



# 2025

## Wilkes Medical Center

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**Wilkes Medical Center**  
**Community Health Needs Assessment**

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1370 West D St. North  
North Wilkesboro, NC 28659

# Letter from the Leader

At Advocate Health, which Atrium Health is a part of, we are redefining care for you, for us, for all. This purpose calls us to see health not just as a service, but as a shared journey, with everyone playing a part, from discovery to everyday moments.

This Community Health Needs Assessments (CHNA) is a roadmap for the future we are working toward, centered on strong partnerships that lead to real and lasting solutions.

Throughout the CHNA process, we strive to listen deeply, learn continuously, and act boldly to the changing needs and strengths of a community. Here at Wilkes Medical Center and across the communities we serve, we are working together with other health systems, health departments and community organizations, engaging with our neighbors and analyzing local data, so we can provide the best possible care that extends beyond our hospital walls.

As we close another CHNA cycle, we are inspired by the profound difference we make each day – across our hospitals, clinics and communities. From groundbreaking research and exceptional clinical care to meaningful patient programs and cutting-edge innovations, our work is shaped by the communities we serve – and together, we are shaping healthier futures for all.

We are deeply grateful to the many individuals and organizations who contributed to this assessment. Your perspectives and partnership are essential to improving the health and wellbeing of our communities, and we are proud to stand beside you in this work.

Publishing this CHNA is not the end of the conversation but an invitation to keep it going. We welcome your feedback, ideas, or suggestions. At the end of this report, you will find an email where you can share your thoughts on how we can strengthen community programs and strategies to better serve you and your community.

Let's move forward - together - toward better health for all.



Steve Smoot  
President, North Carolina and Georgia Division  
Advocate Health



Chad J. Brown DrPH, MBA/MHA, FACHE  
President – South and West Areas  
Advocate Health

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# EXECUTIVE SUMMARY

Wilkes Medical Center is an active member of the Central Carolina Community Collaborative. The collaborative includes health systems, health departments and numerous community organizations that work to align data sources and implement programs to impact the health and well-being of their communities. In 2025 the collaborative aligned data sets, survey execution and the report template design with the future goal of creating improvement plans together for a broader impact.

In the summer of 2025, ad hoc members of Wilkes Medical Center met to review the community health assessment data, based on the following components:

**Community Health Survey (primary data):** An online survey was conducted from February 14 – April 28, 2025, where residents completed questions related to top health needs in the community, individuals' perception of their overall health, access to health services, and social drivers of health. In this convenience sample, nearly 7,500 residents from the region completed the survey, including 527 respondents specifically from Wilkes County.

**Key Informants Interviews (primary data):** Within the 2024 CHNA cycle 41 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, a robust digital platform that curates data from public and proprietary sources for information on health behaviors and health risks, health outcomes, health care utilization, demographics, and community-level drivers of health like economic, housing, employment, and environmental conditions. Data for each indicator is presented by race, ethnicity, and gender when the data is available (Metopio: <https://public.metopio.io>).

**County Health Rankings and Roadmaps: Wilkes 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.

In 2025, Wilkes Medical Center considered the following criteria in determining the health needs to prioritize:

- Size/seriousness of the problem
- Effectiveness of available interventions
- Available resources to address the health issue
- The health care system is adequately situated to address the health issue
- Meets a defined community need as identified through data
- Potential for issues to impact other health and social issues
- Ability to effectively address or impact health issues through collaboration

In addition, Wilkes Medical Center evaluated the impact of the initiatives identified in its previous Community Health Implementation Strategy (CHIS).

**As a result, Wilkes Medical Center prioritized the following significant health needs to address in our 2026-2028 implementation strategy:**

- Access to Care
- Behavioral Health: mental health and substance use
- Chronic Disease: heart disease, stroke and cancer

The 2025 CHNA was presented to the Wilkes Medical Center Board, the authorizing body of the hospital. The board approved the report on 2.24.26.

# ATRIUM HEALTH WAKE FOREST BAPTIST

[Atrium Health Wake Forest Baptist](#) is a preeminent academic health system based in Winston-Salem, North Carolina, and is part of [Advocate Health](#), the third-largest nonprofit health system in the United States. Atrium Health Wake Forest Baptist's two main components are an integrated clinical system – anchored by Atrium Health Wake Forest Baptist Medical Center, an 885-bed tertiary-care hospital in Winston-Salem that includes [Atrium Health Levine Children's Brenner Children's Hospital](#), five community hospitals, more than 300 primary and specialty care locations and more than 2,700 physicians – and [Wake Forest University School of Medicine](#), the academic core of Advocate Health, and a recognized leader in experiential medical education and groundbreaking research, including [Wake Forest Innovations](#), a commercialization enterprise focused on advancing health care through new medical technologies and biomedical discovery. Atrium Health Wake Forest Baptist employs more than 22,000 teammates, part of Advocate Health's more than 160,000 teammates. Committed to redefining care for all, Atrium Health Wake Forest Baptist provides \$1.2 billion in community benefits. Follow us on [Facebook](#), [Instagram](#) and [X](#).

## WILKES MEDICAL CENTER

Atrium Health Wake Forest Baptist Wilkes Medical Center has been caring for the community for more than 70 years. The hospital is dedicated to promoting regional health through exceptional and compassionate care, backed by the resources of a nationally recognized academic medical center.

Originally opened in 1952 on land donated by Dr. Frederick C. Hubbard, the hospital has grown to offer a wide range of inpatient and outpatient services. These include internal medicine, dialysis, diagnostic imaging, wound healing, and a state-of-the-art rehabilitation center—all designed to meet the evolving needs of the community.

Fully accredited by The Joint Commission, Wilkes Medical Center continues to expand its capabilities while maintaining a strong commitment to quality and safety. The hospital also supports community wellness through health education initiatives and partnerships with local organizations.



Cancer Services



Heart Care



Maternity Services



Orthopedics

# 2025 COMMUNITY HEALTH NEEDS ASSESSMENT

A Community Health Needs Assessment (CHNA) is an analysis of the population, resources, services, health care statuses, health care outcomes, and other data within a defined community or service area that helps identify potential health issues being experienced by community members. Every nonprofit hospital is required to complete a CHNA every three years under the [Patient Protection and Affordable Care Act \(ACA\)](#), to demonstrate that a hospital is committed to promoting health.

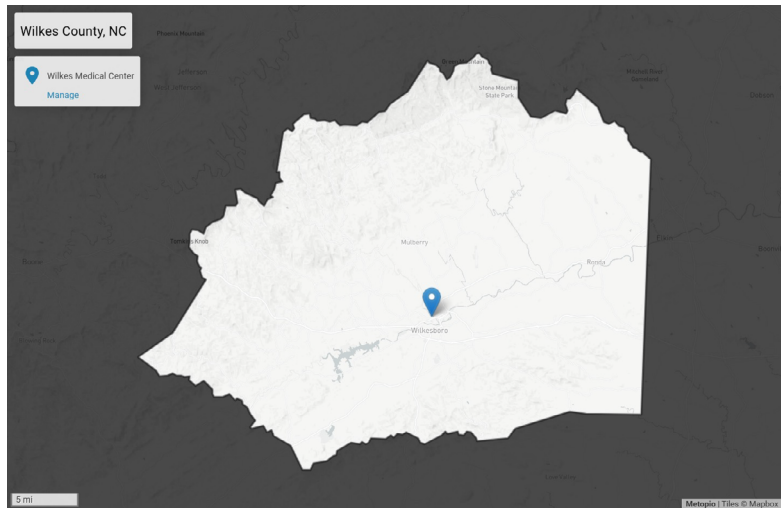
A CHNA report is designed to inform a wide range of groups to learn more about a community's health and most urgent needs. It is a key tool for promoting health for all, as it lifts the community voice and encourages collaboration between different groups to create focused strategies to address the health needs identified in the CHNA.

## Community Definition

For the purposes of this assessment, "community" is defined as Wilkes County. For the remainder of the report Atrium Health Wake Forest Baptist Wilkes Medical Center will also be referenced as Wilkes Medical Center.

Wilkes County, North Carolina, is located on the eastern edge of the Blue Ridge Mountains, offering dramatic elevation changes and natural attractions like Stone Mountain State Park and the W. Kerr Scott Reservoir. Its largest towns are Wilkesboro and North Wilkesboro, which serve as cultural and economic hubs. The county's economy is rooted in agriculture - especially apples, honey, and vineyards, alongside food processing, advanced manufacturing, and clean energy initiatives. Tyson Foods is a major employer, and the area is known for its strong network of locally owned banks supporting small businesses. Wilkes County blends rural charm, outdoor recreation, and innovative industry.

Understanding who lives in a community is an important part of the CHNA process. A community is more than just a place on a map - it's made up of the people who live there, their shared experiences, and their differences. These differences can include things like age, income, education, race or ethnicity, and what people know about health. Learning about these details helps us see what specific health problems people face and what support they may need.



Note about the data:

- 1-year data is used where available for large counties (65,000+ residents) to provide the most recent and relevant data. This Wilkes County report used 1-year data where available. Some stratification tables required a multi-year data set.
- Multi-year data is used for small counties (under 65,000 residents) to reduce short-term fluctuations and the margin of error.

## Wilkes County Data Estimates

### Population

**66,013**

The population decreased approximately 4.89% between the 2010 and 2020 decennial census.

### Gender

**49.7%** Male

**50.3%** Female

### Median Age

**45.9 years**

### Race/Ethnicity

**Non-Hispanic White 86.1%**

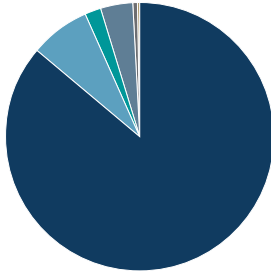
**Hispanic or Latino 7.3%**

**Two or more races 2.0%**

**NH Black 3.7%**

**Asian .58%**

**Native American 0.2%**



### Population by Age Group

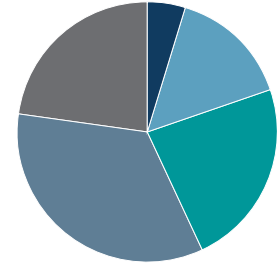
**Infants 0-4 5.0%**

**Juveniles 5-17 15.1%**

**Young Adults 18-39 23.1%**

**Middle-Age 40-64 34.2%**

**Seniors 65+ 22.7%**



### Primary language at Home, other than English

**4.7%** Spanish

**0.5%** Asian Languages



### Education

Individuals with a high school degree



**83.1%** Wilkes County

**90.6%** North Carolina

**89.8%** United States

Individuals with a bachelor's degree or higher

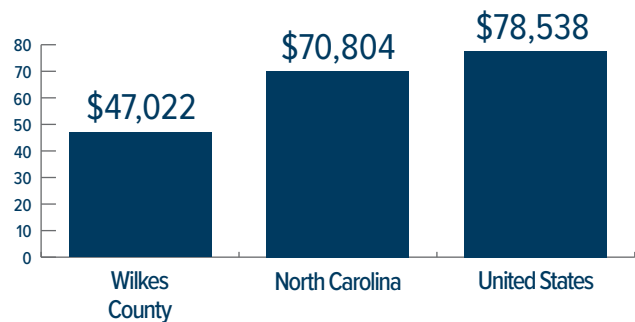


**18.7%** Wilkes County

**36.8%** North Carolina

**36.2%** United States

### Median Household Income



### Population Living Below Poverty Level

**16.4%** Wilkes County

**13.2%** North Carolina

**12.4%** United States

### Household/Family



**4.1%** Single Parent Households

**22.2%** Seniors Living Alone

### Employment

Unemployment rate

**4.9%** Wilkes County

**4.8%** North Carolina

**5.2%** United States



## Social Drivers of Health

**Social drivers of health** are the things in our everyday lives that can help us stay healthy or make it harder to be healthy. These include where we live, the food we eat, the schools we go to, the jobs our families have, and whether we can see a doctor when we need to.

Social Drivers of Health can also cause **health differences** between groups of people. For example, if someone lives far from a store with healthy food, it's harder for them to eat well. This can lead to health problems like heart disease or diabetes. Just telling people to eat healthy isn't enough—we need to make sure they have what they need to make healthy choices. That's why people who work in health, schools, housing, and transportation must work together to help everyone live a healthy life.

## Social Conditions at a Glance

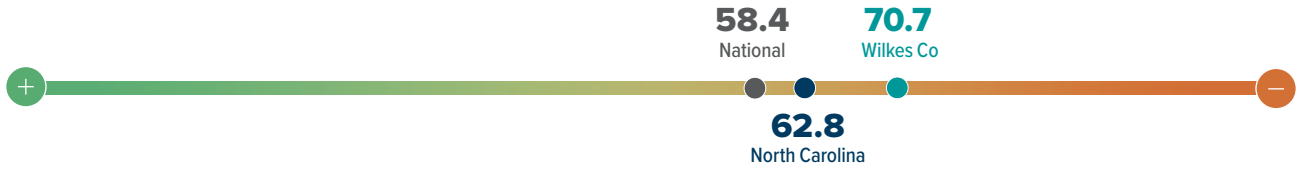
To better understand these factors and identify health inequities in a community, Advocate Health has partnered with Metopio, a software company that focuses on how communities are connected through people and places. Metopio's tools use data to show how different factors in each area influence health. It uses the latest data to create visual tools that focus on specific communities and hospital service areas.

The following section contains descriptions of four important indices found in Metopio. These indices combine various data points to compare areas in the community, helping to identify disparities caused by social factors that impact health. This approach allows health improvement efforts to be focused where they are most needed.

### Social Vulnerability Index (SVI)

The SVI shows how vulnerable a community is based on 15 social factors like unemployment, disability, and minority status. Scores range from 0 (least vulnerable) to 100 (most vulnerable). (Source: Metopio, CDC, 2022)

The SVI for the Wilkes Medical Center service area is notably higher than both the state and national averages. This indicates that Wilkes County faces greater challenges related to social vulnerability compared to the broader region and country.



### Childhood Opportunity Index

The COI measures how well neighborhoods support children’s healthy growth. Scores range from Very Low (1–19) to Very High (80–100). (Source: Metopio, Diversitydatakids.org, 2017–2021)

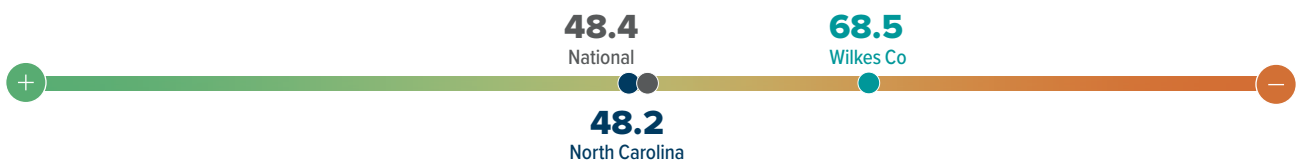
The Child Opportunity Index 3.0 in the United States stands at 51 indicating a moderate level of opportunity for children nationwide. In North Carolina, this index is lower at 43 with Wilkes County having a particularly low score of 19, suggesting significant challenges in child opportunity in the area.



### Hardship Index

This index shows how much hardship a community faces. It includes things like unemployment, poverty, and crowded housing. Higher scores mean more hardship. (Source: Metopio, U.S. Census Bureau, ACS, 2018–2022)

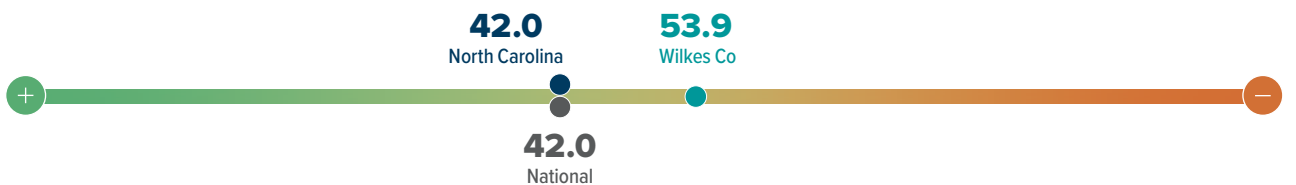
The Hardship Index for Wilkes County is significantly higher than both the national and state averages, indicating a greater level of economic distress in the area.



### ALICE Index

ALICE stands for Asset Limited, Income Constrained, Employed. It shows the percentage of working households that earn above the poverty line but still can’t afford basic needs like housing, food, and childcare. The data presented is the percentage of households living below the ALICE threshold.

Households below the ALICE threshold in Wilkes County are significantly higher than both the state and national averages. At 53.9%, this county faces a greater challenge with financial instability compared to North Carolina and the United States.



# How the CHNA Was Conducted

## Purpose and Process

Every three years the CHNA serves as the foundation from which Wilkes Medical Center Health and local health departments develop their respective community health improvement strategies. These findings are also intended to inform a broader audience – community health centers, government health agencies, public health departments, philanthropists, community-based organizations, and civic leaders - about the top health issues facing our community. This 2025 cycle was conducted with the Central Carolina Community Collaborative.

## Partnership: The Central Carolina Community Collaborative

The Central Carolina Community Collaborative launched in 2024, is funded by the Duke Endowment to amplify our local community voice through the Community Health Needs Assessment process. The members of the collaborative are dedicated to improving health outcomes, enhancing the quality of life in Central North Carolina and ensuring all community members can achieve their highest level of health. We bring together diverse voices including health systems, public health departments, academic institutions, United Way agencies and other community-based organizations to identify needs, share resources, and implement meaningful solutions.

The CCCC includes:

### Health Systems



### Public Health



### Community Organizations



**Regional CHNA Approach:** This Community Health Needs Assessment was strengthened by the use of shared data resources and collaborative platforms that enhanced both the depth and accessibility of our analysis. We are especially grateful for the Central Carolina Community Collaborative’s support in leveraging the **Atlas** site—a regional data-sharing hub that promotes transparency and cross-sector alignment. [CCCC Atlas](#)

Additionally, the **Metopio** platform played a critical role in visualizing complex health and demographic data, enabling stakeholders to explore trends, disparities, and community assets in an interactive and user-friendly format. These tools not only informed our findings but also empowered partners and residents to engage with data in meaningful ways, fostering a more informed and connected approach to community health improvement.

## Data Sources, Collection and Analysis



### Community Surveys

To engage the Wilkes Medical Center community, a brief survey was distributed to residents from February 14 to April 28, 2025. It was promoted through social media, websites, local events, and community partners and offered in English, Spanish and Haitian Creole, with additional languages available upon request. The survey aimed to identify obstacles to ideal health and opportunities for improvement, resulting in nearly 7,500 surveys taken throughout the Central Carolina Community Collaborative footprint and 527 surveys locally. Convenience sampling was used for this survey, and participants were selected based on ease of access or availability. The data were then analyzed and compiled to understand the needs of the community.



### Key Informant Interviews

To learn more specifics about the community needs, stakeholders and leaders who have broad knowledge of the health of the community were interviewed by email as part of this process. Participants were chosen because of their ability to identify the primary concerns of the populations with whom they work, as well as of the community overall, and 41 participants completed the interviews. The interviews were conducted as part of the 2024 CHNA cycle and the data was incorporated as part of this 2025 cycle to ensure continuity in understanding the community's key health drivers.



### County Health Rankings & Roadmaps

County Health Rankings & Roadmaps (CHR&R), a program of the University of Wisconsin Population Health Institute, draws attention to why there are differences in health within and across communities. The program highlights policies and practices that can help everyone be as healthy as possible. CHR&R aims to grow a shared understanding of health, equity and the power of communities to improve health for all. This work is rooted in a long-term vision where all people and places have what they need to thrive. *(County Health Rankings & Roadmaps, About Us, 2025)*



### Secondary Data

Central Carolina Community Collaborative 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 race, ethnicity, and gender when the data is available (*Metopio: <https://public.metopio.io>*). All data collected through Metopio was quantitative and included data comparisons between county, the state of North Carolina and United States data.

### Limitations of the Assessment

This report gives us a lot of helpful information about the health of people in the community. But it does not tell us everything. Some groups of people couldn't take part, like people without homes, people in jails, or people who don't speak English or Spanish, or Creole which were the languages supported by the survey. Respondents were also more likely to be insured, have a college education, be Caucasian and female. Through community collaboration and engagement, our teams will be intentionally working with underrepresented populations to amplify the community's voice in the implementation strategy phase of the work.

Also, even though the report talks about many health and social topics, it does not cover every sickness or health problem.

## Summary of Findings

### Overall Health Status

Overall, the health outcomes of Wilkes County are slightly worse than the average county in the state and the average county in the nation. (County Health Rankings and Roadmaps, 2025)

However, many disparities – or differences in outcomes - exist between groups of populations in nearly every social and health issue, especially for Black, Indigenous and People of Color (BIPOC) populations. These disparities are often caused by barriers that these communities face. Health inequities are the unfair differences in health that can be avoided, measured and are often linked to injustice (AMA, 2021). Racism, both in systems and in personal interactions, is a key reason for these health inequities and the disparities in disease burden (CDC, 2024).

Before exploring the data on the specific health issues in the following sections, it is important to understand that a person's health is influenced by many factors beyond their control. It is not just about personal choice. In fact, nearly 70 percent of a community's health is shaped by things such as where someone lives, works, plays, and learns (County Health Rankings & Roadmaps, 2014). These social drivers of health include socioeconomic status, access to education, housing, food security, environmental conditions and policies that shape institutions and society.

As you look at the data in the following sections, it is important to remember that these health issues are connected to many of these broader social and environmental factors.

#### Mortality

The leading causes of death in Wilkes County are:

##### All Ages:

Diseases of the heart

Cancer

Chronic lower respiratory diseases

##### Ages 0-19:

Conditions in perinatal period

Birth defects

Other unintentional injuries

*(North Carolina County Health Data Book 2025)*

#### Life Expectancy

The average life expectancy among residents:

- Wilkes County: 73.7 years
- North Carolina: 75.9 years
- United States: 77.1 years

*(County Health Rankings & Roadmaps, Alleghany, North Carolina)*

Overall, the service area has seen a decrease in life expectancy from 76.6 in 2015.

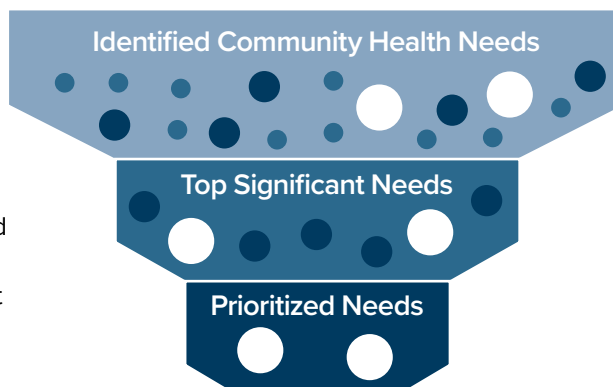
## Identified Significant Needs

Even with the progress and support in the community, challenges remain. While local programs and services have helped improve health, there are still gaps in care and unmet needs. This section looks at the biggest health concerns found in this assessment and areas where more support is needed to help the community stay healthy.

The health needs identified in this CHNA cover a variety of factors, including health outcomes, social drivers, and health behaviors, which are all closely connected.

**Health outcomes** are the measurable results of a community’s overall health, such as rates of chronic diseases, infant deaths, or life expectancy. These outcomes are greatly influenced by the **social drivers of health** like income, education, employment, and access to healthcare. These factors can either help or hurt a person’s ability to stay healthy. **Health behaviors**, like physical activity, diet, smoking, and substance use, also affect health outcomes. These behaviors are often shaped by the social environment, such as community norms, available resources, and socioeconomic status.

There are many health needs within a community, which can make it difficult to know where to focus efforts. This is why community input is so important during the CHNA process. It helps guide our organization and the broader community in prioritizing the most important issues to address. For a health need to be considered significant, it should reflect a pressing concern for the community, align with public health priorities, and be supported by data. Additionally, using secondary data helps identify the root causes of health disparities within the significant need, which allows us to develop targeted solutions to improve health outcomes.



### Top Health Concerns in Wilkes County

The following needs, listed below in alphabetical order, represent the significant health needs of the community based on the information gathered through the assessment process.

Areas of Opportunity Found Through the Assessment	
Access to Care	<ul style="list-style-type: none"> <li>• Delayed care or did not get care</li> <li>• Medical debt</li> </ul>
Alcohol and Substance Use	<ul style="list-style-type: none"> <li>• Tobacco use and e-cigarettes</li> <li>• Drug overdose rates</li> <li>• Alcohol related mortality</li> <li>• Opioid related hospitalization rate</li> <li>• Substance use hospitalization rate</li> </ul>
Chronic Disease & Prevention	<ul style="list-style-type: none"> <li>• Three of the top leading causes of death are diseases: heart disease, cancer and lower respiratory disease</li> <li>• Adult obesity and lack of exercise</li> <li>• Diabetes mortality</li> </ul>
Economic Stability/ Social Drivers of Health	<ul style="list-style-type: none"> <li>• Unemployment rates</li> <li>• Families living in poverty</li> <li>• Food Insecurity</li> </ul>
Mental Health	<ul style="list-style-type: none"> <li>• Suicide mortality</li> <li>• Unmet mental health needs</li> <li>• Depression</li> </ul>

The following pages summarize the top identified needs – also known as significant needs - from the CHNA process.

**Why is this important?** 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.

### Significant Need Reasoning

Those in the Wilkes Medical Center service area reported a lower satisfaction rate of 32.7% with healthcare. This indicates a significant variation compared to surrounding counties as it relates to cost, access and availability of healthcare.

Secondary data shows large gaps in access to providers in Wilkes County including dental, vision and primary care coverage.

With the expansion of virtual care options, the secondary data shows Wilkes County at 91.3% of residents with internet access, which lags the state at 94.3%. This measure demonstrates the need for improved internet infrastructure.

### Key Findings

- Of adults surveyed 30.2% reported that someone in their household has 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%. Wilkes County has an even higher medical debt rate of 11.9%.
- Family Medicine providers per capita (per 100,000 residents) – in Wilkes County is 13.6 which is significantly lower than the state at 30.8
- Wilkes County has 31.8 Primary Care Providers per capita, significantly lower than North Carolina's at 83.9 and the United States at 90.8 . This measure has consistently declined since 2018 from 42.1.

### Contributing Factors

Access to care is not equal for everyone because many people face barriers like lack of insurance, high costs, or limited coverage. Others live far from clinics or don't have reliable transportation. Long wait times, limited providers, and language challenges also make care harder for some people to get.

- Barriers & Challenges:
  - » Availability of services/providers
  - » Transportation
  - » People living in rural communities, with disabilities or language barriers
  - » Cost, Insurance
  - » Communication between healthcare services

## HIGHLIGHTED DISPARITIES



Uninsured Rates		Preventable Hospital Stays*		Internet Access	
Wilkes County	10.7%	Wilkes County	3,656	Wilkes County	91.3%
Hispanic or Latino	33.7%	North Carolina	4,096	North Carolina	94.3%

(\*per 100,000 people)

There are just not enough providers. Then the lack of low-cost primary care services to meet the needs of the community complicates the issues.

– Community Member, Survey Response

**Why is this important?** Alcohol and substance use (including tobacco, illegal mood-altering drugs and misusing prescription drugs) contribute to preventable health issues and are linked to social and economic issues. Alcohol and substance use are also closely linked to mental health challenges, including depression, anxiety, and trauma-related disorders. These conditions often co-occur, making recovery difficult without proper support.

## Significant Need Reasoning

Of survey respondents 6.8% reported E-cigarette use, 5.1% reported smokeless tobacco, and 9.3% reported tobacco use which were all notably higher than surrounding counties.

The cigarette smoking rate in Wilkes County is 18.8 and significantly higher than both the state average for North Carolina and the national average for the United States.

According to the survey respondents' substance use is ranked as one of the most important health related challenges in the community.

## Key Findings

- Wilkes County has a 21.2 alcohol-related mortality rate (deaths per 100,000) which has increased from 12.5 in 2020. This is a notable concern for the service area compared to the North Carolina rate of 11.1 and the United States at 12.6.
- The rate of drug overdose emergency department visits in North Carolina is 161.8 (per 100,000 people). Wilkes County has a significantly higher rate at 198.4.
- Secondary data shows Wilkes County has had a significant increase in the drug overdose rate per 100,000 people since 2019. The rate has jumped from 27.8 in 2019 to 45.4 in 2023.
- The opioid-related hospitalization rate in Wilkes County is 210.0 which is notably higher than the state at 131.3 (per 100,000 residents).

## Contributing Factors

Treatment and support for drug and alcohol use are not easily accessible to all people, especially for populations that are experiencing low income or have limited resources within their community.

- Barriers & Challenges:
  - » Increasing drug use
  - » Treatment options
  - » Availability and cost
  - » Mental Health
  - » Local drinking culture/social norms
  - » Increase of vaping



## HIGHLIGHTED DISPARITIES

Alcohol-related mortality*	
Wilkes County	21.2
Women	8.3
Men	36.8

Drug overdose mortality*	
Wilkes County	34.8
North Carolina	33.7

Substance Use Hospitalization rate*	
Wilkes County	106.6
North Carolina	90.7
Ages 18-39	146.1
Ages 40-64	171.0

(\*deaths per 100,000 residents)

**Why is this important?** 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.

## Significant Need Reasoning

Access to exercise opportunities in the United States is relatively high at 84.5%. However, North Carolina lags behind the national average with 78% and Wilkes County has an even lower access rate of 66.5%.

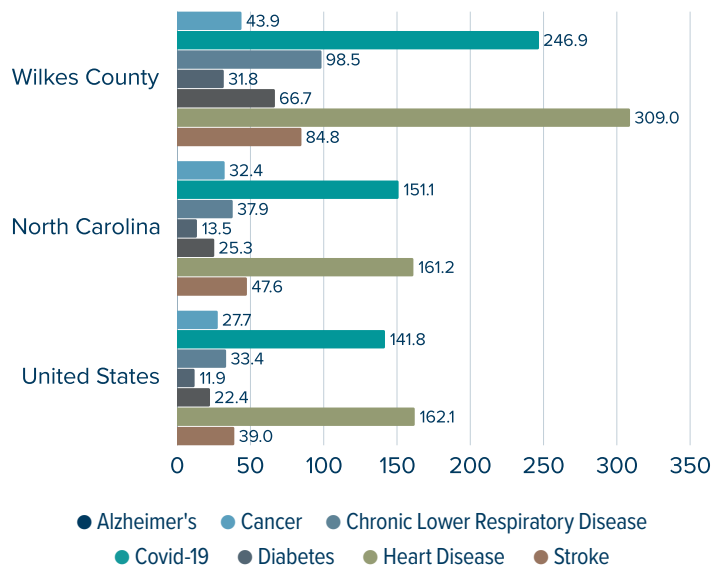
Secondary data shows that Wilkes County has notably higher rates of heart disease deaths particularly among the non-Hispanic white population.

The top three leading causes of death are chronic diseases: heart disease, cancer, and chronic lower respiratory disease

## Key Findings

- Cancer deaths per 100,000 residents have significantly increased in the last 3 years after steady declines in the last 20 years. The rate has increased from 163.7 to 246.9.

### Disease Mortality\*



## Contributing Factors

Many chronic diseases can be prevented with healthy habits. People with more money, education, and support tend to live longer and avoid these conditions. Without these resources, people often have worse health and shorter lives. For some, eating healthy or staying active is tough because of limited access to good food, busy schedules, or mental health struggles. Things like working multiple jobs or not having stable housing also make it harder to stay healthy. It's important to understand that making healthy choices isn't always easy – and it's not equal for everyone.

- Adult Obesity
  - » Wilkes County: 35.2%
  - » North Carolina: 33.9%
  - » United States: 33.2%
- Food Insecurity (Households with limited or uncertain access to adequate food)
  - » Wilkes County: 17.2%
    - Non-Hispanic Black residents: 27%
    - Hispanic or Latino residents: 26%
  - » North Carolina: 15.0%
- Adults With No Exercise:
  - » Wilkes County: 25.3%
  - » North Carolina: 22.6%



## HIGHLIGHTED DISPARITIES

Heart Disease Mortality*	
<b>286.2</b>	Wilkes County
<b>213.8</b>	Non-Hispanic Black
<b>316.0</b>	Non-Hispanic White

Mortality Increases*	2020	2023
Diabetes	26.2	66.7
Stroke	42.6	84.8
Heart Disease	166.6	309

(\*per 100,000 residents)

**Why is this important?** 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.

## Significant Need Reasoning

Economic stability, including food insecurity rates, vary significantly. In Wilkes County, non-Hispanic Black individuals experience the highest rate at 27%, compared to statewide at 15%.

Secondary data shows that the high school graduation rate among Hispanic or Latino residents is 63.6% compared to 83.1% as a full population

Lack of transportation is a significant issue in various regions, with Wilkes County experiencing a notably high rate of 9.9%. North Carolina also faces challenges, with a rate of 9%.

## Key Findings

- The rate of poor literacy and functional illiteracy in Wilkes County is 26.6%, which is higher than the national average of 21.8% and North Carolina's average of 21.3%. This indicates a significant literacy challenge in this specific region.
- The percentage of households receiving food stamps (SNAP) in Wilkes County is 13.8%, which is higher than the state average of 12.6% and the national average of 12.2%. This indicates a greater need for food assistance in the region

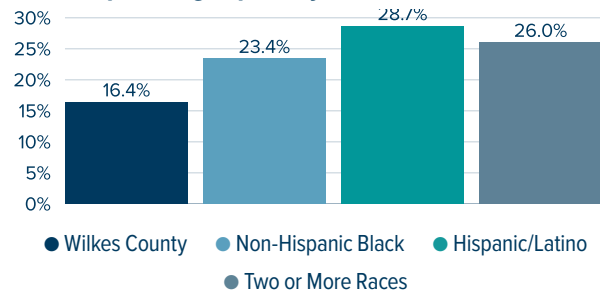
## Contributing Factors

Having a job and access to a steady paycheck is connected to many benefits, as listed above. Transportation is complicated as it ties back to resources including poverty, income and community infrastructure.

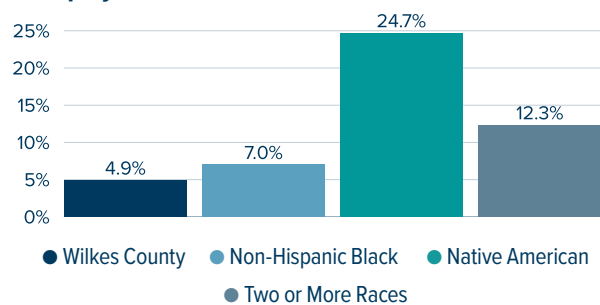
- Barriers & Challenges - specific to transportation:
  - » Infrastructure deficiencies
  - » Low population density
  - » Funding challenges
  - » Program fragmentation among federal, state, and local services
  - » Not enough attention to the issue
  - » Lack of community support

## HIGHLIGHTED DISPARITIES

### People living in poverty



### Unemployment Rates



It's hard to access resources, especially with no transportation in the community  
 – Community Member, Survey Response

**Why is this important?** Mental health includes our emotional, psychological, and social well-being. Mental health influences how we manage stress, build relationships, make decisions, and engage with all areas of our lives. Mental health is not just the absence of a mental health condition but also the ability to thrive. (CDC, 2025)

### Significant Need Reasoning

Mental health, mental conditions and suicide were ranked as a top health condition or behavior by survey respondents.

Secondary data shows Wilkes County and the state as having significantly fewer or nearly non-existent mental health treatment facilities.

### Key Findings

- In the service area, 36.4% of respondents reported that they did not receive the mental health care needed.
- The percentage of adults that reported poor mental health in the Wilkes County is 19.2 compared to North Carolina's at 16.5 and the United States at 17.4. This has significantly increased by nearly 6 percentage points in all three areas since 2017.
- Wilkes County has far fewer mental health providers per capita (324) than the state (632.3) and the U.S. (689.6), which may lead to less access to mental health services for community members.

### Contributing Factors

Many things affect a person's mental health - like genetics, stress, sleep, diet, trauma, and economic challenges. Since these factors vary for everyone, each person's experience with mental health is unique. While there are programs and services that support mental health and build resilience and recovery, not everyone has the same access to them.

- Barriers & Challenges
  - » Coping skills
  - » Access/transportation to treatment
  - » Social isolation
  - » Lack of youth therapy
  - » Stigma of embarrassment
  - » Not understanding services
  - » Long waits, availability of services
  - » Lack of providers
  - » Cost of services
  - » Underlying substance use
  - » Accountability taking medication

### HIGHLIGHTED DISPARITIES



#### Suicide Mortality\*

**19.7** Wilkes County  
**14.3** North Carolina  
**14.1** United States

(\*per 100,000 residents)

#### Depression

**27.1%** Wilkes County  
 (measure has increased 2% since 2020)  
**23.1%** North Carolina

## AREAS TO WATCH

We are closely monitoring emerging data indicators that may signal rising community concerns. While these issues have not yet reached priority status, continued tracking will help determine whether they warrant deeper analysis or targeted intervention in future assessments.



The motor vehicle injury hospitalization rate in North Carolina is 68.5 per 100,000 people. Wilkes County has a notable higher rate of 77.1, indicating a significant impact on local healthcare resources.



At 27.7 (pregnancies per 1,000) the teen pregnancy rate in Wilkes County is significantly higher than the state at 20.8.



Infant mortality disparities are significant among Wilkes County with 7.2 (infant deaths per 1,000) for the full population but 15.3 for Non-Hispanic Black patients.



Disaster preparedness was asked for the first time in the survey and discovered that nearly 19% of the service area does not feel prepared for a disaster.



As these reports are finalized, the region is experiencing an outbreak of measles. Ongoing surveillance will focus on disease spread and trends in vaccination uptake.

# PRIORITIZATION OF HEALTH-RELATED ISSUES

## PRIORITY SETTING PROCESS

In August 2025, an ad hoc group of leaders from Wilkes Medical Center prioritized significant needs based on the criteria below.



Using these criteria, Wilkes Medical Center prioritized the significant health needs to address in the 2026-2028 implementation strategy:



**Access to Care**



**Behavioral health: mental health and substance use**



**Chronic Disease: heart disease and stroke**

## HEALTH NEEDS NOT SELECTED

### **Economic Stability/Social Drivers of Health**

This is a larger systemic issue that requires a community-wide, collective response. Wilkes Medical Center Health will support efforts within the community as needed, especially in housing, transportation and food insecurity efforts. Additionally, providers will refer to community resources for identified needs of individual patients in our healthcare facilities.

# APPROVAL OF COMMUNITY HEALTH NEEDS ASSESSMENT

The 2025 CHNA was presented to the Wilkes Medical Center Board, the authorizing body of the hospital. The board approved the report on 2.24.26.

## VEHICLE FOR COMMUNITY FEEDBACK

Community input is essential to the success and relevance of this Community Health Needs Assessment (CHNA). Residents, stakeholders, and organizations are encouraged to review the findings and share their feedback. Comments, suggestions, and questions can be submitted by using the email below. Feedback will be reviewed and considered in future planning efforts.

Please send an email to us at: [CHNA@advocatehealth.org](mailto:CHNA@advocatehealth.org)

This report can be viewed online at Atrium Health Wake Forest Baptist's Community Health Needs Assessment Report webpage via the following link:

[Needs Assessments and Implementation Reports | Atrium Health Wake Forest Baptist](#)

A copy of this report may also be requested by contacting the hospital's Community Health Department.



# EVALUATION OF IMPACT FROM PREVIOUS CHNA

\*Note: Because this report is a back-to-back cycle to align with the Central Carolina Community Collaborative, the numbers are for ten months as of October 2025.

## Priority 1: Access to Care

Wilkes Medical Center has contracted with Wilkes County EMS to provide community paramedicine. Community paramedicine provides services to hospital patients who do not have access to, or the ability to pay for, home health services which mainly involves Medicaid and uninsured patients. The program was implemented in April 2025 to reduce Emergency Department recidivism, reduce readmissions to the hospital, and improve access to care for otherwise ineligible patients. Eligible patients are referred to the community paramedicine program by hospital Care Coordination. CPs provide in home or in person care to include, but are not limited to medication supervision, wound care, vital sign monitoring, prospective care for chronic conditions, and medication assisted therapy (MAT).

- Number of visits/referrals to the Wilkes County Community Paramedicine Program in 2025: 30

## Priority 2: Behavioral Health: Mental Health and Substance Use

In February 2024, Wilkes Medical Center began contracting with a local recovery organization (Wilkes Recovery Revolution) to provide certified Peer Support Specialists (PSS) inside the hospital for hospital ED and Inpatients. PSS provides peer counseling for any patient with a mental health diagnosis, provides referrals to mental health and substance use treatment, and ongoing support for hospital patients in their recovery journey. In addition, PSS provides referrals to wrap around services such as food, housing, transportation, and employment.

- Number of patients completing prescribed treatment plan in 2025: 251
- Number of patients screened and referred to services: 250
- Number of ED visits for overdose: 94

## Priority 3: Chronic Disease: Heart Disease, Stroke and Cancer

Early detection and treatment of stroke is essential to preserving function for patients. Wilkes Medical Center has been active in the Wake Forest Stroke Network, providing tele-stroke neurologist services for many years. The organization achieved stroke center designation from The Joint Commission in May 2025, validating our stroke processes, policies, and outcomes.

- Stroke Center Designation: achieved May 2025
- Number of stroke patients served in 2025: 400

# APPENDICES

## Appendix 1: Central Carolina Community Collaborative Survey

To view the Wilkes Medical Center Community Health Assessment report, which includes members of the collaborative, along with the full survey, visit: <https://cccc.metop.io/community-health-reports-and-plans>

## Appendix 2: Community Resources Available for Significant Needs

The resources under each significant need are not a complete list. For more community resources, please visit please visit the Atrium Health Community Resource Hub: <https://www.atriumhealthcommunityresourcehub.org>

### Access to Care/ Chronic Disease and Prevention

Organization	Address	Contact
Wilkes Health Department	<a href="http://Wilkescounty.net">Wilkescounty.net</a>	
Atrium Health Wake Forest Baptist Health	<a href="http://Wakehealth.edu">Wakehealth.edu</a>	336-651-8100
Bethany Medical	<a href="http://Mybethanymedical.com">Mybethanymedical.com</a>	336-990-0595
Foothills Center for Women	<a href="http://Foothillscenforwomen.com">Foothillscenforwomen.com</a>	336-667-8241
Hugh Chatham Health – Family Medicine	<a href="https://hughchatham.org">https://hughchatham.org</a>	336-696-2711

### Economic Stability/Social Drivers of Health

Organization	Website	Contact
The Health Foundation	<a href="http://Healthywilkes.org">Healthywilkes.org</a>	
Goodwill Career Connections	<a href="http://www.goodwillnnc.org">www.goodwillnnc.org</a>	336-667-0889
Blue Ridge Opportunity Commission	<a href="http://Wilkes County Habitat for Humanity">Wilkes County Habitat for Humanity</a>	336-667-7174
Samaritan Kitchen of Wilkes	<a href="https://brocinc.com">https://brocinc.com</a>	336-838-5331
Wilkes Community Partnership for Children	<a href="https://skwilkes.org/">https://skwilkes.org/</a>	336-838-0977
Wilkes Community Partnership for Children	<a href="https://www.wilkeschildren.org">https://www.wilkeschildren.org</a>	

### Substance Use

Organization	Website	Contact
Wilkes Recovery Revolution	<a href="http://Wilkesrecoveryrevolution.com">Wilkesrecoveryrevolution.com</a>	336-818-1909
Daymark Recovery Services	<a href="http://Daymarkrecovery.org">Daymarkrecovery.org</a>	336-667-5151
Project Lazarus	<a href="http://Projectlazarus.org">Projectlazarus.org</a>	336-818-1660
Stepping Stones of Wilkes	<a href="http://PinnacleTreatment.com">PinnacleTreatment.com</a>	336-568-0271

### Mental Health, Suicide Prevention

Organization	Website	Contact
Suicide and Crisis Lifeline	<a href="http://988lifeline.org">988lifeline.org</a>	988
Aspen Mental Health	<a href="http://Aspenmentalhealth.com">Aspenmentalhealth.com</a>	336-827-0089
Daymark Recovery Services	<a href="http://Daymarkrecovery.org">Daymarkrecovery.org</a>	336-667-5151
CareNet Counseling	<a href="http://Caretnc.org">Caretnc.org</a>	336-838-1644

## Appendix 3: Sources

American Community Survey (ACS), 2019-2023. Retrieved from <https://www.census.gov/programs-surveys/acs/>

Area Health Resources Files (AHRF), 2023. Retrieved from <https://data.hrsa.gov/topics/health-workforce/ahrf>

Behavioral Risk Factor Surveillance System (BRFSS), 2022. Retrieved from <https://www.cdc.gov/brfss/>

Central Carolina Community Collaborative (CCCC) Community Health Needs Survey

County Health Rankings, 2024. Retrieved from <https://www.countyhealthrankings.org/>

Debt in America, Urban Institute, 2025. Retrieved from <https://datacatalog.urban.org/dataset/debt-america-2025>

Decennial Census, 2020. Retrieved from <https://www.census.gov/programs-surveys/decennial-census.html>

Dwyer-Lindgren et al., Population Health Metrics, 2014. Retrieved from <https://link.springer.com/article/10.1186/1478-7954-12-5>

Health Professional Shortage Areas (HPSA), 2024. Retrieved from <https://data.hrsa.gov/topics/health-workforce/shortage-areas>

Map the Meal Gap, Feeding America, 2023. Retrieved from <https://www.feedingamerica.org/research/map-the-meal-gap>

Mapping Medicare Disparities, 2019 Retrieved from <https://www.cms.gov/About-CMS/Agency-Information/OMH/OMH-Mapping-Medicare-Disparities>

National Provider Identifier Files (NPI), 2025. Retrieved from <https://npiregistry.cms.hhs.gov/>

National Substance Use and Mental Health Services Survey (N-SUMHSS), 2024, <https://www.samhsa.gov/data/data-we-collect/n-sumhss-national-substance-use-and-mental-health-services-survey>

National Vital Statistics System-Mortality (NVSS-M), 2000-2023, 2019-2023. Retrieved from <https://www.cdc.gov/nchs/nvss/deaths.htm>

National Vital Statistics System-Nativity (NVSS-N), 2023. Retrieved from <https://www.cdc.gov/nchs/nvss/births.htm>

North Carolina All Payer Claims Dataset, 2020-2024. Retrieved from North Carolina Hospital Association

North Carolina Reported Pregnancies, 2023. Retrieved from <https://schs.dph.ncdhhs.gov/data/vital.cfm>

North Carolina State Center for Health Statistics County Health Data Books. 2023, Retrieved from <https://schs.dph.ncdhhs.gov/data/databook/BirthIndicators-CHDB25/NorthCarolina.pdf>

North Carolina Vital Statistics, Volume 1: Population, Births, Deaths, Marriages, Divorces, 2019-2023. Retrieved from <https://schs.dph.ncdhhs.gov/data/vital.cfm>

Opioid and Substance Use Dashboard, 2020, 2000-2023. Retrieved from <https://www.dph.ncdhhs.gov/programs/chronic-disease-and-injury/injury-and-violence-prevention-branch/north-carolina-overdose-epidemic-data>

PLACES, 2022. Retrieved from <https://www.cdc.gov/places/>

Program for the International Assessment of Adult Competencies (PIAAC), 2012-2017. Retrieved from <https://nces.ed.gov/surveys/piaac/results.asp>

The Changing Medical Debt Landscape in the United States, Urban Institute, 2024. Retrieved from <https://datacatalog.urban.org/dataset/changing-medical-debt-landscape-united-states>



# Thank You

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