North Carolina Baptist Hospital

dba Atrium Health Wake Forest Baptist Medical Center

Community Health Implementation Strategy

January 1, 2025 - December 31, 2027

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 Atrium Health Wake Forest Baptist Medical Center 's plans to address their prioritized community health needs.

SUMMARY OF CHNA PROCESS

In 2024, Atrium Health Wake Forest Baptist Medical Center conducted a Community Health Needs Assessment (CHNA) in Forsyth County, which consisted of a comprehensive presentation and analysis of both qualitative and quantitative data.

The Atrium Health Wake Forest Baptist Medical Center CHNA relies on three sources of information:

Community Health Survey (primary data): Online and phone surveys conducted from January through June 2024, with 302 Forsyth County residents completing questions related to the top health needs in the community, individuals' perception of their overall health, access to health services, and social drivers of health, including including opportunities for a healthier community.

Stakeholder Interviews (primary data): Conducted through an online survey with internal and external stakeholders. These 54 individuals helped to identify the community's most pressing health issues and effective improvement strategies.

Metopio (secondary data): Atrium 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 demographic characteristics when the data is available (Metopio: https://public.metop.io).

Top Health Issues Identified

- Cancer
- Diabetes
- Disabling Conditions
- Heart Disease and Stroke
- Housing
- Infant Health & Family Planning
- Injury and Violence
- Mental Health
- Nutrition, Physical Activity & Weight
- Sexual Health
- Substance Abuse

Atrium Health Wake Forest Baptist

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The top health issues identified were presented to the Atrium Health Wake Forest Baptist Medical Center's 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, Atrium Health Wake Forest Baptist Medical Center has prioritized these significant health needs to address in 2025-2027:

Significant Need	Implementation Strategy Selection Reasoning
Access to Care and Services	Data indicates that access to health care and health care utilization is a top concern in Forsyth County. Forty nine percent of Forsyth County phone survey respondents reported difficulties or delays in receiving needed health care in the past year, and 92% of key informants believed access to care was a significant problem in the community. By improving access to care, Wake Forest Baptist Health can foster a healthier, more resilient community, ensuring that individuals receive the support they need to lead fulfilling lives.
Chronic Disease: Cancer, Stroke and Diabetes	Prioritizing the management and prevention of cancer, stroke and diabetes, is essential for improving overall public health and reducing the burden of these serious conditions. Cancer, heart disease and stroke are leading causes of death locally and globally, necessitating early detection, lifestyle modifications, and access to effective treatments to mitigate risks. Diabetes, with its intertwined treatments, requires robust screening programs, research advancements, and patient support systems to enhance survival rates and quality of life. By prioritizing these conditions, Wake Forest Baptist Medical Center can allocate resources more effectively, promote healthier lifestyles, and ultimately improve patient outcomes and longevity.
Maternal and Infant Health	Among the community respondents to the survey women aged 18-50 with a past pregnancy, 44.3% experienced one or more pregnancies that did not result in a live birth. The infant mortality rate in Forsyth County is 8.7% while in North Carolina the rate is 6.6% and the United States is 5.7%. In addition, over 80% of Key Informants indicated infant health and family planning was a major or moderate problem for the community.
Social Drivers of Health	The socioeconomic and environmental conditions where people live, work, learn, play, and pray significantly impact a wide range of health and quality of life outcomes. Social Drivers of Health contribute to health disparities and inequities, affecting communities differently. Data indicates that 33.8% of phone survey participants experienced food insecurity or worried about running out of food at least once in the past year. Addressing these factors is crucial for promoting and improving overall well-being for all populations.

PRIORITY: Access to Care and Services

DESCRIPTION OF HEALTH NEED DATA:

- Over 92% of Key Informants believe that Access to Care is a major to moderate problem for Forsyth County.

Source: PRC, Forsyth County Key Informant Survey, 2024

- Of the phone survey respondents 11.4% of adults between 18-64 years report not having health insurance coverage in addition 20.3% of adults have skipped doses or stretched needed prescriptions in the past year to save costs.

Sources: PRC, Forsyth County Community Health Survey, 2024
US Department of Health and Human Services. Healthy People 2030

STRATEGY #1: Increase access to health care services for all

SPECIFIC INTERVENTIONS	COLLABORATIVE PARTNERS	OBJECTIVES
• Provide care through the Delivering Equal Access to Care (DEAC) Clinic, a student-run, physician-staffed free clinic for those who cannot afford health insurance and do not qualify for government assistance • Provide limited lab testing and IT support • Provide direct patient care and administration support • Provide spiritually integrated behavioral health counseling services • Provide care through the Mobile Primary Care team (aka Community Health Alliance) as a member of the NC Free & Charitable Clinic Association • Continue providing the free mobile pharmacy • Support community clinics, FQHC's, and community based organizations with provider resources	• Wake Forest Medical School • MBA and PA schools • Wake Forest Baptist Health Philanthropy Department • Downtown Health Plaza • Kennedy-Hopkins Clinic • Family and Community Medicine • United Health Centers – FQHC • Bethesda Center • Highland Avenue Primary Care Clinic • Crisis Control • The Maya Angelou Research Center for Healthy Communities (MARCH) • Medical Center Guild • CareNet Counseling • Community Health – Mobile Primary Care • Faith communities • NC MedAssist • Healthcare Access	• Increase primary care access and specialty patient visits/encounters for all • Connect patients to other sub-specialty services • Connect uninsured and underinsured individuals with healthcare services including to the mobile primary care team

MEASURING OUR IMPACT

- Number of total visits at the clinic
- Number of lab tests processed
- Number of community outreach events/screenings completed

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

PRIORITY: Chronic Disease: Cancer, Stroke and Diabetes

DESCRIPTION OF HEALTH NEED DATA:

- Within the Key Informants survey 80% of respondents cited Cancer as a major or moderate problem within Forsyth County.

  Source: PRC, Forsyth County Key Informant Survey, 2024

- Data sites the prevalence of Diabetes in Forsyth County is 14.6% of residents with another 20.2% of adults have been diagnosed with pre-diabetes or borderline diabetes.

  Source: PRC, Forsyth County Community Survey, 2024

- Of the phone survey respondents 87.6% exhibit one or more cardiovascular risks or behaviors.

  Source: PRC, Forsyth County Community Survey, 2024

Strategy #1: Increase cancer access and navigaton

SPECIFIC INTERVENTIONS	COLLABORATIVE PARTNERS	OBJECTIVES
• Engage community through outreach and education • Provide cancer navigation • Increase enrollment in clinical trials	• Mobile Clinic • The Maya Angelou Research Center for Healthy Communities (MARCH) • Clinical Translational Sciences Institute (CTSI) • Downtown Health Plaza • Wilkes Medical Center • Population Health • Oncology service line • Tobacco Control Center of Excellence	• Increase the number of active clinical trials as well as treatment options • Increase trust to the population served

MEASURING OUR IMPACT

- Number of community outreach events
- Number of safety net screenings, and number of positive cases identified
- Number of individuals navigated through screenings
- Number of patients enrolled in clinical trials

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

PRIORITY: Chronic Disease: Cancer, Stroke and Diabetes (CONTINUED)

Strategy #2: Implement comprehensive stroke prevention and management

SPECIFIC INTERVENTIONS	COLLABORATIVE PARTNERS	OBJECTIVES
• Participate and lead programs in the Paul Coverdell National Acute Stroke Program • Implement post-acute stroke rehabilitation and recovery programs and research • Engage community through outreach and community education	• North Carolina Department of Health and Human Services • Comprehensive Stroke Center • Alzheimer Disease Center • DEAC clinic • Mobile Health team	• Enhance stroke rehabilitation and recovery • Decrease stroke prevalence in Forsyth County

MEASURING OUR IMPACT

- Number of stroke patients and community members served by stroke rehabilitation and recovery services or programs
- Number of blood pressure community screenings
- Number of community education sessions

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

Strategy #3: Promote diabetes prevention and education

SPECIFIC INTERVENTIONS	COLLABORATIVE PARTNERS	OBJECTIVES
• Hold an annual provider conference • Support community education and screening events • Open new diabetes service at the Winston East location	• AHWFB Diabetes Center • Faith Community Partners • Schools • Mid-level providers • Downtown Health Plaza • Kennedy-Hopkins Building (Winston East)	• Increase provider knowledge and education • Increase referrals to community-based resources • Expand diabetes services through community clinic locations

MEASURING OUR IMPACT

- Number of providers attending annual conference in-person and virtually
- Number of people who are screened
- Number of people who attend community talks
- Number of people who receive diabetes services

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

PRIORITY: Maternal and Infant Health

DESCRIPTION OF HEALTH NEED DATA:

- Among the phone survey respondents, women aged 18-50 with a past pregnancy, 44.3% experienced one or more pregnancies that did not result in a live birth.

  Source: PRC, Forsyth County Community Survey, 2024

- The infant mortality rate in Forsyth County is 8.7% while in North Carolina the rate is 6.6% and the United States is 5.7%.

  Source: Metopio, NVSS-N, CDC, 2024

- Over 80% of Key Informants indicated Maternal and Infant Health was a major or moderate problem for the community.

  Source: PRC, Forsyth County Key Informant Survey, 2024

Strategy #1: Reduce unnecessary medical interventions with all pregnancies

SPECIFIC INTERVENTIONS	COLLABORATIVE PARTNERS	OBJECTIVES
• Begin community-based doula support program	• ACURE4Moms • Downtown Health Plaza • Birth Center • NC Baptist Hospital Foundation	• Reduce surgical (c-section) births • Reduce pain medicine used • Reduce birth trauma • Increase breastfeeding rates

MEASURING OUR IMPACT

- Number of women enrolled in the doula program
- Number of c-section births
- Percentage of breastfeeding patients at discharge

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

Strategy #2: Foster relationships that build community capacity and awareness among mothers, supporting them and their children

SPECIFIC INTERVENTIONS	COLLABORATIVE PARTNERS	OBJECTIVES
• Support the *By Mothers* community initiative • Participate in Pre-K community leadership committees and activities	• Smart Start • Winston-Salem/Forsyth County Schools • The Pre-K Priority • Action4Equity • Love Out Loud	• Build community trust and raise awareness • Support grassroots capacity building among underserved mothers

MEASURING OUR IMPACT

- Number of people reached through community partnerships

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

PRIORITY: Maternal and Infant Health (CONTINUED)

Strategy #3: Lead projects that help reduce infant mortality

SPECIFIC INTERVENTIONS	COLLABORATIVE PARTNERS	OBJECTIVES
• Continue Safe Sleep initiative	• Birth Center	• Provide safe sleeping environment for newborns at home • Reduce infant mortality

MEASURING OUR IMPACT

- Number of Pack 'N Plays provided to mothers and infants in need at Birthing Center discharge
- Infant Mortality in Forsyth County

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

PRIORITY: Social Drivers of Health

DESCRIPTION OF HEALTH NEED DATA:

- 15.1% of population in Forsyth County live below the Federal Poverty Level (FPL), and 33.6% are below 200% of FPL

Sources: American Community Survey (ACS), U.S. Census Bureau. Retrieved May 2024 via Metopio.
US Department of Health and Human Services. Healthy People 2030

- 16.1% of residents of Forsyth County lived in unhealthy or unsafe housing conditions during the past year.

Sources: PRC, Forsyth Community Health Survey, 2024 [Item 55]
2023 PRC National Health Survey, PRC, Inc

- 76.5% of key informants surveyed ranked social determinants of health as a major problem in the community.

PRC, Forsyth County Key Informant Survey, 2024

- 34.5% of phone survey respondents indicated they have food insecurity and 10.7% said they went without electricity, water or heating in the home at some point in the past year.

Source: PRC, Forsyth County Community Survey, 2024

Strategy #1: Increase connection to community resources

SPECIFIC INTERVENTIONS	COLLABORATIVE PARTNERS	OBJECTIVES
• Screen for Social Drivers of Health • Utilize the FindHelp Community Resource Hub and track closed loop referrals	• FindHelp Community Resource Hub • Inpatient service lines	• Identify at risk patients and provide resources

MEASURING OUR IMPACT

- Number of people screened for social drivers of health or the percentage increase in the number of people screened based on prior year through EPIC
- Number of individuals served, and referrals provided through FindHelp

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

PRIORITY: Social Drivers of Health (CONTINUED)

Strategy #2: Assist SDOH needs through direct service and support

SPECIFIC INTERVENTIONS	COLLABORATIVE PARTNERS	OBJECTIVES
• Increase research and programs focused on food security and food is medicine (e.g., HOPE Neighborhood Market, Campus Kitchen, WIC, nutrition educators, SNAP, produce boxes, Brenner FIT Kitchen) • Create referral pathways with Faith Health and Community Health Worker teams	• FaithHealth and faith community partners • Population Health • Pediatrics faculty • School of Medicine • City of Winston-Salem • Second Harvest Food Bank of Northwest NC	• Add to knowledge base to advance food security research and interventions • Increase patient encounters for SDOH referrals

MEASURING OUR IMPACT

- Number of social encounters provided through FaithHealth Connectors and partners
- Number of people impacted through food security programs and partnerships
- Number of patients served by CHWs

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

Strategy #3: Build community capacity partnerships

SPECIFIC INTERVENTIONS	COLLABORATIVE PARTNERS	OBJECTIVES
• Invest in community partnerships that align with health system's social priorities • Offer apprenticeships, workforce training, and pipeline programs	• Second Harvest Food Bank of Northwest NC • Metropolitan Village/United Metropolitan • Forsyth Technical Community College • Winston-Salem State University	• Impact food security as a partner in the food network ecosystem • Serve as signature partner in addressing SDOH in the community

MEASURING OUR IMPACT

- Number of people or community-based organizations who benefit from food security investments
- Number of students impacted through CT apprenticeship and PA pathway programs
- Number of individuals who obtained healthy workforce housing

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

Adoption of the Implementation Strategy

The Community Health Implementation Strategy report was adopted by the Wake Forest Baptist Health board of directors on May 7, 2025.

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.