This document is a Mission Hospital facility-specific summary of Community Health Needs Assessment (CHNA) process and findings. For more process and data details on counties within our defined community, specific health data, and the collaborative community health assessments for each county, see:

- Buncombe County – Community Health Assessment
- Madison County – Community Health Assessment

Our Community Health Needs Assessment process and product were also supported by technical assistance, financial support, and collaboration as part of WNC Healthy Impact, a partnership and coordinated process between hospitals, health departments, and their partners in western North Carolina to improve community health.
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Moving the needle on population level health priorities requires an array of initiatives across the community and is the collective accountability of the programs, agencies, and service systems striving to address these priority health issues. As part of a collaborative response to addressing health needs in our community, our hospital facility is an important contributor to meaningful progress on these health priorities. The brief summary below provides an overview of the progress and impact of actions taken since our last CHNA that was conducted in 2012.

### 2012 Priority Area 1 – Healthy Living: Physical Activity, Nutrition, Healthy Weight, and Chronic Condition Management

**Population Level Data:**
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 2012, 65% of adults in Western North Carolina were considered overweight. In the most recent 2015 Community Health Assessment, Buncombe County reported 50% of adults and 33% of children being either overweight or obese. This is defined by having a Body Mass Index (BMI) of > 25. Then and now, concern over obesity and healthy weight is not concern about the weight itself, rather the long list of chronic disease and disability associated with unhealthy weight. The increased likelihood of diabetes, hypertension, hyperlipidemia, asthma, and some cancers negatively impacts the health of our population overall.

**Collaborative Efforts:**
Community collaboration efforts have focused on two main avenues to reach the general public—worksites and schools. Mission Hospital has partnered with the Asheville Area Chamber of Commerce and the University of North Carolina at Asheville to survey local worksite wellness practices and plan strategies to support small business wellness activities.

Increasing active transportation and bicycle & pedestrian safety have been another focus of collaboration in our community. Coordinated advocacy led to the installation of a signal and sidewalk at Hominy Valley Elementary School. In another area, a City Neighborhood Speed Reduction Program has been implemented in a pilot community to make streets safer for bikers and pedestrians. Access to active transportation and recreation were priority needs identified in the 2015 CHNAs and have active work groups making plans for future strategies and collaborations.

**Healthy Living Implementation Strategy Update**

<table>
<thead>
<tr>
<th>Hospital Strategy</th>
<th>Evaluation/Note</th>
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<tbody>
<tr>
<td>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.</td>
<td>Through Community Investment, Mission Hospital supported the WNC Pediatric Care Collaborative in their work to facilitate implementation of evidence-based pediatric care for children and adolescents. Community Investment funding enabled regional institutions to enhance practice systems and capacities for improved obesity care protocols. Initial funding supported implementation in fifteen primary care practices reaching over 40,000 children and adolescents. In 2016 the Pediatric Collaborative became part of the Mission</td>
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Health Partners Accountable Care Organization with over 82 primary care practices as members. The work of the Collaborative will be shared as a best-practice model throughout this network, and across the region.

Mission Hospital outreach educators reached over 2,000 people with *Know Your Numbers*, heart attack and stroke *Minutes Matter*, and *Hands Only CPR/AED* training in the last three years.

### Hospital strategy 2: Promote increased physical activity for children and teenagers in our community.

Mission Hospital partnered with the YMCA of Asheville and Buncombe County to present Healthy Kids Day—engaging more than 4,000 kids and their families in arts, crafts, games, and more to motivate and teach families how to develop a healthy routine at home.

Mission physicians partnered with the community to engage students and families in *Walk and Bike to School* events at 9 elementary and middle schools with over 500 students participating.

Mission Hospital also supported *40 Girls on the Run sites* in Madison and Buncombe counties through which more than 600 girls were prepared to successfully run a 5K.

Mission supports athletic trainers in 8 Buncombe County public middle and high schools. These trainers support more than 3,000 student-athletes and provide counseling on healthy weight and injury prevention and recovery to assure students are able to stay active into adulthood.

### Hospital strategy 3: Through the Community Benefit Grant Program, partner with agencies and programs that successfully demonstrate measurable outcomes to increase access to resources that impact Healthy Living and Chronic Condition Management.

Community Investment has funded multiple agencies to impact Healthy Living and Chronic Condition Management. Funds were granted to Asheville Buncombe Institute on Parity Achievement (ABIPA) to provide health awareness education and screenings to 50 African-American churches. The YWCA of Asheville was funded to reach more than 320 minority and underserved populations with health education and screenings, as well as diabetes prevention and wellness. The YMCA of Western North Carolina was also funded to provide their *Diabetes Prevention Program* (more than 500 served) and *Childhood Obesity Prevention Program* to provide Youth Fit for Life at three YMCA Afterschool sites serving more than 1,000 children. The Arc of Buncombe County received funding to begin a *Health and Wellness Initiative* to engage 47 mild-high functioning individuals in therapeutic recreation.

With the help of Community Investment grants in 2013 and 2014, The WNC Pediatric Care Collaborative integrated evidence based guidelines into team-based workflows that promoted patient engagement and
allowed for performance monitoring with regards to BMI measurement and classification, and nutritional and physical activity counseling. This project forged many community partnerships, one of which resulted in the adoption of the 5-2-1-Almost None Healthy Habits cross sector social marketing campaign by primary care practices. The work spanned 18 primary care practices and over 40,000 children. In 2015, this work was figured prominently into the Mission Health Partner Incentive Plan for pediatric practices and in 2016 was made available to family medicine practices, expanding its reach to 20 practices and 166 primary care providers across WNC.

Community Investment also supported four programs to provide nutrition education and support healthy eating among kids in the community, including MANNA FoodBank’s Packs for Kids serving over 4,500 students, Verner Center for Early Learning’s Rainbow in My Tummy program reaching 2,337 children and their families, Koontz Intermediate School’s Garden Project, and various programming for nutrition and physical activity education through Children First/Communities in Schools of Buncombe County reaching more than 1,600 children and their families.

Finally, Community Investment funds also supported The Council on Aging of Buncombe County to provide access to nutritious food, in-home care and assistance, and social activities for more than 230 seniors in our community.

2012 Priority Area 2 – Tobacco Prevention and Cessation

Population Level Data:

Despite successes at the state level in eliminating smoking in restaurants and other public places, there are significant opportunities to reduce the rate of tobacco use in Western North Carolina. Tobacco use is still one of the leading causes of preventable disease, disability, and death in our region, contributing to health risks such as heart attacks, strokes, and lung diseases like emphysema and chronic bronchitis. It is also well-known from national research that exposure to second-hand smoke is deadly. In 2015, 21% of Mission Hospital patients reported themselves as either smokers or users of spit tobacco products, compared to a 2014 national average of 16.8%.

Funding for tobacco prevention control and prevention programs have been slashed from state budgets. Funding in 2011 was $17.3M, $2.7M in 2012 and then $0 in 2013. Mission Health’s Nicotine Dependence Program (NDP) has transitioned to System Wellness with an eye on preparing a system-wide, regional approach to tobacco cessation programing, yet there will be a need for cultivation and resource development for community partners to effectively meet the need for services.
Collaborative Efforts:
Mission’s Nicotine Dependence program has recognized the need for their leadership in the community in convening collaborative partners to create an effective strategy moving forward in response to cuts in state funding. Work on this initiative will continue as we move forward to meet the community’s needs.

Tobacco Prevention and Cessation Implementation Strategy Update

<table>
<thead>
<tr>
<th>Hospital Strategy</th>
<th>Evaluation/Note</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hospital strategy 1</strong>: Provide the “5 As” Cessation Counseling educational sessions to health and dental providers. (Ask, Advise, Assess, Assist, and Arrange)</td>
<td>Provider education has been an emphasis for the Nicotine Dependence Program educators. In the past three years more than 600 providers have received training in effective tobacco intervention, how to ask every patient about tobacco use, and how to facilitate a team approach to tobacco use intervention.</td>
</tr>
<tr>
<td><strong>Hospital strategy 2</strong>: Provide evidence-based cessation education, interventions, and treatment to hospitalized patients and community members battling nicotine addiction.</td>
<td>Mission Hospital continues to provide cessation education, interventions, and treatment in inpatient and outpatient settings at no or minimal cost to patients and community members. During the past three years, Mission’s cessation programs have seen 1,500 inpatients annually. Patients receive a 2 week post-discharge call to follow up on their progress. Tobacco Cessation educators also provided education and counseling to vulnerable populations at AHOPE (the day shelter for homeless persons), Black Mountain Children’s Home, ABCCM’s Veterans Restoration Quarters (homeless shelter), the Dr. Wesley Grant Senior Center, Steadfast House (women’s transitional housing), and at three rental assistance communities in Buncombe County.</td>
</tr>
<tr>
<td><strong>Hospital strategy 3</strong>: Through the Community Benefit Grant Program, partner with agencies and programs that successfully demonstrate measurable outcomes to increase access to resources that impact tobacco use and prevention efforts.</td>
<td>Since the last CHNA, Community Investment has supported Madison County Department of Health over multiple grant cycles to impact Tobacco Prevention and Cessation. Madison County has a high rate of tobacco use, particularly among pregnant women, and the health department program provides cessation counseling, Freedom from Smoking classes, and nicotine replacement therapy to reduce tobacco use among maternal health clients and families, WIC and other health department clients, county government employees, and people referred by partner agencies. The program has worked with more than 100 individuals over the past three years, and reaches about 2,000 students through school education programs each year.</td>
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</tbody>
</table>
### Population Level Data:
Mission Hospital has a strong investment in the health and wellness of mothers and babies, providing more than 3500 deliveries annually and housing 51 NICU beds. In Buncombe County in 2014, 17 babies died before their first birthday. At 6.6 infant deaths per 1,000 live births, Buncombe County’s infant mortality rate exceeds the rate of the United States as whole, with 6.1 infant deaths per 1,000 live births. While this is a decrease from the peak of 27 deaths in 2013, it is higher than the infant mortality rates for the six years prior. Because of this and the racial disparities in infant mortality, it is an area of great concern in Buncombe County. It indicates that not only are our infants becoming less healthy, but our women are becoming less healthy, too. Further, African-American infants in Buncombe County are 2.6 times more likely to die before the age of one than white infants.

### Collaborative Efforts:
A New Focus on Pregnant Women and Substance Abuse:
Across the region Substance Abuse was named over and over again in the top three health needs to be addressed through the analysis of Community Health Assessments. At Mission Hospital, our caregivers are seeing the effects of substance use in many areas. Dr. Kellett Letson, Vice President and Chief of Women’s Health, began seeing a serious up-tick in the number of pregnant women with substance abuse issues. 10% of all births at Mission Hospital have a positive cord toxicology.

Dr. Letson identified a need to look at the spectrum of services available across the region for pregnant women to post-delivery and including the early life of the baby. For the past year, Dr. Jim Hartye, Medical Director of Behavioral Health Ambulatory and Community Services, has facilitated a conversation among a collaborative of more than 20 community agencies who work with pregnant mothers and substance abuse to map the path of care from conception to the first year of life. Officials from across the community including Smoky Mountain LME/MCO, Buncombe County Health and Human Services, and Mission Health are now focusing on not only the larger plan to address Substance Abuse across the region, but also, in particular, the strategy to address Substance Abuse with Pregnant Women. This new effort, facilitated by Mission Health, is following the same collaborative model of previous success projects and will be a focus of on-going collaborative work to respond to needs identified in the most recent CHNA.

### Preconception Health Implementation Strategy Update

<table>
<thead>
<tr>
<th>Hospital Strategy</th>
<th>Evaluation/Note</th>
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<tbody>
<tr>
<td><strong>Hospital strategy 1:</strong> Provide preconception health trainings for health care providers.</td>
<td>Mission Health, through its Fullerton Genetics Center, is a key partner in the western region of the North Carolina Preconception Health Campaign. CEU/CNE/CME credit training is provided through this program in the areas of Healthy Weight, Folic Acid/Multivitamins &amp; Birth Defects, Reproductive Life Planning, Early Prenatal Care &amp; Establishing a Medical Home for Non-Pregnant Women, Tobacco Cessation Counseling, 30 Weeks—Babies are Worth the Wait, and The Affordable Care Act—Services that Support Women in...</td>
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<tr>
<td><strong>Childbearing Age.</strong> More than 140 providers have participated in these trainings since 2012.</td>
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<tr>
<td><strong>Hospital strategy 2:</strong> Provide preconception health trainings for consumers. To support our clinicians in their work, Mission Health also provides training for Folic Acid Community Ambassadors to serve as community health educators. More than 600 men &amp; women of childbearing age have been reached through this program.</td>
<td></td>
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<tr>
<td><strong>Hospital strategy 3:</strong> Through the Community Benefit Grant Program, partner with agencies and programs that successfully demonstrate measurable outcomes to increase access to resources that have a positive impact on preconception health. Since the last CHNA, Community Investment has supported the implementation of a Centering Pregnancy model for routine prenatal care at the Mountain Area Health Education Center and the expansion of this program to regional providers. The project also included the integration of NEST (New Ob Evaluation and Support Time) groups. As a result, family members and support persons of pregnant patients are also benefiting from this group format. Other services are also offered to patients during their group care visits: staff are on hand to facilitate WIC and Medicaid sign-up, dental residents teach dental care, HELMPATE (the local domestic violence prevention and crisis-level service provider) facilitates sessions on home &amp; family safety, and MAHEC Family Medicine helps participants create educational goals surrounding infant care &amp; parenting skills. To help reach and provide support for some of the most vulnerable women of child-bearing age in our community, Community Investment has supported the Women At Risk (W@R) program through Homeward Bound, the local nonprofit group focused on ending homelessness, to target women of child-bearing age at risk of incarceration. The program delivers &quot;best practice&quot; care, providing holistic gender-responsive treatment that addresses documented risk factors including childhood trauma, domestic violence, and substance use, regardless of one’s ability to pay. 40 high risk women were served and received case management to help program participants develop daily living skills and meet goals in areas such as housing, education, and physical health.</td>
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## 2012 Priority Area 4 – Early Childhood Development

### Population Level Data:

In Mission Hospital’s service areas, many families with young children struggle to make ends meet while subsidies for child care decline. Child poverty is a major health concern across Western North Carolina and in Mission’s immediate service area. Mission’s pediatric care services include inpatient units, a 9-bed PICU, outpatient surgeries, and a 51 bed, Level III Neonatal Intensive Care Unit. In addition to clinical care, Mission partners with community agencies to support child development. Since the last CHNA, our communities have been focusing on Adverse Childhood Experiences (ACEs) and the impact that traumatic events in childhood can have on people throughout their lives. Recent Community Health Assessments address this new focus.

### Collaborative Efforts:

There is great synergy in our community around the First 2000 Days of a child’s life. Mission’s Children’s Hospital is partnering with other community leaders representing faith communities, schools, local governments, civic leaders and nonprofits to raise awareness of the importance of the First 2000 Days of a child’s life (the time between birth and kindergarten) to provide resources to assure children have the experiences they need during their early years to have a lifetime of positive results.

Mission Hospital representatives are also integrally involved in the work of the **ACE Learning Collaborative for Buncombe County** which is a collaborative of organizations working to foster solutions to prevent traumatic childhood experiences and foster resilience in families and communities. Adverse Childhood Experiences (ACEs) are the lens for all the priorities in the 2015 CHNA and will direct plans and work in response to that focus going forward.

### Early Childhood Development Implementation Strategy Update

<table>
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<tr>
<th>Hospital Strategy</th>
<th>Evaluation/Note</th>
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| **Hospital strategy 1**: Increase early identification and intervention/treatment of special healthcare and developmental needs in children. | As the only children’s hospital in western North Carolina, Mission Children’s Hospital offers integrated medical and therapy services for children and adolescents with a wide range of difficulties in development, behavior and learning, and provides guidance and support to parents and caregivers.  

The **Fullerton Genetics Center at Mission Children’s** provides comprehensive genetic counseling and evaluations for all genetic indications, including preconception, prenatal, pediatric and cancer. Evaluations are performed for children with birth defects; unique physical features; developmental delays; metabolic conditions; atypical development (physical, growth, cognitive); and a family history of genetic conditions.  

Mission Children’s treats common conditions that make it hard for children to learn or get along in life. Examples are attention deficit hyperactivity disorder (ADHD); behavior and emotional problems; developmental delays; down syndrome; failure to thrive; feeding, swallowing and oral-motor disorders; fetal alcohol spectrum disorders; genetic disorders; hearing |
problems; learning difficulties and specific learning disabilities like dyslexia; motor coordination problems such as dyspraxia; neuro-developmental disorders such as cerebral palsy; obsessive compulsive disorder; sensory processing/integration difficulties; speech-language difficulties; spina bifida; spinal cord injuries, Erb’s Palsy and Torticollis; Tic disorders such as Tourette Syndrome; and Traumatic brain injury.

The practice offers an autism program with an emphasis on early diagnosis; therapy services to improve social communication and sensory processing; positive behavior support, family counseling and parent training; expert management of medications and collaboration with other Mission pediatric subspecialists. The practice offers diagnostic assessments through on-site psychology services; family centered psychotherapy; integrated and collaborative care model; play and behavior therapy; and parent education.

Mission Children’s pediatric audiology practice provides services by a pediatric audiologist who has expertise in working with infants and young children. This comprehensive practice includes initial and follow up hearing screenings for newborns, audioligic evaluations including visual reinforcement audiometry, conditioned play audiometry, speech audiometry and pure tone audiometry; otoacoustic emissions and diagnostic auditory brainstem response testing; tympanometry and acoustic reflexes; and hearing aid evaluations and dispensing, follow up and repairs.

Mission Children’s offers a program for cerebral palsy and integrated neuromuscular care utilizing an integrated and multidisciplinary clinical setting. The team consists of a pediatric orthopedist, developmental pediatrician, physical therapist and an orthotics (bracing) specialist.

Mission Hospital’s Family Support Network (FSN) serves an annual average of more than 900 families a year with threefold goals--including Parent Support, Parent Education, and making connections with Community Agencies who can offer support and services. Located within Mission Children’s Hospital, the FSN staff are on call to support families in the Neonatal Intensive Care Unit and after consultative visits with any of the specialists serving the families in the Children's Hospital. The FSN team also provides a formal peer mentoring or connection program for the parent/caregiver as well as
<table>
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<tr>
<th><strong>Hospital strategy 2:</strong> The Community Investment grants program will partner with agencies and programs that successfully demonstrate measurable outcomes to support positive impact in Early Childhood Development.</th>
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<tbody>
<tr>
<td>Community Investment has supported organizations key agencies leading regional best-practice work in early childhood development--CARING for Children and Verner Center for Early Learning. <strong>CARING for Children</strong> provided outpatient psychotherapy and psychiatric services for <strong>600 children and their families</strong> annually in Buncombe and Madison counties have access to behavioral health support regardless of ability to pay, and in a familiar and consistent setting. Providing resources to address trauma, adjustment issues, behavior challenges, and other needs ensures children in our communities stay healthy and happy. <strong>Verner Center for Early Learning</strong> provides their <em>Rainbow in My Tummy</em> curriculum for <strong>15 child care centers</strong> in the region reaching <strong>over 2,300 children and their families</strong>. <em>Rainbow in My Tummy</em> teaches children about healthy foods, provides them with healthy meals and healthy eating habits modeled by child care center staff, and supports parents in learning about and trying new fruits and vegetables with their kids. The earlier children are able to develop healthy eating habits, the more likely they are to maintain them throughout their lives and avoid chronic diseases related to unhealthy eating habits. In 2015 Community Investment supported the relocation of the <strong>Mountain Child Advocacy Center</strong> to the Reuter Outpatient Center to provide wrap-around services for child victims of sexual or physical abuse in a child-friendly setting. For the past three years Community Investment has funded <strong>Pisgah Legal Service’s HEALS program</strong> to provide free civil legal aid to improve the health outcomes of <strong>more than 250 vulnerable, low-income children and their families</strong> annually.</td>
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### Access to Care Implementation Strategy Update

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<tr>
<th>Hospital Strategy</th>
<th>Evaluation/Note</th>
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| **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. | Over the past three years, Mission Hospital worked with Buncombe County and multiple community agencies to plan and open a comprehensive psychiatric urgent care center, C3@356, serving the Western North Carolina region. This facility, with a living room model and wrap-around services, provides a comfortable, accessible, and supportive environment for community members to receive care for behavioral health issues, both crisis and ongoing. **This facility also reduces stress by offering an alternative to the Emergency Department in many situations.** Mission similarly coordinated with community agencies and local officials to establish a Family Justice Center for victims of domestic violence, with wrap-around services. **Mission’s Forensic Nursing program** will be part of the Center. These specially trained nurses deliver compassionate care to people needing services related to sexual assault and domestic violence. The center will be open as of August 2016. As part of the same collaborative effort between community partners worked to create a community response to child abuse and neglect through a system collaboration. Child Abuse Prevention Services developed into an accredited Child Advocacy Center now known as Mountain Child Advocacy Center (MCAC). Today MCAC functions as the hub for services provided to children and families experiencing abuse and neglect. MCAC is now located at Mission Children’s Hospital’s Reuter Outpatient Center in the same suite with...
<table>
<thead>
<tr>
<th>Hospital strategy 2: Mission Hospital will provide care to all residents of Western NC regardless of their ability to pay for those services.</th>
<th>Mission's Child Safety Team assuring wrap around services and care for young victims and their families. Additionally, Mission supported the opening of a new the Dale Fell Federally Qualified Health Center (FQHC) serving vulnerable populations in Asheville. This new health center is placed in a strategic, central location accessible to those who most frequently need it and offers a primary medical home to members of our community regardless of their ability to pay. Mission collaborated with RHA (behavioral health provider) and Mountain Area Health Education Center (MAHEC) on an ACTT+ program to provide primary care to patients with severe mental illness in their community setting—engaging <strong>56 patients</strong> in the first six months. The goal is now to expand the program.</th>
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<tr>
<td>Hospital strategy 3: The Community Benefits Grant Program will partner with agencies and programs who successfully demonstrate measureable outcomes that support positive impact in Access to Care for both primary care and mental health care.</td>
<td>Mission Hospital annually provides millions of dollars in uncompensated care for residents who are unable to pay. In 2014, for example, Mission Hospital’s “charity care” costs reached <strong>$79 million</strong>. Community Investment has supported free clinics in Buncombe County and in the region with financial and in-kind services support. In the past three years, Mission has provided over <strong>$3.6M</strong> in support of Asheville-Buncombe Community Christian Ministry’s Free Clinic to provide <strong>more than 17,000 patient visits</strong> (over a three year period) to some of the most vulnerable in our community. Support has also been provided to All Souls Counseling Center to provide mental health counseling, psychotropic medication evaluation and management for non-target population clients in more than <strong>7,500 counseling sessions</strong>. Access to care for the homeless population has been a priority. Community Investment funding supported the Homeless Outreach Team (HOT) to engage and provide healthcare services to <strong>150 homeless patients</strong>. Funding has also been granted to Haywood Street Respite to provide a safe place for homeless adults to rest, recover and stabilize following discharge from the hospital. The program serves approximately <strong>100 individuals a year</strong>. MemoryCare, through Community Investment funding, provided support to almost <strong>3,000 memory impaired individuals</strong> and more than <strong>8,800 related caregivers</strong> to support diagnosis and treatment plans, medication review, and stress management to help manage the cognitive impairment and support quality of life for the patient and family. Community Care of Western North Carolina received support to engage more than <strong>400 uninsured, adult</strong></td>
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<td><strong>patients</strong> in care management and connected them with a primary care home to reduce inappropriate Emergency Department utilization.</td>
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As we move forward with partners in implementing efforts in response to the 2015 CHNA presented in this document, we will continue to build our capacity around evaluation through using Results-Based Accountability™ as a framework for understanding the results we are achieving.
Community Served
Mission Hospital is the flagship hospital for Mission Health System, serving 18 counties in the Western North Carolina region. Mission Hospital primarily serves Buncombe and Madison Counties, however, as the facility with the region’s only dedicated Level II trauma center, Mission Hospital routinely serves residents of all 18 counties.

Descriptions of the geographic areas served – Buncombe and Madison Counties – can be found in the respective Community Health Assessments:


Data Collection Process
The following section describes how data was obtained, compiled and analyzed in our assessment process.

WNC Healthy Impact
WNC Healthy Impact is a partnership and coordinated process between hospitals and health departments in western North Carolina to improve community health. As part of a larger, and continuous, community health improvement process, these partners are collaborating to conduct community health (needs) assessments across western North Carolina [www.WNCHealthyImpact.com](http://www.WNCHealthyImpact.com). Mission Hospital is also involved in this regional/local vision and collaboration. Participating counties include: Buncombe, Cherokee, Clay, Graham, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Rutherford, Swain, Transylvania and Yancey.

Core Dataset Collection
The data reviewed as part of our community’s health needs assessment came from the WNC Healthy Impact regional core set of data. WNC Healthy Impact’s core regional dataset includes secondary (existing) and primary (newly collected) data compiled to reflect a comprehensive look at health. The following data set elements and collection are supported by WNC Healthy Impact data consulting team, a survey vendor, and partner data needs and input:

- A comprehensive set of publically available secondary data metrics with our target population compared to the other WNC regions as “peer”
- Set of maps accessed from Community Commons and NC Center for Health Statistics
- Telephone survey of a random sample of adults in the county
- Email key-informant survey

**Additional Community-Level Data**

Community-level data was collected to improve accuracy and paint a clearer picture of health issues in Buncombe and Madison Counties. In Buncombe County, additional data includes a survey of residents in a public housing community, a survey of women in the community about their experience with intimate partner violence, a survey of pregnant women in the community about who helps them have healthy pregnancies and healthy babies, and a survey of community partners and professionals working in health services. Further information about data collection in Madison County can be found in the Local Community Health Assessment, linked below.

Details about additional community-level data collected for this process can be found in the Local Community Health Assessments from Buncombe County (http://www.buncombecounty.org/common/health/CHA/2016-community-health-assessment.pdf) and Madison County (http://www.madisoncountyhealth.org/uploads/5/9/7/0/59701963/madison_cha_2015.pdf).

**Gaps in Available Information**

Beyond the typical limits of data, such as sample size, geographic focus, and being out-of-date, there are few known gaps in available information. Known gaps include:

- A change in the format of data collected on women who smoke while pregnant, limits accurate comparison to 2012 data.
- Some populations are not represented in survey data due to information gaps, such as homeless persons, members of some race, ethnic, or immigrant groups, institutionalized persons, and those who speak a language other than English or Spanish.

Online survey data is impacted by the typical limitations of technology literacy and access, as well as the use of findings based on self-reporting.

**Community Input**

Throughout the collaborative health needs assessment process in our community, input was obtained in a number of ways. See below for a list of the lead organizations for processes in Buncombe and Madison Counties.

<table>
<thead>
<tr>
<th>Agency</th>
<th>Role/Contribution</th>
<th>Method</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mission Health</td>
<td>Partner</td>
<td>Financial &amp; Advisory support</td>
<td>Full process</td>
</tr>
<tr>
<td>Buncombe County Health and Human Services</td>
<td>Lead – Buncombe County Community Health Assessment and Improvement Process</td>
<td>Assessment of community health; convening of Advisory Committee</td>
<td>Full Process</td>
</tr>
<tr>
<td>Mountain Area Health Education Center</td>
<td>Partner</td>
<td>Buncombe HHS contracts with MAHEC to support CHIP</td>
<td>Full Process</td>
</tr>
<tr>
<td>WNC Healthy Impact</td>
<td>Partner</td>
<td>Regional Coordination for CHIP process and data collection and analysis</td>
<td>Full Process</td>
</tr>
<tr>
<td>Madison County Health Department</td>
<td>Lead – Madison County Community Health</td>
<td>Assessment of community health and prioritization of needs</td>
<td>Full Process</td>
</tr>
</tbody>
</table>
Community input in Buncombe County is led by the Buncombe County Community Health Improvement Process (CHIP) Advisory Board, comprised of 30+ community leaders who collectively lead and guide the process, including prioritizing health concerns and recommending top priorities.

Community input in Madison County is coordinated through the Madison Community Health Consortium, which has been working to improve health in Madison County since 1989. The Consortium works with community agencies and groups throughout the needs assessment process, and currently has more than 50 members representing 25 community organizations.


Our collaborative health needs assessment process solicited and took into account input from the following:

**Public Health Department**

In the collaborative assessment process for our community, the Buncombe County Department of Health and Human Services, and the Madison County Health Department are key partners. The Health Departments provided coordination for the local process that Mission Hospital helps to support and implement.

**Medically underserved, low-income, and minority populations**

Our process included input regarding the needs of medically underserved, low-income, and minority populations in two ways. (1) As part of our collaborative data collection effort, a community-wide telephone survey was conducted to better understand the specific health needs and status of all of the community, which includes these special populations. (2) In addition, a survey of key informants was conducted to gain input from the individuals and organizations in our community representing the interests of these populations in their local efforts.

**Written Comments**

Our facility also considers any written comments received since the last CHNA and implementation strategy. Mission Hospital maintains public access to its CHNA and implementation strategy on its website, and accepts comments through the Community Investment office. Our facility has not received comments or feedback on previous documents, and will continue to invite such feedback.
3 – Health Needs in Our Community

Health Status
Data on the health status of our community in Buncombe and Madison counties, and health factors that influence health are included in the full community health assessments for each county in our community.

See the Local Community Health Assessment in each county for details:

The collaborative local assessments each include a basic review of trends and progress and changes in health status for the broad community, and also include details on populations at risk or facing health disparities in our community.

Health Issues

Process
To identify the significant health issues in our community, our key partners reviewed data and discussed the facts and circumstances of our community. We used the following criteria to identify significant health issues:

- County data deviates notably from the region, state or benchmark
- Significant disparities exist
- Data reflects a concerning burden, scope or severity
- Surfac ed as a priority community concern

Identified Issues
The following health issues were surfaced through the above process:

Buncombe County:

- **Adverse Childhood Experiences**: specific types of adversity that occur in childhood and are linked through adulthood with health problems, poor school performance, substance abuse, violence, mental illness, and chronic disease.

- **Infant Deaths**: elevated rates of infant mortality and racial and ethnic disparities in deaths of infants before the age of 1.

- **Obesity & Related Chronic Disease**: increasing adult and child obesity and overweight, and diseases associated with that, such as diabetes, heart disease, etc.

- **Diabetes**: prevention, identification, and management of Type-2 Diabetes
• **Falls in the Aging**: preventing falls among an increasing population of residents age 65 or older.

• **Intimate Partner Violence**: reducing incidence of intimate partner violence and ensuring capacity and access to keep victims safe.

• **Substance Abuse**: addressing drug overdose deaths, both intentional and unintentional.

• **Suicide**: addressing increasing suicide rates in the region.

• **Sexually Transmitted Diseases**: reducing occurrence and increasing education and screening for sexually transmitted diseases.

• **Advanced Directives**: increasing education about and use of advanced directives among residents.

**Madison County:**

• **Healthy Weight**: increase the incidence of healthy weight for all ages

• **Substance Use**: prevent substance abuse and misuse for all ages

• **Mental Health**: improve access to mental health services for all ages

• **Child Health**: decrease child abuse and increase children’s oral health

• **Chronic Disease**: improve access to preventative care and treatment of chronic disease

• **Elderly Population**: improve access to services for those age 65 and older

• **Falls Among Older Adults**: reduce falls among older adults

• **Social Determinants of Health**: improve social determinants of health

• **Tobacco Use and Secondhand Smoke Exposure**: reduce tobacco use and secondhand smoke exposure
Priority Health Issues

Process & Criteria

Buncombe County Department of Health and Human Services led the partnership with Mission Hospital, Mountain Area Health Education Center (MAHEC), and WNC Healthy Impact to complete the Community Health Assessment (CHA) process. As part of the Community Health Improvement Process (CHIP), the CHA was completed with the oversight of the CHIP Advisory Board, a group of 30+ community leaders whose mission is to provide leadership and support to improve the community’s health through collective action. Criteria from the Health Resources in Action Ranking Key Health Issues tool were modified and used to select priority health issues of focus for the community. The criteria include:

- Relevance – How important is the issue? Consider size, severity, urgency, disparity, and linkage with other issues;
- Impact – What will we get out of addressing this issue? Consider availability of solutions and proven strategies, identified opportunities to build on current momentum, and identified significant consequences of not addressing the issue now.

Members of the CHIP Advisory voted on each of the priorities after looking at the relevance, impact, and feasibility. The scores were tallied and results were shared, then the Advisory Board selected the groups at greatest risk.

In Madison County, key partners were engaged in discussion of the data, as well as facts and circumstances of the community to identify significant health issues. The following criteria were used to identify significant health issues:

- County data deviates notably from the region, state or benchmark
- Significant disparities exist
- Data reflects a concerning trend related to burden, scope or severity
- Surfaced as a major community concern

In addition to local criteria, priority health issues in both counties were ranked based on relevancy (How important is this issue?), impact (What will we get out of addressing this issue?), and feasibility (Can we – as a community – adequately address this issue?). The top highest scores were used to identify health priorities.

Identified Health Priorities

The following health issues are the final community-wide priorities:

**Buncombe County:**

- Obesity & Chronic Disease Prevention
- Intimate Partner Violence
- Substance Abuse Prevention
- Infant Mortality
Madison County:

- Healthy Weight
- Substance Use
- Mental Health

In our facility specific Implementation Strategy, we will discuss what role our facility will have in leading, collaborating on, or supporting others in responding to these health issues.
4 – AVAILABLE RESOURCES

Health Resources Inventory

Buncombe County - WNC Healthy Impact provided 2-1-1 datasets that the Buncombe CHA Data Team reviewed to assure an updated resource list was accessible via phone and web 24/7. The community partner survey also asked about available health resources to better understand what services were the most difficult to access. In addition, BCHHS developed a resource guide for often-requested services, offering a printed copy to some community members requesting it. The ACE Collaborative revised this resource guide to include resources for those experiencing adverse childhood experiences, available at www.buncombeaces.org website.

Madison County - An inventory of available resources within the community was conducted through reviewing a subset of existing resources currently listed in the 2-1-1 database for the community as well as working with partners to fill in additional information. Where gaps were identified, 2-1-1 was engaged to fill in or update this information when applicable.

Findings

In Buncombe County, among community health partners, mental health services were seen as the most difficult to access, followed by chronic disease care and dental care. These services were well represented in the 2-1-1 Database and the information was accurate. The PRC Key Informant Survey yielded health resources commonly used by community leaders, including: 2-1-1, ACA Marketplace, Asheville and Buncombe County Greenway Maps, Blue Cross Blue Shield Foundation of NC, Buncombe County Bike Map, Buncombe County Health Assessment, Buncombe County Greenways and Trails Plan HIA, BuncombeACEs.org, Community Health Assessment, Food Finder, North Carolina Association of Free Clinics, Pediatric Care Collaborative, and the Senior Resource Directory by the NC Bar Association.

Madison County Health Department is a primary provider of services in the county, such as WIC, immunizations, child health, dental services, family planning, maternity care, health education, and employee health services. Dental services are also available at three other private offices in the county, and other services available include eye care and chiropractic care. RHA provides mental health services. Primary care is mainly provided by Hot Springs Health Program, a nonprofit, private medical practice with four locations across the county. Hot Springs Health Program also provides a home health and hospice program, and in-home rehabilitation.

Resource Gaps

In Buncombe County, the key resource gap, as identified through the PRC Key Informant Survey, was affordable housing.

In Madison County, stakeholders identified key resource gaps in Madison County, including affordable health care, specialty and urgent care, indoor/outdoor recreation facilities, affordable healthy foods, alcohol and drug treatment, geriatric services, mental health services, and transportation. These align with the priority health areas. In particular, the lack of a hospital located in Madison County, and limited access to health care mean residents must travel long distances to Asheville city or across the border to Tennessee to receive care they need. This is additionally burdensome due to limited transportation and high costs.
**5 - Next Steps**

**Sharing Findings**
Our facility will post its CHNA report on Mission Health System’s website. The paper copy of our CHNA will be made available, upon request, at our hospital free of charge. Comments and suggestions will be accepted from the public by e-mail at communityinvestment@msj.org.

**Collaborative Action Planning**
Our hospital facility will participate in a collaborative action planning process with our community partners which results in the creation of a community-wide plan at the county level. Our hospital will then develop a facility specific implementation strategy that speaks to our specific contributions to the identified priority health issue. We aim to leverage existing assets, avoid duplication, and implement evidence-based and innovative efforts, while working towards a vision of collective impact.
WORKS CITED

APPENDIX

A – Buncombe County Community Health Assessment Report

B – Madison County Community Health Assessment Report