Piedmont Newton Hospital
CHNA Implementation Strategy – Fiscal Years 2023, 2024 and 2025

On August 18, 2022, Piedmont Newton's board of directors approved the hospital's community health needs assessment (CHNA) implementation strategy, which laid out the tactics and strategies the hospital will undertake over the next three fiscal years to address the health priorities established in the hospital's CHNA.

Priority: Increase access to appropriate and affordable health, mental and dental care			
Vision	**Goal**	**Tactics**	**How to measure**
Low- and no-income patients receive assistance for necessary care	Eligible low- and no-income patients are enrolled in Medicaid or hospital-based financial assistance program	• Financial assistance is available for eligible low- and no-income populations • Patients are adequately alerted that financial assistance is available • Patients are given tools, resources, and ample opportunity to apply for assistance • Eligibility threshold of 300% Federal Poverty Level for financial assistance is maintained throughout all Piedmont hospitals • Actively screen all potentially patients for Medicaid coverage	• Annual review of policy, guidelines, PLS and languages served, updated to reflect any changes • Consistent policy administered throughout PHC
Low- and no-income patients have access to community-based care	Ensure that patients at not-for-profit charitable clinic Willing Helpers have access to the care needed to get – and stay – healthy	• Provide lab & imaging services free of charge to Willing Helpers	• Clinic to provide a quarterly report on how many patients received labs, how many labs were processed, the top twenty labs utilized, trends in

			patient care, and the number of specialty care appointments during that time
		• Provide office and practice clinic space at nominal charge ($1 annually) and cover cost of monthly utilities • PNtH clinical staff volunteer at the clinic and sit on the advisory board	patient care, and the number of specialty care appointments during that time
Local efforts to increase access to care are strengthened and grown	Provide funding to support specific programs of not-for-profit organizations who provide direct physical and/or mental health services to low-income patients	• Provide funding to community-based non-profit organizations that work to increase access to care for vulnerable patients through direct service • Areas can include primary and specialty care, transportation to and from physical and mental health appointments and the provision of mental health care	• Goals of funded programs are to be determined by the individual organizations and approved by PHC and PNtH • Progress evaluated by PHC and PNtH quarterly
Future health workers are trained	Provide health professions education to students as to further build the health workforce	• Continue to provide health education opportunities within the hospital, growing the program when possible and appropriate	• Regularly monitor program by compiling quarterly data via anonymous surveys from students, residents and faculty that is then used to evaluate program effectiveness, opportunities for growth
Mental health services for high-risk individuals is strengthened	Support the Newton County Resource Court by ensuring participants within the court have access to care	• Participate in the Resource Court events • Provide health screenings and education, including appropriate referrals to community-based providers • Provide household and hygiene items to program participants •	• Regularly monitor our participation with the court and evaluate opportunities to continually strengthen partnership • Track number of patients referred to mental health facilities

		Explore opportunities to support work with our partner charitable clinic, Willing Helpers, the dental community, and other county non- profit organizations to increase access to preventive and maintenance dental care	Track number of patients referred to dental clinics that provide care for low and no-income patients via the emergency department
Low- and no-income patients have access to dental care	Low-income patients receive timely and appropriate dental care		

Priority: Promote healthy behaviors to reduce chronic conditions and diseases			
Vision	**Goal**	**Tactics**	**How to measure**
More community members stop smoking	Provide nicotine cessation support	• Free, virtual nicotine cessation classes (provided by Piedmont Athens) open to patients system-wide • Provide general community awareness on tobacco's role in lung cancer and continually seek out opportunities to engage those populations at highest risk for smoking due to socioeconomic issues such as income and education level • Patients receive information and support for making a detailed, personalized quit plan	• Monitor attendance for classes • Deploy and monitor messaging to high-risk populations via Willing Helpers identified as highest risk for lung cancer death due to socioeconomic factors

Low- and no-income patients and community members develop healthy eating habits	Provide access to nutrition education programs and resources	Provide inpatients, outpatients, and community members access to evidence-based nutrition information from registered dietitian through in-hospital education and community programs, like the YMCA and other not for profit organizations, related to heart disease, diabetes, obesity, and oncology	• Monitor participation through attendance log and tracking in and outpatient encounters • Monitor program effectiveness through qualitative surveys • Continually seek out ways to improve programming
Public is alerted to risks and ways to reduce harm from heart disease, hypertension, and stroke	Create community outreach opportunities aimed at reaching at-risk populations on various health topics	• Utilizing evidenced-based messaging, create and deploy local education aimed at high-risk populations and the public • Ensure all programming and relevant materials are bilingual and are accessible to populations with limited health literacy	• Establish baseline of current messaging • Measure participation, outreach, and engagement for current and new work, aiming for a significant increase year over year
Reduce tobacco use and its deadly consequences in local youth population	Offer educational outreach opportunities in Newton County Public School System in grades K-12 on the dangers of smoking and vaping	• Utilizing evidenced-based messaging, create an age-appropriate anti-smoking and vaping presentation • Partner with local principals to identify interest in elementary, middle, and high schools	Regularly evaluate program to determine interest, participation, and opportunities for improvement across grade levels

Priority: Reduce preventable instances of and deaths from cancer			
Vision	**Goal**	**Tactics**	**How to measure**
High-risk community members receive lung cancer screenings	Increase local awareness of and local opportunities for lung cancer screening	• Increase local awareness on risks, warning signs and early detection for lung cancer, particularly among high-risk groups via local primary care physicians • Increase CT scans for CMS-defined heavy smokers • Increase early identification of suspicious nodules and thereby increase early cancer detection • Understanding low-income populations are more likely to smoke, create a mechanism for referrals for CT scans for heavy smokers from Willing Helpers	• Measure current awareness by availability of local resources and a survey of local messaging • Utilizing FY22 figures, aim to increase CT scans for heavy smokers, general community • Monitor positive results and continually improve referral process for follow-up care, particularly for low-income community members and others who may face barriers when attempting to accessing the health system
More community members stop smoking	Provide nicotine cessation support	• Free, virtual nicotine cessation classes (provided by Piedmont Athens) open to patients systemwide • Provide general community awareness on tobacco's role in lung cancer and continually seek out opportunities to engage those populations at highest risk for smoking due to socioeconomic issues such as income and education level • Patients receive information and support for making a detailed, personalized quit plan • Stroke and Cardiovascular Manager become certified smoking cessation educator	• Monitor attendance for classes • Deploy and monitor messaging to high-risk populations via Willing Helpers identified as highest risk for lung cancer death due to socioeconomic factors • Provide ant-smoking message at community events

		• Promote Lung Cancer Awareness month in November	
Uninsured and under-insured women are better able to recover from breast cancer	Support the Women's Diagnostic Center and Hope Boutique	• Provide information and referrals to Hope Boutique (free bras, wigs, prosthetics & lymphedema supplies) • Provide information and referrals to the Hope Boutique Assistance Fund for assistance with utility bills, mortgage and rent payments, insurance premiums, etc. • Provide information and referrals to outside organizations (Susan G. Komen Foundation, American Cancer Society, Cancer Foundation of NE GA) for grants and financial assistance • Provide information related to free cancer support groups and cancer wellness programs at Piedmont Newton Hospital • Host community events to promote breast education and breast cancer awareness • Host fundraising events within the community to support the Hope Boutique/Assistance Fund	• Monitor information and referrals for Hope Boutique, Hope Boutique Assistance Fund, cancer support and wellness groups • Seek patient input on why appointments weren't kept (such as transportation issues, cost, etc.) • Track participation at community events and amount of funds raised
Low-income community members receive appropriate cancer screenings	Create and provide a free mammogram, ultrasound, biopsy, and MRI program for underserved and/or underinsured women	Free or reduced-cost mammograms are provided to women that do not have insurance to receive diagnostic care and prevention of breast cancer via referrals from the Newton County Health Dept, Willing Helpers Clinic, and the Kimberly Chance Atkins Foundation	• Regularly monitor and evaluate program to determine if enough eligible women are receiving necessary mammograms • Solicit foundation and grant support to increase funding, community support

			• Track number of referrals from local agencies
More community members are screened for cancer	Overcome challenges of barriers to screenings and increase cancer colon, breast, and lung cancer screening awareness through community-based partnerships	• Work with community partners like the Department of Public Health, Willing Helpers Clinic and local medical community who can help provide necessary outreach and messaging • Establish a mechanism for screening referrals • Establish a mechanism for appropriate follow-up care that takes insurance status, income, and other barriers, such as transportation, into consideration	• Establish baseline of current activities and partnerships • Measure participation, outreach, and engagement for current and new work, aiming for a significant increase year over year • Monitor partnership and outreach effectiveness through qualitative methods, including interviews and surveys

Priority: Reduce preventable instances of and deaths from heart disease			
Vision	**Goal**	**Tactics**	**How to measure**
Public is alerted to risks and ways to reduce harm from heart disease, hypertension, and stroke	Create community outreach opportunities aimed at reaching at-risk populations on various health topics	• Utilizing evidenced-based messaging, create and deploy local education aimed at high-risk populations and the public • Ensure all programming and relevant materials are bilingual and are accessible to populations with limited health literacy	• Establish baseline of current messaging • Measure participation, outreach, and engagement for current and new work, aiming for a significant increase year over year

Hospital maintains stroke certification through community outreach	Offer stroke awareness educational materials and blood pressure screenings at health fairs and community events to achieve and maintain ASR DNV certification	• Utilize community events to provide basic health screenings and education on risk factors for stroke and heart disease BP and the importance of yearly checkups including labs (looking at cholesterol); recommend income and insurance-appropriate local primary care physician, if the patient does not have one • Create and deploy the Stroke Ambassador Program, in which hospital staff teaches a cohort of healthcare-focused students on the signs and symptoms of stroke and the importance of calling 911; these students will then have to teach 20 people each • Provide information in appropriate languages and ensure all messaging is appropriate for lower levels of health literacy	• Establish baseline of current outreach, aim for an increase year over year • Measure participation in Ambassador program • Measure efficacy of ambassador program through qualitative mechanisms
Low-income community members know how to shop for and prepare healthy foods on limited budgets	Continue Cooking Matters program in partnership with Willing Helpers, to help low-income populations combat obesity and promote healthy eating	• Using current blueprint, design and execute programming for healthy eating and shopping for families utilizing food stamps or have limited food budgets, and in consideration of conditions such as heart disease, diabetes, and obesity • Recruit patients for a four-week, four-session hour-long program that includes a trip to a convenient and affordable grocery store to learn how to best shop and read labels to encourage healthy eating • Potentially partner with local food banks to ensure ongoing access to healthy foods	• Monitor participation through attendance logs • Monitor effectiveness through qualitative surveys and participant interviews • Continually seek out ways to improve programming

Community members know how to look for heart problems	Increase community outreach to engage residents in education and screening for cardiovascular problems	• Continue to look for opportunities for community outreach, building on work already in place • Ensure all programming and relevant materials are bilingual and are accessible to populations with limited health literacy	• Monitor and track education and screening results
Reduce tobacco use and its deadly consequences in local youth population	Offer educational outreach opportunities in Newton County Public School System grades K-12 on the dangers of smoking and vaping	• Utilizing evidenced-based messaging, create an age-appropriate anti-smoking and vaping presentation • Partner with local principals to identify interest in elementary, middle, and high schools	• Regularly evaluate program to determine interest, participation, and opportunities for improvement across grade levels
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