



NOLAND HEALTH
SERVICES, INC.

Community Health Needs Assessment
Implementation Strategy
Noland Hospital Dothan

MAY 2025



Implementation Strategy

Noland Health Services (Noland) will engage key community partners in implementing evidence-based strategies across the service areas. Acknowledging the many organizations and resources in place to address the health needs of our communities, Noland Health Services has strategically reviewed both internal and external resources. This portion of the CHNA, the Implementation Strategy, will explain how Noland Health Services will address health needs identified in the CHNA by continuing existing programs and services, and by implementing new strategies. It will reflect on the previous CHNA and evaluate impact and progress 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 Health Services will support other organizations in doing so.

Health Priorities

As previously mentioned in the CHNA report, the needs Noland Health Services has chosen to address are outlined in each hospital's section of the CHNA and in the following implementation plan. It will also outline why we chose to address this need, how we will address the need, who the responsible party will be, and the time frame for achieving those strategies.

Prioritization was developed and presented to Noland Hospital Administrators and other hospital division leadership. Criteria used included importance to the service area (adult residents with long-term 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. Chronic Disease / Kidney: Chronic disease is a prioritized health need because its prevalence is prominent in the Dothan market. The poor physical health practices of individuals have accelerated the development of certain illnesses. Chronic conditions impacting this population include obesity, high blood pressure, diabetes, depression, heart disease, and cancer. Limited access to healthy food, poor lifestyle choices, mental health, and lack of exercise all contribute to the ongoing community health issues seen. Noland Health Services seeks to align initiatives around Chronic Disease with the community health priorities identified by the state of Alabama to maximize impact and align resources.

#2. Obesity: Obesity is a prioritized health need because its prevalence is widespread across the Dothan market. Obesity is a prioritized health need because its prevalence is widespread across the Dothan market. Poor dietary habits, sedentary lifestyles, and limited access to healthy food options have contributed to rising obesity rates. Obesity is a key risk factor linked to other chronic conditions such as diabetes, heart disease, high blood pressure, and certain cancers. Contributing factors include limited physical activity, lack of nutrition education, economic hardship, and mental health struggles. Noland Health Services seeks to align initiatives around Obesity with the community health priorities identified by the state of Alabama to maximize impact and align resources.



#3. Low Health Literacy: Low health literacy is a prioritized health need because it significantly impacts individuals' ability to navigate the healthcare system and make informed decisions about their health. In the Dothan market, a notable portion of the population demonstrates Level 1 literacy skills, indicating reading comprehension at or below a 5th-grade level. This contributes to poor health outcomes, medication errors, reduced preventive care utilization, and higher rates of hospitalization. Factors such as limited education, poverty, and inadequate access to clear and culturally appropriate health information all play a role. Noland Health Services seeks to align initiatives around Health Literacy with the community health priorities identified by the state of Alabama to maximize impact and align resources.

#4. Access to Healthcare / Primary Care & Mental Health: Providing better access points to healthcare in this community is vital to enhancing the quality of life for the Dothan service area citizens. The resources that the community and Noland Health Services provide can have a significant impact on population health outcomes. If more resources are available in the community, the social and physical environments within the community will help to promote good health for all. For the Dothan market, the promotion of health education, increased provider access, and insurance literacy will help to improve the overall health of the community.

#5. Financial Barriers / Insurance & Cost Barriers: Financial barriers and insurance play a significant role in the Dothan's market resident's ability to access healthcare. Although medical services may be available throughout the county, high unemployment, lower incomes, and a lack of insurance may prohibit people from accessing or using these resources. People who have a low or fixed income are more vulnerable to competing financial priorities. These barriers must be addressed as county and hospital resources are expended to meet the community need.

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
- Noland Hospital Dothan
- 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.

2025 Community Health Needs Implementation Plan

Health Need:	
Objective:	

	Description of Strategy & Tactic	Owner (Role)	Collaborating Organizations (Optional)	Committed Resources	Estimated Timeline
Strategy:					
Tactic:					
Tactic:					
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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 - Implementation Strategies

In the previous Community Health Needs Assessment conducted in 2022, Noland Hospital Dothan chose 5 areas to address in their implementation strategies. Many of these strategies are ongoing in alignment with the 2025 strategies.

#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

Ongoing

Ongoing



#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 transportation options for discharged LTACH patients
Strategy: Educate and share resources regarding healthcare financial 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

Ongoing

Ongoing

Ongoing

#3 PREVENTATIVE CARE – Implementation Strategy

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 MENTAL HEALTH AND MENTAL DISORDERS OF OLDER ADULTS – Implementation Strategy

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.	

#5 HEALTH ISSUES OF OLDER ADULTS – Implementation Strategy

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

Completed



Noland Hospital Dothan - 2025 Implementation Strategies

Noland Hospital Dothan chose 5 areas to address in their implementation strategies. Below is a description of needs and strategies and action steps associated with each.

#1 CHRONIC DISEASE / KIDNEY

Health Need:	Chronic Disease – Kidney
Objective:	Assist those with chronic kidney disease with treatment and resources

	Description of Strategy & Tactic	Owner (Role)	Collaborating Organizations (Optional)	Committed Resources	Estimated Timeline
Strategy:	Integrate Chronic Kidney Disease (CKD) Education into Routine Clinical Care				
Tactic:	Provide patient-friendly materials that explain CKD stages, progression, and lifestyle changes.	Nursing Staff	Nephrology Providers	Educational resources / pamphlets	FY 28
Tactic:	Use the "teach-back" method to confirm patients understand their diagnosis and care plan.	Nursing Staff	Nephrology Providers	Educational resources / pamphlets	FY 28
Tactic:	Include CKD-focused care plans and educational handouts in discharge paperwork.	Case Manager	Nephrology Providers	Educational resources / pamphlets	FY 28
Tactic:	Offer one-on-one education sessions with nurses, providers, and/or care coordinators after diagnosis.	Director of Clinical Services / Case Manager	Nephrology Providers	Educational resources / pamphlets	FY 28

Strategy:	Build a Multidisciplinary CKD Support Team				
Tactic:	Assign case manager or nurse navigators to coordinate care and follow-up	Case Manager		Educational resources / pamphlets	FY 28
Tactic:	Provide access to renal dietitians for individualized meal planning and nutrition education	Dietitian		Educational resources / pamphlets	FY 28
Tactic:	Train staff on CKD treatment options (medications, dialysis, prep, transplant referral) to improve early education.	Pharmacist / Director of Clinical Services / Case Manager	Nephrology	Educational resources / pamphlets	FY 28



Strategy:	Empower patients with self-management tools and programs				
Tactic:	Offer chronic disease self-management programs with CKD-specific focus.			Educational resources / pamphlets	FY 28
Tactic:	Create hospital-based CKD patient portal section with videos, guides, and personalized resources.	Dothan Main Office / IT		Educational resources / pamphlets	FY 28
Tactic:	Provide culturally appropriate materials in multiple languages and literacy levels	Nursing staff/ Dothan Main Office		Educational resources / pamphlets	FY 28

Strategy:	Expand Community Outreach and Resource Awareness				
Tactic:	Host free kidney health screenings	Clinical Liaisons / Leadership Team	Community centers / churches/ and local events	Educational resources / pamphlets	FY 28
Tactic:	Partner with organizations like National Kidney Foundation for co-branded awareness campaigns.	Administrator	Nephrology group	Educational resources / pamphlets	FY 28
Tactic:	Develop and share a community CKD resource guide that includes food assistance, transportation, and information on the dialysis centers.	Administrator	Nephrology group	Educational resources / pamphlets	FY 28
Tactic:	Provide education and resources to caregivers, including support groups and respite service referrals.	Case Manager	Local nursing homes / Nephrology clinics	Educational resources / pamphlets	FY 28



#2 OBESITY

Health Need:	Obesity
Objective:	Educate patients and community on obesity prevention, treatment, and role of obesity in other chronic diseases

	Description of Strategy & Tactic	Owner (Role)	Collaborating Organizations (Optional)	Committed Resources	Estimated Timeline
Strategy:	Deliver patient-centered obesity education at the point of care				
Tactic:	Formulate and implement a brief "obesity conversation" script for providers to use during rounding, or in clinic appointments.	Leadership Team / Medical Staff Leadership		Educational resources / pamphlets	FY 28
Tactic:	Use visual aids and handouts that explain body mass index (BMI), obesity-related risks, and treatment options (lifestyle, medical, surgical).	Providers / Nursing Staff		Educational resources / pamphlets	FY 28
Tactic:	Offer personalized care plans with nutrition and physical activity goals tailored to each patient's needs.	Providers / Dietitian / Nursing Staff		Educational resources / pamphlets	FY 28
Tactic:	Include information about obesity and chronic diseases in discharge instructions and follow-up summaries.	Case Manager		Educational resources / pamphlets	FY 28

Strategy:	Engage the broader community with accessible health education				
Tactic:	Host quarterly health education seminars on topics like meal planning, reading food labels, or physical activity	Clinician Liaisons / Leadership Team		Educational resources / pamphlets	FY 28
Tactic:	Organize community walks, fitness challenges, or cooking demonstrations open to the community.	Leadership Team / Clinician Liaisons / Dietitian	Local gyms	Educational resources / pamphlets	FY 28
Tactic:	Provide free or low-cost BMI screenings and consultation at health fairs and/or free clinics	Leadership Team	SARCOA / local free medical clinic	Educational resources / pamphlets	FY 28



<i>Tactic:</i>	Distribute culturally tailored obesity prevention materials in different languages at pharmacies and other public forums.	Dothan Main Office / Leadership Team / Clinician Liaisons		Educational resources / pamphlets	FY 28
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Strategy:	Train staff to address obesity sensitively and effectively				
<i>Tactic:</i>	Provide training on weight bias, cultural competence, and trauma-informed care in obesity discussions.	Director of Clinical Services / Nurse Manager		Educational resources / pamphlets	FY 28
<i>Tactic:</i>	Incorporate obesity education into new employee onboarding and ongoing staff development	Director of Clinical Services / HRC/ Nurse Manager		Educational resources / pamphlets	FY 28
<i>Tactic:</i>	Develop quick-reference toolkits for clinicians with obesity screening tools and referral pathways.	Leadership Team / Dothan Main Office		Educational resources / pamphlets	FY 28

Strategy:	Integrate obesity and chronic disease education into preventive care campaigns				
<i>Tactic:</i>	Embed obesity awareness messages into diabetes, heart health, and hypertension outreach materials.	Dothan Main Office / Clinician Liaisons / Medical Staff Leadership	Local clinics	Educational resources / pamphlets	FY 28
<i>Tactic:</i>	Include obesity screening and education during routine preventive care visits and annual exams.	Medical Staff Leadership Team	Local clinics	Educational resources / pamphlets	FY 28
<i>Tactic:</i>	Launch a hospital-wide "healthy-weight", healthy-life" campaign that connects obesity with long-term health outcomes.	Leadership Team		Educational resources / pamphlets	FY 28
<i>Tactic:</i>	Integrate obesity and chronic disease education into preventive care campaigns			Lifestyle education resources / pamphlets	FY 28



#3 LOW HEALTH LITERACY

Health Need:	Low Health Literacy
Objective:	Improve the community's knowledge of health services and how to access appropriate services

	Description of Strategy & Tactic	Owner (Role)	Collaborating Organizations (Optional)	Committed Resources	Estimated Timeline
Strategy:	Improve Community Health Literacy				
Tactic:	Educate during the discharge planning with family and patient about available health resources	Case Manager		Educational resources / pamphlets	FY 28
Tactic:	Seek community venues to educate people about how to apply for health benefits	Case Manager, Nurses, Providers		Educational resources / pamphlets	FY 28
Tactic:	Increase focus on disease management education during hospitalization and discharge planning	Case Manager, Nurses, and Providers		Educational resources / pamphlets	FY 28
Tactic:	Participate in Health Fairs and other community education opportunities	Clinical Liaison, Case Manager, Leadership	SARCOA, Houston County Health Department	Educational resources / pamphlets	FY 28

Strategy:	Build trust and engagement through Community partnerships				
Tactic:	Partner with churches, schools, and libraries to co-host educational events	Clinician Liaisons / Administrator			FY 28
Tactic:	Train community health workers to share information within their networks	Clinician Liaisons / Leadership Team			FY 28
Tactic:	Involve local leaders in outreach campaigns to boost credibility and participation	Administrator			FY 28

Strategy:	Increase access to clear and culturally relevant health information				
Tactic:	Translate materials into multiple languages and ensure content is culturally appropriate	Dothan Main Office		Educational resources / pamphlets	FY 28



<i>Tactic:</i>	Use plain language and visual aids (infographics, videos) to explain complex health concepts.	Leadership Team		Educational resources / pamphlets	FY 28
<i>Tactic:</i>	Distribute materials at public places like clinics, grocery stores, and community events.	Clinician Liaisons / Leadership Team		Educational resources / pamphlets	FY 28

Strategy:	Make health learning a natural part of everyday environments				
<i>Tactic:</i>	Host recurring workshops or lunch-and learns sessions at community centers, workplaces, or senior support facilities	Clinician Liaisons		Educational resources / pamphlets	FY 28
<i>Tactic:</i>	Integrate health topics into school curriculums and after-school programs	Administrator	Houston County / Dothan City School Boards	Educational resources / pamphlets	FY 28
<i>Tactic:</i>	Utilize pop-up booths with health info and screenings at local community events.	Clinician Liaisons / Leadership Team		Educational resources / pamphlets	FY 28
<i>Tactic:</i>	Use technology and media to reach wider audiences	Dothan Main Office		Educational resources / pamphlets	FY 28



#4 ACCESS TO HEALTHCARE / PRIMARY CARE & MENTAL HEALTH

Health Need:	Access to Care - Primary & Mental Health
Objective:	Educate Patients and Families regarding services that are provided in the community

	Description of Strategy & Tactic	Owner (Role)	Collaborating Organizations (Optional)	Committed Resources	Estimated Timeline
Strategy:	Educate on the different financial resources available				
Tactic:	Provide contact information with Medicare store	Case Manager / Leadership Team	Medicare Store	Educational resources / pamphlets	FY 28
Tactic:	Provide information about SARCOA	Case Manager		Educational resources / pamphlets	FY 28
Tactic:	Provide information on United Way and 211	Case Manager / Leadership Team		Educational resources / pamphlets	FY 26

Strategy:	Educate on transportation assistance				
Tactic:	Share SARCOA resources regarding wheelchair van access	Case Manager / Leadership Team	SARCOA	Educational resources / pamphlets	FY 28
Tactic:	Share Pilchers Ambulance Service info for ambulance and wheelchair van assistance	Case Manager / Leadership Team	Pilchers Ambulance Service	Educational resources / pamphlets	FY 28

Strategy:	Increase awareness of ways to reduce cost on meds, supplies, and equipment				
Tactic:	Coordinate with appropriate vendor for assistance to provide IV therapy, ambulance service, wound vacs, etc. when patient/family financial ability is limited	Case Manager		Educational resources / pamphlets	FY 28
Tactic:	Share information about The Real Project for medical equipment.	Case Manager		Educational resources / pamphlets	FY 28
Tactic:	Share information on ways to reduce medication costs with discount card, different pharmacies that offer discounts	Case Manager / Pharmacist		Educational resources / pamphlets	FY 28



Strategy:	Educate families on discharge options				
Tactic:	Participate in other hospitals Transition of Care meetings.	Clinical Liaisons		Educational resources / pamphlets	FY 28
Tactic:	Educate families and discharge planners at other hospitals regarding the appropriate level of care	Clinical Liaison		Educational resources / pamphlets	FY 28
Tactic:	Partner with the local health department and United Way to maintain current information on patient resources	Administrator		Educational resources / pamphlets	FY 28
Tactic:	Increase family participation in interdisciplinary team rounds	Case Manager, Providers		Educational resources / pamphlets	FY 28



#5 FINANCIAL BARRIERS / INSURANCE & COST BARRIERS

Health Need:	Uninsurance and Underinsured
Objective:	Decrease rate of uninsured and underinsured

	Description of Strategy & Tactic	Owner (Role)	Collaborating Organizations (Optional)	Committed Resources	Estimated Timeline
Strategy:	Utilize Medicare Store of Dothan				
Tactic:	Have Medicare/ Medicare advantage update education in-services for Hospital Staff	Administrator	Medicare Store	Educational resources / pamphlets	FY 28
Tactic:	Contact Medicare Store to assist with specific patient needs at Noland	Administrator / Case Manager	Medicare Store	Educational resources / pamphlets	FY 28
Tactic:	Contact Medicare Store to assist with specific patient needs at referring facility	Administrator / Case Manager	Medicare Store	Educational resources / pamphlets	FY 28

Strategy:	Utilize local SARCOA resource				
Tactic:	Inform patients/family that SARCOA can assist with Medicaid application	Case Manager	SARCOA	Educational resources / pamphlets	FY 28
Tactic:	Inform patients/family that SARCOA can assist with disability application	Case Manager	SARCOA	Educational resources / pamphlets	FY 28
Tactic:	Inform patients/family they can use SARCOA as a resource for financial assistance options available	Case Manager	SARCOA	Educational resources / pamphlets	FY 28

Strategy:	Increase awareness of different insurance options available				
Tactic:	Educate patients/family on the Insurance Exchange	Case Manager / Leadership Team		Educational resources / pamphlets	FY 28
Tactic:	Connect patient/ family with local commercial ins. Reps when appropriate	Case Manager		Educational resources / pamphlets	FY 28
Tactic:	Share Medicare Store information to patients/ families	Case Manager / Leadership Team	Medicare Store	Educational resources / pamphlets	FY 28



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, 2025. This report was approved by the Noland Health Board of Directors at its meeting held on May 14, 2025.