Strategic Implementation Plan

Fiscal Years

2025-2026

Wake County 2025 Community Health Needs Assessment |

Duke Wake County Implementation Plan & Progress Report

JUNE 2

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Duke Raleigh Hospital
A Campus of Duke University Hospital

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EXECUTIVE SUMMARY & INTRODUCTION

Every three years, Wake County conducts a comprehensive Community Health Assessment (CHA). From June 2024 through March 2025, Duke Raleigh Hospital, a Campus of Duke University Hospital, collaborated with Advance Community Health, Delta Dental of North Carolina, Neighbor Health Center, Poe Center for Health Education, RightCare, UNC Rex Healthcare, Wake County Human Services, and WakeMed Health and Hospitals to develop the 2025 CHA. Dozens of organizations and community partners provided additional input and support as members of the CHA Steering Committee. The North Carolina Institute for Public Health (NCIPH) conducted this assessment, which collected and analyzed existing statistical data.

According to the Wake County Community Needs Assessment, in 2025:

> *"Live Well Wake (LWW), partnered with Community Health Workers from Southeastern Healthcare of North Carolina to engage underrepresented populations. Community Health Workers built trust, facilitated discussions, and gathered insights to overcome participation barriers, ensuring the process reflected diverse experiences. Additionally, NCIPH facilitated four workgroups from steering committee members to provide in-depth review and feedback on data collection methods and recruitment. The workgroups covered the CHOS, Community Conversations, secondary data, and communications."* – Wake County Community Health Needs Assessment 2025

The 2025 CHA examined the overall community health needs and evaluated how best to improve and promote the health of the community.

The assessment included analysis of existing statistics from local, county, state, and national sources as well as input from 1,191 Wake County residents and organizational leaders included in this CHA. This community input was gathered through internet-based and telephone surveys, focus groups, and an internet-based prioritization survey.

Based on the findings from this assessment, the following priority areas were identified for 2025-2028:

A full copy of the 2025 Wake County CHA can be found here on the Live Well Wake website: https://livewellwake.org/wp-content/uploads/2025/07/CHA_2025Final.pdf.

What is a Community Health Needs Assessment?

According to Live Well Wake, "The purpose of a community health assessment (CHA) is to collect and use data to identify community assets and priorities that can improve community health and wellbeing. By identifying these priorities with broad community input, local leaders can collaborate and leverage shared resources and expertise to act."

According to the IRS, for hospitals to meet the requirements of Section 501 (r)(3), they are obligated to conduct a CHA in the taxable year or in either of the two immediately preceding taxable years. Hospitals

must also adopt and implement a strategy to meet the identified community health needs on or before the 15th day of the fifth month after the end of that taxable year. [1]

What is Live Well Wake?

"Live Well Wake is a collaborative that formed as a result of the 2019 Community Health Needs Assessment and Population Health Task Force initiative. It convenes a large and diverse group of members including county agencies, health care systems, and community-based organizations and establishes cross sector collaboration among agencies and organizations serving Wake County. Individual and organizational representation in Live Well Wake is described in the acknowledgement section of this report. Learn more about the work of Live Well Wake and how you can get involved at livewellwake.org."

DUKE HEALTH (DUKE RALEIGH) OVERVIEW

Advancing Health Together. As a world-class academic and health care system, Duke Health strives to transform medicine and health locally and globally through innovative scientific research, rapid translation of breakthrough discoveries, educating future clinical and scientific leaders, advocating and practicing evidence-based medicine to improve community health, and leading efforts to eliminate health inequalities.

Duke Raleigh Hospital, a Campus of Duke University Hospital (DRAH), has been a part of the Raleigh community for more than 100 years. It began as Mary Elizabeth Hospital in 1914, and moved to its current location at 3400 Wake Forest Road as Raleigh Community Hospital in 1978. In 1998, Duke Raleigh joined Duke University Health System (DUHS) | Duke Health.

As a part of Duke Health, Duke Raleigh offers the latest in care and technology in a patient-friendly setting. Employing more than 2,100 people, the hospital provides 186 inpatient beds and a comprehensive array of services, including four cancer center locations in Wake County, Duke Raleigh Orthopaedic and Spine Center, cardiovascular services, neurosciences including the Duke Raleigh Skull Base and Cerebrovascular Center, advanced digestive care, disease management and prevention, wound healing, outpatient imaging, intensive and progressive care, pain clinic, same-day surgery, emergency department and community outreach and education programs.

In July 2021, Duke Raleigh Hospital, a Campus of Duke University Hospital celebrated the opening of its South Pavilion, which consists of renovations to the hospital's existing bed tower. This project includes 92 single-occupancy patient rooms, nine state-of-the-art operating suites and a new kitchen and café for patients and visitors.

The U.S. News & World Report 2024-2025 has ranked Duke Raleigh Hospital, a Campus of Duke University Hospital as high performing in cancer (Colon Cancer Surgery and Lung Cancer Surgery) and in five common adult procedures/conditions: Colon Cancer, Lung Cancer, Heart Failure, Diabetes, and Kidney Failure.

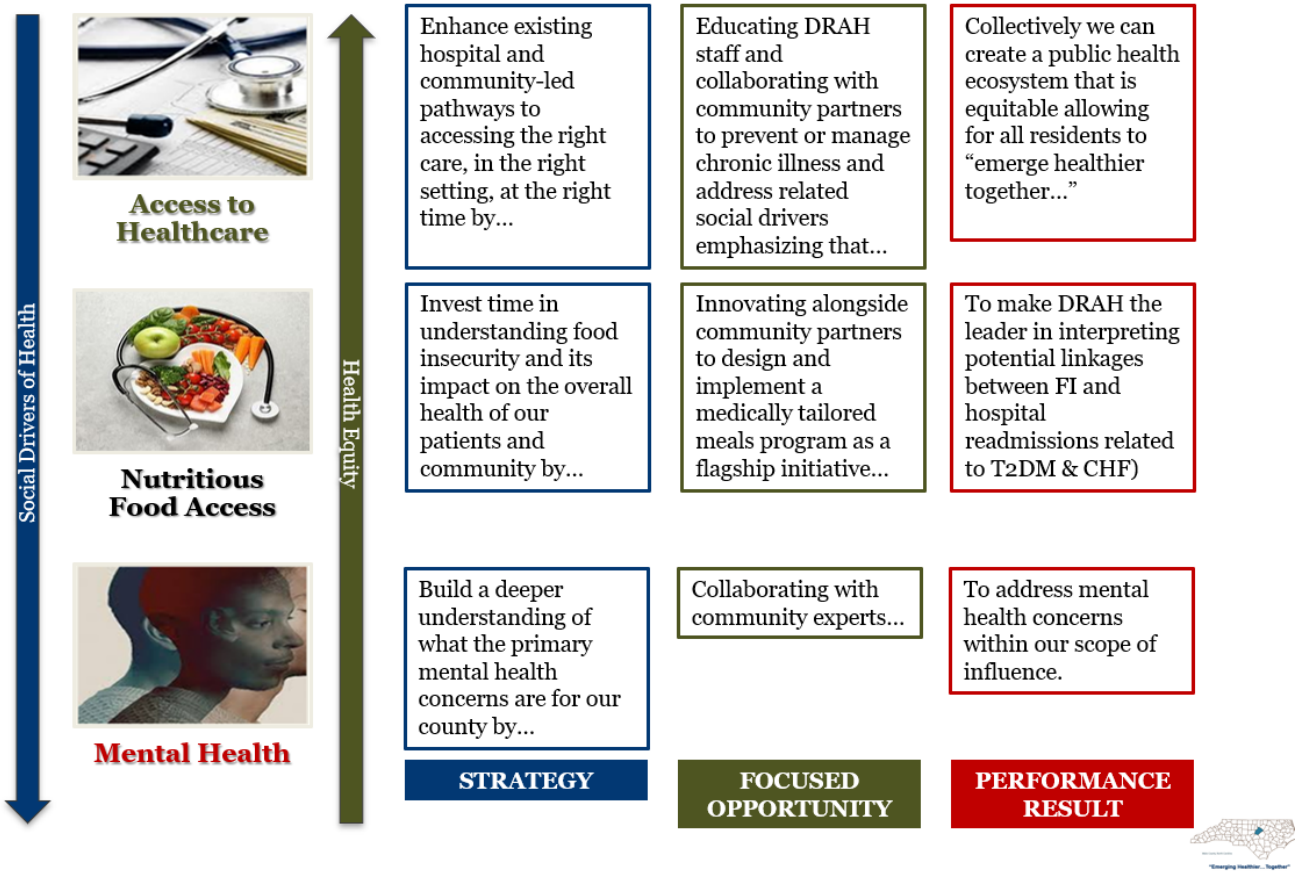
DukeHealth

[1] Community Health Needs Assessment for Charitable Hospital Organizations- Section 501(r)(3). Community Health Needs Assessment for Charitable Hospital Organizations - Section 501(r)(3) | Internal Revenue Service (irs.gov)

FY2025 – FY2026 IMPLEMENTATION PLAN

The FY2025 – FY2026 Implementation Plan was developed in alignment with Duke Raleigh's mission "to improve health, advance knowledge, and inspire hope". This implementation plan is guided by the priority areas identified by the 2025 CHA as well as by core competencies that serve as the focus of efforts in the areas where Duke Raleigh can have the greatest impact.

This implementation plan is considered to be a "working plan" that will continue to evolve and be evaluated for effectiveness in meeting the needs of the community. Duke Raleigh has made a commitment to working alongside community leaders and visionaries to positively advance these priority areas maintaining an emphasis on identifying social drivers and integrating a health equity lens.



Beginning on the next page, you will find detailed information regarding the three (3) priority areas as well as the actions Duke Raleigh has identified to address the priority areas.

1. Housing and Homelessness

Housing and Homelessness are social drivers of health that rose to the top of the Wake County prioritization matrix to become a priority area for the county to focus on over the coming years. The Housing and Homelessness priority includes cost of housing, housing choices, and how many people are homeless.[2]

> *"…The 2024 CHOS, affordable housing and homelessness received the most votes as the most important problem impacting health in Wake County among respondents. Over half of CHOS respondents indicated that Wake County was doing poorly in terms of addressing the affordable housing and homelessness crisis, with the lowest satisfaction among lower-income, lower-educated, and Black respondents. 60% of CHOS respondents disagreed with the statement that they could find affordable housing in their community".* – Wake County Community Health Needs Assessment 2025

Duke Health acknowledges that healthy homes promote good physical and mental health, affecting the overall ability of families to make healthy choices.[3] We have proposed the following priorities and strategies to be implemented over the next three years:

Priority	**Housing and Homelessness**
Strategy Statement	Support efforts to increase access to safe and healthy housing
Major Actions	
• Evaluate current processes to identify patients with housing/shelter needs and expand existing capabilities to connect them with community resources	
• Embed connections to housing/shelter within the Emergency Department and Inpatient workflows to incorporate the use of NCCare360 and promote and facilitate direct communication with community partners who do not use the platform[4]	
• Support efforts to increase the capacity of community-based organizations to provide safe, high-quality, affordable housing and shelter by contributing our time, resources, and financial support. ○ Habitat for Humanity of Wake County (FY17–26): We will continue supporting Habitat for Humanity through financial contributions and employee volunteerism to expand access to safe and stable housing for families across Wake County. ○ Triangle Family Services: We will continue supporting Triangle Family Services in their work to provide emergency housing assistance, rental assistance, and street outreach, through financial contributions, volunteerism, and referrals. ○ Oak City Cares: We will continue supporting Oak City Cares, which "supports the self-determination of our neighbor's experiencing homelessness through trusting relationships and connections to coordinated services that increase their ability to be safely and stably housed," through financial contributions and employee volunteerism.	

[2] See 2022 Wake County CHA, Wake County Community Health Needs Assessment (livewellwake.org)
[3] How Does Housing Affect Health, Robert Wood Johnson Foundation, May 1, 2011. https://www.rwjf.org/en/library/research/2011/05/housing-and-health.html. Accessed September 2019.
[4] See About NCCare360. About NCCARE360 – NCCARE360

- Healing Transitions:
  We will continue supporting Healing Transitions, which provides peer-based, recovery-oriented services for individuals experiencing homelessness and substance use disorders, through financial contributions, joint community service efforts, and referrals.
- Urban Ministries of Wake County (Helen Wright Center for Women):
  We will continue supporting Urban Ministries of Wake County and the Helen Wright Center for Women through financial contributions, employee volunteerism, care-kit donations (e.g., flu kits and women's health kits), in-kind services, and referrals.
- Exploration of New Partnerships:
  We will explore new partnerships with community organizations that support individuals experiencing homelessness outside of traditional operating hours, addressing a known gap in current community services.
  - In FY27, $20,000 was awarded to The Women's Center, which uses evidence-based practices to provide stability and housing for single women experiencing homelessness, during off peak hours for traditional homeless shelters. Awarded through the Building Healthy Communities Grant.
- Post-Discharge Referral Partnership:
  We will explore establishing a formal partnership with a community provider that can receive direct referrals from our Emergency Department and support patients experiencing homelessness immediately post-discharge.
- MedAssist (FY24-26)
  Funded a community MedAssist event in downtown Raleigh, providing free over-the-counter medications alongside a community health fair that featured more than five local partner organizations and offered diabetes education to residents. Plans for FY26 will extend our reach further into Wake County (Garner) and community partnership.

- We will collaborate closely with the Wake County Continuum of Care to support their goal of making homelessness rare, brief, and non-recurring — including aiding during White Flag operations when requested.

2. Access to Care

Access to care was identified as a top priority in 2013, 2016, 2019, 2022 Wake County CHAs and remains a top priority in the 2025 Wake County CHA. This priority includes how and why people use or do not use healthcare, how many people have health insurance, how much healthcare there is in the community, and how much information there is about healthcare.

> *"Access to Healthcare includes all aspects that might influence whether someone is able to seek quality and timely healthcare in their community, including affordability, insurance, specialty services, elder care, and provider capacity. Though over half of the survey respondents agreed that Wake County was doing good or excellent in addressing this priority area, the steering committee and our data indicate that there is still significant work that needs to be done. In terms of provider availability, Wake County has fewer licensed mental health facilities and addiction/substance use providers compared to Mecklenburg County in 2024, indicating potential room for improvement in terms of availability of specialty care."* – Wake County Community Health Needs Assessment 2025

The ability to access providers in a timely manner is a critical public health issue, as obtaining timely primary and preventative services can help to prevent or manage chronic illnesses and therefore improve the health of

the community.[5] Duke Raleigh is actively engaged in improving access to health providers and services for all through strategic initiatives and community partnerships.

Priority No. 3	**Access to Care**
Strategy Statement	Enhance pathways to accessing the right care, in the right setting, at the right time to achieve the best health outcomes.
Major Actions/Activities	
• Continue to provide financial assistance via Duke University Health System's charity and discounted care policies. In FY25, Duke Raleigh provided $18,812,000 million in charity care.	
• Increase financial and volunteer support for community partners providing care to uninsured populations. o This includes strengthening our support for organizations such as Alliance Medical Ministry, Project Access of Wake County, and Urban Ministries of Wake County, all of which play critical roles in expanding access to primary and specialty care for uninsured residents. • Advance collaboration with Alliance Medical Ministry and Urban Ministries of Wake County. o Duke Raleigh is actively engaged in conversations with both organizations to explore shared programming in diabetes education and other priority service areas that address unmet needs among uninsured and under-resourced community members.	
• Continue to provide in-kind lab services to Urban Ministries of Wake County's Open-Door Clinic. In FY25, lab tests were provided in-kid worth more than $1.66 million	
• Continue to provide donated care to Project Access of Wake County and invest in expansion of Project Access services.	
• Expand capacity to conduct social needs screenings and support linkages to community resources Currently piloting a workflow using NCCare360 to screen patients within a defined food group for food insecurity. Patients identified as having food insecurity will be provided with an opportunity to enroll in an extended home delivery meal service. Data will be captured.	
• Expand community outreach and education efforts around stroke, cardiovascular disease, diabetes, cancer, orthopedics, sports medicine and more through partnerships with local organizations, agencies, and businesses through interventions, initiatives, and community events.	

[5] See 2025 Wake County CHA, pages 66-67.

3. Mental Health

Mental Health was an identified priority in the 2013, 2016, 2019 and 2022 Wake County CHA.

> *"One-fifth of CHOS respondents reported barriers to accessing mental healthcare, and lower-income and minority respondents were more likely to report barriers. Community Conversations participants elaborated on barriers, specifying that a lack of/inexperienced staff, outdated resource lists, short-term crisis services that do not address chronic mental health issues, and expensive out-of-pocket costs for therapy prevent Wake County residents from accessing comprehensive mental healthcare."* – Wake County Community Health Needs Assessment 2025

Wake County has experienced an increase in the prevalence and severity of mental health. While the impacts of mental health are far reaching, prioritization discussions have placed special emphasis on two populations specifically impacted by mental health: lower-income and minority respondents. Due to the scope and complexity of mental health and its tie to physical health, a collective and collaborative approach is needed.

Duke Raleigh Hospital, a Campus of Duke University Hospital will continue to work collaboratively internally, across the Duke Health enterprise, to support opportunities to improve access to mental health services in addition to supporting initiatives and external partners who promote mental and physical health.

Priority	**Mental Health and Substance Use Disorders**
Strategy Statement	Work collaboratively with county stakeholders to understand and address community mental health needs in partnership with the broader Duke Health.
Major Actions/Activities	
• Further develop behavioral health service line capabilities at Duke Raleigh Hospital, a Campus of Duke University Hospital with dedicated service line leadership, rounding nurses, and social workers. In FY25, we developed a program to support minors holding in the ED with a comforting and safe, quilt making activity.	
• Continue to collaborate with the following community coalitions/workgroups: North Carolina Health Care Association (NCHA) Behavioral Health Workgroup.	

• Continue supporting efforts to expand community-based mental health resources through grants and sponsorships.
  • Past partners have included Triangle Family Services and NAMI Wake County, both of which provide critical services that strengthen mental health and family stability across Wake County.
  o *FY25 – NAMI Wake County Partnership:*
  In FY25, Duke Raleigh partnered with the Office of Community Health to serve as presenting sponsors of the annual NAMI Wake County Walk. As part of this effort, we brought together mental health providers and clinicians to demonstrate support for our	

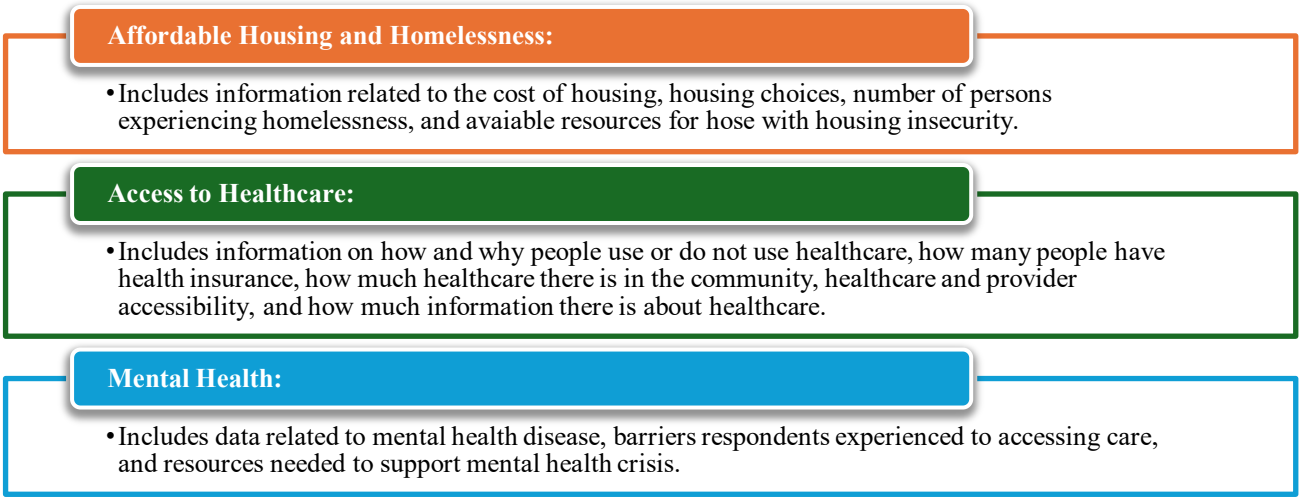
community and raise awareness of mental health needs.

- *FY25 – Youth Mental Health Mini Summit:*
  In FY25, Duke Raleigh collaborated with the Office of Community Health to host a youth mental health mini summit in partnership with Southeast Raleigh Promise and the Southeast Raleigh YMCA. This convening focused on emerging youth mental health concerns, community-driven solutions, and strengthening local support networks.

PROGRESS ON 2025 WAKE COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT PRIORITIES

Beginning in June 2024 through March 2025, Duke Raleigh Hospital, a Campus of Duke University Hospital, collaborated with Advance Community Health, Delta Dental of North Carolina, Neighbor Health Center, Poe Center for Health Education, RightCare, UNC Rex Healthcare, Wake County Human Services, and WakeMed Health and Hospitals to develop the 2025 CHA.

The assessment included analysis of existing statistics from local, county, state, and national sources as well as community input gathered from Wake County residents through surveys, focus groups, and prioritization meetings. Based on the finding from this assessment, the following four priority areas were identified for 2025-2028:



Graphic Footnote[6]

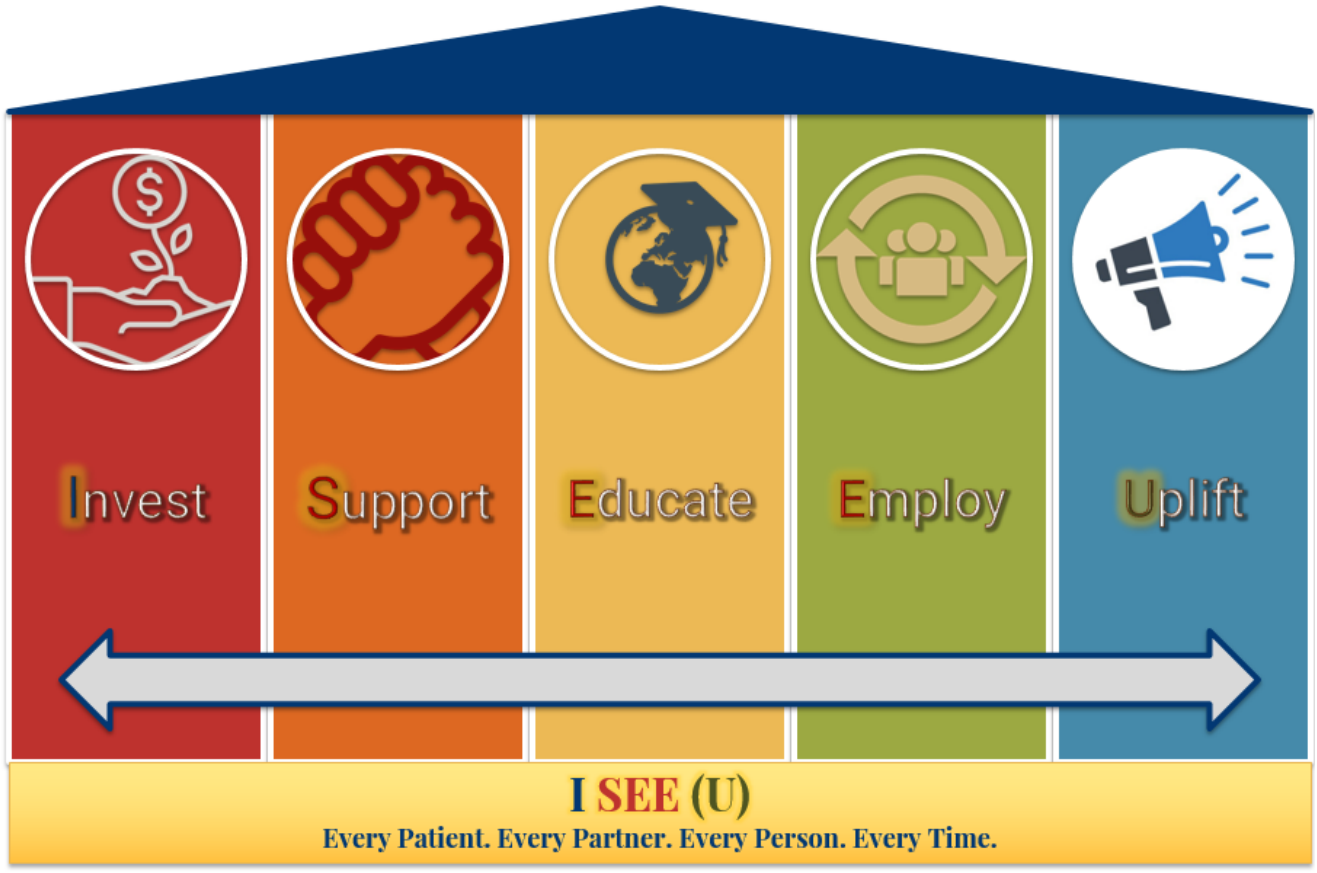
The Wake County Community Needs Assessment has and will continue to serve as a guiding light for Duke Raleigh's True North, Framework, and Strategic Priorities for Community Affairs.

- [6] See 2025 Wake County Community Health Needs Assessment Executive Summary

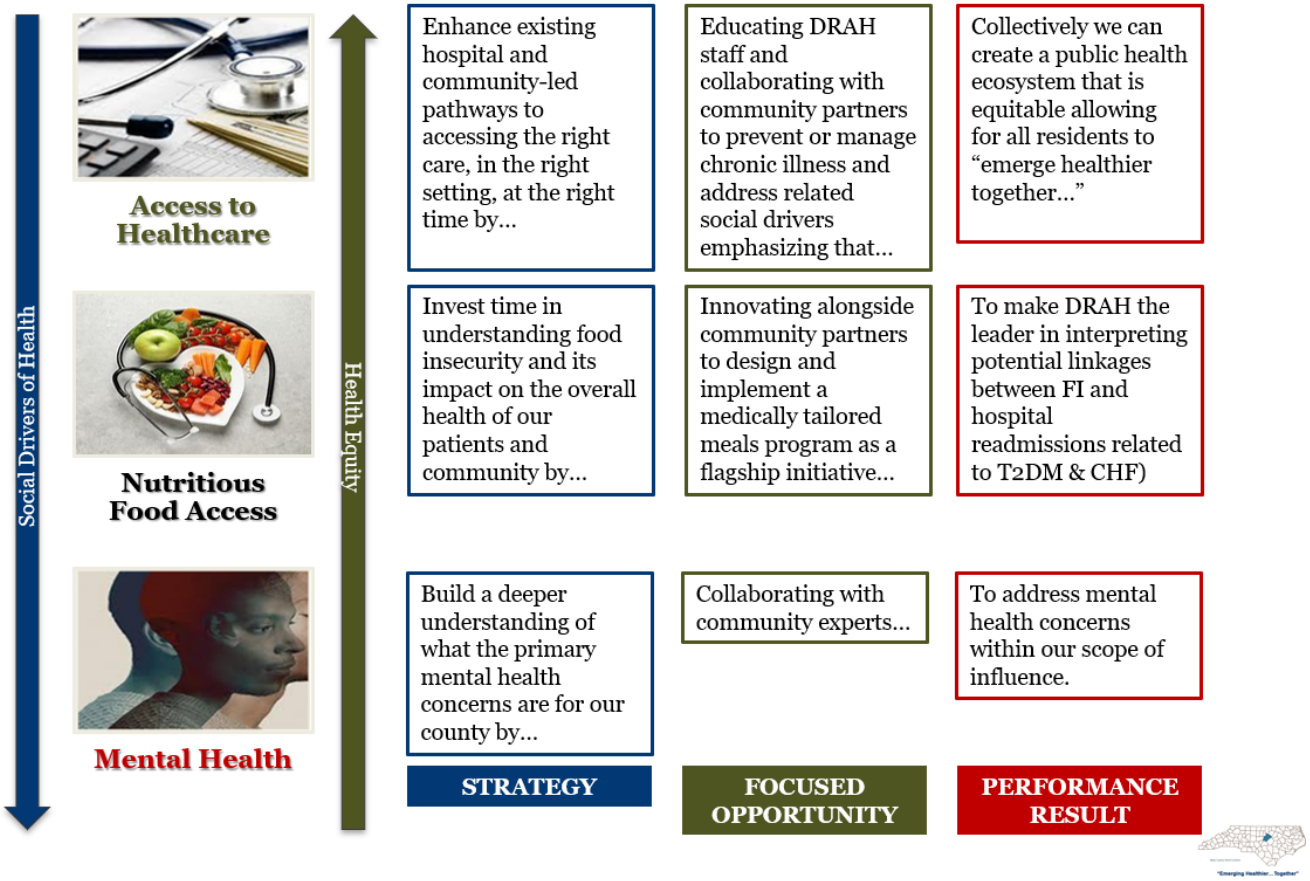
- **Our Foundation:**

True North:	Mission Statement:	Vision Statement:
○**"Emerging Healthier…Together"** ○ Duke Raleigh Hospital, a Campus of Duke University Hospitalwill convene and innovate alongside community visionaries with the shared determination of ensuring every Wake County resident has the opportunity to realize their full health potential by identifying, addressing, and eliminating the harms that impact this realization.	○**"To Improve the Health of Wake County…** ○By advancing education, inspiring and supporting lifestyle changes to prevent disease, and transforming the way we deliver care to view the entire person and collective factors that impact their ability to live healthy, full lives."	○**"To Be the Best Healthcare Partner in Wake County...** ○Through a proven track record of improving community health in a way that values and promotes diversity in thought, beliefs, and being."

- **Our Framework:**



- **Our Strategic Initiatives (FY 2023+):**



Following are the corresponding strategies and results of the implementation plan from July 1, 2024 – January 31, 2025 by priority area:

Priority No. 1 Housing and Homelessness

- Funding: Duke Raleigh Hospital, a Campus of Duke University Hospital financially supports the following organizations annually to work towards advancing Affordable Housing and addressing Homelessness:
    - Healing Transitions
    - Triangle Family Services
    - Urban Ministries of Wake County
    - The Women's Center of Wake County (New collaboration with Duke Health's Building Healthy Communities Grant) – FY26
- Duke Raleigh will continue to collaborate closely with the Wake County Continuum of Care to support their goal of making homelessness rare, brief, and non-recurring — including aiding during White Flag operations when requested.
- Duke Raleigh will host its second internal education fair to promote job placement and career advancement opportunities for team members. Recognizing that our workforce is also part of the community we serve, Duke Raleigh will continue strengthening pathways that support economic stability, including initiatives that help address housing insecurity and homelessness through improved job access and career mobility. – FY25 and FY26

Priority No. 2 Access to Healthcare

- Annually, Duke Raleigh Hospital, a Campus of Duke University Hospital provides eligible care at a discount or without charge to all qualifying patients who do not have health insurance, or who cannot pay for care because of financial hardship. See charity care by fiscal year below, in '000s:
    - FY21 – $18,588
    - FY22- $21,909
    - FY23 - $19,769
    - FY 24 – $18,854
    - FY 25 – $18,812
- Donated Care and Goods
    - Provided donated care to Project Access of Wake County, a private, non-profit program that connects eligible uninsured clients to high quality medical services, at a total value of approximately $494,000 (FY25), which is also included in the FY25 charity care figures.
    - Provided in-kind lab services to Urban Ministries of Wake County's Open-Door Clinic, at an average annual value of $1.67 million (FY25)
    - Donated and packed 5,750+ lbs. of rice and beans for Urban Ministries of Wake County's client choice pantry between FY17-25 (engaging 30+ employees, annually)
    - Assembled and donated more than 500 flu-kids to support patients experiencing seasonal respiratory illness to community partners—Alliance Medical Ministries and Urban Ministries—each year from FY23-FY25.
    - Participated in community health fairs and screening events designed to expand access to care—particularly in underserved specialties and populations—by bringing preventive services, education, and connections to care directly into high-need neighborhoods.
        - Raleigh Firebirds STEM & Healthcare Fair – *Vocal Health* (FY25)
        - Raleigh Firebirds Head & Neck Cancer Screening Event – *Cancer Screening* (FY25)
        - Black Family Wellness Expo by The Links, Inc. – *Head & Neck Cancer Screening, Speech Language Pathology, Voice Care, and Audiology Assessments* (FY25)
        - Hearing Loss Stigma Presentation – HLAA Wake Chapter (FY25)
    - Provided holiday support to a local Title I middle and high school partner, assisting more than 17 students and their families with essential resources during the Thanksgiving and Winter Holiday season, helping to strengthen family stability and address immediate social needs that impact overall health.
        - Donated "Turkey Vouchers" to 25 students and families (FY25)
        - Donated gifts of choice to 17 students and families (FY25)
- Funding
    - Duke Raleigh Hospital, a Campus of Duke University Hospital financially supports the following organizations annually to work towards building support for and pipelines to grow Access to Affordable Healthcare.
        - Alliance Medical Ministry, to support their efforts to provide comprehensive, compassionate and affordable healthcare to working uninsured adults in Wake County. This support totaled $30,000 with plans of increasing support to grow their provider account in FY26.
        - Wake Tech Community College
- Education/Workforce Development
    - Partners with MedAssist to provide free over the counter medications to community members

in need in collaboration with the Building Healthy Communities Grant – FY24-FY26

- Sponsored the Midtown Farmers Market, which promotes a healthy lifestyle as well as provides a venue for Duke Raleigh to share healthy education from April – November. In FY25 we hosted one (1) Saturday focused on the importance of the flu vaccine and handwashing.

Priority No. 3 Mental Health

- Funding
  - In FY25 financial support was provided to Triangle Family Services to support their efforts to expand access to sustainable mental health services in our community
- Education/Workforce Development
  - Collaborated with the Office of Community Health to host a youth mental health mini summit in partnership with Southeast Raleigh Promise and the Southeast Raleigh YMCA. This convening focused on emerging youth mental health concerns, community-driven solutions, and strengthening local support networks. (FY25)

Thank you.