

**Duke Raleigh Hospital
2019 Community Health Needs Assessment
FY2020-2022 Implementation Plan & FY2019-2021 Progress Report**

INTRODUCTION

Duke Raleigh Hospital has been part of the Raleigh community for more than 100 years. We started as Mary Elizabeth Hospital in 1914, and moved to our current location at 3400 Wake Forest Road as Raleigh Community Hospital in 1978. In 1998, Duke Raleigh joined Duke University Health System (DUHS). As a Duke Health hospital, Duke Raleigh Hospital offers the latest in care and technology in a patient-friendly setting. Employing more than 1,600 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. Duke Raleigh Hospital is proud to be part of the community, and has many longstanding partnerships with organizations that share our goal of improving the health of the community.

2019 COMMUNITY HEALTH NEEDS ASSESSMENT

Every three years, Wake County conducts a comprehensive Community Health Needs Assessment (CHNA). From March 2018 through April 2019, Duke Raleigh Hospital collaborated with Advance Community Health, Alliance Health, 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 to develop the 2019 CHNA. The 2019 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 5,900 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 five priority areas were identified for 2020-2022:

1. Transportation Options and Transit
2. Employment
3. Access to Care
4. Mental Health/Substance Use Disorders
5. Housing and Homelessness

A full copy of the 2019 Wake County CHNA can be found here on the Wake County website: <http://www.wakegov.com/wellbeing/Documents/FINAL%202019%20CHNA.pdf>.

FY2020-2022 IMPLEMENTATION PLAN

The FY2020-2022 implementation plan was developed in alignment with Duke Raleigh Hospital’s mission to improve health, advance knowledge, and inspire hope. This plan is guided by the priority areas identified as well as by our core competencies in order to focus our 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. Following is more detailed information regarding the five (5) priority areas as well as the actions Duke Raleigh has identified to address the priority areas.

1. Transportation Options and Transit

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. 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.¹ Through the following actions, Duke Raleigh Hospital will work collaboratively to reduce barriers to transportation.

Priority No. 1	Transportation and Transit Options
Strategy Statement	Support community efforts to reduce transportation barriers to healthcare services as well as build a reliable, accessible transportation system for all.
Major Actions/Activities	
<ul style="list-style-type: none"> Continue to identify patients with transportation needs & connect them with community resources such as the Lung Cancer Initiative of NC’s Gas Card Program, American Cancer Society’s Road to Recovery, the Caring Community Foundation, and the NCCare360 network. 	
<ul style="list-style-type: none"> Provide financial support to community-based organizations addressing transportation barriers for healthcare services 	
<ul style="list-style-type: none"> Continue to support organizations such as the Greater Raleigh Chamber of Commerce and Midtown Raleigh Alliance in their efforts to advocate for a reliable transportation system for all 	

2. Employment

Employment is also a social determinant of health that rose to the top of the Wake County prioritization matrix. 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

¹ See 2019 Wake County CHNA, Chapter 4: County Priority Areas, Transportation and Transit Options, pages 16-35.

job in Wake County.² A good-paying job makes it easier for workers to live in healthier neighborhoods, provide quality education for their children, secure child care services, and buy more nutritious food—all of which affect health.³

To address this priority, Duke Raleigh will employ the following strategy/action items:

Priority No. 2	Employment
Strategy Statement	Engage with community partners to better understand employment needs and support efforts to increase employment opportunities.
Major Actions/Activities	
<ul style="list-style-type: none"> • Increase in Minimum Wage: Duke University and Duke University Health System increased minimum wage to \$15 effective July 1, 2019 	
<ul style="list-style-type: none"> • Job Growth: As a result of the Duke Raleigh Hospital South Pavilion Addition scheduled to open in 2021, we will grow by a few hundred new jobs over the next five years with over two-thirds of these hires to happen by the end of fiscal year ending June 30, 2022 	
<ul style="list-style-type: none"> • Support community efforts to promote economic prosperity for all. This includes continued collaboration with the Greater Raleigh Chamber of Commerce and Wake County Economic development by investing in the competitive edge initiatives and participating in the Triangle Diversity, Equity, and Inclusivity (DEI) Alliance. This also includes collaborating with economic vitality organizations in Wake County including the Crosby Advocacy Group. 	
<ul style="list-style-type: none"> • Provide opportunities to prepare the future healthcare workforce. This includes continued partnership with Wake Technical Community College and Wake County Public School System (WCPSS). In FY2020, we provided thousands of hours for clinical rotations for students of Wake Tech’s Health Sciences programs as well as engaged with WCPSS Career Academies such as Enloe High School’s Medical Bioscience Academy 	

3. Access to Care

Access to care was identified as a top priority in the 2013 and 2016 Wake County CHNAs and remains a top priority in the 2019 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.⁴ Duke Raleigh is actively engaged in improving access to health services for all through strategic initiatives and community partnerships.

² See 2019 Wake County CHNA, Chapter 4: County Priority Area, Employment, pages 35-39

³ How Does Employment, or Unemployment, Affect Health? Robert Wood Johnson Foundation. March 12, 2013. <https://www.rwjf.org/en/library/research/2012/12/how-does-employment--or-unemployment--affect-health-.html>. Accessed 9/3/2019.

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

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. Remove internal barriers to connecting patients with primary care and mental health care.
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. In Fiscal Year 2020, Duke Raleigh provided approximately \$22.0 million in charity care 	
<ul style="list-style-type: none"> Support 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. In FY20, over 9,500 lab tests were provided in-kind worth more than \$1.9 million 	
<ul style="list-style-type: none"> Continue to provide monthly diabetes education classes at Alliance Medical Ministry in-kind 	
<ul style="list-style-type: none"> Continue to provide donated care to Project Access of Wake County 	
<ul style="list-style-type: none"> Expand capacity to conduct social needs screenings and support linkages to community resources. This includes piloting NCCARE360 in FY2021 as well as working with the Duke Benefits Enrollment Center 	
<ul style="list-style-type: none"> Continue to expand the Duke Elder Family/Caregiving Training (DEFT) program at Duke Raleigh Hospital. The DEFT Center provides skills-training, education and support to caregivers discharging home after a hospital stay 	
<ul style="list-style-type: none"> Continue to provide the health literacy course as part of the Nurse Residency curriculum through our clinical education department. In FY20, one health literacy class was taught as part of the curriculum with a total of 108 graduate nurses educated 	
<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 	

4. Mental Health/Substance Use Disorders

Mental Health/Substance Use Disorders was an identified priority in both the 2013 and 2016 Wake County CHNAs. Wake County has experienced an increase in the prevalence and severity of mental health and substance use problems. This 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.⁵ Due to the scope and complexity of mental health and substance use, a collective and collaborative approach is needed. Duke Raleigh Hospital will continue to work collaboratively and support opportunities

⁵ See 2019 Wake County CHNA, Chapter 4: County Priority Areas, Mental Health Substance Use Disorders, pages 75-94.

to improve access to mental health services and reduce substance use.

Priority	Mental Health and Substance Use Disorders
Strategy Statement	Work collaboratively to address community mental health and substance use needs.
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 serve on the following community coalitions/workgroups: North Carolina Health Care Association (NCHA) Behavioral Health Workgroup, Wake County Drug Overdose Prevention Coalition, and Wakebrook Community Partnership 	
<ul style="list-style-type: none"> • Continue to support efforts to increase community-based resources through grants and sponsorships. Past organizations supported have included Triangle Family Services and National Alliance on Mental Illness (NAMI) Wake County 	
<ul style="list-style-type: none"> • Continue to participate in DUHS Opioid Task Force. This task force provides recommendations for the initiation and management of opioid therapy across the health system to improve personal and community safety and reduce harm associated with the high risk treatments while engaging patients in their own care. 	
<ul style="list-style-type: none"> • Increase capabilities to provide Mental Health First Aid training and increase community awareness 	

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.⁶ Healthy homes promote good physical and mental health, affecting the overall ability of families to make healthy choices.⁷

Priority	Housing and Homelessness
Strategy Statement	Support efforts to increase access to safe and healthy housing
Major Actions	
<ul style="list-style-type: none"> • Expand capabilities to identify patients with housing/shelter needs and connect them with community resources 	

⁶ See 2019 Wake County CHNA, Chapter 4, County Priority Areas, pages 94-107

⁷ 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.

- Support efforts to increase community-based organizations capacity to provide safe, quality, affordable housing and shelter.
 - In FY17-20, Duke Raleigh Hospital provided support for Habitat for Humanity of Wake County through financial contributions and employee volunteerism
 - Continue support for Triangle Family Services, which provides emergency housing assistance, rental assistance, and street outreach
 - Continue support for Raleigh Wake Partnership to End and Prevent Homeless (The Partnership) efforts. In FY20, DRAH donated thermal blankets in support
 - Continue support for Urban Ministries of Wake County, which runs the Helen Wright Center for Women, a program for single, homeless women

PROGRESS ON 2016 WAKE COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT PRIORITIES

From September 2015 through June 2016, Duke Raleigh Hospital collaborated with Wake County Human Services, WakeMed Health and Hospitals, UNC REX Healthcare, Advance Community Health, United Way of the Greater Triangle, and the Wake County Medical Society Community Health Foundation to develop the 2016 Community Health Needs Assessment (CHNA). 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 2017-2019. Following are the corresponding strategies and results of the implementation plan from July 1, 2016 – June 30, 2019 by priority area:

1. **Health Insurance Coverage:** Reduce barriers to accessing care for the uninsured and underinsured
2. **Transportation:** Lessen barriers to care as it relates to access to and cost of transportation through collaborations within the hospital and with our community partners
3. **Access to Health Services:** Enhance access to care in the right setting with an increase focus on primary care, preventative care, disease management, and education throughout the community
4. **Mental Health and Substance Use:** Address community mental health and substance use needs by collaborating with community partners and working collectively to leverage resources

Priority Nos. 1 and 3 Health Insurance Coverage & Access to Health Services

- 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:
 - FY17 - \$15,107
 - FY18 – \$17,723
 - FY19 - \$19,970
 - FY20 - \$22,097

2019 CHNA, FY2020-FY2022 Implementation Plan

- 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 \$9.76 million (FY20)
- Provided in-kind lab services to Urban Ministries of Wake County's Open Door Clinic, at an average annual value of \$1.9 million (FY20)
- 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 \$ 17,500 (FY20)
- Provided monthly diabetes education in-kind to clients of Alliance Medical Ministry clients (FY20)
- Engaged employees in volunteerism supporting Alliance Medical Ministry and Urban Ministries of Wake County. Between FY17-19, we donated and packed over 3,000 lbs of rice and beans for Urban Ministries of Wake County's client choice pantry, which engaged approximately 50 employees
- Provided health literacy education to over 108 clinicians (FY20)
- Developed programming and provided financial support to increase children's access to nutritious food. This included serving approximately 700 meals in summer 2019 as a North Carolina Summer Nutrition Program Sponsor and providing \$5,000 in financial support to the Inter-Faith Food Shuttle in FY20 to support a variety of needs
- Partnered with organizations, agencies, and businesses to provide health education throughout the community. Each year, Duke Raleigh 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. Fall 2017, we partnered with a senior residential facility to provide healthy education about cardiovascular disease, stroke, and diabetes for their residents. In April 2019, Duke Raleigh provided Hands-only CPR education and connections to the Duke Benefit Enrollment Center at the Southeast Raleigh Health Truck Rodeo led by the Raleigh Alumnae Chapter of Delta Sigma Theta Sorority, Inc.
- Provided over 1,300 COVID-19 Care Packages containing educational resources, masks, and hand sanitizer to community members in 27604
- Provided Over 1,500 education resources to El Pueblo in support of their annual event, Y Sigue la Fiesta

Priority No. 2 Transportation

- Supported organizations such as the Greater Raleigh Chamber of Commerce and Midtown Raleigh Alliance, which advocate for an enhanced transit and transportation system for all residents.
- Supported organizations such as the Lung Cancer Initiative of NC, which funds a gascard program to lessen the financial burden of lung cancer patients seeking treatment

Priority No. 4 Mental Health and Substance Use

- In FY2018, provided additional 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 (FY18-20)

- In February 2017, hosted “Clearing the Air Going Smoke-free Locally in NC” at Duke Raleigh Hospital. This event, sponsored by the American Cancer Society Cancer Action Network (ACS CAN) included public health and policy experts discussing the potential impact of implementing smoke-free policies at the county and municipal levels in North Carolina
- Partnered with UNC REX Healthcare and WakeMed Health & Hospitals along with Alliance Health to provide Mental Health First Aid Training for elected leaders in May 2017. This training provided elected leaders the opportunity to gain a better understanding of the impact mental illness and addiction have on individuals, families and our community
- Supported patients with smoking cessation in both inpatient and outpatient settings with a focus on oncology, COPD, and pre-surgical patients
- Created a behavioral service line director position to provide oversight and leadership for behavioral health services at Duke Raleigh Hospital
- Participated in the following community coalitions/workgroups
 - North Carolina Health Care (NCHA) Behavioral Health Workgroup
 - Wake County Drug Overdose Prevention Coalition
 - Wakebrook Community Partnership
- Participated in the DUHS Safe Opioid Task Force, which was created to improve the safety of pain management by encouraging clinical practice standardization, where clinically appropriate, when opioid therapy is designated for treatment.