%	9.0%	10.2%	9.7%	10.7%	9.2%	8.1%	9.3%
Seniors	12.0%	13.3%	13.1%	12.5%	13.3%	13.8%	15.5%	15.6%	13.6%

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
Homeless population	13.5%	12.0%	11.7%	13.3%	12.1%	11.9%	11.3%	11.1%	12.1%
Persons in poverty	17.3%	17.7%	17.9%	18.0%	18.2%	17.0%	16.9%	17.8%	19.5%
Persons with mental illness	19.5%	21.5%	20.7%	18.8%	18.8%	18.2%	19.0%	20.7%	19.5%
Persons with substance use disorders	11.3%	12.0%	12.4%	12.5%	12.1%	11.9%	12.0%	11.9%	11.7%
Other (please explain)	3.0%	3.2%	2.8%	3.1%	2.4%	2.5%	3.5%	3.0%	2.3%
None	0.0%	0.0%	0.0%	0.0%	0.6%	0.0%	0.0%	0.0%	0.4%
Unsure/Do not know	0.8%	0.6%	0.7%	0.8%	0.6%	1.3%	0.7%	0.7%	0.8%
Total Number of Responses	**133**	**158**	**145**	**128**	**165**	**159**	**142**	**135**	**257**

14. Do you believe the health needs are similar across Wake County? If no, in which geographic area(s) do you believe need is greatest?
    - As a school social worker, each region has a differential level of need and access to resources. My professional opinion has led me to believe that residents in the eastern, central, and southern areas tend to need more systems of support. More often than not, these areas house low-income families and families of color. This is an example of the racial inequities in Wake County.
    - Downtown gentrification is pushing low income residents northeast, east and southeast.
    - East and Southeast Wake seem like there would be more need.
    - East Central and South Central
    - East Wake has a higher senior population with limited income resources and family support.
    - Eastern
    - Greater need in urban areas
    - Greatest needs are in Eastern Wake County (Zebulon, Wendell, Knightdale) and Southeast Raleigh due to concentrations of minority and low-income families.
    - greatest needs in Southeast Raleigh area

- Health needs are similar for all residents but "health services" are less available to those in lower-income communities such as Eastern Wake and SE Raleigh, and of course pockets in multiple Wake County municipalities.
- Health needs vary in Wake County by geographic area, with greatest needs in outlying areas of the county and by age and functional status across the county.
- I believe needs are similar across Wake County, however disproportionately prevalent in certain areas of the County. Healthcare is such a complex issue. Addressing the social determinants of health and emphasizing prevention and wellness efforts collaboratively can make a great impact and improving the health of all in our community.
- I believe needs are similar across Wake County, they are just more apparent in some areas than others.
- I believe South East Raleigh has a greater need
- I believe the health needs vary across the county. I believe the SE Raleigh area needs are the greatest
- If this is an attempt to say Southeast Raleigh -- no, look again. It's being gentrified. The county heat maps show a push to the north and to the east of persons being displaced. One of the toughest areas will be just to the southeast of Garner, because it lights up on the heat maps but there is no bus access
- Low income areas and rural areas
- Many needs are similar across Wake County, though poverty related issues are worse in the southern and eastern portions in the county. Because of this access to services is quite variable across the county.
- More similar than dissimilar - rather just a matter of degree.
- Need is greatest in SE Raleigh and in eastern Wake County
- No southeast Raleigh- is always identified- how do we get clients to use the services available? how do we reach those most in need? what are the barriers? outskirts of wake county- access to care
- No they are not. Those with financial resources are far better off, with more options to be healthy than those without financial resources. cheap food is not typically good for you, working multiple jobs leaves you with little time to be physically active, financial stress is real and damaging, the cycle goes on and on. As for the geographic areas, anywhere poverty is high.
- no various diverse. SE Raleigh, Garner, East Wake need more resources
- No, I do not believe the health needs are similar across Wake County. In other areas of Wake County, you can see differences in income, economic status, access to healthy foods and accessibility to health care.
- No, south east Raleigh needs more focus & northeast wake county
- No, the central areas and more rural areas in the north and east.

- no, the east and the north (especially around capital and 540) have the greatest needs
- No, the needs are greatest in South Central, Eastern, and Southern.
- No. Access to medical facilities and services is hampered in southern Wake County due to transportation, income, and communication issues.
- No. Southeast Raleigh
- No. The Black community is far more neglected than other populations in the county.
- No. The issues are different in the inner city than the suburbs. Unsure which need is greatest.
- No. I do think throughout wake country there is a huge need for prenatal care. However, I do think most areas in wake County have different health needs. I think southeast Raleigh has the greatest needs but that the root of the cause is gang and drug violence.
- No. South Central Wake County and East Central zone.
- Not similar and changing over time. Many low-income individuals are being displaced from central and SE Raleigh due to "gentrification." Their plight is worsened by lack of reliable affordable transportation. Bicycle lanes and "traffic calming" are poorly conceived measures imposed by elites that further isolate people from downtown and other desirable areas. It is good for the city for substandard areas to be upgraded and for the "market" to determine housing costs, but at the same time needs of the low-income people should be addressed in their new locations - transportation, food availability, medical and social services, etc.
- Outlying areas of the county have greater needs
- Raleigh and rural communities
- SE Raleigh. Clusters in rural Wake County. Clusters in other Raleigh urban areas.
- Similar
- South and East
- South and east of the city and rural areas.
- South and Southeast
- South east Raleigh has tremendous health care needs. Also the eastern part of the community is lacking in resources and some of it may be a transportation issue and not being able to get to the services.
- Southeast and Eastern Wake
- Southeast Raleigh
- Southeast Raleigh has a large need in Wake County.

- The concerns are the same across wake county in the patients we serve.
- The demographics are shifting somewhat due to gentrification and lack of affordable housing in Wake County. But access to care, due to lack of insurance, or lack of transportation, or many other barriers (including not being able to take off work), is widespread. Our organization strives to reach the "working poor", who may fall through the holes in the safety net. And we cannot ignore the rising opioid epidemic.
- The East Central region
- The East!!!!!
- The health needs are not equal across Wake county. Economic ability to afford premium health insurance greatly impacts health care. My population is primarily on insurance that does not offer access to many forms of health care, especially mental health services
- The needs are not similar. The southern and eastern areas of Wake County have a greater need.
- There are larger populations of vulnerable individuals in eastern and southern Wake.
- There is inequity and "hidden" poverty in Wake based on zip code, income, race/ethnicity, educational attainment, family status, etc. In Apex, we have concerns related to growth, transportation-safe, and affordable housing.
- Yes
- Yes!
- Yes,
- Yes, I believe they are the similar across the County
- Yes, though there are areas that need more assistance in other areas of health.
- Yes.
- Yes.
- Yes. All youth are affected
- Yes...but there is not equitable access to services and supports

Evaluation of 2016 CHNA

These questions allow you to provide feedback regarding the 2016 Community Health Needs Assessment.

15. Are you aware that Wake County completed a Community Health Needs Assessment in 2016?

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
Yes	83.3%	78.3%	88.0%	84.8%	82.0%	81.1%	88.2%	85.7%	79.4%
No	16.7%	20.0%	12.0%	13.0%	18.0%	17.0%	11.8%	14.3%	19.6%
Unsure/Do not know	0.0%	1.7%	0.0%	2.2%	0.0%	1.9%	0.0%	0.0%	1.0%
Total Number of Responses	**48**	**60**	**50**	**46**	**61**	**53**	**51**	**49**	**102**

16. The 2016 assessment resulted in the following four priority areas: 1) Health Insurance Coverage, 2) Transportation, 3) Access to Health Services, and 4) 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. Health Insurance Coverage

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
Improved	44.7%	37.3%	46.9%	46.7%	43.3%	40.4%	38.0%	41.7%	34.7%
Not Improved	25.5%	32.2%	26.5%	26.7%	23.3%	26.9%	30.0%	25.0%	32.7%
Unsure/Do not know	29.8%	30.5%	26.5%	26.7%	33.3%	32.7%	32.0%	33.3%	32.7%
Total Number of Responses	**47**	**59**	**49**	**45**	**60**	**52**	**50**	**48**	**101**

b. Transportation

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
Improved	33.3%	35.0%	36.0%	41.3%	32.8%	34.0%	37.3%	30.6%	36.3%
Not Improved	41.7%	41.7%	44.0%	37.0%	36.1%	39.6%	37.3%	44.9%	41.2%
Unsure/Do not know	25.0%	23.3%	20.0%	21.7%	31.1%	26.4%	25.5%	24.5%	22.5%
Total Number of Responses	**48**	**60**	**50**	**46**	**61**	**53**	**51**	**49**	**102**

c. Access to Health Services

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
Improved	45.8%	39.0%	38.8%	43.5%	44.3%	47.2%	45.1%	40.8%	40.6%
Not Improved	25.0%	32.2%	32.7%	26.1%	27.9%	28.3%	25.5%	28.6%	33.7%
Unsure/Do not know	29.2%	28.8%	28.6%	30.4%	27.9%	24.5%	29.4%	30.6%	25.7%
Total Number of Responses	**48**	**59**	**49**	**46**	**61**	**53**	**51**	**49**	**101**

d. Mental Health and Substance Abuse

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
Improved	22.9%	18.3%	18.0%	17.4%	24.6%	20.8%	21.6%	18.4%	19.6%
Not Improved	52.1%	56.7%	58.0%	58.7%	49.2%	52.8%	49.0%	55.1%	55.9%
Unsure/Do not know	25.0%	25.0%	24.0%	23.9%	26.2%	26.4%	29.4%	26.5%	24.5%
Total Number of Responses	**48**	**60**	**50**	**46**	**61**	**53**	**51**	**49**	**102**

17. Of these four priority areas, 1) Health Insurance Coverage, 2) Transportation, 3) Access to Health Services, and 4) 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".

1. Health Insurance Coverage

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
Yes	79.2%	81.7%	76.0%	78.3%	78.7%	79.2%	76.5%	79.6%	79.4%
No	6.3%	6.7%	8.0%	8.7%	4.9%	5.7%	5.9%	6.1%	5.9%
Unsure/Do not know	14.6%	11.7%	16.0%	13.0%	16.4%	15.1%	17.6%	14.3%	14.7%
Total Number of Responses	**48**	**60**	**50**	**46**	**61**	**53**	**51**	**49**	**102**

2. Transportation

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
Yes	95.8%	93.3%	94.0%	93.5%	91.8%	92.5%	94.1%	93.9%	87.3%
No	2.1%	3.3%	4.0%	4.3%	3.3%	3.8%	2.0%	2.0%	5.9%
Unsure/Do not know	2.1%	3.3%	2.0%	2.2%	4.9%	3.8%	3.9%	4.1%	6.9%
Total Number of Responses	**48**	**60**	**50**	**46**	**61**	**53**	**51**	**49**	**102**

3. Access to Health Services

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
Yes	77.1%	79.3%	72.9%	78.3%	76.7%	77.4%	76.5%	75.0%	79.0%
No	12.5%	12.1%	14.6%	10.9%	10.0%	9.4%	9.8%	12.5%	11.0%
Unsure/Do not know	10.4%	8.6%	12.5%	10.9%	13.3%	13.2%	13.7%	12.5%	10.0%

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
Total Number of Responses	**48**	**58**	**48**	**46**	**60**	**53**	**51**	**48**	**100**

4. Mental Health and Substance Abuse

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
Yes	87.2%	89.8%	91.8%	91.1%	88.3%	86.5%	92.0%	91.7%	89.1%
No	2.1%	3.4%	2.0%	2.2%	1.7%	1.9%	2.0%	2.1%	2.0%
Unsure/Do not know	10.6%	6.8%	6.1%	6.7%	10.0%	11.5%	6.0%	6.3%	8.9%
Total Number of Responses	**47**	**59**	**49**	**45**	**60**	**52**	**50**	**48**	**101**

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.

18. 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	Wake County
Belief that going to the doctor doesn't help	2.9%	2.4%	3.0%	2.6%	2.9%	3.1%	2.8%	2.3%	2.9%
Cannot afford medications	10.2%	10.2%	10.2%	10.3%	10.0%	10.0%	10.3%	10.4%	10.7%
Cannot get an appointment	4.9%	5.6%	4.9%	5.0%	4.7%	5.4%	5.0%	5.1%	5.0%

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
Cultural/religious beliefs	1.5%	1.2%	1.4%	1.5%	1.1%	1.3%	1.4%	1.4%	0.7%
Do not have child care	5.2%	4.9%	4.7%	4.4%	4.5%	4.4%	4.4%	4.8%	3.8%
Do not have time in their schedule	4.4%	4.6%	5.2%	4.7%	4.9%	4.4%	5.3%	5.4%	5.0%
Do not know where to go	5.8%	6.3%	5.5%	5.9%	6.0%	5.9%	5.0%	5.6%	5.4%
They hope the problem will go away without having to go to the doctor	4.1%	4.4%	3.8%	4.1%	4.5%	4.1%	3.9%	3.9%	4.3%
Do not want to find out that they are sick	2.6%	2.9%	2.5%	2.1%	2.7%	2.6%	3.1%	2.5%	2.8%
Educational barriers	3.5%	3.6%	3.3%	3.5%	3.8%	3.3%	3.3%	3.7%	3.5%
Inability to pay for services or copays	10.5%	10.2%	10.2%	10.6%	10.5%	11.0%	11.1%	10.7%	10.9%
Insurance will not cover what they needed	6.4%	6.6%	6.9%	7.1%	6.5%	7.2%	7.5%	7.3%	6.9%
Insurance is not accepted by their health care provider	4.7%	4.9%	4.7%	5.3%	4.5%	5.1%	5.0%	4.8%	4.1%
Lack of adequate transportation	9.0%	9.0%	9.3%	9.1%	8.9%	9.2%	9.2%	9.3%	8.5%
Lack of health insurance	7.6%	7.8%	8.2%	7.9%	8.5%	8.2%	8.1%	7.9%	9.3%

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
Long wait times	3.2%	3.2%	2.7%	2.9%	3.3%	3.1%	2.8%	2.8%	3.4%
Mistrust of medical professionals	4.1%	3.9%	4.4%	3.8%	4.7%	4.1%	3.9%	3.9%	4.1%
Shortage of healthcare professionals	1.7%	1.9%	1.4%	1.8%	1.8%	1.5%	1.1%	1.4%	2.1%
Stigma associated with going to the doctor	2.0%	1.9%	2.5%	2.1%	1.6%	1.5%	1.9%	2.0%	1.9%
Unable to find a provider that speaks their language	3.2%	2.4%	2.7%	3.2%	2.9%	2.8%	2.8%	2.8%	2.4%
Other (please explain)	1.7%	1.5%	1.4%	1.5%	1.1%	1.3%	1.4%	1.4%	1.0%
None/They do not put off going to the doctor for issues related to their physical health	0.3%	0.5%	0.3%	0.3%	0.2%	0.3%	0.6%	0.3%	0.4%
They do not need to go to the doctor for issues related to their physical health	0.6%	0.2%	0.8%	0.3%	0.4%	0.3%	0.3%	0.3%	0.7%
Total Number of Responses	**344**	**412**	**364**	**340**	**448**	**390**	**360**	**355**	**680**

19. 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	Wake County
Do not seek care	4.4%	5.3%	6.4%	4.7%	5.2%	8.0%	6.3%	6.7%	5.1%
Alternative medicine provider (acupuncture, chiropractic treatments, natural products, medicinal herbs)	0.0%	1.8%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.0%
Emergency department	48.9%	43.9%	42.6%	41.9%	41.4%	42.0%	37.5%	44.4%	37.8%
Health department	6.7%	3.5%	4.3%	4.7%	3.4%	6.0%	4.2%	4.4%	4.1%
Primary care provider (doctor, nurse, etc.)	26.7%	29.8%	29.8%	27.9%	27.6%	26.0%	31.3%	26.7%	30.6%
Walk-in/Urgent care center	6.7%	7.0%	10.6%	11.6%	15.5%	12.0%	14.6%	11.1%	14.3%
Other type of health clinic	6.7%	7.0%	6.4%	7.0%	5.2%	6.0%	6.3%	6.7%	4.1%
Telehealth/Tele visit (electronic visit via web or phone app)	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%	2.3%	1.7%	0.0%	0.0%	0.0%	2.0%
Other (please explain)	0.0%	1.8%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.0%

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
Total Number of Responses	**45**	**57**	**47**	**43**	**58**	**50**	**48**	**45**	**98**

20. 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	Wake County
Yes	68.9%	68.4%	74.5%	72.1%	70.2%	70.0%	68.8%	69.6%	68.4%
No	2.2%	8.8%	4.3%	2.3%	5.3%	4.0%	4.2%	6.5%	8.2%
Unsure/Do not know	28.9%	22.8%	21.3%	25.6%	24.6%	26.0%	27.1%	23.9%	23.5%
Total Number of Responses	**45**	**57**	**47**	**43**	**57**	**50**	**48**	**46**	**98**

    b. Asthma

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
Yes	59.1%	63.0%	67.4%	62.8%	60.7%	57.1%	56.3%	60.9%	62.1%
No	6.8%	9.3%	6.5%	7.0%	8.9%	10.2%	10.4%	8.7%	8.4%
Unsure/Do not know	34.1%	27.8%	26.1%	30.2%	30.4%	32.7%	33.3%	30.4%	29.5%
Total Number of Responses	**44**	**54**	**46**	**43**	**56**	**49**	**48**	**46**	**95**

c. Heart disease

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
Yes	75.6%	80.4%	82.6%	74.4%	82.1%	84.0%	75.0%	80.4%	77.1%
No	2.2%	7.1%	2.2%	2.3%	3.6%	2.0%	2.1%	4.3%	5.2%
Unsure/Do not know	22.2%	12.5%	15.2%	23.3%	14.3%	14.0%	22.9%	15.2%	17.7%
Total Number of Responses	**45**	**56**	**46**	**43**	**56**	**50**	**48**	**46**	**96**

d. Congestive heart failure

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
Yes	61.9%	69.2%	70.5%	65.0%	66.0%	68.1%	57.8%	67.4%	62.0%
No	2.4%	7.7%	4.5%	2.5%	5.7%	4.3%	4.4%	7.0%	7.6%
Unsure/Do not know	35.7%	23.1%	25.0%	32.5%	28.3%	27.7%	37.8%	25.6%	30.4%
Total Number of Responses	**42**	**52**	**44**	**40**	**53**	**47**	**45**	**43**	**92**

e. Chronic Obstructive Pulmonary Disease (COPD)

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
Yes	60.5%	62.3%	68.2%	63.4%	66.7%	66.7%	56.5%	65.9%	59.1%
No	4.7%	9.4%	6.8%	4.9%	7.4%	6.3%	8.7%	9.1%	9.7%
Unsure/Do not know	34.9%	28.3%	25.0%	31.7%	25.9%	27.1%	34.8%	25.0%	31.2%
Total Number of Responses	**43**	**53**	**44**	**41**	**54**	**48**	**46**	**44**	**93**

f. High blood pressure

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
Yes	80.4%	84.5%	87.5%	86.4%	87.9%	86.3%	79.6%	83.0%	85.9%
No	0.0%	3.4%	0.0%	0.0%	0.0%	0.0%	0.0%	2.1%	2.0%
Unsure/Do not know	19.6%	12.1%	12.5%	13.6%	12.1%	13.7%	20.4%	14.9%	12.1%
Total Number of Responses	**46**	**58**	**48**	**44**	**58**	**51**	**49**	**47**	**99**

g. High cholesterol

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
Yes	81.8%	83.6%	86.7%	85.7%	85.5%	85.7%	80.9%	84.4%	85.3%
No	0.0%	3.6%	0.0%	0.0%	1.8%	0.0%	0.0%	2.2%	3.2%
Unsure/Do not know	18.2%	12.7%	13.3%	14.3%	12.7%	14.3%	19.1%	13.3%	11.6%
Total Number of Responses	**44**	**55**	**45**	**42**	**55**	**49**	**47**	**45**	**95**

h. Overweight/obesity

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
Yes	85.1%	88.1%	87.8%	84.4%	89.7%	88.5%	84.0%	87.5%	89.9%
No	0.0%	1.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.0%
Unsure/Do not know	14.9%	10.2%	12.2%	15.6%	10.3%	11.5%	16.0%	12.5%	9.1%
Total Number of Responses	**47**	**59**	**49**	**45**	**58**	**52**	**50**	**48**	**99**

i. Osteoporosis

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
Yes	43.6%	40.8%	50.0%	45.9%	42.0%	37.2%	33.3%	45.0%	36.8%
No	7.7%	22.4%	12.5%	8.1%	16.0%	14.0%	16.7%	15.0%	18.4%
Unsure/Do not know	48.7%	36.7%	37.5%	45.9%	42.0%	48.8%	50.0%	40.0%	44.8%
Total Number of Responses	**39**	**49**	**40**	**37**	**50**	**43**	**42**	**40**	**87**

j. Oral health and hygiene

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
Yes	71.1%	74.5%	69.6%	72.1%	68.4%	71.4%	66.7%	65.2%	66.3%
No	4.4%	7.3%	10.9%	4.7%	7.0%	4.1%	4.2%	8.7%	10.5%
Unsure/Do not know	24.4%	18.2%	19.6%	23.3%	24.6%	24.5%	29.2%	26.1%	23.2%
Total Number of Responses	**45**	**55**	**46**	**43**	**57**	**49**	**48**	**46**	**95**

k. Chronic pain

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
Yes	60.5%	65.4%	65.9%	63.4%	69.1%	68.1%	60.9%	65.9%	64.1%
No	2.3%	9.6%	6.8%	2.4%	3.6%	2.1%	4.3%	4.5%	9.8%
Unsure/Do not know	37.2%	25.0%	27.3%	34.1%	27.3%	29.8%	34.8%	29.5%	26.1%
Total Number of Responses	**43**	**52**	**44**	**41**	**55**	**47**	**46**	**44**	**92**

l. Diabetes not during pregnancy

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
Yes	66.7%	71.2%	72.1%	72.5%	72.2%	72.3%	66.7%	72.1%	69.9%
No	2.4%	5.8%	4.7%	2.5%	3.7%	2.1%	2.2%	4.7%	5.4%
Unsure/Do not know	31.0%	23.1%	23.3%	25.0%	24.1%	25.5%	31.1%	23.3%	24.7%
Total Number of Responses	**42**	**52**	**43**	**40**	**54**	**47**	**45**	**43**	**93**

21. 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	Wake County
Belief that going to the doctor doesn't help	4.6%	4.3%	4.8%	4.3%	5.3%	4.8%	4.9%	4.9%	5.0%
Cannot afford medications	6.3%	6.6%	6.1%	6.4%	6.8%	6.4%	6.4%	6.8%	6.4%
Cannot get an appointment	5.2%	5.5%	4.8%	4.5%	4.9%	4.8%	4.7%	4.7%	4.6%
Cultural/religious beliefs	3.0%	3.0%	3.5%	3.2%	3.1%	2.9%	3.0%	3.1%	2.7%
Do not have child care	3.5%	3.0%	3.3%	2.9%	2.9%	2.6%	2.7%	3.1%	2.4%
Do not have time in their schedule	2.7%	2.5%	3.0%	2.9%	2.7%	2.1%	2.7%	2.3%	2.5%
Do not know where to go	6.5%	6.8%	6.3%	6.4%	6.2%	6.9%	6.4%	6.0%	7.7%
They hope the problem will go	1.4%	1.4%	1.3%	1.3%	1.6%	1.7%	2.0%	1.3%	1.8%

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
away without having to go to the doctor									
Do not want to find out that they are sick	2.7%	2.5%	3.0%	2.9%	2.5%	2.9%	2.7%	2.9%	2.5%
Educational barriers	5.7%	5.2%	5.6%	5.6%	5.5%	5.2%	5.2%	5.7%	4.7%
Inability to pay for services or copays	6.5%	6.8%	6.6%	7.0%	7.0%	7.4%	6.9%	6.8%	7.5%
Insurance will not cover what they needed	5.7%	5.9%	5.8%	6.1%	6.2%	6.2%	6.4%	6.5%	6.7%
Insurance is not accepted by their health care provider	4.1%	4.6%	4.6%	4.3%	4.7%	5.0%	4.4%	4.4%	4.7%
Lack of adequate transportation	6.5%	5.9%	5.8%	6.1%	5.7%	6.0%	5.4%	5.7%	5.7%
Lack of health insurance	5.4%	6.4%	6.3%	5.9%	6.0%	6.2%	5.9%	6.0%	6.7%
Long wait times	2.7%	2.7%	2.5%	2.9%	2.9%	2.6%	2.7%	2.9%	2.5%
Mistrust of medical professionals	5.4%	5.2%	5.3%	5.9%	5.3%	5.5%	5.4%	5.5%	5.0%
Shortage of healthcare professionals	3.8%	3.4%	3.3%	2.9%	3.3%	3.6%	3.4%	3.1%	3.2%
Stigma associated with going to the doctor	4.6%	5.2%	4.8%	4.8%	4.3%	4.3%	4.9%	4.9%	4.6%

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
Stigma associated with the diagnosis of a mental health condition	8.7%	8.4%	8.9%	8.8%	8.8%	8.8%	9.4%	9.1%	8.8%
Unable to find a provider that speaks their language	3.0%	2.5%	2.5%	2.7%	2.5%	2.9%	3.0%	2.6%	2.1%
Other (please explain)	1.4%	1.6%	1.5%	1.6%	1.4%	1.2%	1.0%	1.3%	1.3%
None/They do not put off going to the doctor for issues related to their mental health	0.0%	0.2%	0.0%	0.0%	0.0%	0.0%	0.2%	0.0%	0.3%
They do not need to go to the doctor for issues related to their mental health	0.5%	0.2%	0.3%	0.3%	0.4%	0.2%	0.2%	0.3%	0.4%
Total Number of Responses	**368**	**439**	**395**	**374**	**487**	**420**	**406**	**384**	**716**

22. 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 mental health?

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
Do not seek care	27.3%	28.6%	28.9%	19.0%	35.1%	34.7%	27.7%	28.9%	35.1%
Alternative medicine provider (acupuncture, chiropractic treatments, natural products, medicinal herbs)	0.0%	1.8%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.0%
Emergency department	29.5%	26.8%	31.1%	33.3%	24.6%	28.6%	27.7%	28.9%	25.8%
Health department	9.1%	5.4%	6.7%	9.5%	8.8%	6.1%	4.3%	6.7%	8.2%
Primary care provider (doctor, nurse, etc.)	9.1%	8.9%	8.9%	7.1%	10.5%	8.2%	10.6%	8.9%	8.2%
Mental health provider (therapist, psychologist, psychiatrist)	18.2%	19.6%	17.8%	23.8%	14.0%	16.3%	23.4%	20.0%	15.5%
Walk-in/Urgent care center	0.0%	1.8%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.0%
Other type of health clinic	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	Wake County
Telehealth/Tele visit (electronic visit via web or phone app)	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%	1.8%	0.0%	0.0%	0.0%	1.0%
Other (please explain)	6.8%	7.1%	6.7%	7.1%	5.3%	6.1%	6.4%	6.7%	4.1%
Total Number of Responses	**44**	**56**	**45**	**42**	**57**	**49**	**47**	**45**	**97**

23. Are any of the following mental health or substance abuse 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	Wake County
Yes	88.9%	93.0%	93.5%	93.0%	89.5%	89.8%	89.6%	91.3%	90.6%
No	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Unsure/Do not know	11.1%	7.0%	6.5%	7.0%	10.5%	10.2%	10.4%	8.7%	9.4%
Total Number of Responses	**45**	**57**	**46**	**43**	**57**	**49**	**48**	**46**	**96**

b. Dementia

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
Yes	61.9%	65.5%	72.1%	65.0%	67.3%	72.3%	63.0%	68.2%	62.4%
No	14.3%	18.2%	14.0%	17.5%	10.9%	12.8%	15.2%	15.9%	11.8%
Unsure/Do not know	23.8%	16.4%	14.0%	17.5%	21.8%	14.9%	21.7%	15.9%	25.8%

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
Total Number of Responses	**42**	**55**	**43**	**40**	**55**	**47**	**46**	**44**	**93**

c. Other mental health condition (not depression or dementia)

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
Yes	80.0%	84.2%	84.8%	83.7%	78.9%	80.0%	77.1%	82.6%	80.4%
No	2.2%	1.8%	2.2%	2.3%	1.8%	2.0%	2.1%	2.2%	1.0%
Unsure/Do not know	17.8%	14.0%	13.0%	14.0%	19.3%	18.0%	20.8%	15.2%	18.6%
Total Number of Responses	**45**	**57**	**46**	**43**	**57**	**50**	**48**	**46**	**97**

d. Alcoholism

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
Yes	77.8%	82.1%	80.0%	76.7%	80.7%	79.6%	79.2%	78.3%	80.0%
No	4.4%	7.1%	4.4%	7.0%	3.5%	4.1%	4.2%	6.5%	5.3%
Unsure/Do not know	17.8%	10.7%	15.6%	16.3%	15.8%	16.3%	16.7%	15.2%	14.7%
Total Number of Responses	**45**	**56**	**45**	**43**	**57**	**49**	**48**	**46**	**95**

e. Substance abuse (including opioids)

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
Yes	82.2%	83.9%	84.4%	81.4%	86.0%	86.0%	83.3%	82.6%	86.5%
No	0.0%	3.6%	0.0%	2.3%	0.0%	0.0%	0.0%	2.2%	3.1%

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
Unsure/Do not know	17.8%	12.5%	15.6%	16.3%	14.0%	14.0%	16.7%	15.2%	10.4%
Total Number of Responses	**45**	**56**	**45**	**43**	**57**	**50**	**48**	**46**	**96**

24. 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: (Additional options include Unsure/Do not know or Refused/No Response)

    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	Wake County
1 (Strongly Disagree)	12.8%	11.9%	8.3%	8.9%	8.5%	9.6%	10.0%	10.4%	8.1%
2 (Disagree)	31.9%	27.1%	25.0%	26.7%	32.2%	26.9%	24.0%	27.1%	29.3%
3 (Neither Agree nor Disagree)	10.6%	10.2%	8.3%	8.9%	10.2%	9.6%	10.0%	8.3%	11.1%
4 (Agree)	36.2%	40.7%	50.0%	46.7%	40.7%	44.2%	44.0%	45.8%	39.4%
5 (Strongly Agree)	4.3%	6.8%	4.2%	4.4%	5.1%	5.8%	8.0%	4.2%	10.1%
Unsure/Do not know	4.3%	3.4%	4.2%	4.4%	3.4%	3.8%	4.0%	4.2%	2.0%
Total Number of Responses	**47**	**59**	**48**	**45**	**59**	**52**	**50**	**48**	**99**

b. Residents can access a medical specialist (Cardiologist, Dermatologist, etc.) when needed.

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
1 (Strongly Disagree)	21.3%	18.6%	12.5%	15.6%	13.6%	19.2%	14.0%	16.7%	16.2%
2 (Disagree)	34.0%	33.9%	33.3%	31.1%	40.7%	30.8%	32.0%	33.3%	33.3%
3 (Neither Agree nor Disagree)	14.9%	13.6%	14.6%	17.8%	11.9%	11.5%	14.0%	14.6%	15.2%
4 (Agree)	25.5%	25.4%	33.3%	31.1%	28.8%	32.7%	30.0%	29.2%	27.3%
5 (Strongly Agree)	0.0%	3.4%	2.1%	0.0%	0.0%	0.0%	4.0%	0.0%	4.0%
Unsure/Do not know	4.3%	5.1%	4.2%	4.4%	5.1%	5.8%	6.0%	6.3%	4.0%
Total Number of Responses	**47**	**59**	**48**	**45**	**59**	**52**	**50**	**48**	**99**

c. There are enough providers accepting Medicaid.

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
1 (Strongly Disagree)	32.6%	31.6%	26.1%	27.9%	29.3%	29.4%	28.6%	27.7%	28.1%
2 (Disagree)	30.4%	38.6%	39.1%	39.5%	31.0%	35.3%	34.7%	34.0%	35.4%
3 (Neither Agree nor Disagree)	10.9%	5.3%	6.5%	7.0%	12.1%	5.9%	8.2%	8.5%	14.6%
4 (Agree)	6.5%	8.8%	8.7%	7.0%	10.3%	7.8%	8.2%	10.6%	7.3%
5 (Strongly Agree)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Unsure/Do not know	19.6%	15.8%	19.6%	18.6%	17.2%	21.6%	20.4%	19.1%	14.6%

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
Total Number of Responses	**46**	**57**	**46**	**43**	**58**	**51**	**49**	**47**	**96**

d. There are enough providers accepting Medicare.

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
1 (Strongly Disagree)	28.3%	24.1%	21.3%	25.0%	25.9%	25.5%	22.4%	23.4%	23.5%
2 (Disagree)	26.1%	32.8%	27.7%	29.5%	25.9%	27.5%	30.6%	25.5%	25.5%
3 (Neither Agree nor Disagree)	13.0%	6.9%	8.5%	9.1%	15.5%	9.8%	12.2%	10.6%	16.3%
4 (Agree)	13.0%	17.2%	25.5%	15.9%	17.2%	17.6%	14.3%	21.3%	18.4%
5 (Strongly Agree)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Unsure/Do not know	19.6%	19.0%	17.0%	20.5%	15.5%	19.6%	20.4%	19.1%	16.3%
Total Number of Responses	**46**	**58**	**47**	**44**	**58**	**51**	**49**	**47**	**98**

e. There are enough bilingual healthcare providers.

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
1 (Strongly Disagree)	10.6%	10.3%	8.5%	13.3%	10.3%	9.6%	10.0%	10.4%	13.4%
2 (Disagree)	44.7%	50.0%	51.1%	44.4%	51.7%	46.2%	46.0%	52.1%	46.4%
3 (Neither Agree nor Disagree)	14.9%	10.3%	17.0%	15.6%	15.5%	17.3%	16.0%	12.5%	14.4%
4 (Agree)	4.3%	3.4%	4.3%	6.7%	1.7%	1.9%	2.0%	2.1%	4.1%

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
5 (Strongly Agree)	0.0%	1.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.0%
Unsure/Do not know	25.5%	24.1%	19.1%	20.0%	20.7%	25.0%	26.0%	22.9%	20.6%
Total Number of Responses	**47**	**58**	**47**	**45**	**58**	**52**	**50**	**48**	**97**

f. There are enough mental health providers.

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
1 (Strongly Disagree)	48.9%	46.6%	46.8%	46.7%	45.8%	46.2%	44.0%	47.9%	48.0%
2 (Disagree)	23.4%	29.3%	27.7%	28.9%	28.8%	26.9%	26.0%	25.0%	29.6%
3 (Neither Agree nor Disagree)	10.6%	6.9%	8.5%	6.7%	11.9%	11.5%	8.0%	10.4%	9.2%
4 (Agree)	6.4%	5.2%	6.4%	6.7%	5.1%	5.8%	6.0%	6.3%	3.1%
5 (Strongly Agree)	0.0%	1.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.0%
Unsure/Do not know	10.6%	10.3%	10.6%	11.1%	8.5%	9.6%	16.0%	10.4%	9.2%
Total Number of Responses	**47**	**58**	**47**	**45**	**59**	**52**	**50**	**48**	**98**

g. There are enough substance abuse treatment providers.

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
1 (Strongly Disagree)	38.3%	36.2%	38.3%	35.6%	39.0%	36.5%	32.0%	35.4%	41.8%
2 (Disagree)	36.2%	39.7%	36.2%	40.0%	39.0%	38.5%	36.0%	39.6%	35.7%

	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
3 (Neither Agree nor Disagree)	8.5%	5.2%	6.4%	6.7%	6.8%	7.7%	8.0%	6.3%	7.1%
4 (Agree)	2.1%	5.2%	2.1%	2.2%	1.7%	1.9%	2.0%	2.1%	3.1%
5 (Strongly Agree)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Unsure/Do not know	14.9%	13.8%	17.0%	15.6%	13.6%	15.4%	22.0%	16.7%	12.2%
Total Number of Responses	**47**	**58**	**47**	**45**	**59**	**52**	**50**	**48**	**98**

25. If you were in charge, what specific thing(s) would you do to improve the health of the community you serve?

- A collaborative approach would be most appropriate. Including medical and mental health providers, insurance professionals, schools, faith-based agencies and other community agencies that support the health and wealth of the community.
- A coordinated effort around preventing future ACEs and building resilience for those in Wake County who have experienced ACEs and/or trauma is needed. Improving health in Wake County necessitates a multi-disciplinary approach (across social services providers, education, medical providers, nonprofits, business community, etc.) to work together towards breaking the cycle of ACEs and providing resources and support for those with ACEs.
- Access - transportation; access - clinic operating days/hours; integrated care including prescription solutions.
- Access to specialty care/mental health with no or very minimal wait times
- access to substance and behavioral health
- Assure that preventive and early intervention services are available to all. Assure that integrated services are mandated for whole person care.
- Assure the safety net providers are coordinating services AND assuring that completing one registration could be used for multiple providers. Not a new registration form for every provider you go to.
- Better access to integrated medical services
- Build better awareness of resource centers that provide information and assistance, connecting individuals to services needed

- Can we split this into two parts? The 2016 CHNA stressed healthCARE too much. We do need better access to healthcare, and we didn't really improve access to or invest in the safety net for the uninsured in the past two years, though we can be pleased that the ACA did increase the numbers of insured. We can still push or Medicaid expansion. But, we can also try to improve health, but improving social determinants of health and I don't mean just screening for them, and I don't mean going after the hardest to solve: let's do improved access to quality childcare and pre-k (no controversy there), let's improve nutrition (why is it that Mecklenburg has twice the enrollment in SNAP than we do? We're the same size county and the % poverty isn't that different), let's make WakeTech more available and affordable to all residents. Let's address trauma informed care for parents, not just kids (I didn't say ACES on purpose, I said trauma informed care). Let's get some employment for non-tech folks at $12/hour for 40/hours a week with some benefits. Sure let's do housing, we did transportation, let's do family violence. But I'm talking about practical investment, practical implementation of what is there.
- Community health centers in each of the areas to address all health needs.
- Continue to invest in education (leading to at least high school graduation), Pre-K programs, affordable housing, health screening/preventive medicine, treatment for drug addiction/alcohol abuse.
- Create a diverse representative group by area to help identify challenges, opportunities, goals/outcomes, etc.
- Eliminate barriers to accessing physical and mental health supports
- Eliminate homelessness and hunger. Pay a living wage
- Encourage local doctors and dentists to provide one day a month to see local residents who do not have insurance or whose income will not cover medical expenses.
- Establish more mental health centers
- Expand health care insurance coverage, including comprehensive coverage for physical health and mental health. Increase spending for social services like housing, transportation, food, and in-home services to prevent isolation.
- Expand Medicaid to cover more uninsured. Improve rather than abolish the Affordable Care Act. Set a goal of basic care availability for all but not necessarily equal access to ""Cadillac"" care for all. Locate clinics for underserved nearer their patients with access to reliable, efficient transportation. Promote economic and community development than enables people to live nearer their work and have access to healthy food, etc. Work toward better management of opioid crisis. Encourage development of mutual self groups for senior citizens such as exist in Japan"
- Expand transportation. Increase affordable housing within livable communities and access to healthy food. Expand social supports and outreach programs

- Extend services for individuals with substance use disorders to include pre-treatment outreach/engagement, retention strategies, and post-treatment recovery check-ups.
- Find better ways to work with clients that have mental health needs. We try very hard to triage them so that they get the help that they need but it is not enough. We see clients that are desperate for help but cannot follow through abs keel appointments. We need to improve access to Mental Health services.!!!
- Get transportation from Eastern Wake Co. to Raleigh where folks can get these services. There in the morning and back at the end of the day is not enough.
- Give Black Americans the back pay owed to the ancestors.
- Have free health clinics, free mental health and substance abuse treatment
- Have more outpatient/inpatient mental health facility available for patients to receive care/treatment needed
- I think need to realize how that the members of the community we serve do not look at healthcare the was legislators and those who can afford insurance view healthcare. You have 2 views, one that looks at healthcare as a means of prevention of sickness and the other group looks at healthcare as a means of treatment for when you are sick. Your view point of how you perceive health is passed down to you from your parents or grandparents. I think more education is needed to help our patients/parents if working with a child, understand the importance of viewing your health from the standpoint of prevention and maintenance and not reactive healthcare, where your knee jerk instinct is to see help only from your local ER. I also think that healthcare for kids needs to be more assessable such as either in or near public school, this would help with vaccination rates and with decreasing missed days of school and work for the parents....
- I would build a nonprofit outpatient mental health clinic on the Dorothea Dix property.
- I would have mental health care providers onsite at all medical clinics working side by side with the health care providers. Brain and Physical health need to be addressed at the same place. There are too many barriers to get mental health coverage.
- I would have the ER screen patients first for non-life-threatening illnesses and instead of seeing them in the ER, have staff on hand to set up same day appointment or next day appointment with participating providers. This means there would need to be enough availability in the participating providers schedule to accommodate these patients. The participating providers should also receive monetary compensation for this service. There also needs to be more availability for access to mental health and pain specialist providers as many of the patients coming to ER may be seeking relief from chronic illnesses including mental health disorders and chronic pain.

- I would not include dementia with mental health issues because that leads people to believe that counseling, psychiatric medications and other remedies common in that field can/should be used to treat dementia. Often, remedies that work for mental health are contraindicated, and sometimes deadly when provided to individuals with dementia. I would increase education about the direct effects, both immediate and long-term, of diet and exercise (or lack thereof) on our health.
- I would open a second federally funded health center with mental health fully integrated! I would open a 10-day inpatient substance abuse hospital and I would open several half way houses on the bus lines.
- I would require the MCO's and the State to provide state dollars in their budgets and reserves to get people who are on a wait list for services into services and increase Medicaid reimbursement rates so our community can have a stabilized service provider network with a quality workforce to deliver consistent quality care to people in need, including IDD, MH and SA populations.
- I'd send everybody who's not a citizen back to the country they were born in and I'd give reparations to the decedents of slaves.
- Increase the number of mental health providers outside of the hospital setting
- insurance coverage
- It would be based on Health Literacy due to many clients going to the Doctor and not understanding the medications and full diagnosis of their condition.
- Look at more ways the health community can partner to provide needed services to everyone
- Make it more affordable
- Make it more affordable, both in terms of insurance and out of pocket expense.
- Medicaid expansion vs Medicare for all.
- Mental health
- mental health covered by health insurance, Medicaid and Medicare. decrease wait times to see providers- walk in clinic services. identify why many residents don't use resources they have- they feel quality is compromised?"
- Mental health is often swept under the rug, and it's becoming less common to find mental health care providers in the area. Not just providers, but providers who listen rather than immediately prescribing medication. Substance abuse treatment providers should expand their acceptance of health insurance and work harder to include individuals who are under-insured and uninsured as well.
- More healthcare providers who accept Medicare and/or Medicaid and who understand our aging populations' healthcare needs.
- more inpatient mental health facilities
- More school counselors. More mental health professionals. More parks, greenways, mobility options.

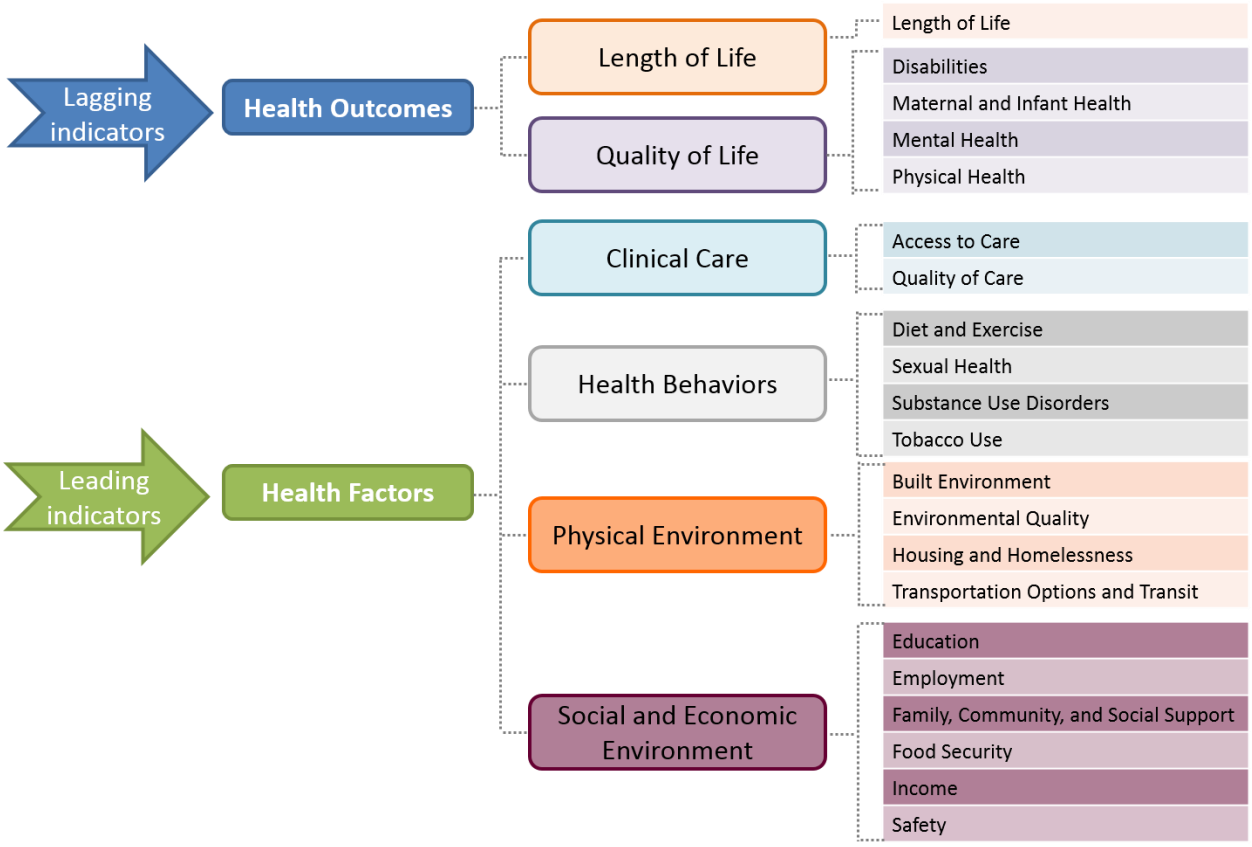
- Place multi modal clinics in these neighborhoods
- Provide an affordable health insurance with full mental health coverage; I would have a grant to increase education regarding mental health; I would have recreational facilities with healthy eating options that are attractive to young adults; I would have more programs to promote exercise with attractive facilities - the obesity among. Young adults are a time bomb for later serious health problems
- Provide medical care on an "ability to pay scale" for the working poor who cannot afford health insurance but earn too much to qualify for service at free clinics.
- Provide more affordable healthcare and community services
- Provide more affordable resources for identification of preexisting conditions and putting resources to combat regardless of ability of clients to pay.
- Provide more information to community members to educate them on the available resources.
- Provide more mental health services and include family members that are willing to help with the care of the patients.
- Provide more substance abuse and mental health facilities.
- Provide more trained workers to support youth involved in trauma situations. Communicate with residents of a community where a murder, shooting, gang and or other type battle has occurred within 48 hr. of the occurrence
- Provide prevention health education at an early age to reduce many of the chronic diseases that can be preventable.
- Simplified education and communication for the community so they know what resources are available and how to navigate the system. It’s like we need a call center to help people because there are unique needs. Also, it would help with the culture of embracing healthcare and asking for help.
- Support funding and marketing of community health to increase awareness and provide more providers to continue increasing access to care.
- The medical community needs to become more educated about talking to and supporting people with intellectual and developmental disabilities. Respect balanced with being able to understand communication styles that might be different, behavioral challenges, intellectual disability. Half of them still say "MR"
- Transportation for seniors to get to appointments, and Mental Health Providers that are affordable.
- Work on removing the stigma around mental health issue

APPENDIX 4 | COMPLETE DATA BY FOCUS AREA

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. 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 related to social determinants of health. Regarding existing (secondary) data, it should be noted that this CHNA should not be considered a source document but a conduit of the data collected by other organizations and used in analyzing the health needs of Wake County. Sources of existing data are provided in Appendix 2. New data were also collected through focus groups, telephone surveys, Internet-based community surveys, and Internet-based key leader surveys.

All secondary and primary data findings for Wake County and each service zone is organized below by category (six in total) and then by focus area (21 in total). These data are duplicative of the data presented in Chapters 4 and 5 related to priority areas for Wake County and findings for each of the eight service zones.

The graphic below visually represents all categories and focus areas developed in the 2019 CHNA process.



Source: County Health Rankings (a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute); Ascendient.

When viewing the secondary data summary tables, please note that following color shadings have been included to identify how Wake County and each service zone compares to the targets/benchmarks/peer geographies.

Secondary Data Summary Table Color Comparisons

Color Shading	Wake County Description	Service Zone Description
	Represents measures in which Wake County scores are more than five percent better than the most applicable target/benchmark/peer geography and for which a health score of 1 was assigned.	Represents measures in which the service zone scores are more than five percent better than the most applicable comparative target/benchmark/Wake County and for which a health score of 1 was assigned.
	Represents measures in which Wake County scores are comparable to the most applicable target/benchmark/peer geography, scoring within or equal to five percent, and for which a health score of 2 was assigned.	Represents measures in which the service zone scores are comparable to the most applicable comparative target/benchmark/Wake County, scoring within or equal to five percent, and for which a health score of 2 was assigned.
	Represents measures in which Wake County scores are more than five percent worse than the most applicable target/benchmark/peer geography and for which a health score of 3 was assigned.	Represents measures in which the service zone scores are more than five percent worse than the most applicable comparative target/benchmark/Wake County and for which a health score of 3 was assigned.

Note: Please see Appendix 2 for more detailed information regarding the secondary data scoring methodology.

When viewing the primary data summary tables, please note that the following color shadings have been included to identify how the response was scored.

Primary Data Summary Table Color Comparisons

Color Shading	Wake County Description	Service Zone Description
	A health score of 1 was assigned	A health score of 1 was assigned
	A health score of 2 was assigned	A health score of 2 was assigned
	A health score of 3 was assigned	A health score of 3 was assigned

Note: Please see Appendix 3 for more detailed information regarding the primary data scoring methodologies by data collection method.

Length of Life

The Length of Life category contains only one focus area by the same name. Data specific to this focus area is provided below.

Length of Life

The Length of Life focus area includes data related to how long people can expect to live and information about people who die before they should.

Secondary Data

Length of Life – County-level Secondary Data

Measure	Healthy People 2020 Target	Healthy NC 2020 Target	Univ. of Wisconsin Top Performer Benchmark	Wake County, NC	Mecklenburg County, NC	North Carolina	Travis County, TX		Most Recent Data Year	Wake County, NC Trend
Life expectancy	NA	79.5	NA	81.5	80.2	77.4	NA		2014-2016	Wake Trending in Correct Direction
Child mortality	NA	NA	NA	39.9	53.4	57.9	41.1		2013-2016	Wake Trending in Correct Direction
Infant mortality	6.0	6.3	NA	5.8	6.1	7.2	4.4		2010-2016	Wake Trending in Correct Direction
Premature age-adjusted mortality	NA	NA	NA	238.5	296.9	367.5	246.7		2014-2016	Wake Trending in Correct Direction
Premature Death (years of potential life lost before age 75 per 100,000	NA	NA	5,300.0	4,513.7	5,673.0	7,281.1	4,809.7		2014-2016	Wake Trending in Correct Direction

Measure	Healthy People 2020 Target	Healthy NC 2020 Target	Univ. of Wisconsin Top Performer Benchmark	Wake County, NC	Mecklenburg County, NC	North Carolina	Travis County, TX		Most Recent Data Year	Wake County, NC Trend
population age-adjusted)										
Infant mortality racial disparity between whites and African Americans	NA	1.9	NA	3.2	2.7	2.4	NA		2012-2016	Wake Trending in Wrong Direction

Note: See Appendix 2 for a list of data sources by focus area.

Secondary data were not available by service zone for the Length of Life focus area.

Primary Data

Length of Life – Primary Data from Surveys

Data Collection Method	Response	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
Phone Survey - Q9	Life expectancy	0.2%	3.6%	5.6%	8.5%	4.6%	4.4%	4.2%	3.1%	4.7%
Community Internet Survey - Q11	Life expectancy	1.8%	2.6%	2.6%	2.0%	1.1%	1.5%	1.8%	1.2%	1.8%
Key Leader Internet Survey - Q11	Life expectancy	2.1%	1.7%	2.0%	4.3%	3.3%	1.9%	2.0%	2.0%	2.9%

Note: See Appendix 3 for detailed results by primary data collection method.

There were no primary data from focus groups for the Length of Life focus area.

Quality of Life

The Quality of Life category contains four focus areas – Disabilities, Maternal and Infant Health, Mental Health, and Physical Health. Data specific to each of these four focus areas is provided below.

Disabilities

The Disabilities focus areas includes information on people with physical, learning, or sensory problems that may make them unable to care for themselves.

Secondary Data

Disabilities – County-level Secondary Data

Measure	Healthy People 2020 Target	Healthy NC 2020 Target	Univ. of Wisconsin Top Performer Benchmark	Wake County, NC	Mecklenburg County, NC	North Carolina	Travis County, TX		Most Recent Data Year	Wake County, NC Trend
Rate of Blind/Visually impaired individuals per 10,000 population	NA	NA	NA	13.8	13.2	22.0	NA		2017	Wake Trending in Wrong Direction
Percent of population with a disability	NA	NA	NA	8.2%	8.8%	13.7%	8.7%		2012-2016	Wake Trending in Wrong Direction
Percent of population with a cognitive difficulty	NA	NA	NA	3.5%	3.6%	5.5%	3.8%		2012-2016	Wake Trending in Wrong Direction
Percent of population with a hearing difficulty	NA	NA	NA	2.0%	2.2%	3.7%	2.4%		2012-2016	Wake Trending in Wrong Direction

Measure	Healthy People 2020 Target	Healthy NC 2020 Target	Univ. of Wisconsin Top Performer Benchmark	Wake County, NC	Mecklenburg County, NC	North Carolina	Travis County, TX		Most Recent Data Year	Wake County, NC Trend
Percent of population with a self-care difficulty	NA	NA	NA	1.7%	1.8%	3.0%	1.7%		2012-2016	Wake Trending in Wrong Direction
Percent of population with a vision difficulty	NA	NA	NA	1.5%	1.7%	2.7%	1.7%		2012-2016	Wake Trending in Wrong Direction
Percent of population with an ambulatory difficulty	NA	NA	NA	4.2%	4.7%	7.9%	4.4%		2012-2016	Wake Trending in Wrong Direction
Percent of population with an independent living difficulty	NA	NA	NA	3.7%	4.0%	6.4%	3.5%		2012-2016	Wake Trending in Wrong Direction

Note: See Appendix 2 for a list of data sources by focus area.

Disabilities – Service Zone Secondary Data

Measure	Wake County, NC	East	East Central	North Central	Northern	South Central	Southern	West	West Central		Most Recent Data Year for Service Zones
Percent of population with a disability	8.2%	11.5%	11.6%	8.6%	7.6%	10.6%	8.0%	5.9%	7.0%		2012-2016
Percent of population with a cognitive difficulty	3.5%	5.1%	5.2%	3.6%	3.2%	4.9%	3.7%	2.1%	2.8%		2012-2016
Percent of population with a hearing difficulty	2.0%	2.7%	1.9%	2.5%	2.2%	2.2%	1.9%	1.7%	1.7%		2012-2016
Percent of population with a self-care difficulty	1.7%	2.4%	2.1%	1.7%	1.7%	2.4%	1.7%	1.2%	1.2%		2012-2016

Measure	Wake County, NC	East	East Central	North Central	Northern	South Central	Southern	West	West Central		Most Recent Data Year for Service Zones
Percent of population with a vision difficulty	1.5%	2.0%	2.3%	1.3%	1.2%	2.3%	1.4%	1.1%	1.3%		2012-2016
Percent of population with an ambulatory difficulty	4.2%	6.4%	6.6%	4.5%	3.5%	5.5%	4.3%	2.9%	3.5%		2012-2016
Percent of population with an independent living difficulty	3.7%	5.6%	5.0%	3.7%	3.8%	4.4%	4.0%	2.7%	2.4%		2012-2016

Note: See Appendix 2 for a list of data sources by focus area.

Primary Data

Disabilities – Primary Data from Surveys

Data Collection Method	Response	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
Phone Survey - Q10	Disabilities	0.4%	2.0%	0.0%	2.1%	1.5%	2.6%	0.0%	0.0%	1.0%
Community Internet Survey - Q12	Disabilities	1.8%	1.1%	1.4%	1.6%	1.5%	1.3%	1.8%	0.3%	1.5%
Key Leader Internet Survey - Q12	Disabilities	6.3%	5.0%	6.0%	6.5%	4.9%	5.7%	5.9%	6.1%	2.9%

Note: See Appendix 3 for detailed results by primary data collection method.

There were no primary data from focus groups for the Disabilities focus area.

Maternal and Infant Health

The Maternal and Infant Heath focus area includes data related to how many babies die within the first year of life or before they are born, babies born weighing less than they should, and how many women get pregnant.

Secondary Data

Maternal and Infant Health – County-level Secondary Data

Measure	Healthy People 2020 Target	Healthy NC 2020 Target	Univ. of Wisconsin Top Performer Benchmark	Wake County, NC	Mecklenburg County, NC	North Carolina	Travis County, TX		Most Recent Data Year	Wake County, NC Trend
Fetal mortality (rate per 1,000 deliveries)	5.6	NA	NA	5.8	6.8	6.9	NA		2012-2016	Wake Trending in Wrong Direction
High parity births (% of high parity births w/ Mother aged 30 or over of all births to mother 30+)	NA	NA	NA	20.7%	21.2%	22.0%	NA		2012-2016	Wake Trending in Wrong Direction
High parity births (% of high parity births w/ Mother aged less than 30 of all births to mothers less than 30)	NA	NA	NA	12.5%	13.5%	14.2%	NA		2012-2016	Wake Trending in Correct Direction

Measure	Healthy People 2020 Target	Healthy NC 2020 Target	Univ. of Wisconsin Top Performer Benchmark	Wake County, NC	Mecklenburg County, NC	North Carolina	Travis County, TX		Most Recent Data Year	Wake County, NC Trend
Live Birth Rates per 1,000 Population	NA	NA	NA	12.7	14.2	12.1	NA		2012-2016	Wake Trending in Wrong Direction
Neonatal (<28 days) mortality rate (per 1,000 live births)	4.1	NA	NA	4.2	4.5	4.9	NA		2012-2016	Wake Trending in Correct Direction
Post neonatal (28 days to 1 year) mortality rate (per 1,000 live births)	2.0	NA	NA	1.4	1.7	2.3	NA		2012-2016	Wake Trending in Correct Direction
Pregnancy rates for 15-44 age group (per 1,000)	NA	NA	NA	69.9	77.1	71.9	NA		2012-2016	Wake Trending in Wrong Direction
Short interval births (%)	NA	NA	NA	12.1%	11.9%	12.2%	NA		2012-2016	Wake Trending in Correct Direction
Low birthweight (percent of live births with birthweight < 2500 grams)	7.8%	NA	6.0%	8.0%	9.4%	9.0%	7.7%		2010-2016	Wake Trending in Wrong Direction

Note: See Appendix 2 for a list of data sources by focus area.

Secondary data were not available by service zone for the Maternal and Infant Health focus area.

Primary Data

Maternal and Infant Health – Primary Data from Surveys

Data Collection Method	Response	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
Phone Survey - Q9	Infant and fetal mortality	0.2%	2.0%	0.0%	0.0%	1.5%	0.0%	0.0%	0.0%	0.3%
Phone Survey - Q9	Low birthweight	0.2%	2.6%	1.0%	0.0%	0.2%	2.3%	0.1%	3.5%	1.0%
Community Internet Survey - Q11	Infant and fetal mortality	1.1%	2.3%	1.6%	1.0%	0.9%	0.3%	1.0%	0.3%	1.0%
Community Internet Survey - Q11	Low birthweight	0.6%	0.4%	0.1%	0.1%	0.2%	0.3%	0.5%	0.0%	0.3%
Key Leader Internet Survey - Q11	Infant and fetal mortality	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Key Leader Internet Survey - Q11	Low birthweight	2.1%	1.7%	2.0%	2.2%	1.6%	1.9%	2.0%	2.0%	1.0%

Note: See Appendix 3 for detailed results by primary data collection method.

There were no primary data from focus groups for the Maternal and Infant Health focus area.

Mental Health

The Mental Health focus area includes date related to mental health disease (like depression, Alzheimer's, and Schizophrenia), poor mental health days, and hurting yourself.

Secondary Data

Mental Health – County-level Secondary Data

Measure	Healthy People 2020 Target	Healthy NC 2020 Target	Univ. of Wisconsin Top Performer Benchmark	Wake County, NC	Mecklenburg County, NC	North Carolina	Travis County, TX		Most Recent Data Year	Wake County, NC Trend
Alzheimer's Disease/Dementia Prevalence, Medicare population	NA	NA	NA	10.0%	10.1%	9.8%	11.7%		2015	Wake Trending in Correct Direction
Autism Spectrum Disorders Prevalence, Medicare population	NA	NA	NA	0.3%	0.3%	0.2%	0.3%		2015	Wake Trending in Wrong Direction
Depression Prevalence, Medicare population	NA	NA	NA	15.8%	15.3%	17.5%	17.2%		2015	Wake Trending in Wrong Direction
Schizophrenia and Other Psychotic Disorders Prevalence, Medicare population	NA	NA	NA	3.8%	4.4%	4.0%	4.2%		2015	Wake Trending in Wrong Direction
Suicide mortality rate (per 100,000 population)	10.2	8.3	NA	8.9	9.6	12.9	NA		2012-2016	Wake Trending in Wrong Direction
Child mortality rate per 100,000 resident	NA	NA	NA	0.8	3.1	1.9	NA		2016	Wake Trending in

Measure	Healthy People 2020 Target	Healthy NC 2020 Target	Univ. of Wisconsin Top Performer Benchmark	Wake County, NC	Mecklenburg County, NC	North Carolina	Travis County, TX		Most Recent Data Year	Wake County, NC Trend
children ages 0-17 - Suicide										Correct Direction
Frequent mental distress	NA	NA	NA	10.9%	10.8%	12.3%	10.2%		2016	Wake Trending in Wrong Direction
Poor mental health days (avg number in past 30 days age-adjusted)	NA	2.8	3.1	3.6	3.4	3.9	3.3		2016	Wake Trending in Wrong Direction
Suicide and self-harm visits per 10,000 population	NA	NA	NA	8.3	NA	NA	NA		2017	Wake Trending in Correct Direction
Suicide and self-harm visits by adolescents per 100 population aged 15-19 years	1.7	NA	NA	0.3	NA	NA	NA		2017	Wake Trending in Wrong Direction

Note: See Appendix 2 for a list of data sources by focus area.

Mental Health – Service Zone Secondary Data

Measure	Wake County, NC	East	East Central	North Central	Northern	South Central	Southern	West	West Central		Most Recent Data Year for Service Zones
Suicide and self-harm visits per 10,000 population	8.3	9.2	9.7	8.6	6.7	11.7	9.2	6.3	8.7		2017
Suicide and self-harm visits by adolescents per 100	0.3	0.4	0.4	0.3	0.3	0.4	0.3	0.3	0.1		2017

Measure	Wake County, NC	East	East Central	North Central	Northern	South Central	Southern	West	West Central		Most Recent Data Year for Service Zones
population aged 15-19 years											

Note: See Appendix 2 for a list of data sources by focus area.

Primary Data

Mental Health – Primary Data from Surveys

Data Collection Method	Response	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
Phone Survey - Q9	Suicide attempts and deaths	5.6%	2.6%	6.4%	4.9%	7.1%	3.8%	10.0%	5.4%	6.3%
Phone Survey - Q9	Drug overdose attempts and deaths	14.3%	14.7%	16.9%	23.8%	8.1%	16.1%	14.8%	27.8%	17.0%
Community Internet Survey - Q11	Suicide attempts and deaths	2.5%	5.0%	3.9%	3.1%	3.7%	3.4%	3.8%	1.3%	3.4%
Community Internet Survey - Q11	Drug overdose attempts and deaths	8.6%	7.4%	12.0%	11.3%	7.9%	12.2%	12.6%	14.2%	11.1%
Key Leader Internet Survey - Q11	Suicide attempts and deaths	0.0%	3.3%	2.0%	0.0%	0.0%	0.0%	0.0%	2.0%	2.9%
Key Leader Internet Survey - Q11	Drug overdose attempts and deaths	14.6%	13.3%	12.0%	13.0%	13.1%	13.2%	17.6%	14.3%	10.8%

Note: See Appendix 3 for detailed results by primary data collection method.

Mental Health – Primary Data from Focus Groups

Data Collection Method	Response	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Spanish-speaking Individuals	Individuals Experiencing Homelessness	Youth	Wake County
Focus Groups	Mental health	X	X		X		X		X	X	X	X	8
Focus Groups	Mental Health and Substance Abuse	X	X	X	X	X	X		X	X	X	X	10

Physical Health

The Physical Health focus area includes information related to how healthy people are, long term diseases, illnesses passed from person to person (excluding sexually transmitted infections), and the diseases people die of in Wake County.

Secondary Data

Physical Health – County-level Secondary Data

Measure	Healthy People 2020 Target	Healthy NC 2020 Target	Univ. of Wisconsin Top Performer Benchmark	Wake County, NC	Mecklenburg County, NC	North Carolina	Travis County, TX		Most Recent Data Year	Wake County, NC Trend
Arthritis Prevalence, Medicare population	NA	NA	NA	27.6%	25.9%	29.1%	25.4%		2015	Wake Trending in Wrong Direction
Asthma Prevalence, Medicare population	NA	NA	NA	6.4%	7.0%	8.4%	7.2%		2015	Wake Trending in Wrong Direction

Measure	Healthy People 2020 Target	Healthy NC 2020 Target	Univ. of Wisconsin Top Performer Benchmark	Wake County, NC	Mecklenburg County, NC	North Carolina	Travis County, TX		Most Recent Data Year	Wake County, NC Trend
Atrial Fibrillation Prevalence, Medicare population	NA	NA	NA	7.7%	7.3%	7.7%	7.5%		2015	Wake Trending in Wrong Direction
Cancer Prevalence, Medicare population	NA	NA	NA	8.4%	7.7%	7.7%	7.3%		2015	Wake Trending in Correct Direction
Chronic Kidney Disease Prevalence, Medicare population	NA	NA	NA	17.2%	17.8%	19.0%	17.9%		2015	Wake Trending in Wrong Direction
COPD Prevalence, Medicare population	NA	NA	NA	8.0%	9.0%	11.9%	7.2%		2015	Wake Trending in Wrong Direction
Diabetes Prevalence, Medicare population	NA	NA	NA	24.6%	24.5%	28.4%	23.2%		2015	Wake Trending in Correct Direction
Heart Failure Prevalence, Medicare population	NA	NA	NA	10.5%	10.6%	12.5%	12.2%		2015	Wake Trending in Correct Direction
Hepatitis (Chronic Viral B & C) Prevalence, Medicare population	NA	NA	NA	0.6%	1.0%	0.7%	1.2%		2015	Wake Trending in Wrong Direction
Hyperlipidemia Prevalence, Medicare population	NA	NA	NA	43.4%	42.0%	46.3%	41.1%		2015	Wake Trending in

Measure	Healthy People 2020 Target	Healthy NC 2020 Target	Univ. of Wisconsin Top Performer Benchmark	Wake County, NC	Mecklenburg County, NC	North Carolina	Travis County, TX		Most Recent Data Year	Wake County, NC Trend
										Correct Direction
Hypertension Prevalence, Medicare population	NA	NA	NA	53.7%	52.0%	58.0%	48.9%		2015	Wake Trending in Correct Direction
Ischemic Heart Disease Prevalence, Medicare population	NA	NA	NA	21.3%	20.0%	24.0%	24.5%		2015	Wake Trending in Correct Direction
Osteoporosis Prevalence, Medicare population	NA	NA	NA	5.6%	6.1%	5.4%	6.8%		2015	Wake Trending in Correct Direction
Stroke Prevalence, Medicare population	NA	NA	NA	3.4%	3.5%	3.9%	4.1%		2015	Wake Trending in Correct Direction
Prevalence of healthy weight among children ages 2-18	NA	NA	NA	64.4%	68.8%	65.1%	NA		2015	Not applicable
Prevalence of healthy weight among children ages 2-4	NA	NA	NA	64.9%	68.8%	66.5%	NA		2015	Not applicable
Prevalence of healthy weight among children ages 5-11	NA	NA	NA	61.0%	52.9%	60.8%	NA		2015	Not applicable
Prevalence of obesity among children ages 2-18	NA	NA	NA	13.0%	12.8%	14.6%	NA		2015	Not applicable

Measure	Healthy People 2020 Target	Healthy NC 2020 Target	Univ. of Wisconsin Top Performer Benchmark	Wake County, NC	Mecklenburg County, NC	North Carolina	Travis County, TX		Most Recent Data Year	Wake County, NC Trend
Prevalence of obesity among children ages 2-4	NA	NA	NA	13.9%	12.8%	14.0%	NA		2015	Not applicable
Prevalence of obesity among children ages 5-11	NA	NA	NA	8.9%	11.8%	15.0%	NA		2015	Not applicable
Prevalence of overweight among children ages 2-18	NA	NA	NA	14.9%	14.3%	14.6%	NA		2015	Not applicable
Prevalence of overweight among children ages 2-4	NA	NA	NA	15.4%	14.3%	15.0%	NA		2015	Not applicable
Prevalence of overweight among children ages 5-11	NA	NA	NA	12.2%	11.8%	13.3%	NA		2015	Not applicable
Prevalence of underweight among children ages 2-18	NA	NA	NA	7.8%	4.1%	5.7%	NA		2015	Not applicable
Prevalence of underweight among children ages 2-4	NA	NA	NA	5.9%	4.0%	4.5%	NA		2015	Not applicable
Prevalence of underweight among children ages 5-11	NA	NA	NA	18.0%	23.5%	10.9%	NA		2015	Not applicable
Acute myocardial infarction mortality rate (per 100,000 population)	NA	NA	NA	18.6	19.2	31.4	NA		2012-2016	Wake Trending in Correct Direction
AIDS mortality rate (per 100,000 population)	NA	NA	NA	1.6	3.6	2.2	NA		2012-2016	Wake Trending in

Measure	Healthy People 2020 Target	Healthy NC 2020 Target	Univ. of Wisconsin Top Performer Benchmark	Wake County, NC	Mecklenburg County, NC	North Carolina	Travis County, TX		Most Recent Data Year	Wake County, NC Trend
										Correct Direction
All causes mortality rate (per 100,000 population)	NA	NA	NA	632.0	677.4	781.8	NA		2012-2016	Wake Trending in Correct Direction
All other unintentional injuries mortality rate (per 100,000 population)	NA	NA	NA	23.1	22.1	31.9	NA		2012-2016	Wake Trending in Wrong Direction
Alzheimer's Disease mortality rate (per 100,000 population)	NA	NA	NA	22.0	40.4	31.9	NA		2012-2016	Wake Trending in Wrong Direction
Cancer mortality rate, breast (per 100,000 population)	20.7	NA	NA	20.8	20.8	20.9	NA		2012-2016	Wake Trending in Correct Direction
Cancer mortality rate, colon, rectum, and anus (per 100,000 population)	14.5	10.1	NA	11.7	11.6	14.0	NA		2012-2016	Wake Trending in Wrong Direction
Cancer mortality rate, pancreas (per 100,000 population)	NA	NA	NA	10.8	10.4	11.0	NA		2012-2016	Wake Trending in Wrong Direction
Cancer mortality rate, prostate (per 100,000 population)	21.8	NA	NA	21.9	21.4	20.1	NA		2012-2016	Wake Trending in Correct Direction

Measure	Healthy People 2020 Target	Healthy NC 2020 Target	Univ. of Wisconsin Top Performer Benchmark	Wake County, NC	Mecklenburg County, NC	North Carolina	Travis County, TX		Most Recent Data Year	Wake County, NC Trend
Cancer mortality rate, total (per 100,000 population)	161.4	NA	NA	146.3	147.0	166.5	NA		2012-2016	Wake Trending in Correct Direction
Cancer mortality rate, trachea, bronchus, lung (per 100,000 population)	45.5	NA	NA	34.4	35.6	47.5	NA		2012-2016	Wake Trending in Correct Direction
Cerebrovascular Disease mortality rate (per 100,000 population)	34.8	NA	NA	38.2	38.0	43.1	NA		2012-2016	Wake Trending in Correct Direction
Chronic liver disease and cirrhosis mortality rate (per 100,000 population)	8.2	NA	NA	6.2	8.0	10.3	NA		2012-2016	Wake Trending in Wrong Direction
Chronic Lower Respiratory Disease mortality rate (per 100,000 population)	NA	NA	NA	29.3	31.2	45.6	NA		2012-2016	Wake Trending in Correct Direction
Diabetes mortality rate (per 100,000 population)	66.6	NA	NA	17.4	17.1	23.0	NA		2012-2016	Wake Trending in Wrong Direction
Disease of heart mortality rate (per 100,000 population)	103.4	161.5	NA	122.8	132.3	161.3	NA		2012-2016	Wake Trending in Correct Direction
Hospital Discharge Rates for Primary	NA	NA	NA	138.0	200.8	144.6	NA		2014	Wake Trending in

Measure	Healthy People 2020 Target	Healthy NC 2020 Target	Univ. of Wisconsin Top Performer Benchmark	Wake County, NC	Mecklenburg County, NC	North Carolina	Travis County, TX		Most Recent Data Year	Wake County, NC Trend
Diagnosis of Asthma, Ages 0-14										Correct Direction
Hospital Discharge Rates for Primary Diagnosis of Asthma, All Ages	NA	NA	NA	76.3	100.3	90.9	NA		2014	Wake Trending in Correct Direction
Nephritis, Nephrotic Syndrome, and Nephrosis mortality rate (per 100,000 population)	NA	NA	NA	12.2	17.4	16.4	NA		2012-2016	Wake Trending in Correct Direction
Other ischemic heart disease mortality rate (per 100,000 population)	NA	NA	NA	46.3	42.2	62.7	NA		2012-2016	Wake Trending in Correct Direction
Pneumonia and Influenza mortality rates	NA	13.5	NA	10.4	14.7	17.8	NA		2012-2016	Wake Trending in Correct Direction
Septicemia mortality rate (per 100,000 population)	NA	NA	NA	7.5	13.9	13.1	NA		2012-2016	Wake Trending in Correct Direction
Child mortality rate per 100,000 resident children ages 0-17 - All other causes	NA	NA	NA	1.9	2.4	5.4	NA		2016	Wake Trending in Correct Direction
Child mortality rate per 100,000 resident children ages 0-17 - Birth Defects	NA	NA	NA	4.7	8.2	8.9	NA		2016	Wake Trending in Correct Direction

Measure	Healthy People 2020 Target	Healthy NC 2020 Target	Univ. of Wisconsin Top Performer Benchmark	Wake County, NC	Mecklenburg County, NC	North Carolina	Travis County, TX		Most Recent Data Year	Wake County, NC Trend
Child mortality rate per 100,000 resident children ages 0-17 - Drowning	NA	NA	NA	0.8	0.4	1.1	NA		2016	Wake Trending in Correct Direction
Child mortality rate per 100,000 resident children ages 0-17 - Homicide	NA	NA	NA	1.6	2.4	2.2	NA		2016	Wake Trending in Wrong Direction
Child mortality rate per 100,000 resident children ages 0-17 - Illnesses	NA	NA	NA	8.6	14.5	11.8	NA		2016	Wake Trending in Wrong Direction
Child mortality rate per 100,000 resident children ages 0-17 - Motor Vehicle	NA	NA	NA	1.9	2.7	4.4	NA		2016	Wake Trending in Correct Direction
Child mortality rate per 100,000 resident children ages 0-17 - Other Injuries	NA	NA	NA	1.2	0.0	1.2	NA		2016	Wake Trending in Wrong Direction
Child mortality rate per 100,000 resident children ages 0-17 - Perinatal Conditions	NA	NA	NA	17.1	22.7	19.7	NA		2016	Wake Trending in Correct Direction
Child mortality rate per 100,000 resident children ages 0-17 - SIDS	0.5	NA	NA	0.4	0.0	0.6	NA		2016	Wake Trending in Correct Direction
Child mortality rate per 100,000 resident children ages 0-17 -	NA	NA	NA	1.2	3.1	1.4	NA		2016	Wake Trending in

Measure	Healthy People 2020 Target	Healthy NC 2020 Target	Univ. of Wisconsin Top Performer Benchmark	Wake County, NC	Mecklenburg County, NC	North Carolina	Travis County, TX		Most Recent Data Year	Wake County, NC Trend
Suffocation/Choking/Strangulation										Wrong Direction
Child mortality rate per 100,000 resident children ages 0-17 - Total	NA	NA	NA	40.1	60.0	59.2	NA		2016	Wake Trending in Correct Direction
Cancer Incidence rates, colon/rectum (per 100,000)	NA	NA	NA	32.3	33.7	36.1	NA		2012-2016	Wake Trending in Correct Direction
Cancer Incidence rates, female breast (per 100,000)	NA	NA	NA	168.0	171.9	157.5	NA		2012-2016	Wake Trending in Correct Direction
Cancer Incidence rates, lung/bronchus (per 100,000)	NA	NA	NA	52.4	52.7	66.3	NA		2012-2016	Wake Trending in Correct Direction
Cancer Incidence rates, prostate (per 100,000)	NA	NA	NA	118.3	109.4	109.4	NA		2012-2016	Wake Trending in Correct Direction
Cancer Incidence rates, total (per 100,000)	NA	NA	NA	462.5	464.6	464.4	NA		2012-2016	Wake Trending in Correct Direction
Adult obesity (percent of adults that report a BMI >= 30)	30.5%	NA	26.0%	22.9%	25.1%	29.6%	21.0%		2014	Wake Trending in Correct Direction

Measure	Healthy People 2020 Target	Healthy NC 2020 Target	Univ. of Wisconsin Top Performer Benchmark	Wake County, NC	Mecklenburg County, NC	North Carolina	Travis County, TX		Most Recent Data Year	Wake County, NC Trend
Diabetes prevalence	NA	8.6%	NA	8.4%	8.7%	11.1%	6.8%		2014	Wake Trending in Wrong Direction
Frequent physical distress	NA	NA	NA	8.9%	9.9%	11.3%	9.6%		2016	Wake Trending in Correct Direction
Poor or fair health (percent of adults reporting fair or poor health age-adjusted)	NA	9.9%	12.0%	12.6%	14.5%	17.6%	14.0%		2016	Wake Trending in Correct Direction
Poor physical health days (avg number of unhealthy days in past 30 days, age-adjusted)	NA	NA	3.0	2.9	3.1	3.6	3.1		2016	Wake Trending in Correct Direction
Foodborne Illnesses (Cases per 10,000 population)	NA	NA	NA	3.7	NA	NA	NA		2017	Wake Trending in Wrong Direction
General Communicable Diseases per 10,000 population	NA	NA	NA	1.1	NA	NA	NA		2017	Wake Trending in Wrong Direction
Tuberculosis per 10,000 population	1.0	NA	NA	0.3	NA	NA	NA		2017	Wake Trending in Wrong Direction
Vaccine Preventable Diseases per 10,000 population	NA	NA	NA	2.1	NA	NA	NA		2017	Wake Trending in

Measure	Healthy People 2020 Target	Healthy NC 2020 Target	Univ. of Wisconsin Top Performer Benchmark	Wake County, NC	Mecklenburg County, NC	North Carolina	Travis County, TX		Most Recent Data Year	Wake County, NC Trend
										Wrong Direction

Note: See Appendix 2 for a list of data sources by focus area.

Physical Health – Service Zone Secondary Data

Measure	Wake County, NC	East	East Central	North Central	Northern	South Central	Southern	West	West Central		Most Recent Data Year for Service Zones
Foodborne Illnesses (Cases per 10,000 population)	3.7	4.2	3.2	4.2	3.6	3.6	4.0	3.1	4.6		2017
General Communicable Diseases per 10,000 population	1.1	1.0	1.0	1.4	0.8	1.5	0.7	1.2	1.2		2017
Tuberculosis per 10,000 population	0.3	0.1	0.3	0.3	0.1	0.2	0.2	0.5	0.2		2017
Vaccine Preventable Diseases per 10,000 population	2.1	1.8	2.4	1.9	1.6	2.0	1.9	2.7	2.4		2017

Note: See Appendix 2 for a list of data sources by focus area.

Primary Data

Physical Health – Primary Data from Surveys

Data Collection Method	Response	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
Phone Survey - Q9	Chronic diseases and	45.2%	32.9%	29.8%	28.4%	40.8%	29.1%	39.7%	37.6%	35.7%

Data Collection Method	Response	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
	conditions (heart disease, cancer, asthma, diabetes, obesity, etc.)									
Community Internet Survey - Q11	Chronic diseases and conditions (heart disease, cancer, asthma, diabetes, obesity, etc.)	60.2%	61.5%	55.1%	50.6%	61.1%	51.8%	48.9%	58.3%	54.5%
Key Leader Internet Survey - Q11	Chronic diseases and conditions (heart disease, cancer, asthma, diabetes, obesity, etc.)	56.3%	56.7%	60.0%	58.7%	62.3%	64.2%	56.9%	59.2%	61.8%

Note: See Appendix 3 for detailed results by primary data collection method.

Physical Health – Primary Data from Focus Groups

Data Collection Method	Response	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Spanish-speaking Individuals	Individuals Experiencing Homelessness	Youth	Wake County
Focus Groups	Chronic Diseases									X	X		2

Data Collection Method	Response	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Spanish-speaking Individuals	Individuals Experiencing Homelessness	Youth	Wake County
Focus Groups	Dental						X				X		2
Focus Groups	Vision										X		1

Clinical Care

The Clinical Care category includes two focus areas – Access to Care and Quality of Care. Data within each of these focus areas is provided below.

Access to Care

The Access to Care focus area contains information related 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.

Secondary Data

Access to Care– County-level Secondary Data

Measure	Healthy People 2020 Target	Healthy NC 2020 Target	Univ. of Wisconsin Top Performer Benchmark	Wake County, NC	Mecklenburg County, NC	North Carolina	Travis County, TX		Most Recent Data Year	Wake County, NC Trend
Advance Community Health - Overall Wake County Patient Utilization per 10,000 population	NA	NA	NA	130.9	NA	NA	NA		2017	Not applicable
Advance Community Health - Wake County patients by payor (% of total) - None/Uninsured	NA	NA	NA	27.5%	NA	NA	NA		2017	Not applicable

Measure	Healthy People 2020 Target	Healthy NC 2020 Target	Univ. of Wisconsin Top Performer Benchmark	Wake County, NC	Mecklenburg County, NC	North Carolina	Travis County, TX		Most Recent Data Year	Wake County, NC Trend
Advance Community Health - Wake County patients by payor (% of total) - Medicaid/CHIP/Other Public	NA	NA	NA	36.5%	NA	NA	NA		2017	Not applicable
Advance Community Health - Wake County patients by payor (% of total) - Medicare	NA	NA	NA	21.2%	NA	NA	NA		2017	Not applicable
Advance Community Health - Wake County patients by payor (% of total) - Private	NA	NA	NA	14.8%	NA	NA	NA		2017	Not applicable
Health Professionals Ratio per 10,000 - Dental Hygienist	NA	NA	NA	7.3	5.8	6.0	NA		2017	Wake Trending in Correct Direction
Health Professionals Ratio per 10,000 - Nurse Practitioner	NA	NA	NA	6.3	8.3	6.5	NA		2017	Wake Trending in Correct Direction
Health Professionals Ratio per 10,000 - Optometrist	NA	NA	NA	1.7	1.4	1.1	NA		2017	Wake Trending in Correct Direction
Health Professionals Ratio per 10,000 - Pharmacists	NA	NA	NA	16.7	13.1	11.4	NA		2016	Wake Trending in Correct Direction

Measure	Healthy People 2020 Target	Healthy NC 2020 Target	Univ. of Wisconsin Top Performer Benchmark	Wake County, NC	Mecklenburg County, NC	North Carolina	Travis County, TX		Most Recent Data Year	Wake County, NC Trend
Health Professionals Ratio per 10,000 - Physician Assistants	NA	NA	NA	6.7	7.6	5.9	NA		2017	Wake Trending in Correct Direction
Health Professionals Ratio per 10,000 - Physicians	NA	NA	NA	24.4	31.4	23.8	NA		2017	Wake Trending in Correct Direction
Health Professionals Ratio per 10,000 - Psychologist	NA	NA	NA	3.4	2.7	2.2	NA		2017	Wake Trending in Wrong Direction
Health Professionals Ratio per 10,000 - Registered Nurses	NA	NA	NA	107.2	110.0	100.7	NA		2017	Wake Trending in Wrong Direction
Beds in General Hospitals per 10,000 population	NA	NA	NA	13.3	20.7	20.9	NA		2017	Wake Trending in Wrong Direction
General Hospital Discharges per 10,000 population	NA	NA	NA	863.0	728.5	1,079.9	NA		2015	Wake Trending in Wrong Direction
Nursing Facility Beds per 10,000 population	NA	NA	NA	21.7	31.4	43.5	NA		2017	Wake Trending in Wrong Direction
Persons served by Area Mental Health	NA	NA	NA	261.9	78.1	313.0	NA		2017	Wake Trending in

Measure	Healthy People 2020 Target	Healthy NC 2020 Target	Univ. of Wisconsin Top Performer Benchmark	Wake County, NC	Mecklenburg County, NC	North Carolina	Travis County, TX		Most Recent Data Year	Wake County, NC Trend
Programs per 10,000 population										Wrong Direction
Persons served in State Alcohol and Drug Treatment Centers per 10,000 population	NA	NA	NA	1.9	0.5	3.5	NA		2016	Wake Trending in Wrong Direction
Persons served in State Mental Health Development Centers per 10,000 population	NA	NA	NA	0.4	0.5	1.1	NA		2016	Wake Trending in Wrong Direction
Persons served in State Psychiatric Hospitals per 10,000 population	NA	NA	NA	4.8	1.5	3.0	NA		2017	Wake Trending in Wrong Direction
Dentists (ratio of population to dentists - population per one dentist)	NA	NA	1,280	1,464	1,469	1,829	1,466		2016	Wake Trending in Correct Direction
Health care costs	NA	NA	NA	$8,986	$9,026	$9,285	$10,532		2015	Wake Trending in Wrong Direction
Mental health providers (ratio of population to mental health providers - population per one provider)	NA	NA	330	377	405	464	420		2017	Wake Trending in Correct Direction
Other primary care providers (ratio of population to other	NA	NA	NA	1,026	814	975	1,253		2017	Wake Trending in

Measure	Healthy People 2020 Target	Healthy NC 2020 Target	Univ. of Wisconsin Top Performer Benchmark	Wake County, NC	Mecklenburg County, NC	North Carolina	Travis County, TX		Most Recent Data Year	Wake County, NC Trend
primary care providers - population per one provider)										Correct Direction
Percentage of uninsured individuals	0.0%	8.0%	NA	10.4%	13.9%	13.2%	16.1%		2012-2016	Wake Trending in Correct Direction
Primary Care (ratio of population to primary care physicians - population per one provider)	NA	NA	1,030	1,169	1,150	1,417	1,181		2015	Wake Trending in Correct Direction
Uninsured adults (ages 18 to 64)	NA	NA	NA	14.0%	18.9%	19.1%	20.3%		2012-2016	Wake Trending in Correct Direction
Uninsured children (ages under 19)	NA	NA	NA	3.8%	4.3%	4.6%	8.6%		2015	Wake Trending in Correct Direction
Percent of population with Medicaid/means tested coverage alone	NA	NA	NA	8.5%	11.9%	13.5%	10.5%		2012-2016	Wake Trending in Correct Direction
Wake County Human Services Dental Services Utilization per 10,000 population	NA	NA	NA	36.9	NA	NA	NA		2017	Wake Trending in Wrong Direction
Wake County Human Services Overall	NA	NA	NA	310.9	NA	NA	NA		2017	Wake Trending in

Measure	Healthy People 2020 Target	Healthy NC 2020 Target	Univ. of Wisconsin Top Performer Benchmark	Wake County, NC	Mecklenburg County, NC	North Carolina	Travis County, TX		Most Recent Data Year	Wake County, NC Trend
Utilization per 10,000 population										Wrong Direction
Mental Health ED visits	NA	82.8	NA	132.3	NA	NA	NA		2017	Wake Trending in Wrong Direction

Note: See Appendix 2 for a list of data sources by focus area.

Access to Care – Service Zone Secondary Data

Measure	Wake County, NC	East	East Central	North Central	Northern	South Central	Southern	West	West Central		Most Recent Data Year for Service Zones
Advance Community Health - Overall Wake County Patient Utilization per 10,000 population	130.9	116.6	377.2	73.5	29.6	312.1	136.7	62.2	147.0		2017
Advance Community Health - Wake County patients by payor (% of total) - None/Uninsured	27.5%	28.5%	20.7%	33.7%	38.6%	22.5%	32.2%	38.9%	27.0%		2017
Advance Community Health - Wake County patients by payor (% of total) - Medicaid/CHIP/Other Public	36.5%	40.8%	43.1%	38.6%	32.8%	41.8%	27.5%	19.6%	37.4%		2017
Advance Community Health - Wake County	21.2%	15.0%	22.6%	15.8%	15.0%	22.1%	22.8%	20.2%	24.3%		2017

Measure	Wake County, NC	East	East Central	North Central	Northern	South Central	Southern	West	West Central		Most Recent Data Year for Service Zones
patients by payor (% of total) - Medicare											
Advance Community Health - Wake County patients by payor (% of total) - Private	14.8%	15.7%	13.6%	12.0%	13.6%	13.6%	17.5%	21.2%	11.3%		2017
Percentage of uninsured individuals	10.4%	14.2%	17.8%	13.3%	6.1%	14.1%	9.3%	7.6%	10.2%		2012-2016
Uninsured adults (ages 18 to 64)	14.0%	19.4%	23.9%	17.8%	8.5%	19.1%	12.5%	9.8%	12.8%		2012-2016
Percent of population with Medicaid/means tested coverage alone	8.5%	13.0%	19.7%	9.7%	6.0%	14.3%	6.7%	3.6%	7.2%		2012-2016
Wake County Human Services Dental Services Utilization per 10,000 population	36.9	61.4	112.5	44.6	15.3	78.9	15.1	10.5	34.2		2017
Wake County Human Services Overall Utilization per 10,000 population	310.9	488.5	683.4	313.0	141.1	551.2	131.7	97.4	291.1		2017
Mental Health ED visits	132.3	178.4	178.2	142.7	101.6	195.8	133.4	82.6	152.9		2017

Note: See Appendix 2 for a list of data sources by focus area.

Primary Data

Access to Care – Primary Data from Surveys

Data Collection Method	Response	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
Phone Survey - Q4.a	I can access good healthcare in my community.	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions
Phone Survey - Q6	Availability of health providers	8.0%	7.6%	12.2%	7.1%	8.7%	18.1%	11.4%	13.4%	11.3%
Phone Survey - Q6	Number of health providers	9.6%	4.7%	4.9%	5.3%	5.3%	1.4%	2.8%	1.9%	4.0%
Phone Survey - Q6	Location of health facilities	11.8%	3.5%	5.5%	1.9%	3.8%	4.1%	6.0%	9.5%	5.3%
Phone Survey - Q6	Number of health facilities	4.4%	4.7%	2.2%	0.8%	4.3%	6.1%	2.9%	6.8%	3.7%
Phone Survey - Q6	Community awareness of preventive care/screenings	23.1%	26.3%	24.2%	27.9%	27.5%	30.3%	22.0%	24.6%	25.3%
Phone Survey - Q6	Ability to receive preventive care/screenings	5.9%	8.3%	10.3%	9.8%	6.6%	3.2%	14.1%	10.2%	9.3%

Data Collection Method	Response	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
Phone Survey - Q10	Access to care	5.8%	4.5%	9.3%	11.4%	5.1%	5.8%	10.2%	12.9%	8.7%
Phone Survey - Q19.a	Residents can access a doctor, including nurse practitioners and physician assistants (Family/General Practitioner, Ob/Gyn, Pediatrician) when needed.	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions
Phone Survey - Q19.b	Residents can access a medical specialist (Cardiologist, Dermatologist, etc.) when needed.	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions
Phone Survey - Q19.c	There are enough providers accepting Medicaid in my community.	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions

Data Collection Method	Response	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
Phone Survey - Q19.d	There are enough providers accepting Medicare in my community.	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions
Phone Survey - Q19.e	There are enough bilingual healthcare providers in my community.	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions
Phone Survey - Q19.f	There are enough mental health providers in my community.	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions
Phone Survey - Q19.g	There are enough substance abuse treatment providers in my community.	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions
Community Internet Survey - Q6.a	I can access good healthcare in	See Primary (New) Data Collection Appendix for	See Primary (New) Data Collection Appendix for	See Primary (New) Data Collection Appendix for	See Primary (New) Data Collection Appendix for	See Primary (New) Data Collection Appendix for	See Primary (New) Data Collection Appendix for	See Primary (New) Data Collection Appendix for	See Primary (New) Data Collection Appendix for	See Primary (New) Data Collection Appendix for

Data Collection Method	Response	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
	my community.	results to scale questions	results to scale questions	results to scale questions	results to scale questions	results to scale questions	results to scale questions	results to scale questions	results to scale questions	results to scale questions
Community Internet Survey - Q8	Availability of health providers	12.1%	8.8%	10.1%	8.3%	10.5%	10.4%	8.4%	12.3%	9.8%
Community Internet Survey - Q8	Number of health providers	9.6%	2.3%	2.3%	4.0%	2.3%	5.5%	2.5%	1.5%	3.7%
Community Internet Survey - Q8	Location of health facilities	7.3%	7.0%	4.0%	5.7%	6.2%	10.5%	3.8%	5.7%	6.1%
Community Internet Survey - Q8	Number of health facilities	5.1%	3.0%	1.4%	2.3%	3.1%	5.7%	1.5%	2.5%	2.9%
Community Internet Survey - Q8	Community awareness of preventive care/screenings	17.5%	24.0%	22.4%	22.1%	22.9%	15.8%	22.0%	21.5%	20.9%
Community Internet Survey - Q8	Ability to receive preventive care/screenings	14.5%	21.6%	18.8%	17.1%	21.6%	15.5%	15.2%	17.1%	17.2%
Community Internet Survey - Q12	Access to care	10.2%	10.6%	6.2%	7.6%	7.7%	11.8%	7.1%	6.0%	8.3%
Community Internet Survey - Q21.a	Residents can access a doctor, including nurse	See Primary (New) Data Collection Appendix for results to	See Primary (New) Data Collection Appendix for results to	See Primary (New) Data Collection Appendix for results to	See Primary (New) Data Collection Appendix for results to	See Primary (New) Data Collection Appendix for results to	See Primary (New) Data Collection Appendix for results to	See Primary (New) Data Collection Appendix for results to	See Primary (New) Data Collection Appendix for results to	See Primary (New) Data Collection Appendix for results to

Data Collection Method	Response	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
	practitioners and physician assistants (Family/General Practitioner, Ob/Gyn, Pediatrician) when needed.	scale questions	scale questions	scale questions	scale questions	scale questions	scale questions	scale questions	scale questions	scale questions
Community Internet Survey - Q21.b	Residents can access a medical specialist (Cardiologist, Dermatologist, etc.) when needed.	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions
Community Internet Survey - Q21.c	There are enough providers accepting Medicaid in my community.	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions
Community Internet Survey - Q21.d	There are enough providers accepting Medicare in my community.	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions

Data Collection Method	Response	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
Community Internet Survey - Q21.e	There are enough bilingual healthcare providers in my community.	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions
Community Internet Survey - Q21.f	There are enough mental health providers in my community.	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions
Community Internet Survey - Q21.g	There are enough substance abuse treatment providers in my community.	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions
Key Leader Internet Survey - Q8	Availability of health providers	2.1%	5.0%	4.0%	2.2%	4.9%	3.8%	3.9%	6.1%	4.9%
Key Leader Internet Survey - Q8	Number of health providers	2.1%	3.3%	2.0%	4.3%	3.3%	3.8%	3.9%	4.1%	3.9%
Key Leader Internet Survey - Q8	Location of health facilities	4.2%	1.7%	2.0%	4.3%	1.6%	0.0%	0.0%	2.0%	2.9%

Data Collection Method	Response	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
Key Leader Internet Survey - Q8	Number of health facilities	0.0%	3.3%	0.0%	2.2%	0.0%	1.9%	2.0%	0.0%	2.9%
Key Leader Internet Survey - Q8	Community awareness of preventive care/screenings	6.3%	6.7%	4.0%	6.5%	13.1%	9.4%	7.8%	8.2%	12.7%
Key Leader Internet Survey - Q8	Ability to receive preventive care/screenings	4.2%	6.7%	2.0%	2.2%	8.2%	9.4%	2.0%	2.0%	9.8%
Key Leader Internet Survey - Q12	Access to care	12.5%	13.3%	18.0%	13.0%	14.8%	13.2%	11.8%	14.3%	11.8%
Key Leader Internet Survey - Q24.a	Residents can access a doctor, including nurse practitioners and physician assistants (Family/General Practitioner, Ob/Gyn, Pediatrician) when needed.	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions
Key Leader Internet	Residents can access a	See Primary (New) Data	See Primary (New) Data	See Primary (New) Data	See Primary (New) Data	See Primary (New) Data	See Primary (New) Data	See Primary (New) Data	See Primary (New) Data	See Primary (New) Data

Data Collection Method	Response	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
Survey - Q24.b	medical specialist (Cardiologist, Dermatologist, etc.) when needed.	Collection Appendix for results to scale questions	Collection Appendix for results to scale questions	Collection Appendix for results to scale questions	Collection Appendix for results to scale questions	Collection Appendix for results to scale questions	Collection Appendix for results to scale questions	Collection Appendix for results to scale questions	Collection Appendix for results to scale questions	Collection Appendix for results to scale questions
Key Leader Internet Survey - Q24.c	There are enough providers accepting Medicaid in my community.	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions
Key Leader Internet Survey - Q24.d	There are enough providers accepting Medicare in my community.	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions
Key Leader Internet Survey - Q24.e	There are enough bilingual healthcare providers in my community.	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions
Key Leader Internet Survey - Q24.f	There are enough mental health providers in	See Primary (New) Data Collection Appendix for results to	See Primary (New) Data Collection Appendix for results to	See Primary (New) Data Collection Appendix for results to	See Primary (New) Data Collection Appendix for results to	See Primary (New) Data Collection Appendix for results to	See Primary (New) Data Collection Appendix for results to	See Primary (New) Data Collection Appendix for results to	See Primary (New) Data Collection Appendix for results to	See Primary (New) Data Collection Appendix for results to

Data Collection Method	Response	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
	my community.	scale questions	scale questions	scale questions	scale questions	scale questions	scale questions	scale questions	scale questions	scale questions
Key Leader Internet Survey - Q24.g	There are enough substance abuse treatment providers in my community.	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions

Note: See Appendix 3 for detailed results by primary data collection method.

Access to Care – Primary Data from Focus Groups

Data Collection Method	Response	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Spanish-speaking Individuals	Individuals Experiencing Homelessness	Youth	Wake County
Focus Groups	Access to Health Services	X	X		X	X			X	X	X	X	8
Focus Groups	Access to health services/ medication costs	X							X		X		3
Focus Groups	Education of resources /health issues				X				X		X		3
Focus Groups	Health Insurance Coverage	X	X	X	X	X		X	X	X	X	X	10

Data Collection Method	Response	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Spanish-speaking Individuals	Individuals Experiencing Homelessness	Youth	Wake County
Focus Groups	Insurance								X				1
Focus Groups	Insurance Coverage				X								1
Focus Groups	Lack of healthcare facilities	X											1
Focus Groups	Lack of healthcare providers	X					X						2

Quality of Care

The Quality of Care includes information related to people getting good medical care before a problem becomes big (like pap smears and colon exams), girls and women getting healthcare while they are pregnant, and hospital stays that could have been avoided by getting regular checkups.

Secondary Data

Quality of Care – County-level Secondary Data

Measure	Healthy People 2020 Target	Healthy NC 2020 Target	Univ. of Wisconsin Top Performer Benchmark	Wake County, NC	Mecklenburg County, NC	North Carolina	Travis County, TX		Most Recent Data Year	Wake County, NC Trend
Prenatal care in first trimester	77.9%	NA	NA	66.1%	66.5%	69.0%	NA		2016	Wake Trending in Wrong Direction

Measure	Healthy People 2020 Target	Healthy NC 2020 Target	Univ. of Wisconsin Top Performer Benchmark	Wake County, NC	Mecklenburg County, NC	North Carolina	Travis County, TX		Most Recent Data Year	Wake County, NC Trend
Childhood Blood Surveillance Data: % of 1-2 year olds with blood lead levels >=5 of total 1-2 year olds tested	NA	NA	NA	0.8%	1.3%	1.3%	NA		2014	Wake Trending in Correct Direction
Diabetic screening (percent of diabetic Medicare enrollees that receive HbA1c screening)	NA	NA	91.0%	90.5%	90.2%	88.8%	84.0%		2014	Wake Trending in Correct Direction
Mammography screening (percent of female Medicare enrollees)	NA	NA	71.0%	69.7%	67.9%	67.9%	61.8%		2014	Wake Trending in Wrong Direction
Preventable hospital stays (rate for ambulatory sensitive conditions per 1,000 Medicare enrollees)	NA	NA	35.0	39.4	37.9	49.0	44.0		2015	Wake Trending in Correct Direction
Percentage of children aged 35 months or younger who receive the recommended vaccines	90.0%	91.3%	NA	80.6%	NA	NA	NA		2015	Wake Trending in Wrong Direction

Note: See Appendix 2 for a list of data sources by focus area.

Quality of Care – Service Zone Secondary Data

Measure	Wake County, NC	East	East Central	North Central	Northern	South Central	Southern	West	West Central		Most Recent Data Year for Service Zones
Percentage of children aged 35 months or younger who receive the recommended vaccines	80.6%	86.5%	83.6%	84.4%	83.7%	81.6%	78.4%	79.6%	82.2%		2015

Note: See Appendix 2 for a list of data sources by focus area.

Primary Data

Quality of Care – Primary Data from Surveys

Data Collection Method	Response	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
Phone Survey - Q4.a	I can access good healthcare in my community.	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions
Phone Survey - Q6	Quality of provided healthcare	2.8%	13.5%	6.0%	10.2%	10.4%	5.3%	11.0%	6.9%	8.7%
Phone Survey - Q10	Quality of Care	0.2%	2.0%	2.6%	2.4%	3.8%	0.6%	0.0%	0.0%	1.3%
Community Internet Survey - Q6.a	I can access good healthcare in my community.	See Primary (New) Data Collection Appendix for results to	See Primary (New) Data Collection Appendix for results to	See Primary (New) Data Collection Appendix for results to	See Primary (New) Data Collection Appendix for results to	See Primary (New) Data Collection Appendix for results to	See Primary (New) Data Collection Appendix for results to	See Primary (New) Data Collection Appendix for results to	See Primary (New) Data Collection Appendix for results to	See Primary (New) Data Collection Appendix for results to

Data Collection Method	Response	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
		scale questions	scale questions	scale questions	scale questions	scale questions	scale questions	scale questions	scale questions	scale questions
Community Internet Survey - Q8	Quality of provided healthcare	6.8%	10.6%	4.2%	4.9%	8.6%	5.4%	6.0%	6.1%	6.4%
Community Internet Survey - Q12	Quality of Care	0.3%	0.9%	0.5%	1.3%	1.8%	2.3%	1.4%	1.1%	1.4%
Key Leader Internet Survey - Q8	Quality of provided healthcare	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Key Leader Internet Survey - Q8	Lack of integrated care (behavioral health/medical)	50.0%	45.0%	56.0%	47.8%	44.3%	45.3%	47.1%	51.0%	39.2%
Key Leader Internet Survey - Q12	Quality of Care	2.1%	1.7%	2.0%	2.2%	1.6%	1.9%	2.0%	4.1%	2.0%

Note: See Appendix 3 for detailed results by primary data collection method.

There were no primary data from focus groups for the Quality of Care focus area.

Health Behaviors

The Health Behaviors category includes four focus areas – Diet and Exercise, Sexual Health, Substance Use Disorders, and Tobacco Use. Data specific to each of these four focus areas is provided below.

Diet and Exercise

The Diet and Exercise focus areas includes information about the food people eat and how active they are.

Secondary Data

Diet and Exercise – County-level Secondary Data

Measure	Healthy People 2020 Target	Healthy NC 2020 Target	Univ. of Wisconsin Top Performer Benchmark	Wake County, NC	Mecklenburg County, NC	North Carolina	Travis County, TX		Most Recent Data Year	Wake County, NC Trend
Physical inactivity (percent of adults that report no leisure time physical activity)	32.6%	NA	20.0%	17.0%	19.4%	24.3%	16.4%		2014	Wake Trending in Correct Direction

Note: See Appendix 2 for a list of data sources by focus area.

Secondary data were not available by service zone for the Diet and Exercise focus area.

Primary Data

Diet and Exercise – Primary Data from Surveys

Data Collection Method	Response	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
Phone Survey - Q4.m	It is easy to maintain a healthy diet and regularly exercise in my community.	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions
Phone Survey - Q5	Diet and Exercise	12.4%	31.1%	42.5%	31.1%	35.5%	30.2%	35.0%	30.9%	33.0%

Data Collection Method	Response	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
Phone Survey - Q10	Diet and Exercise	5.5%	12.9%	7.1%	11.7%	17.0%	22.2%	12.1%	10.2%	12.7%
Community Internet Survey - Q6.m	It is easy to maintain a healthy diet and regularly exercise in my community.	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions
Community Internet Survey - Q7	Diet and Exercise	38.6%	39.5%	32.0%	30.8%	37.3%	31.5%	27.6%	29.3%	32.3%
Community Internet Survey - Q12	Diet and Exercise	15.8%	11.3%	12.2%	8.9%	12.2%	10.7%	12.3%	9.8%	11.7%
Key Leader Internet Survey - Q7	Diet and Exercise	27.1%	28.3%	26.0%	21.7%	36.1%	30.2%	21.6%	20.8%	34.7%
Key Leader Internet Survey - Q12	Diet and Exercise	4.2%	3.3%	4.0%	6.5%	14.8%	7.5%	5.9%	2.0%	12.7%

Note: See Appendix 3 for detailed results by primary data collection method.

Diet and Exercise – Primary Data from Focus Groups

Data Collection Method	Response	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Spanish-speaking Individuals	Individuals Experiencing Homelessness	Youth	Wake County
Focus Groups	Access to healthy foods		X					X			X		3
Focus Groups	Food security/a	X			X								2

Data Collection Method	Response	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Spanish-speaking Individuals	Individuals Experiencing Homelessness	Youth	Wake County
	ccess to health food												

Sexual Health

The Sexual Health focus area includes how many people have sexually transmitted infections, how many teens have babies, and how much information there is about sexual health.

Secondary Data

Sexual Health – County-level Secondary Data

Measure	Healthy People 2020 Target	Healthy NC 2020 Target	Univ. of Wisconsin Top Performer Benchmark	Wake County, NC	Mecklenburg County, NC	North Carolina	Travis County, TX		Most Recent Data Year	Wake County, NC Trend
Sexually transmitted infections (chlamydia rate per 100,000)	NA	NA	145.1	577.9	916.1	647.4	690.7		2015	Wake Trending in Wrong Direction
Teen birth rate (per 1,000 females ages 15-19)	NA	NA	15.0	15.8	24.4	29.2	31.0		2010-2016	Wake Trending in Correct Direction
Gonorrhea Rates (Rate calculated as confirmed case count per 100,000 population)	NA	NA	NA	137.8	240.2	172.8	NA		2016	Wake Trending in Correct Direction
Early Syphilis Rates (Rate calculated as confirmed case count	NA	NA	NA	23.5	44.7	18.3	NA		2016	Wake Trending in

Measure	Healthy People 2020 Target	Healthy NC 2020 Target	Univ. of Wisconsin Top Performer Benchmark	Wake County, NC	Mecklenburg County, NC	North Carolina	Travis County, TX		Most Recent Data Year	Wake County, NC Trend
per 100,000 population)										Wrong Direction
HIV Rates (Rate calculated as confirmed case count per 100,000 population)	NA	22.2	NA	17.2	26.5	14.3	NA		2016	Wake Trending in Wrong Direction
Sexually Transmitted Infections per 10,000 population	NA	NA	NA	79.2	NA	NA	NA		2017	Wake Trending in Wrong Direction
Chlamydia Rates (Rate calculated as confirmed case count per 100,000 population)	NA	NA	NA	466.6	681.0	503.7	NA		2016	Wake Trending in Correct Direction
HIV/AIDS Prevalence, Medicare population	NA	NA	NA	0.5%	0.9%	0.4%	0.7%		2015	Wake Trending in Correct Direction
HIV prevalence	NA	NA	NA	372.8	632.1	354.9	458.0		2015	Wake Trending in Wrong Direction
HIV/AIDS Cases per 10,000 population	NA	NA	NA	2.0	NA	NA	NA		2017	Wake Trending in Wrong Direction

Note: See Appendix 2 for a list of data sources by focus area.

Sexual Health – Service Zone Secondary Data

Measure	Wake County, NC	East	East Central	North Central	Northern	South Central	Southern	West	West Central		Most Recent Data Year for Service Zones
Sexually Transmitted Infections per 10,000 population	79.2	103.8	167.7	78.5	52.2	141.1	49.2	40.1	108.4		2017
HIV/AIDS Cases per 10,000 population	2.0	2.4	3.1	2.0	1.3	3.2	1.0	1.3	3.3		2017

Note: See Appendix 2 for a list of data sources by focus area.

Primary Data

Sexual Health – Primary Data from Surveys

Data Collection Method	Response	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
Phone Survey - Q4.n	I can find resources that promote sexual health in my community.	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions
Phone Survey - Q5	Sexual Health	10.8%	2.0%	4.7%	4.5%	6.3%	14.6%	7.1%	2.7%	6.7%
Phone Survey - Q10	Sexual Health	0.0%	4.7%	0.0%	0.0%	0.0%	0.0%	2.7%	0.0%	1.0%
Community Internet Survey - Q6.n	I can find resources that promote sexual health in my community.	See Primary (New) Data Collection Appendix for results to	See Primary (New) Data Collection Appendix for results to	See Primary (New) Data Collection Appendix for results to	See Primary (New) Data Collection Appendix for results to	See Primary (New) Data Collection Appendix for results to	See Primary (New) Data Collection Appendix for results to	See Primary (New) Data Collection Appendix for results to	See Primary (New) Data Collection Appendix for results to	See Primary (New) Data Collection Appendix for results to

Data Collection Method	Response	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
		scale questions	scale questions	scale questions	scale questions	scale questions	scale questions	scale questions	scale questions	scale questions
Community Internet Survey - Q7	Sexual Health	5.7%	7.0%	8.3%	5.5%	5.6%	6.7%	5.7%	5.5%	6.1%
Community Internet Survey - Q12	Sexual Health	0.0%	0.5%	0.0%	0.4%	0.2%	0.0%	0.7%	0.4%	0.3%
Key Leader Internet Survey - Q7	Sexual Health	2.1%	3.3%	2.0%	2.2%	3.3%	1.9%	2.0%	2.1%	3.0%
Key Leader Internet Survey - Q12	Sexual Health	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Note: See Appendix 3 for detailed results by primary data collection method.

There were no primary data from focus groups for the Sexual Health focus area.

Substance Use Disorders

The Substance Use Disorders focus areas includes data related to alcohol, opioid, and illegal drug use as well as overdoses.

Secondary Data

Substance Use Disorders – County-level Secondary Data

Measure	Healthy People 2020 Target	Healthy NC 2020 Target	Univ. of Wisconsin Top Performer Benchmark	Wake County, NC	Mecklenburg County, NC	North Carolina	Travis County, TX		Most Recent Data Year	Wake County, NC Trend
All benzodiazepine poisoning deaths (all	NA	NA	NA	0.4	0.3	0.5	NA		2016	Wake Trending in Wrong Direction

Measure	Healthy People 2020 Target	Healthy NC 2020 Target	Univ. of Wisconsin Top Performer Benchmark	Wake County, NC	Mecklenburg County, NC	North Carolina	Travis County, TX		Most Recent Data Year	Wake County, NC Trend
intents), rate per 10,000 population										
All cocaine poisoning deaths (all intents), rate per 10,000 population	NA	NA	NA	0.4	0.5	0.5	NA		2016	Wake Trending in Wrong Direction
All cocaine poisoning ED visits (all intents), rate per 10,000 population	NA	NA	NA	0.0	0.7	0.6	NA		2016	Not applicable
All cocaine poisoning hospitalizations (all intents), rate per 10,000 population	NA	NA	NA	0.5	1.0	0.9	NA		2016	Not applicable
All commonly prescribed opioid medication poisoning deaths (all intents), rate per 10,000 population	NA	NA	NA	0.4	0.4	0.7	NA		2016	Wake Trending in Wrong Direction
All commonly prescribed	NA	NA	NA	0.2	0.8	1.5	NA		2016	Not applicable

Measure	Healthy People 2020 Target	Healthy NC 2020 Target	Univ. of Wisconsin Top Performer Benchmark	Wake County, NC	Mecklenburg County, NC	North Carolina	Travis County, TX		Most Recent Data Year	Wake County, NC Trend
opioid medication poisoning ED Visits (all intents), rate per 10,000 population										
All commonly prescribed opioid medication poisoning hospitalizations (all intents), rate per 10,000 population	NA	NA	NA	0.9	0.9	1.8	NA		2016	Not applicable
All heroin poisoning deaths (all intents), rate per 10,000 population	NA	NA	NA	0.3	0.4	0.5	NA		2016	Wake Trending in Wrong Direction
All heroin poisoning ED visits (all intents), rate per 10,000 population	NA	NA	NA	1.3	2.5	2.2	NA		2016	Not applicable
All heroin poisoning hospitalizations (all intents),	NA	NA	NA	0.5	0.4	0.6	NA		2016	Not applicable

Measure	Healthy People 2020 Target	Healthy NC 2020 Target	Univ. of Wisconsin Top Performer Benchmark	Wake County, NC	Mecklenburg County, NC	North Carolina	Travis County, TX		Most Recent Data Year	Wake County, NC Trend
rate per 10,000 population										
All medication and drug poisoning deaths (all intents), rate per 10,000 population	NA	NA	NA	1.2	1.6	1.9	NA		2016	Wake Trending in Wrong Direction
All medication and drug poisoning ED Visits (all intents), rate per 10,000 population	NA	NA	NA	18.0	20.7	22.8	NA		2016	Not applicable
All medication and drug poisoning hospitalizations (all intents), rate per 10,000 population	NA	NA	NA	7.0	7.1	11.7	NA		2016	Not applicable
All methadone poisoning deaths (all intents), rate per 10,000 population	NA	NA	NA	0.1	0.0	0.1	NA		2016	Wake Trending in Wrong Direction
All opiate poisoning deaths (all	NA	NA	NA	0.9	1.1	1.5	NA		2016	Wake Trending in

Measure	Healthy People 2020 Target	Healthy NC 2020 Target	Univ. of Wisconsin Top Performer Benchmark	Wake County, NC	Mecklenburg County, NC	North Carolina	Travis County, TX		Most Recent Data Year	Wake County, NC Trend
intents), rate per 10,000 population										Wrong Direction
All opiate poisoning ED Visits (all intents), rate per 10,000 population	NA	NA	NA	1.5	3.4	4.0	NA		2016	Not applicable
All opiate poisoning hospitalizations (all intents), rate per 10,000 population	NA	NA	NA	1.6	1.3	2.7	NA		2016	Not applicable
All other synthetic opioid poisoning deaths (all intents), rate per 10,000 population	NA	NA	NA	0.5	0.6	0.6	NA		2016	Wake Trending in Wrong Direction
All Poisoning deaths (all intents), rate per 10,000 population	NA	NA	NA	1.4	1.7	2.1	NA		2016	Wake Trending in Wrong Direction
All Poisoning ED visits (all intents), rate per 10,000 population	NA	NA	NA	26.6	30.5	37.7	NA		2016	Not applicable

Measure	Healthy People 2020 Target	Healthy NC 2020 Target	Univ. of Wisconsin Top Performer Benchmark	Wake County, NC	Mecklenburg County, NC	North Carolina	Travis County, TX		Most Recent Data Year	Wake County, NC Trend
All Poisoning hospitalizations (all intents), rate per 10,000 population	NA	NA	NA	8.0	8.2	13.1	NA		2016	Not applicable
Opioid Pills Dispensed, rate per 10,000 population	NA	NA	NA	386,607.1	365,687.8	664,897.2	NA		2016	Wake Trending in Wrong Direction
Alcohol-impaired driving deaths	NA	NA	13.0%	37.1%	39.2%	31.4%	27.8%		2012-2016	Wake Trending in Wrong Direction
Drug overdose deaths	12.6	NA	NA	9.8	12.5	16.2	11.8		2014-2016	Wake Trending in Wrong Direction
Excessive drinking	24.2%	NA	13.0%	20.0%	19.6%	16.7%	22.6%		2016	Wake Trending in Wrong Direction

Note: See Appendix 2 for a list of data sources by focus area.

Secondary data were not available by service zone for the Substance Use Disorders focus area.

Primary Data

Substance Use Disorders – Primary Data from Surveys

Data Collection Method	Response	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
Phone Survey - Q4.o	I can find resources that address substance use disorders (including opioids) in my community.	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions
Phone Survey - Q5	Substance Use Disorders	30.6%	14.0%	10.4%	28.1%	13.5%	7.6%	22.3%	31.5%	19.7%
Phone Survey - Q10	Substance Use Disorders	2.8%	1.7%	2.8%	9.0%	4.8%	5.9%	6.9%	13.2%	6.3%
Community Internet Survey - Q6.o	I can find resources that address substance use disorders (including opioids) in my community.	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions
Community Internet Survey - Q7	Substance Use Disorders	19.4%	24.3%	27.4%	22.9%	24.2%	27.1%	29.0%	32.4%	26.1%
Community Internet Survey - Q12	Substance Use Disorders	5.2%	3.8%	6.7%	5.3%	4.0%	6.0%	9.0%	7.2%	6.3%

Data Collection Method	Response	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
Key Leader Internet Survey - Q7	Substance Use Disorders	14.6%	16.7%	20.0%	19.6%	13.1%	17.0%	19.6%	18.8%	21.8%
Key Leader Internet Survey - Q12	Substance Use Disorders	2.1%	3.3%	4.0%	2.2%	1.6%	1.9%	5.9%	2.0%	4.9%

Note: See Appendix 3 for detailed results by primary data collection method.

Substance Use Disorders – Primary Data from Focus Groups

Data Collection Method	Response	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Spanish-speaking Individuals	Individuals Experiencing Homelessness	Youth	Wake County
Focus Groups	Mental Health and Substance Abuse	X	X	X	X	X	X		X	X	X	X	10
Focus Groups	Substance abuse	X		X			X	X	X	X		X	7

Tobacco Use

The Tobacco Use focus area contains data related to how many people smoke and how much information there is about quitting.

Secondary Data

Tobacco Use – County-level Secondary Data

Measure	Healthy People 2020 Target	Healthy NC 2020 Target	Univ. of Wisconsin Top Performer Benchmark	Wake County, NC	Mecklenburg County, NC	North Carolina	Travis County, TX		Most Recent Data Year	Wake County, NC Trend
Percent of births to mothers who smoked prenatally	1.4%	6.8%	NA	2.3%	3.2%	8.9%	NA		2016	Wake Trending in Correct Direction
Adult smoking	12.0%	13.0%	14.0%	13.6%	15.4%	17.9%	13.2%		2016	Wake Trending in Correct Direction

Note: See Appendix 2 for a list of data sources by focus area.

Secondary data were not available by service zone for the Tobacco Use focus area.

Primary Data

Tobacco Use – Primary Data from Surveys

Data Collection Method	Response	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
Phone Survey - Q4.p	I can find resources that address tobacco cessation in	See Primary (New) Data Collection Appendix for results to	See Primary (New) Data Collection Appendix for results to	See Primary (New) Data Collection Appendix for results to	See Primary (New) Data Collection Appendix for results to	See Primary (New) Data Collection Appendix for results to	See Primary (New) Data Collection Appendix for results to	See Primary (New) Data Collection Appendix for results to	See Primary (New) Data Collection Appendix for results to	See Primary (New) Data Collection Appendix for results to

Data Collection Method	Response	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
	my community.	scale questions	scale questions	scale questions	scale questions	scale questions	scale questions	scale questions	scale questions	scale questions
Phone Survey - Q5	Tobacco Use	11.8%	3.5%	7.7%	3.1%	4.8%	8.5%	4.8%	8.1%	6.0%
Phone Survey - Q10	Tobacco Use	0.0%	0.0%	2.5%	2.2%	2.3%	0.6%	1.4%	3.6%	1.7%
Community Internet Survey - Q6.p	I can find resources that address tobacco cessation in my community.	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions
Community Internet Survey - Q7	Tobacco Use	2.8%	1.7%	1.7%	3.0%	4.0%	3.3%	1.8%	1.8%	2.5%
Community Internet Survey - Q12	Tobacco Use	0.3%	0.0%	0.4%	0.5%	0.4%	0.8%	0.6%	0.5%	0.5%
Key Leader Internet Survey - Q7	Tobacco Use	2.1%	1.7%	2.0%	2.2%	1.6%	1.9%	2.0%	2.1%	1.0%
Key Leader Internet Survey - Q12	Tobacco Use	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Note: See Appendix 3 for detailed results by primary data collection method.

There were no primary data from focus groups for the Tobacco Use focus area.

Physical Environment

The Physical Environment category includes four focus areas – Built Environment, Environmental Quality, Housing and Homelessness, and Transportation Options and Transit. Data specific to each of these four focus areas is provided below.

Built Environment

The Built Environment focus area centers on human-made surroundings that influence how people live, work, and play, like parks, grocery stores, or sidewalks; includes lack of these spaces in certain parts of the county and lack of information about them among certain groups.

Secondary Data

Built Environment – County-level Secondary Data

Measure	Healthy People 2020 Target	Healthy NC 2020 Target	Univ. of Wisconsin Top Performer Benchmark	Wake County, NC	Mecklenburg County, NC	North Carolina	Travis County, TX		Most Recent Data Year	Wake County, NC Trend
Percent Of Population Living Within A Half Mile Of A Park	NA	NA	NA	50.0%	41.0%	23.0%	51.0%		2015	Not applicable
Children with Low Access to a Grocery Store	NA	NA	NA	5.1%	4.9%	NA	7.1%		2015	Wake Trending in Correct Direction
Fast Food Restaurants (Rate per 1,000)	NA	NA	NA	0.8	0.8	NA	0.8		2014	Wake Trending in Wrong Direction
Households with No Car and Low Access to a Grocery Store	NA	NA	NA	1.0%	1.1%	NA	1.2%		2015	Wake Trending in Wrong Direction

Measure	Healthy People 2020 Target	Healthy NC 2020 Target	Univ. of Wisconsin Top Performer Benchmark	Wake County, NC	Mecklenburg County, NC	North Carolina	Travis County, TX		Most Recent Data Year	Wake County, NC Trend
Low-Income and Low Access to a Grocery Store	NA	NA	NA	4.9%	5.4%	NA	7.2%		2015	Wake Trending in Wrong Direction
People 65+ with Low Access to a Grocery Store	NA	NA	NA	1.4%	1.8%	NA	2.0%		2015	Wake Trending in Correct Direction
People with Low Access to a Grocery Store	NA	NA	NA	18.9%	18.3%	NA	26.2%		2015	Wake Trending in Correct Direction
Supermarkets and Grocery Stores (Rate per 1,000)	NA	NA	NA	0.2	0.2	NA	0.1		2014	Wake Trending in Wrong Direction
WIC-authorized Food Stores	NA	NA	NA	0.2	0.2	NA	0.1		2012	Wake Trending in Wrong Direction
SNAP-authorized Food Stores	NA	NA	NA	0.6	0.7	NA	0.5		2016	Wake Trending in Correct Direction
Access to exercise opportunities (percent of the population with adequate access to locations for	NA	NA	91.0%	92.2%	92.2%	76.1%	92.6%		2010 & 2016	Not applicable

Measure	Healthy People 2020 Target	Healthy NC 2020 Target	Univ. of Wisconsin Top Performer Benchmark	Wake County, NC	Mecklenburg County, NC	North Carolina	Travis County, TX		Most Recent Data Year	Wake County, NC Trend
physical activity)										
Food environment index (index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best))	NA	NA	8.6	7.9	7.3	6.4	7.2		2015	Wake Trending in Correct Direction

Note: See Appendix 2 for a list of data sources by focus area.

Secondary data were not available by service zone for the Built Environment focus area.

Primary Data

Built Environment – Primary Data from Surveys

Data Collection Method	Response	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
Phone Survey - Q4.h	I can find enough recreational and entertainment opportunities in my community.	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions
Phone Survey - Q8	Access to healthy foods	5.1%	11.9%	4.1%	0.5%	7.6%	1.1%	4.3%	1.8%	4.3%

Data Collection Method	Response	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
Phone Survey - Q8	Access to recreation facilities	5.2%	1.6%	1.7%	2.8%	1.6%	0.9%	1.6%	5.7%	2.3%
Phone Survey - Q10	Built environment	4.2%	2.6%	1.0%	0.5%	0.0%	0.0%	0.0%	0.2%	0.7%
Community Internet Survey - Q6.h	I can find enough recreational and entertainment opportunities in my community.	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions
Community Internet Survey - Q10	Access to healthy foods	6.9%	9.6%	3.4%	4.9%	7.0%	3.9%	2.0%	6.4%	4.8%
Community Internet Survey - Q10	Access to recreation facilities	5.9%	3.5%	2.6%	3.2%	3.2%	5.6%	2.7%	1.5%	3.5%
Community Internet Survey - Q12	Built environment	1.8%	2.9%	1.3%	2.1%	2.4%	2.1%	1.8%	3.3%	2.1%
Key Leader Internet Survey - Q10	Access to healthy foods	6.3%	10.0%	6.0%	8.7%	9.8%	7.5%	5.9%	6.1%	10.8%
Key Leader Internet Survey - Q10	Access to recreation facilities	0.0%	0.0%	0.0%	0.0%	1.6%	0.0%	0.0%	2.0%	2.0%
Key Leader Internet Survey - Q12	Built environment	6.3%	3.3%	4.0%	4.3%	3.3%	3.8%	5.9%	4.1%	3.9%

Note: See Appendix 3 for detailed results by primary data collection method.

Built Environment – Primary Data from Focus Groups

Data Collection Method	Response	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Spanish-speaking Individuals	Individuals Experiencing Homelessness	Youth	Wake County
Focus Groups	Lack of resources									X	X		2
Focus Groups	Lack of resources /lack of knowledge of resources		X		X	X	X		X	X	X	X	8
Focus Groups	Recreational opportunities	X											1

Environmental Quality

The Environmental Quality focus area includes information related to whether the air and water are good for people, how many people get diseases from ticks, mosquitoes, etc., and how many animals have rabies each year.

Secondary Data

Environmental Quality – County-level Secondary Data

Measure	Healthy People 2020 Target	Healthy NC 2020 Target	Univ. of Wisconsin Top Performer Benchmark	Wake County, NC	Mecklenburg County, NC	North Carolina	Travis County, TX		Most Recent Data Year	Wake County, NC Trend
Animal Rabies Cases per 10,000 population	NA	NA	NA	0.2	0.2	0.2	NA		2016	Wake Trending in Correct Direction

Measure	Healthy People 2020 Target	Healthy NC 2020 Target	Univ. of Wisconsin Top Performer Benchmark	Wake County, NC	Mecklenburg County, NC	North Carolina	Travis County, TX		Most Recent Data Year	Wake County, NC Trend
Air Quality Index (Days Good)	NA	NA	NA	252.0	228.0	NA	262.0		2017	Wake Trending in Correct Direction
Air Quality Index (Days Moderate)	NA	NA	NA	113.0	134.0	NA	99.0		2017	Wake Trending in Wrong Direction
Air Quality Index (Days Unhealthy for sensitive groups, unhealthy, very unhealthy)	NA	NA	NA	0.0	3.0	NA	4.0		2017	Not applicable
Air pollution (avg daily measure of fine particulate matter in micrograms per cubic meter)	NA	NA	6.7	9.8	10.7	9.1	10.0		2012	Not applicable
Vector-borne Diseases per 10,000 population	NA	NA	NA	0.5	NA	NA	NA		2017	Wake Trending in Correct Direction

Note: See Appendix 2 for a list of data sources by focus area.

Environmental Quality – Service Zone Secondary Data

Measure	Wake County, NC	East	East Central	North Central	Northern	South Central	Southern	West	West Central		Most Recent Data Year for Service Zones
Vector-borne Diseases per 10,000 population	0.5	0.2	0.4	0.7	0.3	0.4	0.4	0.7	0.5		2017

Note: See Appendix 2 for a list of data sources by focus area.

Primary Data

Environmental Quality – Primary Data from Surveys

Data Collection Method	Response	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
Phone Survey - Q4.g	The environment in my community is clean and safe.	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions
Phone Survey - Q8	Improved air quality	5.2%	0.8%	2.0%	2.4%	2.3%	0.6%	5.5%	3.2%	3.0%
Phone Survey - Q8	Improved water quality	0.2%	3.6%	3.0%	1.8%	3.1%	3.5%	1.5%	2.6%	2.3%
Phone Survey - Q10	Environmental quality	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.4%	0.0%	0.3%
Community Internet Survey - Q6.g	The environment in my community is clean and safe.	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions
Community Internet Survey - Q10	Improved air quality	0.5%	0.9%	1.0%	0.3%	0.3%	0.4%	0.7%	0.5%	0.6%
Community Internet Survey - Q10	Improved water quality	0.8%	2.2%	2.5%	3.6%	2.5%	1.4%	1.3%	1.4%	1.9%

Data Collection Method	Response	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
Community Internet Survey - Q12	Environmental quality	0.5%	1.7%	1.9%	1.2%	1.3%	1.6%	1.5%	1.6%	1.4%
Key Leader Internet Survey - Q10	Improved air quality	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Key Leader Internet Survey - Q10	Improved water quality	0.0%	0.0%	2.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.0%
Key Leader Internet Survey - Q12	Environmental quality	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Note: See Appendix 3 for detailed results by primary data collection method.

Environmental Quality – Primary Data from Focus Groups

Data Collection Method	Response	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Spanish-speaking Individuals	Individuals Experiencing Homelessness	Youth	Wake County
Focus Groups	Environment							X				X	2

Housing and Homelessness

The Housing and Homelessness focus area includes data related to the cost housing, housing choices, and how many people are homeless.

Secondary Data

Housing and Homelessness – County-level Secondary Data

Measure	Healthy People 2020 Target	Healthy NC 2020 Target	Univ. of Wisconsin Top Performer Benchmark	Wake County, NC	Mecklenburg County, NC	North Carolina	Travis County, TX		Most Recent Data Year	Wake County, NC Trend
Homeless persons by subpopulation: % of Homeless Adults Seriously Mentally Ill	NA	NA	NA	9.9%	21.9%	NA	NA		2016	Wake Trending in Correct Direction
Homeless persons by subpopulation: % of Homeless Adults Substance Abuse Disorder	NA	NA	NA	5.5%	19.5%	NA	NA		2016	Wake Trending in Correct Direction
Homeless persons by subpopulation: % of Homeless Adults Victims of Domestic Violence	NA	NA	NA	5.2%	18.0%	NA	NA		2016	Wake Trending in Correct Direction
Homeless persons by subpopulation: % of Homeless Adults with HIV/AIDS	NA	NA	NA	0.0%	1.9%	NA	NA		2016	Not applicable
Rate of homelessness per 10,000 population	NA	NA	NA	7.8	17.2	NA	NA		2016	Wake Trending in Correct Direction
Severe housing problems (percentage	NA	NA	9.0%	14.8%	17.8%	16.6%	21.5%		2010-2014	Wake Trending in

Measure	Healthy People 2020 Target	Healthy NC 2020 Target	Univ. of Wisconsin Top Performer Benchmark	Wake County, NC	Mecklenburg County, NC	North Carolina	Travis County, TX		Most Recent Data Year	Wake County, NC Trend
of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities)										Wrong Direction
Median monthly rent	NA	NA	NA	$989	$977	$816	$1,113		2012-2016	Wake Trending in Wrong Direction
Percentage of people spending more than 30% of their income on rental housing	NA	36.1%	NA	43.5%	44.7%	44.8%	47.3%		2012-2016	Wake Trending in Correct Direction
Median monthly housing costs, owner-occupied housing units with a mortgage	NA	NA	NA	$1,543	$1,416	$1,243	$1,780		2012-2016	Wake Trending in Correct Direction
Crowded households (more than 1 person per room)	NA	NA	NA	2.5%	2.4%	2.4%	4.5%		2012-2016	Wake Trending in Wrong Direction
Houses Built Prior to 1950	NA	NA	NA	3.7%	5.3%	9.1%	4.9%		2012-2016	Wake Trending in Correct Direction
Housing types (occupancy): Occupied Housing Units as % of Total	NA	NA	NA	93.0%	92.2%	85.7%	92.2%		2012-2016	Wake Trending in Correct Direction

Measure	Healthy People 2020 Target	Healthy NC 2020 Target	Univ. of Wisconsin Top Performer Benchmark	Wake County, NC	Mecklenburg County, NC	North Carolina	Travis County, TX		Most Recent Data Year	Wake County, NC Trend
Percent of all housing units (occupied and unoccupied) that are occupied by homeowners	NA	NA	NA	59.0%	52.5%	55.5%	47.9%		2012-2016	Wake Trending in Wrong Direction

Note: See Appendix 2 for a list of data sources by focus area.

Housing and Homelessness – Service Zone Secondary Data

Measure	Wake County, NC	East	East Central	North Central	Northern	South Central	Southern	West	West Central		Most Recent Data Year for Service Zones
Percentage of people spending more than 30% of their income on rental housing	43.5%	41.3%	56.6%	45.9%	42.9%	52.3%	40.3%	33.1%	45.1%		2012-2016
Crowded households (more than 1 person per room)	2.5%	3.2%	4.2%	3.4%	1.4%	3.6%	1.8%	1.9%	2.9%		2012-2016
Houses Built Prior to 1950	3.7%	4.7%	6.7%	1.1%	2.1%	2.6%	1.7%	1.2%	16.8%		2012-2016
Housing types (occupancy): Occupied Housing Units as % of Total	93.0%	93.5%	92.2%	90.8%	94.0%	93.1%	95.1%	94.4%	89.2%		2012-2016
Percent of all housing units (occupied and unoccupied) that are occupied by homeowners	59.0%	68.4%	51.3%	44.5%	71.9%	55.6%	79.4%	60.2%	37.8%		2012-2016

Note: See Appendix 2 for a list of data sources by focus area.

Primary Data

Housing and Homelessness – Primary Data from Surveys

Data Collection Method	Response	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
Phone Survey - Q4.k	I can find affordable housing in my community.	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions
Phone Survey - Q8	Access to affordable housing	21.8%	27.8%	27.2%	32.4%	40.1%	34.9%	31.2%	34.1%	31.7%
Phone Survey - Q8	Reducing homelessnes s	7.7%	15.7%	14.1%	10.3%	6.9%	7.9%	7.3%	12.6%	9.7%
Phone Survey - Q10	Housing and homelessnes s	0.4%	4.0%	8.5%	6.7%	10.4%	15.7%	3.6%	12.7%	7.7%
Community Internet Survey - Q6.k	I can find affordable housing in my community.	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions
Community Internet Survey - Q10	Access to affordable housing	27.9%	42.8%	37.7%	32.3%	37.3%	31.2%	40.1%	44.4%	36.5%
Community Internet Survey - Q10	Reducing homelessnes s	7.1%	12.3%	10.2%	7.4%	9.8%	4.2%	4.9%	8.7%	7.3%

Data Collection Method	Response	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
Community Internet Survey - Q12	Housing and homelessness	8.9%	19.0%	15.6%	10.4%	15.6%	7.0%	9.1%	14.6%	11.5%
Key Leader Internet Survey - Q10	Access to affordable housing	50.0%	41.7%	44.0%	52.2%	41.0%	49.1%	52.9%	49.0%	42.2%
Key Leader Internet Survey - Q10	Reducing homelessness	4.2%	15.0%	4.0%	4.3%	8.2%	7.5%	3.9%	6.1%	10.8%
Key Leader Internet Survey - Q12	Housing and homelessness	14.6%	18.3%	10.0%	17.4%	13.1%	15.1%	11.8%	12.2%	13.7%

Note: See Appendix 3 for detailed results by primary data collection method.

Housing and Homelessness – Primary Data from Focus Groups

Data Collection Method	Response	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Spanish-speaking Individuals	Individuals Experiencing Homelessness	Youth	Wake County
Focus Groups	Gentrification		X										1
Focus Groups	Housing				X	X		X					3
Focus Groups	Housing cost	X											1
Focus Groups	Lack of affordable housing	X	X	X	X	X	X	X	X				8

Transportations Options and Transit

The Transportation Options and Transit focus area includes information related to how people get around for work, school, and play as well as public transportation and other transportation choices.

Secondary Data

Transportation Options and Transit – County-level Secondary Data

Measure	Healthy People 2020 Target	Healthy NC 2020 Target	Univ. of Wisconsin Top Performer Benchmark	Wake County, NC	Mecklenburg County, NC	North Carolina	Travis County, TX		Most Recent Data Year	Wake County, NC Trend
Driving alone to work (percent of the workforce that drives alone to work)	NA	NA	72.0%	79.5%	77.3%	81.1%	74.4%		2012-2016	Wake Trending in Correct Direction
Long commute/driving alone (among workers who commute in their car alone, the percentage that commute more than 30 minutes)	NA	NA	15.0%	33.1%	35.8%	31.3%	34.3%		2012-2016	Wake Trending in Wrong Direction
Workers Commuting by Public Transportation	5.5%	NA	NA	1.1%	3.2%	1.1%	3.3%		2012-2016	Wake Trending in Wrong Direction
Workers who Walk to Work	3.1%	NA	NA	1.3%	2.0%	1.8%	2.0%		2012-2016	Wake Trending in Wrong Direction
Workers who Worked from home	5.3%	NA	NA	7.6%	6.4%	4.8%	8.0%		2012-2016	Wake Trending in Correct Direction
Households without a Vehicle	NA	NA	NA	4.3%	6.6%	6.3%	5.6%		2012-2016	Wake Trending in Correct Direction

Measure	Healthy People 2020 Target	Healthy NC 2020 Target	Univ. of Wisconsin Top Performer Benchmark	Wake County, NC	Mecklenburg County, NC	North Carolina	Travis County, TX		Most Recent Data Year	Wake County, NC Trend
Mean Travel Time to Work	NA	NA	NA	24.5	25.5	24.1	25.0		2012-2016	Wake Trending in Wrong Direction

Note: See Appendix 2 for a list of data sources by focus area.

Transportation Options and Transit – Service Zone Secondary Data

Measure	Wake County, NC	East	East Central	North Central	Northern	South Central	Southern	West	West Central		Most Recent Data Year for Service Zones
Driving alone to work (percent of the workforce that drives alone to work)	79.5%	83.5%	74.4%	78.2%	80.1%	81.0%	80.1%	79.9%	76.9%		2012-2016
Workers Commuting by Public Transportation	1.1%	0.3%	2.8%	0.9%	0.3%	1.6%	0.5%	0.6%	3.9%		2012-2016
Workers who Walk to Work	1.3%	0.5%	1.7%	1.8%	0.7%	1.2%	0.6%	1.0%	3.4%		2012-2016
Workers who Worked from home	7.6%	4.8%	5.7%	6.3%	10.1%	5.5%	8.2%	9.2%	6.4%		2012-2016
Households without a Vehicle	4.3%	2.5%	9.5%	6.0%	2.9%	4.8%	2.9%	2.3%	7.4%		2012-2016

Note: See Appendix 2 for a list of data sources by focus area.

Primary Data

Transportation Options and Transit – Primary Data from Surveys

Data Collection Method	Response	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
Phone Survey - Q4.l	I can easily travel within my community.	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions
Phone Survey - Q8	Access to public transit (buses, commuter rail, etc.)	29.3%	10.8%	29.8%	28.5%	15.1%	32.1%	27.4%	26.2%	25.7%
Phone Survey - Q8	Availability of alternative transportation options (biking,	1.4%	9.3%	6.2%	9.4%	6.9%	4.4%	9.3%	1.3%	6.7%
Phone Survey - Q10	Transportation options and transit	11.8%	3.5%	8.4%	2.5%	3.1%	7.0%	4.5%	2.8%	5.0%
Community Internet Survey - Q6.l	I can easily travel within my community.	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions
Community Internet Survey - Q10	Access to public transit (buses,	29.4%	13.6%	23.6%	25.2%	22.0%	27.3%	27.6%	19.5%	24.8%

Data Collection Method	Response	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
	commuter rail, etc.)									
Community Internet Survey - Q10	Availability of alternative transportation options (biking, walking, carpooling, etc.)	6.3%	5.4%	6.8%	7.3%	6.4%	9.1%	8.6%	6.9%	7.5%
Community Internet Survey - Q12	Transportation options and transit	7.7%	3.7%	8.6%	8.1%	7.0%	10.6%	12.7%	9.5%	9.3%
Key Leader Internet Survey - Q10	Access to public transit (buses, commuter rail, etc.)	14.6%	15.0%	22.0%	13.0%	21.3%	17.0%	17.6%	14.3%	20.6%
Key Leader Internet Survey - Q10	Availability of alternative transportation options (biking, walking, carpooling, etc.)	6.3%	3.3%	4.0%	4.3%	3.3%	3.8%	3.9%	4.1%	2.9%
Key Leader Internet Survey - Q12	Transportation options and transit	4.2%	1.7%	4.0%	4.3%	1.6%	1.9%	3.9%	2.0%	3.9%

Note: See Appendix 3 for detailed results by primary data collection method.

Transportation Options and Transit – Primary Data from Focus Groups

Data Collection Method	Response	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Spanish-speaking Individuals	Individuals Experiencing Homelessness	Youth	Wake County
Focus Groups	Transportation	X	X	X	X	X	X	X	X	X	X	X	11
Focus Groups	Transportation within community	X	X	X	X	X	X	X		X			8

Social and Economic Environment

The Social and Economic Environment category includes six focus areas – Education, Employment, Family, Community, and Social Support, Food Security, Income, and Safety. Data specific to each of these six focus areas is provided below.

Education

The Education focus area includes data related to how many children are in school, end of grade test scores, whether children finish high school, how schools get their funds (money), and how much education people get.

Secondary Data

Education – County-level Secondary Data

Measure	Healthy People 2020 Target	Healthy NC 2020 Target	Univ. of Wisconsin Top Performer Benchmark	Wake County, NC	Mecklenburg County, NC	North Carolina	Travis County, TX		Most Recent Data Year	Wake County, NC Trend
EOG Test Results - 3rd Grade - Math	NA	NA	NA	68.7%	68.2%	63.6%	NA		2017	Wake Trending in Wrong Direction

Measure	Healthy People 2020 Target	Healthy NC 2020 Target	Univ. of Wisconsin Top Performer Benchmark	Wake County, NC	Mecklenburg County, NC	North Carolina	Travis County, TX		Most Recent Data Year	Wake County, NC Trend
EOG Test Results - 3rd Grade - Reading	NA	NA	NA	67.4%	58.4%	57.8%	NA		2017	Wake Trending in Wrong Direction
EOG Test Results - 8th Grade - Math	37.3%	NA	NA	53.3%	50.4%	45.8%	NA		2017	Wake Trending in Correct Direction
EOG Test Results - 8th Grade - Reading	35.6%	NA	NA	62.7%	53.2%	53.7%	NA		2017	Wake Trending in Correct Direction
EOG Test Results - 8th Grade - Science	NA	NA	NA	80.3%	74.0%	75.5%	NA		2017	Wake Trending in Wrong Direction
Per pupil Funding by source: Federal	NA	NA	NA	$649	$970	$973	NA		2017	Wake Trending in Correct Direction
Per pupil Funding by source: Local	NA	NA	NA	$2,537	$2,413	$2,232	NA		2017	Wake Trending in Correct Direction
Per pupil Funding by source: State	NA	NA	NA	$5,556	$5,459	$5,944	NA		2017	Wake Trending in Correct Direction
High School Dropout rates	NA	NA	NA	2.8	2.2	2.3	NA		2017	Wake Trending in

Measure	Healthy People 2020 Target	Healthy NC 2020 Target	Univ. of Wisconsin Top Performer Benchmark	Wake County, NC	Mecklenburg County, NC	North Carolina	Travis County, TX		Most Recent Data Year	Wake County, NC Trend
										Wrong Direction
High school graduation (percent of ninth grade cohort that graduates in four years)	87.0%	94.6%	95.0%	86.2%	88.0%	86.1%	89.7%		2014-2015	Wake Trending in Correct Direction
Some college (percent of adults aged 25-44 years with some post-secondary education)	NA	NA	72.0%	79.1%	74.0%	65.7%	72.7%		2012-2016	Wake Trending in Correct Direction
Percent of 3-4 year olds enrolled in school	NA	NA	NA	56.3%	50.2%	43.0%	47.4%		2012-2016	Wake Trending in Wrong Direction

Note: See Appendix 2 for a list of data sources by focus area.

Education – Service Zone Secondary Data

Measure	Wake County, NC	East	East Central	North Central	Northern	South Central	Southern	West	West Central		Most Recent Data Year for Service Zones
Some college (percent of adults aged 25-44 years with some post-secondary education)	79.1%	66.2%	65.7%	76.7%	83.2%	71.1%	80.4%	87.3%	81.6%		2012-2016
Percent of 3-4 year olds enrolled in school	56.3%	45.8%	41.3%	48.7%	62.9%	48.7%	54.9%	64.9%	67.1%		2012-2016

Note: See Appendix 2 for a list of data sources by focus area.

Primary Data

Education – Primary Data from Surveys

Data Collection Method	Response	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
Phone Survey - Q4.j	I can access good education in my community.	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions
Phone Survey - Q7	Lack of educational opportunities	11.5%	7.2%	9.4%	9.1%	8.9%	14.9%	5.7%	6.1%	8.7%
Phone Survey - Q10	Education	11.0%	4.7%	8.2%	5.7%	1.5%	3.2%	9.7%	5.0%	6.3%
Community Internet Survey - Q6.j	I can access good education in my community.	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions
Community Internet Survey - Q9	Lack of educational opportunities	11.1%	4.6%	1.3%	3.2%	3.4%	3.3%	2.5%	1.1%	3.6%
Community Internet Survey - Q12	Education	4.9%	4.4%	5.3%	7.0%	5.3%	5.0%	4.7%	6.0%	5.3%
Key Leader Internet Survey - Q9	Lack of educational opportunities	2.1%	1.7%	2.0%	2.2%	3.3%	1.9%	2.0%	4.2%	3.0%

Data Collection Method	Response	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
Key Leader Internet Survey - Q12	Education	4.2%	6.7%	4.0%	4.3%	3.3%	3.8%	3.9%	6.1%	3.9%

Note: See Appendix 3 for detailed results by primary data collection method.

Education – Primary Data from Focus Groups

Data Collection Method	Response	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Spanish-speaking Individuals	Individuals Experiencing Homelessness	Youth	Wake County
Focus Groups	Educational opportunities	X						X					2

Employment

The Employment focus area 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.

Secondary Data

Employment – County-level Secondary Data

Measure	Healthy People 2020 Target	Healthy NC 2020 Target	Univ. of Wisconsin Top Performer Benchmark	Wake County, NC	Mecklenburg County, NC	North Carolina	Travis County, TX		Most Recent Data Year	Wake County, NC Trend
Unemployment rate (percent of population age 16+ unemployed)	NA	NA	3.2%	4.2%	4.7%	5.1%	3.1%		2016	Wake Trending in Correct Direction

Note: See Appendix 2 for a list of data sources by focus area.

Secondary data were not available by service zone for the Employment focus area.

Primary Data

Employment – Primary Data from Surveys

Data Collection Method	Response	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
Phone Survey - Q4.e	I can find enough economic opportunity in my community.	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions
Phone Survey - Q7	Lack of employment opportunities	7.0%	9.1%	15.1%	9.7%	12.0%	5.5%	9.9%	11.4%	10.0%
Phone Survey - Q10	Employment	6.3%	9.3%	7.8%	5.5%	4.5%	2.3%	10.5%	7.9%	7.0%
Community Internet Survey - Q6.e	I can find enough economic opportunity in my community.	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions
Community Internet Survey - Q9	Lack of employment opportunities	12.5%	9.9%	6.3%	10.3%	10.2%	12.0%	7.0%	5.9%	9.2%
Community Internet Survey - Q12	Employment	7.2%	5.8%	3.6%	6.2%	3.8%	5.5%	4.4%	3.0%	4.9%
Key Leader Internet Survey - Q9	Lack of employment opportunities	4.3%	1.7%	0.0%	0.0%	5.0%	5.8%	0.0%	2.1%	5.9%

Data Collection Method	Response	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
Key Leader Internet Survey - Q12	Employment	2.1%	1.7%	0.0%	0.0%	1.6%	3.8%	0.0%	2.0%	2.0%

Note: See Appendix 3 for detailed results by primary data collection method.

Employment – Primary Data from Focus Groups

Data Collection Method	Response	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Spanish-speaking Individuals	Individuals Experiencing Homelessness	Youth	Wake County
Focus Groups	Employment	X	X								X		3
Focus Groups	Work ethic			X									1

Family, Community, and Social Support

The Family, Community, and Social Support focus area includes data related to activities for youth, help for people who speak languages other than English, how children are treated, foster care, voting, effects of social media, how many children live in homes with only one parent, how many groups there are to get involved with in the county, and people feeling they are part of the community.

Secondary Data

Family, Community, and Social Support – County-level Secondary Data

Measure	Healthy People 2020 Target	Healthy NC 2020 Target	Univ. of Wisconsin Top Performer Benchmark	Wake County, NC	Mecklenburg County, NC	North Carolina	Travis County, TX		Most Recent Data Year	Wake County, NC Trend
Median # of days spent in child welfare custody	NA	NA	NA	480.0	413.0	394.0	NA		2017	Wake Trending in Correct Direction

Measure	Healthy People 2020 Target	Healthy NC 2020 Target	Univ. of Wisconsin Top Performer Benchmark	Wake County, NC	Mecklenburg County, NC	North Carolina	Travis County, TX		Most Recent Data Year	Wake County, NC Trend
Rate of Children entering child welfare custody per 1,000 children (under 18)	NA	NA	NA	1.0	1.2	2.3	NA		2016	Wake Trending in Correct Direction
Rate of Children in foster care under DSS custody per 1,000 children (under 18)	NA	NA	NA	4.0	3.7	7.1	NA		2016	Wake Trending in Wrong Direction
Percent of Registered Voters Voting in General Election	NA	NA	NA	75.8%	66.3%	68.3%	NA		2016	Wake Trending in Correct Direction
Percent of voting age population registered to vote	65.1%	NA	NA	89.4%	86.9%	85.9%	NA		2017	Wake Trending in Wrong Direction
Disconnected youth	NA	NA	NA	0.1	0.1	0.1	0.1		2010-2014	Not applicable
Percent of children that live in single-parent household	NA	NA	20.0%	27.0%	35.7%	35.7%	31.1%		2012-2016	Wake Trending in Correct Direction
Residential segregation - black/white	NA	NA	NA	43.0	52.5	50.3	46.3		2012-2016	Wake Trending in Wrong Direction
Residential segregation - non-white/white	NA	NA	NA	36.0	47.0	44.9	32.0		2012-2016	Wake Trending in Wrong Direction

Measure	Healthy People 2020 Target	Healthy NC 2020 Target	Univ. of Wisconsin Top Performer Benchmark	Wake County, NC	Mecklenburg County, NC	North Carolina	Travis County, TX		Most Recent Data Year	Wake County, NC Trend
Social associations (number of membership associations per 10,000 population)	NA	NA	22.1	9.6	9.2	11.5	9.3		2015	Wake Trending in Wrong Direction
People 65+ Living Alone	NA	NA	NA	25.3%	27.6%	26.8%	26.6%		2012-2016	Wake Trending in Correct Direction
Percent of population ages 16-19 considered "idle"	NA	NA	NA	2.8%	2.4%	5.0%	5.6%		2016	Wake Trending in Wrong Direction
Limited English-Speaking Households	NA	NA	NA	2.8%	4.7%	2.5%	6.3%		2012-2016	Wake Trending in Correct Direction

Note: See Appendix 2 for a list of data sources by focus area.

Family, Community, and Social Support – Service Zone Secondary Data

Measure	Wake County, NC	East	East Central	North Central	Northern	South Central	Southern	West	West Central		Most Recent Data Year for Service Zones
Percent of children that live in single-parent household	27.0%	29.1%	51.4%	38.2%	19.8%	38.2%	19.3%	18.7%	30.1%		2012-2016
People 65+ Living Alone	25.3%	22.7%	28.2%	28.7%	22.5%	25.1%	21.1%	25.2%	30.3%		2012-2016
Limited English-Speaking Households	2.8%	2.6%	4.9%	3.0%	1.8%	3.6%	1.4%	2.9%	3.3%		2012-2016

Note: See Appendix 2 for a list of data sources by focus area.

Primary Data

Family, Community, and Social Support – Primary Data from Surveys

Data Collection Method	Response	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
Phone Survey - Q4.b	My community is a good place to raise children.	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions
Phone Survey - Q4.c	My community is good place to grow old.	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions
Phone Survey - Q4.d	I am connected	See Primary (New) Data	See Primary (New) Data	See Primary (New) Data	See Primary (New) Data	See Primary (New) Data	See Primary (New) Data	See Primary (New) Data	See Primary (New) Data	See Primary (New) Data

Data Collection Method	Response	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
	and socially supported by others in my community (family, friends, neighbors, etc.).	Collection Appendix for results to scale questions	Collection Appendix for results to scale questions	Collection Appendix for results to scale questions	Collection Appendix for results to scale questions	Collection Appendix for results to scale questions	Collection Appendix for results to scale questions	Collection Appendix for results to scale questions	Collection Appendix for results to scale questions	Collection Appendix for results to scale questions
Phone Survey - Q4.q	There are adequate resources in my community to support youth.	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions
Phone Survey - Q4.r	Youth in my community can access affordable resources (recreation, career centers, educational resources, etc.).	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions
Phone Survey - Q7	Lack of family, community, and social support	2.3%	5.5%	12.8%	17.6%	6.3%	16.9%	12.9%	12.4%	12.0%
Phone Survey - Q10	Family, community,	0.5%	2.6%	8.2%	3.5%	2.3%	0.6%	5.9%	1.8%	3.7%

Data Collection Method	Response	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
	and social support									
Community Internet Survey - Q6.b	My community is a good place to raise children.	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions
Community Internet Survey - Q6.c	My community is good place to grow old.	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions
Community Internet Survey - Q6.d	I am connected and socially supported by others in my community (family, friends, neighbors, etc.).	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions
Community Internet Survey - Q6.q	There are adequate resources in my community to support youth.	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions

Data Collection Method	Response	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
Community Internet Survey - Q6.r	Youth in my community can access affordable resources (recreation, career centers, educational resources, etc.).	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions
Community Internet Survey - Q9	Lack of family, community, and social support	11.4%	14.7%	10.0%	9.7%	13.8%	9.7%	13.4%	10.3%	11.8%
Community Internet Survey - Q12	Family, community, and social support	6.2%	5.7%	6.8%	8.0%	6.4%	7.3%	7.8%	4.8%	6.9%
Key Leader Internet Survey - Q9	Lack of family, community, and social support	19.1%	23.7%	20.4%	15.6%	23.3%	25.0%	20.0%	22.9%	20.8%
Key Leader Internet Survey - Q12	Family, community, and social support	14.6%	16.7%	18.0%	15.2%	13.1%	15.1%	15.7%	18.4%	11.8%

Note: See Appendix 3 for detailed results by primary data collection method.

Family, Community, and Social Support – Primary Data from Focus Groups

Data Collection Method	Response	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Spanish-speaking Individuals	Individuals Experiencing Homelessness	Youth	Wake County
Focus Groups	Access to youth programs		X										1
Focus Groups	Accountability of govt/law enforcement		X					X			X		3
Focus Groups	Bullying		X									X	2
Focus Groups	Family structure changes								X				1
Focus Groups	Increased social awareness/engagement			X				X			X	X	4
Focus Groups	Lack of sensitivity		X										1
Focus Groups	Lack of sensitivity /Presence of intentional oppression/Racism & immigration issues		X					X		X			3

Data Collection Method	Response	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Spanish-speaking Individuals	Individuals Experiencing Homelessness	Youth	Wake County
Focus Groups	Lack of social engagement			X								X	2
Focus Groups	Population Growth/Aging				X		X						2
Focus Groups	Population Growth/Diversification	X			X			X		X		X	5
Focus Groups	Reparations								X				1
Focus Groups	School to Jail Pipeline		X										1
Focus Groups	Social media impacts			X				X				X	3
Focus Groups	Welfare check increases								X				1

Food Security

The Food Security focus area include data related to whether people can get the food they need to be healthy, how many children get free and reduced lunches, and how many people get food stamps (SNAP).

Secondary Data

Food Security – County-level Secondary Data

Measure	Healthy People 2020 Target	Healthy NC 2020 Target	Univ. of Wisconsin Top Performer Benchmark	Wake County, NC	Mecklenburg County, NC	North Carolina	Travis County, TX		Most Recent Data Year	Wake County, NC Trend
Percent of Public-School Students Enrolled in Free/Reduced Lunch	NA	NA	NA	34.5%	59.3%	59.8%	NA		2017	Wake Trending in Correct Direction
Child food insecurity rate	NA	NA	NA	16.5%	18.2%	20.9%	20.7%		2016	Not applicable
Food insecure children likely not income-eligible for federal nutrition assistance	NA	NA	NA	41.0%	34.0%	29.0%	37.0%		2016	Not applicable
Children eligible for free or reduced-price lunch	NA	NA	NA	33.5%	57.6%	57.4%	51.5%		2015-2016	Wake Trending in Correct Direction
Food insecurity	NA	NA	NA	13.5%	16.4%	16.5%	16.1%		2015	Wake Trending in Correct Direction
Percent of households receiving food stamps/SNAP	NA	NA	NA	7.1%	11.4%	14.4%	8.9%		2012-2016	Wake Trending in Correct Direction

Note: See Appendix 2 for a list of data sources by focus area.

Food Security – Service Zone Secondary Data

Measure	Wake County, NC	East	East Central	North Central	Northern	South Central	Southern	West	West Central		Most Recent Data Year for Service Zones
Percent of households receiving food stamps/SNAP	7.1%	9.1%	15.8%	8.8%	5.2%	10.6%	6.2%	3.0%	7.8%		2012-2016

Note: See Appendix 2 for a list of data sources by focus area.

Primary Data

Food Security – Primary Data from Surveys

Data Collection Method	Response	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
Phone Survey - Q4.i	I can easily access healthy, affordable food.	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions
Phone Survey - Q7	Lack of access to enough healthy food	4.6%	6.7%	2.2%	2.7%	9.4%	1.4%	7.2%	11.9%	5.7%
Phone Survey - Q10	Food security	10.3%	0.0%	0.0%	0.0%	3.5%	0.6%	4.1%	5.1%	3.0%
Community Internet Survey - Q6.i	I can easily access healthy, affordable food.	See Primary (New) Data Collection Appendix for results to	See Primary (New) Data Collection Appendix for results to	See Primary (New) Data Collection Appendix for results to	See Primary (New) Data Collection Appendix for results to	See Primary (New) Data Collection Appendix for results to	See Primary (New) Data Collection Appendix for results to	See Primary (New) Data Collection Appendix for results to	See Primary (New) Data Collection Appendix for results to	See Primary (New) Data Collection Appendix for results to

Data Collection Method	Response	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
		scale questions	scale questions	scale questions	scale questions	scale questions	scale questions	scale questions	scale questions	scale questions
Community Internet Survey - Q9	Lack of access to enough healthy food	6.5%	10.3%	7.6%	7.0%	6.3%	6.5%	3.9%	9.6%	6.5%
Community Internet Survey - Q12	Food security	1.6%	2.6%	2.3%	3.3%	2.2%	2.1%	0.7%	3.8%	2.0%
Key Leader Internet Survey - Q9	Lack of access to enough healthy food	4.3%	11.9%	4.1%	6.7%	6.7%	3.8%	4.0%	6.3%	9.9%
Key Leader Internet Survey - Q12	Food security	2.1%	5.0%	2.0%	2.2%	1.6%	1.9%	2.0%	2.0%	2.9%

Note: See Appendix 3 for detailed results by primary data collection method.

Food Security – Primary Data from Focus Groups

Data Collection Method	Response	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Spanish-speaking Individuals	Individuals Experiencing Homelessness	Youth	Wake County
Focus Groups	Food equality			X				X	X				3
Focus Groups	Food security/access to health food	X			X								2

Income

The Income focus area includes information about how much people get paid and differences in the amount of pay, how many people are poor, and how many are getting help from the government.

Secondary Data

Income – County-level Secondary Data

Measure	Healthy People 2020 Target	Healthy NC 2020 Target	Univ. of Wisconsin Top Performer Benchmark	Wake County, NC	Mecklenburg County, NC	North Carolina	Travis County, TX		Most Recent Data Year	Wake County, NC Trend
Children in poverty (percent of children under age 18 in poverty)	22.0%	NA	NA	14.3%	19.3%	23.9%	21.2%		2012-2016	Wake Trending in Wrong Direction
Income inequality (ratio of household income at the 80th percentile to income at the 20th percentile)	NA	NA	3.7	4.3	4.7	4.8	4.8		2012-2016	Wake Trending in Wrong Direction
Median household income	NA	NA	NA	$76,173	$63,197	$50,595	$70,068		2016	Wake Trending in Correct Direction
Households with Cash Public Assistance Income	NA	NA	NA	1.2%	1.6%	1.9%	1.3%		2012-2016	Wake Trending in Wrong Direction
Per Capita Income	NA	NA	NA	$35,752	$34,091	$26,779	$36,649		2012-2016	Wake Trending in Correct Direction
Percent of population below 200% federal poverty level	NA	NA	NA	25.3%	32.2%	37.7%	31.7%		2012-2016	Wake Trending in Correct Direction
People 65+ Living Below Poverty Level	NA	NA	NA	5.8%	8.5%	9.7%	8.2%		2012-2016	Wake Trending in

Measure	Healthy People 2020 Target	Healthy NC 2020 Target	Univ. of Wisconsin Top Performer Benchmark	Wake County, NC	Mecklenburg County, NC	North Carolina	Travis County, TX		Most Recent Data Year	Wake County, NC Trend
										Correct Direction
Percentage of individuals living in poverty	NA	12.5%	NA	10.8%	14.2%	16.8%	15.2%		2012-2016	Wake Trending in Correct Direction
Families Living Below Poverty Level	NA	NA	NA	7.4%	10.7%	12.4%	10.2%		2012-2016	Wake Trending in Correct Direction

Note: See Appendix 2 for a list of data sources by focus area.

Income – Service Zone Secondary Data

Measure	Wake County, NC	East	East Central	North Central	Northern	South Central	Southern	West	West Central		Most Recent Data Year for Service Zones
Children in poverty (percent of children under age 18 in poverty)	14.3%	18.0%	31.8%	19.7%	8.0%	25.1%	9.6%	6.9%	20.8%		2012-2016
Households with Cash Public Assistance Income	1.2%	0.9%	1.9%	1.4%	1.2%	1.6%	1.3%	0.8%	0.9%		2012-2016
Percent of population below 200% federal poverty level	25.3%	31.1%	43.5%	29.3%	17.1%	38.7%	20.0%	15.0%	34.5%		2012-2016
People 65+ Living Below Poverty Level	5.8%	7.2%	10.3%	4.3%	4.1%	6.9%	5.2%	5.2%	8.3%		2012-2016
Percentage of individuals living in poverty	10.8%	11.6%	19.9%	11.8%	5.9%	18.2%	7.6%	5.9%	19.0%		2012-2016

Measure	Wake County, NC	East	East Central	North Central	Northern	South Central	Southern	West	West Central		Most Recent Data Year for Service Zones
Families Living Below Poverty Level	7.4%	7.2%	17.2%	9.0%	4.4%	11.8%	5.8%	4.6%	10.7%		2012-2016

Note: See Appendix 2 for a list of data sources by focus area.

Primary Data

Income – Primary Data from Surveys

Data Collection Method	Response	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
Phone Survey - Q4.e	I can find enough economic opportunity in my community.	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions
Phone Survey - Q7	Insufficient income	14.6%	37.0%	21.6%	21.2%	24.4%	16.6%	26.8%	21.4%	23.3%
Phone Survey - Q10	Income	3.7%	22.5%	10.4%	10.1%	14.3%	9.6%	7.4%	10.6%	10.7%
Community Internet Survey - Q6.e	I can find enough economic opportunity in my community.	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions
Community Internet Survey - Q9	Insufficient income	32.5%	43.3%	33.8%	32.2%	35.4%	27.6%	24.1%	34.0%	31.1%

Data Collection Method	Response	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
Community Internet Survey - Q12	Income	12.6%	15.4%	11.6%	10.5%	14.2%	9.8%	8.5%	12.4%	11.2%
Key Leader Internet Survey - Q9	Insufficient income	40.4%	33.9%	36.7%	44.4%	40.0%	40.4%	42.0%	37.5%	33.7%
Key Leader Internet Survey - Q12	Income	16.7%	11.7%	12.0%	13.0%	16.4%	15.1%	15.7%	14.3%	14.7%

Note: See Appendix 3 for detailed results by primary data collection method.

Income – Primary Data from Focus Groups

Data Collection Method	Response	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Spanish-speaking Individuals	Individuals Experiencing Homelessness	Youth	Wake County
Focus Groups	Income disparity							X					1
Focus Groups	Livable wage	X											1
Focus Groups	Poverty		X										1

Safety

The Safety focus area includes information related to people being bullied, how many children are suspended from school, neighborhood safety, crime, how many people are in jail, traffic accidents, and other injuries.

Secondary Data

Safety – County-level Secondary Data

Measure	Healthy People 2020 Target	Healthy NC 2020 Target	Univ. of Wisconsin Top Performer Benchmark	Wake County, NC	Mecklenburg County, NC	North Carolina	Travis County, TX		Most Recent Data Year	Wake County, NC Trend
% of motor vehicle accidents involving drivers ages 16-19	NA	NA	NA	15.0%	12.2%	14.6%	NA		2016	Wake Trending in Correct Direction
% of motor vehicle accidents, fatal	NA	NA	NA	0.2%	0.2%	0.5%	NA		2016	Wake Trending in Correct Direction
Rate of Individuals Filing Domestic Violence Complaints	NA	NA	NA	29.3	19.7	50.9	NA		2017	Wake Trending in Wrong Direction
Rate of individuals filing sexual assault complaints	NA	NA	NA	2.8	6.1	9.4	NA		2017	Wake Trending in Correct Direction
Reported sexual assaults, adult rape - Rate per 10,000	NA	NA	NA	2.0	3.6	2.8	NA		2017	Wake Trending in Wrong Direction
Reported sexual assaults, Adult Survivor	NA	NA	NA	0.1	0.2	1.3	NA		2017	Wake Trending in

Measure	Healthy People 2020 Target	Healthy NC 2020 Target	Univ. of Wisconsin Top Performer Benchmark	Wake County, NC	Mecklenburg County, NC	North Carolina	Travis County, TX		Most Recent Data Year	Wake County, NC Trend
of Child Sexual Assault - Rate per 10,000										Correct Direction
Reported sexual assaults, Child sexual offense - Rate per 10,000	NA	NA	NA	0.1	1.2	2.4	NA		2017	Wake Trending in Correct Direction
Reported sexual assaults, date rape - Rate per 10,000	NA	NA	NA	0.3	0.0	0.4	NA		2017	Wake Trending in Wrong Direction
Reported sexual assaults, Incest - Rate per 10,000	NA	NA	NA	0.1	0.1	0.3	NA		2017	Wake Trending in Correct Direction
Reported sexual assaults, Marital rape - Rate per 10,000	NA	NA	NA	0.1	0.0	0.5	NA		2017	Wake Trending in Wrong Direction
Reported sexual assaults, Other - Rate per 10,000	NA	NA	NA	0.1	0.9	1.6	NA		2017	Wake Trending in Correct Direction
Reported sexual assaults, total - Rate per 10,000	NA	NA	NA	2.8	6.1	9.4	NA		2017	Wake Trending in Correct Direction
Unintentional poisoning mortality rate (per 100,000 population)	11.1	9.9	NA	11.7	14.8	17.9	NA		2016	Wake Trending in Wrong Direction

Measure	Healthy People 2020 Target	Healthy NC 2020 Target	Univ. of Wisconsin Top Performer Benchmark	Wake County, NC	Mecklenburg County, NC	North Carolina	Travis County, TX		Most Recent Data Year	Wake County, NC Trend
Rate of Juvenile justice complaints Delinquent (Complaints per 1,000 Ages 6 to 15)	NA	NA	NA	10.2	24.6	19.6	NA		2017	Wake Trending in Correct Direction
Rate of Juvenile justice complaints Undisciplined (Complaints per 1,000 Ages 6 to 17)	NA	NA	NA	0.9	0.1	1.5	NA		2017	Wake Trending in Wrong Direction
Rate of Juvenile justice outcomes - Rate of Detention Admissions per 1,000 youth age 6-17.	NA	NA	NA	0.9	2.6	1.7	NA		2017	Wake Trending in Correct Direction
Rate of Juvenile justice outcomes - Rate of Youth Development Center commitments per 1,000 youth age 10-17	NA	NA	NA	0.0	0.3	0.2	NA		2017	Wake Trending in Correct Direction
Reportable Crime Rate per 1,000 students grades 9-13	NA	NA	NA	13.2	13.7	12.5	NA		2017	Wake Trending in Wrong Direction
Short-term Suspension Rate per 100 students grades 9-13	NA	NA	NA	10.3	20.2	18.6	NA		2017	Wake Trending in Wrong Direction
Rate of crimes (includes index crimes except for arson)	NA	NA	NA	2,158.8	4,674.8	3,154.5	NA		2016	Wake Trending in

Measure	Healthy People 2020 Target	Healthy NC 2020 Target	Univ. of Wisconsin Top Performer Benchmark	Wake County, NC	Mecklenburg County, NC	North Carolina	Travis County, TX		Most Recent Data Year	Wake County, NC Trend
										Correct Direction
Violent deaths per 100,000	NA	NA	NA	12.2	17.2	20.5	NA		2015	Wake Trending in Wrong Direction
Firearm fatalities	9.3	NA	NA	6.5	10.4	12.7	7.9		2012-2016	Wake Trending in Wrong Direction
Homicides	5.5	6.7	NA	2.8	6.4	5.9	3.2		2010-2016	Wake Trending in Correct Direction
Injury mortality per 100,000 population	53.7	NA	55.0	40.7	45.9	68.0	56.9		2012-2016	Wake Trending in Wrong Direction
Motor vehicle crash deaths	12.4	NA	NA	7.9	7.8	13.7	9.6		2010-2016	Wake Trending in Correct Direction
Violent crime rate per 100,000 population	NA	NA	62.0	244.6	546.3	341.6	345.7		2012-2014	Wake Trending in Correct Direction

Note: See Appendix 2 for a list of data sources by focus area.

Safety – Service Zone Secondary Data

Measure	Wake County, NC	East	East Central	North Central	Northern	South Central	Southern	West	West Central		Most Recent Data Year for Service Zones
Short-term Suspension Rate per 100 students grades 9-13	10.3	19.6	15.4	8.8	9.5	16.0	9.5	4.5	18.0		2017

Note: See Appendix 2 for a list of data sources by focus area.

Primary Data

Safety – Primary Data from Surveys

Data Collection Method	Response	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
Phone Survey - Q4.f	I feel safe living in my community.	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions
Phone Survey - Q4.g	The environment in my community is clean and safe.	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions
Phone Survey - Q7	Lack of community and interpersonal safety	8.0%	6.3%	9.7%	7.2%	7.9%	1.4%	3.5%	8.6%	6.0%

Data Collection Method	Response	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Wake County
Phone Survey - Q10	Safety	1.2%	0.8%	2.0%	0.7%	0.0%	0.0%	0.3%	1.2%	0.7%
Community Internet Survey - Q6.f	I feel safe living in my community.	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions
Community Internet Survey - Q6.g	The environment in my community is clean and safe.	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions	See Primary (New) Data Collection Appendix for results to scale questions
Community Internet Survey - Q9	Lack of community and interpersonal safety	3.7%	4.4%	6.3%	4.2%	3.0%	2.5%	3.3%	3.6%	3.7%
Community Internet Survey - Q12	Safety	2.1%	1.0%	0.5%	0.7%	2.2%	0.5%	0.7%	1.1%	1.1%
Key Leader Internet Survey - Q9	Lack of community and interpersonal safety	2.1%	3.4%	4.1%	2.2%	1.7%	1.9%	2.0%	2.1%	2.0%
Key Leader Internet Survey - Q12	Safety	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Note: See Appendix 3 for detailed results by primary data collection method.

Safety – Primary Data from Focus Groups

Data Collection Method	Response	East	East Central	North Central	Northern	South Central	Southern	West	West Central	Spanish-speaking Individuals	Individuals Experiencing Homelessness	Youth	Wake County
Focus Groups	Bullying		X									X	2
Focus Groups	Child neglect		X										1
Focus Groups	Crime					X						X	2
Focus Groups	Mass incarceration		X										1
Focus Groups	Safety											X	1

APPENDIX 5 | DISPARATE HEALTH OUTCOMES BY RACE AND ETHNICITY

Select data regarding disparate mortality rates by race and ethnicity are presented below.

Wake County Mortality Rates* for Top Ten Causes of Death and Race/Ethnicity, 2008-12** vs. 2013-17**									
Rank* **	**Cause of Death**	**White, Non-Hispanic**		**African-American, Non-Hispanic**		**Other Races, Non-Hispanic**		**Hispanic**	
		2008-12	**2013-17**	**2008-12**	**2013-17**	**2008-12**	**2013-17**	**2008-12**	**2013-17**
1	Cancer	153.3	138.0	199.5	182.5	77.7	87.0	82.5	91.5
2	Diseases of Heart	130.8	118.7	170.1	144.7	48.6	67.5	54.9	64.2
3	Cerebrovascular Disease	40.9	36.0	57.6	53.8	32.9	20.4	N/A[ł]	26.9
4	Other Unintentional Injuries	19.9	29.2	15.0	22.4	N/A[ł]	N/A[ł]	12.4	12.1
5	Chronic Lower Respiratory Disease	35.7	31.5	22.4	19.8	N/A[ł]	N/A[ł]	N/A[ł]	N/A[ł]
6	Alzheimer's Disease	20.1	24.9	17.9	23.1	N/A[ł]	N/A[ł]	N/A[ł]	N/A[ł]
7	Diabetes Mellitus	12.8	12.9	41.4	41.2	N/A[ł]	N/A[ł]	N/A[ł]	14.8
8	Nephritis, Nephrotic Syndrome and Nephrosis	10.9	9.2	29.0	31.5	N/A[ł]	N/A[ł]	N/A[ł]	N/A[ł]
9	Pneumonia and Influenza	10.6	10.9	12.3	11.5	N/A[ł]	N/A[ł]	N/A[ł]	N/A[ł]
10	Suicide	11.0	11.1	3.1	5.7	N/A[ł]	N/A[ł]	N/A[ł]	N/A[ł]

*Rate is per 100,000 population. For all causes of death, rates were not calculated for American Indian, Non-Hispanic due to fewer than 20 deaths in each five-year period.

**Rates are calculated based on the total number of deaths for each group in each five-year period.

***Top 10 Rank based on the number of deaths for each cause of death for all county residents in 2017 (latest data available).

ł "N/A" indicates rate was not calculated, since there were fewer than 20 deaths in each five-year period.

Source: "Race/Ethnicity and Sex-Specific Age-Adjusted Death Rates". County Health Data Books 2019 and 2014. NC State Center for Health Statistics. http://www.schs.state.nc.us/data/databook/. Accessed 4/15/19.

Infant (< 1 Year) Mortality Rates* by Race and Ethnicity, 2008-12** vs. 2013-17**							
White, Non-Hispanic		African-American, Non-Hispanic		Other Races, Non-Hispanic		Hispanic	
2008-12	2013-17	2008-12	2013-17	2008-12	2013-17	2008-12	2013-17
4.6	3.1	14.3	11.1	3.3	4.7	4.8	5.0

*Rate is per 1,000 live births.

**Rates calculated based on the total number of deaths for each group in each five-year period.

Source: "Infant Death Rates per 1,000 live births by Race Ethnicity", County Health Data Books 2019 and 2014. NC State Center for Health Statistics. http://www.schs.state.nc.us/data/databook/. Accessed 4/15/19.