
Strategic Implementation Plan

**Fiscal Years
2023-2025**

**Wake County 2022 Community Health
Needs Assessment |**

**DRAH Implementation Plan & Progress
Report**

FEBRUARY 29

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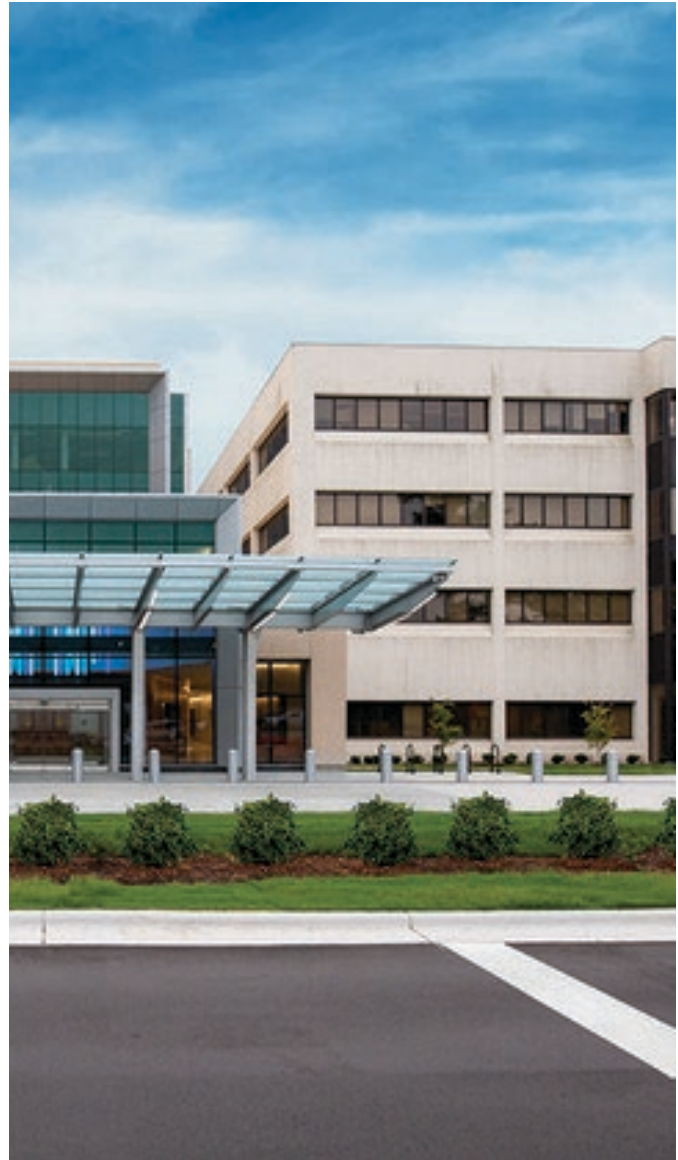


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EXECUTIVE SUMMARY & INTRODUCTION

Every three years, Wake County conducts a comprehensive Community Health Needs Assessment (CHNA). From March 2021 through April 2022, Duke Raleigh Hospital collaborated with Advance Community Health, Alliance Health, UNC REX Healthcare, Wake County Human Services, Wake County Medical Society Community Health Foundation, WakeMed Health and Hospitals, and Youth Thrive to develop the 2022 CHNA. The 2022 CHNA examines the overall community health needs and evaluates how best to improve and promote the health of the community.

The assessment included analysis of existing statistics from local, county, state, and national sources as well as input from nearly 1,073 Wake County residents and organizational leaders included in this CHNA. This community input was gathered through internet-based and telephone surveys, focus groups, and an internet-based prioritization survey.

Based on the findings from this assessment, the following priority areas were identified for 2022-2025:

Affordable Housing
& Homelessness

Access to
Healthcare

Mental Health

A full copy of the 2022 Wake County CHNA can be found [here](https://livewellwake.org/wp-content/uploads/2022/05/Wake-CHNA-Report-without-Appendices-2022-FINAL.pdf) on the Wake County website: <https://livewellwake.org/wp-content/uploads/2022/05/Wake-CHNA-Report-without-Appendices-2022-FINAL.pdf>.

What is a Community Health Needs Assessment?

According to Live Well Wake, “The purpose of a community health needs assessment (CHNA) is to collect and use data to identify community assets and priorities that can improve community health and wellbeing. By identifying these priorities with broad community input, local leaders can collaborate and leverage shared resources and expertise to act.”

According to the IRS, in order for hospitals to meet the requirements of the Section 501 (r)(3), they are required to conduct a CHNA in the taxable year or in either of the two immediately preceding taxable years. Hospitals must also adopt and implement a strategy to meet the identified community health needs on or before the 15th day of the fifth month after the end of that taxable year.¹

What is Live Well Wake?

“Live Well Wake is a collaborative that formed as a result of the 2019 Community Health Needs Assessment and Population Health Task Force initiative. It convenes a large and diverse group of members including county agencies, health care systems, and community-based organizations and establishes cross sector collaboration among agencies and organizations serving Wake County. Individual and organizational representation in Live Well Wake is described in the acknowledgement section of this report. Learn more about the work of Live Well Wake and how you can get involved at livewellwake.org.”

¹ Community Health Needs Assessment for Charitable Hospital Organizations- Section 501(r)(3). [Community Health Needs Assessment for Charitable Hospital Organizations - Section 501\(r\)\(3\) | Internal Revenue Service \(irs.gov\)](https://www.irs.gov/charities-non-profits/community-health-needs-assessment-for-charitable-hospital-organizations-section-501(r)(3))

DUKE HEALTH (DUKE RALEIGH HOSPITAL) OVERVIEW

Advancing Health Together. As a world-class academic and health care system, Duke Health strives to transform medicine and health locally and globally through innovative scientific research, rapid translation of breakthrough discoveries, educating future clinical and scientific leaders, advocating and practicing evidence-based medicine to improve community health, and leading efforts to eliminate health inequalities.

Duke Raleigh Hospital (DRAH) has been a part of the Raleigh community for more than 100 years. It began as Mary Elizabeth Hospital in 1914, and moved to its current location at 3400 Wake Forest Road as Raleigh Community Hospital in 1978. In 1998, Duke Raleigh joined Duke University Health System (DUHS) | Duke Health.

As a part of Duke Health, DRAH offers the latest in care and technology in a patient-friendly setting. Employing more than 2,100 people, the hospital provides 186 inpatient beds and a comprehensive array of services, including four cancer center locations in Wake County, Duke Raleigh Orthopaedic and Spine Center, cardiovascular services, neurosciences including the Duke Raleigh Skull Base and Cerebrovascular Center, advanced digestive care, disease management and prevention, wound healing, outpatient imaging, intensive and progressive care, pain clinic, same-day surgery, emergency department and community outreach and education programs.

In July 2021, Duke Raleigh Hospital celebrated the opening of its South Pavilion, which consists of renovations to the hospital's existing bed tower. This project includes 92 single-occupancy patient rooms, nine state-of-the-art operating suites and a new kitchen and café for patients and visitors.

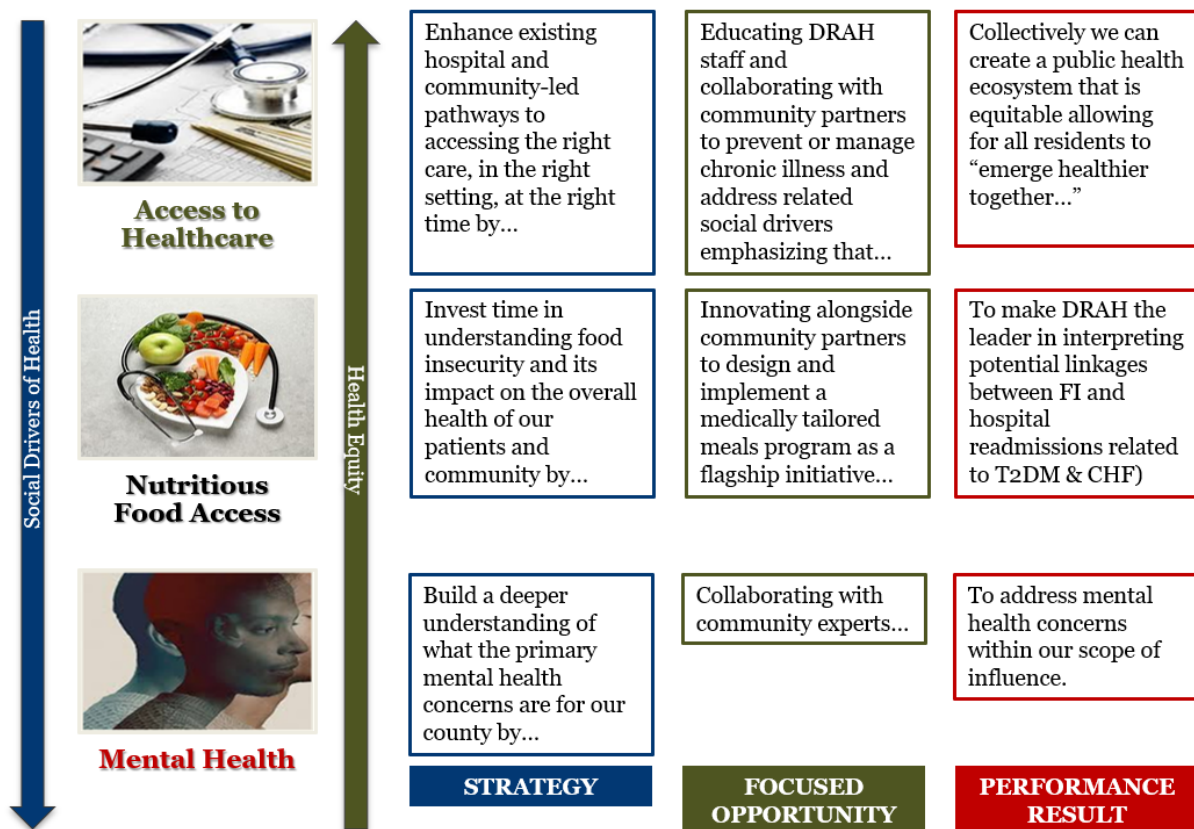
The U.S. News & World Report 2022-2023, has ranked Duke Raleigh Hospital as high performing in cancer (Lung Cancer Surgery) and in seven common adult procedures/conditions: Heart Failure, Kidney Failure, Geriatrics, Back Surgery (Spinal Fusion), Stroke, Knee Replacement, and Pneumonia.



FY2023-2025 IMPLEMENTATION PLAN

The FY2023-2025 Implementation Plan was developed in alignment with Duke Raleigh Hospital’s mission “to improve health, advance knowledge, and inspire hope”. This implementation plan is guided by the priority areas identified by the 2022 CHNA as well as by core competencies that serve as the focus of efforts in the areas where Duke Raleigh can have the greatest impact.

This implementation plan is considered to be a “working plan” that will continue to evolve and be evaluated for effectiveness in meeting the needs of the community. Duke Raleigh has made a commitment to working alongside community leaders and visionaries to positively advance these priority areas maintaining an emphasis on identifying social drivers and integrating a health equity lens.



Beginning on the next page, you will find detailed information regarding the three (3) priority areas as well as the actions Duke Raleigh has identified to address the priority areas.

1. Housing and Homelessness

Housing and Homelessness are 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.²

Duke Health acknowledges that healthy homes promote good physical and mental health, affecting the overall ability of families to make healthy choices.³ We have proposed the following priorities and strategies to be implemented over the next three years:

Priority	Housing and Homelessness
Strategy Statement	Support efforts to increase access to safe and healthy housing
Major Actions	<ul style="list-style-type: none">• Evaluate current processes to identify patients with housing/shelter needs and expand existing capabilities to connect them with community resources• Embed connections to housing/shelter within the Emergency Department workflow to incorporate the use of NCCare360⁴• Support efforts to increase community-based organizations capacity to provide safe, quality, affordable housing and shelter using our time, resources, and finances.<ul style="list-style-type: none">○ We will continue to support Habitat for Humanity of Wake County (FY17-24) in the following ways: Financial contributions and Employee volunteerism○ We will continue to support Triangle Family Services in its mission to provide emergency housing assistance, rental assistance, and street outreach in the following ways: Financial contributions, Employee volunteerism, and Referrals.○ We will continue to support Healing Transitions, which offers peer-based, recovery-oriented services to homeless, uninsured and underserved individuals with alcoholism and other drug additions, within Wake County in the following ways: Financial contributions, Joint Community Service Efforts, and Referrals.○ We will continue to support Urban Ministries of Wake County, which runs the Helen Wright Center for Women, a program for single, homeless women in the following ways: Financial contributions, Employee volunteerism, In-kind services, and Referrals.• Duke Raleigh Hospital will establish a volunteer outreach committee, composed of clinical care team members and non-clinical team members that will support community partners who aid our communities in need including the homeless• We will work closely with the Wake County Continuum of Care in their efforts to ensure that homelessness is “rare, brief, and one-time” in the following way: Partnering for to meet needs during “White Flag”

² See 2022 Wake County CHNA, [Wake County Community Health Needs Assessment \(livewellwake.org\)](https://www.wakecountync.gov/2022/05/10/wake-county-community-health-needs-assessment/)

³ How Does Housing Affect Health, Robert Wood Johnson Foundation, May 1, 2011.

<https://www.rwjf.org/en/library/research/2011/05/housing-and-health.html>. Accessed September 2019.

⁴ See About NCCare360. [About NCCARE360 – NCCARE360](https://www.nccare360.org/)

2. Access to Care

Access to care was identified as a top priority in the 2013, 2016, 2019 Wake County CHNAs and remains a top priority in the 2022 Wake County CHNA. This 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.

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.⁵ Duke Raleigh is actively engaged in improving access to health services for all through strategic initiatives and community partnerships.

Priority No. 3	Access to Care
Strategy Statement	Enhance pathways to accessing the right care, in the right setting, at the right time to achieve the best health outcomes.
Major Actions/Activities	
<ul style="list-style-type: none">Continue to provide financial assistance via Duke University Health System's charity and discounted care policies <i>In Fiscal Year 2023, Duke Raleigh provided \$19,769,288 million in charity care</i>	
<ul style="list-style-type: none">Increase financial volunteer support to community partners working to provide care to uninsured populations. This includes organizations such as Alliance Medical Ministry, Project Access of Wake County, and Urban Ministries of Wake County.	
<ul style="list-style-type: none">Continue to provide in-kind lab services to Urban Ministries of Wake County's Open-Door Clinic. <i>In FY23, lab tests were provided in-kind worth more than \$2.48 million</i>	
<ul style="list-style-type: none">Continue to provide donated care to Project Access of Wake County and invest in expansion of Project Access services over the next three years	
<ul style="list-style-type: none">Expand capacity to conduct social needs screenings and support linkages to community resources <i>This includes piloting and rolling out NCCARE360 over the next three years for food insecurity related drivers (FY22-FY25) as well as working with the Duke Benefits Enrollment Center</i>	
<ul style="list-style-type: none">Continue to provide the "teach-back" course as part of the Nurse Residency curriculum through our clinical education department. <i>In FY22-23, courses focused on how to effectively communicate with patients ("teach back") taught as part of the curriculum with a total of 1,324 nurses educated</i>	
<ul style="list-style-type: none">Expand community outreach and education efforts around stroke, cardiovascular disease, diabetes, cancer, orthopedics, sports medicine and more through partnering with local organizations, agencies, and businesses through interventions, initiatives, and community events	

⁵ See 2019 Wake County CHNA, Chapter 4: County Priority Areas, Access to Care, pages 39-73.

3. Mental Health

Mental Health was an identified priority in both the 2013, 2016, and 2019 Wake County CHNAs. While this year's mental health priority will include data related to mental health disease (like depression, Alzheimer's, and Schizophrenia), it will not be prioritized along with substance use as it has in years past. The selection committee believed that by focusing solely on mental health, the county would have increased ability to have a downstream impact on substance use.⁶



Wake County has experienced an increase in the prevalence and severity of mental health. While the impacts of mental health are far reaching, prioritization discussions have placed special emphasis on several populations specifically impacted by mental health identifying the relationship between discrimination, racism, and mental health. Due to the scope and complexity of mental health and its tie to physical health, a collective and collaborative approach is needed. Duke Raleigh Hospital will continue to work collaboratively and support opportunities to improve access to mental health services in addition to supporting initiatives that promote physical health.

Priority	Mental Health and Substance Use Disorders
Strategy Statement	Work collaboratively with county stakeholders to understand and address community mental health needs in partnership with the broader Duke Health.
Major Actions/Activities	
<ul style="list-style-type: none">• Further develop behavioral health service line capabilities at Duke Raleigh Hospital with dedicated service line leadership, rounding nurses, social workers, and leverage the use of NCCare360 resources	
<ul style="list-style-type: none">• Continue to collaborating with the following community coalitions/workgroups: North Carolina Health Care Association (NCHA) Behavioral Health Workgroup	
<ul style="list-style-type: none">• Continue to support efforts to increase community-based resources through grants and sponsorships. <i>Past organizations supported have included Triangle Family Services and National Alliance on Mental Illness (NAMI) Wake County</i>	
<ul style="list-style-type: none">• Increase capabilities to provide Mental Health First Aid training in collaboration with community partners including the Duke Raleigh Faith Council to promote awareness	
<ul style="list-style-type: none">• Increase partnerships with Mental Health supporting organizations such as the Alzheimer's Association	

⁶ See, 2022 Wake County CHNA Executive Summary, [LWW CHNA-2022-Executive-Summary.pdf\(livewellwake.org\)](https://www.livewellwake.org/LWW_CHNA-2022-Executive-Summary.pdf).

PROGRESS ON 2022 WAKE COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT PRIORITIES

Beginning in April 2021 through April 2022, Duke Raleigh Hospital collaborated with Wake County Human Services, WakeMed Health and Hospitals, UNC REX Healthcare, Advance Community Health, and the Wake County Medical Society Community Health Foundation to develop the 2022 Community Health Needs Assessment (CHNA). This cycle, DRAH served as the county fiscal lead, with our Assistant Vice President for Finance and Divisional Chief Financial Officer serving as the overall Co-Chair of the Wake County Community Health Needs Assessment.

The assessment included analysis of existing statistics from local, county, state, and national sources as well as community input gathered from Wake County residents through surveys, focus groups, and prioritization meetings. Based on the finding from this assessment, the following four priority areas were identified for 2023-2026:

Affordable Housing and Homelessness:

- “This priority contains information related to the cost of housing, housing choices and number of persons experiencing homelessness.”

Access to Healthcare:

- This priority “includes information 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”.

Mental Health:

- This priority “includes data related to mental health disease (like depression, Alzheimer’s, and Schizophrenia), poor mental health days and hurting oneself”.

Graphic Footnote⁷

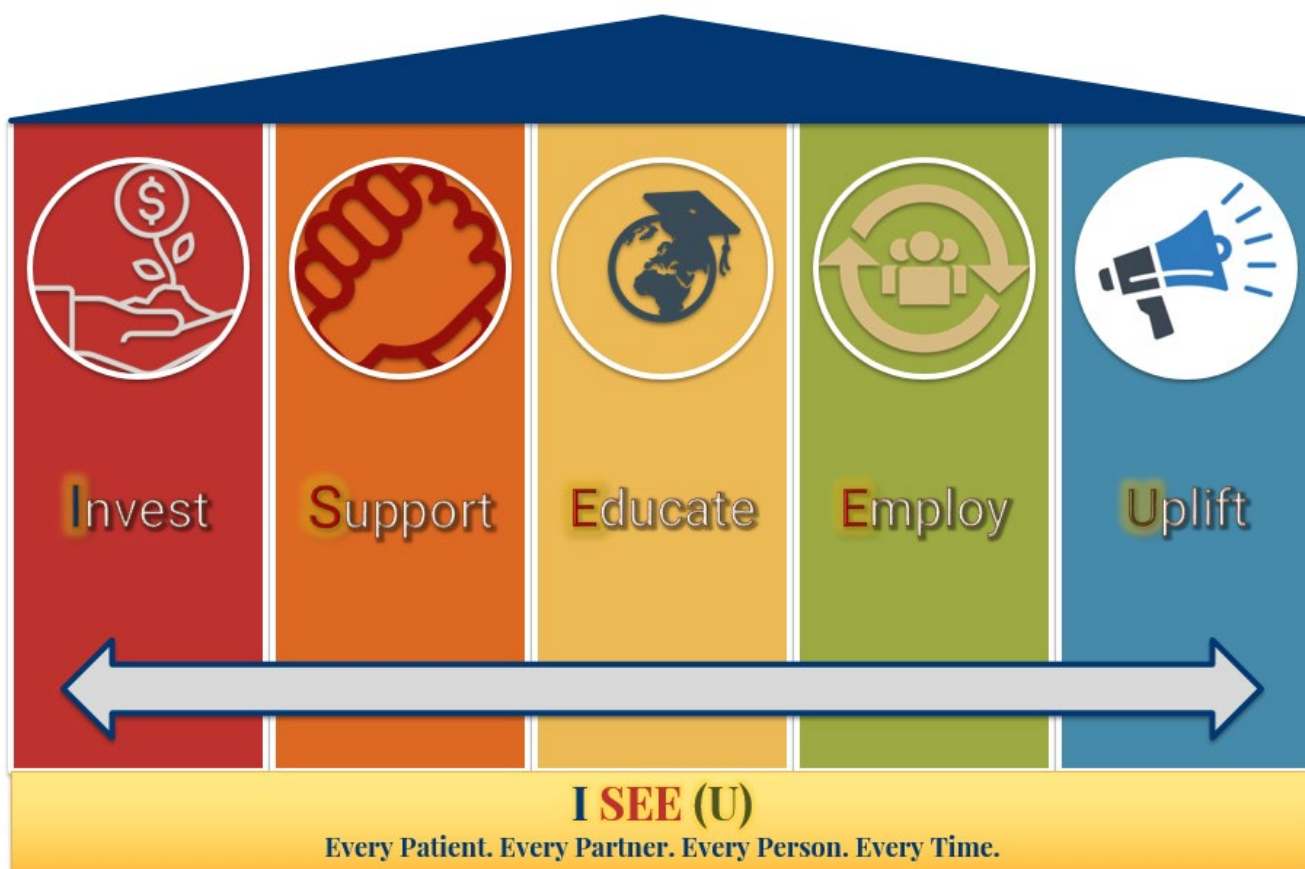
The Wake County Community Needs Assessment has and will continue to serve as a guiding light for Duke Raleigh’s True North, Framework, and Strategic Priorities for Community Affairs.

• ⁷ See 2022 Wake County CHNA Executive Summary, LWW_CHNA-2022-Executive-Summary.pdf (livewellwake.org)

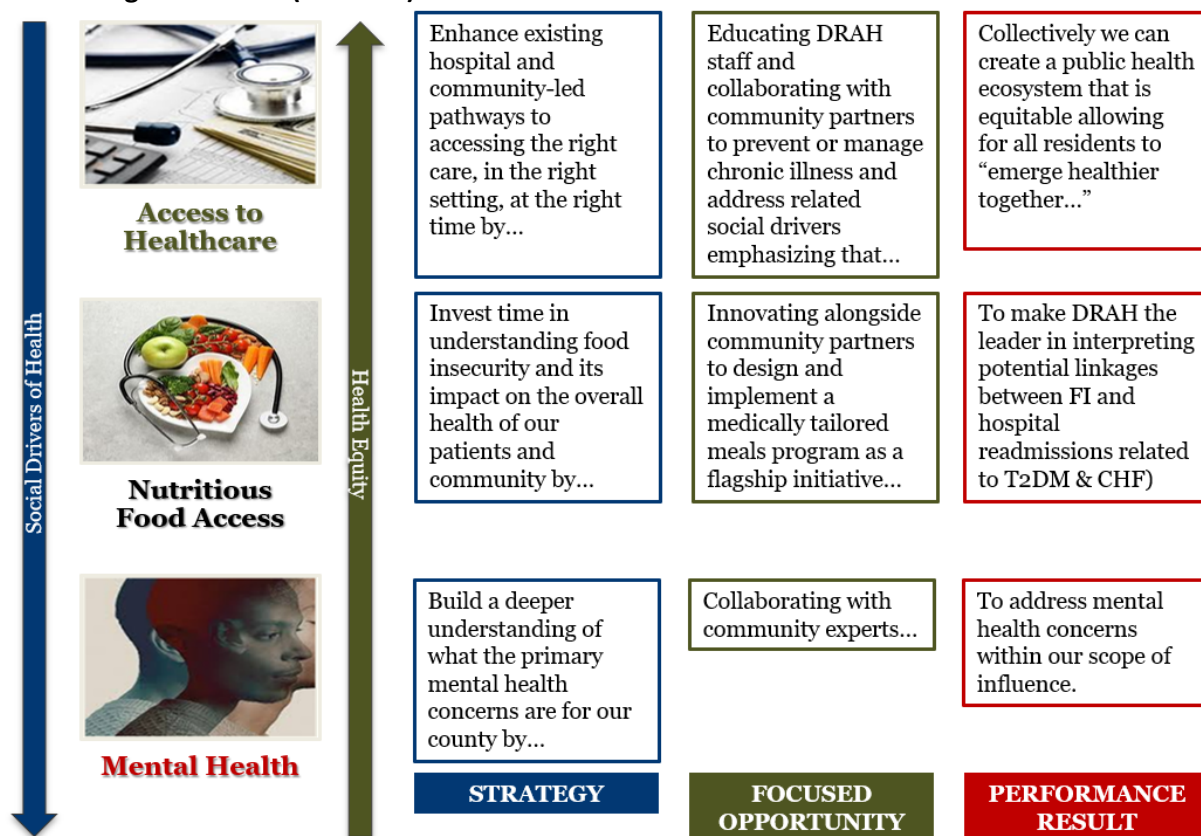
- **Our Foundation:**

True North:	Mission Statement:	Vision Statement:
<ul style="list-style-type: none"> ○ “Emerging Healthier...Together” ○ Duke Raleigh Hospital will convene and innovate alongside community visionaries with the shared determination of ensuring every Wake County resident has the opportunity to realize their full health potential by identifying, addressing, and eliminating the harms that impact this realization. 	<ul style="list-style-type: none"> ○ “To Improve the Health of Wake County... ○ By advancing education, inspiring and supporting lifestyle changes to prevent disease, and transforming the way we deliver care to view the entire person and collective factors that impact their ability to live healthy, full lives.” 	<ul style="list-style-type: none"> ○ “To Be the Best Healthcare Partner in Wake County... ○ Through a proven track record of improving community health in a way that values and promotes diversity in thought, beliefs, and being.”

- **Our Framework:**



• **Our Strategic Initiatives (FY 2023+):**



Following are the corresponding strategies and results of the implementation plan from July 1, 2022 – October 31, 2023 by priority area:

Priority No. 1 Housing and Homelessness

- Duke Raleigh partners with non-profit organizations that work to ensure that homelessness is infrequent in Wake County by increasing efforts to advance affordable housing like the Wake County Continuum of Care – NC 507. This year, a DRAH representative attended the following event led by the Wake CoC:
 - **NC 507 Strategic System Design Clinic – Community Leaders (Oak City Cares).** This design clinic brought together key stakeholders at Oak City Care to:
 - Understand and discuss aligning systems components with best practices
 - Understand the importance of quality data collection and data-driven decision making to better allocate funds and resources towards effective and efficient interventions to end homelessness
 - Identify recommendations to improve the local systems to end homelessness
 - Engage in planning to develop actions to address recommendations
- Duke Raleigh will continue to support the Wake CoC this year during White Flag and in efforts to eliminate homelessness.
- Duke Raleigh Hospital financially supports the following organizations annually to work towards advancing Affordable Housing and addressing Homelessness:

- Healing Transitions
- Triangle Family Services
- Urban Ministries of Wake County

Priority No. 2 Access to Healthcare

- Annually, Duke Raleigh Hospital provides eligible care at a discount or without charge to all qualifying patients who do not have health insurance, or who cannot pay for care because of financial hardship. See charity care by fiscal year below, in '000s:
 - FY21 – 18,588
 - FY22- \$21,909
 - FY23 - \$19,769
- Provided donated care to Project Access of Wake County, a private, non-profit program that connects eligible uninsured clients to high quality medical services, at a total value of approximately \$3.48 million (FY23), which is also included in the FY23 charity care figures.
- Provided in-kind lab services to Urban Ministries of Wake County's Open-Door Clinic, at an average annual value of \$2+ million (FY23)
- Provided annual funding to Alliance Medical Ministry to support their efforts to provide comprehensive, compassionate and affordable healthcare to working, uninsured adults in Wake County. This support totaled \$ 30,000 (FY23)
- Donated and packed 5,000+ lbs. of rice and beans for Urban Ministries of Wake County's client choice pantry between FY17-23 (engaging 30+ employees, annually)
- Provided teach back education to 1,324 clinicians (FY22-23)
- Organized two Head and Neck Cancer Screening events in FY23 resulting in approximately 450 lives reached and 56 screenings completed.
- Organized a Back to School Giveaway for a local vulnerable community (according to the vulnerability index) and a local Title 1 school resulting in approximately 200 lives reached and 100 bags distributed.
- Provided \$5,000 in financial support to the Inter-Faith Food Shuttle and \$2,500 to Meals on Wheels of Wake County in FY23 to support a variety of needs
- Sponsored the Midtown Farmers Market, which promotes a healthy lifestyle as well as provides a venue for Duke Raleigh to share healthy education from April – November hosting 4 days focused on mental health, wellbeing, and cancer care

Priority No. 3 Mental Health

- In FY23 provided financial support to Triangle Family Services to support their efforts to expand access to sustainable mental health services in our community
- Provided support for the Adverse Childhood Experiences (ACEs) Resilience in Wake County Initiative. This initiative is a multi-sector, community-driven movement to address and prevent ACEs and build resilience in Wake County
- Hosted a Mental Health and Wellbeing popup at the Midtown Farmers Market in July 2022
- Sponsored the National Association of Mental Illness Celebration of Courage Walk as a \$2,500 sponsor and presenter the day of in September 2022
- Participated in the following community coalitions/workgroups
 - North Carolina Health Care (NCHA) Behavioral Health Workgroup

Thank you.