

**WFBH- NORTH CAROLINA BAPTIST HOSPITAL  
2020 -2022 CHNA Implementation Strategy**

**DOMAIN: ACCESS TO CARE**

**The anticipated impact of the following actions may include:** reduction in emergency department visits, increase in the number of insured adults, improvement in access to and utilization of culturally appropriate primary care, reduction of health disparities, and reduction in transportation barriers to receiving medication and care.

**1. Action: Encourage appropriate Emergency Department utilization through care coordination across community, hospital and primary care**

- Continue implementation of WakeHealth Connect as a Population Health managed care program for charity care approved patients who have an increased number of ED visits and chronic disease diagnoses.
- Provide enhanced, multidisciplinary primary care through the Care Plus model at Downtown Health Plaza for patients who have a high prevalence of inpatient admissions, ED visits, co-morbidity, mental health diagnoses, substance abuse issues, cognitive challenges, poverty, food insecurity, polypharmacy, difficulty affording medications, and transportation challenges.
- Engage vulnerable communities and patients through FaithHealth Supporters of Health and Connectors who serve biopsychosocial spiritual needs, support life and health challenges, and connect patients with the community assets of social networks including communities of faith.
- Continue partnership with United Health Centers (FQHC) to provide weekly preventive care clinic at the Bethesda Center for the Homeless
- Continue support of HealthCare Access, which connects uninsured with the medical community by coordinating care and linking patients with doctors, clinics, and hospitals who volunteer to provide healthcare services.

**2. Action: Improve access to Community Centered Social and Health Education Services and regular source of health care**

- Continue partnership with Novant to provide preventive care at the Highland Avenue Primary Care Clinic by offering same-day or next-day appointments, regular checkups for children, annual physicals for adults, women's health services, chronic care, and vaccines to avoid preventable illnesses.
- Deploy the WFBH Mobile Health Clinic as a partnership between the School Health Alliance of Forsyth County and Wake Forest Baptist Community Health Alliance to provide medical, nursing, nutrition, mental health, health education services to both adults and children in underserved communities, and screening for sexually transmitted infections in collaboration with the Forsyth County Department of Public Health.
- Support the Delivering Equal Access to Care (DEAC) Clinic, a student-run, free medical clinic that provides long-term continuity of care to local underserved communities including routine office visits, specialty clinics, free lab work, free medications, referrals for social services, mental health screening, STI screening, community wellness and prevention, smoking cessation counseling, chronic disease education and medication

management, Spanish interpretation services, and cooking classes with nutrition education.

- Serve Winston-Salem and the greater Forsyth County community through the Downtown Health Plaza, an outpatient clinic of NC Baptist Hospital, which provides chronic disease management, preventive and diagnostic services, prescription assistance, referral to specialists, support and information, diagnostic and treatment services, transition to nearest emergency room, financial counseling, Spanish interpreters, 24/7 on-call nurse, CareNet counseling, and referrals to Care at Home (home health).

**3. Action: Improve access to Transportation to health care services**

- Align community transportation resources with Downtown Health Plaza, OPD Medicine, and Family Medicine (Piedmont Plaza) patients when transportation needs are identified during appointment scheduling through the Access Center.

**DOMAIN: CHRONIC DISEASE MANAGEMENT AND PREVENTION**

**The anticipated impact of the following actions may include:** improved health behaviors, disease management and health status through greater continuity of care with health care providers (including improved adherence to treatment recommendations and improved communication with health care providers).

**1. Action: Improve the capacity of community-based organizations and health care providers to support efforts related to chronic disease prevention and management**

- Utilize FaithHealth Supporters of Health and Connectors to address social determinants of health that impact chronic disease management.
- Support governmental (Medicaid Transformation's Healthy Opportunity Pilot) and local community (Human Service Organization Roundtable) efforts to build capacity of community-based organizations to serve the needs of the community and to align with WFBH's Population Health strategies.
- Collaborate with the Novant Forsyth Medical Center Community Health and Benefit teams to improve health and build trust for communities with the greatest opportunity to improve health outcomes, placing the priorities of residents above systems.
- Support Health Equity related community engagement led by the Office of Cancer Health Equity (e.g., community outreach and education, culturally and linguistically appropriate cancer navigation, removing barriers to access) and the Maya Angelou Center for Health Equity (e.g., Alzheimer's Disease).

**2. Action: Provide education and support programs to reduce diabetes prevalence and weight management**

- Refer pre-diabetic and early onset diabetic patients at Downtown Health Plaza to the YWCA Diabetes Integrated programs (e.g., Gateway to Success Program) and related educational programs offered by WFBH and other community-based organizations.
- Provide BestHealth diabetes prevention and nutrition education to the community by offering health seminars, screenings and events to help community members live healthier lives and stay on top of the latest advances in medicine.

**3. Action: Provide education and support programs to reduce obesity prevalence and/or improve obesity management**

- Continue to support Brenner FIT and its collaboration with the YMCA to increase education and awareness of nutrition and healthy lifestyle choices for uninsured and Medicaid patients and families.

**DOMAIN: BEHAVIORAL HEALTH AND SUBSTANCE DEPENDENCY**

**The anticipated impact of the following actions may include:** decrease in ED visits related to behavioral health, increase in the number of individuals utilizing CareNet services and increases in the number of patients at primary care practices and Downtown Health Plaza providing integrated behavioral health screening and treatment.

- Build capacity among lay persons in the community through CareNet in the areas of mental health first aid, community resiliency model and suicide prevention programs (e.g., Soul Shop for faith communities).
- Continue to expand integrated care model currently operating at Downtown Health Plaza and Family Medicine Piedmont Plaza.
- Continue the work of The Empowerment Project to provide outreach to the target population of adults with known or suspected mental illness, a substance abuse disorder, or a co-occurring mental illness and substance abuse disorder; and to provide case management to help homeless adults exit homelessness by assisting them with accessing mental health and/or substance abuse services, housing opportunities, employment or disability assistance, health care, or other needed services.
- Provide community-based services through Psychiatry and Behavioral Medicine including the DEAC clinic, Geriatric Outreach (GO) Program - in home mental health care for older adults, Bowman Gray Child Guidance – mental health services to indigent children ages 3 through 17 and their families, University Mental Health – serves Transitional Aged Youth (ages 16-24), and Peer Support Specialists in the Emergency Department who are people in recovery providing personal, experienced-based guidance and assistance to others with similar substance use disorders or mental illnesses.

**DOMAIN: MATERNAL AND CHILD HEALTH**

**The anticipated impact of the following actions may include:** Decreased teen pregnancy, reduced infant mortality, increase in breast feeding, and increased physical wellness at local schools.

- Continue to offer medical and research direction for the School Health Alliance for Forsyth County to operate school-based health centers and programs in partnership with schools and other community health organizations to provide medical and mental health services that promote the health and educational success of school-aged children and adolescents.
- Establish the Family Connects home visiting program in collaboration with Novant Health Forsyth Medical Center for Forsyth County families delivering at the Birth Center at WFBMC to perform basic clinical assessments (e.g., blood pressure, infant weight, assessment for edema, breastfeeding latch), and conduct an evaluation of service

delivery to inform quality improvement and model effectiveness in improving health outcomes for mothers and their young children.

- Strengthen the relationship with the Winston Salem Forsyth County School System through the School Health Alliance and the WSFC Social Work Department to build linkages among schools, health care providers, and faith communities to more effectively serve the needs of students and their families.
- Serve Winston-Salem and the greater Forsyth County community through the Downtown Health Plaza, an outpatient clinic of NC Baptist Hospital, which provides Obstetrics and Gynecology care and services including General Obstetrics, General Gynecology, Maternal-Fetal Medicine, Gynecologic Oncology and Urogynecology, Reproductive Endocrinology and Fertility, and CenteringPregnancy (a group model of care and an innovative approach to prenatal care with the potential to improve pregnancy outcomes). Brenner Children's also offers Pediatric services at Downtown Health Plaza including Well Child, Adolescents, Full Service Clinic, Pharmacy, Food Pantry, Community Garden, Imprints Cares (Pediatric Holistic Health Initiative), and Behavioral Health Integrated Services.