

Population Health Task Force Report

Human Services Committee

October 11, 2018



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Report Presents Many Ideas and Opportunities

- Process
 - Seeking Committee feedback today
 - Full Board presentation at November 13 work session
 - Bring implementation strategies to Board in February
- Staff will evaluate ideas
 - What ideas are most feasible for County to tackle?
 - How can we operationalize ideas within County services?
- Bring Board implementation strategies
 - Specific targets and outcomes
 - Prioritize recommendations for consideration in FY2020 budget process
 - Quantitative impact and accountability measures (SMART goals...)

Wake County...

- ✓ is a leader in health
- ✓ is learning from others
- ✓ is resetting the agenda
- ✓ has a plan to make measurable improvement in health for all residents



Population Health Task Force

Appointed by County Commissioners on February 20, 2017 to review work underway and recommend improvements.

Charge:

- Examine how communities across the country are approaching population health.
- Develop recommendations to address health disparities; encourage healthier communities; influence the county's architecture, streetscapes, parks, and zoning to promote healthier environments; and "make the healthy choice the easy choice" for all residents.
- Recommend strategies to engage the widest array of stakeholders in promoting health-conscious policies and choices for residents.

Task Force Members

- Sig Hutchinson (Co-Chair)
- Stuart Levin, MD (Co-Chair)
- Kia Baker
- Alicia Barfield
- Reverend Asa Bell
- Mark Benton
- Dr. Craig Brookins
- Linda Butler, MD
- Reynolds Clodfelter, Jr., MD
- Mitchell Cohen, MD
- Melanie Davis-Jones
- Mayor Frank Eagles
- Jill Heath
- Lisa Humphries
- Brian Klausner, MD
- Dave Koch / Cindy Sink
- Howard Manning
- Sara Merz
- Carol Anne Moehring
- Cathy Moore
- Peter Morris, MD
- Regina Petteway
- James Smith, III, MD
- Betsy Vetter
- Penny Washington

Task Force Organization and Process

Three work groups:

Healthy Wake:

Supporting overall health and well-being of all residents

Vulnerable Populations:

Groups of people at risk for poor outcomes

Familiar Faces:

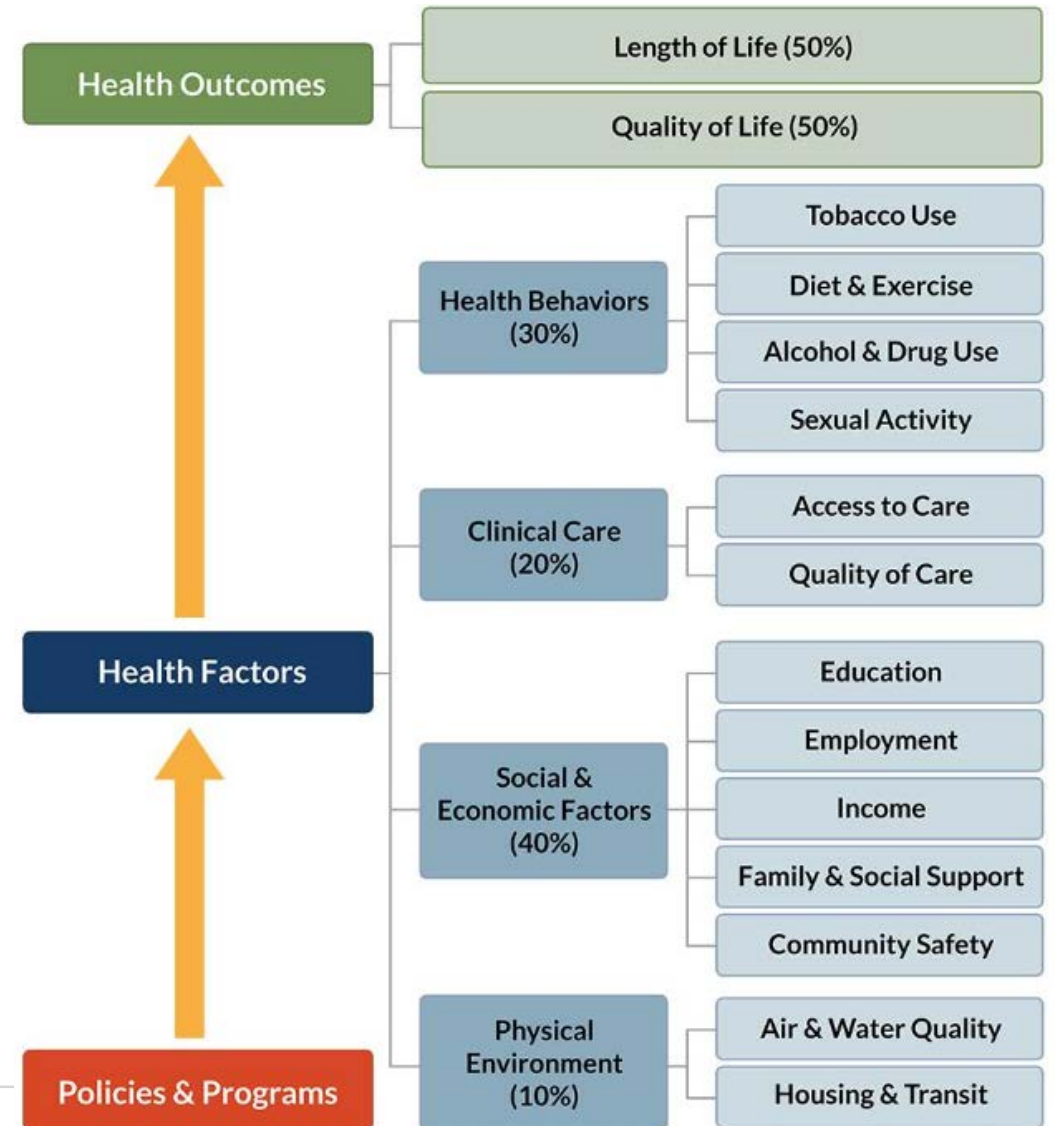
Individuals who are frequent users of emergency and medical, social, law enforcement, and other services



Population Health Framework

Every Wake County resident, regardless of background or neighborhood, should have equal opportunity for optimal health and well-being.

<http://www.nationalcollaborative.org/our-programs/hope-initiative-project/>



Population Health Defined:

The health outcomes of a group of individuals, including the distribution of such outcomes within the group.

From Robert Wood Johnson
Healthy Communities Framework:

- Health Behaviors (30%): tobacco use, diet & exercise, alcohol & drug use, sexual activity
- Clinical Care (20%): access to care, quality of care
- Social & Economic Factors (40%): education, employment, income, family & social support, community safety
- Physical Environment (10%): air & water quality, housing & transit

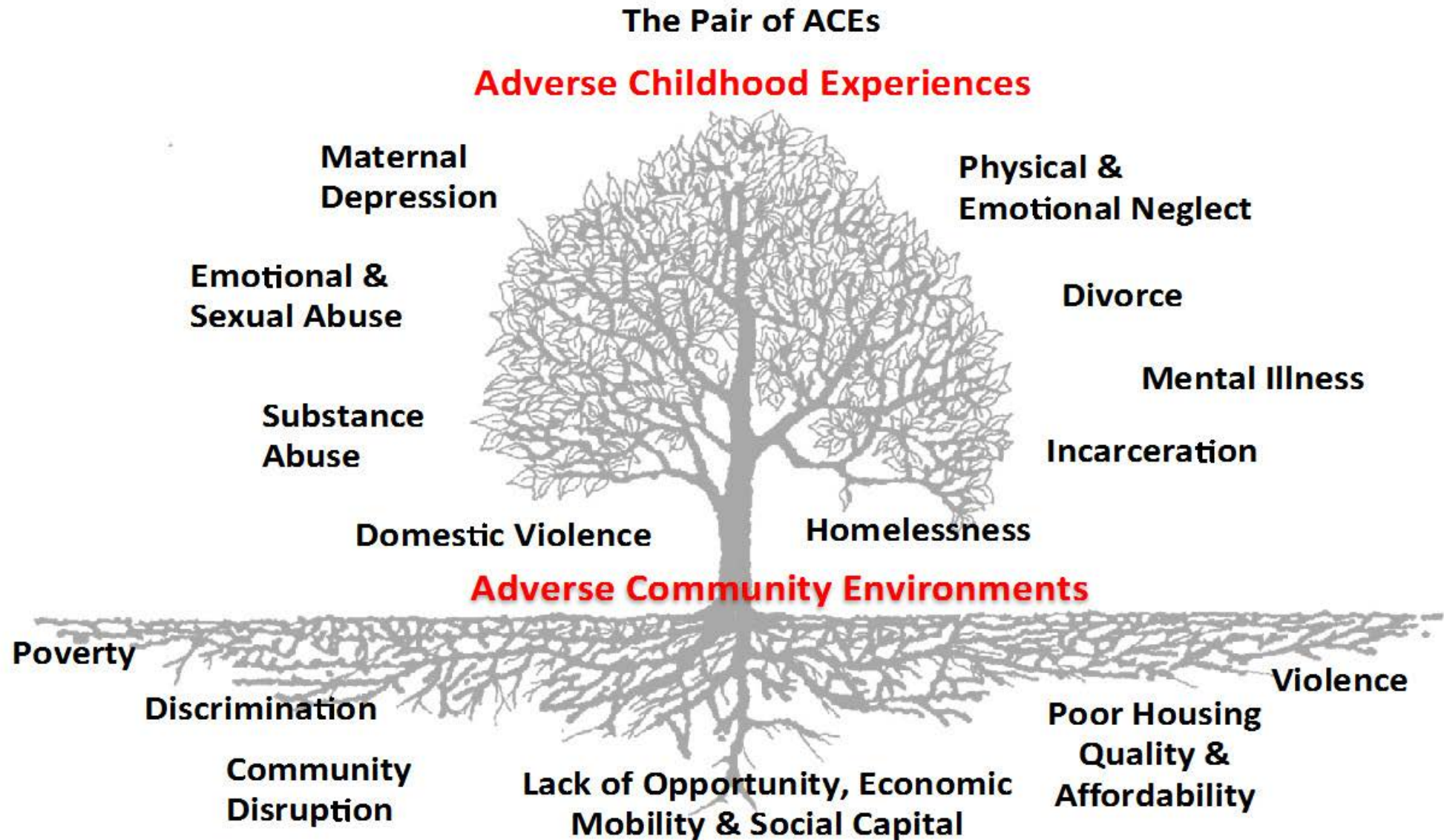


National Lessons

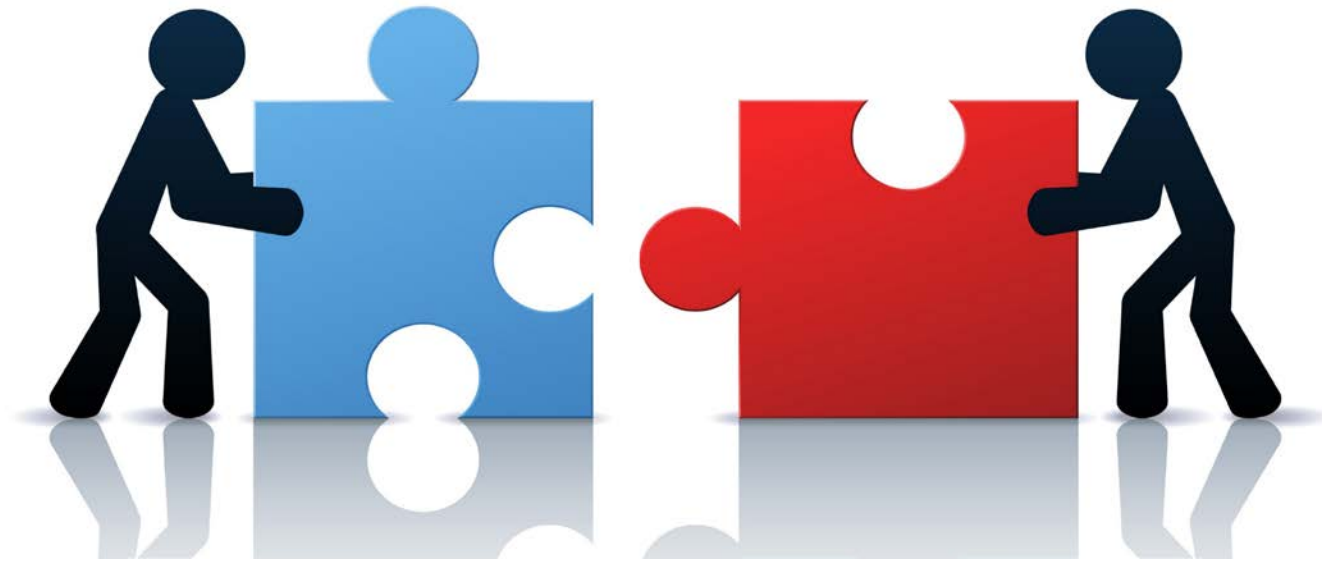
- Broad definition of “health” that includes social factors and is focused on all populations
- Recommendations are data-driven, with impact and accountability measures
- Use of collective impact strategies that coordinate and align community partners
- Community engagement approaches are inclusive
- Effective marketing of health as a community benefit
- Accountability and transparency are built in
- The plans evolve over time – they are not “one and done”

LESSONS
LEARNED

Vulnerable Populations



Population Health Task Force Alignment with the Community Health Needs Assessment Process



Community Health Needs Assessment (CHNA) Process

- Effective process that engages community and is data-driven
- Focuses on critical health needs
- Helps align community stakeholders' goals
- New CHNA process underway
- Will increase focus on implementation



Overarching Population Health Task Force Goals:

1. **Broaden** the definition of health to guide policy and budgetary decisions
2. **Align existing efforts** in the County to improve health and focus on **outcomes** over activities
3. Distinguish and address the needs of the **general population, vulnerable residents, and frequent users** of health and social services
4. Recognize population health as a key component of Wake County's **competitiveness**

Task Force Recommendations:

1. Sustain and expand the scope of the Community Health Needs Assessment (CHNA) and increase the accountability and focus on implementation
2. Ensure the alignment of population health initiatives with cross-county efforts, statewide efforts, and appropriate data metrics
3. Designate a public/private partnership implementation team comprised of businesses, philanthropic organizations, and county government to operationalize, coordinate, and evaluate population health initiatives

Healthy Wake Work Group Recommendations:

1. Designate and adequately fund a formal public /private partnership to coordinate health-related efforts in Wake County
2. Address the wellness and healthcare needs of Wake County by broadening the scope and increasing participation in the 2019 Community Health Needs Assessment. The CHNA should be resourced and empowered to link 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:

1. Develop a community grant fund to support population health initiatives
2. Create safe and humane environments; remove barriers to healthy food, affordable transportation, and housing
3. Decrease incidence of Adverse Childhood Experiences (ACEs); support employment; and reduce over-criminalization that removes children from schools, and parents from homes
4. Encourage early childhood brain development and cultivate a more creative, healthy, well educated, and economically engaged population
5. Expand the Social and Economic Vitality Model to other communities to address disparities in health and social outcomes

Familiar Faces Work Group Recommendations:

1. Develop an ongoing Familiar Faces Work Group and utilize business agreements/collaboration with local hospitals, jail system, EMS, Behavioral Health Alliance and other community providers to share and link pertinent data
2. Identify a lead organization who could coordinate existing organizations and/or manage a central database
3. Pilot the use of a standardized Social Determinants of Health screening assessment for clinical settings
4. Develop community protocols to coordinate the existing case management programs in the community
5. Provide training, support and engage workforce currently working directly with familiar faces
6. Develop a return on investment model to demonstrate efficacy of interventions

Next Steps: Turning Ideas Into Outcome-Oriented Plan

- Next Board of Commissioners steps
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