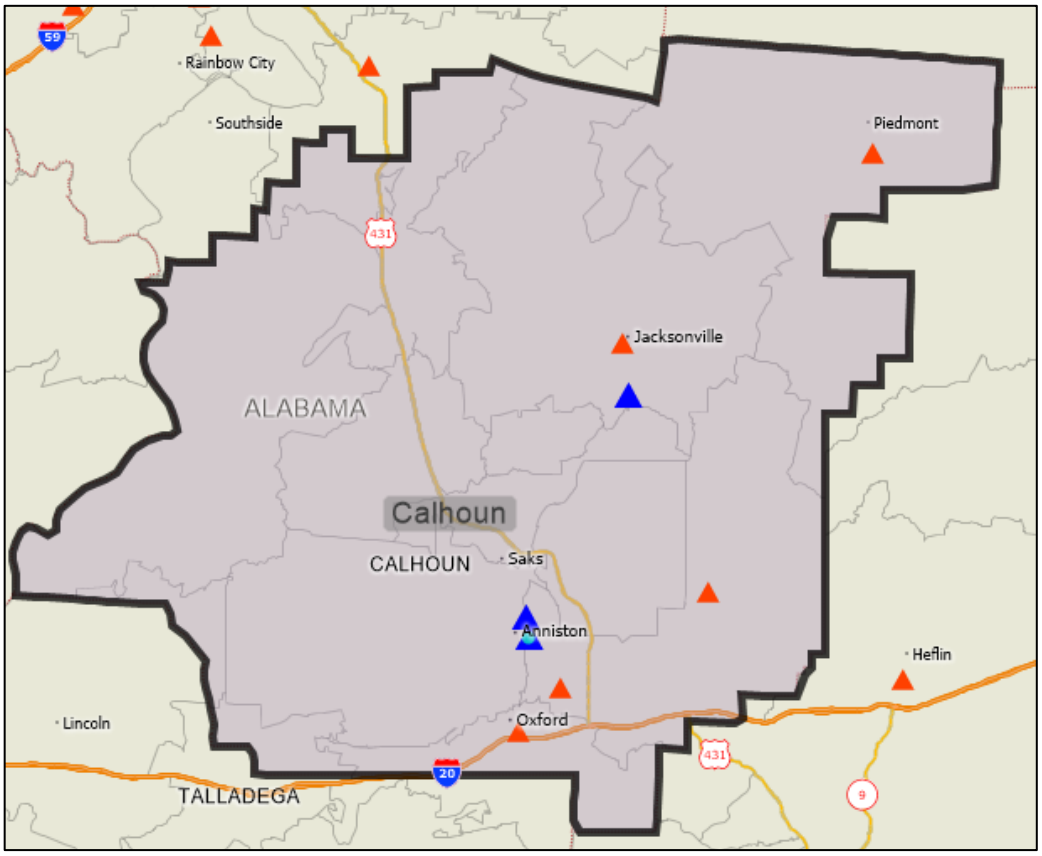
NOLAND HEALTH SERVICES

A Century of Service

Founded 1913



Community Health Needs Assessment

MAY 2019

Noland Hospital Anniston

Welcome to Noland Health Services

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.

Our Vision

To be recognized as the healthcare provider of choice in our region.

Our Values

Our shared values guide us in accomplishing our mission.

About Us

Noland Health Services, Inc. is a not-for-profit corporation that operates five 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.

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.

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

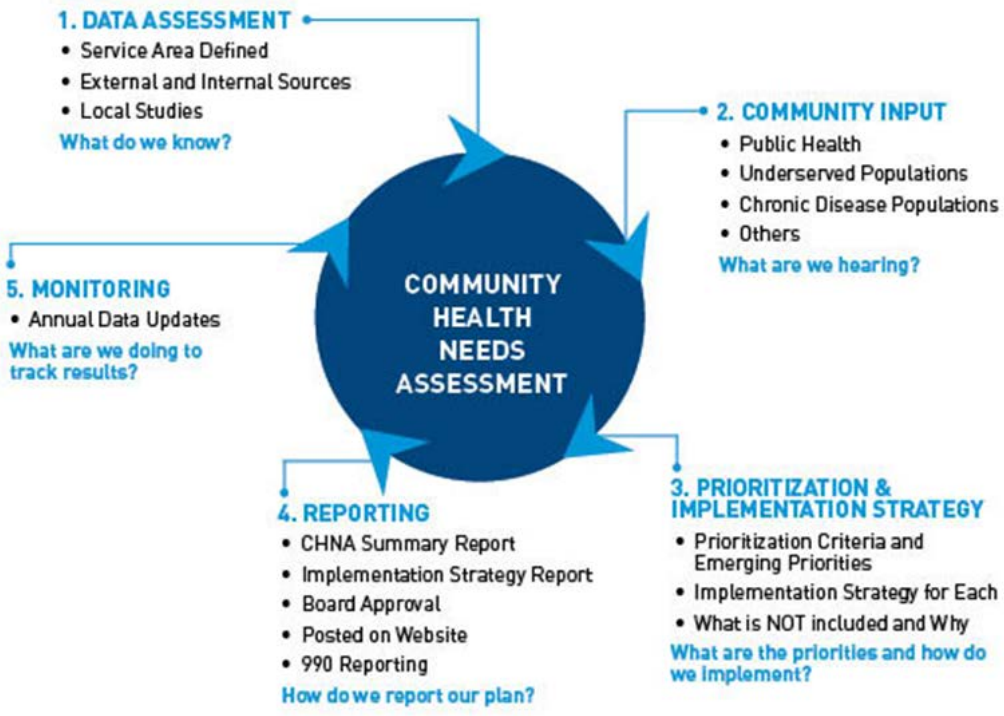
Source: Nolandhospitals.com

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:



The "2019 Community Health Needs Assessment" 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 conducted with persons with knowledge of public health. In addition, physicians were asked to complete written surveys and administrators were interviewed. 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 can be found in the Implementation Strategy document. This report and strategy were then approved by the board and made "widely available" on the Noland Health website.

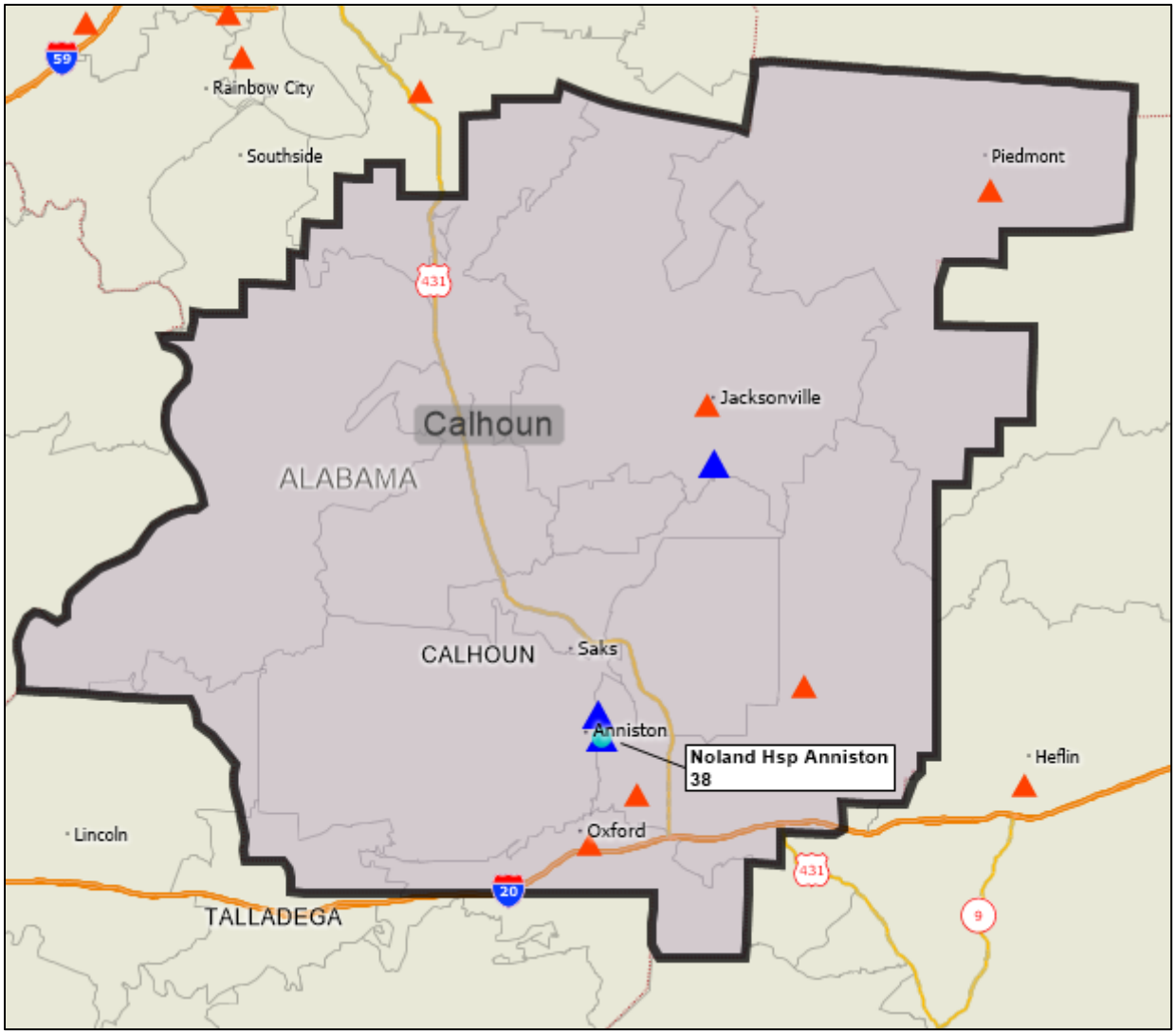
On the following page is a list of steps that were taken in each phase of the process.

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

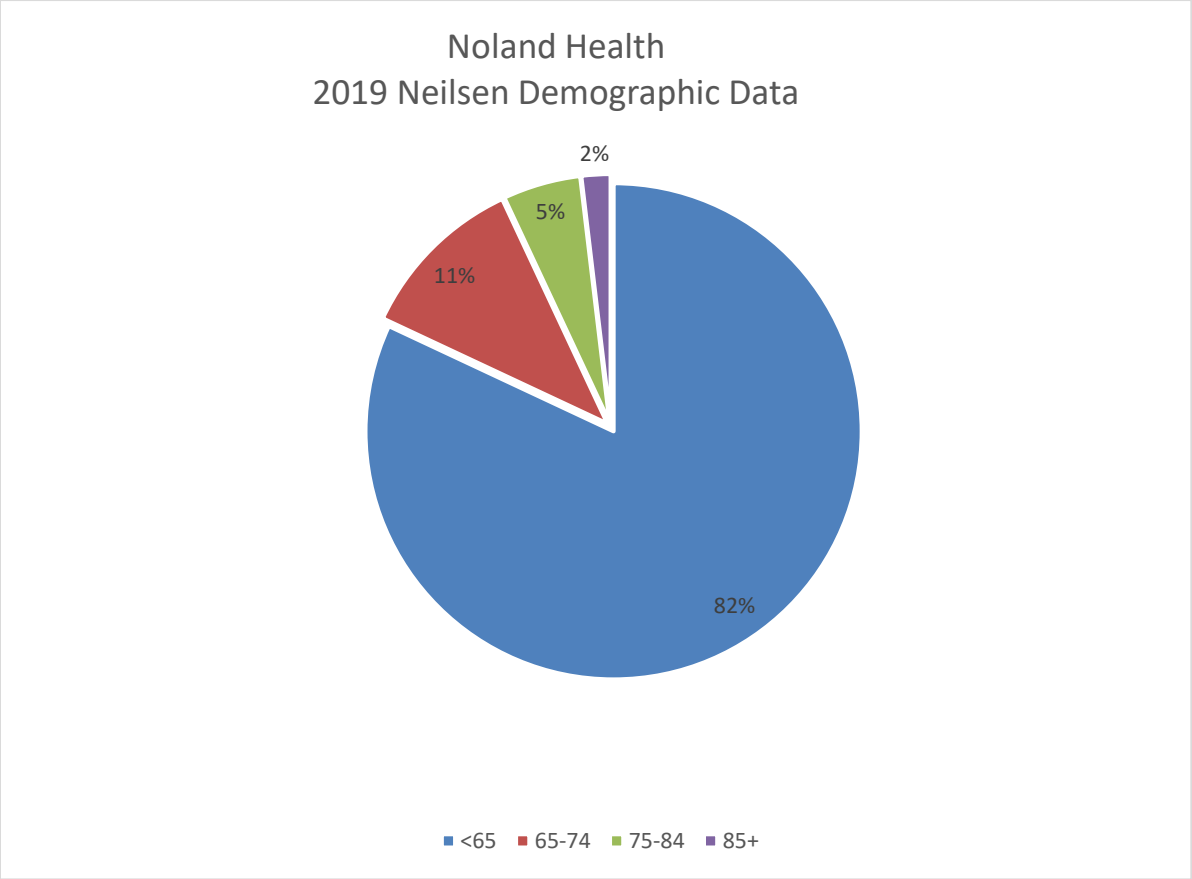
Community Served

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 many 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.



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. Additionally, taking a closer look at the age break down of Calhoun County, 18% of the county population is 65+. This aging population became the focus of the CHNA.



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

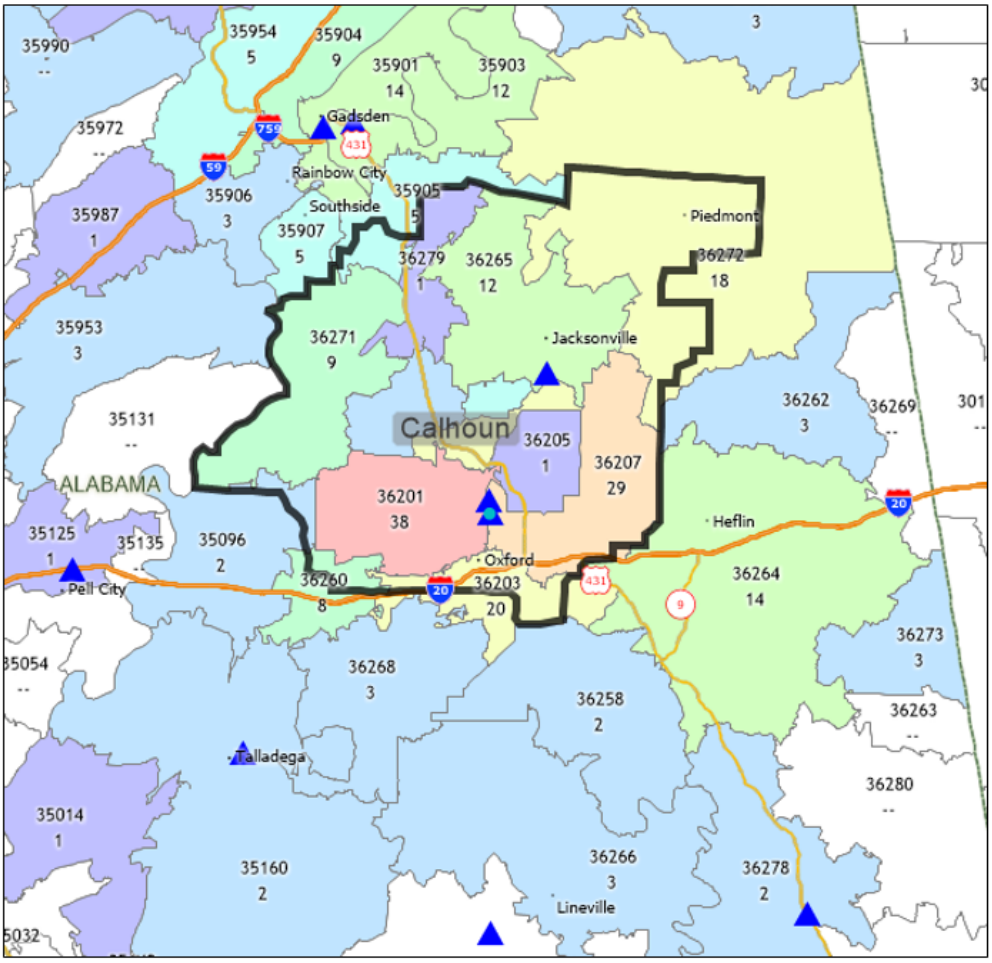
Certain indicators that relate directly to the aging population were researched and added. These indicators were at a county and state level. Some of these indicators included:

- 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

Noland 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



(17Q3 – 18Q2)

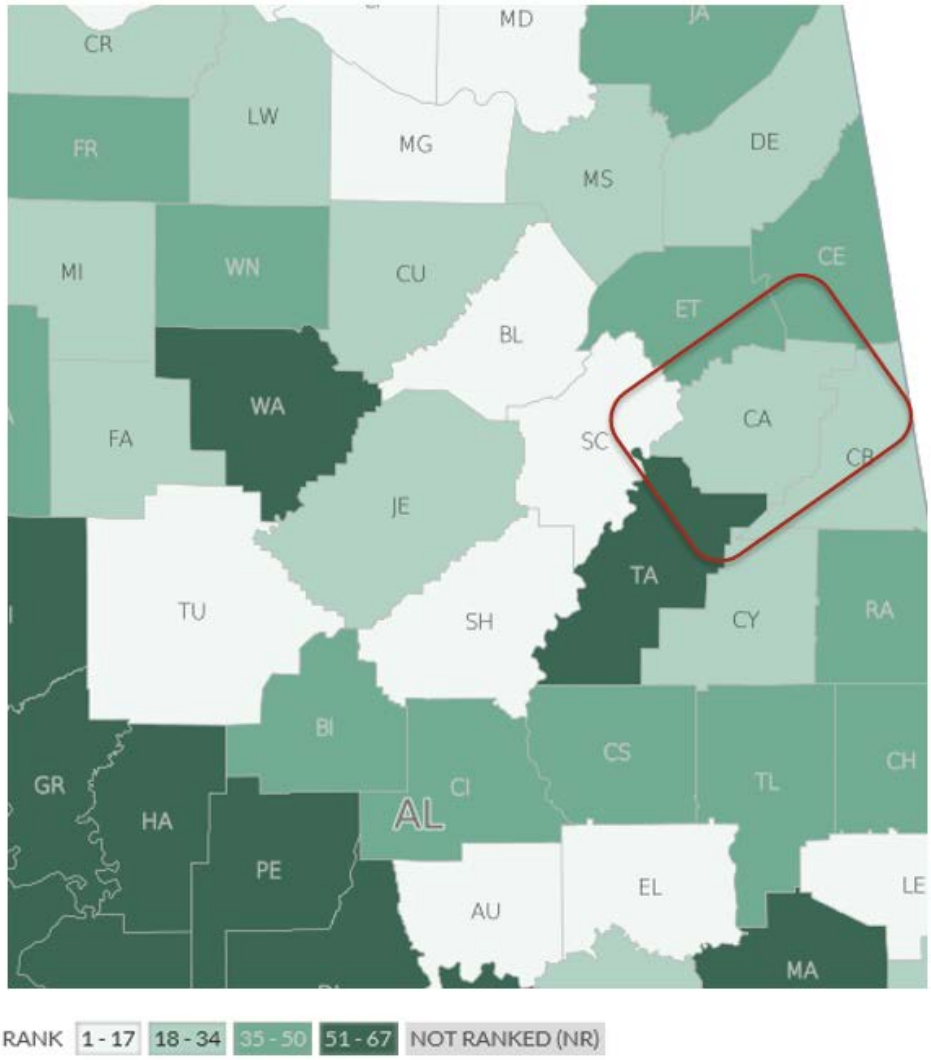
Zip Code	Patient Origin
36201	13.9%
36203	7.3%
36205	0.4%
36206	6.6%
36207	10.6%
36250	1.1%
36260	2.9%
36265	4.4%
36271	3.3%
36272	6.6%
36277	2.2%
36279	0.4%
Total	59.5%

Medicare Discharges by Zip Code

Anniston Cases
- 1 and below
- 2 to 4
- 5 to 7
- 8 to 9
- 10 to 17
- 18 to 28
- 29
- 30 and above
- Other

- Acute Care
- Acute Care/Rehab
- Long Term Acute Care

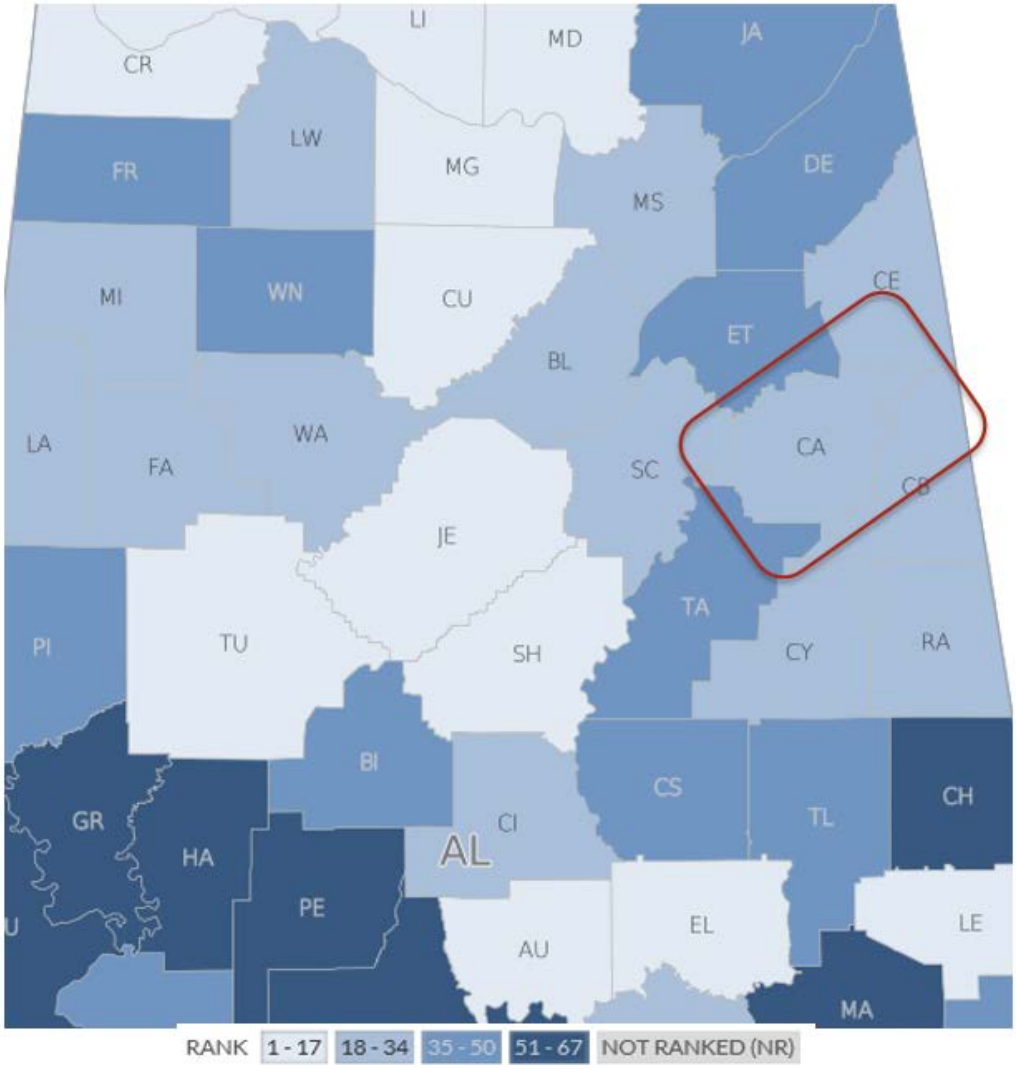
According to 2018 County Health Rankings, Calhoun County ranks 29 out of 67 for Health Outcomes and 26 out of 67 in Health Factors.



Health Outcomes Rankings

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

Alabama: 67 Counties



Health Factors Rankings

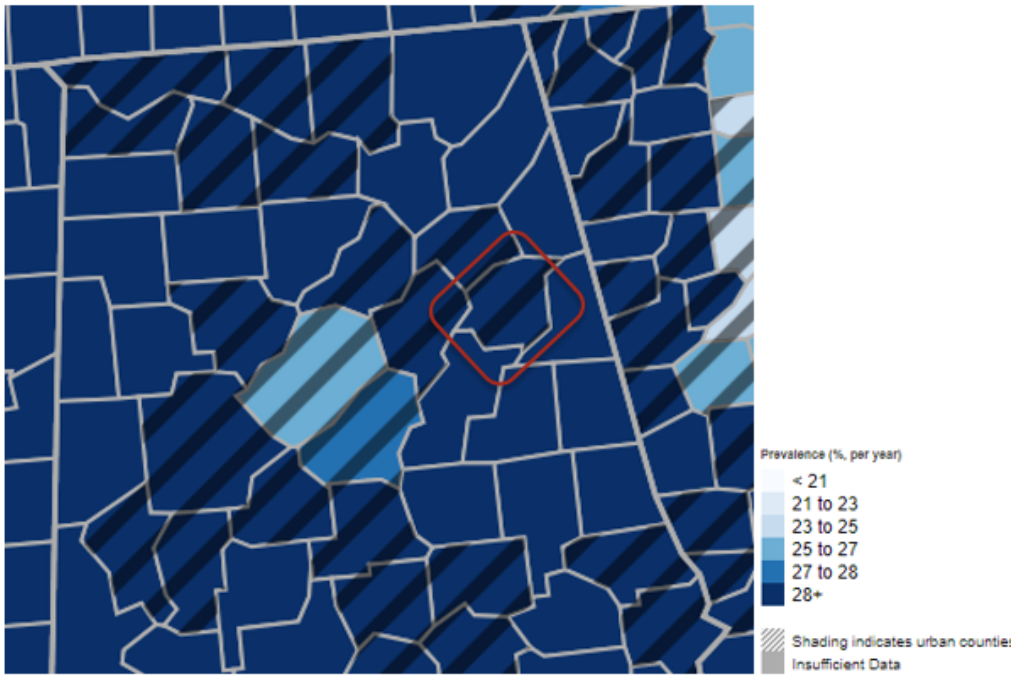
	2018	2016
Health Factors	26	38
Health Behaviors	32	51
Clinical Care	23	30
Social & Economic Factors	22	31
Physical Environment	50	27

Alabama: 67 Counties

A few indicators arose that clearly matched 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 prevalence.

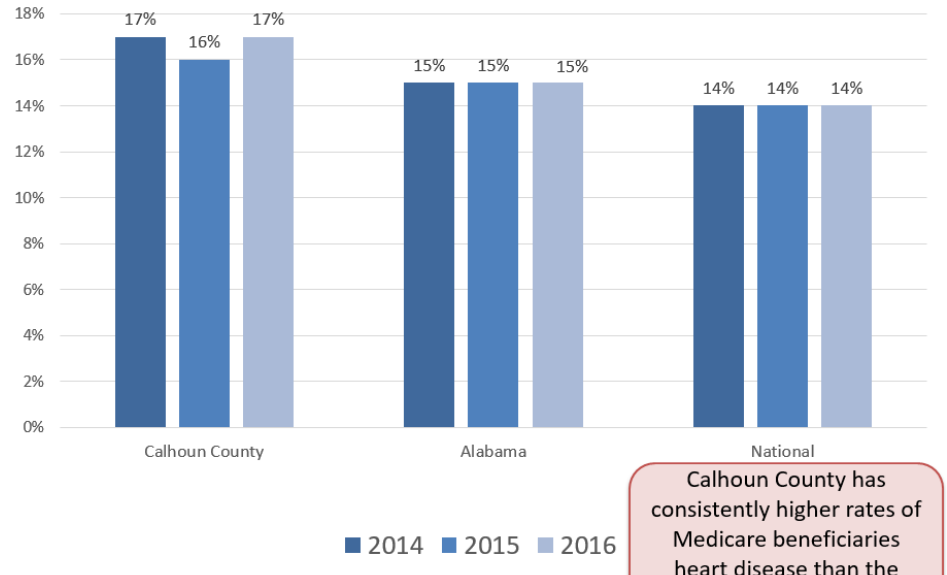
% of Medicare Beneficiaries with Diabetes



	% 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

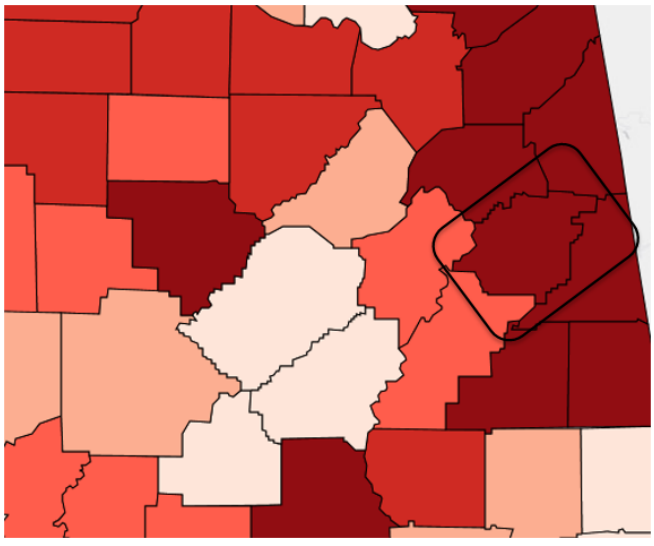
In addition, among Medicare Beneficiaries in Calhoun County, there is a high percent with Heart Disease.

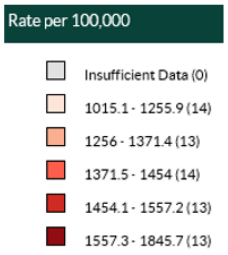
% Medicare Beneficiaries with Heart Disease



Calhoun County has consistently higher rates of Medicare beneficiaries heart disease than the state and national average.

Heart Disease Death Rate/100,000 65+



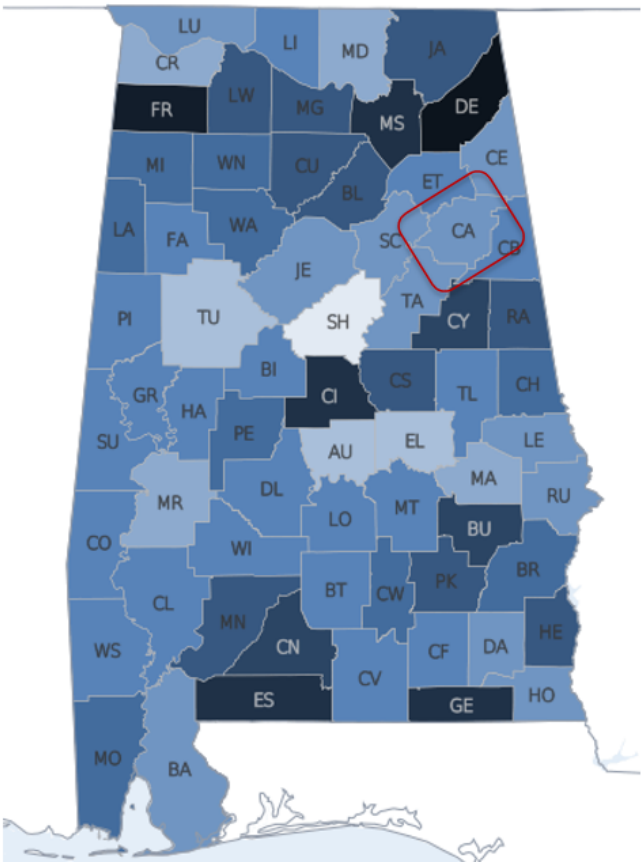


CDC 2019	
	Heart Disease Death Rate per 100,00 65+
Calhoun County - AL	1761.1
Alabama	1336.4
National	1062.7

Calhoun County's Heart Disease Death Rate per 100,000 65+ is higher than both the state and national average.

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% (10th percentile)

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

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 organizations of 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:

GRMC (2)

Anniston Health & Rehabs Services / Noland Health Services

Transitions of Care Navigation

New Beacon Hospice

IV Clinic – Anniston Pulmonary

In addition several physicians, registered nurses and pharmacy employees gave input. Respondents included physicians from the following specialties.

- Family Medicine

The following summary was created based on the responses from Community Input. The light grey highlighted rows were the most often mentioned (4+ times.)

Issue	Responses
Education and Resources	
Health Education	11
Case Managers / Transition of Care	5
Medication Education	5
Increase Workshop / Health Fair	4
Health Providers	2
Affordable Meals	1
Access to Appropriate Resources	
Financial Barriers	7
Transportation	6
Uninsured/Underinsured	4
Appropriate Referrals	3
Access to Medical Equipment	2
Therapy	2
Access to Free Clinics	1
Medication Barriers	1
Time	1
Prevention & Screening	
Non-compliance	5
Lack of Accessible Prevention Channels	3
Poor Access to Chronic Disease Management	1
Health Issues of the Elderly	
Diabetes	4
Congestive Heart Failure	3
Alzheimer's & Dementia	1
COPD	1
Coronary Artery Disease	1
Falls	1
Wheelchair Access	1
Health Issue of LTACH Patients & Families	
Family/Social Support	5
Medicare Criteria	2
Referral channels	2

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.

- Overall Health Education: Disease identification, prevention, and chronic management
- Home Health Education
- Education with hospital staff, patient and family on infections.
- Medication Education and Increase Compliance

#2. Access to Appropriate Resources: The top access issues mentioned in community input are transportation, uninsured and underinsured and the cost of medications. The uninsured and underinsured not only have access problems in seeing physicians and receiving necessary tests, 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.

#3. Prevention & Screening: Prevention and screening for disease becomes increasingly important as people age. In coordination with proper education, identifying early symptoms of diseases and understanding the cadence and side effects of current drug regimen is an important step for preventing disease and managing chronic conditions. Support for patients can be accessed across the care continuum.

#4. Health Issues Impacting the Elderly: Diabetes, Alzheimer's & Dementia, COPD, Coronary Artery Disease, Falls, and Wheelchair Access were all mentioned frequently in community input concerns even though the majority of the issues did not rise to the top of 4 or more mentions with the exception of Diabetes. 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 appropriate setting for discharge of patients who may be vent dependent after their stay at the LTACH is complete. A recurring concern was the lack of familial or relational support for patients in these care environments.

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 Needs Selected
1	Education and Resources
2	Access to Appropriate Resources
3	Prevention & Screening
4	Health Issues of the Elderly
5	Health Issue of LTACH Patients & Families

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. The Board of Directors will approve 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

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?

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?