

2019 CHNA Implementation Strategy

CHI Memorial Hospital – Georgia

Community Health Needs Assessment (CHNA): 2020-2023 Community Benefit Implementation Plan

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Introduction:

CHI Memorial Health Care System



I. History

CHI Memorial is a not-for-profit, faith-based healthcare organization dedicated to the healing ministry of the Church. Founded in 1952 by the Sisters of Charity of Nazareth and strengthened as part of Catholic Health Initiatives, CHI Memorial offers a continuum of care including preventative, primary and acute hospital care, as well as cardiac, cancer, orthopedic, imaging, and multitude of other services.

CHI Memorial is a regional referral center of choice with more than 400 volunteers, 3,500 associates and more than 600 affiliated physicians providing health care throughout Southeast Tennessee and North Georgia.

Taking care of families in Chattanooga and beyond while striving to provide the best in physical and spiritual attention is vital to our mission.

II. Mission

The Mission of Catholic Health Initiatives is to nurture the healing ministry of the Church, supported by education and research. Fidelity to the Gospel urges us to emphasize human dignity and social justice as we create healthier communities.

III. Vision

As a ministry of the Catholic church, CHI will lead the transformation of healthcare to achieve optimal health and wellbeing for those individuals and communities we serve, especially those who are poor and vulnerable.

IV. Values

We are guided by our Mission and Core Values of Reverence, Integrity, Compassion and Excellence.

- Reverence: a profound spirit of awe and respect for all of creation, shaping our relationship to self, one another and to God, and acknowledging that we hold in trust all that has been given to us.
- **Integrity:** moral wholeness, soundness, uprightness, honesty and sincerity as the basis of trustworthiness.
- **Compassion:** feeling with others, being one with others in their sorrows and joy, rooted in the sense of solidarity as members of the human community. It is the heartfelt concern for the needs of others that compels us to respond. Compassion makes a difference you can feel.
- **Excellence:** outstanding achievement, merit and virtue, continually surpassing standards to achieve and maintain quality.

V. Commitment

Dedicated to this long commitment to the Chattanooga community by the Sisters of Charity of Nazareth and the legacy of the sisters, the leadership of CHI Memorial embraces the call and the challenge to carry on this ministry today and into the future.

An essential part of this call to serve includes being attuned to the needs of the community around us in service to all who are in need regardless of their economic status. CHI Memorial routinely provides care to people who have no insurance and cannot pay or whose insurance does not cover the full cost of their care. We emphasize health promotion and chronic disease prevention and management, especially for those vulnerable and underserved populations.

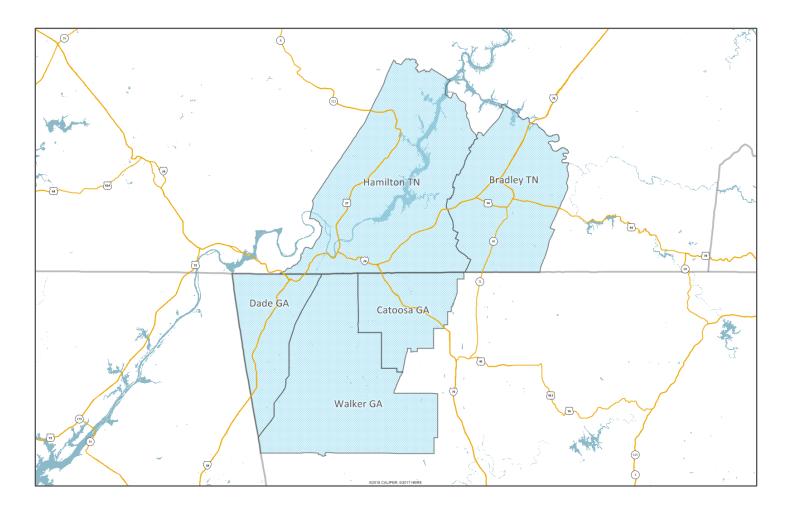
CHI Memorial strives to continuously learn more about our community and its needs so as to respond more appropriately and effectively in the services we provide. Rooted in our heritage and our mission, CHI Memorial exemplifies its commitment to Community Benefit in the following ways:

- the Mission statement and Core Values that guide CHI Memorial to revere the human dignity of each person and to promote healthy communities
- the existence of a Community Benefit Steering Committee consisting of executive leadership and selected key stakeholders within CHI Memorial

- the existence of our policy on Community Benefit approved by our Board of Directors
- the existence of our Charity Care Policy regarding billing and collections that takes into account the challenges and struggles of our marginalized population
- the existence of our Charity Care Committee that reviews and scrutinizes special needs situations
- the fact that all primary care clinics within the CHI Memorial Medical Group maintain a commitment to charity care
- the commitment to maintaining a primary care clinic that serves the uninsured and underinsured in the community
- the collaboration with Stratasan a Nashville-based firm specializing in identifying community needs that helped guide the research and compilation of the Community Health Needs Assessment process and final document

Overview:

2019 CHNA Process



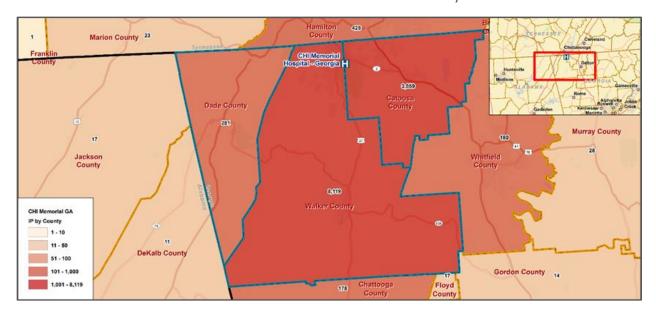
I. Area

CHI Memorial's 2016 CHNA focused on three counties within its service area – Hamilton, Catoosa, and Walker – collectively. For its 2019 CHNA, the health system chose to expand to five counties; also, to more-thoroughly study the unique needs of the community, the 2019 process involved separate activities and reporting for the Tennessee (TN) and Georgia (GA) counties; the full TN and GA reports are available at https://www.memorial.org/en/about-us/community-benefit.html, respectively.

The full GA report is entitled:

2019
 CHI Memorial Hospital – Georgia
 Community Health Needs Assessment
 Catoosa County, Dade County, and Walker County, GA

This community identified by CHI Memorial includes medically underserved, low-income, or minority populations who live in the geographic areas from which CHI Memorial draws its patients. All patients were used to determine the service area without regard to insurance coverage or eligibility for financial assistance under CHI Memorial's Financial Assistance Policy:



 Catoosa, Dade, and Walker Counties provided 91% of inpatient discharges in the GA study area.

II. Assessment

The CHNA uses systematic, comprehensive data collection and analysis to define priorities for health improvement, creates a collaborative community environment to engage stakeholders, and an open and transparent process to listen and truly understand the health needs of the community.

CHI Memorial Hospital – Georgia, as the sponsor of the assessment, engaged national leaders in community health needs assessments to assist in the project in 2018. Stratasan, a healthcare analytics and facilitation company based out of Nashville, Tennessee, provided the analysis of community health data, facilitated the focus group, conducted the interviews and facilitated a community health summit to receive community input into the priorities and brainstorm goals and actions the community could take to improve health.

In January 2019, the hospital began a CHNA for Catoosa, Dade, and Walker Counties in GA; they sought input from persons who represent the broad interests of the community using several methods:

- **Primary Assessment Methods** → community focus groups, interviews with community members, telephonic/online survey of community members, and a community health summits
- Secondary Assessment Methods → public health data, demographics, and psychographics

The three-month CHNA process centered on gathering and analyzing data as well as receiving input from persons who represented the broad interests of the community to provide direction for the community and hospital to create a plan to improve the health of the community.

 Eighty-three individuals from fifty-three community and healthcare organizations collaborated to implement a comprehensive CHNA process focused on identifying and defining significant health needs, issues, and concerns of Catoosa, Dade, and Walker Counties.

Note: representatives of the Catoosa, Dade, and Walker County Health Departments participated.

Input of medically underserved, low-income and minority populations was received during the focus group, interviews, and the Community Health Summit. Agencies representing these population groups were intentionally invited to the focus group, interviews and Summit. Additionally the community telephone and online survey were representative of the whole community – by age, income, and education.

III. Quantitative Report

This section contains summaries of the quantitative data collected and utilized for the 2019 CHNA.

Population Summary

The following table and notes present an overall summary of the 2019 CHNA's geographic, demographic, and psychographic analysis by county.

| | Catoosa County | Dade County | Walker County | Georgia | USA |
|--------------------------------|-----------------|---------------------------|---------------------------|---------------------------|------------------|
| Population | 67,471 | 16,581 | 69,136 | 10,517,229 | 330,088,686 |
| Median Age | 40.2 | 40.6 | 41.6 | 36.6 | 38.3 |
| Median Household Income | \$51,995 | \$44,477 | \$43,455 | \$54,785 | \$58,100 |
| Annual Pop. Growth (2018-2023) | 0.77% | -0.13% | 0.17% | 1.10% | 0.83% |
| Household Population | 25,758 | 6,306 | 26,598 | 3,883,230 | 124,110,001 |
| Dominant Tapestry | Middleburg (4C) | Southern Satellites (10A) | Southern Satellites (10A) | Southern Satellites (10A) | Green Acres (6A) |
| Businesses | 1,768 | 489 | 1,469 | | |
| Employees | 18,120 | 4,801 | 15,065 | 4,550,720 | 151,173,763 |
| Medical Care Index* | 82 | 84 | 81 | 95 | 100 |
| Average Medical Expenditures | \$1,599 | \$1,632 | \$1,585 | \$1,859 | \$1,950 |
| Total Medical Expenditures | \$41.2 M | \$10.3 M | \$42.2 M | \$7.2 B | \$242.0 B |
| Racial and Ethnic Make-up | | | | | |
| White | 92% | 95% | 92% | 57% | 70% |
| Black | 3% | 1% | 4% | 32% | 13% |
| American Indian | 0% | 1% | 0% | 0% | 1% |
| Asian/Pacific Islander | 2% | 1% | 1% | 4% | 6% |
| Other | 1% | 1% | 1% | 4% | 7% |
| Mixed Race | 2% | 2% | 2% | 3% | 3% |
| Hispanic Origin | 3% | 2% | 2% | 10% | 18% |

- The GA counties are increasing in population less rapidly than the state/nation.
- All counties have approximately the same median age (older than the state/nation).
- The GA counties are racially/ethnically homogenous compare to the states/nation.
- In the United States, 27% of the population has median household income of over \$100,000:
 - \circ Catoosa \rightarrow 18%
 - \circ Dade \rightarrow 15%
 - \circ Walker \rightarrow 14%
- Regarding the business profiles of the TN counties, the main industries are:
 - Catoosa → Retail Trade (25.7%)
 - Dade → Manufacturing (27.9%)
 - Walker \rightarrow Retail Trade (18.1%)
- Regarding the behavioral profiles of the GA counties, the main definitions are:
 - GA = "Southern Satellites" (31%) →

"Southern Satellites is the second largest market found in rural settlements but within metropolitan areas located primarily in the South. This market is typically non-diverse, slightly older, settled married-couple families, who own their homes. Two-thirds of the homes are single-family structures; almost a third are mobile homes. Median household income and home value are below average. Workers are employed in a variety of industries, such as manufacturing, health care, retail trade, and construction, with higher proportions in mining and agriculture than the US. Residents enjoy country living, preferring outdoor activities and DIY home projects."

Health Status Summary

The following table and notes present an overall summary of the 2019 CHNA's health status by county.

| Cause of Death | Catoosa County | Dade County | Walker County | Georgia | US |
|---------------------|-------------------|----------------|------------------|---------|-------|
| Heart disease | 199.0 | 222.0 | 293.2 | 175.8 | 165.0 |
| Cancer | 172.2 | 194.8 | 179.9 | 154.9 | 152.5 |
| Accidents | 59.0 | | 52.6 | 45.2 | 49.4 |
| Respiratory disease | 67.2 | 82.0 | 77.7 | 46.2 | 40.9 |
| Stroke | 45.3 | 59.6 | 62.6 | 43.5 | 37.6 |
| Alzheimer's disease | 48.9 | 54.8 | 56.8 | 46.0 | 31.0 |
| Diabetes | 25.0 | | 16.1 | 21.5 | 21.5 |

- Except for the Diabetes death rate in Walker County, all of the GA counties' death rates were higher than the state's.
- Catoosa County was the 19th healthiest county in GA (out of 159); Dade County was 53rd and Walker County was 80th.
- Regarding health status measurements that need improvement ("opportunities"):
 - \circ Catoosa \Rightarrow smoking, obesity, alcohol consumption, high school graduation
 - Dade → smoking, obesity, alcohol consumption, health insurance, primary care physician numbers, and violent crime
 - Walker → smoking, obesity, primary care physician numbers, preventable hospital stays, mammography screenings, high school graduation, college attendance, and violent crime
- Regarding health status measurements that do not need improvement ("strengths"):
 - Catoosa → food environment index, health insurance, income inequality, single-parent homes, severe housing issues
 - Dade → food environment index, alcohol-related riving deaths, sexually-transmitted infections, high school graduation
 - \circ Walker \Rightarrow health insurance, unemployment, sexually-transmitted infections

IV. Qualitative Report

This section contains summaries of the qualitative data collected and utilized for the 2019 CHNA.

Note: these data were collected during the telephonic/online survey from persons who represented the broad interests of the community, the focus group/interviews, and the community health summit.

Themes Summary

During the survey, focus group, and interviews, a set of specific themes emerged within the qualitative data collected:

- GA →
 - Catoosa, Dade, Walker Counties need to create a "Culture of Health" which permeates throughout the towns, employers, churches, and community organizations to engender commitment to health improvement.

- There is a direct relationship between health outcomes and affluence (income and education). Those with the lowest income and education generally have the poorest health outcomes.
- o It will take a partnership with a wide range of organizations and citizens pooling resources to meaningfully impact the health of the community. However, the counties have many assets to improve health.

Needs Summary

During the community health summit, a set of significant needs emerged within the qualitative data collected (in order of significance):

- GA →
 - 1. Access to Care and Insurance (TIE 1-2)
 - 2. Obesity Health Eating/Active Living (TIE 1-2)
 - 3. Smoking/Vaping
 - 4. Education
 - 5. Substance Abuse Disorder
 - 6. Transportation
 - 7. Mental Health
 - 8. Chronic Disease

V. Key Findings

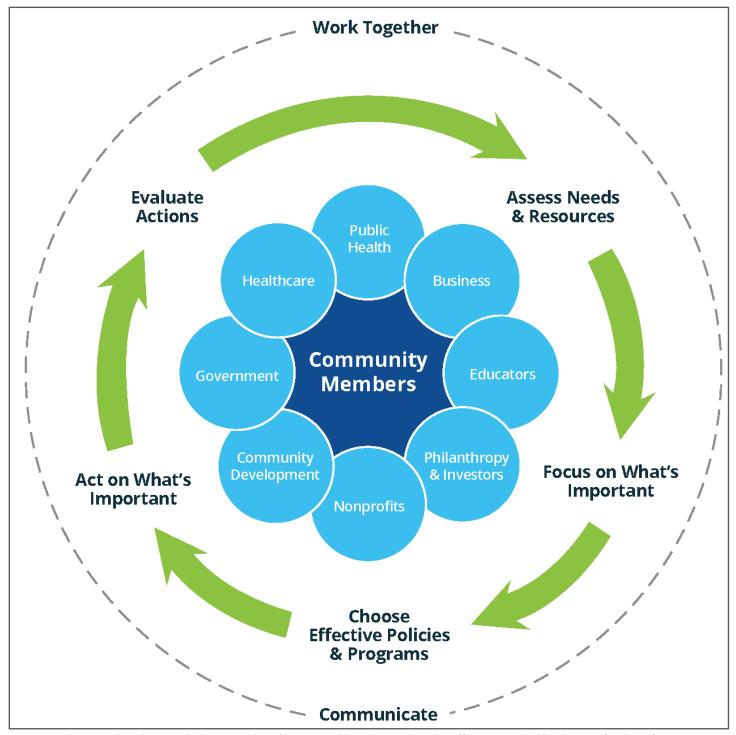
Combining the quantitative and qualitative data into one set of amalgamated key findings, the 2019 CHNA determined a set of community-defined priorities to guide CHI Memorial's community benefit initiatives.

Georgia Key Findings

- 1. Affordability
- 2. Access (TIE 2-3)
- 3. Obesity Healthy Eating/Active Living (TIE 2-3)
- 4. Smoking
- 5. Education
- 6. Substance Abuse Disorder
- 7. Transportation
- 8. Mental Health
- 9. Chronic Disease

Review:

2020-2023 CHNA Opportunity



 $Action \ Cycle \ Source: the \ Robert \ Wood \ Johnson \ Foundation's \ County \ Health \ Rankings \ Website: http://www.Countyhealthrankings.org/roadmaps/action-center$

I. Initiatives

In the interest of working to address community health issues related to its 2019 CHNA Key Findings/community-defined priorities, CHI Memorial is committed to engaging in the following initiatives, which require either (1) establishing a new project, program, or partnership and/or (2) enhancing the operation of an existing project, program, or partnership.

Note: all of these initiatives address several of the 2019 CHNA priorities, as well as the Social Determinants of Health (as defined by the Henry J. Kaiser Family Foundation).

- Enhance the alignment and allocation of CHI Memorial community grant funding to support organizations addressing these CHNA Priorities.
- Expand marketing -- traditional and social media -- to promote CHI Memorial and partner efforts associated with these CHNA Priorities.
- Explore and/or establish new CHI Memorial partnerships with community organizations to serve poor and vulnerable populations.
- Expand the CHI Memorial mobile screening program by increasing the number of screenings administered to indigent or underserved patients and by enlarging the geographic area covered.
- Enhance CHI Memorial partnerships with the Chattanooga Tumor Clinic (CTC) and other community organizations by assisting the CTC with HPV screenings, assessing patients for suicidal ideation (CHI Memorial Cancer Resource Center), and supporting Remote Area Medical (RAM) clinics.
- Expand the CHI Memorial cardiac outreach program by increasing the number of visits at outreach clinics (particularly charity care visits).
- Enhance CHI Memorial educational programs supporting cardiovascular health.
- Expand the CHI Memorial-supported A Matter of Balance falls-prevention program in the Northwest Georgia community.
- Expand the CHI Memorial-supported Mental Health First-Aid behavioral health program by increasing the number of trainings offered.
- Explore opportunity for CHI Memorial to partner with organizations to address tobacco/vape use through education and outreach.
- Explore opportunity to partner with an addiction specialist to treat patients hospitalized in a CHI Memorial facility for an extended period of time.
- Establish a CHI Memorial resource for Northwest Georgia residents that describes the availability of ALL health care services in their community and options for travelling to/from those locations.

Conclusion:

Projects, Program, and Partnerships

| CHI Memorial | | Community Health Needs Assessment (CHNA): Implementation Plan Program/Project Grid (Fiscal Year 2020) | | | SOCIAL DETERMINANTS OF HEALTH * | | | | | | FY2020 | -2023 CHNA | METRIC OU | TCOMES | |
|--------------------------------|--------------------------|---|--|--|---------------------------------|--------------------------|------------------------|------------------------|----------------------|-----------------------|---|------------|-----------|--------|-----------|
| Department(s) | Community Partnership | GOAL (FY2020-23) | TACTIC (FY2020-23) | FY2020 CHNA PRIORITY | Financial Stability | Environmental Quality | Educational Quality | Nutritional Quality | Community Context | Health Care Access | METRIC (FY2020-23) | Baseline | | | |
| | | Community Benefit: Grants Program | Enhance the alignment and allocation of CHI Memorial community grant funding to support organizations addressing these CHNA Priorities. | Poverty/Public Safety Access to Care/Insurance Transportation Pediatric Health Obesity/Healthy Eating/Active Living | X | Х | X | Х | Х | Х | NEW Programs, Partners, Grantees, and/or Initiatives | | | | |
| Community Benefit Marketing | | Community Benefit: Media and Promotions | Expand marketing traditional and social media to promote CHI Memorial and partner efforts associated with these CHNA Priorities. | Education/Personal Responsibility Chronic Disease Management Behavioral Health Substance Use/Abuse | X | X | X | X | X | X | CHNA-Specific Activities | | | | |
| | | Serve the Underserved: Pediatrics Primary Care Specialty Care | Explore and/or establish new CHI Memorial partnerships with community organizations to serve poor and vulnerable populations. | Access to Care/Insurance Pediatric Health Obesity/Healthy Eating/Active Living Education/Personal Responsibility Chronic Disease Management Behavioral Health | | | X | X | X | X | # of Partnerships/Programs | | | | |
| | | Build Healthier Communities: Cancer Support | Expand the CHI Memorial mobile screening program by increasing the number of screenings administered to indigent or underserved patients and by enlarging the geographic area covered. | Access to Care/Insurance Transportation Education/Personal Responsibility Chronic Disease Management | | | X | | | X | # NEW Screening Events (per Key Geographic Area) | # 0% | | | # 100% |
| | | Build Healthier Communities: Cancer Support | Enhance CHI Memorial partnerships with the Chattanooga Tumor Clinic (CTC) and other community organizations by assisting the CTC with HPV screenings, assessing patients for suicidal ideation (CHI Memorial Cancer Resource Center), and supporting Remote Area Medical (RAM) clinics. | Access to Care/Insurance Transportation Education/Personal Responsibility Chronic Disease Management | X | | X | | X | X | % Progress | 0% | | | 100% |
| | | Build Healthier Communities: Heart Health | Expand the CHI Memorial cardiac outreach program by increasing the number of visits at outreach clinics (particularly charity care visits). | Access to Care/Insurance Transportation Chronic Disease Management | | | | | X | X | # Visits | | | | |
| | | Build Healthier Communities: Heart Health | Enhance CHI Memorial educational programs supporting cardiovascular health. | Obesity/Healthy Eating/Active Living Education/Personal Responsibility Chronic Disease Management | | | X | X | | | % Progress | 0% | | | 100% |
| | | Build Healthier Communities: Injury and Disease Prevention | Expand the CHI Memorial-supported A Matter of Balance falls-prevention program in the Northwest Georgia community. | Obesity/Healthy Eating/Active Living Education/Personal Responsibility | | | X | | X | | # NEW Participants # NEW Programs/Sites | | | | |
| | | Build Healthier Communities: Behavior | Expand the CHI Memorial-supported Mental Health First-Aid behavioral health program by increasing the number of trainings offered. | Education/Personal Responsibility Behavioral Health | | | X | | X | | # NEW Trainings | | | | |
| | | Build Healthier Communities: Substance Use | Explore opportunity for CHI Memorial to partner with organizations to address tobacco/vape use through education and outreach. | Education/Personal Responsibility Substance Use/Abuse | | X | X | | X | | % Progress | 0% | | | 100% |
| | | Build Healthier Communities: Substance Abuse | Explore opportunity to partner with an addiction specialist to treat patients hospitalized in a CHI Memorial facility for an extended period of time. | Access to Care/Insurance Education/Personal Responsibility Behavioral Health Substance Use/Abuse | | | X | | | X | % Progress | 0% | | | 100% |
| | | Build Healthier Communities: Transportation | Establish a CHI Memorial resource for Northwest Georgia residents that describes the availability of ALL health care services in their community and options for travelling to/from those locations. | Access to Care/Insurance Transportation | | X | | | | X | % Progress | 0% | | | 100% |
| | | | | | | | | | | | | | | | |

I. The Grid

To guide the implementation of the initiatives – and support understanding of how the initiatives match to the 2019 CHNA community-defined priorities – the following implementation grid (divided in half for ease of reference in this document) was created. It contains:

- the CHI Memorial departments responsible for implementation of the initiatives
- an indicator displaying whether or not the initiatives requires a community partnership
- a categorical "Goal" for the groups of initiatives
- the descriptions of each initiative (each labeled as a "Tactic")
- the "CHNA Priority" aligned with the initiative
- the "Social Determinants of Health" addressed by initiatives
- the quantitative and/or qualitative "Metrics" tracking the progress of the initiatives
- the baseline and target "Outcomes" of the initiative metric

| Department(s) | Community Partnership | GOAL (FY2020-23) | TACTIC (FY2020-23) | FY2020 CHNA PRIORITY | | |
|--------------------------------|--------------------------|---|---|--|--|--|
| Community Benefit | X | Community Benefit: Grants Program | Enhance the alignment and allocation of CHI Memorial community grant funding to support organizations addressing these CHNA Priorities. | Poverty/Public Safety Access to Care/Insurance Transportation Pediatric Health Observe Health | | |
| Community Benefit Marketing | X | Community Benefit: Media and Promotions | Expand marketing traditional and social media to promote CHI Memorial and partner efforts associated with these CHNA Priorities. | Obesity/Healthy Eating/Active Living Education/Personal Responsibility Chronic Disease Management Behavioral Health Substance Use/Abuse | | |
| Community Benefit Strategy | x | Serve the Underserved: Pediatrics Primary Care Specialty Care | Explore and/or establish new CHI Memorial partnerships with community organizations to serve poor and vulnerable populations. | Access to Care/Insurance Pediatric Health Obesity/Healthy Eating/Active Living Education/Personal Responsibility Chronic Disease Management Behavioral Health | | |
| Cancer Service Line | x | Build Healthier Communities: Cancer Support | Expand the CHI Memorial mobile screening program by increasing the number of screenings administered to indigent or underserved patients and by enlarging the geographic area covered. | Access to Care/Insurance Transportation Education/Personal Responsibility Chronic Disease Management | | |
| Cancer Service Line | x | Build Healthier Communities: Cancer Support | Enhance CHI Memorial partnerships with the Chattanooga Tumor Clinic (CTC) and other community organizations by assisting the CTC with HPV screenings, assessing patients for suicidal ideation (CHI Memorial Cancer Resource Center), and supporting Remote Area Medical (RAM) clinics. | Access to Care/Insurance Transportation Education/Personal Responsibility Chronic Disease Management | | |
| Cardiac Service Line | | Build Healthier Communities: Heart Health | Expand the CHI Memorial cardiac outreach program by increasing the number of visits at outreach clinics (particularly charity care visits). | Access to Care/Insurance Transportation Chronic Disease Management | | |
| Cardiac Service Line | Х | Build Healthier Communities: Heart Health | Enhance CHI Memorial educational programs supporting cardiovascular health. | Obesity/Healthy Eating/Active Living Education/Personal Responsibility Chronic Disease Management | | |
| Community Benefit | X | Build Healthier Communities: Injury and Disease Prevention | Expand the CHI Memorial-supported A Matter of Balance falls-prevention program in the Northwest Georgia community. | Obesity/Healthy Eating/Active Living Education/Personal Responsibility | | |
| Community Benefit | Х | Build Healthier Communities: Behavior | Expand the CHI Memorial-supported <i>Mental Health First-Aid</i> behavioral health program by increasing the number of trainings offered. | Education/Personal Responsibility Behavioral Health | | |
| Strategy | X | Build Healthier Communities: Substance Use | Explore opportunity for CHI Memorial to partner with organizations to address tobacco/vape use through education and outreach. | Education/Personal Responsibility Substance Use/Abuse | | |
| Community Benefit | x | Build Healthier Communities: Substance Abuse | Explore opportunity to partner with an addiction specialist to treat patients hospitalized in a CHI Memorial facility for an extended period of time. | Access to Care/Insurance Education/Personal Responsibility Behavioral Health Substance Use/Abuse | | |
| Strategy | Х | Build Healthier Communities: Transportation | Establish a CHI Memorial resource for Northwest Georgia residents that describes the availability of ALL health care services in their community and options for travelling to/from those locations. | Access to Care/Insurance Transportation | | |

| | SOCIAI | . DETERMINA | ANTS OF HEA | ALTH * | | | FY2020-2023 CHNA METRIC OUTCOMES | | | | | |
|------------------------|--------------------------|------------------------|------------------------|----------------------|-----------------------|---|----------------------------------|-----------|-----------|-----------|--|--|
| Financial Stability | Environmental Quality | Educational Quality | Nutritional Quality | Community Context | Health Care Access | METRIC (FY2020-23) | Baseline | Target Y1 | Target Y2 | Target Y3 | | |
| X | X | X | X | X | X | NEW Programs, Partners, Grantees, and/or Initiatives | | | | | | |
| X | X | X | X | X | X | CHNA-Specific Activities | | | | | | |
| | | X | X | X | X | # of Partnerships/Programs | # | # | # | # | | |
| | | X | | | X | # NEW Screening Events (per Key Geographic Area) | # 0% | # % | # % | # 100% | | |
| X | | X | | X | X | % Progress | 0% | % | % | 100% | | |
| | | | | X | X | # Visits | # | # | # | # | | |
| | | X | X | | | % Progress | 0% | % | % | 100% | | |
| | | X | | X | | # NEW Participants # NEW Programs/Sites | # | # | # | # | | |
| | | X | | X | | # NEW Trainings | # | # | # | # | | |
| | X | X | | X | | % Progress | 0% | % | % | 100% | | |
| | | X | | | X | % Progress | 0% | % | % | 100% | | |
| | X | | | | X | % Progress | 0% | % | % | 100% | | |