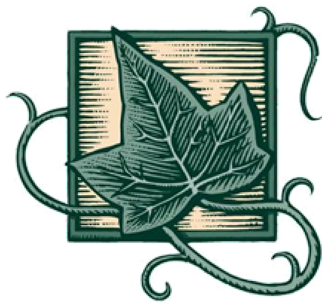

NOLAND HEALTH SERVICES

*A Century of Service*

*Founded 1913*

# Community Health Needs Assessment

MAY 2022

## Implementation Strategy

Noland Hospital Dothan

# Implementation Strategy

Noland Health will engage key community partners in implementing evidence-based strategies across the service area. Acknowledging the many organizations and resources in place to address the health needs of our communities, Noland Health has strategically reviewed both internal and external resources. This portion of the CHNA, the Implementation Strategy, will explain how Noland will address health needs identified in the CHNA by continuing existing programs and services, and by implementing new strategies. It will reflect back on the previous CHNA and do an Evaluation of the Impact of previous set strategies. In addition, the implementation plan will explain why the hospitals cannot address all the needs identified in the CHNA, and if applicable, how Noland will support other organizations in doing so.

# Health Priorities

As afore mentioned in the CHNA report, the following are the needs Noland Health has chosen to address. It will also outline why we chose to address this need, how we will address the need, who the responsible party will be, and any goals that will be set forth from the beginning, as well as time frame for achieving those goals.

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.

As required by proposed IRS regulations, each of the following individual facilities of Noland Health created their own implementation strategies:

- Noland Hospital Anniston
- Noland Hospital Birmingham East
- Noland Hospital Birmingham Downtown
- Noland Hospital Dothan
- Noland Hospital Montgomery
- Noland Hospital Tuscaloosa

The implementation strategies were developed for these priority areas by hospital. Each hospital did not address every area, but rather selected those areas of priority that it deemed it could have the greatest impact.

Each facility filled out the following table for each priority area they would address.

<table>
<tr><td colspan="2">Noland Facility:</td><td colspan="3"></td></tr>
<tr><td colspan="2">Specific Needs Identified in the CHNA:</td><td colspan="3"></td></tr>
<tr><td colspan="2">Goals:</td><td colspan="3"></td></tr>
<tr><td colspan="5">Strategy:</td></tr>
<tr><td colspan="2">Action Step</td><td>Accountability</td><td>Timeline</td><td>Desired Outcome</td></tr>
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Those areas not addressed were included in a section “Needs Not Addressed”. Most common reasons for not addressing a need were lack of resources, other local organizations already addressing the need, and needs falling outside the general scope of an LTACH facility.

# Noland Hospital Dothan- 2019 Implementation Strategies

In the previous Community Health Needs Assessment conducted in 2019, Noland Hospital Dothan chose 3 areas to address in their implementation strategies. Below is an update with an Evaluation of Impact for those 3 areas.

| **Noland Facility:** | **Dothan 2019** | | | |
|---|---|---|---|---|
| **Specific Needs Identified in the CHNA:** | **Education and Awareness** | | | |
| **Goals:** | Increase education among seniors in area services | | | Still Applicable in 2022 CHNA |
| **Strategy: Educate community and providers on LTACH's role in continuum of care.** | | | | Still Applicable in 2022 CHNA |
| **Action Step** | **Accountability** | **Timeline** | **Desired Outcome** | **Status** |
| Participate in Older American Days with Southeast Alabama Regional Council on Aging (SARCOA) | Hospital | Ongoing | Increase knowledge | Ongoing |
| Provide education to Seniors in four (4) county senior centers | Hospital | Ongoing | Increase knowledge | Ongoing |
| Provide education to Seniors through local church Senior programs and classes. | Hospital | Ongoing | Increase knowledge | Ongoing |
| Provide education to Coalition on quarterly basis. | Hospital | Ongoing | Increase knowledge | Ongoing |
| **Strategy: Increase awareness or support for underfunded resources** | | | | Still Applicable in 2022 CHNA |
| **Action Step** | **Accountability** | **Timeline** | **Desired Outcome** | |
| Provide patients/families with a copy of United Way Program 211 that lists all services available in the | Hospital | Ongoing | Increase knowledge | Ongoing |
| Provide patients/families with a copy of the Senior Directory developed by Southeast Alabama Council on | Hospital | Ongoing | Increase knowledge | Ongoing |

| **Noland Facility:** | **Dothan 2019** | | | |
|---|---|---|---|---|
| **Specific Needs Identified in the CHNA:** | **Access to Appropriate Resources** | | | |
| **Goals:** | Provide up to date information to patients/families on senior services available post discharge | | | |
| **Strategy: Educate and make aware medications, supplies and equipment at reduce cost** | | | | Still Applicable in 2022 CHNA |
| **Action Step** | **Accountability** | **Timeline** | **Desired Outcome** | **Status** |
| Coordinate with appropriate vendor for assistance to provide continued IV therapy, ambulance services, wound vacs, etc. when patient/family financial services are limited. | Hospital | Ongoing | Coordination of Care | Ongoing |
| **Strategy: Educate and make aware transportation resources** | | | | Still Applicable in 2022 CHNA |
| **Action Step** | **Accountability** | **Timeline** | **Desired Outcome** | **Status** |
| Share SARCOA Resources regarding wheelchair van access | Hospital | FY 2021 | Increasing transporation options for discharged LTACH patients | Ongoing |
| **Strategy: Educate and share resources regarding healthcare finanacial assistance with community.** | | | | Still Applicable in 2022 CHNA |
| **Action Step** | **Accountability** | **Timeline** | **Desired Outcome** | **Status** |
| Provide patients/families with a copy of United Way | Hospital | Ongoing | Increase knowledge | Ongoing |
| Share SARCOA Program 211 that lists all services available in the Houston County Area. | Hospital | Ongoing | Increase knowledge | Ongoing |
| Provide patients/families with listing of all post discharge | Hospital | Ongoing | Increase knowledge | Ongoing |

| Noland Facility: | Dothan 2019 | | | |
|---|---|---|---|---|
| Specific Needs Identified in the CHNA: | Health Issues of LTACH Patient and Families | | | |
| Goals: | Provide specific education to patients/families to support them during the stay and post discharge (i.e. medication management, diabetic management). | | | |
| **Strategy: Develop and provide educational materials to patients/families.** | | | | |
| **Action Step** | **Accountability** | **Timeline** | **Desired Outcome** | **Status** |
| Provide patients/families with a copy of United Way Program 211 that lists all services available in the Houston County Area. | Hospital | Ongoing | Increase knowledge | Ongoing |
| Provide patients/families with listing of all post discharge agencies to ensure continuum of care (home health, hospice, rehabilitation). | Hospital | Ongoing | Increase knowledge | Ongoing |
| Assist family with prescheduled post discharge follow up appointments with provider | Hospital | Ongoing | Increase knowledge | Ongoing |
| **Strategy: Develop and provide educational materials on chronic disease management to patients/families.** | | | | |
| **Action Step** | **Accountability** | **Timeline** | **Desired Outcome** | **Status** |
| Develop patient guide on medication management to utilize during patient stay and provide upon discharge | Hospital | Ongoing | Educational Support | Ongoing |
| Provide diabetic education during patient stay and provide materials upon discharge. | Hospital | Ongoing | Educational Support | Ongoing |

# Noland Hospital Dothan - 2022 Implementation Strategies

Noland Hospital Dothan chose 3 areas to address in their implementation strategies. Below is a description of needs and strategies and action steps associated with each.

#1 HEALTH COMMUNICATION– Implementation Strategy

| **Noland Facility:** | **Dothan 2022** | | |
|---|---|---|---|
| **Specific Needs Identified in the CHNA:** | **Health Communication** | | |
| **Goals:** | Increase education among seniors in area services | | |
| **Strategy: Educate community and providers on LTACH's role in continuum of care.** | | | |
| **Action Step** | **Accountability** | **Timeline** | **Desired Outcome** |
| Participate in Older American Days with Southeast Alabama Regional Council on Aging (SARCOA) | Hospital | Ongoing | Increase knowledge |
| Provide education to Seniors in four (4) county senior centers | Hospital | Ongoing | Increase knowledge |
| Provide education to Seniors through local church Senior programs and classes. | Hospital | Ongoing | Increase knowledge |
| Provide education to Coalition on quarterly basis. | Hospital | Ongoing | Increase knowledge |
| **Strategy: Increase awareness or support for underfunded resources** | | | |
| **Action Step** | **Accountability** | **Timeline** | **Desired Outcome** |
| Provide patients/families with a copy of United Way Program 211 that lists all services available in the | Hospital | Ongoing | Increase knowledge |
| Provide patients/families with a copy of the Senior Directory developed by Southeast Alabama Council on | Hospital | Ongoing | Increase knowledge |

#2 HEALTH CARE ACCESS – Implementation Strategy

| **Noland Facility:** | **Dothan 2022** | | |
|---|---|---|---|
| **Specific Needs Identified in the CHNA:** | **Health Care Access** | | |
| **Goals:** | Provide up to date information to patients/families on senior services available post discharge | | |
| **Strategy: Educate and make aware medications, supplies and equipment at reduce cost** | | | |
| **Action Step** | **Accountability** | **Timeline** | **Desired Outcome** |
| Coordinate with appropriate vendor for assistance to provide continued IV therapy, ambulance services, wound vacs, etc. when patient/family financial services are limited. | Hospital | Ongoing | Coordination of Care |
| **Strategy: Educate and make aware transportation resources** | | | |
| **Action Step** | **Accountability** | **Timeline** | **Desired Outcome** |
| Share SARCOA Resources regarding wheelchair van access | Hospital | FY 2023 | Increasing transporation options for discharged LTACH patients |
| **Strategy: Educate and share resources regarding healthcare finanacial assistance with community.** | | | |
| **Action Step** | **Accountability** | **Timeline** | **Desired Outcome** |
| Provide patients/families with a copy of United Way | Hospital | Ongoing | Increase knowledge |
| Share SARCOA Program 211 that lists all services available in the Houston County Area. | Hospital | Ongoing | Increase knowledge |
| Provide patients/families with listing of all post discharge agencies to ensure continuum of care (home health, hospice, rehabilitation) | Hospital | Ongoing | Increase knowledge |

#5 MENTAL HEALTH AND MENTAL DISORDERS OF OLDER ADULTS

| **Noland Facility:** | **Dothan 2022** | | |
|---|---|---|---|
| **Specific Needs Identified in the CHNA:** | **Mental Health and Mental Disorders of Older Adults** | | |
| **Goals:** | Provide specific education to patients/families to support them during the stay and post discharge (mental health support and support groups). | | |
| **Strategy: Educate and make aware patients and families on available mental health resources.** | | | |
| **Action Step** | **Accountability** | **Timeline** | **Desired Outcome** |
| Develop list of support groups and agencies as a resource to patients and families to distribute during discharge. | Hospital | FY2023 | Increased knowledge |

# Noland Hospital Dothan Needs Not Addressed

A few needs outlined in the CHNA processes have not been addressed in this plan. In initial discussion and subsequent prioritization, the Community Needs Assessment Team considered the levels to which some needs were already being addressed in the service area. Additionally, some community needs fall out of the scope of expertise and resources of the hospital. The following addresses these needs.

#3 PREVENTATIVE CARE

| **Noland Facility:** | **Dothan 2019** |
|---|---|
| **Specific Needs Identified in the CHNA:** | **Prevention and Screening** |
| **Goals:** | Prevention and Screening Programs are provided by the acute care providers of our community. This category is outside the scope of LTCH mission, as well as, resources not available to participate. |

#4 HEALTH ISSUES OF OLDER ADULTS

| **Noland Facility:** | **Dothan 2019** |
|---|---|
| **Specific Needs Identified in the CHNA:** | **Health Issues Impacting Elderly** |
| **Goals:** | Smoking Cessation, obesity/nutrition education |
| NOT ADDRESSED: Smoking Cessation and Nutritional Education, including diabetic management, programs are sufficiently supported through the acute care providers in the community. This service cannot be managed in our setting due to lack of resources and is successfully provided through other means. | |

# Noland Health- Board Approval

Treasury Regulation Section 1-501(r)-3(c)(5)(i):

For purposes of paragraph (a)(2) of this section, an authorized body of the hospital facility must adopt the implementation strategy on or before the 15th day of the fifth month after the end of the taxable year in which the hospital facility completes the final step for the CHNA described in paragraph (b)(1) of this section, regardless of whether the hospital facility began working on the CHNA in a prior taxable year.

Noland Health's Board of Directors approves the Implementation Strategy for addressing priorities identified in the most recent Community Health Needs Assessment completed FYE June 30, 2022. This report was approved by the Noland Health Board of Directors at its meeting held on May 11, 2022.