Atrium Health Wake Forest Baptist Davie Medical Center

Community Health Needs Assessment Implementation Strategy
Calendar Year 2022 - 2024

Introduction

Davie Medical Center, doing business as Atrium Health Wake Forest Baptist Davie Medical Center ("AHWFB-DMC"), a North Carolina non-profit corporation, is a component member of Atrium Health Wake Forest Baptist ("AHWFB"), a preeminent, internationally recognized academic medical center with balanced excellence in patient care, research, and education. As part of AHWFB, AHWFB-DMC has the resources of a nationally recognized academic medical center at its doorstep, enabling the hospital to offer world-class health care, close to home. AHWFB-DMC operates a state of the art, 50 bed inpatient hospital that includes a 24/7 emergency department, a medical unit and a joint unit, and an operating suite on its Bermuda Run Campus. The hospital provides clinical services in Medical Plaza One and Medical Plaza Two that include: cardiac rehabilitation, cardiology, ophthalmology, gastroenterology, geriatric medicine, orthopaedics, pulmonary, podiatry, neurosurgery - spine, sleep clinic, imaging, physical therapy, occupational therapy, endoscopy, lab and pharmacy. Additionally, AHWFB-DMC operates Urgent Care – Mocksville, which treats minor illnesses and injuries seven days a week and requires no appointment.

Vision

Atrium Health Wake Forest Baptist Davie Medical Center's vision is to be the first and best choice for care.

Mission

Atrium Health Wake Forest Baptist Davie Medical Center's mission is to improve health, elevate hope and advance healing – for all.

Culture Commitments

Atrium Health Wake Forest Baptist Davie Medical Center's culture commitments include the following:

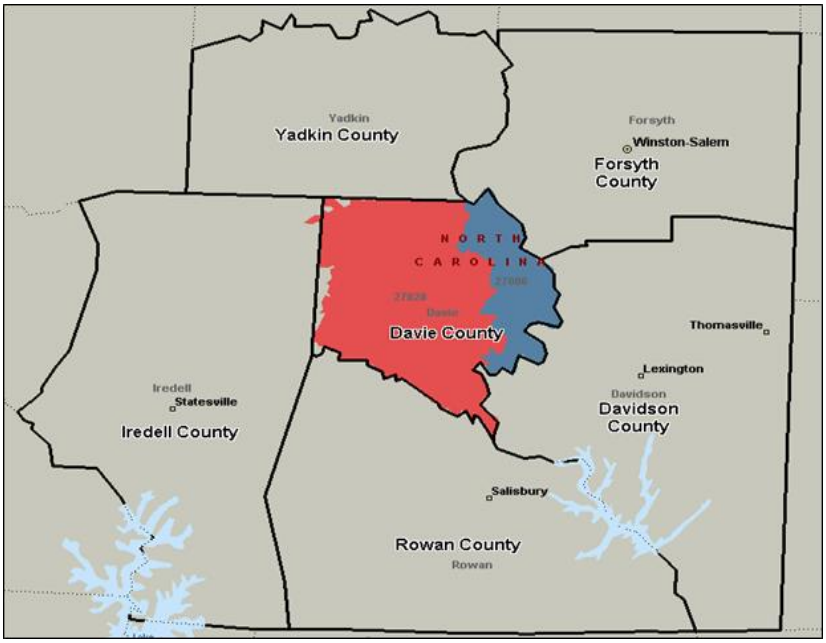
- We create a space where all ***Belong***
- We ***Work as One*** to make great things happen
- We earn ***Trust*** in all we do
- We ***Innovate*** to better the now and create they future
- We drive for ***Excellence -*** always

Mission Alignments: Community Engagement Principles, Population Health, Health Equity, Social Impact

AHWFB-DMC is committed to improving access, community health, and addressing the needs of our most vulnerable communities. As a result, we will emphasize identifying the ***places*** (e.g., zip codes, census tracts, neighborhoods, streets), ***partners***, ***people***, and aspects of ***poverty*** that we need to engage and address in our communities as we implement strategies.

We strive to be a leader in population health, health equity, and social impact as we look beyond the walls of our hospitals and medical offices to address social, economic, and environmental conditions that contribute to poor health outcomes, shortened lives, and higher health care costs of the communities we serve.

Community Served



The geographic area served by AHWFB-DMC is Davie County, North Carolina. Davie County is located in the Piedmont Triad region of North Carolina. Widely rural, the county is characterized by rolling farmland. The nearest metropolitan area is Winston-Salem, located just twelve miles to the northeast. Davie County is bounded on the north by Yadkin County, on the northeast by Forsyth County, on the west by Iredell County, on the southeast by Davidson County and on the south by Rowan County. Davie County is primarily comprised of three zip codes: 27028 (Mocksville), 27006 (Advance/Bermuda Run), and 27014 (Cooleemee). There are seven townships in Davie County. Mocksville is by far the largest municipality with 5,900 residents and is also the county seat.[1] Approximately 70% of the county's population is contained within rural areas of the County.[2] Davie County is bisected by Interstate 40, with Interstates 85 and 77 minutes away. This provides convenient access to Greensboro, Charlotte

[1] http://www.census.gov/quickfacts/table/mocksvilletownnorthcarolina,daviecountynorthcarolina/PST04521
[2] http://www.city-data.com/county/Davie_County-NC.html

and Raleigh - just 34, 40, and 98 miles away, respectively. Approximately 53% of working Davie County residents travel outside the county to their employer on a daily basis.[3]

Davie County covers approximately 265 square miles and has a population of approximately 42,800, or 162 residents per square mile. Davie County experienced population growth approximating 3.9% annually between 2010 to 2019.[4] Approximately 51% of Davie County's population is female. The majority of the County's population is white (84%) with Hispanic or Latino representing 7.3%, and Black or African Americans representing 6.5% of the population. 42% of Davie County's population is between the ages of 20 to 54 years and 35% is over the age of 55. Roughly 88% of the population is a high school graduate or higher with 24% of the population earning a bachelor's degree or higher. Most of the County's residents work in private industry. The median household income in Davie County between the years of 2015 - 2019 was $60,434 with approximately 10.9% at or below the poverty level.[4]

According to North Carolina State Center for Health Statistics, the leading causes of death in Davie County for 2019 were cancer and heart disease. Davie County, like many counties across North Carolina, is seeing the impact of the opioid epidemic. The need is blatant and has led to action. Through various programs that align with the North Carolina Opioid Action Plan 2.0, Davie County is working to comprehensively address opioid use within the County.[5] Tobacco and vaping use have been identified as an emerging issue within youth by Davie County. Davie County Schools nurses track vaping and tobacco-specific referrals, and all discipline referrals. Mental health has also been identified as an emerging issue within Davie County Schools. Of the health counseling sessions conducted each year, depression and substance use occur most frequently. [5]

2022-2024 Community Health Needs Assessment

During 2021, AHWFB-DMC conducted a Community Health Needs Assessment ("CHNA") for calendar years 2022-2024 to identify the health needs of Davie County. The CHNA process involved the collection of primary data from community surveys and interviews. In addition, secondary data sources were examined that included state level data (e.g., North Carolina State Center for Health Statistics, Healthy North Carolina 2030), county level data (e.g., State of the County Health (SOTCH) Reports from health departments), and community level data (e.g., neighborhood initiatives, community organizations). The process to identify priority health needs and to locate primary and secondary data sources involved close collaboration with partners, particularly the Davie County Health Department. In determining our criteria for priority health needs selection, the highest weights were placed on the health disparities associated with the need, the burden of the health need, the feasibility of possible interventions, and the importance the community placed on addressing the need. Upon completion of the CHNA, results of the assessment were shared with leaders at AHWFB-DMC and other key contributors for input.

The following CHNA priorities were identified and approved by the Board of Directors on November 30, 2021 for the 2022-2024 CHNA cycle:

[3] https://accessnc.nccommerce.com/DemoGraphicsReports/pdfs/countyProfile/NC/37059.pdf
[4] https://www.census.gov/quickfacts/fact/table/daviecountynorthcarolina,US/PST045217
[5] https://www.co.davidson.nc.us/DocumentCenter/View/3746/2019-State-of-the-County-Health-Report

1. **Access to Care**: with a focus on special populations who do not have access to consistent and reliable transportation, drug use and drug prevention education, mental health services, and access to affordable care
2. **Social Impact and Injustice**: with a focus on addressing poverty especially the issue of community members not being able to afford necessities including health care and safe/healthy housing
3. **Chronic and Emerging Diseases**: with a focus on supporting chronic disease management related to cancer and heart disease

The 2022-2024 CHNA process found that social impact and injustice was identified by the community as a significant health priority that greatly influences the health of the community, particularly its most vulnerable and underserved populations and individuals. The distribution of behaviors and health outcomes consistently follows social and economic patterns. Furthermore, some barriers to accessing care continue to prevent current programs and initiatives from reaching the populations in need. These challenges present important opportunities for the future. As we move forward as an integrated community of healthcare, social services and community leadership, we can leverage community assets and access to resources from the Atrium Health enterprise to improve the health of residents in Davie County.

AHWFB-DMC acknowledges the importance of all health needs in the Davie County community, even though the hospital's resources and assets were best aligned to focus on the prioritized health needs addressed above. Community needs that were identified but not prioritized for the 2022-2024 CHNA are as follows:

- Dementia care
- Dental services
- Family violence support
- Foster care
- Tobacco use and vaping
- Safe sidewalks for increased physical activity
- Motor vehicle accidents

AHWFB-DMC leadership will continue to partner with community-based and non-profit organizations, public health and other governmental agencies, and the broader community to help address these health needs.

2022-2024 Community Health Needs Assessment Implementation Strategy Development

This accompanying document to AHWFB-DMC's 2022-2024 CHNA outlines strategies designed to improve health through hospital programming and support for external community initiatives led by community coalitions and organizations. The list of outlined strategies will describe planned actions to address the community health needs that were identified through its CHNA process. In addition, hospital leaders will use this document to communicate the goals,

objectives and approaches that AHWFB-DMC will undertake to address community needs over the next three years, as well as help the community understand its role in addressing those needs.

The current set of strategies and related resources were identified by reviewing the AHWFB's Social Impact Inventory, the AHWFB-DMC's Program Inventory, the previous strategies outlined in the 2020-2022 CHNA Implementation Strategy, and other sources of information identified by the CHNA team leads. Additional existing programming and resources were identified through conversations with hospital and community leaders who have leadership responsibilities in addressing the priority health needs in Davie County. These existing strategies were evaluated to determine if the hospital could build upon community assets, refocus the existing program to meet prioritized health needs, and reallocate internal resources for the strategies.

After identifying existing strategies & programming that would continue to meet the priority needs of the current CHNA cycle, attention then focused on identifying new strategies that would allow the hospital to:

- be consistent with the hospital's organizational strengths and community capabilities
- assess availability of hospital and/or community resources to carry out the strategy.
- achieve short-term and long-term results
- identify barriers that might exist
- create partnerships and generate community support

In developing new strategies, AHWFB-DMC initially reflected on how it might effectively lead, compared to being a supportive partner for, other organizations designed to achieve collective impact. Additionally, the three levels of prevention were considered during the development process: 1) Primary prevention – preventing disease from occurring, 2) Secondary prevention – finding and treating the disease early, and 3) Tertiary prevention – targeting people with symptoms and making them healthy again. Multiple factors were considered that impact health, including individual behavior, community/social supports, and government health policies. Finally, the following evidence-based interventions were investigated:

- Community Health Improvement Navigator, CDC (http://www.cdc.gov/chinav/database/index.html)
- Evidence-based Practice Centers, AHRQ (http://www.ahrq.gov/clinic/epc/)
- Guide to Community Preventive Services, CDC (www.thecommunityguide.org)
- The Cochrane Collaboration (http://www.cochrane.org/)
- County Health Rankings and Roadmaps (www.countyhealthrankings.org/)
- Healthy People interventions and resources (www.healthypeople.gov)
- Healthy North Carolina 2030: https://nciom.org/wp-content/uploads/2020/01/HNC-REPORT-FINAL-Spread2.pdf
- Healthy Communities Institute (www.healthycommunitiesinstitute.com)
- National Resource for Evidence-based Programs and Practices, SAMHSA, US DHHS (www.nrepp.samhsa.gov)

2022-2024 Community Health Needs Assessment Implementation Strategy Action Plan

AHWFB-DMC addressed each of the community health needs prioritized in the 2022-2024 CHNA when developing its implementation strategy action plan. Specific implementation strategies for each prioritized health need are included below. Over the next three years, additional strategies may be added to this action plan as opportunities arise from the identification of new health trends, health system resources, and community resources and partnerships.

<table>
<tr><th colspan="4">PRIORITIZED HEALTH NEED: ACCESS TO CARE</th></tr>
<tr><th>Goal</th><th>Strategies</th><th>Metrics</th><th>Potential Partners or External Organizations</th></tr>
<tr><td rowspan="2">Improve access to care with a focus on 1.) special populations who do not have access to consistent and reliable transportation,
2.) drug use and drug prevention education,
3.) mental health services, and
4.) access to affordable care.</td><td>Strategy 1: Utilize traditional and non-traditional forms of transportation to assist in alleviating access barriers
1. Utilize available transportation opportunities to mitigate barriers to healthcare access in Davie County
2. Decrease appointment cancellations by increasing awareness of transportation options during patient scheduling, intake/outtake, appointments
3. Increase awareness of community transportation resources at community events</td><td>1. Count and dollar amount of direct patient assistance for transportation costs
2. Number of patients utilizing transportation options due to new process during (scheduling? Intake/outtake?)
3. Number of Davie County residents made aware of transportation resources at community events</td><td>• FaithHealth volunteers
• “Last Mile” ministry
• Mocksville circulator route and YVEDDI
• Surge Transportation</td></tr>
<tr><td>Strategy 2: Provide drug use and drug prevention education and drug take back resources
1. Increase community awareness of drug take back locations
2. Increase community awareness of substance misuse through education</td><td>1. A. Number of residents educated on MedSafe (drug take back program) at community events and/or through social media. B. number of residents utilizing MedSafe
2. A. Number of recipients of information handed out at community events and partnering offices, B. Number of community events where hospital provided education on drug use/prevention</td><td>• Davie County Health Department
• CareNet Counseling
• Evexia Counseling (Cooleemee location)
• Davie County Chamber of Commerce
• Davie County United Way
• The Bridge @ 197 Main</td></tr>
</table>

	Strategy 3: Engage in efforts to destigmatize mental health, encourage utilization of mental health resources, and promote resiliency within the community 1. Increase awareness of emotional regulation and resiliency 2. Promote local counseling services available to Davie County residents through two community education events 3. Utilize peer support specialists or community health workers to identify barriers to support and encourage opportunities to engage community	1. Number of individuals trained in at least two community organizations that are on the front lines with vulnerable populations 2. Number of residents educated through community education events 3. Number of residents supported by peer support specials or community health workers	• CareNet Counseling • Evexia Counseling • Daymark Human Services • FaithHealth • A Storehouse for Jesus • Partners LME/MCO
	Strategy 4: Increase access to affordable care 1. Expand FaithHealth footprint and connectors' caseloads by 10% to accompany vulnerable community members in navigating public health resources	1. A. Number of individuals served, B. numerical increase in FH Connector caseloads in Davie County	• FaithHealth • A Storehouse for Jesus • CareNet Counseling • Davie County Health Department • *Heart of a Champion* program through sports medicine

PRIORITIZED HEALTH NEED: SOCIAL IMPACT AND INJUSTICE			
Goal	**Strategies**	**Metrics**	**Potential Partners or External Organizations**
Address social impact and injustice with a focus on addressing poverty, especially the issue of community members not being able to afford necessities including health care and safe/healthy housing	**Strategy 1**: Identify food-insecure community members and offer connection to community resources 1. Increase awareness of food pantries in Davie County & promotion of Aunt Bertha as a resource hub 2. Educate front line workers about community resources to decrease access barriers to healthy foods 3. Automate community resource referrals through screening of emergency department patients	1. Number of community members educated/served 2. Number of referrals to community resources by front-line workers on patient behalf 2. Number and year over year percentage increase of ED patients referred to community resources for food insecurities	• FaithHealth • A Storehouse for Jesus • Episcopal Church of the Ascension • The Bridge @ 197 Main • Davie High School Hunger fighters

	to decrease impact of food insecurity		
	Strategy 2: Identify housing insecurity and offer connection to community resources 1. Provide referrals to housing agencies within Davie County & promotion of Aunt Bertha as a resource hub 2. Educate front line workers about community resources to decrease access barriers to safe/healthy housing	1. Number of individuals served 2. Number of referrals to community resources by front-line workers on patient behalf	• FaithHealth • Family Promise of Davie County • Hope Homes • Habitat for Humanity

PRIORITIZED HEALTH NEED: CHRONIC AND EMERGING DISEASES			
Goal	**Strategies**	**Metrics**	**Potential Partners or External Organizations**
Address chronic and emerging diseases with a focus on supporting chronic disease management related to cancer and heart disease	**Strategy 1**: Positively impact the survival rate of cancer patients through prevention education and early detection. 1. Increase after hours and weekend screening availability by offering services for 12 hours one day per week and one four-hour session on Saturdays to accommodate those who cannot afford to miss work. 2. Increase tobacco cessation awareness and program opportunities in Davie County by offering annual educational opportunities and promoting Davie County Health Department Smoking Cessation Program.	1. Number of patients served during service hour expansion 2. A. Number of individuals educated at two educational offerings & B. Number of referrals to Davie County Smoking Cessation Program	• The Bridge @ 197 Main • Davie County Health Department

	Strategy 2: Reduce the prevalence and impact of heart disease in Davie County through prevention and early intervention 1. Increase offerings of blood pressure screenings at two community health events annually 2. Increase number of BestHealth classes in Davie County promoting healthy eating and exercise	1. Number of screenings offered and accepted 2. Number of individuals participating/educated	• BestHealth • Davie County Health Department

CHNA Implementation Strategy Updates

Atrium Health Wake Forest Baptist Davie Medical Center will update and sustain this CHNA implementation strategy over the next three-years (2022-2024), paying attention to new community and hospital resources, and evaluating results of community benefit programs. The evaluation will determine if strategies are being carried out as planned and achieving desired results. As the programs are evaluated, the hospital may:

- Change a program to improve its quality or effectiveness,
- Expand a program to other geographic areas or populations, or
- Eliminate/replace a program with an alternate approach.

CHNA Implementation Strategy Adoption

The Atrium Health Wake Forest Baptist Davie Medical Center Board of Directors approved this Implementation Strategy through a board vote on May 3, 2022.