



COMMUNITY HEALTH NEEDS ASSESSMENT

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Implementation Strategies:

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Jefferson Hospital Association, Inc., d/b/a Jefferson Regional Medical Center (JRMC) is a 501(c)(3) organization and sole community hospital located at 1600 West 40th, Pine Bluff, Arkansas. JRMC's primary purpose is to provide healthcare to the citizens of Southeast Arkansas and is the only general acute care hospital in Jefferson County. It is licensed for 471 acute care beds and currently operates 333 beds.

As required by section 501(r)(3) of the Internal Revenue Code, JRMC must conduct a Community Health Needs Assessment (CHNA) every three taxable years. JRMC's taxable year is the same as its fiscal year, which runs from July 1 to June 30 of the following calendar year. The last JRMC CHNA was conducted in fiscal year 2013. Therefore, JRMC is required to conduct a CHNA in fiscal year 2016, which ends June 30, 2016.

In final regulations published in the Federal Register on December 31, 2014, the Internal Revenue Service specifically allows hospitals to meet the requirement for conducting a CHNA by updating a previous CHNA as opposed to creating an entirely new CHNA. However, the solicitation and consideration of input are still required. The JRMC fiscal year 2013 CHNA included a substantial amount of input as it was conducted simultaneously with a strategic planning process. As all of the 2013 CHNA

findings remain relevant today, JRM has elected to conduct an update of the 2013 CHNA rather than an entirely new CHNA.

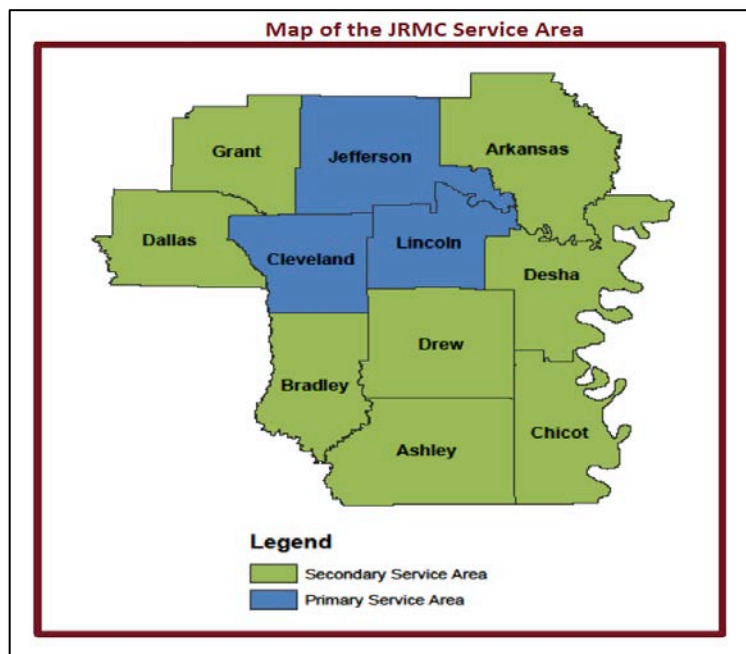
The Community

JRM is the sole hospital located in Jefferson County, Arkansas. Furthermore, JRM is the primary general acute care hospital serving Cleveland and Lincoln counties, as there is no hospital located in either of these counties. Together, Jefferson, Cleveland and Lincoln counties form the Pine Bluff Metropolitan Statistical Area, which coincides with JRM's primary service area. Based on calendar 2015 data, 77% of all JRM inpatient admissions and 84% of all JRM outpatient visits originate from these three counties.

JRM's secondary service area consists of Arkansas, Ashley, Bradley, Chicot, Dallas, Desha, Drew and Grant counties. 19% of calendar 2015 inpatient admissions at JRM originated from these eight counties as well as 12% of outpatient visits.

The primary and secondary service areas defined above are the source of 96% of all JRM patients. JRM identifies this 11-county service area as its community for purposes of this CHNA. For a comprehensive review of the demographics, socioeconomic and population characteristics of the community, refer to the 2013 CHNA.

A graphical depiction of JRM's service is provided below.



Community Input

As part of the CHNA process conducted by JRM in 2013, over 160 individuals were involved in various work groups and focus groups that provided input from the community. The input received from these individuals remains relevant and it was determined unnecessary to repeat such extensive efforts.

However, regulations require input be solicited from persons who represent the broad interests of the community, specifically including governmental public health representatives. JRMC solicited input from the administrators of the local health units of the Arkansas Department of Health throughout the defined community. Written materials were provided in advance to these 11 public health officials. Phone calls or in-person visits were made to survey these public health official's comments. Ultimately, 10 of the 11 public health officials provided input. As a result of this input, previously identified community health needs were re-prioritized and one new community health need was added.

In addition to the public health officials, JRMC senior management and physician leadership reviewed the 2013 CHNA and provided input for this update. The senior management collaborated to reach the final prioritization of the community health needs and this report was prepared under their direction.

Prioritized List of Community Health Needs

The following list of community health needs was prioritized based on the following factors:

- The number of community members affected
 - The needs of particularly vulnerable or underserved populations
 - The potential impact on quality of life
 - The availability of resources in the community
 - The potential to improve overall community health
 - The success of JRMC's efforts to impact previously identified needs
1. **PHYSICIAN ACCESS**. Availability and access to both primary care and specialty physicians. Analysis and qualitative input from the community groups indicated this was a critical need for the community.
 2. **HEALTHCARE WORKFORCE DEVELOPMENT**. Healthcare workforce development (recruitment, education, training, retention and retooling) to ensure a sufficient number, and appropriately skilled and qualified, workforce is available to care for the residents of Southeast Arkansas. Studies for UAMS projected significant workforce shortages throughout the State. JRMC analysis and community groups identified certain disciplines, that in the short-term, may present significant challenges.
 3. **EDUCATION, PREVENTION AND MANAGEMENT OF STROKE AND HEART DISEASE**. Education, prevention, and general medical care for stroke and heart disease, including education and training on prevention and/or self-management of high cholesterol and high blood pressure. Reduce mortalities as a result of heart disease. The availability of primary care and specialty physicians is one of the larger hurdles to meeting the need of caring for stroke and heart disease.
 4. **EDUCATION, PREVENTION AND MANAGEMENT OF DIABETES**. Education, prevention, self-management and general medical care for diabetes, with the goal of reducing complications and mortality rates.
 5. **EDUCATION, PREVENTION AND MANAGEMENT OF OBESITY**. Education and prevention of obesity. Increase nutritional knowledge and self-management of weight.
 6. **EDUCATION, PREVENTION AND MANAGEMENT OF CHRONIC DISEASE**. Increase knowledge of, and assistance with, self-management of chronic diseases with the goal of reducing health issues, complications and mortalities related to such chronic diseases. Self-management of chronic diseases is an area that will require partnerships with physicians and other healthcare providers and JRMC. JRMC has identified needs in hypertension and kidney failure.

7. **EDUCATION, PREVENTION AND MANAGEMENT OF TEEN BIRTHS AND LOW BIRTH WEIGHT.**
This is the one new community health need identified from the input of public health officials. According to county health data, all 11 counties in the community have rates of low birth weight that are greater than the Arkansas and national averages. Seven of the 11 counties have teen birth rates above the Arkansas average and all 11 counties have teen birth rates above the national average.
8. **EDUCATION, PREVENTION AND MANAGEMENT OF SEXUALLY TRANSMITTED DISEASES.**
Increase education of youth regarding sexually transmitted diseases with the expressed desire to reduce the incidence and occurrence of STD.
9. **EMERGENCY SERVICES.** Availability of emergency services, including trauma, for residents of Southeast Arkansas. Emergency and trauma services were identified by the community groups as a critical service which JRMC must continue to provide.
10. **SURGICAL SERVICES.** Availability of surgical services. Surgical services is made up of facilities, equipment, technologies, physician specialists, and trained staff. As indicated in the above manpower reference, having enough appropriately trained physician specialists will be a top priority, thus adding to the need to have robust surgical services available for Southeast Arkansas.
11. **DIAGNOSTIC SERVICES.** Availability of advanced diagnostic and ancillary services. JRMC currently provides advanced radiologic diagnostic services in three locations. No need was identified for additional diagnostic facilities. Rather community groups sought to ensure JRMC continued to operate existing facilities.

Implementation Strategies (Updated November 14, 2016)

After a hospital has identified and prioritized its community health needs, implementation strategies must be adopted that outline how the hospital will address the needs. Regulations specify that implementation strategies must be adopted by the 15th day of the 5th month following the end of the taxable year that the CHNA was conducted.

The following table identifies the implementation strategies adopted for each identified community health need.

Community Health Need	Implementation Strategy
1. <u>PHYSICIAN ACCESS.</u> Availability and access to both primary care and specialty physicians. Analysis and qualitative input from the community groups indicated this was a critical need for the community.	<ul style="list-style-type: none"> • Continue physician recruitment based upon medical manpower plan priorities • Continue support of UAMS-AHEC Family Practice residency program • Work with UAMS and others to establish alternative approaches to place specialists in SEARK • Continue recruitment of PAs and APNs to complement and extend physicians where appropriate • Continue expansion of satellite clinics to provide specialty care closer to patient homes

Community Health Need	Implementation Strategy
<p>2. <u>HEALTHCARE WORKFORCE DEVELOPMENT.</u> Healthcare workforce development (recruitment, education, training, retention and retooling) to ensure a sufficient number, and appropriately skilled and qualified, workforce is available to care for the residents of Southeast Arkansas. Studies for UAMS projected significant workforce shortages throughout the State. JPMC analysis and community groups identified certain disciplines, that in the short-term, may present significant challenges.</p>	<ul style="list-style-type: none"> • Continue to support and operate JPMC School of Nursing. • Continue to provide support for clinical rotations for UAPB, UAM, SEARK and other nursing programs. • Continue to serve as a rotation site for SEARK and other teaching/training programs in fields such as radiology, respiratory therapy, medical technology, etc. • Continue to provide tuition reimbursement for JPMC employees to further their education and training.
<p>3. <u>EDUCATION, PREVENTION AND MANAGEMENT OF STROKE AND HEART DISEASE.</u> Education, prevention, and general medical care for stroke and heart disease, including education and training on prevention and/or self-management of high cholesterol and high blood pressure. Reduce mortalities as a result of heart disease. The availability of primary care and specialty physicians is one of the larger hurdles to meeting the need of caring for stroke and heart disease.</p>	<ul style="list-style-type: none"> • Develop or partner with other healthcare providers to add to the current offering of education on prevention and/or self-management. • Continue to offer workplace screenings and outreach to schools and churches.
<p>4. <u>EDUCATION, PREVENTION AND MANAGEMENT OF DIABETES.</u> Education, prevention, self-management and general medical care for diabetes, with the goal of reducing complications and mortality rates.</p>	<ul style="list-style-type: none"> • Continue the LEAP program and other educational offerings to diabetic patients and families on nutrition, exercise, medications and self-management.
<p>5. <u>EDUCATION, PREVENTION AND MANAGEMENT OF OBESITY.</u> Education and prevention of obesity. Increase nutritional knowledge and self-management of weight.</p>	<ul style="list-style-type: none"> • Continue to operate two wellness centers, providing discounts to employer groups, and providing a full range of wellness and fitness programs and classes.
<p>6. <u>EDUCATION, PREVENTION AND MANAGEMENT OF CHRONIC DISEASE.</u> Increase knowledge of, and assistance with, self-management of chronic diseases with the goal of reducing health issues, complications and mortalities related to such chronic diseases. Self-management of chronic diseases is an area that will require partnerships with physicians and other healthcare providers and JPMC. JPMC has identified needs in hypertension and kidney failure.</p>	<ul style="list-style-type: none"> • Continue to provide health fairs and outreach programs to local businesses, churches and the general public. • Work with local home health agencies to ensure education and assistance is available and provided in the home. • Expand the role of case management to assist with coordination of post-acute care management.

Community Health Need	Implementation Strategy
<p>7. <u>EDUCATION, PREVENTION AND MANAGEMENT OF TEEN BIRTHS AND LOW BIRTH WEIGHT.</u> This is the one new community health need identified from the input of public health officials. According to county health data, all 11 counties in the community have rates of low birth weight that are greater than the Arkansas and national averages. Seven of the 11 counties have teen birth rates above the Arkansas average and all 11 counties have teen birth rates above the national average.</p>	<ul style="list-style-type: none"> • Seek opportunities to partner with other providers and organizations to develop educational and outreach programs.
<p>8. <u>EDUCATION, PREVENTION AND MANAGEMENT OF SEXUALLY TRANSMITTED DISEASES.</u> Increase education of youth regarding sexually transmitted diseases with the expressed desire to reduce the incidence and occurrence of STD.</p>	<ul style="list-style-type: none"> • This need is presently outside the scope of JRMC.
<p>9. <u>EMERGENCY SERVICES.</u> Availability of emergency services, including trauma, for residents of Southeast Arkansas. Emergency and trauma services were identified by the community groups as a critical service which JRMC must continue to provide.</p>	<ul style="list-style-type: none"> • Continue to provide emergency services as a level III trauma center. • Continue to provide urgent care services for urgent, but non-emergent patients. • Maintain cooperative relationship with other SEARK hospitals through transfer and referral agreements and partnership through the Greater Delta Health Alliance. • Maintain and further develop relationships with SEARK EMS providers.
<p>10. <u>SURGICAL SERVICES.</u> Availability of surgical services. Surgical services is made up of facilities, equipment, technologies, physician specialists, and trained staff. As indicated in the above manpower reference, having enough appropriately trained physician specialists will be a top priority, thus adding to the need to have robust surgical services available for Southeast Arkansas.</p>	<ul style="list-style-type: none"> • Continue to provide sufficient inpatient and outpatient surgical facilities. • Continue to invest in the latest technologies for surgical services that are appropriate for a hospital the size and scope of JRMC
<p>11. <u>DIAGNOSTIC SERVICES.</u> Availability of advanced diagnostic and ancillary services. JRMC currently provides advanced radiologic diagnostic services in three locations. No need was identified for additional diagnostic facilities. Rather community groups sought to ensure JRMC continued to operate existing facilities.</p>	<ul style="list-style-type: none"> • Continue to provide current levels of diagnostic services.

Available Resources

As part of its CHNA, a hospital must identify resources potentially available to address the community health needs. A list of resources accompanies this report on the JRMC website at www.jrmc.org.

Approval and Public Availability

This report was presented to the Board of Directors of Jefferson Hospital Association, Inc. at its meeting on June 23, 2016, and was approved at that meeting. The report was made available to the public on June 28, 2016, when it was published on the JRMC website at www.jrmc.org.

The implementation strategies were presented to the Board of Directors of Jefferson Hospital Association, Inc. at its meeting on October 27, 2016 and were approved at that meeting. The report was updated with the implementation strategies and made available to the public at www.jrmc.org on November 14, 2016.

Anyone who wishes to comment on this CHNA may do so by contacting JRMC as follows:

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- By email at CHNA@jrmc.org
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