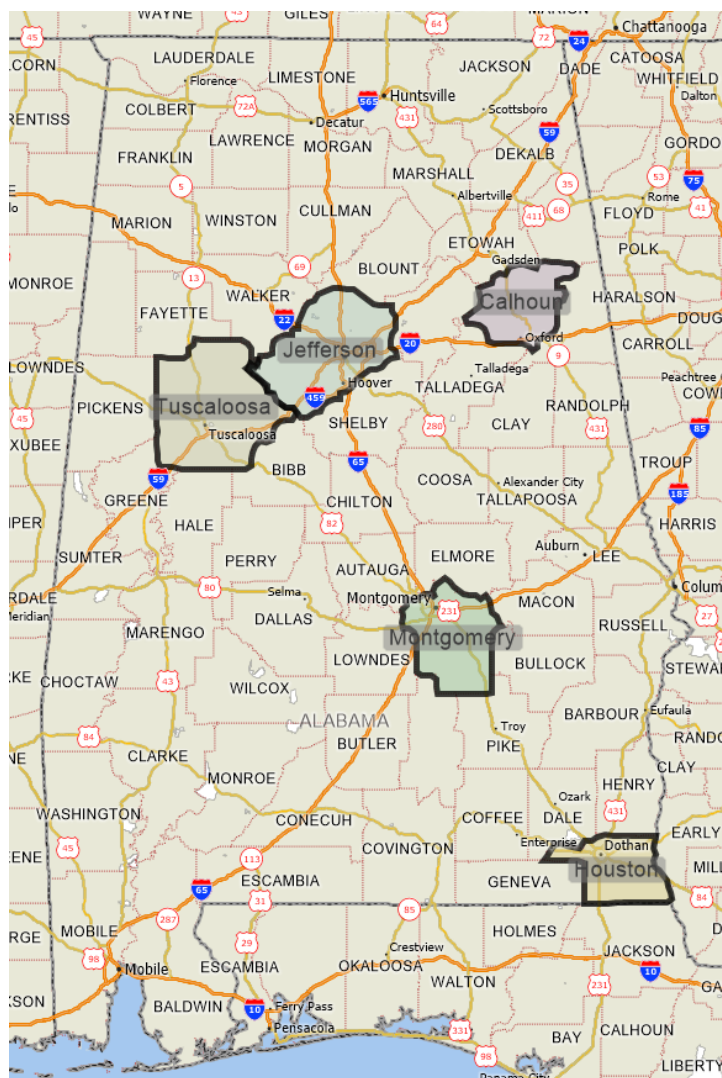


# NOLAND HEALTH SERVICES

*A Century of Service*  
*Founded 1913*



Community Health Needs Assessment

MAY 2019

Noland Health Services



## **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 housing 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](http://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:





The “Community Health Needs Assessment 2019” 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 2019. 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, and facility administration. 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 five 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

Data 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
Prioritization/Implementation Strategy
Create Summary of Data Assessment and Community Input
Prepare Prioritization
Reporting
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

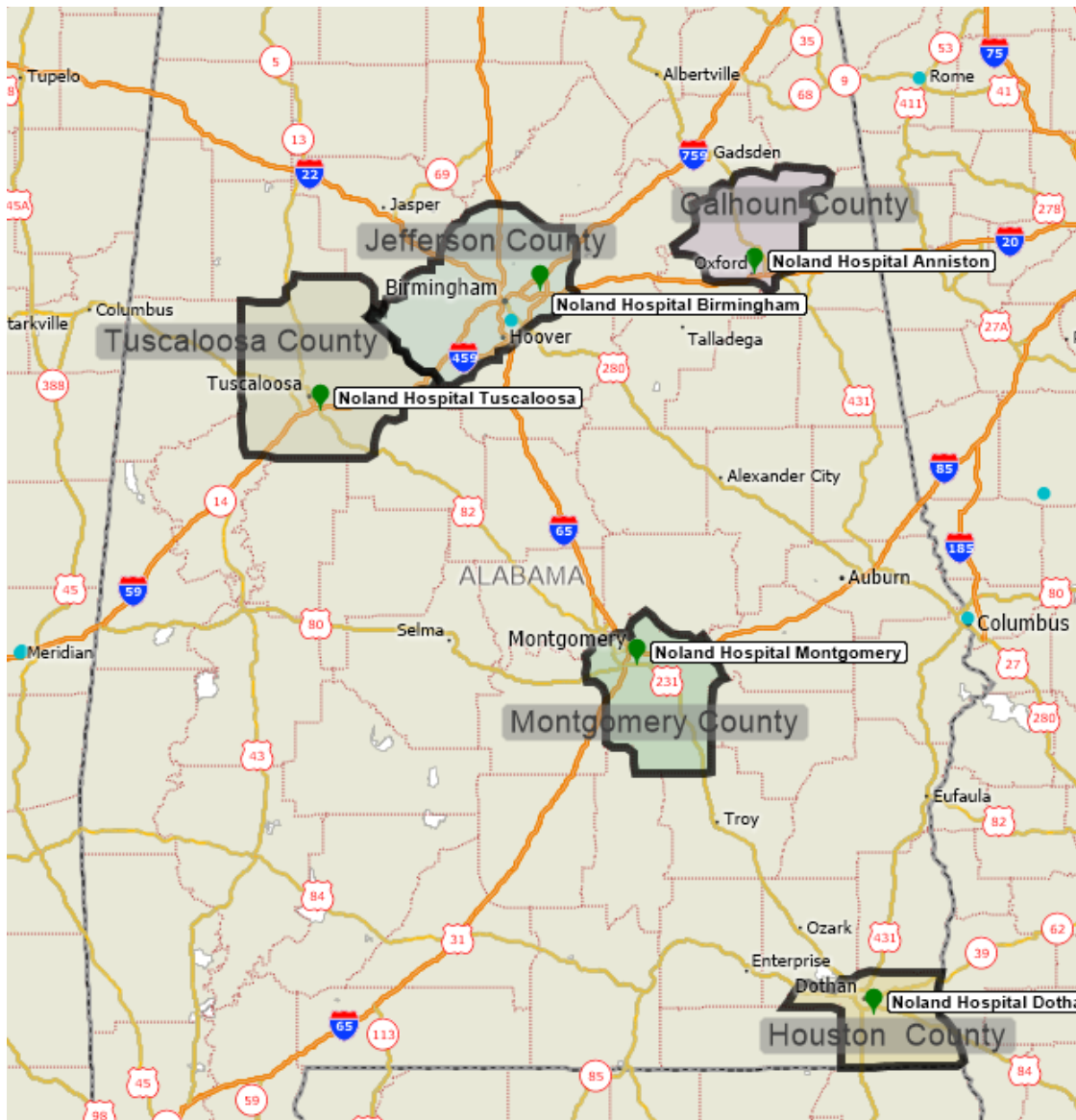




## Community Served

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.

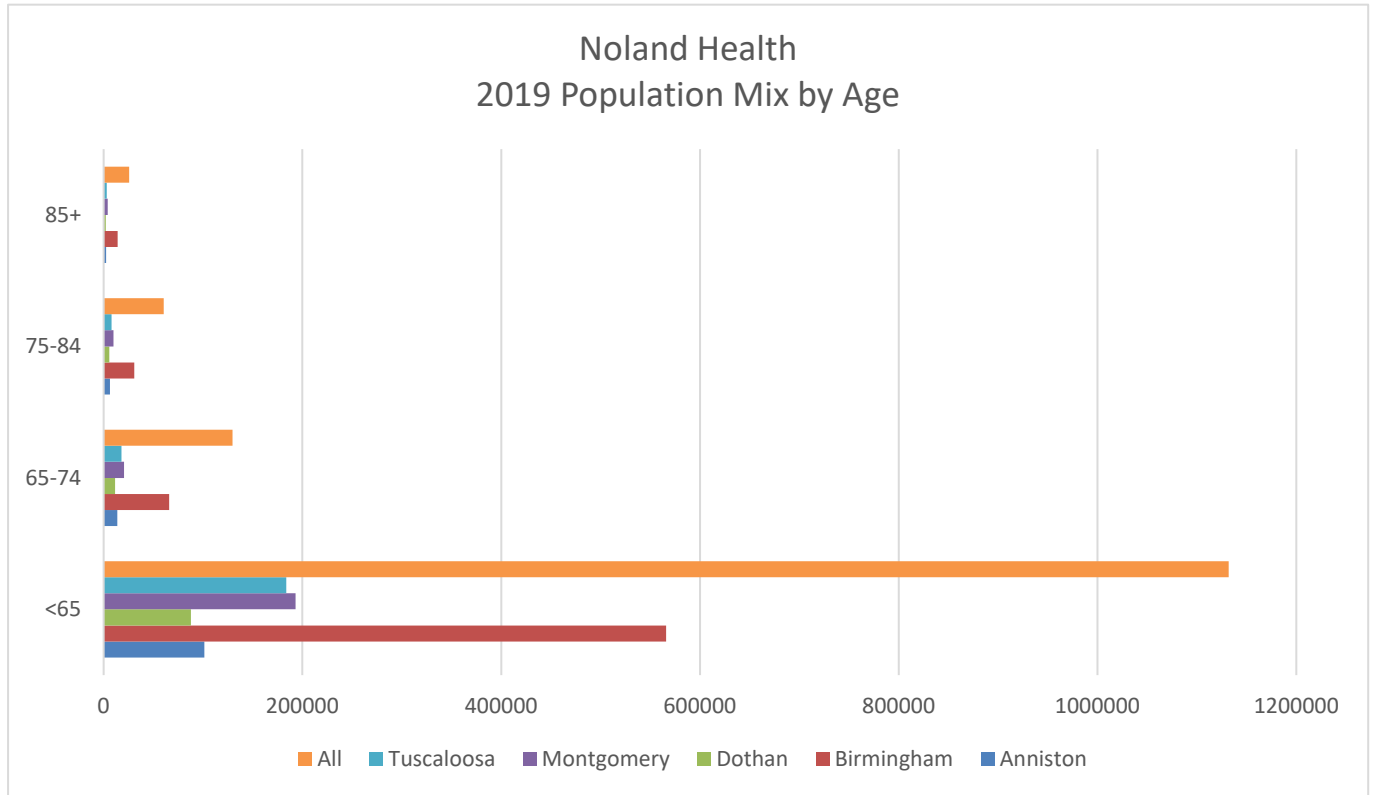






## Demographics

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 in order 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. 2019 and 2024 demographics were included.

**2018 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:

- 2019 – 2024 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



The results of the data assessment will be overlaid with the input that would follow to prioritize needs of each county.

A summary of data for each county has been provided. They are presented alphabetically:

Noland Health Anniston – Calhoun County

Noland Health Birmingham – Jefferson County

Noland Health Dothan – Houston County

Noland Health Montgomery – Montgomery County

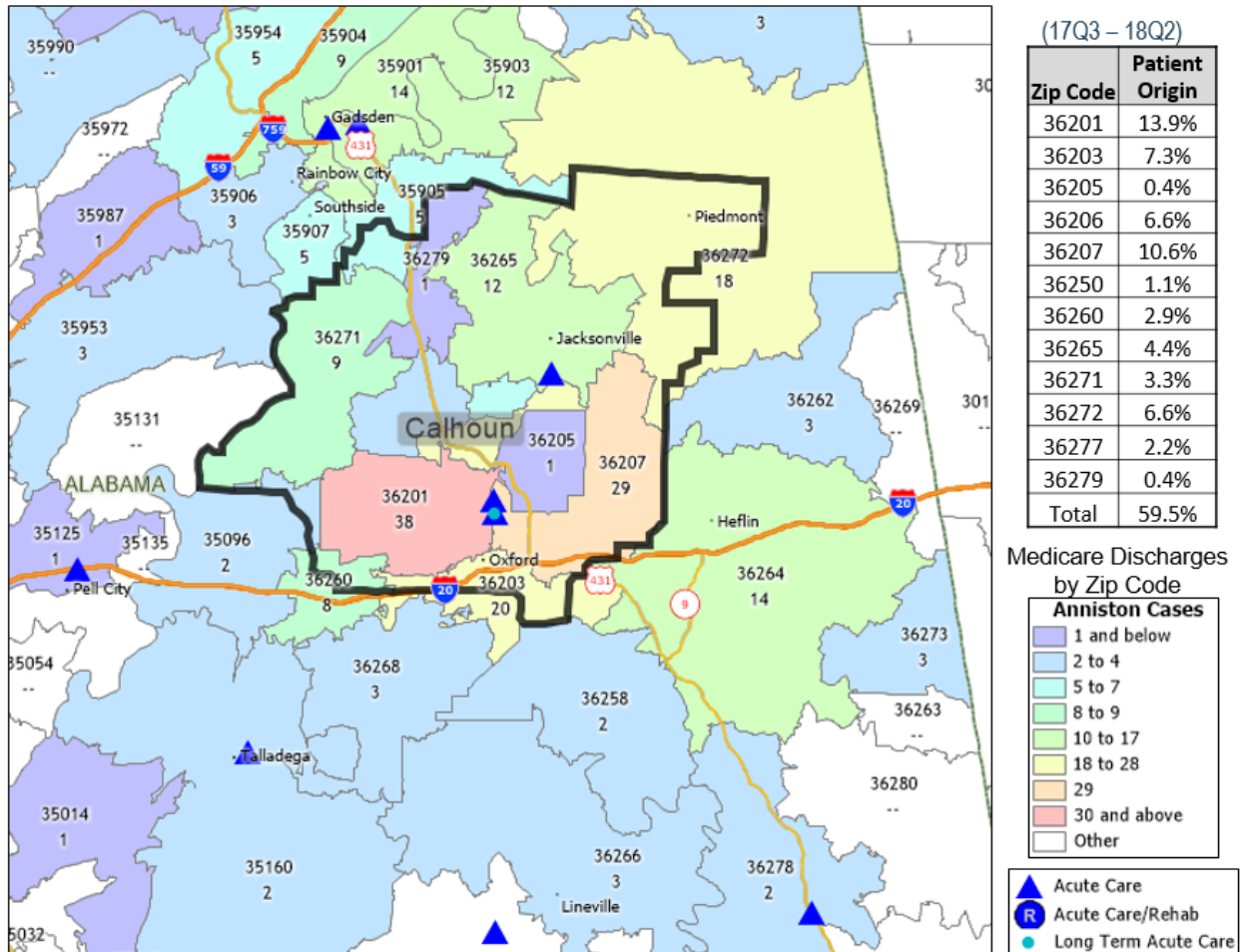
Noland Health Tuscaloosa – Tuscaloosa County



## Noland Hospital Anniston- Calhoun County Data

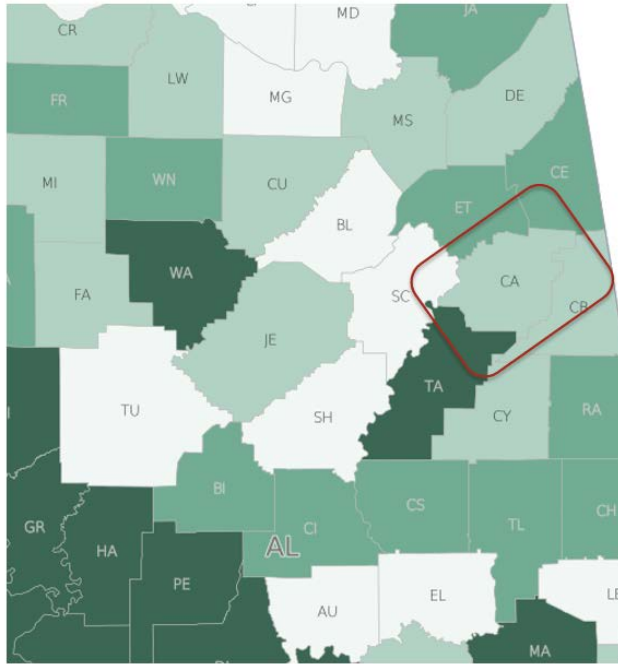
The Community Health Needs Assessment focuses on Calhoun County which represents over half of the Medicare patients served by Noland Health Anniston.

### Calhoun County - Medicare Discharges





According to 2018 County Health Rankings, Calhoun County ranks 29 out of 67 for Health Outcomes and 26 out of 67 in Health Factors.

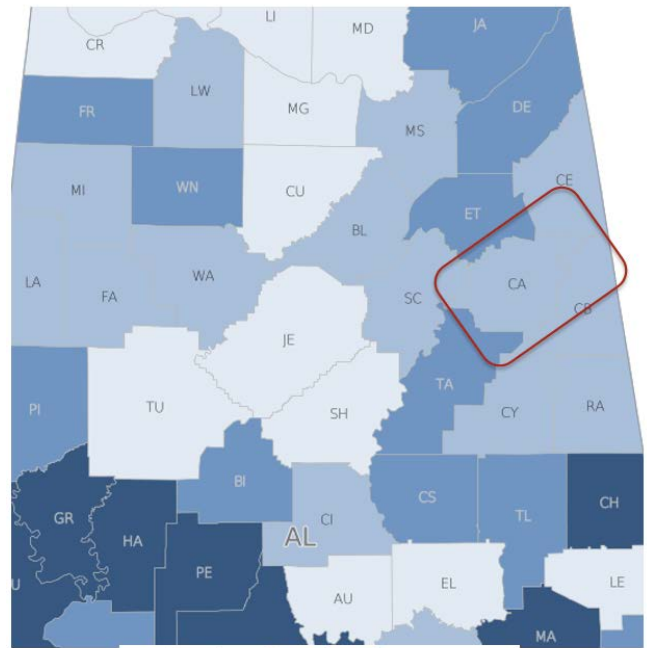


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## Health Outcomes Rankings

	2018	2016
Health Outcomes	29	31
Length of Life	47	35
Quality of Life	9	29

Alabama: 67 Counties



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

## Health Factors Rankings

	2018	2016
Health Factors	26	38
Health Behaviors	32	51
Clinical Care	23	30
Social & Economic Factors	22	31
Physical Environment	50	27

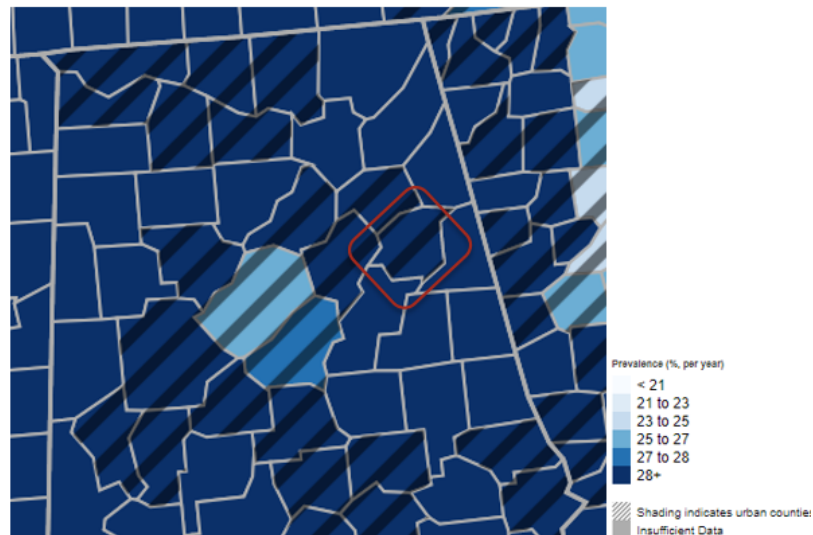
Alabama: 67 Counties



A few indicators arose that corresponded up to the community input and will be addressed in the implementation strategy. They are illustrated in the following graphics.

Calhoun County has a high percent of Diabetes but matches the state's prevalence.

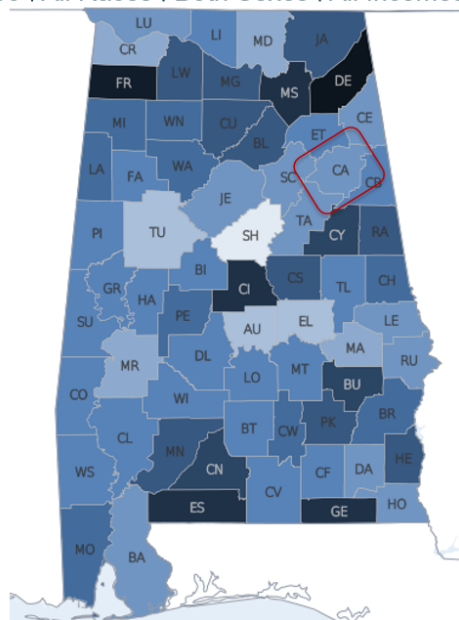
### % of Medicare Beneficiaries with Diabetes



	% of Medicare Beneficiaries with Diabetes	Reference
Calhoun County - AL	30%	Based on 10,000+ Beneficiaries
Alabama	30%	Based on 10,000+ Beneficiaries
United States	27%	Based on 10,000+ Beneficiaries

Calhoun County's percent of uninsured population falls mid-range compared to other counties in the state.

### Percent Uninsured Under 65 | All Races | Both Sexes | All Incomes



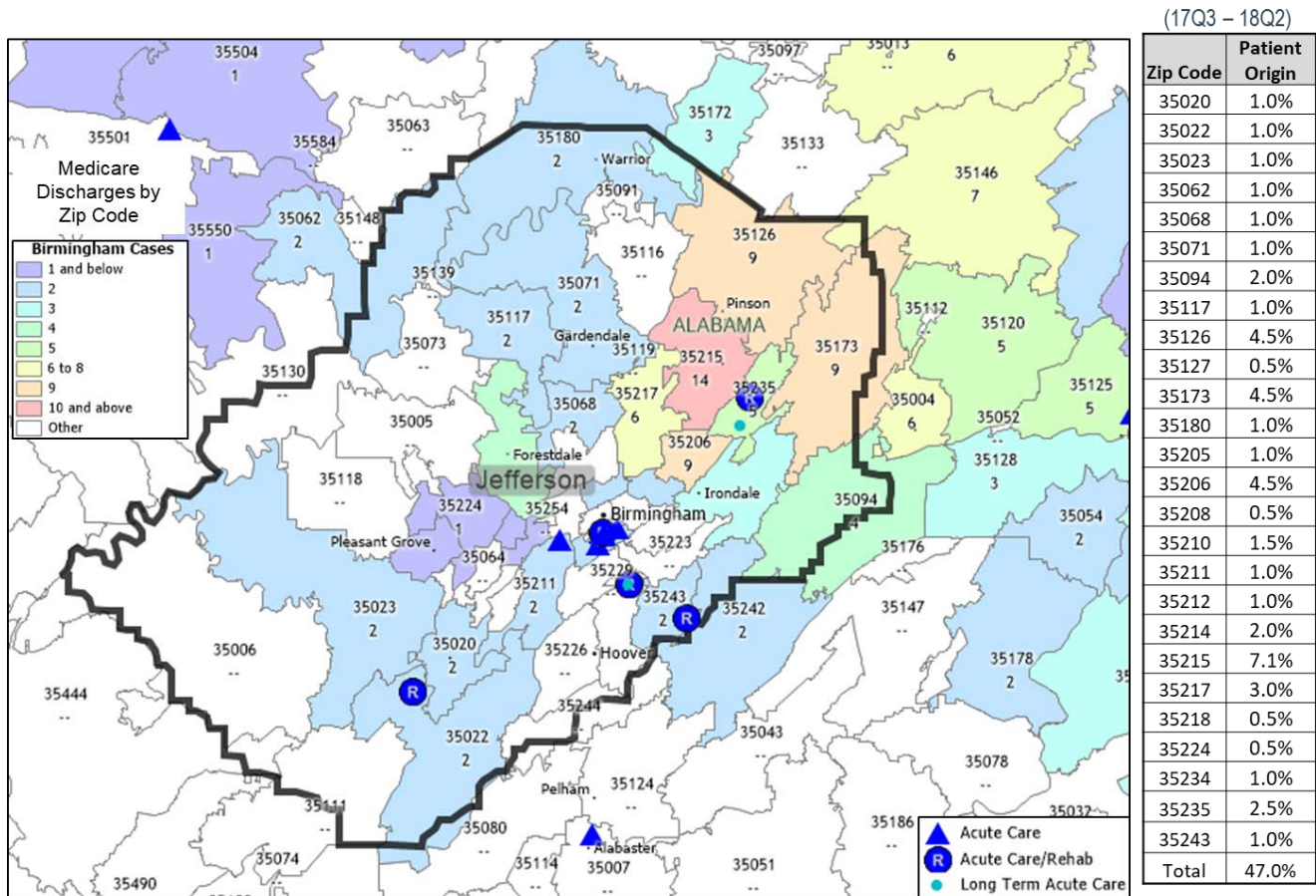
	Uninsured Rates
Calhoun County	11%
Alabama	12%
Top U.S. Performers	6% (10 <sup>th</sup> percentile)

Average Uninsured Rate for Calhoun County is 11%, which is the same as surrounding Alabama counties.



## Noland Hospital Birmingham - Jefferson County Data

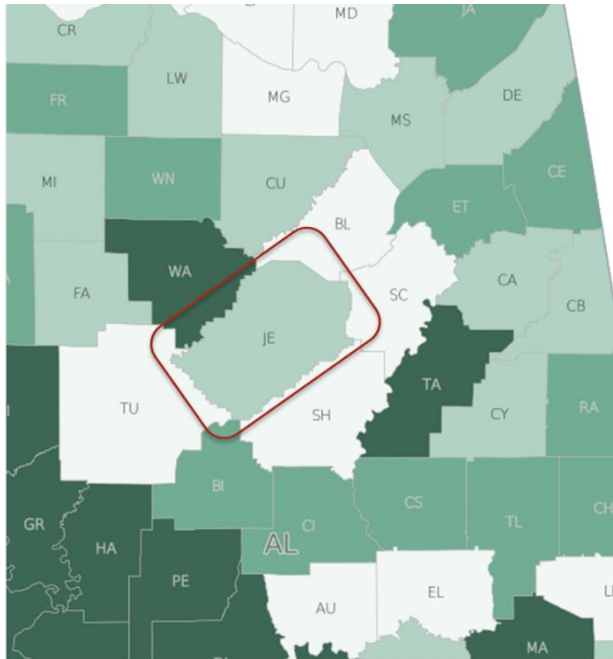
The Community Health Needs Assessment focuses on Jefferson County which represents just under half of the Medicare patients served by Noland Health Birmingham.







According to 2018 County Health Rankings, Jefferson County ranks 21 out of 67 for Health Outcomes and 7 out of 67 in Health Factors.

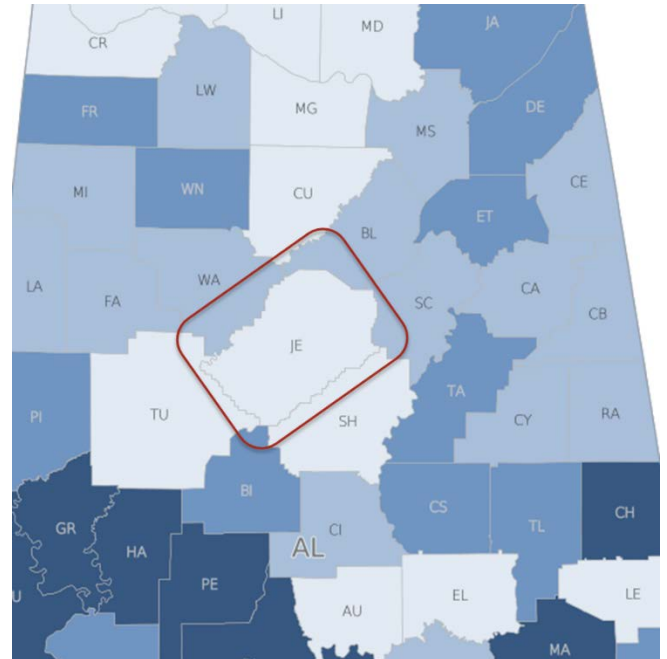


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#### Health Outcomes Rankings

	2018	2016
Health Outcomes	21	28
Length of Life	34	33
Quality of Life	16	25

Alabama: 67 Counties



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#### Health Factors Rankings

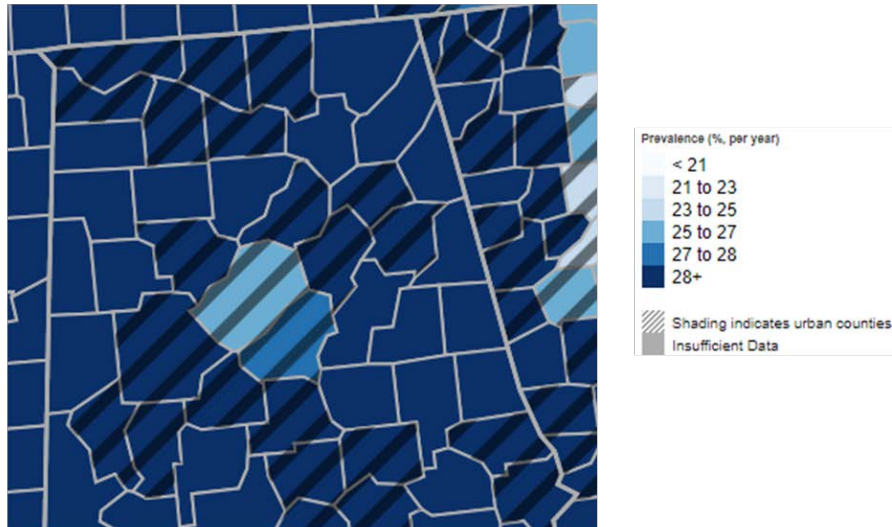
	2018	2016
Health Factors	7	3
Health Behaviors	7	3
Clinical Care	2	2
Social & Economic Factors	20	21
Physical Environment	64	28

Alabama: 67 Counties



A few indicators arose that corresponded to the community input and will be addressed in the implementation strategy. They are illustrated in the following graphics.

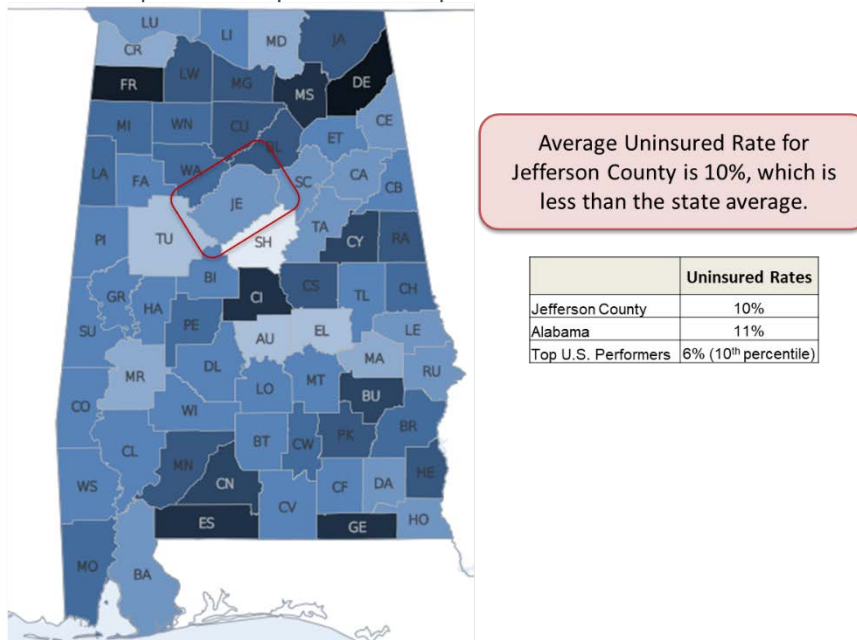
## % of Medicare Beneficiaries with Diabetes



	% of Medicare Beneficiaries with Diabetes	Reference
Jefferson County - AL	26%	Based on 10,000+ Beneficiaries
Alabama	30%	Based on 10,000+ Beneficiaries
United States	27%	Based on 10,000+ Beneficiaries

Jefferson County's percent of uninsured population is slightly below the state average.

## Percent Uninsured Under 65 | All Races | Both Sexes | All Incomes



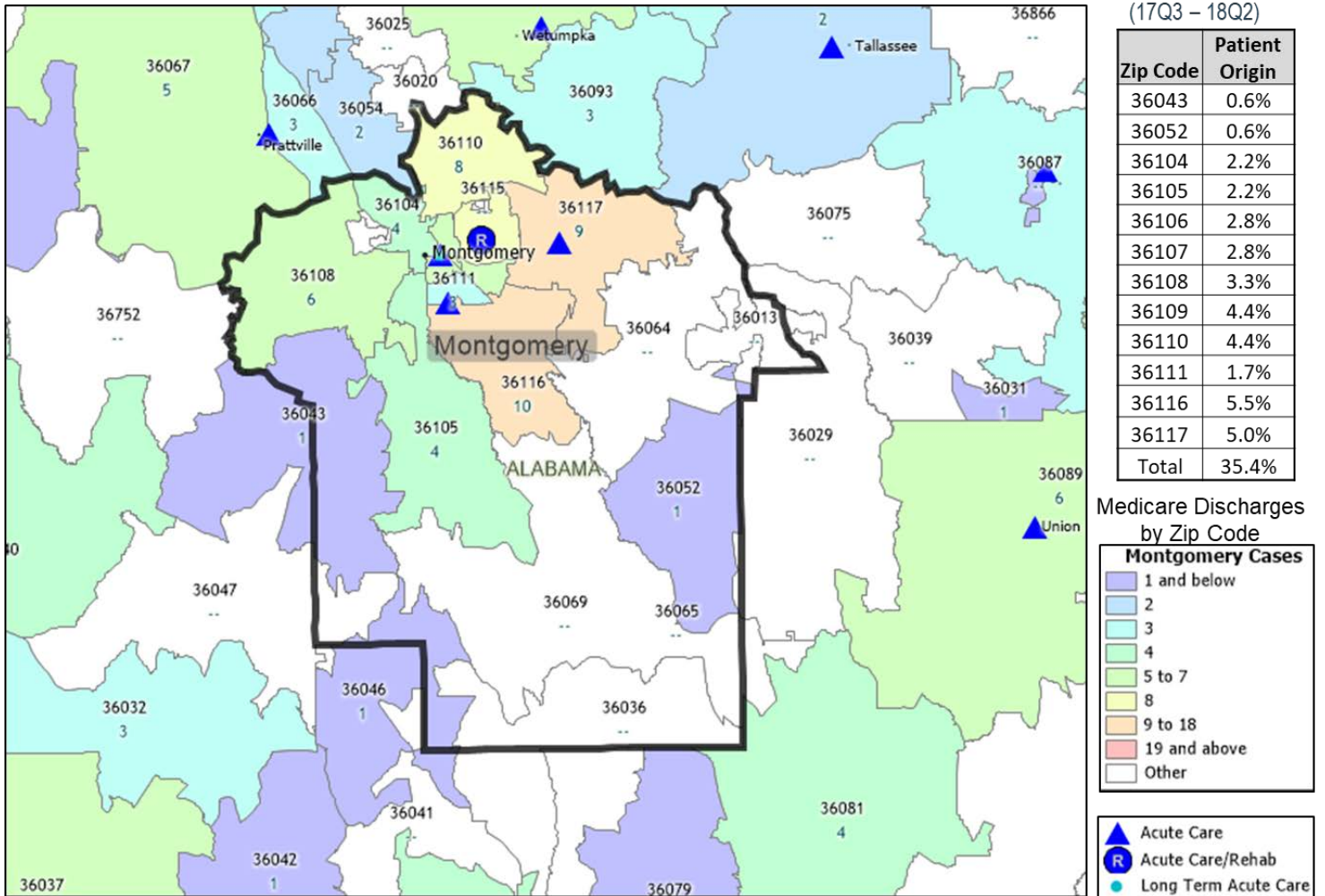
	Uninsured Rates
Jefferson County	10%
Alabama	11%
Top U.S. Performers	6% (10 <sup>th</sup> percentile)



## Noland Hospital Montgomery - Montgomery County Data

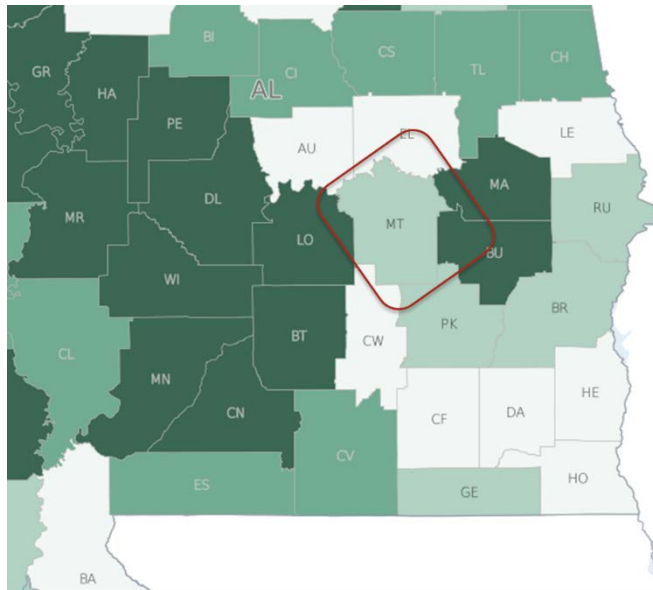
The Community Health Needs Assessment focuses on Montgomery County which represents a little over a third of the Medicare patients served by Noland Health Montgomery.

### Montgomery County - Medicare Discharges





According to 2018 County Health Rankings, Montgomery County ranks 25 out of 67 for Health Outcomes and 22 out of 67 in Health Factors.

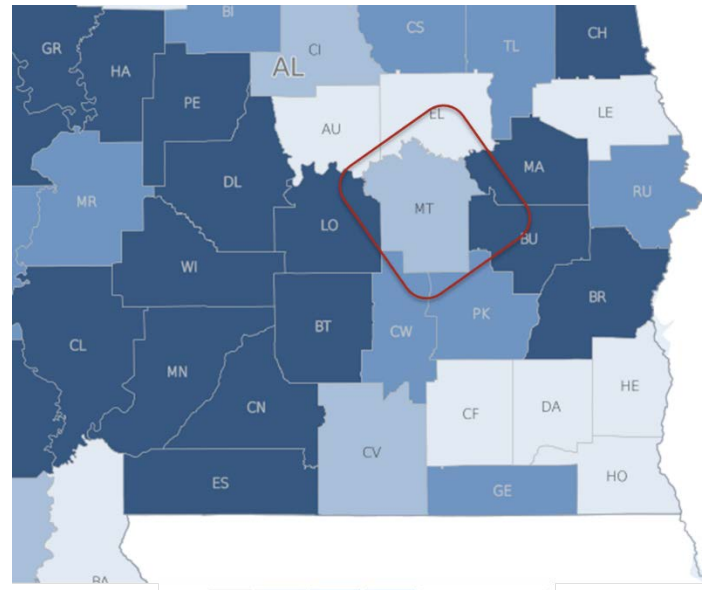


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### Health Outcomes Rankings

	2018	2016
Health Outcomes	25	26
Length of Life	27	17
Quality of Life	31	43

Alabama: 67 Counties



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### Health Factors Rankings

	2018	2016
Health Factors	22	22
Health Behaviors	36	34
Clinical Care	6	4
Social & Economic Factors	41	43
Physical Environment	46	32

Alabama: 67 Counties

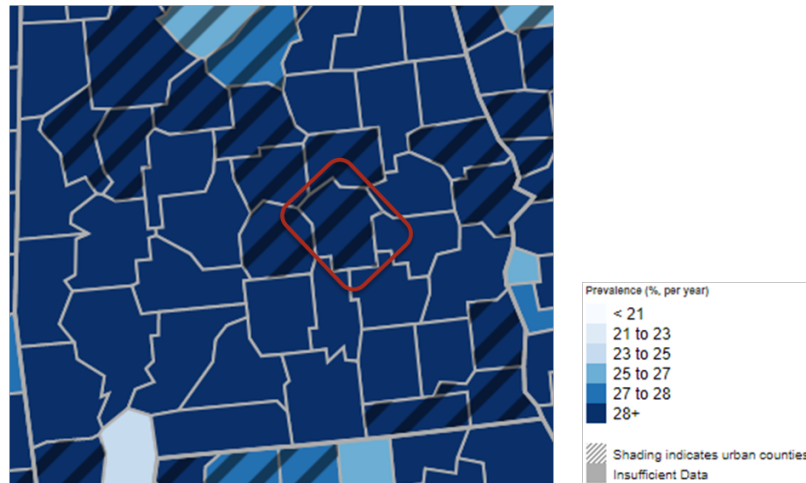




A few indicators arose that corresponded with the community input and will be addressed in the Implementation strategy. They are illustrated in the following graphics.

Montgomery County has a higher percent of Medicare Beneficiaries with Diabetes than the national average.

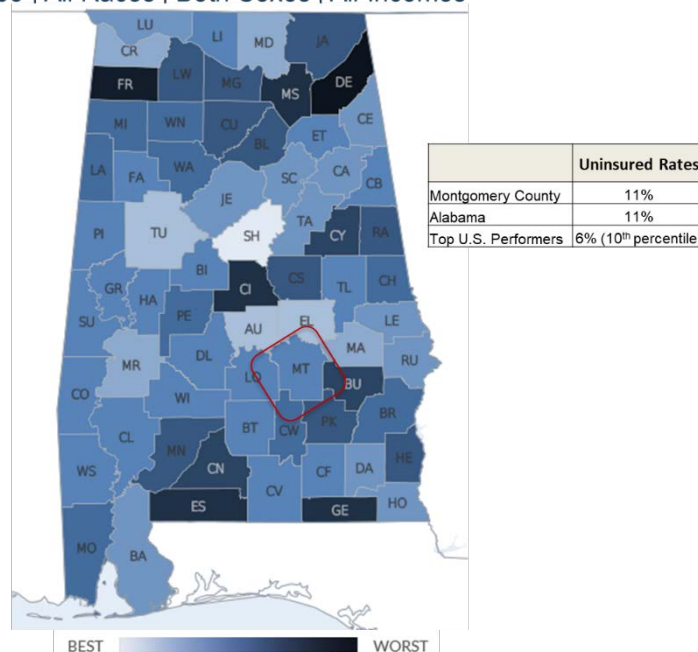
### % of Medicare Beneficiaries with Diabetes



	% of Medicare Beneficiaries with Diabetes	Reference
Montgomery County - AL	30%	Based on 10,000+ Beneficiaries
Alabama	30%	Based on 10,000+ Beneficiaries
United States	27%	Based on 10,000+ Beneficiaries

Montgomery County's percent of uninsured population falls mid-range compared to other counties in the state.

### Percent Uninsured Under 65 | All Races | Both Sexes | All Incomes

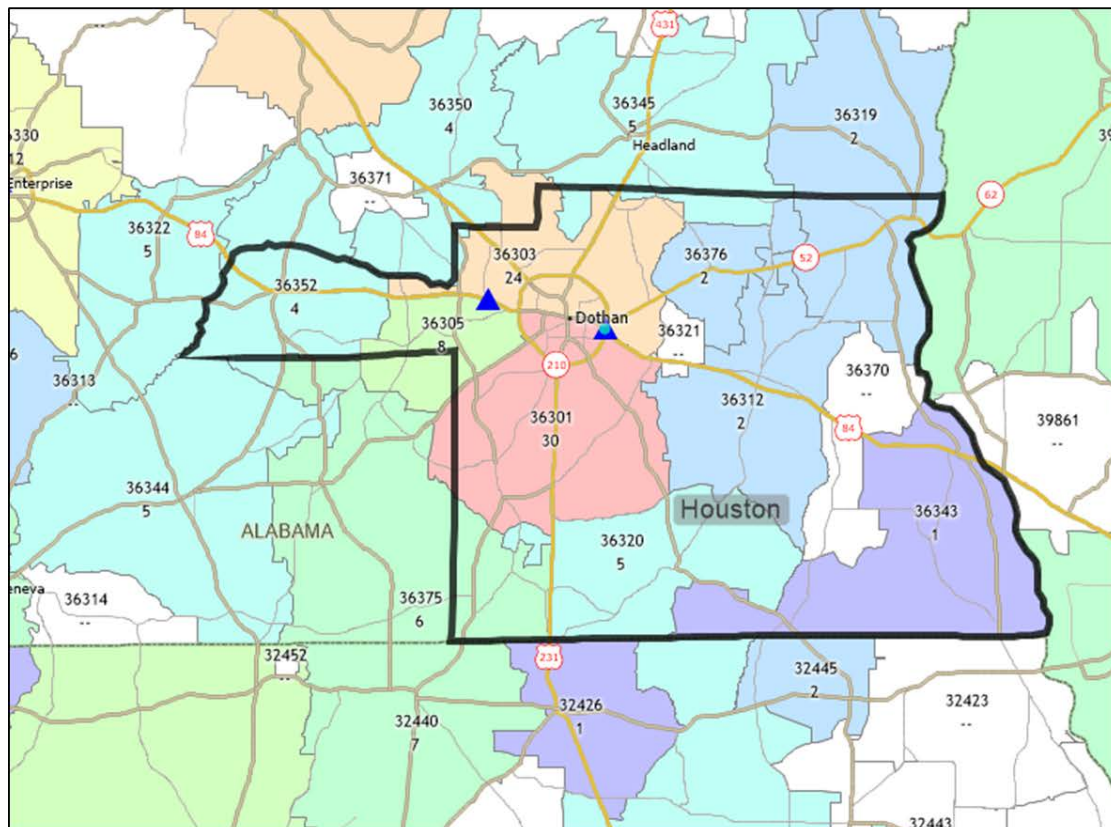




## Noland Hospital Dothan, Houston County

The Community Health Needs Assessment focuses on Houston County which represents over a quarter of the Medicare patients served by Noland Health Dothan.

### Houston County - Medicare Discharges



(17Q3 – 18Q2)

Zip Code	Patient Origin
36301	10.9%
36303	8.7%
36305	2.9%
36312	0.7%
36319	0.7%
36320	1.8%
36343	0.4%
36352	1.4%
36376	0.7%
Total	28.3%

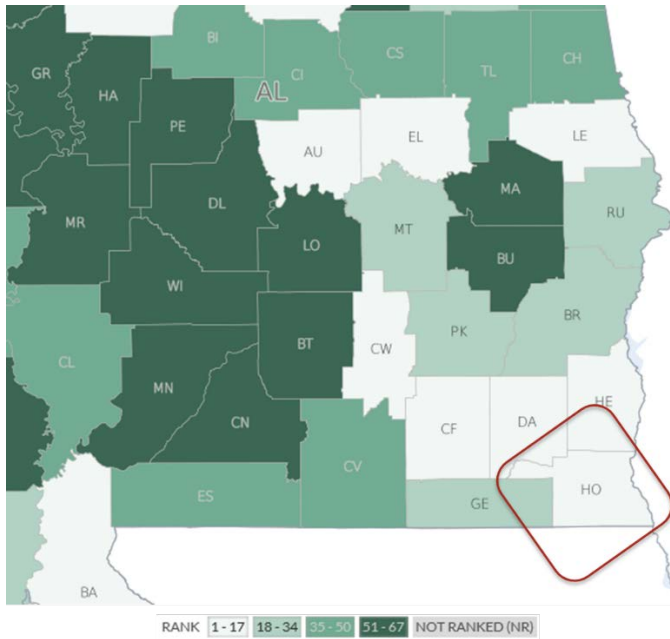
Medicare Discharges  
by Zip Code

Dothan Cases
1 and below
2 to 3
4 to 5
6 to 7
8 to 9
10 to 19
20 to 29
30 and above
Other

▲ Acute Care
Ⓡ Acute Care/Rehab
● Long Term Acute Care



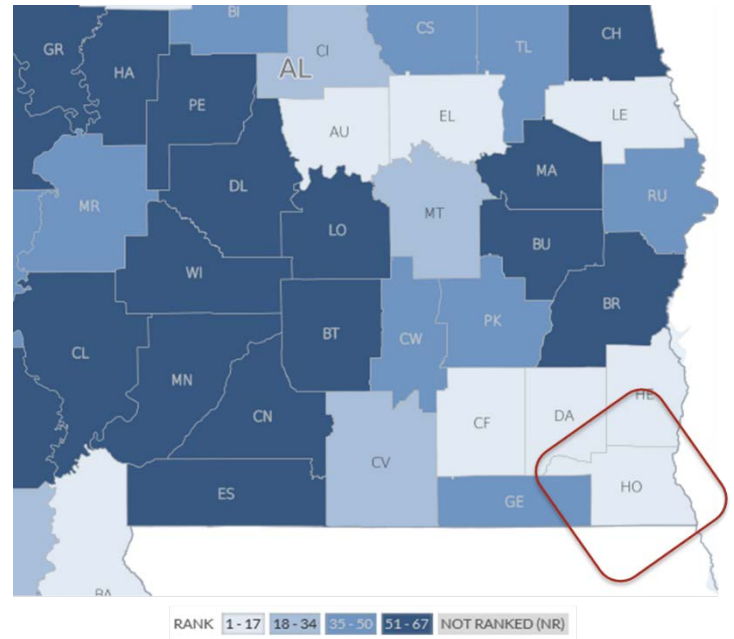
According to 2018 County Health Rankings, Houston County ranks 16 out of 67 for Health Outcomes and 13 out of 67 in Health Factors.



Health Outcomes Rankings

	2018	2016
Health Outcomes	16	11
Length of Life	11	13
Quality of Life	34	17

Alabama: 67 Counties



Health Factors Rankings

	2018	2016
Health Factors	13	11
Health Behaviors	35	21
Clinical Care	5	5
Social & Economic Factors	18	17
Physical Environment	19	9

Alabama: 67 Counties

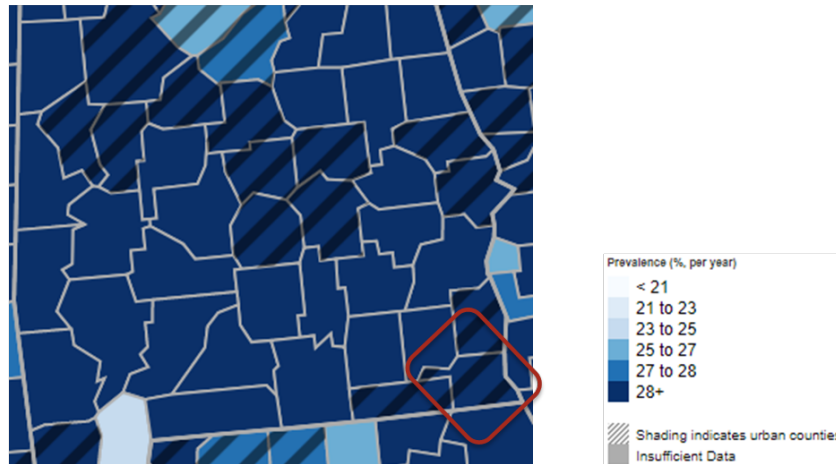




A few indicators arose that corresponded with the community input and will be addressed in the implementation strategy. They are illustrated in the following graphics.

Alabama's Prevalence of Medicare Beneficiaries with Diabetes is 3% higher than the United State's Prevalence Rate at 27%. Houston County is 1% higher than the state average of 30%.

## % of Medicare Beneficiaries with Diabetes

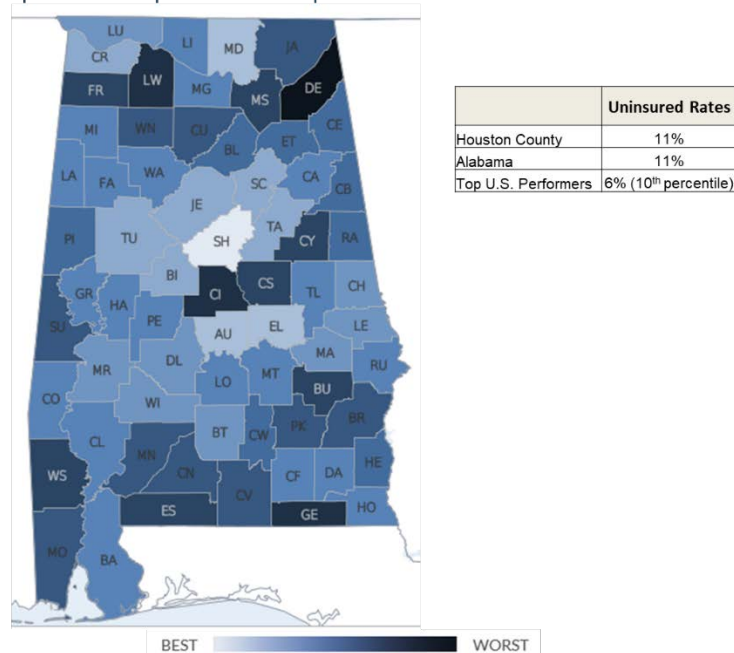


	% of Medicare Beneficiaries with Diabetes	Reference
Houston County - AL	31%	Based on 10,000+ Beneficiaries
Alabama	30%	Based on 10,000+ Beneficiaries
United States	27%	Based on 10,000+ Beneficiaries

Uninsured Rate for Houston County is 11%, which is the same as Alabama.

## Percent Uninsured

Under 65 | All Races | Both Sexes | All Incomes

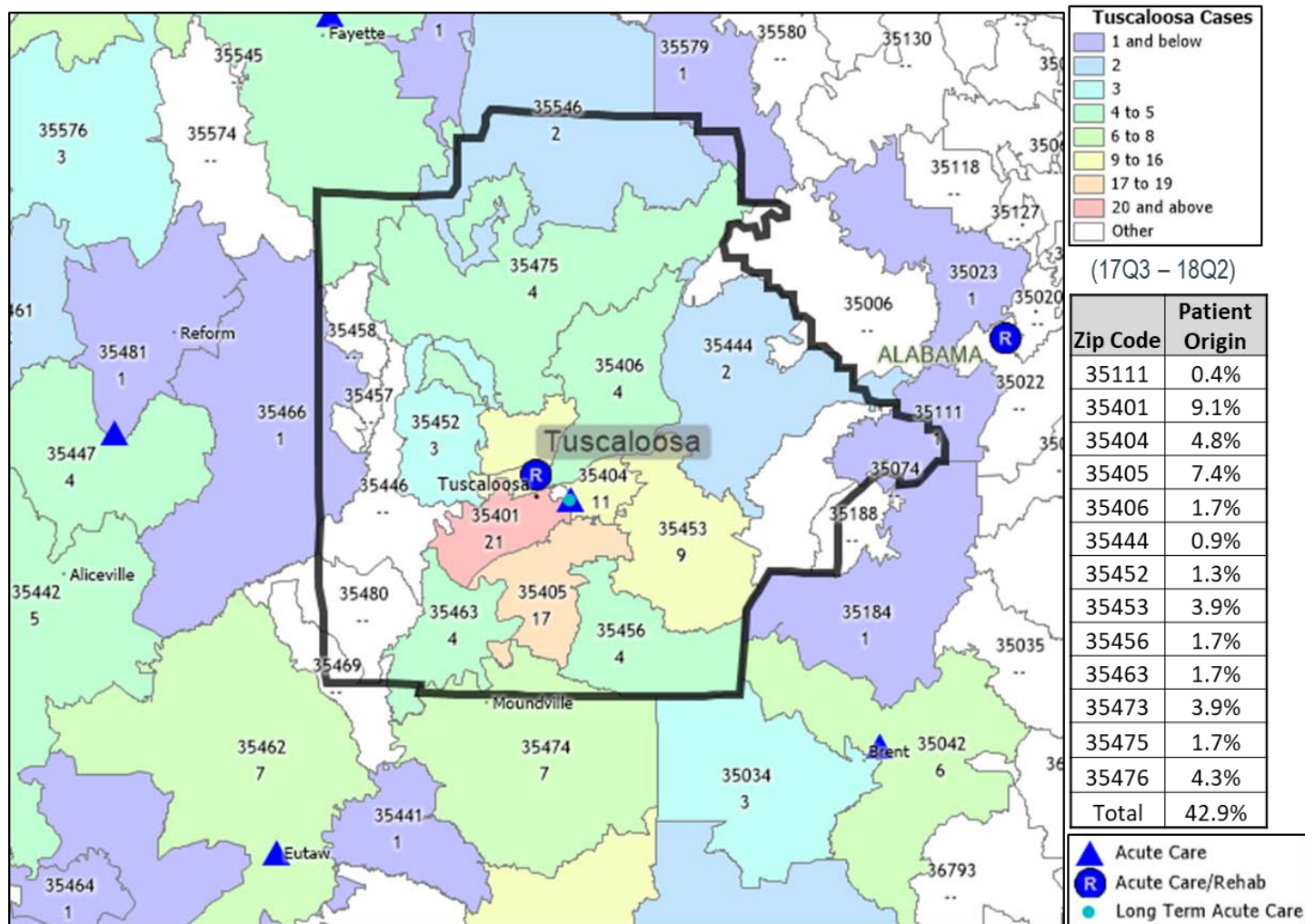




## Noland Hospital Tuscaloosa, Tuscaloosa County

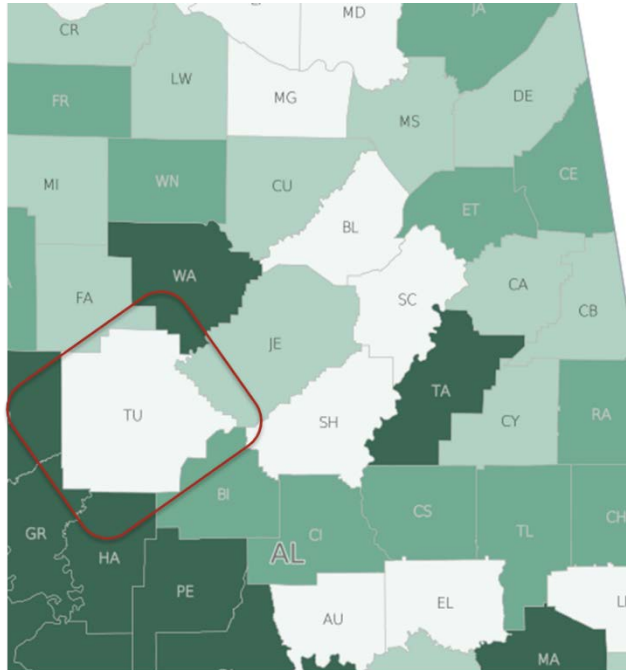
The Community Health Needs Assessment focuses on Tuscaloosa County which represents slightly under half of the Medicare patients served by Noland Health Tuscaloosa.

Medicare Discharges  
by Zip Code





According to 2018 County Health Rankings, Tuscaloosa County ranks 15 out of 67 for Health Outcomes and 11 out of 67 in Health Factors.

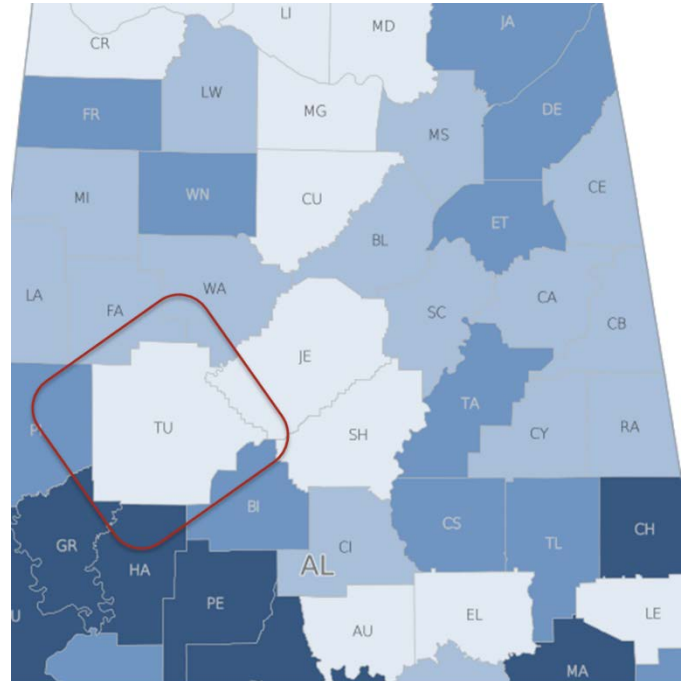


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Health Outcomes Rankings

	2018	2016
Health Outcomes	15	14
Length of Life	9	11
Quality of Life	38	28

Alabama: 67 Counties



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

Health Factors Rankings

	2018	2016
Health Factors	11	15
Health Behaviors	22	23
Clinical Care	4	7
Social & Economic Factors	16	12
Physical Environment	36	24

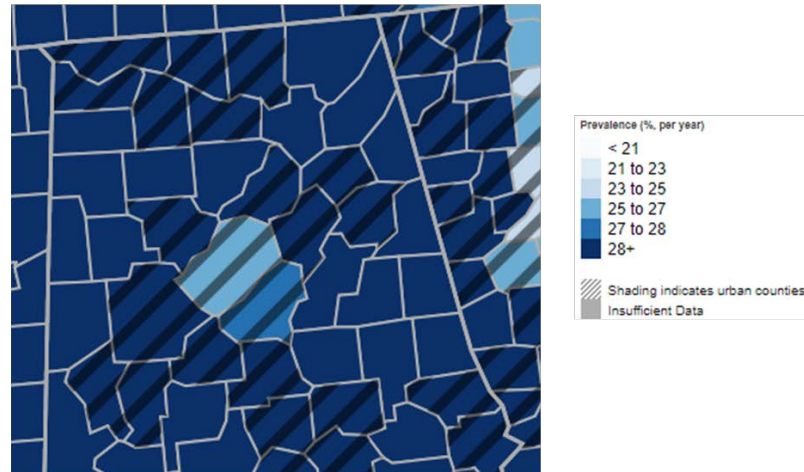
Alabama: 67 Counties



A few indicators arose that corresponded with the community input and will be addressed in the implementation strategy. They are illustrated in the following graphics.

Tuscaloosa County has a higher percent of Medicare Beneficiaries with Diabetes than the state and national average.

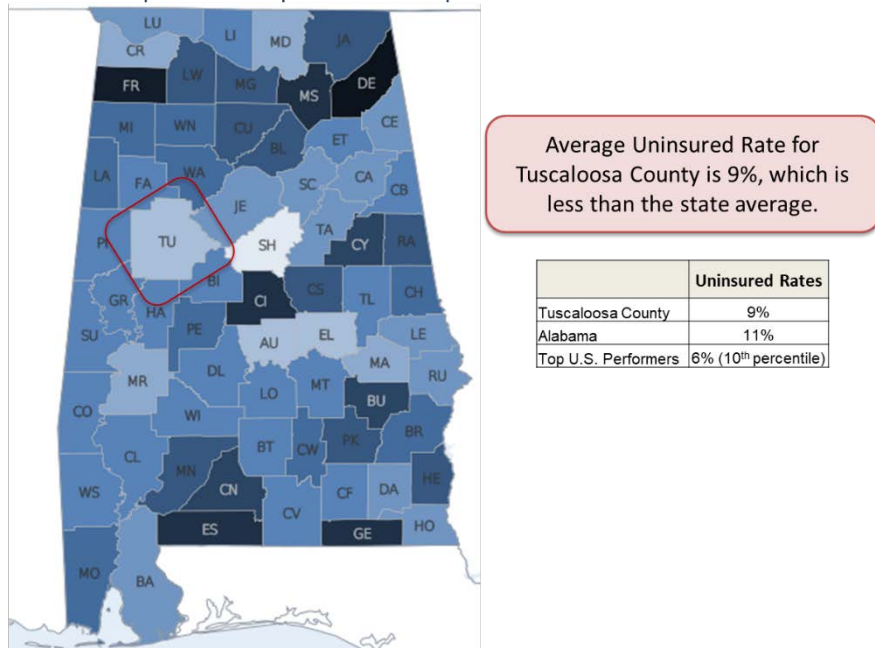
## % of Medicare Beneficiaries with Diabetes



	% of Medicare Beneficiaries with Diabetes	Reference
Tuscaloosa County - AL	31%	Based on 10,000+ Beneficiaries
Alabama	30%	Based on 10,000+ Beneficiaries
United States	27%	Based on 10,000+ Beneficiaries

Tuscaloosa County's percent of uninsured population outperforms the surrounding counties and the Alabama state average.

## Percent Uninsured Under 65 | All Races | Both Sexes | All Incomes





## Community Input Findings

Subsequent to the secondary data assessment, the Community Needs Assessment Team had dialogue with key hospital administrators, case workers, physicians, and those with knowledge/expertise in public health. During this phase, the team disseminated surveys in which respondents were able to comment and discuss general community health issues of their specific service area. Comments were also encouraged on those needs specific to long term care and the aging population. Through these numerous interviews and surveys, a summary of community input was created. This summary would eventually be used to help focus on priorities and ultimately, implementation strategies.

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 2019. 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





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
<b>Education and Resources</b>	<b>Prevention &amp; Screening</b>
Health Education	Non-compliance
Case Managers / Transition of Care	Lack of Accessible Prevention Channels
Medication Education	Unaddressed Medical Problems
Increase Workshop / Health Fair	Poor Access to Chronic Disease Management
Health Providers Access	<b>Health Issues of the Elderly</b>
Underfunded Resources	Diabetes
Low Volume	Congestive Heart Failure
Affordable Meals	Alzheimer's & Dementia
Poor Provider Insurance Coverage Education	Falls
Lack of Well Trained Providers	Tobacco Use
Lack of Advocacy	Obesity
<b>Access to Appropriate Resources</b>	UTI
Financial Barriers	COPD
Uninsured/Underinsured	Coronary Artery Disease
Transportation	Wheelchair Access
Medication Barriers	Pneumonia
Timely Access	Increase Infection
Appropriate Referrals	Pulmonary
Access to Medical Equipment	Medicare Scams Targeting Elderly
Lack of Resources	Elderly, Demented Drivers
Therapy	<b>Health Issue of LTACH Patients &amp; Families</b>
Access to Free Clinics	Family/Social Support
Physician / Provider Shortage	Medicare Criteria
Poor Access to Technology	Referral channels
	Lack of Reimbursement
	Poor Identification Needs in Discharge Interview



## 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. Education and Awareness:** Lack of education and awareness was targeted as a major issue from community input. Lack of education covers all areas 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
- Overall community health education on available resources and disease prevention / management
- Education with hospital staff, patient and family on medication.
- Increase understanding of accessing providers / physicians for care

**#2. Access to Appropriate Resources:** The top access issues mentioned in community input are financial barriers, transportation, uninsured and underinsured, the cost of medications, timely access to healthcare, receiving appropriate referrals, and access to medical equipment. The uninsured and underinsured not only have access problems in seeing physicians, but also issues in receiving their proper medications primarily due to cost and transportation. Education on resources such as Senior Services can help. This of course "piggy backs" off the #1 issue of Education and Awareness. Pharmacies are becoming new valuable resource in drug cost reduction and help patients understand their options.

**#3. Prevention, Immunizations & Screening:** Prevention and screening for disease becomes increasingly important as people age. Non-compliance can be a hugely detrimental issue 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. Health Issues Impacting the Elderly:** Diabetes, CHF, Alzheimer's & Dementia, falls / physical instability, Tobacco use were all mentioned frequently in community input across Noland's service areas. It is noted that these are interrelated and can fall under several other groups of concerns.

**#5. Health Issues of LTACH Patients and Families:** Through administrators, Case Workers and physician expertise in the LTACH setting, a number of issues were identified in the community input phase that dealt specifically with LTACH patients and their families. Family support and education was found to be a critical need because of the family's integral role in the decision making process. Many of the issues mentioned in all sections directly affect the family as much as the patient. Knowledge of the LTACH environment is crucial for a family. The understanding of





how LTACHs fit in the continuum of care is also important, not only for the families, but for discharge planners and other acute care staff. Specifically related to patients of LTACHs, there is an issue of finding the proper referral channels for patients requiring additional or on-going care. A recurring concern was the barrier of Medicare criteria to providing care and services needed by the patient.

Each category mentioned above can be linked to the others. 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 Access to Appropriate Resources
2 Education and Resources
3 Health Issue of LTACH Patients & Families
4 Health Issues of the Elderly
5 Prevention & Screening

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



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, 2019 was adopted by the Noland Health Board of Directors at its meeting held on May 8, 2019. Also in this meeting, the Board of Directors approved the implementation strategies for each facility to address the above mentioned prioritized needs.



## Appendix A - Community Input Questions

### Community Health Needs Assessment – Interview Guide - Administrators Written Survey - Physicians

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**1. What do you see as the 2 or 3 major health issues facing community residents 65 and older?**

- 1.
- 2.
- 3.

For issue #1 identified above please answer the following:

- A. What resources are available in your community to address this health issue?
  - B. Do members of the community have reasonable access to these resources?
  - C. Identify programs and/or resources that could help address the need.
  - D. How can the healthcare community (providers, physicians, others) make an impact on this issue?
- 

For issue #2 identified above please answer the following:

- A. What resources are available in your community to address this health issue?
  - B. Do members of the community have reasonable access to these resources?
  - C. Identify programs and/or resources that could help address the need.
  - D. How can the healthcare community (providers, physicians, others) make an impact on this issue?
- 

For issue #3 identified above please answer the following:

- A. What resources are available in your community to address this health issue?
  - B. Do members of the community have reasonable access to these resources?
  - C. Identify programs and/or resources that could help address the need.
  - D. How can the healthcare community (providers, physicians, others) make an impact on this issue?
- 

#### **For Community Advocates/Agencies:**

Name:

What is the name of your organization?

What services do you offer that address health issues in your community (specifically those 65 and older)?

Are there any barriers to accessing your services?

Are there any barriers to accessing medical resources?

Are there any barriers to accessing community resources?

Are there any barriers to care coordination?

Are there specific barriers for the uninsured and underinsured?

Are there any specific data elements or studies that you use that would be helpful to advance



these health priorities?

Are there activities that Noland Health could participate in that would help accelerate improvement in some of these health priorities? (Non-financial)

Is there any additional information you would like to share about the people you serve, your programs, or your community's health in general?

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**For Physicians:**

Practice Name: Physician Name(s): Specialty:

Are there any barriers to accessing your services?

Are there any barriers for your patients in accessing other medical resources?

Are there any barriers for your patients in accessing community resources?

Are there any barriers to care coordination?

Are there specific barriers for the uninsured and underinsured?

Are there activities that Noland Health could participate in that would help accelerate improvement in some of these health priorities? (Non-financial)

Are there prevention efforts that would significantly impact the health of your patients?

What other information that you would like to share about your community's health?