This facility-specific implementation strategy for Mission Hospital 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 investment efforts as part of a larger community-wide plan.

OUR COMMUNITY AND KEY PARTNERS

Mission Hospital Community

Mission Hospital, located in Asheville, is Mission Health System’s flagship hospital and is licensed for 763 beds. It is the regional referral center for tertiary and quaternary care. It also includes Mission Children’s Hospital – the region’s only children’s hospital.

Mission Hospital was formed when St. Joseph’s Hospital and Memorial Mission Medical Center started an organizational partnership in 1996. This partnership was followed by a full merger on October 27, 1998, when St. Joseph's Hospital was purchased from the Sisters of Mercy by Memorial Mission Medical Center. Today these hospitals are part of the Mission Health System, serving patients across 18 counties in Western North Carolina.

While Mission Hospital cares for patients from all over the region, the hospital’s designated service area for the Community Health Needs Assessment encompasses 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 and Madison County Health Departments and other community partners. This written report describes:

- The community served by the hospital
- Community demographics
- Existing health resources in the community available to respond to needs
- How data was collected in the assessment process
- The priority health needs of the community
- Health needs and issues of uninsured, low-income, and minority groups
- The process for identifying and prioritizing community needs and services to meet the 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 posted on the Mission Hospital website http://www.mission-health.org/community-health-needs-assessment.php and the websites for Buncombe County Health and Human Services and Madison County Health Department. The CHNA was presented to the Mission Hospital Board on Thursday, July 28, 2016 for discussion and approval.

Regional Partnership
Our hospital’s collaborative community health improvement effort is also supported by a larger partnership with other hospital facilities and health department partners across a sixteen county region in western North Carolina to improve community health: WNC Healthy Impact. More 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**

As part of the collaborative health assessment process in our community, specific health needs were prioritized based on the data that was collected, community input, and various factors related to feasibility of addressing the need. Details on this process are available in our CHNA, which is publically available on Mission Health’s website: [http://www.mission-health.org/community-health-needs-assessment.php](http://www.mission-health.org/community-health-needs-assessment.php).

**Priority Health Needs for Our Community**

**Buncombe County**

In Buncombe County, the following health issues were prioritized for collective community-wide action.

1. **Obesity & Chronic Disease Prevention** – “With 50% of adults and 33% of children either overweight or obese, it is essential to continue to make the healthy choice the easy choice. Diabetes mortality rates have worsened for the past 8 years. There is a huge health disparity seen in diabetes mortality in NC. There is a great deal of momentum around active transportation, access to affordable healthy foods, and new partnerships with clinical partners to build links between clinical care and community supports. In addition, there is a great deal of work happening to improve diabetes care and linkages with community partners.”

2. **Intimate Partner Violence** – “Five homicides in 2013 were a result of intimate partner violence (IPV), and we have seen a drastic increase in IPV calls to hotline. With a new Comprehensive Domestic Violence Plan and the opening of the Family Justice Center, Buncombe County has many collaborative efforts underway to address this challenging issue.”

3. **Substance Abuse Prevention** – “Hospitals continue to see spikes in heroin-related visits and overdoses, neonatal abstinence syndrome continues to grow, and over half the homeless population has a substance use disorder or mental health illness. The new Comprehensive Care Center will provide improved access to services for those experiencing mental health and substance abuse concerns.”

4. **Infant Mortality** – Infant mortality has increased in Buncombe County, with a striking disparity between African American infants and white infants (African American infants are much more likely to die during their first year of life than white infants in the county). Further, Infant Mortality is a key proxy measure of wellbeing, not just for infants and children in the community, but also for women’s health, poverty, and health equity, as mentioned in the Buncombe County 2015-2018 CHA.
**Madison County**

In Madison County, the following health issues were prioritized for collective community-wide action.

1. **Healthy Weight** – *increase the incidence of healthy weight for all ages.*
   The Madison County 2015-2018 CHA states that nearly 25% of children ages 5-13 are obese and 27.7% of adults were considered obese from 2005-2011. The CHA also reports that an increased percentage of individuals had difficulty accessing fresh produce at an affordable price, and the county was ranked #86 out of 100 NC Counties for physical environment, (p. 46).

2. **Substance Use** – *prevent substance abuse and misuse for all ages.*
   The Madison County 2015-2018 CHA reports that “other opioids” led to the highest proportion of deaths from drug overdose in the county from 2009-2013, 100% of unintentional poisoning deaths in the same period were caused by medication or drug overdoses, (p. 47). The PRC Community Survey done in Madison County in 2015 revealed Substance Abuse was considered a major problem by respondents, related to concerns about prevalence, poverty, crime, and lack of education, (Madison County 2015-2018 CHA, p. 47).

3. **Mental Health** – *improve access to mental health services for all ages.*
   According to the Madison County 2015-2018 CHA, Madison County saw an increase in residents served by the Area Mental Health Program from 2006-2013, and the PRC Key Informant Survey in Madison County showed top concerns about mental health included access barriers and lack of providers (p. 47-48).
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 community, which includes Buncombe and Madison Counties.

The electronic Community Health Improvement Plan (e-CHIP) for Buncombe County, when available, can be found at https://www.buncombecounty.org/governing/depts/health/Chip.aspx. The Madison County e-CHIP will be available upon completion at http://www.madisoncountyhealth.org/publications.html.

Further, Mission Hospital convened workgroups across administration and service-lines to assess the hospital’s strengths and assets, inventory existing programs that address community health priorities, and determine hospital activities that should be emphasized and tracked in this process. Workgroups set indicators and measures of success to track progress in the coming cycle, and ensured commitment to innovation and accountability on both clinical and non-clinical sides of the table. These strategies were shared with community partners for incorporation into Buncombe and Madison County Health Improvement Plans.
IMPLEMENTATION STRATEGY DETAILS

Priority Health Issue #1: Obesity & Chronic Disease Prevention, and Healthy Weight

Description of Community Need
Overweight and obesity are critical issues in Buncombe and Madison counties, as are chronic diseases that are interrelated with weight, including cardiovascular disease, diabetes, stroke, hypertension, cancer, and others. In Buncombe County, 62.6% of adults have a BMI greater than 25, and in Madison County 27.7% of adults have a self-reported BMI greater than 30.

Healthy weight is complicated by many factors, including food insecurity and lack of access to affordable, healthy food, limited access to affordable transportation, poverty, and barriers to physical activity. In Madison County, these issues are further complicated by rural location and challenging geography. Rural areas are also less likely to have resources to support residents in addressing weight issues, including experts like dieticians or weight management experts, as well as exercise facilities and infrastructure.

Chronic diseases that impact residents in these counties make it harder to maintain or achieve a healthy weight by limiting individuals’ ability to exercise, and increasing medical costs which further stretch limited dollars that may otherwise be used to buy food or access transportation.

Desired Community Result
Buncombe County Results: (from the Buncombe County e-CHIP)
1. All in Buncombe County have access to nutritious food and are inspired to make choices and utilize skills that support a healthy life.
2. Everyone has access to safe and accessible transportation and recreation.
3. Everyone is able to prevent diabetes or better self-manage their diabetes.

Madison County Results: (from the Madison County e-CHIP)
Increase physical activity and healthy eating through implementation of a Physical Activity and Nutrition community calendar and media campaign.

Partner Agencies and Roles
Buncombe County agencies partnering to address this issue include: Appalachian Sustainable Agriculture Project; Asheville Buncombe Institute of Parity Achievement, Asheville Housing Authority, Asheville Buncombe Food Policy Council, Bountiful Cities, Bounty & Soul, Buncombe County Health & Human Services – Community Service Navigators, Minority Health Equity Project, WIC, and School Health and Migrant Education Program, Children First/Communities in Schools of Buncombe County, Cooperative Extension, FEAST Asheville, Gardens that Give WNC, MANNA FoodBank, Mission Health, UNC Asheville – NC Center for Health and Wellness, YES!, YMCA of WNC, and the YWCA of Asheville.
Madison County agencies partnering to address this issue include: Madison County Health Department, School Health Advisory Council, Cooperative Extension, 8 community centers, town and city parks, and churches.

**Priority Health Issue #1: Obesity & Chronic Disease Prevention, and Healthy Weight**

<table>
<thead>
<tr>
<th>Hospital Strategy -1: Provide health education programs and health services that promote increased awareness and skills to maintain healthy weight.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Description of Activities</strong></td>
</tr>
</tbody>
</table>
| Mission provides several key programs that support preconception and prenatal wellness, and resources for safe infant care. | • Healthy Before Pregnancy programming is provided to local middle and high school students to teach about life planning and healthy lifestyles  
  o At least 45 high schoolers in at least 3 schools will be educated through Healthy Before Pregnancy each year,  
  o At least 30 middle schoolers in at least 2 schools will be educated through Healthy²: Now and Later each year |
| **Healthy Weight for Women of Reproductive Age** Through the NC Preconception Health Campaign, several programs teach skills and share knowledge to help individuals of child-bearing age maintain healthy lifestyles: Healthy Before Pregnancy, geared toward high school students and Healthy²: Now and Later, geared toward middle school students; Healthy Weight, offering women simple strategies to help reduce or maintain their weight; and Reproductive Life Planning, which helps individuals set goals regarding childbearing and their reproductive health. Reproductive Life Planning also encourages individuals to develop healthy lifestyles to achieve optimal health now, as well as, if they choose to have children, the health of their future children. | • Individuals receive Healthy Weight and Reproductive Life Planning to learn about healthy lifestyles that lead to success in building a family when they are ready, or in maintaining child-free status.  
  o At least 38 women receive training via community-based organizations on topics such as folic acid, healthy weight, importance of early prenatal care, reproductive life planning, and others, each year. |
| **Mission Sports Medicine** provides athletic trainers and sports medicine care in local middle and high schools for active sports teams, and during games/matches/meets. Sports Medicine Athletic Trainers help ensure young athletes are able to stay active and perform at their best. | • Athletic trainers provide support and rehab for student athletes in 8 middle and high schools reaching more than 3,000 students. They also provide physicals to assess healthy weight, cardiovascular fitness and skeletal health. |
| **Mission Weight Management** provides services to help patients reach and maintain a healthy weight. Mission provides financial assistance for patients needing bariatric surgery who meet health and readiness screening requirements. | • Bariatric surgery and weight management support is provided with financial assistance to at least 24 qualifying patients a year. |
### Hospital Strategy – 2: Implement “ACE Diabetes” (Advocate, Collaborate, Eradicate Diabetes) program in Buncombe and Madison counties.

<table>
<thead>
<tr>
<th>Description of Activities</th>
<th>Anticipated Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Mission Hospital Diabetes Center recognized the need to get outside of hospital and family practice walls to engage the community in diabetes prevention and education. In 2015 the center initiated the ACE (Advocate, Collaborate, Eradicate) Diabetes Coalition to network through local health departments and collaborate with local entities in raising diabetes awareness and addressing the costly burden of diabetes prevalence. ACE Diabetes will implement: 1. A bundled intervention including an evidence-based, telephonic Diabetes Prevention Program (DPP) supplemented by personalized health coaching and an enhanced web presence with online access to prediabetes education to benefit the WNC region 2. A grass roots education campaign to increase diabetes awareness specifically in Buncombe and Madison counties.</td>
<td>As the coalition of community and hospital providers are working to develop metrics for measuring success of this effort, the following are target areas for improvement. Updates on measures and progress toward metrics will be provided in annual updates to this strategy for the following:  - new patients in diabetes-related care in Buncombe &amp; Madison counties  - retention rates in diabetes-related care  - improved diabetes status [i.e. via weight loss, reduced Hemoglobin A1C (HbA1C), etc.]  - reduced blood glucose levels (HbA1C) for the group  - reduction in healthcare utilization as demonstrated by projected healthcare cost savings among participants</td>
</tr>
</tbody>
</table>

### Hospital Strategy – 3: Through the Community Investment Grant Program, partner with agencies and programs that successfully demonstrate measurable outcomes to increase access to resources that impact Obesity & Chronic Disease Prevention, and Healthy Weight.

<table>
<thead>
<tr>
<th>Description of Activities</th>
<th>Anticipated Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funding areas for Community Investment grants are aligned with the priority health needs of Mission Hospital and the counties we serve. Funding awards will continue to be made to agencies and programs that successfully demonstrate measurable outcomes to increase access to resources that impact Obesity &amp; Chronic Disease Prevention, and Healthy Weight. Funding preference will be given to initiatives, rather than individual programs, and measurable work achieved through</td>
<td>For the first year, the following five agencies were funded for programs which will impact Obesity &amp; Chronic Disease Prevention, and Healthy Weight:  <strong>Bountiful Cities</strong> in a collaborative application with FEAST Asheville to provide comprehensive support to 24 area community gardens through the Community Garden Network, building individual and community health and equity through organized, thriving, neighborhood-based urban agriculture in Buncombe County. Expected results include:  - 1,143 individuals increase skills in the areas of gardening, nutrition, and food preparation,</td>
</tr>
</tbody>
</table>
Purposeful collaboration.

- 24 community gardens experience increased capacity and infrastructure development,
- 250 individuals/families receive garden produce due to community garden capacity increases.

**MANNA Foodbank** and the **YMCA of Western North Carolina** in a collaborative application to integrate pantries and health care providers to better connect vulnerable populations to nutritious food. Expected results include:
- 40% of clients report increases in healthy food consumption
- 50% of clinic-referred participants call the MANNA Helpline
- 15% of clinic-referred participants participate in food distribution and nutrition education at YMCA sites
- 20% of clinic-referred participants receive assistance in applying for food stamps
- 25% increase in pounds of Foods to Encourage (F2E) distributed by participating partner sites.

**UNC-Asheville/Asheville Buncombe Parity Institute** to provide health education and promotion in Buncombe County minority church congregations through the Preventive Health Education Resulting in Action Inspiring Success for Everyone (PRAISE) initiative. The goal is to strengthen the social and physical environments that promote knowledge and healthy behaviors to reduce disparities. Expected results include:
- 60% of churches/communities provide healthier foods at events after PRAISE participation
- 45% of participants are physically active for at least 30 minutes on 5+ days/week
- 45% of people eat 5+ vegetables per day on 5+ days/week

**YWCA of Asheville and Western North Carolina** to prevent and manage chronic disease through Diabetes Wellness and Prevention (DWP), Salsa, Sabor y Salud, SNAP Ed, and Rainbow In My Tummy Kitchen. These programs offer education and support for adults and kids to eat healthy, be active, prevent or manage chronic diseases, and feel a sense of community. Expected results include:
- 80% of participants improve a medical condition,
- 75% of participants learn to plan easy, affordable
Priority Health Issue #2: Mental Health (Madison) and Substance Abuse (Buncombe and Madison)

Description of Community Need
Mental Health and Substance Abuse disorders co-occur in approximately 7.9 million adults in the United States, according to the Substance Abuse and Mental Health Services Administration (SAMHSA) 2014 data. Because of the high incidence of co-occurrence, Mission Health looks at services for Substance Abuse and Mental Health under the umbrella of Behavioral Health.

Abuse and misuse of substances, both illegal drugs and prescription or over-the-counter medications, is an increasing challenge in Western North Carolina. Tobacco use in Western North Carolina is 22.8%, nearly 3% higher than the state average and 6% higher than the national average.

In both counties, lack of treatment facilities and programs was identified as a major barrier to addressing this issue. In Buncombe County, increases were noted in abuse of heroin and prescription opioids, and unintentional medication deaths. In addition, 27% of homeless adults in Buncombe County are living with a substance use disorder.

Madison County noted a 129% increase in the number of residents served annually by the Area Mental Health Program between 2006 and 2013. The county has identified barriers to access, lack of local resources, lack of providers, stigma, and cost as impacting the gravity of mental health as a community priority. The county CHA also noted that lack of mental health treatment leads to increased violence, crime, and instability.

Desired Community Result

Buncombe County Results: (from the Buncombe County e-CHIP)
1. Access to behavioral healthcare and substance abuse treatment improves, in particular for vulnerable populations like the homeless.
2. A community-wide effort is initiated to decrease the rate and impact of Neonatal Abstinence Syndrome, and improve outcomes for mothers and their babies affected by substance abuse disorders.
3. Overdose and deaths from unintentional drug poisonings decrease.
4. Social determinants of health are addressed to support residents and reduce the impact of poverty on substance use and abuse.
Madison County Results: (from the Madison County e-CHIP)

1. Reduce the number of substantiated child abuse and neglect reports through implementation of Triple P parenting classes, improving parents’ skills and resources to connect with their kids and increasing family resilience.
2. Reduce opioid overdose through overdose education and naloxone distribution.

**Partner Agencies and Roles**

Buncombe County agencies partnering to address this issue include: Buncombe County Health and Human Services – Family Planning and STD Clinics, Community Service Navigators, and Nurse Family Partnership program, Community Care of Western North Carolina, Julian F. Keith Alcohol and Drug Abuse Treatment Center, MAHEC High Risk Obstetrics Clinic, Crossroads Treatment Center, Mt. Zion Community Development, Inc., October Road, RHA Behavioral Health Services (Neil Dobbins Center and Mary Benson House), Vaya Health, Women’s Recovery Center, Western North Carolina Community Health Services, and YWCA MotherLove program and health care providers.

Madison County agencies partnering to address this issue include: Madison County Health Department, Madison Community Health Consortium Mental Health Committee, Madison Substance Awareness Coalition, law enforcement, local health care providers, and the faith community.

**Priority Health Issue #2: Mental Health and Substance Abuse**

**Hospital Strategy – 1: Increase the number of certified Tobacco Treatment Specialists in Buncombe and Madison Counties.**

<table>
<thead>
<tr>
<th>Description of Activities</th>
<th>Anticipated Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>In 2015 over 64,000 patients at Mission Hospital were identified as tobacco users. Current staffing for Nicotine Dependence consultants only provided for 2.4% (1,500) to have follow-up dependence consultations. Community Investment funding is providing for a 4-day Tobacco Treatment Specialist (TTS) Certification program for 50 participants in Buncombe County in July of 2017. This training is typically provided in the central region of the state and is cost-prohibitive to community agencies. As primary service counties for Mission Hospital, spaces in this training are reserved for representatives from Buncombe and Madison counties.</td>
<td>Following the training, Tobacco Treatment Specialists (TTS) will continue to stay engaged as a cohort managed by a person on the Mission Wellness Team. Metrics for measuring impact and tracking effectiveness of inserting these trained specialists in the community are being developed and will be reported in annual Implementation Strategy updates.</td>
</tr>
</tbody>
</table>
### Hospital Strategy – 2: Coordinate comprehensive, “wrap-around” services for women engaged in substance abuse and their infant children.

<table>
<thead>
<tr>
<th>Description of Activities</th>
<th>Anticipated Impact</th>
</tr>
</thead>
</table>
| Clinical leaders from Mission Hospital are leading a community collaboration to develop coordinated care and comprehensive, “wrap-around” services so that a woman struggling with substance abuse and her infant child receive the care they need to thrive. This includes assuring mothers receive substance use/abuse help and babies get a safe, healthy start. Mission Hospital also screens families of babies born at the hospital for safe home sleep environment, and connects those at very high risk with Buncombe County DSS to access to “baby boxes,” which provide a safe place to sleep at home. | • Early Substance Use Disorder identification and engagement  
• Early access to prenatal care, measured by gestational age at entry into care system  
• Decreased incidence of Perinatal Substance Exposure  
• Reduced DSS involvement and need for child placement  
• Increased utilization of adequate care services |

### Hospital Strategy – 3: Through the Community Investment Grant Program, partner with agencies and programs that successfully demonstrate measurable outcomes to increase access to resources that impact Mental Health and Substance Abuse.

<table>
<thead>
<tr>
<th>Description of Activities</th>
<th>Anticipated Impact</th>
</tr>
</thead>
</table>
| Funding areas for Community Investment grants are aligned with the priority health needs of Mission Hospital and the counties we serve. Funding awards will continue to be made to agencies and programs that successfully demonstrate measureable outcomes to increase access to resources that impact Substance Abuse. Funding preference will be given to initiatives, rather than individual programs, and measurable work achieved through purposeful collaboration. | In the first year, five agencies received funding for programs which will impact Substance Abuse in Buncombe and Madison counties:  
**All Souls Counseling Center** to provide critical, early intervention mental health counseling to individuals and families with psychiatric assessment and medication management for non-target population clients. On a sliding-fee basis, clients access tools for healing and empowerment to improve behavioral health functioning and decrease instances of suicide, domestic violence, substance abuse and hospitalization. Expected results include:  
• 92% of clients successfully receive treatment for their presenting issues  
• 300 clients access psychiatric care and/or assistance in obtaining prescribed medications  
• 150 clients accessing psychiatric care pursue referrals and placements for follow-up health services.  
**CARING for Children, Inc.** to provide accessible outpatient psychiatric and psychological services for children and families in Buncombe and Madison counties. |
Assessment, counseling, medication management, and interventions are provided regardless of ability to pay, and therapists also provide services for clients in CARING’s foster homes and residential programs as needed. Expected results include:

- 90% of children will demonstrate a reduction in symptoms for which they were referred,
- 85% of families will report reduced family conflict and improved family functioning,
- 75% of children at-risk of being placed out of their homes will not need out-of-home placement.

**Children First/Communities in Schools of Buncombe County** to utilize the Student Support Specialists program to address elementary students’ ACE scores. Working in multiple public schools in Buncombe County, Student Support Specialists connect students and their families to resources, and help children increase resilience, maintain attendance, and acquire skills to manage emotions, goals, relationships and decisions. Expected results include:

- 60% of students receiving case management show improved social-emotional competencies,
- 75% of students receiving case management for attendance show improved attendance,
- 75% of students receiving case management for behavior show improved behavior.

**Haywood Street Congregation** to support Haywood Street Respite, providing a safe place for homeless adults to rest, recover, and stabilize following discharge from the hospital. Homeless adults are especially vulnerable when it comes to mental health in Buncombe County, and Haywood Street Respite also assists them in accessing needed services, including mental health and primary health care, housing, and substance abuse treatment. Expected results include:

- 90% of participants attend first follow-up primary care or behavioral health care appointment,
- 70% of participants avoid hospitalization within 90 days,
- 85% of participants experience an improvement in housing status upon discharge.

**Madison County Health Department** for the Madison Substance Awareness Coalition, formed solely to address substance abuse issues in the county. The Coalition
engages in collaboration with community partners on initiatives to reduce the misuse/abuse of prescription drugs, nicotine, opioids, and others, as well as provide harm reduction tools like Naloxone. Expected results include:

- 40% of middle and high school students that attend substance awareness classes are substance free,
- 10% increase in residents being screened for Hepatitis C Virus and HIV.

**Priority Health Issue #3: Intimate Partner Violence (IPV) (Buncombe)**

**Description of Community Need**
Intimate Partner Violence has emerged as a community priority in recent years in Buncombe County, due to a high number of domestic violence homicides experienced in 2013. That year there were eight domestic violence homicides, five of which were linked to intimate partner violence. In 2014, 59 rapes were reported in the county, and in fiscal year 2013-2014 there were 2,395 calls made to the domestic violence hotline. Further, according to the Buncombe County CHA, Danger Assessments conducted by community partner, Helpmate, Inc., found that 55% of those assessed were in extreme danger, and African American women are more likely to be victimized by a partner than white women. Intimate partner violence is an issue of health and of disparities in the community.

**Desired Community Result**
Buncombe County: *(from the Buncombe County e-CHIP)*
1. Reduce or eliminate lives lost due to domestic, sexual, or child violence, and reduce or eliminate re-offenses of these crimes.
2. Change the conversation in our community – discussion of crime focused on the perpetrator, bystanders recognize and know how to actively redirect or report potential violence, and social norms move toward use of conflict resolution.
3. More community service dollars are devoted to prevention.

**Partner Agencies and Roles**
Community agencies partnering to address this issue include: Asheville Police Department, Buncombe County District Attorney’s Office, Buncombe County Health and Human Services – Family Justice Center, Buncombe County Sheriff’s Department, Helpmate, Mission Health, Mountain Area Health Education Center, OurVoice, Pisgah Legal Services, SPARC Network and SPARC Foundation, Mountain Child Advocacy Center, and YWCA of Asheville.
### Hospital Strategy – 1: Support Family Justice Center by providing SANE Forensic Nurses.

<table>
<thead>
<tr>
<th>Description of Activities</th>
<th>Anticipated Impact</th>
</tr>
</thead>
</table>
| The Family Justice Center is a “one-stop” location, or multi-disciplinary service center, allowing victims of domestic and sexual violence to access a range of services under one roof. The Center opened in Asheville in 2016 as part of a broader coordinated community response to domestic and sexual violence, which grew out of the community Safety Coalition. Mission Hospital’s role in this partnership is two-fold: High-level hospital staff provide leadership for the Safety Coalition, and Mission’s SANE program provides forensic nurses on-site at the Family Justice Center. Other community groups partnering in the FJC include: Our Voice, Helpmate, law enforcement, the District Attorney’s office, and Pisgah Legal. | • Victims receive services at FJC during business hours, and on an on-call basis overnight, reducing the time victims must spend in the ED or law enforcement settings (measured by FJC intakes)  
• Reduced levels of victim fear and anxiety  
• Reduced number of child protective service cases involving domestic violence  
• Reduced sexual assault and domestic violence offense rates  
• Reduced re-offense rates  
• Reduced protective order violations  
• Reduced protective order involuntary dismissals  
• Crime disposition rate |

### Hospital Strategy – 2: Support the development of a Trauma-Informed Community

<table>
<thead>
<tr>
<th>Description of Activities</th>
<th>Anticipated Impact</th>
</tr>
</thead>
</table>
| To capitalize on the momentum generated by the opening of the Family Justice Center and Mountain Child Advocacy Center, Mission Hospital is supporting the creation of a Trauma-Informed Community to assure survivors receive trauma-informed care within the walls and practices of the hospital and from the community agencies who partner to provide services. Internally, Mission Hospital has developed a Peer Support Curriculum which is being launched in inpatient psychiatric nursing. The hospital has also enlisted Sharon Wise, an internationally-recognized trainer and survivor, to share her experience and engage the community and Mission caregivers in an on-going dialogue about how to authentically provide trauma-informed care. | • Mission caregivers in the Emergency Department and inpatient psychiatric nursing are trained in Trauma-Informed care.  
• Trauma-Informed Care as a community model is shared with agencies representing Buncombe and Madison Counties  
• Two visits from nationally-recognized Trauma-Informed Care consultant Sharon Wise sparks the conversation about TIC across the community with a special focus on work with survivor groups at the Family Justice Center. |
<table>
<thead>
<tr>
<th>Description of Activities</th>
<th>Anticipated Impact</th>
</tr>
</thead>
</table>
| Funding areas for Community Investment grants are aligned with the priority health needs of Mission Hospital and the counties we serve. Funding awards will continue to be made to agencies and programs that successfully demonstrate measurable outcomes to increase access to resources that impact Intimate Partner Violence. Funding preference will be given to initiatives, rather than individual programs, and measurable work achieved through purposeful collaboration. | In the first year, two agencies received funding for programs which will impact Intimate Partner Violence in Buncombe county: **Helpmate, Inc.** – to strengthen initiatives focused on prevention of intimate partner violence, ranging from reducing harm to those already impacted, providing targeted messaging to at-risk populations, and education to prevent first-time perpetration. Expected results include:  
- 4,500 people reached with prevention education (target populations include elementary, middle, high school and college students, first responders & healthcare providers, at risk groups such as substance abusers & pregnant women, and general population reached through men’s groups & faith communities)  
- 80% of attendees can articulate 2 new facts and 2 Helpmate services in post-session surveys  
- 55% of survey respondents have attitudes not conducive to domestic violence on standardized tool |
| **Mountain Child Advocacy Center** – providing crisis intervention counseling for child victims of abuse in a child-centered setting, minimizing the risk of additional trauma and offering support in navigating needed services. Expected results include:  
- 80% reduction in self-reported trauma related symptoms for clients completing TF-CBT,  
- 80% of parents report an improvement in the relationship with their child,  
- 80% reduction in adverse affective symptoms as reported by parents. |
Priority Health Issue #4: Infant Mortality (Buncombe)

Description of Community Need
Buncombe County identified infant mortality as a community health priority in large part due to the startling disparity in rates between African American and white babies – 5-year aggregated numbers show that African American babies die at twice the rate (10.1 deaths per 1,000) of white babies (6.2 deaths per 1,000) in Buncombe County. The rate of infant mortality can be attributed to some known common causes, like premature birth, low birth weight, and congenital or chromosomal defects. Other factors that increase the risk of infant mortality include complications during pregnancy, such as chronic health conditions or infections the mother may have, placenta problems, weight issues, and smoking, alcohol, and substance abuse.

Social determinants may also be indirectly linked to the risk of infant mortality, including poverty, unemployment, and low education levels of the parents.

Desired Community Result
1. Women have access to the full spectrum of care to stay healthy before they get pregnant and during their pregnancy
2. Community efforts support living wages and resilient communities to help families thrive.
3. Providers and community efforts address racial equity to reduce and eventually eliminate disparities in maternal and child health outcomes.
4. Infant mortality rates, and Infant Mortality Disparity Ratios decrease for babies born in Buncombe County.

Partner Agencies and Roles
Community agencies partnering to address this issue include: Appalachian Mountain Community Health Centers, Child Protection/Fatality Prevention Team, Buncombe County Health and Human Services – Family Planning and STD Clinics, Nurse Family Partnership, Minority Health Equity Project, WIC, and Community Service Navigators, Children First/Communities in Schools of Buncombe County, Community Care of Western North Carolina, Mission Health, Mountain Area Health Education Center – Family Health, Obstetrics & Gynecology, School Health Nursing Program, Buncombe County Prenatal Safety Net, Mt. Zion Community Development, Inc., Pisgah Legal Services, Western North Carolina Community Health Services, and YWCA MotherLove Program.
### Hospital Strategy – 1: Implement Preconception Care Process Model (CPM) targeted to ambulatory encounters.

<table>
<thead>
<tr>
<th>Description of Activities</th>
<th>Anticipated Impact</th>
</tr>
</thead>
</table>
| Care Process Models (CPMs) strive to ensure that all care delivered by the health system, regardless of a patient's location in the continuum, is medically necessary, the leading edge in medical science, and the appropriate treatment intensity. Put into effect, these models will systematize treatment processes across all hospitals and practices, improving consistency as well as effectiveness. Recognizing the importance of addressing the incidence of infant mortality in our region, clinical leaders from across Mission Health worked together in 2016 to create a Preconception CPM. | Standardize the process, including screening questions and protocols, for preconception wellness prenatal visits and wellness visits for all reproductive-aged female patients within all community practices. The CPM will first be implemented in OB/GYN practices, then rolled out to primary physicians. Incorporate referrals to programs like MotherToBaby NC (addressing teratogen and medication safety during preconception, pregnancy, and breastfeeding). Currently the program receives ~75 inquiries from Buncombe and Madison Counties each year; they expect a 20% increase in the next three years as a result of the implementation of the CPM. Preconception CPM is shared freely and proactively with providers in Buncombe and Madison counties, and Mission Hospital staff work to make connections with interested providers. The CPM will collect data and track a number of metrics, including:  
- Pregnancy Intention  
- Access to care (including gestational age at first prenatal visit)  
- Tobacco Avoidance  
- Presence of Uncontrolled Depression  
- Healthy Weight  
- Presence of STI  
- Optimal glycemic control  
- Absence of intimate partner violence  
Two metrics will be added tracked as the CPM rolls out in later waves – Crosswalk teratogen avoidance in chronic conditions, and preconception folic acid usage. |

### Hospital Strategy – 2: Report quality measures by race & ethnicity to examine how disparities are impacted by provision of services.

<table>
<thead>
<tr>
<th>Description of Activities</th>
<th>Anticipated Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>The disparity in infant mortality prevalence</td>
<td>Clarity on how infant mortality disparities show in</td>
</tr>
</tbody>
</table>
between African American and white babies in Buncombe County is stark. Mission Hospital Women’s Services will turn the mirror on itself to re-examine quality and safety data broken out by race and ethnicity. With knowledge of disparities in health outcomes, we must review Mission Hospital’s outcomes as a first step to addressing the issue as the primary location of births in Buncombe County.

**Hospital Strategy – 3: Provide health and safety education programs that increase awareness and skills for infant care and support preconception and prenatal wellness.**

<table>
<thead>
<tr>
<th>Description of Activities</th>
<th>Anticipated Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mission provides several key programs that support preconception and prenatal wellness, and resources for safe infant care.</td>
<td>• At least 175 public and private health providers receive training on establishing a medical home for non-pregnant women, and transitioning women to early prenatal care through the medical home model, tobacco cessation counseling through the “5 As” Model (Ask/Advise/Assess/Assist/Arrange), and other topics, each year.</td>
</tr>
<tr>
<td><strong>NC Preconception Health Campaign</strong> provides programming to increase folic acid intake during pregnancy, maintain healthy weight during preconception and pregnancy, reduce tobacco usage during preconception and pregnancy, and educate high schoolers on healthy lifestyles that ensure their future children will be born healthy.</td>
<td>• At least 10 Community Ambassadors trained for folic acid supplements are trained and distributing supplements in their communities, and each ambassador will reach at least 50 of their peers, each year.</td>
</tr>
<tr>
<td><strong>Safe Sleep Education</strong> for all parents of babies born at Mission Hospital. Mother/Baby staff also screen for accessibility to a safe sleep environment at home.</td>
<td>• All families of infants born at Mission Hospital continue to be screened for a safe sleep environment and receives Safe Sleep Education.</td>
</tr>
<tr>
<td><strong>SafeKids NC</strong> provides safety education around injury prevention, provides age- and weight-appropriate car seats to families in need, and teaches local teen mothers about infant and child safety.</td>
<td>• SafeKids NC provides age- and weight-appropriate car seats to families in need. More than 545 car seats were distributed in FY2016, serving 2.9% of kids under 5 in Buncombe County and 5.5% of kids under 5 in Madison County. That number is expected to increase with awareness of the program on the rise as well as larger numbers in referrals from community agencies, DSS referrals, and assistance to children with special health care needs.</td>
</tr>
<tr>
<td><strong>Mother To Baby NC</strong> is a program designed to answer questions and concerns about medications and other exposures during pregnancy and while breastfeeding. Parents can access experts to advise them about medication usage (prescription and non), herbal products, alcohol and drugs, illness during pregnancy, immunizations, chemical exposures, and other issues.</td>
<td>• Parents are provided with expert support and advise from Mother To Baby NC when they have questions about medication usage or exposures during pregnancy or while breastfeeding.</td>
</tr>
</tbody>
</table>
**NEXT STEPS**

As part of the community health improvement process, Mission Hospital will continue to work with community partners in the development, implementation, and monitoring of our collaborative electronic community health improvement plan (e-CHIP) that includes some of the hospital strategies outlined in this document. The Mission Hospital Implementation Strategy will be reviewed annually by the Community Investment Committee, with reports made to the Mission Hospital Board, to assess progress on key indicators. Updates will be made publicly available and shared with community partners. The next community health needs assessment (CHNA) will be conducted in 2018. In addition, as progress allows, we will be creating an electronic scorecard to monitor the performance of key strategies included in this document.

**APPROVAL**

This report was prepared for the December 15, 2016 Mission Hospital Board meeting, and is approved as signed below by the Board Chairperson and Hospital President.

Wyatt S. Stevens  
Board Chair, Mission Health  

_1/15/16_  

Jill Hoggard Green  
President, Mission Hospital  

_12/15/2016_