NOLAND HEALTH SERVICES

A Century of Service
Founded 1913

Community Health Needs Assessment

MAY 2022

Noland Hospital Anniston

Welcome to Noland Health Services

Noland Health Services, Inc. is a not-for-profit corporation that operates several Long-Term Acute Care Hospitals ("LTACHs") and nine senior living communities located in various areas throughout the State of Alabama. Noland has a long and rich history of providing health care services and is the premier post-acute healthcare provider in Alabama. Noland has been a pioneer in the development of programs and services for the elderly and chronically ill since its inception.

Our Mission

Noland Health Services is dedicated to identifying and meeting the health care needs of the people and communities we serve by providing innovative, high quality health services in a compassionate, efficient and effective manner.

About Us

Through its Hospital Division, Noland Health Services specializes in establishing innovative long term acute care regional referral hospitals by partnering with premier general acute care hospitals.

The Senior Living Division develops strategically located, comprehensive multi-level senior living communities offering seniors the security of knowing that additional assistance is available, should their needs change.

Program overview

Noland's LTACHs are regionally-based specialty hospitals dedicated to meeting the complex clinical needs of patients who require extended hospital stays. LTACHs are certified by the Centers for Medicare and Medicaid Services ("CMS") and licensed by the state of Alabama as a hospital. Our hospitals are located inside short-term acute care hospitals and are operated as separate legal entities and provide a full array of clinical services.

Noland Hospitals offer comprehensive medical management for medically complex patients. Patients requiring interdisciplinary, acute medical services over an extended period of time are appropriate for our hospitals.

Interdisciplinary Treatment Teams

Our team of professionals offer an interdisciplinary approach to each patient's care. Meetings are held weekly to collaborate with the interdisciplinary team in an effort to project the type of patient care needed and define expected goals. Progress toward goals are monitored, reviewed and revised based on the patient's condition. Individualized plans and goals are developed according to patient diagnosis, needs of the patient, acute problems, and acceptable discharge plans.

Team members include:

- Physician Advisor
- Case Manager
- Nursing
- Dietary
- Rehab Services
- Pharmacy
- Respiratory
- Wound Care
- Family

Noland Health Services Inventory

There are many services and programs that are already offered by Noland to residents of the service areas of Noland LTACH hospitals.

Specialty Services Offered:

- Ventilator Management/Weaning
- 24/7 Respiratory Therapy
- Daily Physician Visits
- ACLS RN Certified Nursing Staff
- Cardiac Monitoring
- Extensive Wound Management/Wound Vac
- In House Dialysis
- Long-Term IV Antibiotics
- Radiology/Laboratory Services
- TPN/Nutritional Support Services
- Prolonged Surgical Recovery
- Patient and Family Education
- Supplemental Rehabilitation Services (PT, OT, ST)
- Case Management/ Individualized Care Plans
- Discharge Planning

These services include providing treatment for a complete variety of complex medical conditions including, but not limited to:

- Pulmonary Disease
- Infectious Disease
- Congestive Heart Failure
- Uncontrolled Diabetes
- Cardiovascular Disease
- Renal Failure
- Sepsis
- Multi-System Complications
- Spinal Cord Injury
- Head Injury
- Malnutrition
- Wounds
- Neurological Conditions

Source: Nolandhospitals.com

Process and Methodology

Noland Health Services identified community health needs by undergoing an assessment process. This process incorporated a comprehensive review by the hospital's Community Needs Assessment Team along with secondary and primary data input using the expertise of Dixon Hughes Goodman, LLP. The team used several sources of quantitative health, social and demographic data specific to the home county of each facility provided by local public health agencies, health care associations and other data sources. Noland Health Services took advantage of this opportunity to collaborate with its administrators, physicians, public health agencies, and local organizations.

Noland sought outside assistance from the Dixon Hughes Goodman CHNA team in this process. DHG provided data, organized community input, facilitated priority sessions, and supported the report drafting process.

The assessment process consists of five steps pictured below:

COMPLIANCE

Market Assessment ⚙️

Perform analysis of the various parts of your markets such as demographics, disease prevalence, competitor presence, access, etc. to identify trends and changes that will impact service needs and access

Community Input 👥

Conduct interviews and surveys with key community, business, non-profit and government leaders and stakeholders for additional insight into community needs

Community Health Needs Prioritization ☰

1 hour facilitated meeting to identify and prioritize community health needs with hospital leaders for the CHNA report to be submitted appropriately

Implementation Plan 📍

Collaboratively develop a 3 year implementation plan with strategies to be documented and submitted

Reporting ✅

Submit CHNA Report and Implementation Plan prior to end of fiscal year

Ongoing Monitoring 💓

Monitor implementation efforts over the next 3 years to identify completed tasks and gaps for future CHNA's update

| ASSESS | ANALYSE | PRIORITIZE | PLANNING | ONGOING |

The "Community Health Needs Assessment 2022" identifies local health and medical needs and provides a plan to indicate how Noland Health's hospitals may respond to such needs. This document suggests areas where other local organizations and agencies might work with Noland to achieve desired improvements and illustrates ways, as a medical community, are meeting our obligations to efficiently deliver medical services.

The data assessment piece was completed during March and April of 2022. In this step, service areas were defined, external data research was completed and key findings were summarized. As the data assessment was completed, the community input phase was started.

Surveys were distributed among community health professionals, key community members, providers, facility administration, and government representatives.   A summary of this dialog was created and is included in this report.   Prioritization then took place to summarize and overlay data elements with key community input findings.

From this prioritization, priorities were decided based upon the significance of the need to the service area, and Noland Health's ability to impact the need. Based on these priorities, each of the six Noland Hospitals decided on which priorities would be included in their implementation strategy and which priorities would not be addressed. These are compiled in the Implementation Strategy document. This report and strategy were then approved by the board and made "widely available" on the Noland Health website.

On the following page is a list of steps that were taken in each phase of the process.

CHNA Documentation Process

Market Assessment
Community Definition
Secondary Data Downloads
Compilation of Secondary Data into the Community Assessment
Conduct External Data Research
Provide Data Assessment Key Findings
Develop Data Summary Per County
Community Input
Identify Community Interviewees
Hospital Administrators
Community Health Professionals
Physicians
Facility Partners
Care Staff
Secure Input
Conduct Written Physician Interviews (Surveys)
Summarize Responses
Community Health Needs Prioritization/Implementation Plan
Create Summary of Data Assessment and Community Input
Prepare Prioritization
Reporting/Ongoing Monitoring
Confirm Board Date for CHNA Findings
Develop Outline of the CHNA Report
Create CHNA Report
Develop Implementation Strategy
Develop Board Presentation of CHNA
Review and Edit Changes from the Board
Publish CHNA Report on Website
Complete Form 990 Schedule H
Attach Implementation Strategy to Form 990
File Form 990 Schedule H

Community Served

Noland Health Services specializes in long term acute care hospitals (LTACH) for patients who require care due to chronic diseases or complex medical conditions. Noland's hospitals are located in Anniston, Birmingham, Dothan, Montgomery, and Tuscaloosa. Noland is the largest provider of long term acute care in Alabama. LTACHs are innovative regional referral hospitals dedicated to meeting the complex treatment and clinical education needs of patients and families who require extended (generally exceeding 25 days) or specialty focused stays in a hospital setting.

For the purpose of this assessment, we have used each facility's home county as its service area. Using a county definition as the service area is crucial for our analysis as much of our secondary data sources are county specific and serve as a comparison tool to other counties, the state of Alabama, and the United States.
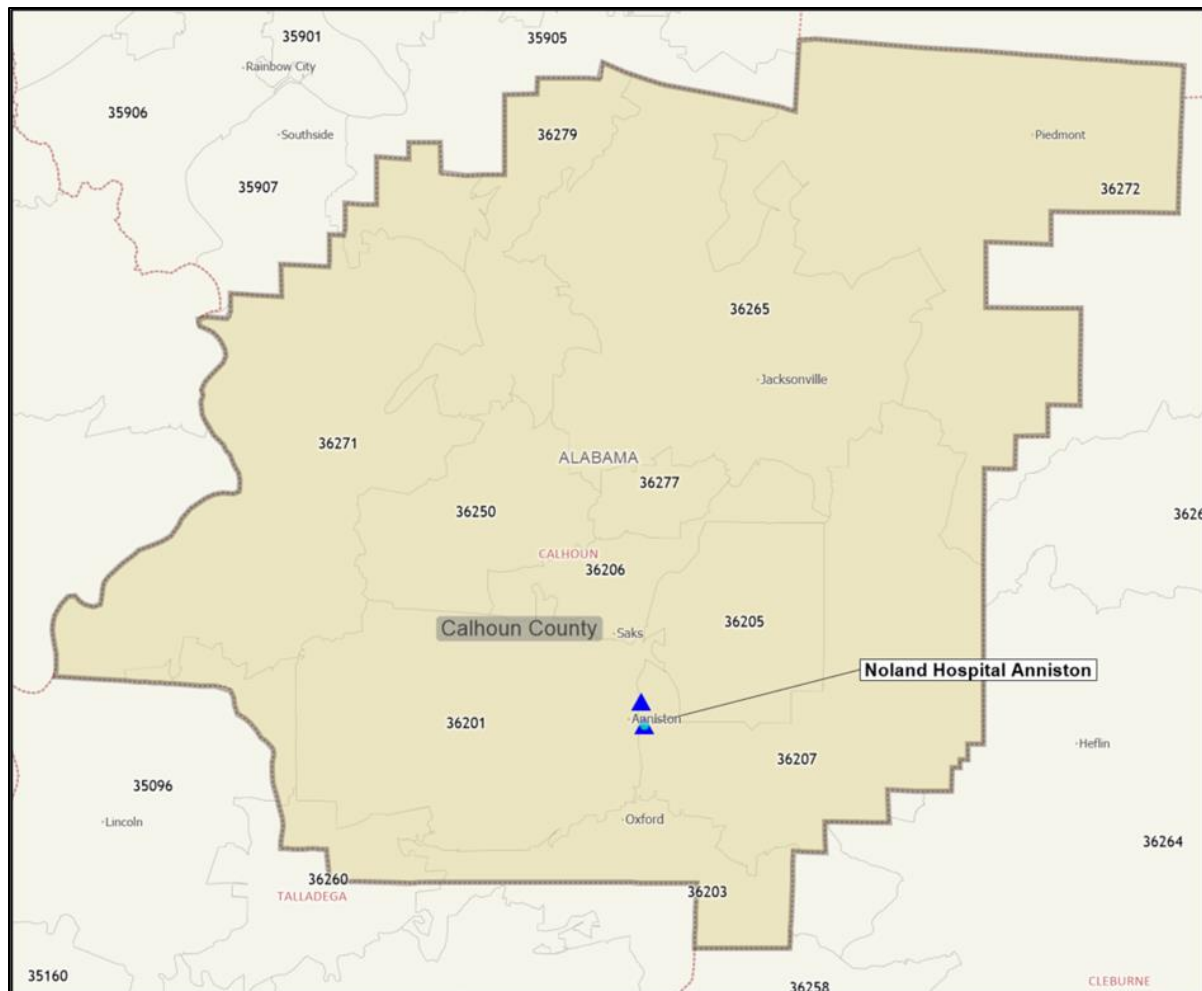
Demographics

In order to present the data in a way that would tell a story of the community and also identify needs, we used a framework based on demographics and many key health factors.
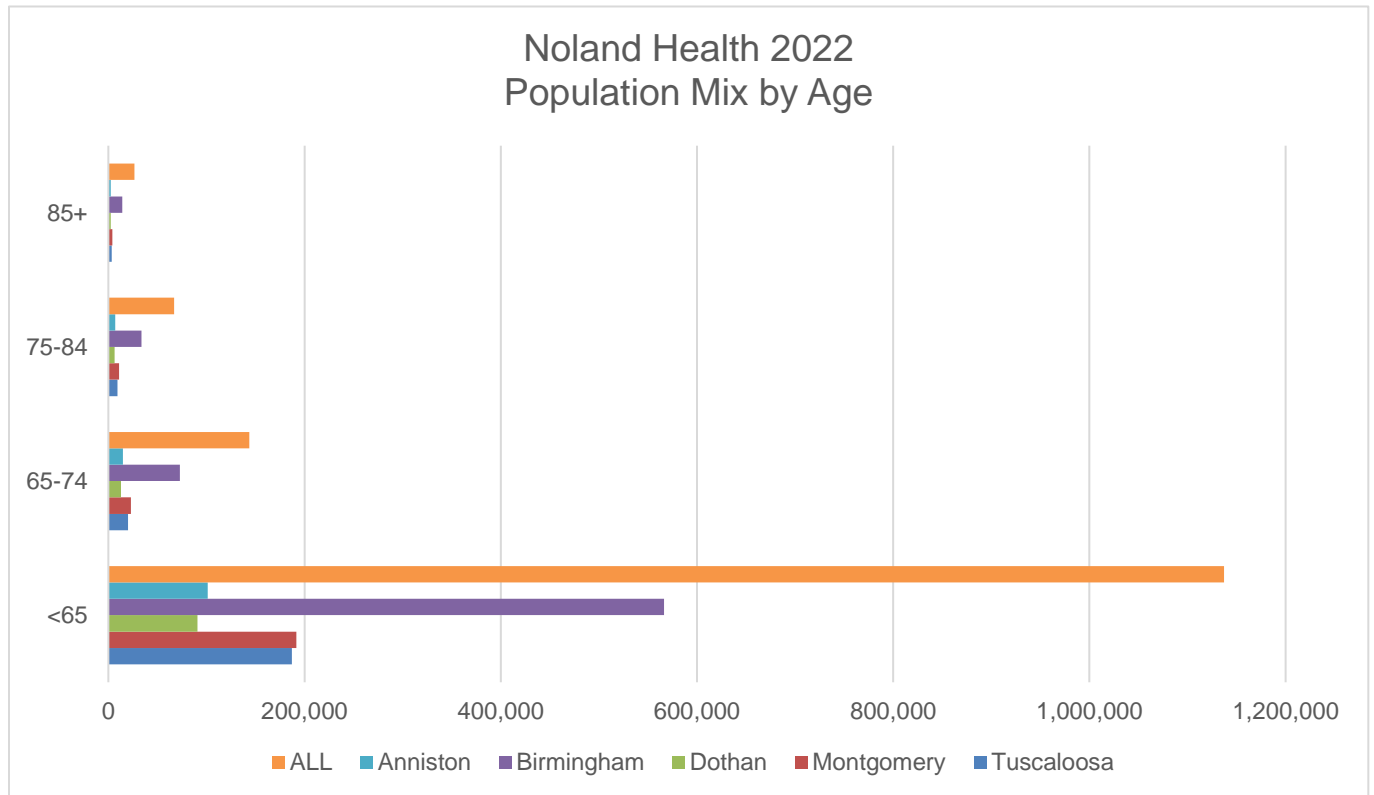
The needs of the elderly acute patient and their families are the target focus of our Community Health Needs Assessment and allow us to focus on health needs that are most likely to be needs our hospitals can impact in our communities.

Data Assessment - Secondary Data

Many different sources were looked at to create a snapshot of each Noland Facility's home county and more specifically, their target patients. The following sources were used in this process:

Demographics: Nielsen demographics were used to create maps of total population and breakdowns of the elderly population. This information was pulled for each county and the state of Alabama. Additionally, multiple income/poverty maps were created. 2022 and 2027 demographics were included.

2021 County Health Rankings: This source is a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. It gives a general snapshot of how healthy each county is in relation to others in the same state. It measures and ranks both health outcomes and health factors that lead to those outcomes. Each indicator is weighed, standardized, and ranked in order to come up with an overall ranking of health for each county in Alabama. Ranking areas included:

Health Outcomes
- Length of Life
- Quality of Life

Health Factors

- Healthy Behaviors
- Clinical Care
- Social & Economic Factors
- Physical Environment

Other Health Indicators: Nielsen Demographics, State Cancer Profiles, CDC.gov, Ruralhealthinfo.org, Census.gov, and CMS.Gov:

Certain indicators that relate directly to the aging population were researched and added. These indicators were at a county and state level. Some of these indicators included:

- 2022 – 2027 Demographic information
- % Insured / Uninsured
- % Medicare Beneficiaries with Diabetes
- % Medicare Beneficiaries with Heart Disease
- % Medicare Beneficiaries with Hypertension
- % Medicare Beneficiaries with COPD
- Prevalence of Cancer Incidence and Death Rates
- Crime Rates
- % Medicare Beneficiaries with Depression
- % of Population with Access to Healthy Lifestyle Choices
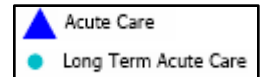- % of Substance Abuse / Tobacco

Noland Hospital Anniston- Calhoun County Data

This section of the Community Health Needs Assessment focuses on Calhoun County, which represents 26% of Medicare patients served by Noland Health's Hospital Division.
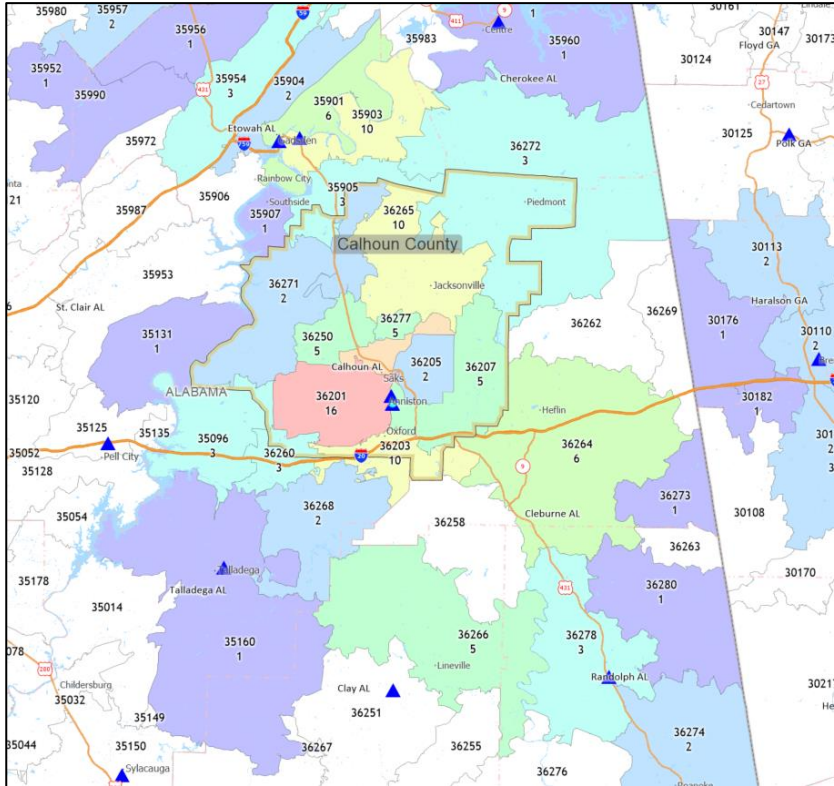
ZIP Code	Medicare Discharges	Patient Origin
36201	16	9.09%
36206	11	6.25%
35903	10	5.68%
36203	10	5.68%
36265	10	5.68%
35901	6	3.41%
36264	6	3.41%
36207	5	2.84%
36266	5	2.84%
36250	5	2.84%
36277	5	2.84%
35096	3	1.70%

▲ Acute Care
● Long Term Acute Care

# of Discharges
- 1 and below
- 2
- 3 to 4
- 5
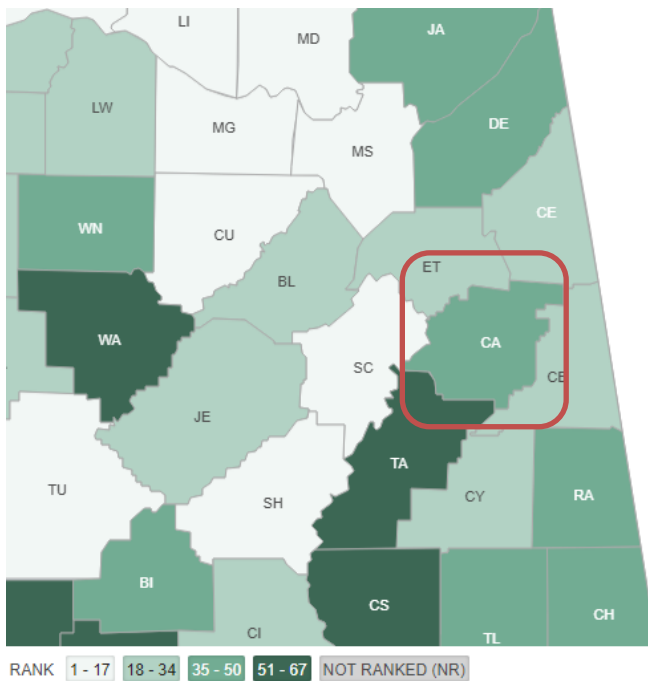- 6 to 9
- 10
- 11 to 15
- 16 and above

NOLAND HEALTH SERVICES, INC.

According to 2021 County Health Rankings, Calhoun County ranks 36 out of 67 for Health Outcomes and 19 out of 67 in Health Factors.

RANK 1 - 17 18 - 34 35 - 50 51 - 67 NOT RANKED (NR)

RANK 1 - 17 18 - 34 35 - 50 51 - 67 NOT RANKED (NR)

Health Outcomes Rankings

	2021	2019
Health Outcomes	36	45
Length of Life	42	55
Quality of Life	29	10

Alabama: 67 Counties (2021)
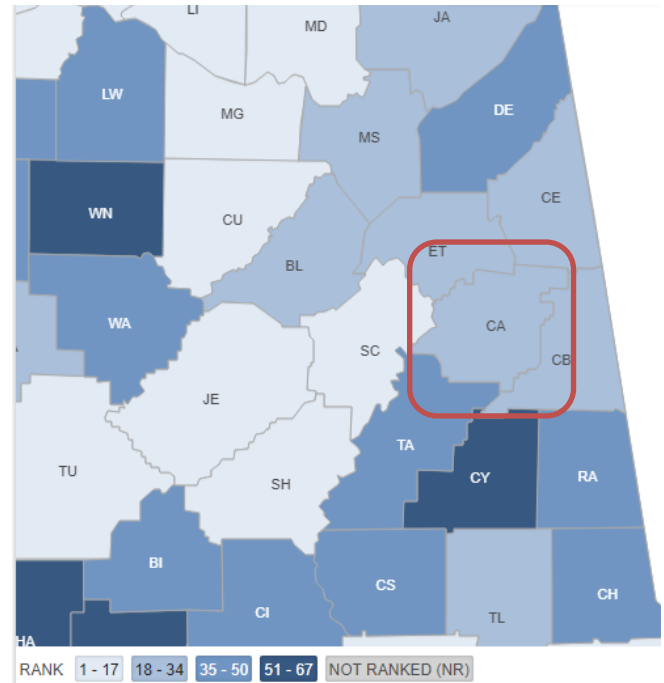
Health Factors Rankings

	2021	2019
Health Factors	19	31
Health Behaviors	14	28
Clinical Care	17	34
Social & Economic Factors	28	27
Physical Environment	37	41

Alabama: 67 Counties (2021)

NOLAND HEALTH
SERVICES, INC.

A few indicators of community health needs arose in the data and corresponded with the community input and will be addressed in the implementation strategy. They are illustrated in the following graphics.
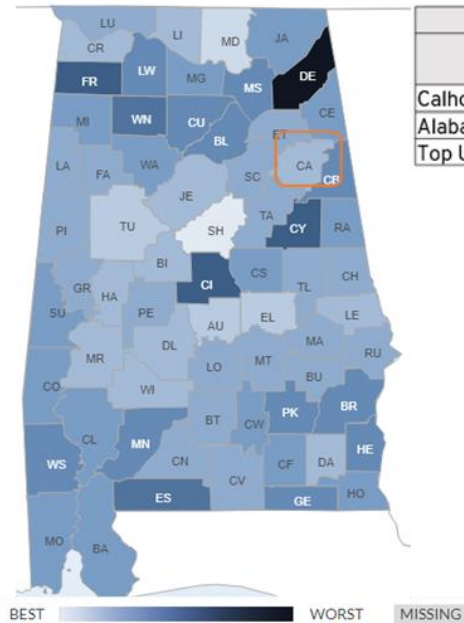
2021 Prevalence of Diabetes Among Adults (%) by County
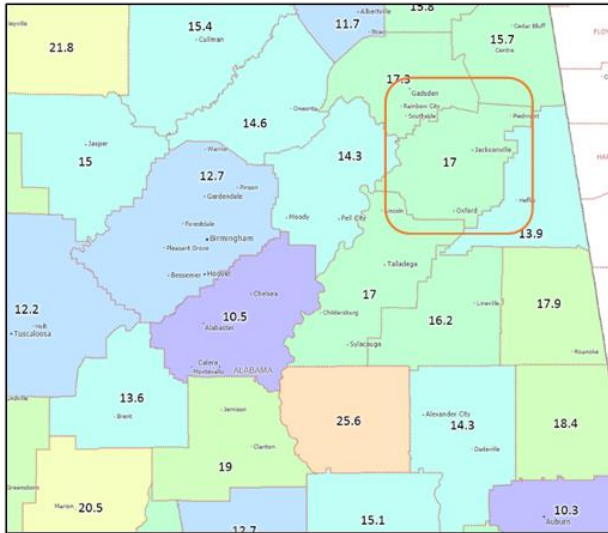
	2021
	Percentage of adults aged 20 and above with diagnosed diabetes
Calhoun County	17%
Alabama	15%

Calhoun County has a high percent of Diabetes, slightly higher than the state's prevalence.

2021 % of Population <65 without Health Insurance

	2021
	Percentage of population under 65 without health insurance
Calhoun County	11%
Alabama	12%
Top U.S. Performers	6% (10th Percentile)

From 2019 to 2021, Calhoun County is the only county in the service area that saw no change in their uninsured population.

BEST   WORST   MISSING

Calhoun County's percent of uninsured population falls in line with other counties in the state, but still sits above the top performing counties nationally.

Community Input Findings

Following the secondary data assessment, the Community Needs Assessment Team distributed a survey to collect information on the health priorities of the community. This survey distributed to individuals that represent the broad spectrum of patients served by Noland, available in both English and Spanish. Survey respondents included members from public health administration, health care workers, religious groups, and community leaders.

The list below includes respondents who participated and assisted in this phase. They included experts in the field of public health, long term care, hospital administration, medicine, case management and regulatory affairs.   All input was collected and summarized during March and April 2022. Each administrator solicited input from staff and physicians. Respondents included, but not limited to:

- SARCOA - Sothern Alabama Regional Council on Aging
- Fairview Clinic
- New Beacon Hospice
- IV Clinic – Anniston Pulmonary
- Lincare Home Infusion
- Outpatient Hospice
- Alacare Home Health & Hospice
- St. Vincent's Home Healthcare
- AL Hospice Care of Birmingham
- Central Alabama Home Health
- Undisclosed
- Administrator, Noland Hospital Anniston, Trina Woods
- Administrator, Noland Hospital Birmingham, Laura Wills
- Administrator, Noland Hospital Dothan, Kaye Burk
- Administrator, Noland Hospital Montgomery, Bill Elsesser
- Administrator, Noland Hospital Tuscaloosa, Jack Gibson

In addition, several physicians, registered nurses and pharmacy employees gave input.

Respondents included physicians from the following specialties:

- Internal Medicine
- Hospitalist
- Pulmonary
- Family Medicine
- Critical Care

NOLAND HEALTH SERVICES, INC.

The following summary was created based on the responses from Community Input and ranked within each category based on the frequency that the issue was mentioned. The light gray highlighted rows were the most often mentioned (5-12 times.)

Issue	Issue
Health Access	**Health Issues of Older Adults**
Financial Barriers	Chronic Disease (Asthma, Diabetes, etc)
Access of Low-Cost Care	Weight Management/Obesity
Limited Resources	Mental Health/Depression
Lack of Insurance	Insurance Coverage
Transportation	Physical Health
Medication Barriers	Consistent Caregiver
Health Communication	Housing Insecurity
Education of resources	Transportation
Incentive for Compliance	Access to Care
Awareness of Resources	Drug/Substance Abuse
Social Media Presence	Cost of Medications
Preventative Care	**Mental Health & Mental Disorders of Older Adults**
Obesity and Weight Management	Mental Health/Depression
Chronic Disease Management Resources	Social Health/Connection
Opportunity for Physical Activity	Social Isolation
Substance Abuse	Dementia/Alzheimer's

Prioritization of Needs Identified by Data and Input

Prioritization was developed and presented to Noland Hospital Administrators and other hospital division leadership. Criteria used included importance to the service area (elderly residents with acute needs), relevance of the health issues to the population served, and the ability of Noland to effectively impact and improve the health issue.

The following five categories were identified as priorities of issues to be addressed. Issues in these categories were brought up numerous times and serve as a framework for each facility's implementation strategies.

#1. Health Communication: Health Communication was targeted as a major issue from community input. Communication and awareness of what resources are present in the community and how to access the services includes a broad topics from patient and family education to education of resources and options in understanding the role of LTACHs in the continuum of care.

- Education of case managers with patient options and service available
- Communication to communities on available resources and disease prevention / management using a variety of communication avenues
- Education with hospital staff, patient and family on medication.
- Increase understanding of accessing providers / physicians for care

#2. Health Care Access: The top access issues mentioned in community input are financial barriers, transportation, uninsured and underinsured, the cost of medications, and timely access to healthcare. The uninsured and underinsured not only have access challenges related to scheduling visits with physicians but also access challenges to receiving their proper medications primarily due to cost and transportation. Education on resources such as Senior Services can help address this issue. This of course "piggy backs" off the #1 issue of Health Communication. Pharmacies are becoming a new valuable resource in drug cost reduction and help patients understand their options.

#3. Preventative Care: Weight management and related chronic conditions were some of the more prevalent topics that came out of the survey. Prevention and screening for disease becomes increasingly important as people age. Non-compliance can be hugely detrimental to the elderly managing chronic diseases. Education on proper drug use, side effects, complication and providing access to these resources is a community need.

#4. Mental Health and Mental Disorders of Older Adults: The effects of depression, social isolation, and Alzheimer's/Dementia were aspects of the mental health of older adults that are highly important to the community. This aligns with the Health Communication priority to increased awareness of existing community resources.

#5. Health Issues of Older Adults: Diabetes, weight management, mental health/depression, and having a consistent caregiver were aspects of the health of older adults that are highly important to the community. Concerns around the health issues for the older population in Noland's service

areas focused very heavily on chronic disease management, issues related to obesity, financial barriers to care, and the overall physical health of adults above the age of 65. Management of chronic diseases are related to health communication priority and access to health services with a focus on the 65+ patients that Noland serves. The effects of COVID-19 have also increased the importance of maintaining the mental and social health of this population. Transportation, housing insecurity, and general access to healthcare are a part of the social determinants of health that can be aided by communication and alignment of community resources to ensure the proper provision of services for an older adult population.

Each of the community health needs identified above are interconnected. For instance, lack of knowledge of resources could lead to an access issue which in turn leads to a lack of prevention or screening and ultimately one of the major issues impacting the elderly. These issues are prioritized and used in implementation strategies for each specific facility. Below is a ranking of priorities that were developed in these specific areas. Specific strategies and action steps for these strategies will be explained in the implementation document.

Community Health Needs
1 Health Communication
2 Health Care Access
3 Preventative Care
4 Health Issues of Older Adults
5 Mental Health and Mental Disorders of Older Adults

Noland Health will initiate the development of implementation strategies for health priorities identified above. This Implementation Plan will be addressed over the next three years. The team will work with community partners and health issue experts on the following.

- Identify what other local organizations are doing to address the health priority

- Develop support and participation for these approaches to address health needs

- Develop specific and measurable goals so that the effectiveness of these approaches can be measured

- Develop detailed work plans

- Communicate with the assessment team and ensure appropriate coordination with other efforts to address the issue

NOLAND HEALTH
SERVICES, INC.

The team will then develop a monitoring method at the conclusion of the Implementation Plan to provide status and results of these efforts to improve community health. Noland Health is committed to conducting another health needs assessment in three years.

In addition, Noland Health will continue to play a leading role in addressing the health needs of those within the community, with a special focus on the aging population of Alabama. As such, community benefit planning is integrated into our hospital's annual planning and budgeting processes to ensure we continue to effectively support community benefits.

Board Approval

This Community Health Needs Assessment Report for fiscal YE June 30, 2022 was adopted by the Noland Health Board of Directors at its meeting held on May 11, 2022. Also at this meeting, the Board of Directors approved the implementation strategies for each facility to address the above mentioned prioritized needs.

NOLAND HEALTH SERVICES, INC.

Appendix A - Community Input Questions

Community Health Needs Assessment – Written Survey

Q1 - Demographic Information: Please type your Zip Code

Zip code   _____

Q2 - Demographic Information: Please select your Age category.

- Gen Z, iGen, or Centennials (born 1996 – 2015)
- Millennials or Gen Y (born 1977 – 1995)
- Generation X (born 1965 – 1976)
- Baby Boomers (born 1946 – 1964)
- Traditionalists or Silent Generation (born 1945 and before)

Q3 - Demographic Information: Please select your Gender.

- Male
- Female
- Prefer to Self-Identify _____
- Prefer Not to Answer

Q4 - Demographic Information: Please select your Race/Ethnicity.

- American Indian or Alaskan Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- White

Q5 - On a scale of 1 - 10, how healthy do you think the community is?

Not Healthy At All		Somewhat Unhealthy		Neutral		Somewhat Healthy		Very Healthy	
1	2	3	4	5	6	7	8	9	10

Q6 - For children and adolescents, what do you see as the 2 or 3 major health / health related issues?

- Weight Management / Obesity
- Mental Health / Depression
- Physical Health
- Social Health / Connection
- Chronic Disease (i.e. asthma, diabetes, etc.)
- Food Insecurity
- Financial Barriers / Insurance
- Limited Exercise Opportunities
- Housing Insecurity
- Transportation
- Access to Healthcare
- Tobacco Use / Smoking
- Drug / Substance Abuse
- Other   _____

Q7 - For adults, what do you see as the 2 or 3 major health / health related issues?

- Weight Management / Obesity
- Mental Health / Depression
- Physical Health
- Social Health / Connection
- Chronic Disease (i.e. asthma, diabetes, etc.)
- Food Insecurity
- Financial Barriers / Insurance
- Limited Exercise Opportunities
- Housing Insecurity
- Transportation
- Access to Healthcare
- Tobacco Use / Smoking
- Drug / Substance Abuse
- Other   _____

Q8 - For 65+, what do you see as the 2 or 3 major health issues?

- Weight Management / Obesity
- Mental Health / Depression
- Physical Health

- Social Health / Connection
- Chronic Disease (i.e. asthma, diabetes, etc.)
- Food Insecurity
- Financial Barriers / Insurance
- Limited Exercise Opportunities
- Housing Insecurity
- Transportation
- Access to Healthcare
- Consistent Caregiver
- Tobacco Use / Smoking
- Drug / Substance Abuse
- Other   _____

Q9 - Which health-related issue do you consider to be the most preventable in our community?

- Weight Management / Obesity
- Mental Health / Depression
- Physical Health
- Social Health / Connection
- Chronic Disease (i.e. asthma, diabetes, etc.)
- Food Insecurity
- Financial Barriers / Insurance
- Limited Exercise Opportunities
- Housing Insecurity
- Transportation
- Access to Healthcare
- Consistent Care Giver
- Tobacco Use / Smoking
- Drug / Substance Abuse
- Other   _____

Q10 - What is the biggest barrier to achieving greater health in the community?

_____

Q17 - When selecting a healthcare provider, who had the MOST influence in deciding which healthcare providers to use?

Please drag and rank from highest to lowest influence on healthcare provider decision.

- Yourself
- Family
- The Doctor
- Yourself and the Doctor Together
- The Insurance Company
- Other

Q16 - How likely is it that you would recommend this healthcare provider to friends and family?

Not Likely At all		Somewhat Unlikely		Neutral		Somewhat Likely		Very Likely	
1	2	3	4	5	6	7	8	9	10