

LIVE WELL WAKE

Population Health Task Force/ Community Health Needs Assessment Integration and Alignment

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The New “Live Well Wake” Collaborative

- Builds on the Community Health Needs Assessment structure and success
- Integrates the recommendations of the Population Health Task Force
- Gives partners the ability to have a continuous cycle of setting priorities and planning for shared priorities
- Builds in results based accountability

The Wake County Population Health/ Community Health Needs Assessment Plan

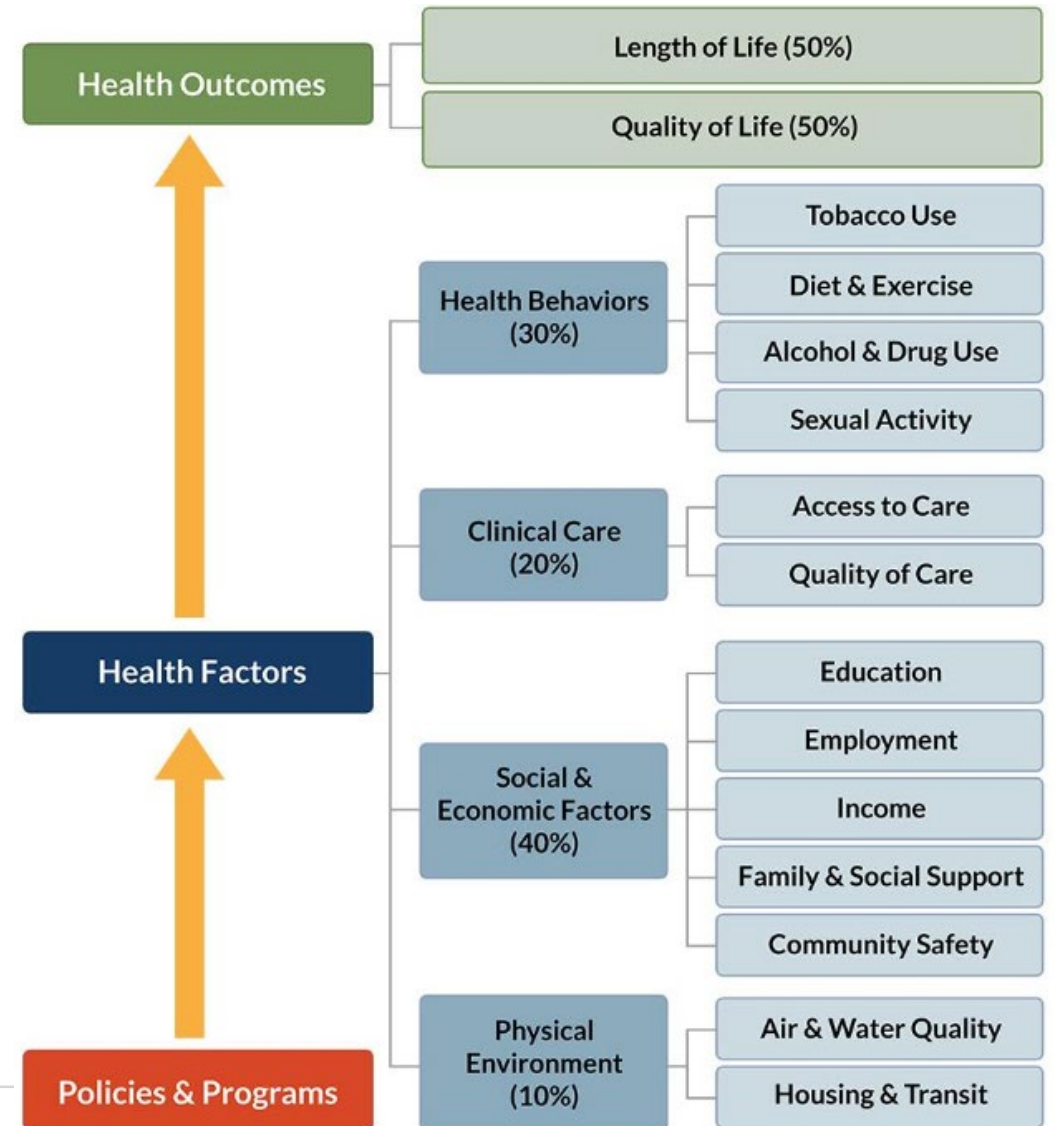
- ✓ Addresses the recommendations of the Population Health Task Force Report
- ✓ Integrates the recommendations with the ongoing work of the Community Health Needs Assessment Process
- ✓ Addresses specific Wake County Commissioner Goals
- ✓ Will be time-framed, with specific, measurable results



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 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 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:

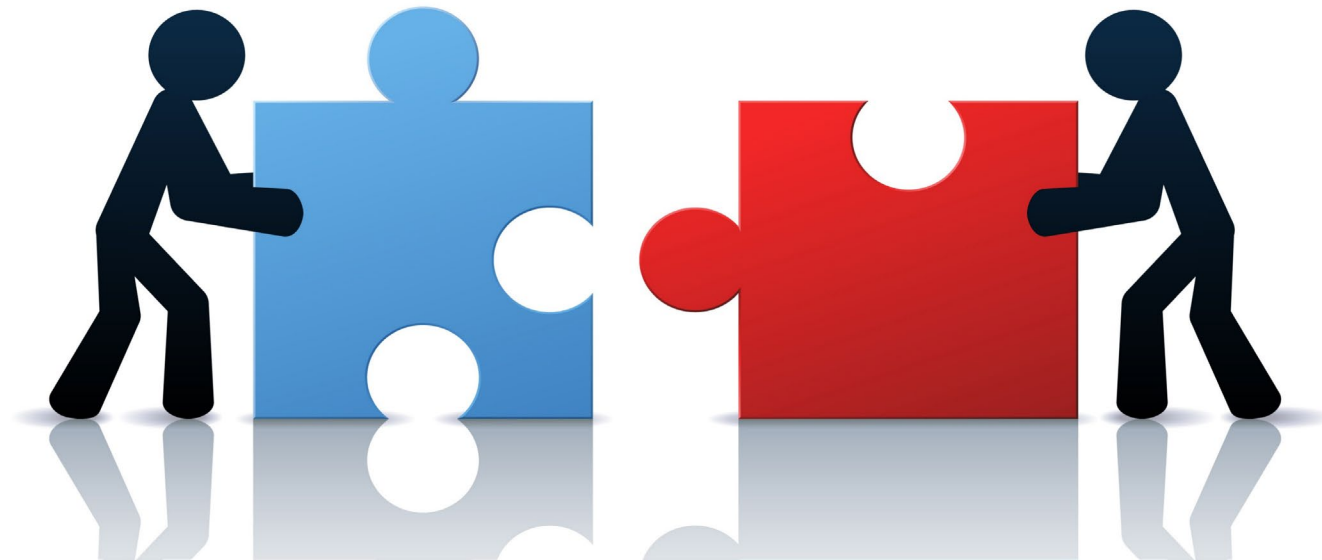
Individuals who are frequent users of emergency and medical, social, law enforcement, and other services



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

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



Parallel Process and Timelines

Population Health Task Force

- Started in 2018 – completed work in March 2019
- Board of Commissioners Appointed Members
- November 2018 Recommendations to Board of Commissioners (BOC)
- March 2019 Population Health Plan to BOC
- Includes integration of recommendations with CHNA

Community Health Needs Assessment

- 2018- June 2019, and **ONGOING**
- State mandate for Human Services (public health)
- Federal IRS mandate for Hospitals
- WCHS/ Hospitals/ Community stakeholders
- Action Planning Phase late summer

Community Health Needs Assessment (CHNA) Process



We are here in the process:



Integration and Alignment

Community Health Needs Assessment (CHNA)

And

Population Health Task Force (PHTF) Recommendations

Population Health Alignment – Live Well Wake

- **The CHNA Groups (Community Health Assessment Team [CHAT] and Community Health Steering Committee) become the Live Well Wake Collaborative**
- The 2019 Community Health Needs Assessment Priorities will become the priorities for the Live Well Wake Collaborative to address:
 - Priority 1 – Transportation Options and Transit
 - Priority 2 – Employment
 - Priority 3 – Access to Care
 - Priority 4 – Mental Health/Substance Use Disorders
 - Priority 5 – Housing and Homelessness

Population Health Alignment – Vulnerable Populations

- **A Vulnerable Populations Committee will be established as part of “Live Well Wake”**
- This will allow for:
 - Focused Leadership (**A Chamber or Business Rep and Other Community Partner will be asked to co-chair**)
 - Partners in Live Well Wake and partners from the Population Health Task Force work who want to participate can join this committee
 - This committee can set very specific objectives, and indicators to measure success

Population Health Alignment – Familiar Faces

- **A Familiar Faces Committee will be established as part of “Live Well Wake”**
- This will allow for:
 - Focused Leadership (**A County Manager Designee and Hospital Rep will be asked to co-chair**)
 - Partners in Live Well Wake and partners from the Population Health Task Force work who want to participate can join this committee
 - This committee can set very specific objectives, and indicators to measure success

How will Live Well Wake Be Organized?

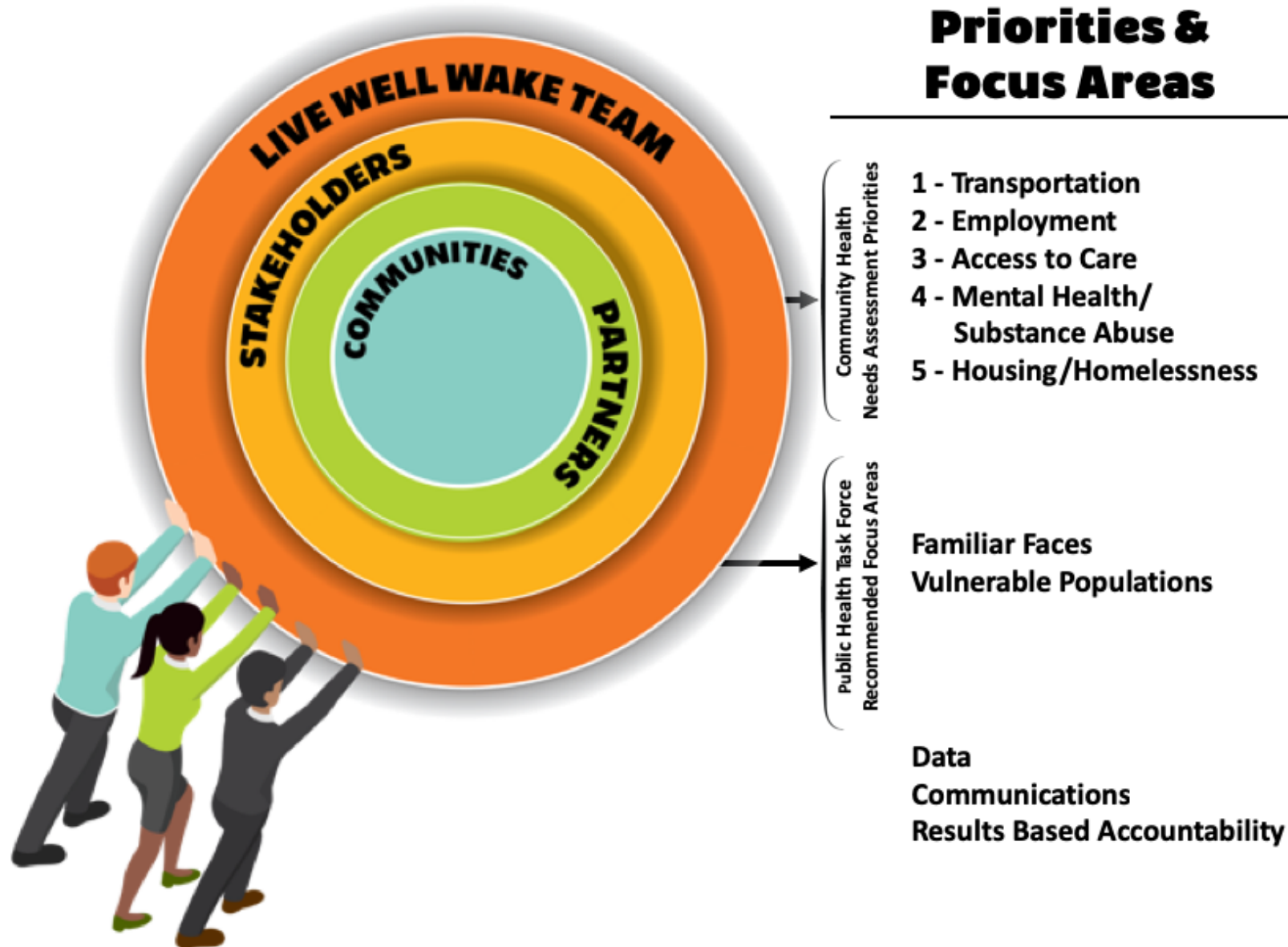
- The Former CHNA Community Health Assessment Team (CHAT) becomes the **Live Well Wake CHAT**
- The Former CHNA Stakeholder Group (120+ Community, government, faith based organizations), plus additional membership to address vulnerable communities/populations and frequent guests becomes the **Live Well Wake Stakeholder Group** – meets 2-3 times a year to engage stakeholders, report progress, align work of partners
- An effort will be made to add more business partners
- The Human Services Board has recommended increased effort in engaging community representatives

The New “Live Well Wake”

The “Live Well Wake” Collaborative is now the public/private partnership recommended by the Population Health Task Force, addressing:

- Priority 1 – Transportation Options and Transit
- Priority 2 – Employment
- Priority 3 – Access to Care
- Priority 4 – Mental Health/Substance Use Disorders
- Priority 5 – Housing and Homelessness
- Objectives of the Vulnerable Populations Committee
- Objectives of the Familiar Faces Committee

Live Well Wake



Who Will Live Well Wake Serve?

- The Entire County (with work on the 5 priorities)
- Vulnerable Populations and Communities
- Familiar Faces - Those who frequently use mental health, hospital, and other services

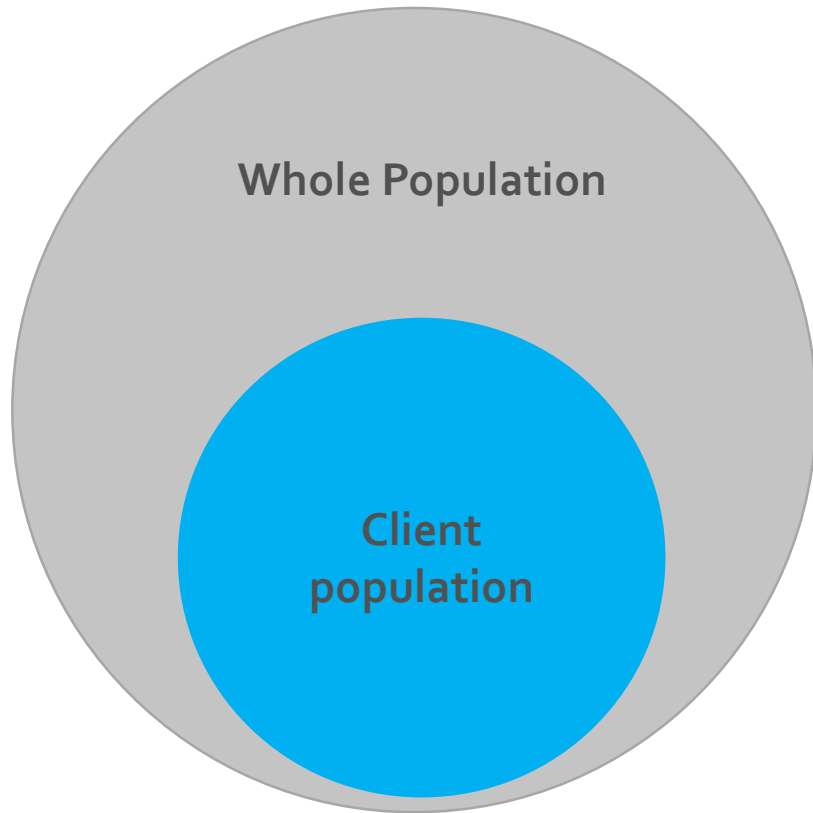
How will Live Well Wake Be Resourced?

- The Community Health Needs Assessment Team has invested time and resources in the CHNA process for the past 3 cycles. They will be asked to continue with their investment.
- Wake County Human Services is requesting funding for a CHNA/Population Health coordinator from the County Commissioners. Currently temporary funds are being used.
- Additional funding and support will be leveraged from community partners once the staff person is hired.
- Opportunities for funding related to Medicaid Transformation will be explored and pursued by the Live Well Wake Collaborative

How Will Success Be Measured?

- Results Based Accountability Methodology
- State of the County's Health Report to the State
- Hospitals' Reports to the Internal Revenue Service
- HOPE Model Indicators where applicable

“Results Based Accountability Model is Population & Performance Accountability



Population Accountability:

The Well being of **Whole Populations**.
Communities, Cities, Counties, States,
Nations



Performance Accountability:

The well being of **Client Populations**.
Programs, Organizations, Agencies,
Service Systems

How Will Success Be Measured for the 5 Priorities?

- Experts will inform the Live Well Wake participants about the issues, needs, and resources for each priority area.
- Through a Results Based Accountability Process:
 - Strategies that are actionable in a two to three year period will be selected. Strategies can be at the “population” or “performance” level.
 - Indicators of success will be identified so that progress can be measured.
 - Dashboards will be developed that can be shared with all participants and the public.

How Will Success Be Measured for Vulnerable Populations? - Examples

- Develop a community grant fund to support population health initiatives in vulnerable populations and communities experiencing disparities in health and social outcomes. **(Measures may include # of business partners supporting the grant fund; amount leveraged; improvements in community engagement, buy-in, improvements and satisfaction.)**
- Create safe and humane environments; remove barriers to healthy food, affordable transportation and housing. **(You can see the overlap here with the CHNA priorities. Measurement of the extent these barriers are addressed and number of people in vulnerable communities can be measured.)**
- Reduce over-criminalization that removes children from schools and parents from homes: decrease incidence of Adverse Childhood Experiences (ACEs) and increase resilience in people and communities; reduce incarceration; support employment. **(Measurement can include efforts to build family and community resilience, including community education)**
- Encourage early childhood brain development and enjoy a more creative, healthy, well educated, and economically engaged population. **(Did the Live Well Collaborative include vulnerable communities in this work? Did it make any difference in those communities?)**

How Will Success Be Measured for Familiar Faces?

- 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. **(Measure: was the Familiar Faces Committee developed and is it active?)**
- Consider issuing a Request for Proposals to 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. **(Measure: was the database created and used? Did it help any of our familiar faces, and in what ways?)**
- Pilot the use of a standardized Social Determinants of Health screening assessment, design a uniform enrollment process to connect people to appropriate resources. **(Measure: was the assessment created and used? Did it help any of our familiar faces, and in what ways?)**

Familiar Faces – Continued...

- 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, support and engage workforce currently working directly with familiar faces. **(Measure: Were the protocols developed? Did they help any of our familiar faces, and in what ways?)**
- Develop a return on investment model to demonstrate cost savings and develop case for scale and sustainable support to meet the needs of this population. **(Measure: was the model created and used? Did the model demonstrate cost savings and better outcomes for familiar faces?)**

Questions

1. What are your thoughts about this new Live Well Wake Model?
2. Any other feedback or thoughts?

