Atrium Health Wake Forest Baptist

North Carolina Baptist Hospital

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

SUMMARY OF CHNA PROCESS

In 2025, 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 Wake Forest Baptist 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 196 Forsyth County Health 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, 54 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: Forsyth 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.

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Top Health Issues Identified

- Access to Care
- Alcohol and Substance Use
- Chronic Disease and Prevention
- Community Safety
- Economic Stability/Social Drivers of Health
- Maternal and Infant Health
- Mental Health

The top health issues identified were presented to the Wake Forest Baptist 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, Wake Forest Baptist Medical Center has prioritized the significant health needs to address in 2026-2028:

Significant Need	Implementation Strategy Selection Reasoning
Access to Care	Access to care means having the ability to obtain affordable, relevant health services and wellness programs that raise the quality of life for everyone. It includes local options for basic health care like screening and prevention services and having access to health care providers when urgent health care needs arise.
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.
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.

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: Access to Care

DESCRIPTION OF HEALTH NEED DATA:

- Access to care was a top health related challenge, according to survey respondents.
- Of adults surveyed, 22% reported that someone in their household delayed or did not receive needed health care in the past year.
- Medical debt in the United States averages 5.0%, with North Carolina experiencing a higher rate of 8.5%. Forsyth County lands in the middle at 7.5%, indicating a localized need for assistance.
- The uninsured rate and preventable hospital stays for Forsyth County are both higher than the state numbers.

STRATEGY #1: Expand use of non-traditional access points to care and screenings

COLLABORATIVE PARTNERS AND RESOURCES

- DEAC clinic
- Mobile Health team
- Faith Health team
- Engagement team

MEASURING OUR IMPACT

- Number of clinic visits in DEAC clinic
- Number of screenings done in mobile clinic
- Number of mobile unit visits
- Number of Faith Health encounters
- Reduction in avoidable ED visits

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

PRIORITY: Social Drivers of Health

DESCRIPTION OF HEALTH NEED DATA:

- Economic stability, including housing insecurity rates, vary significantly. In Forsyth County 15.3% of adults are housing insecure compared to statewide at 14.3%.
- The rate of poor literacy and functional illiteracy in Forsyth County is 22%, which mirrors the national average of 21.8% and North Carolina's average of 21.3%. This indicates a significant literacy challenge in all three regions.
- The percentage of households receiving food stamps (SNAP) in Forsyth County is 12.8%, while the state average is 12.6% and the national average is 12.2%. This represents a need for food assistance in all three regions.

STRATEGY #1: Increase connection to community resources

COLLABORATIVE PARTNERS AND RESOURCES

- FindHelp Community Resource Hub
- Social Health team
- Engagement Team
- Faith Health team
- Inpatient team
- Mobile Health team

MEASURING OUR IMPACT

- Number of SDOH screens
- Number of referrals made in FindHelp

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

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

COLLABORATIVE PARTNERS AND RESOURCES

- Engagement Team
- Faith Health team
- Mobile Health team
- Pediatrics faculty
- School of Medicine
- Second Harvest Food Bank of Northwest NC

MEASURING OUR IMPACT

- Number of social encounters through Faith Health
- Use of food security programs

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

PRIORITY: Maternal and Infant Health

DESCRIPTION OF HEALTH NEED DATA:

- Infant mortality rates in Forsyth County of 8.8 (deaths per 1,000 live births) are higher than the state average of 7.0. Infant death is defined as a death of a live born infant under one year of age.
- Secondary data indicates that the low birth rate in Forsyth County is 10.8%, which is higher than the state average of 9.5%.
- Maternal mortality rates vary significantly across different racial and ethnic groups in North Carolina and the United States. Non-Hispanic Black women face the highest rates, with 63.7 deaths per 100,000 live births in North Carolina and 50.3 in the United States.

STRATEGY #1: Provide prenatal care and education that reduces risks associated with maternal and infant health

COLLABORATIVE PARTNERS AND RESOURCES

- Doula Program
- Womens Center
- By Mothers
- Outreach team

MEASURING OUR IMPACT

- Number of Pack and Plays given for safe sleep initiative
- Number of patients in the doula program
- Reduction in infant mortality
- Reduction in C-section births

**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 medical debt, alcohol and substance use, mental health and social drivers of health including economic and transportation needs. 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. Wake Forest Baptist 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 Atrium Health Wake Forest Baptist Wilkes Medical Center board of directors on May 7, 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.