This facility-specific implementation strategy for Asheville Specialty 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 Asheville Specialty Hospital to support specific community investment efforts as part of a larger community-wide plan.

OUR COMMUNITY AND KEY PARTNERS

Asheville Specialty Hospital Community

Asheville Specialty Hospital (ASH), based in Asheville, North Carolina, is an independent affiliate and joint venture of Mission Health and CarePartners. ASH is the only long-term acute care hospital in western North Carolina, housing 34 licensed beds and an attending medical staff of two physicians and two nurse practitioners. ASH supports patients with post-operative complications, neurological conditions, cardiac, pulmonary and gastrointestinal diseases, renal disease, and complex wounds.

ASH accepts patients from across western North Carolina (and beyond), with a focus on keeping patients as close as possible to their communities of origin while they recover. As an affiliate of Mission Health and CarePartners, ASH defines its community consistent with the primary service areas of these two entities: Buncombe and Madison counties.

Mission Health, based in Asheville, North Carolina, is the state's sixth-largest health system and was recognized as one of the nation's Top 15 Health Systems from 2012-2015 by Truven Health Analytics, formerly Thomson Reuters, becoming the only health system in North Carolina to
achieve this recognition. Tracing its roots in the region back to 1885, Mission Health operates six hospitals, numerous outpatient and surgery centers, post-acute care provider CarePartners, and the region's only dedicated Level II trauma center. Mission Health, along with CarePartners, together operate Asheville Specialty Hospital, a long-term acute care provider. Asheville Specialty Hospital is located on the campus of Mission Health's largest hospital, Mission Hospital, and is located in Buncombe County. With approximately 10,700 employees and 2,000 volunteers, Mission Health is dedicated to improving the health and wellness of the people of western North Carolina.

CarePartners is a regional nonprofit healthcare organization in western North Carolina providing post-acute services in Home Health, Adult Day, PACE, Inpatient and Outpatient Rehabilitation, Orthotics and Prosthetics, along with Hospice and Palliative care. With approximately 1,300 employees and 400 volunteers, CarePartners is dedicated to helping people live fully through life's journey. CarePartners is an affiliate of Mission Health and cares for patients from all over the WNC region. The hospital's designated service area for the community health needs assessment is Buncombe County.

**Community Health Needs Assessment**

**Process and Product**
The community health needs assessments (CHNAs) for Buncombe and Madison counties were conducted through partnership between Mission Hospital, CarePartners, 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 Health website [http://www.mission-health.org/community-health-needs-assessment.php](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 Asheville Specialty Hospital Board on Thursday, September 22, 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.

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). Furthermore, 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, Asheville Specialty Hospital, through its affiliation with Mission, 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.
IMPLEMENTATION STRATEGY DETAILS

Asheville Specialty Hospital (ASH) is connected to community outreach beyond the limited scope of its clinical services through its affiliation with Mission Health and CarePartners. Typical of long-term, acute care facilities, ASH engages in minimal community outreach and education. ASH-specific activities, where they exist, are included within each priority health issue below. Mission Hospital also addresses priority health issues in Buncombe and Madison counties, and CarePartners addresses priority health issues in Buncombe County.

Priority Health Issue #1: Obesity & Chronic Disease Prevention (Buncombe) and Healthy Weight (Madison)

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 Community Health Assessment)
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.

**Asheville Specialty Hospital Strategy**

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<tr>
<th><strong>PRIORITY HEALTH ISSUE #1: OBESITY &amp; CHRONIC DISEASE PREVENTION, AND HEALTHY WEIGHT</strong></th>
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<tbody>
<tr>
<td><strong>Hospital Strategy:</strong> Provide nutritional assessments for every patient and support for identified issues.</td>
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<tr>
<td><strong>Description of Activities &amp; Anticipated Impact</strong></td>
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ASH's Clinical Dietician is on staff for routine patient care, and rounds with a multi-disciplinary team four days a week in addition to providing services seven days per week.
- Nutrition assessment administered to every patient within 72 hours of admission

Discharge Planners/Case Managers refer patients to community resources to ensure support at discharge or the next level of care.
- Referrals as needed to community partners, including:
  - Mission Weight Management
  - Mission outpatient Diabetes Clinic
  - The Council on Aging of Buncombe County
  - Haywood Street Respite
  - Community Caramedics
  - Local primary care providers
Priority Health Issue #2: Mental Health (Madison) and Substance Abuse Prevention (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.

**Asheville Specialty Hospital Strategy**

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<tr>
<th><strong>Priority Health Issue #2: Mental Health and Substance Abuse</strong></th>
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<tr>
<td><strong>Hospital Strategy:</strong> Support patients identified as IV drug users in their medical treatment and transition to next level of care.</td>
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<tr>
<td><strong>Description of Activities &amp; Anticipated Impact</strong></td>
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<tr>
<td>Nearly 15% of ASH patients at any given time are patients referred for medical treatment support due to identified IV drug use.</td>
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<td>- ASH provides monitoring while patients receive IV antibiotics.</td>
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<tr>
<td>ASH works closely with Licensed Clinical Social Workers (LCSWs) to screen and support these patients through their treatment and identified appropriate services upon discharge.</td>
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<tr>
<td>- LCSWs help establish and maintain a plan to help each patient with their Substance Use Disorder, including referral and handoff to Suboxone Clinic program.</td>
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<tr>
<td>- ASH will hire an LCSW on staff to increase support for this patient population.</td>
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<tr>
<td>Consultation with inpatient psychiatrists at Mission Hospital is regular occurrence at ASH, and patients are connected with local Primary Care Providers as part of discharge planning to ensure their care continues.</td>
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Needs Not Addressed in This Plan

We recognize that each priority health need identified by the community is important, and Asheville Specialty Hospital is not always the best resource to support addressing these needs. Due to ASH's limited scope of services, and the resources provided through our affiliation with Mission Health and CarePartners which are better equipped to support community efforts, our hospital facility will not have a specific role in addressing the following issues:

- Intimate Partner Violence (Buncombe)
- Infant Mortality (Buncombe)

These two prioritized health needs are addressed by community partners in Buncombe County, as well as Hospital Implementation Strategies by Mission Hospital and CarePartners, which also serve Buncombe County.
NEXT STEPS

As part of the community health improvement process, Asheville Specialty Hospital, through its affiliation with Mission Health and CarePartners, 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 Asheville Specialty Hospital Implementation Strategy will be reviewed by the ASH Board, with reports made to the Mission Health 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.

APPROVAL

This report was prepared in November 2017, for the Asheville Specialty Hospital Board, and is approved as signed below by the Board Chairperson and Hospital President.

Tracy Buchanan, Board Chair Asheville Specialty Hospital  
11/16/17

Date

Julie Dikos, CEO Asheville Specialty Hospital  
11-16-17

Date