Atrium Health Wake Forest Baptist

High Point Medical Center Community Health Implementation Strategy

January 1, 2026 - December 31, 2028

Community health improvement is an effective tool for creating a shared vision and supporting a planned and integrated approach to improving health outcomes. The basic premise of community health improvement is that entities identify community health issues, prioritize those that can be addressed, and then develop, implement, and evaluate strategies to address those issues. Tax-exempt hospitals are required to conduct a community health needs assessment (CHNA) and develop an implementation strategy to document how the hospital will address prioritized community health needs. The following outlines a summary of the CHNA process and provides details on High Point Medical Center plans to address their prioritized community health needs.

SUMMARY OF CHNA PROCESS

In 2025, High Point Medical Center conducted a Community Health Needs Assessment (CHNA) in Guilford County, which consisted of a comprehensive presentation and analysis of both qualitative and quantitative data.

High Point Medical Center CHNA relies on multiple sources of information:

Community Health Survey (Primary Data): Online surveys were conducted from February through April 2025, with nearly 7,500 respondents regionally and 44 Guilford County residents participating. The survey captured perspectives on priority health needs, self-rated overall health, access to health services, and key social drivers of health, including factors that support opportunities for a healthier community.

Key Informant Interviews (Primary Data): Within the 2024 CHNA cycle, 17 key informant interviews were conducted by email with key leaders to identify the top social drivers of health and health conditions/behaviors in the community. These interviews were revisited and incorporated in the current CHNA cycle to build on previously identified insights.

Metopio (Secondary Data): Advocate Health has a contract with Metopio to provide an internet-based data resource for their hospitals. This robust platform offers curated data from public and proprietary sources for information on health behaviors and health risks, health outcomes, health care utilization, demographic, and community-level drivers of health like economic, housing, employment, and environmental conditions. Data for each indicator is presented by various demographics when the data is available (Metopio: https://public.metop.io).

County Health Rankings and Roadmaps: Guilford County 2025 (Secondary Data): A program of the University of Wisconsin Population Health Institute provides a compilation of data using county-level measures from a variety of national and state data sources.

Top Health Issues Identified

- Alcohol and Substance Use
- Chronic Disease and Prevention
- Community Safety
- Maternal and Infant Health
- Social Drivers of Health

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The top health issues identified were presented to the High Point Medical Center Steering Council, and members were asked to rank the issues based on the following criteria: size/seriousness of the problem, effectiveness of available interventions, available resources to address the health issue, health care system adequately situated to address the health issue, meets a defined community need as identified through data, potential for issue to impact other health and social issues and ability to effectively address or impact health issue through collaboration.

Using these criteria, High Point Medical Center has prioritized the significant health needs to address in 2026-2028:

Significant Need	Implementation Strategy Selection Reasoning
Chronic Disease and Prevention	Chronic Diseases are long-term health problems that often develop slowly from genetic, environmental, and lifestyle factors. Some common ones are heart disease, diabetes, cancer, and asthma. These diseases can make daily life harder and often need ongoing medical care. Over half of Americans have at least one chronic disease. (CDC, 2024)
Maternal and Infant Health	Maternal and infant health is important as it shows how well a community supports families during pregnancy and early childhood. Healthy moms and babies lead to stronger, healthier communities. When the data highlights disparities it can point to bigger issues in healthcare access and focusing on this need improves care and outcomes for everyone.
Social Drivers of Health	Social drivers of health/economic stability and reliable transportation enable access to medical care, nutritious food, safe housing and employment – all of which directly influence physical and mental well-being. Without these resources, individuals often delay care, experience higher rates of chronic illness, and face greater health disparities. Together they shape the foundation for equitable and sustainable health outcomes.

For each prioritized health need, the hospital plans to commit resources, which may include staff time, information technology systems, outreach, promotions and educational materials, funding, medical supplies, and other resources as available.

PRIORITY: Chronic Disease and Prevention

DESCRIPTION OF HEALTH NEED DATA:

- The top two leading causes of death are chronic diseases: cancer and heart disease. (NC Data Book, 2025)
- Guilford County's heart disease mortality rate is 174.1 deaths per 100,000, higher than the state's rate of 161.6 and the national rate of 166.5.
- The stroke mortality rate for Guilford County is 50.3 deaths per 100,000. This is significantly higher than the NC rate of 45.5 and the national rate of 39.1.

STRATEGY #1: Increase access to structured rehabilitation and fitness resources for high-risk individuals

COLLABORATIVE PARTNERS AND RESOURCES

- Community Clinic of High Points
- Triad Adult and Pediatric Medicine

MEASURING OUR IMPACT

- Number of *Heart Strides* scholarships
- Number of fitness center scholarships

**Impact measures are subject to change depending on the direction of each intervention.*

PRIORITY: Maternal and Infant Health

DESCRIPTION OF HEALTH NEED DATA:

- Guilford County has an infant mortality rate of 7.8 deaths per 100,000 live births, higher than the North Carolina rate of 6.7 and the United States rate of 5.5.
- Of live births in Guilford County 10.3% have a low birth weight. North Carolina had 9.4% of live births at low birth weight and the United States, 8.5%.
- Of live births in Guilford County 11.6% were preterm births, higher than 10.8% and 10.3% in North Carolina and the United States respectively.

STRATEGY #1: Engage patients throughout pregnancy and the early postpartum period to improve education, early intervention, and continuity of care

COLLABORATIVE PARTNERS AND RESOURCES

- Care Management Center for High-Risk Pregnancies
- Every Baby Guilford

MEASURING OUR IMPACT

- Number of Bundle of Joy backpacks distributed
- Number of patients screened by OB Navigator
- Infant mortality rate

**Impact measures are subject to change depending on the direction of each intervention.*

PRIORITY: Social Drivers of Health

DESCRIPTION OF HEALTH NEED DATA:

- 6.8% of households in Guilford County do not have access to a vehicle. This is higher than 5.3% in North Carolina.
- Housing insecurity in Guilford County, North Carolina, stands at 15.3%, which is higher than the state's overall rate of 14.3%.
- Very low food access is a significant issue in Guilford County, with a rate of 24.6%, which is higher than both the state and national averages. In North Carolina, the rate is 22.5%, while the United States overall experiences a rate of 21.2%.

STRATEGY #1: Integrate nutrition access into key points of the care continuum, including discharge, outpatient services, and specialty care settings

COLLABORATIVE PARTNERS AND RESOURCES

- Open Door Ministries
- The Salvation Army of High Point
- Guilford County United Way
- Macedonia Family Resource Center
- Helping Hands High Point

MEASURING OUR IMPACT

- Number of Sodexo Magic Bags distributed
- Number of visits to the Hayworth Cancer Center food pantry
- Number of patients served through the Joyful Shelf

**Impact measures are subject to change depending on the direction of each intervention*

Needs Not Addressed

This Community Health Implementation Strategy focuses on the above priority health needs selected by the hospital based on community input, available resources, and alignment with organizational and community partner capacity. The Community Health Needs Assessment (CHNA) also identified additional significant health needs, including alcohol and substance use, community safety and social drivers of health issues including housing and transportation. These needs are not addressed in this CHIS due to factors such as limited hospital resources, the presence of existing initiatives led by other organizations, or a determination that the hospital is not best positioned to lead efforts in these areas at this time. High Point Medical Center will continue to collaborate with community partners and share resources, when appropriate, to support progress on these needs within the community.

Adoption of the Implementation Strategy

The Community Health Implementation Strategy report was adopted by High Point Medical Center Board of Directors on May 13, 2026.

Note: Plans to address selected CHNA priorities are dependent upon resources and may be adjusted on an annual basis to best address the health needs of our community.