2013-2015

This is the facility specific implementation strategy for Mission Hospital and addresses the community health needs identified through a collaborative community health needs assessment (CHNA) process conducted with local and regional partners in Western North Carolina. This document outlines plans for Mission Hospital to support specific community benefit efforts as part of a larger community-wide plan.

**OUR COMMUNITY AND KEY PARTNERS**

**Mission Hospital’s Community**

Mission Hospital is the largest hospital west of Charlotte and houses the region’s only dedicated Level II Trauma Center. We serve as the regional referral center for tertiary and quaternary care in Western North Carolina and the adjoining region. In this role, we shoulder many responsibilities—safety net for the indigent and uninsured, provider of essential medical services that we subsidize, advocate for better healthcare access for all, resource for promoting wellness, and community partner to help create a better quality of life. Mission Hospital is licensed for 730 total beds, with 32 pediatric beds, 51 NICU beds and 62 psychiatric beds. Our community, defined for the purposes of community health needs assessment and this related implementation strategy, is comprised of Buncombe and Madison Counties.
Community Health Needs Assessment

Process and Product
The Mission Hospital community health needs assessment (CHNA) was conducted in partnership with the Buncombe County Department of Health, the Madison County Health Department, and Western North Carolina Healthy Impact Project. This written report describes:

- The community served by the hospital
- Community demographics
- Existing health resources in the community available to respond to needs
- The data collection process for the assessment
- Health needs and issues of uninsured, low-income, and minority groups
- The process for identifying and prioritizing community needs, and the available services to address those needs
- The process for consulting with persons representing the community’s interests
- Information gaps that limit the hospital facility’s ability to assess the community’s health needs

Sharing of Results
Detailed findings for our assessment[s] are available on the Mission website (www.mission-health.org) and the Buncombe County (www.buncombecounty.org) and Madison County (www.madisoncountypublichealthnow.com) websites. The CHNA was presented to the Mission Health System Board of Directors on September 26, 2013 for approval and discussion. Documentation of this board approval is available in the Mission Health System Board of Directors meeting minutes from September 26, 2013.

Regional Partnership
Mission Hospital’s collaborative community health improvement effort is also supported by a comprehensive partnership with other regional hospitals and local health departments. This initiative, known as WNC Healthy Impact, represents 16 counties across the Western North Carolina region working collaboratively to improve community health. Information about this innovative regional collaboration, county-wide community health assessments, and overall regional findings, are made widely available to the public at www.WNCHealthyImpact.com.
PRIORITY HEALTH NEEDS & HOW THEY WERE ESTABLISHED

Prioritization Process
Community Health Assessment (CHA) is the foundation for improving and promoting the health of our communities. Mission Hospital partnered closely with both the Buncombe County Department of Health and the Madison County Health Department to conduct a comprehensive CHA. In addition, Mission, and both counties were key partners in the WNC Healthy Impact efforts.

The role of the CHA is to identify factors that affect the health of the residents of both Madison and Buncombe counties, Mission Hospitals defined services areas, and determine the availability of resources within the county to adequately address those factors. The process involves the collection and analysis of a large range of secondary data as well as primary data. The evaluation and prioritization of identified health needs involved teams of representatives from a broad range of health and human service agencies, local non-profit organizations as well as community partners and residents.

Local Health Departments in North Carolina are required to conduct a comprehensive community health assessment at least every four years. In Madison County the last assessment was conducted in 2011 and in Buncombe County that was 2010. As a part of the Affordable Care Act, non-profit hospitals are also required to conduct a community health needs assessment at least every three years. In order to achieve the requirements for health department and hospital needs, both Madison County and Buncombe County, along with other hospitals and health departments in our 16 county regions, a new CHA was completed in 2012. For this reason, the 2012 CHA has involved the examination of the 2011 priority areas for Madison County and the 2010 priority areas for Buncombe County and the engagement of a smaller number of community leaders rather than re-creating the extensive process that took place in 2011 and 2010 respectively.

As part of WNC Healthy Impact, a regional data workgroup of public health and hospital representatives and regional partners, with support of a consulting team, made recommendations to the steering committee on the data approach and content used to help inform regional data collection. From data collected as part of this core dataset, the consulting team compiled secondary data for each county in the region. This data was then compared to the data collected in the 2011 Madison County CHA and 2010 Buncombe County CHA to identify similarities and differences.

As part of the collaborative health assessment process in our communities, Mission representatives were involved in the prioritization process in both counties and will be involved in the subsequent Community Health Improvement Plans. In North Carolina, community-level prioritization is a required part of the community health (needs) assessment process.
Priority Health Needs for Our Community

**Buncombe County**
In the Buncombe County local priority setting process described above, the following health issues were prioritized for collective community-wide action:

1. Women’s Preconception Health
2. Healthy Weight and Healthy Living
3. Children’s Health and Early Child Development
4. Access to Primary and Mental Health Care

**Madison County**
In the Madison County local priority setting process described above, the following health issues were prioritized for collective community-wide action.

1. Chronic Disease Preventive Care and Treatment
2. Child Health
3. Access to Mental Health Care and Substance Abuse Treatment
   * Poverty and Access to Care woven into all areas

**HOW THIS IMPLEMENTATION STRATEGY WAS DEVELOPED**

**Engagement in a Community-Wide Plan**
As a next step following the development of a community health needs assessment (CHNA), which includes prioritization of health needs, Mission Hospital collaborated with local public health experts and other key community stakeholders to develop a written description of the activities that hospital facilities, public health agencies, and other local organizations plan to undertake collectively to address specific health needs in our community. This collaborative action planning process resulted in the development of a community health improvement plan (CHIP) for each county in our hospital facility’s defined communities.
IMPLEMENTATION STRATEGY DETAILS

The **Community Health Improvement Process (CHIP)** brings together community partners to understand the work happening around specific health priorities. Utilization of the CHIP leverages a collective impact framework to create the following keys to success:

- Common Agenda
- Shared measurement system
- Mutually reinforcing activities
- Continuous communication
- Backbone infrastructure support

The partners share their strategies to align efforts across the community for greater impact. This facilitates a more effective process to address the priorities identified through our Community Health Assessment. This process has been shown nationally to increase effectiveness, reduce unnecessary duplication, increase community engagement and awareness, and improve targeted outcomes. Mission Hospital has adopted the CHIP priorities for both Buncombe and Madison County. There were shared priorities for both counties and they are summarized as follows:

**Buncombe/Madison Combined Community Health Improvement Plan Priorities for 2012 – 2015:**

- Healthy Living - Physical Activity, Nutrition, Healthy Weight and Chronic Condition Management
- Tobacco Prevention and Cessation
- Preconception Health
- Early Childhood Development
- Access to Care

Mission Hospital has representation with both Buncombe and Madison County infrastructure to address their CHIP strategies. Efforts were made to align the right clinical and operational resources within Mission to best support the county efforts. In addition, the Executive Director of Community Benefit convenes those representatives on a regular basis to assure cohesive communication and planning.
In Buncombe County, the Community Health Improvement Process is driven by two primary groups:

1. The Public Health Advisory Council

The Council provides leadership, support, and coordination to assist the Workgroups established around each priority. Members are responsible for being advocates for systems, policy and environmental change in the community. The Council members will also serve in an advisory capacity to submit recommendations to the Buncombe County Health and Human Services Board.

2. Workgroups

Workgroups will be composed of representatives from organizations that are currently working on the priority areas, community members, and interested Advisory Council members. Department of Health staff will provide support in convening and facilitating the process for the Workgroups. Representatives from the Workgroups report regularly to the Advisory Council to share actions, emerging issues and recommend policies for consideration.

In Madison County, monitoring and accountability of the CHIP is addressed by the following:

The CHIP will be monitored bi-monthly by the committees that are addressing the identified health priorities. Frequent monitoring will allow for modification of actions as needed to improve overall results. Committee chairs will report any needed modifications to the Coordinator of the Madison Community Health Consortium when they are identified. The Madison Community Health Consortium Coordinator and the Health Educator at the Madison County Health Department will review the CHIP jointly on a quarterly basis and will revise the plan as needed. Shared responsibility throughout the monitoring process will allow for joint responsibility for the actions to be carried out in the plan.
Community Benefits Grant Process

In addition to participation with Buncombe and Madison County CHIP work, Mission Hospital invests financial resources in our communities to support local non-profits and/or governmental agencies who are key stakeholders in the work to support CHIP strategies. Mission Hospital, through its Community Benefits Grant Program, seeks to partner with community-based programs and organizations that share its focus of addressing identified health needs in our primary service areas of Buncombe and Madison Counties and the communities of Mission’s affiliates. Funds are allocated in a way that allows for strong collaboration to leverage resources (financial, program, and/or human) with its identified partners.

The following table summarizes the agencies and programs supported by the Community Benefits Grant Program for Fiscal year 2014, reflecting the programs and identified health needs addressed.

Table 1 Community Benefit Funding Fiscal 2014

<table>
<thead>
<tr>
<th>Organization</th>
<th>Project Name</th>
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</thead>
<tbody>
<tr>
<td><strong>Focus Area - Healthy Living/Chronic Condition Management/ Tobacco Prevention and Cessation</strong></td>
<td></td>
</tr>
<tr>
<td>Buncombe County Health Department</td>
<td>2013 Community Health Improvement Process</td>
</tr>
<tr>
<td>Madison County Health Department</td>
<td>Tobacco Free Madison - Starting with Mom</td>
</tr>
<tr>
<td>YMCA of WNC</td>
<td>YMCA Diabetes Prevention Program (YDPP)</td>
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<tr>
<td>YWCA of WNC</td>
<td>Diabetes Wellness and Prevention</td>
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<tr>
<td><strong>Focus Area - Early Childhood Development</strong></td>
<td></td>
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<tr>
<td>Buncombe County Health Department</td>
<td>School Health</td>
</tr>
<tr>
<td>Children First / Communities in Schools</td>
<td>Afterschool programs supporting low income, high risk communities</td>
</tr>
<tr>
<td>MANNA Food Bank</td>
<td>MANNA Packs for Kids</td>
</tr>
<tr>
<td>Mountain Area Child and Family Center</td>
<td>Rainbow in my Tummy</td>
</tr>
<tr>
<td>Mountain Area Health Education Center (MAHEC)</td>
<td>Collaborative Model for Improving Childhood Asthma and Obesity Care</td>
</tr>
</tbody>
</table>
The programs and agencies reflected in the Community Benefit Grant Allocations represent key stakeholders in the Buncombe and Madison County CHIP process. The following summary of Implementation Strategy reflects more specific details of the work occurring in each of our focus counties.
IMPLEMENTATION STRATEGY

Priority Health Issue #1: Healthy Living – Physical Activity, Nutrition, Healthy Weight and Chronic Condition Management

Description of Community Need
The impact of overweight and obese individuals is a challenging public health issue. While the “obesity epidemic” is a term frequently seen in the press, the health concern is not the weight in and of itself, but rather the long list of chronic disease and disabilities associated with unhealthy weight. Research has shown the impact of a person being overweight and obese contributing to their increased likelihood of developing diabetes, hypertension, hyperlipidemia, asthma and some cancers. In Western North Carolina, 65% of the adult population is considered overweight. This is defined by having a Body Mass Index (BMI) of > 25.

Vision of Community-Wide Impact
As a community, we must commit to creating an environment where healthy choices are the everyday choice and are supported by improving access, availability, education and community support of physical activity and healthy food options that help residents take responsibility for decisions that support good health in our homes, neighborhoods, schools and workplaces.

Partner Agencies and Roles
Mission Hospital, through its work with Buncombe and Madison County, is a partner in the work to address Healthy Weight and Healthy Living and Chronic Condition Management. The full list of partners and programs working collaboratively in both communities on this health issue is as follows:

Asheville Buncombe Food Policy Council, Appalachian Sustainable Agriculture Project (ASAP), Bountiful Cities Project, Your Empowered Solutions, YWCA of Asheville, the regional Community Transformation Grant Project, Buncombe County Department of Health, Madison County Health Department, Mission Hospital Weight Management Program, Mission Hospital Heart Outreach Services, Mission Hospital Diabetes & Health Education Center, Mission Children’s Hospital, Asheville Buncombe Institute of Parity Achievement (ABIPA), NC Cooperative Extension Agency, MANNA Food Bank, YMCA of Western NC, WNC Gardens That Give, Healthy Buncombe, Women’s Wellness Development Foundation, Madison County School System, Madison County Parks & Recreation, WNC Healthy Kids, School Health Advisory Councils for both counties, Madison Community Health Consortium, WNC Health Network, UNC Asheville, Buncombe county Schools, Asheville City Schools, Smart Start of Buncombe, Buncombe County Parks, Greenways and Recreation, Blue Ridge Bicycle Club, City of Asheville Transportation Department, Asheville Buncombe Youth Soccer Association (ABYSA), Community Care of WNC, FEAST/Slow Food Asheville, Land of Sky Regional Council, Mountain Area Health Education Center (MAHEC),
NC Center for Health and Wellness, Rainbow in my Tummy, Town of Black Mountain, WNC Alliance, WNC Pediatric Care Collaborative, WNC Trips for Kids, Hot Springs Health Program.

**Related Hospital Strategy**

1. Support community efforts to increase the number of people who have access to screenings, education and follow up related to being overweight and/or obese and their related chronic conditions.
   a. Through community collaboration and planning, offer screenings for chronic conditions such as diabetes, hypertension and hyperlipidemia utilizing the services of our Heart Outreach, Stroke Outreach and Employer Outreach Events teams at Mission Hospital.
   b. Mission’s Children’s Asthma Program will partner with local and regional elementary schools to assure that asthma action plans are in place for students with this chronic condition.
   c. Mission’s Diabetes & Health Education Center will partner with YWCA of Asheville to provide diabetes education services for their members participating in the Diabetes Prevention Project.

2. Promote increased physical activity for children and teenagers in our community.
   a. Mission Sports Medicine will provide resources and support the efforts of local schools and athletic programs to promote increased physical activity for children and teens.

3. The Community Benefit Grant Program will continue to partner with agencies and programs that successfully demonstrate measureable outcomes to increase access to resources that impact Healthy Living and Chronic Condition Management. (refer to Table 1, Community Benefit Funding for Fiscal 2014, Healthy Living, Chronic Condition Management, Tobacco Prevention and Cessation category)

**Priority Health Issue #2: Tobacco Prevention and Cessation**

**Description of Community Need**

Tobacco use remains the leading cause of preventable disease, disability and death across North Carolina and the nation. Health risks cause by smoking include heart attacks, strokes, and lung diseases such as emphysema and chronic bronchitis.

It is well known from national research that secondhand smoke is also deadly. When nonsmokers are exposed to secondhand smoke, they inhale many of the same cancer-causing chemicals that smokers inhale. Therefore, breathing secondhand smoke causes similar health effects to smoking.
Buncombe and Madison County have been successful in achieving smoke-free and tobacco-free policies for their county buildings. In addition, Mission Hospital is a tobacco free campus. Efforts in the NC Legislature have also proven successful by eliminating smoking in restaurants across the entire state. Despite these successes, we continue to have significant opportunities to reduce the rate of tobacco use in Western NC. In Western NC, 20% of our population either smoke or use spit tobacco products in comparison to a national average of 16.5%.

**Vision of Community-wide Impact**
A future free of the disease, disability, and death caused by tobacco use.

**Partner Agencies and Roles**
Mission Hospital, through its work with Buncombe and Madison County, is a partner in the work to address Tobacco Cessation and Prevention. The full list of partners and programs working collaboratively in both communities on this health issue is as follows:

- Addiction Recovery Prevention (ARP), Asheville City Schools, Buncombe County Schools, Buncombe County Department of Health, Community Transformation Grant Project, Mission Hospital Nicotine Dependence Program, NC 2-1-1 United Way of Asheville and Buncombe County, WNC Healthy Impact, WNC Health Network, Charles George VA Medical Center, Madison County Health Department, Madison Community Health Consortium, Hot Springs Health Program, Madison County Cooperative Extension, Madison County Schools, Youth Empowered Solutions,

**Related Hospital Strategy**

1. Provide the “5 A’s “Cessation Counseling educational sessions to health and dental providers. *(Ask, Advise, Assess, Assist and Arrange)*
   a. Mission’s Nicotine Dependence Program counselors provide education to local primary care and dental health care providers, as well as those in training at our local community colleges.
   b. Increasing the number of health providers that are equipped to “ask the question” and provide adequate navigation to resources will have a positive impact on the numbers of tobacco users willing to initiate cessation.

2. Provide evidence-based cessation education, interventions and treatment to hospitalized patients and community members battling nicotine addiction.
   a. Tobacco use is treated as a “vital sign” for all hospitalized patients at Mission. This is step one in implementing a “Quit Tobacco” system to assure tobacco addiction is assessed and treated while patients are hospitalized.
   b. Post-discharge, patients can be referred to Mission Nicotine Dependence for outpatient cessation counseling.
   c. Mission Nicotine Dependence is supporting the efforts of Madison County to implement and operationalize an evidence-based approach to cessation for pregnant Mom’s in their clinic.
3. The Community Benefits Grant Program will continue to partner with agencies and programs that successfully demonstrate measureable outcomes to increase access to resources that impact tobacco use and prevention efforts (refer to Table 1, Community Benefit Funding for Fiscal 2014, Healthy Living/ Chronic Condition Management, Tobacco Prevention and Cessation category)

Priority Health Issue #3: Preconception Health

Description of Community Need
Preconception health refers to the health of women and men during their reproductive years. Preconception health helps men and women think about how their behaviors, lifestyles and medical conditions affect their ability to live healthy lives and have healthy children. Mission Hospital has a strong investment in the health and wellness of Mothers and babies. Providing over 3500 deliveries annually, and with 51 NICU beds, it is imperative that we partner with our local community to positively impact the health of men and women during the preconception years of their life.

Preconception health can have a direct outcome on the birth outcomes of a community. In Buncombe County, there are too many babies dying. While the rate of infant deaths has been declining (reaching 5.2 deaths per 1,000 live births in 2011), many of these deaths are still preventable. Buncombe County’s infant mortality rate is largely attributable to premature births and low birth weights. Prematurity and low birth weight are often connected to the health of the parents before they become pregnant, so we must focus on assuring parents have adequate knowledge about healthy choices and practices before pregnancy. Infant mortality is an issue that affects the county across racial and socio-economic lines but some of our communities are impacted more than others. African-American infants in Buncombe County are 2.4 times more likely to die before the age of one than white infants, mirroring a pattern across the state. Working to help all women and all men be healthy before, during and after pregnancy is the best way to save babies’ lives and improve the health of our community.

Vision of Community-wide Impact
All men and women of reproductive age, regardless of pregnancy status or desire, have the knowledge, empowerment and ability to choose healthy behaviors within a community which supports those behaviors. This will lead to improved health outcomes for women, newborns and families.

Partner Agencies and Roles
Mission Hospital, through its work with Buncombe and Madison County, is a partner in the work to address Preconception Health. The full list of partners and programs working collaboratively on this health issue is as follows:

Asheville City Schools, Buncombe County Schools, Buncombe County Health & Human Services (BCHHS)–Economic Services, BCHHS – Family Planning Clinic, BCHHS – Nurse Family Partnership, BCHHS – Outreach & Wellbeing, BCHHS – School Health, BCHHS – Youth Educators
and Advocates for Health, Community Care of WNC, MAHEC, Mt. Zion Community Development, Inc. – Project EMPOWER and Project NAF, NC Preconception Health Campaign – Mission Health, Planned Parenthood, WNC Aids Project, WNC Community Health Services, YWCA – Motherlove program, Madison County Health Department, Madison Community Health Consortium

**Related Hospital Strategy**

1. Provide preconception health trainings for health care providers.
   a. Through the NC Preconception Health Campaign, via Mission Hospital supported resources, will provide an evidence-based education curriculum known as "Young Mom’s Connect", focusing on five maternal health best practices. There is a goal to complete trainings for 250 public and private health care providers in one year.

2. Provide preconception health trainings for consumers
   a. In alignment with the CDC’s recommendations to improve preconception healthy by increasing public awareness, the NC Preconception Health Campaign, via Mission Hospital supported resources, will provide consumer appropriate materials and training to our local communities. There is a goal to reach more than 400 consumers in 24 counties of WNC in one year.

3. The Community Benefits Grant Program will partner with agencies and programs that successfully demonstrate measureable outcomes to increase access to resources that have a positive impact on preconception health. (refer to Table 1, Community Benefit Funding for Fiscal 2014, Preconception Health category)

**Priority Health Issue # 4: Early Childhood Development**

**Description of Community Need**
Early Childhood Development is complex and will require collaborative planning, action and coordination of multiple partners in our community. The five years between when a baby is born and when that child shows up for the first day of kindergarten can have a lasting impact on that child’s later learning, health and success. The brain is the only organ not fully developed at birth. Therefore, as the First 2000 Days campaign explains, “children’s earliest experiences literally determine how their brains are wired; lay the groundwork for future health; and form the foundation of the social and emotional skills needed for academic and workplace success.” (First 2000 Days).
Research shows that high quality early education is a very effective way to improve childhood development. However, 69% of young children are not enrolled in formalized quality care, including a large portion of children whose families are struggling to make ends meet. In both Buncombe and Madison County, the numbers of children living in poverty have continued to rise in recent years. Though child poverty is increasing, the number of children served each month by child care subsidies has continued to decrease.
As the only Children’s Hospital in Western North Carolina, Mission fully understands the impact of Early Childhood Development. Mission is committed to providing clinically excellent, personalized, family-centered care for newborns, infants, children and adolescents, and the families who love them.

Mission Children’s Hospital has an average of 3,000 patient admissions to our pediatric inpatient units, including a 9-bed PICU, some 4,500 outpatient pediatric surgeries, and 14,000 pediatric visits to our Emergency Department. Each year approximately 700 ill and premature newborns receive life-saving care in our level III, 51-bed Neonatal Intensive Care Unit.

Mission Children's Hospital provides care to all children, regardless of their family's ability to pay.

**Vision of Community-Wide Impact**
From birth to age five, all children in our community will have safe, nurturing and stimulating relationships and environments to support and guide them to achieve their full potential.

**Partner Agencies and Roles**
Mission Hospital, through its work with Buncombe and Madison County, is a partner in the work to address Early Childhood Development. The full list of partners and programs working collaboratively in both communities on this health issue is as follows:


**Related Hospital Strategy**

1. Increase early identification and intervention/treatment of special healthcare and developmental needs in children.
   a. Mission’s Children’s Hospital is the primary provider of care for children in WNC that have special healthcare or developmental needs.
   b. The Family Support Network of Western North Carolina is supported by Mission Children’s Hospital to provide education, outreach, and resources to families with special healthcare or developmental needs.

2. The Community Benefits Grant Program will partner with agencies and programs that successfully demonstrate measureable outcomes to support positive impact in Early
Childhood Development. (Refer to Table 1, Community Benefit Funding for Fiscal 2014, Early Childhood Development category).

**Priority Health Issue #5: Access to Care (Primary and Mental Health Care)**

**Description of Community Need**
Access to both primary and mental health care services are complex issues with numerous approaches. Our two primary service counties of Buncombe and Madison County have very different landscapes as it relates to the availability of resources to meet primary and mental health care needs.

The WNC Healthy Impact survey showed mixed results for access to care in Buncombe County. Buncombe County residents were more likely than WNC residents on average to agree that "considering cost, quality, number of options and availability, there is good health care in my county" when asked on the survey. (72% in Buncombe County and 67% across WNC). However, Buncombe County residents on average were also slightly more likely to report that there was a time in the past year that they were unable to get needed medical care (12% in Buncombe County and 11% across WNC).

The same survey found that Madison County residents were less likely than WNC residents to agree that "considering cost, quality, number of options and availability, there is good health care in my county" (47% in Madison County and 67% across WNC). Madison County residents were also more likely to report that there was a time in the past year they were unable to get needed medical care (15% in Madison County and 11% across WNC).

This variability in data is reflective of the differences in our Appalachian communities and the challenges presented by our geography.

**Vision of Community-wide Impact**
Engage in collaborative partnerships to increase the number of community residents with a primary care medical home and access to mental health services.

**Partner Agencies and Roles**
Mission Hospital, through its work with Buncombe and Madison County, is a partner in the work to address Access to Care. The full list of partners and programs working collaboratively on this health issue with Buncombe and Madison County is as follows:

Community Transformation Grant, Community Care of WNC, MAHEC, BCHHS, WNC Healthy Impact, Mission Health System (which includes our network of specialty care and primary care providers), Innovative Approaches, Buncombe County Department of Health, Madison County Health Department, Madison Community Health Consortium, Hot Springs Health Program, ABCCM Medical Clinic, WNC Community Health Services, YMCA of WNC, YWCA of Asheville, WNC Health Network - Mental Health Committee.
Related Hospital Strategy

1. Through innovative partnerships and collaboration, Mission Hospital will increase the availability of primary care medical homes and access to mental health services in Western NC.
2. Mission Hospital will provide care to all residents of Western NC regardless of their ability to pay for those services.
3. The Community Benefits Grant Program will partner with agencies and programs who successfully demonstrate measurable outcomes that support positive impact in Access to Care for both primary care and mental health care. (Refer to Table 1, Community Benefit Funding for Fiscal 2014, Access to Care category).

Next Steps

As part of the community health improvement process, Mission Hospital will continue to work with community partners in the implementation of our community health improvement plan (CHIP) based on the hospital strategies outlined in this document. The CHIP will be reviewed annually by the Community Benefit Committee, a subcommittee of the Board Finance Committee, to assess progress on key community indicators and updates will be made publicly available in the county-wide State of the County Health Reports (SOTCH Report). The next community health needs assessment (CHNA) will be conducted in 2015.

Approval

Each year at their September meeting, the Mission Health System governing board reviews the funding decisions of the Community Benefit Committee and approves the implementation strategy for addressing priorities identified in the most recent community health needs assessment and additional community benefit plans. At this time, the community benefit budget for the coming fiscal year is also approved.

This Implementation Strategy report was prepared for the February, 2014 Mission Hospital Community Benefit Committee meeting, a subcommittee of the Mission Health System Board Finance Committee, and is approved and recommended for adoption by the Mission Health System Board of Directors.

Anna “Candy” Shivers
Chair, Mission Hospital Community Benefit Committee

Feb. 4, 2014

Stephanie Kiser
Executive Director, Mission Hospital Community Benefit Committee

Feb. 4, 2014