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**Jones-Dunklin Cancer Center**



# Community Health Needs Assessment

# 2022



## Table of Contents

<b>Introduction.....</b>	<b>1</b>
<b>Healthcare in 2022.....</b>	<b>2</b>
<b>Relevant Data.....</b>	<b>5</b>
State.....	5
Regional.....	8
County.....	12
Topic Specific Data.....	14
<b>About Our Hospital.....</b>	<b>22</b>
Mission/Vision/Values.....	22
History.....	22
Service Area.....	23
Hospital Organizational Chart.....	23
Hospital Governance.....	24
Healthcare Services.....	25
Providers.....	27
Other Area Providers.....	30
<b>Current Community Health Initiatives.....</b>	<b>31</b>
<b>Progress of 2019 CHNA Strategic Plan.....</b>	<b>35</b>
<b>2022 Community Health Needs Assessment.....</b>	<b>37</b>
Community Engagement Process.....	37
CHNA Facilitation Process.....	38
Results Overview.....	41
<b>2022-2025 Strategic Implementation Plan.....</b>	<b>42</b>
<b>Qualifications of the Report Preparer.....</b>	<b>43</b>
<b>Documentation.....</b>	<b>44</b>

## Introduction

Jefferson Hospital Association, Inc. is a 501(c)(3), not-for-profit organization incorporated in the State of Arkansas. Jefferson Hospital Association's primary purpose is to provide healthcare to the citizens of Southeast Arkansas. Jefferson Hospital Association, Inc., d/b/a Jefferson Regional, the only general acute care hospital in Jefferson County, is licensed for 300 acute care beds and currently operates 258 available beds. Jefferson Regional serves residents of an 11-county area that includes Jefferson, Cleveland, and Lincoln counties (primary service area) and Arkansas, Ashley, Bradley, Chicot, Dallas, Desha, Drew, and Grant counties (secondary service area). In 2021, 77.7 percent of Jefferson Regional inpatients originated from its primary service area with 16.7 percent originating from the secondary service area.

In order to fulfill the hospital's mission and retain tax exempt status, it must provide programs and services that intentionally assess and respond to local community health needs. Jefferson Regional provides community benefits by offering health education, free community health screenings, support for local community activities, and several community health initiatives. Further, every three years Jefferson Regional conducts a survey assessing the needs of Jefferson County residents and hospital stakeholders in the surrounding area. The assessment includes input from persons representing broad interests of the community served by Jefferson Regional, including those with public health expertise. These individuals form the community advisory committee. The community advisory committee assisted hospital staff in collecting survey data that indicate the most pressing health concerns in the hospital service area. Upon identifying the health issue priorities, the Jefferson Regional's community needs assessment steering committee will create an action plan to address some of these issues through resources available to the hospital. The completed report will be made available to the public. The Jefferson Regional 2022 Community Health Needs Assessment is prepared by Arkansas Rural Health Partnership leadership and staff, in accordance with the requirements of Section 9007 of the Patient Protection and Affordable Care Act of 2010.

## Healthcare in 2022

### **Background.**

The 2022 Community Health Needs Assessment (CHNA) was prepared during spring 2022, a time when the world held its collective breath while grappling with a third year of the COVID-19 pandemic, rising inflation, and armed conflicts in Eastern Europe threatening democracy. Through the CHNA process, the Arkansas Rural Health Partnership (ARHP) and Jefferson Regional engaged hospital leadership, key stakeholders, and community members to take the pulse of the local healthcare landscape, determine priority healthcare needs in the service area, and build a path together for moving forward on these critical areas. Healthcare service delivery and community initiatives driven by the health system over the next three years will greatly consider the following challenges, trends, and innovations in healthcare delivery, design, and policy:

### **Key Challenges Framing Rural Healthcare Delivery in 2022.**

While there are numerous challenges facing rural communities, the following factors are currently defining and reshaping rural healthcare delivery:

**Learning to Live with COVID-19:** As the world enters the third year of the pandemic, public health messaging has shifted from eradicating to learning to live with the disease. Vaccines and new therapeutic treatments have enabled individuals to live, work, and play with more freedom.

**Growing Behavioral Health Epidemic:** America was facing a behavioral health crisis long before COVID-19 further intensified the problem. Opioid overdose and suicide rates have reached unprecedented levels. More work is needed to increase access to and reduce the stigma of receiving needed mental health, substance use intervention, and treatment.

**Booming into Retirement:** The Baby Boomer generation is moving into retirement at an ever-increasing pace. The need for healthcare and support services for aging individuals is quickly exceeding availability.

**Losing our Rural Healthcare Providers:** Many rural communities struggle to recruit and retain healthcare providers. The COVID-19 pandemic placed additional strain on healthcare professionals, with many experiencing burnout after enduring many months of extreme stress. Some have left the area for lucrative sign-on bonuses, while others have left the profession altogether.

**Fighting to keep our Rural Hospitals:** Rural hospitals continued to struggle to keep their doors open despite COVID-19 stimulus funding. According to The Cecil G. Sheps Center for Health Services Research at the University of North Carolina at Chapel Hill, 21 rural hospitals in 11 states (primarily in the South) closed in 2020 and 2021. One rural hospital closure can have a devastating negative ripple effect throughout the community, including the local economy.

## **Healthcare Trends & Innovations in 2022 & beyond.**

COVID-19 presented the world with an urgent need for innovation in nearly every sector of industry. As a result, we are living in the reality of new and amazing advances in science, technology, medicine, environmental practices, and much, much more. While it would be impossible to capture a complete list of the current future trends and innovations in healthcare for the next few years, the following themes should be expected to play a significant role in the way healthcare is provided:

**Increased collaboration between healthcare organizations:** Healthcare organizations of all shapes and sizes will find new and creative ways to partner together in order to provide relevant, meaningful, and quality services to the residents they serve. This relationship will be particularly important for rural healthcare systems looking to meet the needs of their patients close to home.

**Increased access to quality, equitable healthcare:** Telehealth & telemedicine will continue to increase the availability of healthcare services, regardless of where an individual lives. At-home diagnostics and monitoring devices will reduce the need for in-person visits and improve the provider's ability to treat based on real-time signs, symptoms, and vital statistics. New infrastructure investments will support public transit transformation, further eliminating cost and place-based barriers to care. A heightened focus on social determinants of health and health equity will encourage a more whole person approach to how care is provided (including healthcare, support, and enabling services).

**Increased accuracy, precision, and treatment:** Technological advances using robotics, 3D printing, and digital therapeutics will reduce medication and medical errors, decrease the need for invasive procedures, and improve the ability to specifically target the health issue or disease path. Genomics (the study of all a person's genes) will push modern medicine's concept of healthcare delivery, including disease prevention and treatment.



**Increased patient engagement:** Individuals will benefit from more opportunities to easily engage in their own healthcare and wellness decisions using wearable technology and mobile healthcare apps. Continued emphasis on value-based healthcare will ensure that patients are involved in their own care, regardless of where they access care.

**Increased reliance on the digital space for healthcare:** With paper charts, a thing of the past, and the increasing adoption of digital prescriptions, artificial intelligence, and augmented & virtual reality, smart healthcare will come at the risk of big data and healthcare privacy and security concerns.

The recommendations in this report should be considered with respect to the uncertainties, trends, and changes noted above.

## Relevant Data

### State – Arkansas

According to the United Health Foundation's 2021 America's Health Rankings Annual Report, Arkansas state health findings are as follows:

Arkansas Health Strengths
<ol style="list-style-type: none"><li>1. Low prevalence of excessive drinking</li><li>2. High rate of high school graduation</li><li>3. Low percentage of housing with lead risk</li></ol>
Arkansas Challenges
<ol style="list-style-type: none"><li>1. High prevalence of multiple chronic conditions</li><li>2. High prevalence of two or more adverse childhood experiences</li><li>3. High prevalence of cigarette smoking</li></ol>
Arkansas Highlights
<ol style="list-style-type: none"><li>1. Food insecurity decreased 41% from 21.2% to 12.6% of households between 2011-2013 and 2018-2020</li><li>2. Flu vaccination increased 14% from 42.1% to 47.8% of adults between 2019-2020</li><li>3. Adults with a dedicated healthcare provider decreased 6% from 81.3% to 76.3% between 2018-2020</li></ol>

### Arkansas Measures

	Rating	2021 Value	2021 Rank
<b>Social and Economic Factors</b>	<b>+</b>	<b>-0.773</b>	<b>48</b>
Community and Family Safety	+	-1.093	50
Occupational Fatalities	+	7.5	44
Public Health Funding	+++	\$128	21
Violent Crime	+	585	47
Economic Resources	+	-0.742	44
Economic Hardship Index	+	80	46
Crowded Housing	++	2.8%	36
Dependency	+	40.5%	42
Education- Less than High School	+	12.5%	41
Per Capita Income	+	\$27,274	49
Poverty	+	16.3%	46
Unemployment	++	5.0%	37
Food Insecurity	+	12.6%	42

Homeownership	++	65.5%	33
Homeownership Racial Disparity	+++++	29.1	7
Income Inequality	++	4.73	32
Education	++++	0.565	12
Fourth Grade Reading Proficiency	+	31.2%	42
High School Graduation	++++	87.6%	16
High School Graduation Racial Disparity	++++	10.6	12
Social Support and Engagement	+	-1.269	50
Adverse Childhood Experiences	+	22.5%	48
High-Speed Internet	+	84.1%	48
Residential Segregation – Black/White	+++	65	28
Volunteerism	+++	34.4%	27
Voter Participation (Average)	+	48.3%	50
<b>Physical Environment</b>	<b>++++</b>	<b>0.303</b>	<b>12</b>
Air and Water Quality	++++	0.338	19
Air Pollution	+++	7.2	23
Drinking Water Violations	+++	0.2%	24
Non-smoking Regulation	++	0.5%	40
Risk-screening Environmental Indicator Score	++	5,878,808	31
Water Fluoridation	++++	85.4%	20
Climate Change	•	•	•
Climate Change Policies	+++	1	28
Transportation Energy Use	++	9.5	32
Housing and Transit	++++	0.257	14
Drive Alone to Work	+	82.4%	44
Housing With Lead Risk	+++++	10.9%	9
Severe Housing Problems	++++	14.0%	19
<b>Clinical Care</b>	<b>+</b>	<b>-0.586</b>	<b>43</b>
Access to Care	+	-0.681	43
Avoided Care Due to Cost	+	12.9%	44
Providers	+	-0.940	47
Dental Care Providers	+	42.7	48
Mental Health Providers	+++	254.3	30
Primary Care Providers	+	216.1	44
Uninsured	++	9.1%	31
Preventive Clinical Services	+	-0.611	41
Colorectal Cancer Screening	++	71.4%	35
Dental Visit	+	57.0%	50
Immunizations	++	-0.420	38
Childhood Immunizations	++	73.6%	38
Flu Vaccination	+++	47.8%	22
HPV Vaccination	+	49.6%	44
Quality of Care	++	-0.300	39
Dedicated Healthcare Provider	++	76.3%	32
Preventable Hospitalizations	++	4,198	35



<b>Behaviors</b>	<b>+</b>	<b>-1.097</b>	<b>46</b>
Nutrition and Physical Activity	+	-0.943	42
Exercise	+	19.3%	44
Fruit and Vegetable Consumption	+++	8.0%	25
Physical Inactivity	+	29.7%	47
Sexual Health	+	-1.003	46
Chlamydia	++	569.8	32
High-risk HIV Behaviors	+	6.3%	43
Teen Births	+	30.0	50
Sleep Health	++	-0.740	40
Insufficient Sleep	++	35.0%	40
Smoking and Tobacco Use	+	-1.880	48
E-cigarette Use	•	5.7%	•
Smoking	+	20.5%	48
<b>All Determinants</b>	<b>+</b>	<b>-0.695</b>	<b>48</b>
<b>Health Outcomes</b>	<b>+</b>	<b>-0.798</b>	<b>46</b>
Behavioral Health	+	-0.417	42
Depression	+	23.5%	45
Drug Deaths	+++++	13.2	6
Excessive Drinking	++++	16.1%	15
Frequent Mental Distress	+	17.8%	50
Non-medical Drug Use	+++	11.2%	26
Suicide	++	18.4	34
Mortality	++	-0.660	39
Premature Death	+	9,796	44
Premature Death Racial Disparity	++++	1.3	16
Physical Health	+	-1.082	46
Frequent Physical Distress	+	14.2%	48
High Health Status	+	48.8%	46
Low Birthweight	++	9.2%	38
Low Birthweight Racial Disparity	+++	2.0	27
Multiple Chronic Conditions	+	13.8%	46
Arthritis	+	29.5%	43
Asthma	++++	9.1%	18
Cancer	+	7.6%	44
Cardiovascular Diseases	+	12.2%	48
Chronic Kidney Disease	++	3.4%	38
Chronic Obstructive Pulmonary Disease	+	9.0%	46
Diabetes	+	13.2%	44
Risk Factors	+	-1.130	41
High Blood Pressure	+	41.0%	47
High Cholesterol	+	37.4%	47
Obesity	+	36.4%	41
<b>Overall</b>	<b>•</b>	<b>-0.708</b>	<b>•</b>

(America's Health Rankings, United Health Foundation; Arkansas Summary 2021, March 2022)

## Regional Data

Jefferson Regional is the sole hospital located in the Pine Bluff Metropolitan Statistical Area, which consists of Jefferson, Cleveland, and Lincoln Counties. It is also the regional referral center for an additional eight counties which include Arkansas, Ashley, Bradley, Chicot, Dallas, Desha, Drew, and Grant counties all located in the southeast Arkansas Delta.

Ask someone to describe the south Arkansas Delta and some of the first words you will hear may include: poor, depressed, rural. Next will come stories of farming towns carved out of rich river basins and the long, open roads that only slow due to a spattering of traffic lights hidden along the way. Prod a little deeper and the conversation will probably turn to mention small towns where people know their neighbor's names and care enough to make eye contact and say hello when they pass each other in the grocery store. Just like every other region of America, the Delta has its strengths and weaknesses.

### Income and Poverty (Service Area, State, Nation)

Service Area County	Population	Median Household Income	Unemployment	Persons Living in Poverty
Arkansas County	17,149	\$46,696	44.9%	17.30%
Ashley County	19,062	\$44,744	51.3%	16.7%
Bradley County	10,545	\$43,184	52.2%	20.5%
Chicot County	10,208	\$34,147	61.6%	28.9%
Cleveland County	7,550	\$46,349	51%	14.7%
Dallas County	6,482	\$38,072	50.7%	14.7%
Desha County	11,395	\$31,893	49.6%	29.1%
Drew County	17,350	\$46,997	46.6%	18.8%
Grant County	17,958	\$55,388	46.5%	14.5%
Jefferson County	67,260	\$39,326	50.6%	24.7%
Lincoln County	12,941	\$46,596	72.4%	20.0%
Service Area Average	17,991	\$43,036	52.4%	19.9%
State of Arkansas	3,011,524	\$48,952	44.8%	16.2%
U.S.	331,449,281	\$65,712	39.8%	12.3%

(U.S. Census Bureau; U.S. Department of Commerce, March 2022)

Unfortunately, residents of the Delta face staggering challenges that people in other parts of the country simply do not encounter. The Delta is home to abject poverty, high rates of unemployment, and ever-climbing rates of people leaving the region for a better life. Outward migration is so severe in the region that seven schools have closed, and two schools consolidated since the 2017-2018 school year (Arkansas Department of Education, self-reported data accessed September 2018). Rural health systems are forced to compete for a handful of qualified healthcare professionals to fill these gaps without the draw of flashy prep schools, grocery stores, and parks that often entice young professionals with families.

### Population by Race (Service Area, State, Nation)

County	Black	White	American Indian & Alaska Native	Asian	Native Hawaiian & other Pacific Islander	Some other race	Two or More Races	Not Hispanic	Hispanic	Total Population
Arkansas	4,156	11,698	44	94	9	405	743	16,513	636	17,149
Ashley	4,669	12,958	56	41	6	625	707	17,948	1,114	19,062
Bradley	2,937	5,890	92	30	0	1,156	440	8,970	1,575	10,545
Chicot	5,417	3,953	36	38	9	414	341	9,627	581	10,208
Cleveland	686	6,466	35	7	1	87	268	7,368	182	7,550
Dallas	2,592	3,487	17	7	0	103	276	6,281	201	6,482
Desha	5,398	4,845	47	61	4	527	513	10,622	773	11,395
Drew	4,846	11,291	90	108	13	366	636	16,694	656	17,350
Grant	458	16,304	81	77	1	178	859	17,518	440	17,958
Jefferson	37,835	25,478	240	673	94	869	2,071	65,772	1,488	67,260
Lincoln	3,652	8,324	41	23	9	384	508	12,322	619	12,941
Service Area Average	6,604	10,063	710	105	13	464	669	17,382	751	17,991
State of Arkansas	453,783	2,114,512	27,177	51,839	14,533	136,105	213,575	2,754,677	256,847	3,011,524
U.S.	41,104,200	204,277,273	3,727,135	19,886,049	689,966	27,915,715	38,848,943	269,369,237	62,080,044	331,449,281

(U.S. Census Bureau; U.S. Department of Commerce, March 2022)

The health and wellness of the residents of the region bear witness to the deficit of healthcare providers. Chronic disease rates in the region are some of the highest in the country. To make definitive improvements in the health status of south Arkansas Delta residents, a two-handed approach is required. It is not enough to provide programs and services to patients when the healthcare system does not have the infrastructure or capacity to provide the kind of care required to meet the need.

### Chronic Disease Indicators & Conditions Comparison (Service Area, State, Nation)

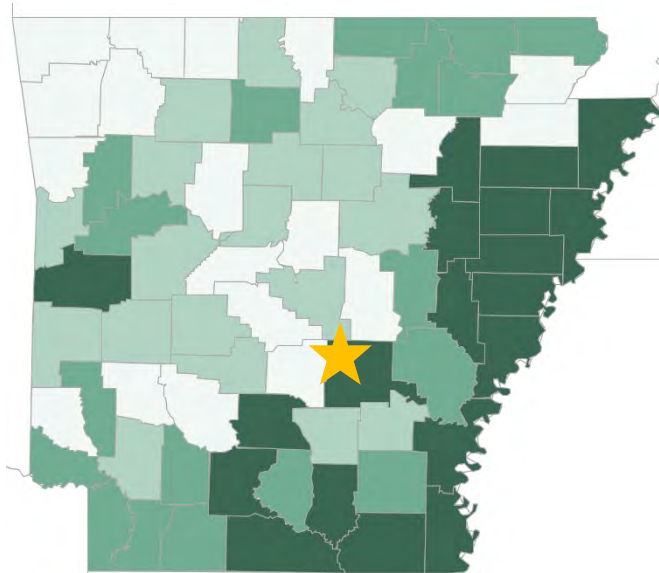
Region	Smoking Prevalence	Obesity Prevalence	Diabetes Prevalence	Preventable Hospital Stays out of 100,000
Arkansas County	25%	35%	19%	4,981
Ashley County	26%	42%	14%	6,294
Bradley County	25%	31%	18%	4,926
Chicot County	26%	41%	9%	8,130
Cleveland County	24%	39%	12%	6,375
Dallas County	25%	40%	17%	5,325
Desha County	28%	48%	10%	9,375
Drew County	24%	35%	18%	7,770
Grant County	23%	34%	17%	5,009
Jefferson County	25%	43%	15%	5,715
Lincoln County	27%	45%	15%	7,489
Service Area Average	25%	39%	15%	6,490
State of Arkansas	24%	35%	14%	4,769
U.S.	16%	26%	8%	2,565

(County Health Rankings & Roadmaps: 2021 County Health Rankings: Arkansas)

## County Data – Jefferson County

Jefferson County is located in the area known as the Arkansas Delta, which extends west of the Mississippi. Jefferson County is Arkansas's 21st county, formed on November 2, 1829, from portions of Arkansas and Pulaski counties. It is named after Thomas Jefferson, the third President of the United States.

According to the Robert Wood Johnson Foundation County Health Rankings and Roadmap study, Jefferson County is considered one of the unhealthiest counties in the state of Arkansas, ranking #68 for all health outcomes out of 75 counties in Arkansas. While currently being ranked seventh from last, Jefferson County has improved its rank by two from #70 in the 2019 study. This chart demonstrates each county's rankings for all health outcomes; darkest counties represent the lowest rankings.



The following data demonstrates the demographics and statistics of Jefferson County comparable to the state of Arkansas, as well as the United States and the Top U.S. Performing Counties as noted in U.S Census Data, March 2022.

### General Demographics

AGE/SEX	JEFFERSON CO.	ARKANSAS
Population	67,260	3,011,524
% Below 18	22.0%	23.2%
% Above 18	60.7%	76.8%
% 65 & Older	17.3%	17.4%

RACE/ETHNICITY	JEFFERSON CO.	ARKANSAS
% African American	57.4%	15.1%
% American Indian/Alaskan Native	0.4%	0.9%
% Asian	0.9%	1.7%
% Native Hawaiian/Pacific Islander	0.1%	0.5%
% Hispanic/Latino	2.2%	8.5%
% Caucasian	39.8%	70.0%
% Some Other Race	1.3%	4.5%
% Two or More Races	1.4%	7.0%



### Income Demographics

	JEFFERSON	ARKANSAS
Median Household Income	\$39,326	\$49,475
<i>Income breakdown by status</i>		
Families	\$52,129	\$62,067
Married couple families	\$69,801	\$74,618
Non-family households	\$24,536	\$27,792

### Poverty Demographics

	JEFFERSON	ARKANSAS	U.S.
All people	20.8%	16.2%	22.2%
Under 18 years of age	29.5%	22.1%	58.5%
18 – 64 years of age	19.8%	15.5%	16.5%
65 & Older	12.3%	10.5%	12.3%

### Insured Demographics

HEALTHCARE COVERAGE (UNINSURED)	JEFFERSON CO.	6.7%
	ARKANSAS	9.1%

### Healthcare Provider Demographics

	JEFFERSON	ARKANSAS	US TOP PERFORMING COUNTIES
PRIMARY CARE PHYSICIAN	1,620:1	1,510:1	1,030:1
DENTISTS	2,160:1	2,160:1	1,240:1
MENTAL HEALTH PROVIDERS	440:1	420:1	290:1
PREVENTABLE HOSPITAL STAYS	5,715	5,129	2,761
MAMMOGRAPHY SCREENING	35%	37%	50%
FLU VACCINATIONS	42%	45%	53%

### Disability Demographics

	JEFFERSON	ARKANSAS	U.S.
Disabled	18.6%	17.6%	12.7%
Hearing Difficulty	4.1%	5.0%	3.8%
Vision Difficulty	3.6%	3.4%	2.5%
Cognitive Difficulty	7.2%	7.2%	5.3%
Ambulatory Difficulty	11.4%	10.1%	6.9%
Self-Care Difficulty	4.1%	3.6%	2.7%
Independent Living Difficulty	8.1%	7.8%	5.0%

### Health Statistics

	JEFFERSON	ARKANSAS	US TOP PERFORMING COUNTIES
Adult smoking	25%	24%	14%
Adult obesity	43%	35%	26%
Food environment index	6.2	5.1	8.6
Physical inactivity	33%	30%	20%
Access to activity (physical exercise)	53%	64%	91%
Alcohol abuse	13%	17%	13%
Impaired driving deaths	25%	26%	11%
Sexually transmitted disease	1,248.6	575.5	161.4

## Topic Specific Data – Priorities

At the conclusion of the Jefferson Regional survey and community advisory board processes, two needs problems were identified as priorities and were targeted for the hospital to address over the next three years: Mental/Behavioral Health, and Chronic Disease Management and Prevention. The following data highlights the issues around these topics at the federal, state, and local levels.

### Public Health Concern: Mental/Behavioral Health

Even before the pandemic caused isolation, anxiety, fear, and depression rates to soar, mental health was one of the top concerns in the region (and nation). In a report released in April 2016 by the Arkansas Department of Health, suicide is the leading cause of injury-related deaths for Arkansans between the ages of 20 and 64 and the second leading cause of death among all other age groups (Suicide Statistics Among Arkansans from 2009 to 2014, Arkansas Department of Health, 2016). Suicide is a preventable cause of death. In October 2020, a local nurse at an ARHP member hospital called 80 inpatient facilities across multiple states before finding placement for a suicidal young adult. Sadly, the news of another completed suicide by a young adult with a whole life ahead of them is becoming more and more commonplace. This is further compounded by a severe lack of inpatient behavioral health services available in the region (with only one inpatient facility accepting young adults of this age in the 11-county area). Increasing access to mental and behavioral health resources in the Southeast Arkansas Delta region is more critical than ever. Below is a table of the current available resources in the service area.

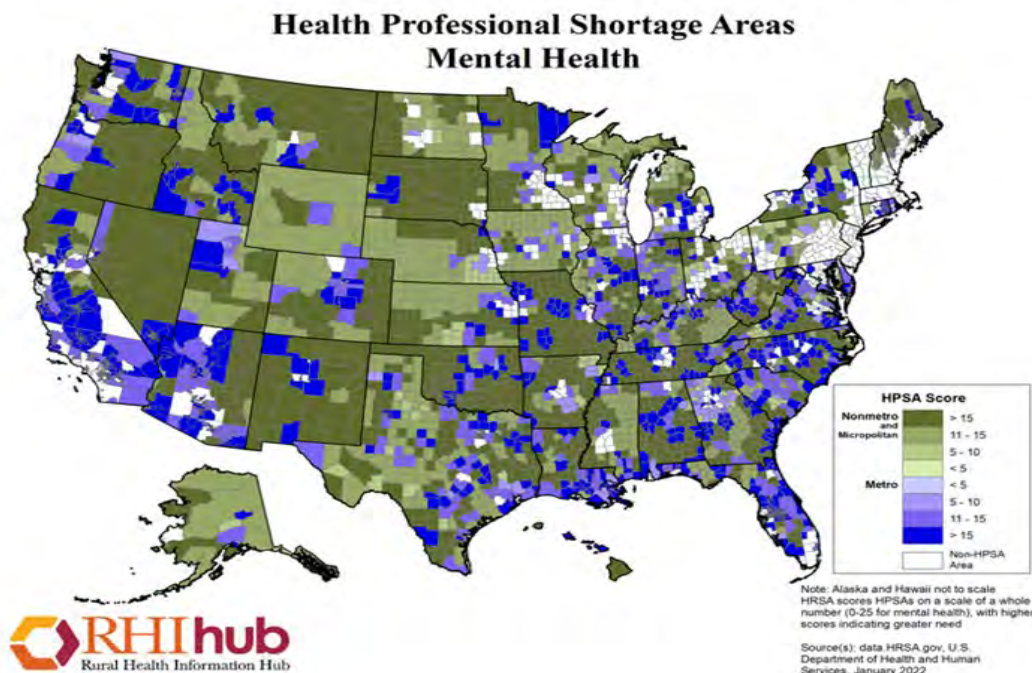
#### Substance Use Treatment and Outpatient Behavioral Health Providers, 2022

County	Substance Use Disorder Treatment Facilities	Outpatient Behavioral Health Providers	Community Mental Health Centers that Serve County
Arkansas	0	1	1
Ashley	0	1	1
Bradley	1	1	1
Chicot	0	0	1
Cleveland	0	0	1
Dallas	0	1	0
Desha	0	1	1
Drew	0	2	1
Grant	0	0	1
Jefferson	0	2	2
Lincoln	0	1	1
<b>Total</b>	<b>1</b>	<b>10</b>	<b>11</b>

(Arkansas Department of Human Services, Division of Aging Adult & Behavioral Health Services, SUD Treatment State Funded Directory, Arkansas Community Mental Health Center Directory, ARHP Member Directory)

For over a decade, hospital partners across the service area have consistently identified health workforce shortages as a critical priority issue. Not only is there a lack of primary and specialty care physicians, but also mental health professionals. To make matters worse, many providers are aging out of jobs and into retirement, leaving vacancies that cannot be filled. Small rural hospitals with limited resources are forced to pay for costly locum providers to travel from urban centers to fill these gaps. Rural residents do not know or trust these out-of-area providers and often stop utilizing care because of this cultural disconnect. If local hospital systems want to keep their doors open and keep providing services to their community members, it is critical that there is an increase in local, homegrown health professionals and administrators.

A little less obvious, but very clear is the inability to retain health professionals due to a lack of resources and facilities. The absence of mental and behavioral health facilities is causing local providers to obtain employment outside of the service area.



COVID- 19 is pouring fuel on the region's mental and behavioral health disaster fire. ACHI recently reported that Arkansas' suicide rate increased by 41% between 2000 and 2018. The report also showed that the state had the 20th highest suicide rate in the nation ([achi.net/newsroom/arkansas-suicide-rate-up-41-since-2000/](https://achi.net/newsroom/arkansas-suicide-rate-up-41-since-2000/)). Social isolation and loneliness have been exacerbated during the pandemic due to stay-at-home orders, quarantine, and social distancing. A survey conducted by the CDC between June 24 and 30, 2020, found that one in four young adults (age 18 to 24) contemplated suicide because of the pandemic. More than 40% noted a mental or behavioral health condition connected to the pandemic. One-quarter of young adults also stated that they had

increased their consumption of substances as a coping mechanism for the pandemic (KHN Morning Briefing, August 14, 2020). In 2021, over a quarter (26%) of adults with a mental illness in Arkansas reported that they were not able to receive the treatment they needed (Mental Health America, Adult Data 2021: Adult Ranking 2021). The need for targeted training, outreach, resources, and intervention for college students related to mental health and substance use has perhaps never been greater. A 2017 Rural Health Research Gateway Rural Health Research Recap, Rural Behavioral Health, compiles findings from several studies conducted by Federal Office of Rural Health Policy (FORHP) funded rural health research centers. The publication reports that mental illness is more prevalent in rural areas than in urban communities. At the same time, there are fewer behavioral health providers and other services available in rural areas to help people get treatment and support. Without these resources, people may continue to experience symptoms that affect their relationships, ability to work, and quality of life. (RHI Hub).

The region served by Jefferson Regional is agricultural. Farmers have demanding jobs that are often compounded by economic uncertainty, vulnerability to weather events, and isolation. Rural agricultural communities may also have limited access to healthcare and mental health services, making it difficult for farm and ranch families to receive support when experiencing extreme stress, anxiety, depression, or another mental health crisis. Addressing mental health challenges is critical so that farmers can successfully navigate other stressors that are common in their day-to-day lives. While financial concerns are a major factor impacting farmer stress, they are not the only concerns. In addition to the ongoing challenges and stressors of farm life, farmers and their businesses have been impacted by the COVID-19 pandemic. They face challenges related to their own stress, the health and safety of their families and employees, and a wide range of global or national-level concerns, such as disruptions to food supply networks and the food service industry. The COVID-19 pandemic has also been disruptive to the social lives of farmers, preventing some from attending church services and connecting with fellow farmers at local cafes.

According to a study conducted by Kaiser Family Foundation, from September 29 to October 11, 2021, 37.8% of adults in Arkansas reported symptoms of anxiety and/or depressive disorder, compared to 31.6% of adults in the United States. The study also reported that even before the pandemic in 2018-2019, 16.3% of adolescents and 7.9% of adults in Arkansas reported having a major depressive episode that year, slightly higher than the national averages of 15.1% and 7.5%, respectively.

Educators and community organizers have long been committed to addressing many of the challenges facing young people. By eliminating ineffective zero-tolerance policies and replacing them with positive behavior supports and social-emotional learning strategies,

research-based solutions are finding their way into schools and communities where they are making a difference, according to Catherine Bradshaw, professor at the Curry School of Education and Human Development. "Unfortunately, many of these efforts have been slow to find their way into rural communities and schools," Bradshaw said. "Rural communities are unique, and the students in these communities deserve more of our attention."

**Public Health Concern: Chronic Disease Management & Prevention**

The chronic disease burden in Arkansas is overwhelming- about 70% of all deaths in the state are a result of a preventable chronic disease- and is taking its toll on draining the state's resources even further, both economically and in human terms, according to Dr. Namvar Zohoori the Chronic Disease Director at the Arkansas Department of Health. In the 2022 County Health Rankings & Roadmaps State Report provided by the University of Wisconsin Population Health Institute, Jefferson County ranked #68 in Health Outcomes and #59 in Health Factors out of Arkansas' 75 counties.

	Jefferson County	Arkansas	Top U.S. Performers (Counties)
Poor or fair health	27%	24%	15%
Poor physical health days	5.3	5.0	3.4
Low birthweight	13%	9%	6%
Adult Smoking	24%	21%	15%
Adult Obesity	42%	38%	30%
Physical Inactivity	37%	30%	23%
Teen births	43	33	11

**Diabetes**

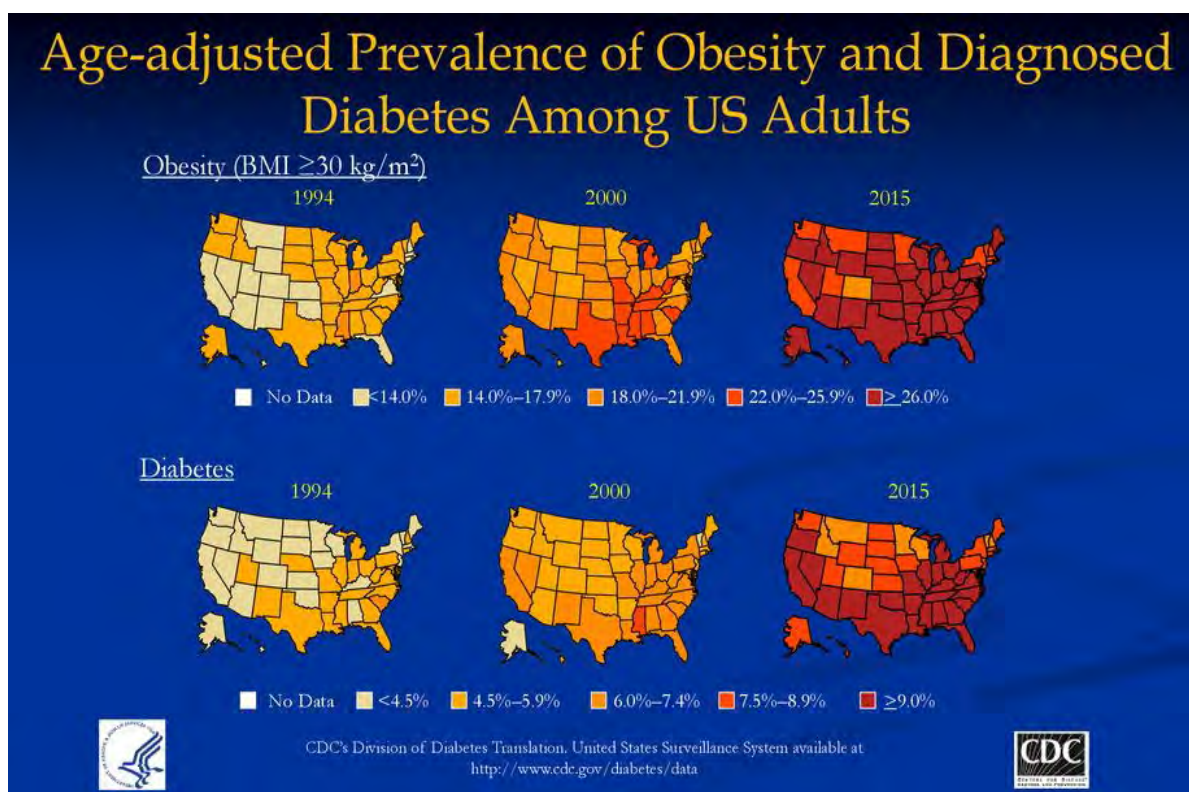
Diabetes was the nation's seventh-leading cause of death in 2019. Those with diabetes are twice as likely to have heart disease or a stroke than those without diabetes. Diabetes is the leading cause of kidney failure, nontraumatic lower-limb amputations, and blindness among adults. Arkansans are increasingly feeling the effects of diabetes as thousands of people suffer from the disease. Today, over 360,000 people in Arkansas have diabetes (which consists of 14.8% of the total population of the state of Arkansas).

Diabetes is an ideal target for prevention strategies as it is a major risk factor for other serious chronic conditions and can be managed through a combination of lifestyle modifications and healthcare interventions. Studies show that the onset of Type 2 diabetes can largely be prevented through weight loss as well as increasing physical activity and improving dietary choices.



## Obesity

In 2015, Arkansas had the highest adult obesity rate among all 50 states, according to a report on obesity from the Trust for America's Health and the Robert Wood Johnson Foundation. Nationally, more than 30% of adults are obese, a stark increase from 1980 when no state had a rate above 15%. In 1990, no state had an obesity rate above 20%. According to the report, obesity rates are now at or above 30% in 22 states. The upward trend in the prevalence of obesity and chronic disease resulting from obesity is staggering when visually depicted.



A follow-up report by the Trust for America's Health and the Robert Wood Johnson Foundation in 2017 analyzed figures from the Centers for Disease Control and Prevention and found a slight improvement for Arkansas in the rankings. Arkansas fell to number three, tying with Alabama at 35.7 percent. According to the United Health Foundation chart below, Jefferson County's obesity rate is higher than the state average, with one of the highest rates in the state of Arkansas.



# Obesity Prevalence in U.S. States and All Arkansas Counties



Source: America's Health Rankings, United Health Foundation "A call to action for individuals and their communities—Annual Report 2017"; County Health Rankings, "Health Factors—Adult obesity in Arkansas 2017."



## Heart Disease/Stroke

Healthy People 2020 defines heart disease as the leading cause of death in the United States. Stroke is the fifth leading cause of death in the United States. Together, heart disease and stroke, along with other cardiovascular diseases, are among the most widespread and costly health problems facing the nation today, accounting for approximately \$320 billion in healthcare expenditures and related expenses annually. Fortunately, they are also among the most preventable.

The leading modifiable (controllable) risk factors for heart disease and stroke are 1) High blood pressure, 2) High cholesterol, 3) Cigarette smoking, 4) Diabetes, 5) Unhealthy diet and physical inactivity, and 6) Overweight and obesity. Over time, these risk factors cause changes in the heart and blood vessels that can lead to heart attacks, heart failure, and strokes. It is critical to address risk factors early in life to prevent these devastating events and other potential complications of chronic cardiovascular disease.

Controlling risk factors for heart disease and stroke remains a challenge. High blood pressure, cigarette smoking, and high blood cholesterol are still major contributors to the national epidemic of cardiovascular disease. High blood pressure affects approximately one in three adults in the United States, and only about half have it under control. High

sodium intake can increase blood pressure and the risk for heart disease and stroke, yet about 90% of American adults exceed their daily recommendation for sodium intake.

The risk of Americans developing and dying from cardiovascular disease would be substantially reduced if significant improvements were made across the U.S. population in diet and physical activity, control of high blood pressure and cholesterol, smoking cessation, and appropriate aspirin use.

## Cancer

Cancer is the second leading cause of death in Arkansas. In 2020, it was estimated that 6,730 Arkansas residents would die from cancer. Lung cancer remains the leading cause of cancer death in men and women, with trends in male rates decreasing faster than female rates. Currently, in 2022, there are 18,610 newly diagnosed cancer cases and 6,460 estimated deaths.

The following are statistics from the American Cancer Society's Cancer Statistics Center:

Cancer Deaths by Sex, Arkansas 2013-2017 Combined					
Females			Males		
Cancer Type	# Deaths	% Total	Cancer Type	# Deaths	% Total
Lung	4,305	28.9%	Lung	6,001	33.0%
Breast	2,032	13.7%	Colorectal	1,600	8.8%
Colorectal	1,348	9.0%	Prostate	1,375	7.6%
Pancreas	970	6.5%	Pancreas	1,044	5.7%
Ovary	695	4.7%	Liver/Intrahepatic Bile Duct	867	4.8%
All Others	5,558	37.3%	All Others	7,295	40.1%

Living with Cancer, Arkansas 2013-2017 Combined					
Females			Males		
Cancer Type	# Living with Cancer	% Total	Cancer Type	# Living with Cancer	% Total
Breast	9,542	35.9%	Prostate	9,052	32.9%
Colorectal	2,397	9.0%	Colorectal	2,734	10.0%
Lung	2,226	8.4%	Lung	2,186	8.0%
Corpus Uteri	1,814	6.8%	Urinary Bladder	1,995	7.3%
Thyroid	1,331	5.0%	Melanoma of the Skin	1,919	7.0%
All Others	9,241	34.8%	All Others	9,586	34.9%

Cancer Screening			
	Arkansas	National Rank	U. S.
Up-to-date mammography, women 45 years and older, 2018	65%	37	68%
Stool test/endoscopy, 50 years and older, 2018	67%	43	70%
Pap/HPV test, women 21 to 65 years, 2018	87%	16	85%

Cancer Risk Factors			
	Arkansas	National Rank	U. S.
Cigarette excise tax per pack, 2019	\$1.15	36	\$1.81
Current cigarette smoking, 18 years and older; 2018	24%	3	17%
Overweight prevalence, 18 years and older; 2018	33%	44	35%
Obesity prevalence, 18; years and older; 2018	38%	3	31%
Excess body weight, 18 years and older; 2018	70%	8	66%
Current cigarette smoking, HS students, 2017	14%	3	9%
Overweight prevalence, HS students, 2017	18%	5	16%
Obesity prevalence, HS students; 2017	22%	1	15%
HPV vaccination coverage, boys 13-17 years; 2016	39%	44	49%
HPV vaccination coverage, girls 13-17 years; 2016	46%	46	54%

## About Our Hospital

### Mission

Jefferson Regional is committed to improving health through excellence and compassion.

### Vision

To be the healthcare provider and employer of choice for Southeast Arkansas.

### Values

Jefferson Regional, as a community-owned, not-for-profit healthcare provider, is guided by a core set of values known as “CARES” which provides direction to the organization in achieving our mission. These values are as follows:

**Compassion:** We show concern and understanding for others 24/7

**Accountability:** We conduct our daily activities with reliability

**Respect:** We show consideration, fairness, and dignity to others

**Excellence:** We perform at a level that meets or exceeds expectations

**Safety:** We strive for zero harm for our patients and fellow employees

### History

The origins of Jefferson Regional began in 1893, when a group of Pine Bluff women started raising money for the construction of a hospital. In 1908, the dream was realized with the opening of Davis Hospital at the corner of 11th and Cherry Streets, the very first hospital to serve the residents of South Arkansas. In 1960, the original Davis Hospital was replaced by the 255 bed Jefferson Hospital located on West 42nd Avenue. After much growth, the hospital's name was changed to Jefferson Regional Medical Center with a mission to become a regional referral center. In 2008, Jefferson Regional celebrated a century of caring for the people of South Arkansas.

Jefferson Regional is a not-for-profit, sole-community hospital and regional referral center located in Pine Bluff. The hospital is licensed for 300 acute-care beds with approximately 1,500 employees and 140 physicians on-staff with an average daily census of 170 patients. Jefferson Regional serves a primary and secondary service market of

## Service Area

## Hospital Organizational Chart

**Jefferson Hospital Association, Inc.**  
d/b/a  
**Jefferson Regional**

Organization Chart

```

graph TD
    Board[Board of Directors] --> Brian[Brian Thomas  
Chief Executive Officer]
    Board --> Compliance[Corporate Compliance  
Internal Audit]
    Board --> Medical[Medical Staff Leadership]
    Board --> Peter[Peter Austin  
Chief Operating Officer]
    Board --> Jeremy[Jeremy Jeffery  
Chief Financial Officer]
    Board --> Bryan[Bryan Jackson  
Chief Administrative Officer]

    Medical --> Ralph[Ralph Pierce  
Chief Medical Officer]
    Medical --> MedicalStaff[Medical Staff Office  
Credentialing Support  
Services  
Med Staff Committee  
Support Services  
Professional Practice  
Evaluation  
MD Leadership:  
Physician Network  
Quality Mgt  
Utilization Mgt]

    Peter --> Business[Business Development  
Physician Network  
Physician Contracting  
Hospital-based Physicians  
Urgent Care  
Imaging  
Laboratory  
Outpatient Wound Care  
Neurology Lab  
Facilities & Grounds  
Campus Planning  
Safety & Security  
Environmental Services  
Laundry Services  
Respiratory Therapy  
Centralized Transport]
    Peter --> Michelle[Michelle Powell  
Chief Nursing Officer]
    Peter --> Louise[Louise Hickman  
Chief Clinical Officer]
    Peter --> Wendy[Wendy Talbot  
Chief Experience Officer]
    Peter --> Finance[Finance  
Accounting  
Reimbursement  
Revenue Cycle  
Patient Access  
Health Information Mgt  
Patient Accounting  
Decision Support  
Cost Accounting  
Materials Management]
    Peter --> Mary[Mary Daggett  
Chief Quality Officer]
    Peter --> SABB[SABB Drug Program  
Risk Management  
Legal Affairs  
Governmental Relations  
Jefferson Regional  
Foundation]
    Peter --> Layton[Layton Anderson  
Chief Human Resources Officer]
    Peter --> Alan[Alan Harvill  
Chief Information Officer]

    Michelle --> Nursing[Nursing Admin  
Med/Surg Nursing  
Maternal/Child Care  
Inpatient Rehab  
Behavioral Health  
Emergency Services  
Clinical Decision  
Critical Care  
Telemedicine  
Dialysis  
Jefferson School of Nursing]
    Louise --> Surgical[Surgical Services  
GI Lab  
Infusion Services  
Cardiac Cath Lab  
Interventional Radiology  
Cardiology  
Pharmacy  
Lithotripsy]
    Wendy --> Comm[Communication  
Outreach  
Public Relations  
Patient Experience  
Gift Shop  
Volunteers]
    Mary --> Quality[Quality Management  
Regulatory Compliance  
Utilization/Case Mgt  
Value Initiatives  
Outcomes Reporting  
Informatics  
Infection Control  
Physical Therapy  
Occupational Therapy  
Speech Therapy  
Population Health Mgt  
Joint Ventures]
    Layton --> HR[Human Resources  
Corporate Education  
Employee Health  
Wellness Centers]
    Alan --> IT[Information Systems  
Telecommunications]
  
```

## Hospital Governance

### Governance & Accountability

Jefferson Hospital Association, Inc. is comprised of 30 members with the primary responsibility of electing the Board of Directors. A 19-member Board of Directors conducts the business of the Association. Seventeen members are elected by the membership of the Association following recommendations of a Nominating Committee. In addition to the elected Directors, the Chief Executive Officer of the Association and the Chief of the Medical Staff of Jefferson Regional are ex-officio members of the Board of Directors as long as they hold those positions.

2022 BOARD OF DIRECTORS	
<b>SCOTT PITILLO, CHAIR</b> Relyance Bank, President	<b>FORD TROTTER, III, VICE-CHAIR</b> Trotter Auto Group
<b>DAVID BRIDGFORTH, TREASURER</b> Ramsay Bridgforth Law	<b>JANICE ACOSTA, SECRETARY</b> Relyance Bank
<b>LAURENCE ALEXANDER J.D. PHD</b> University of Arkansas Pine Bluff, Chancellor	<b>FRANK ANTHONY</b> Retired, School Superintendent
<b>MARTY CASTEEL</b> Retired, Simmons Bank	<b>DAVID BROWN</b> Arkansas Mill Supply Company
<b>JOANN MAYS, M.D.</b> Retired Physician	<b>AMY B. CAHILL, M.D., FACOG</b> Jefferson Regional OBGYN
<b>DANIEL ROBINSON</b> Simmons Bank, Regional Community President	<b>MICHELLE ECKERT, M.D., FACS</b> Jefferson Regional General Surgeon
<b>DREW ATKINSON</b> Pine Bluff Sand & Gravel, CFO	<b>ANNETTE KLINE</b> Strong Manufacturing Co.
<b>TONI MIDDLETON, M.D.</b> Jefferson Regional Chief of Staff	<b>GEORGE MAKRIS</b> Simmons First National Corp, Chairman & CEO
<b>CHUCK MORGAN</b> Relyance Bank, Chairman & CEO	<b>STEVEN WRIGHT, M.D.</b> UAMS South Central Professor
<b>BRIAN THOMAS, PRESIDENT &amp; CEO</b> Jefferson Regional	



## Healthcare Services

For more than 100 years, Jefferson Regional has provided a wide range of medical services to the citizens of southeast Arkansas. These services include the following:

BREAST CENTER – MAMMOGRAPHY		
Jefferson Regional Breast Center		Jefferson Regional Breast Center - White Hall
CARDIOLOGY		
Cardiac Rehab Program	Jefferson Regional Cardiology Associates	ACT Program
DIABETIC CARE		
Endocrinology		
EAR, NOSE, THROAT		
Jefferson Regional Ear, Nose & Throat Associates		
EMERGENCY SERVICES		
Level Three Trauma Center		
GASTROENTEROLOGY		
Upper GI Endoscopy (EGD)	Lower GI Endoscopy (Colonoscopy)	GI Lab
HEALTH & WELLNESS PROGRAMS		
Care Connection	ACT Chronic Heart Failure Program	Reach Every Woman
Cardiac Pulmonary Rehab		Infant Safe Sleep
HOSPITAL MEDICINE & INTENSIVE CARE		
Hospitalist Care		Intensive Care
IMAGING SERVICES		
Diagnostic X-Ray	CT	Nuclear Medicine
PET/CT	Low Dose CT Lung Cancer Screening	General Ultrasound
Vascular Ultrasound	Mammography	EEG/NCV
MRI – MAGiC multi-contrast, Ready Brain, Caring Suite		
JEFFERSON WELLNESS CENTERS		
Pine Bluff		White Hall
OCCUPATIONAL HEALTH		

Worker’s Comp injuries	DOT physicals	Pre-employment physicals
Hazmat physicals	Drug screening	Audiograms
Labs	Vision testing	Vaccinations
International immunizations	Hazardous material exams	Lift testing
DOT supervisor training	Breath alcohol testing	Diagnostic x-rays
Biometric screenings	Medical Review Officer Services	Flu shot clinics
Wellness education		
ORTHOPEDICS & SPINE		
Sports Medicine	Joint, Hip & Knee Replacement	Jefferson Regional Orthopedic & Spine Center
PEDIATRICS		
Arkansas Children’s Hospital Alliance	Child Car Seat Safety	Infant/Child CPR
PSYCHIATRIC SERVICES		
Inpatient Psychiatric Unit		
PULMONOLOGY		
Jefferson Regional Bronchoscopy Lab		Pulmonary Function Testing
REHABILITATION & THERAPY		
Inpatient Rehabilitation Unit		Wound Care Center
Outpatient Therapy		Cardiac & Pulmonary Rehab Program
RHEUMATOLOGY		
Jefferson Regional Rheumatology Associates		
WOMEN’S HEALTH		
Obstetrics	Breast Cancer & Mammography	Lactation
Gynecology	Jefferson Regional OB/GYN Associates	Infant Safe Sleep

## Providers

<b>ANESTHESIOLOGY</b>	Chris Steel, M.D.
<b>CARDIOLOGY</b>	Ayman A. Alshami, M.D., FACC Shabbir A. Dharamsey, M.D., FACC Ricki Fram, M.D. Sadeem Mahmood, M.D., FACC Nicholas Willis, M.D. Jainil Shah, M.D., FACC
<b>DERMATOLOGY</b>	Don Lum, M.D., FAAD Jennifer L. Jacks, M.D., FADD Daniel F. Smith, M.D.
<b>EMERGENCY MEDICINE</b>	Janet Curry, M.D. Tim McClure, M.D. Hamida Saba, M.D. John T. Skowronski, M.D., FACEP George Gray, III, D.O. Waseem Shah, M.D.
<b>ENDOCRINOLOGY</b>	Maher Alesali, M.D.
<b>FAMILY MEDICINE</b>	Nana Adamu, M.D. H. Marks Attwood, M.D. Priscilla Beasley, APRN Amanda Bickford, APRN Leanne Carter, PA-C Jason Cobb, M.D. Paul W. Davis, M.D. Michael Fakouri, M.D. Herbert F. Fendley, M.D. Todd Firmatura, M.D. Martha Ann Flowers, M.D. Cassidy Gavin, APN Kimberly Golden, M.D. John E. Harris, M.D. Richard D. Justiss, M.D. Larisa Kachowski, M.D. Manuel R. Kelley, M.D. Toni Middleton, M.D. Julia Nicholson, M.D. Scott Nichols, M.D. Olabode Olumofin, M.D., M.P.H. Darrell Over, M.D. Michele A. Pashkevich, M.D. Mark Ramiro, M.D. Anna Redman, M.D.

	Timm Reece, M.D. Sylvia Simon, M.D. Timothy Simon, M.D. Vanessa Shields, PA-C Tim T. Wilkin, D.O. Nancy Williams, M.D.
<b>GASTROENTEROLOGY</b>	Meer Akbar Ali, M.D. Ali A. Hussain, M.D. Julia Meyer, PA-C Paresh Patel, PA-C Cyrus P. Tamboli, M.D.
<b>GENERAL SURGERY</b>	Michelle Eckert, M.D., FACS Lee A. Forestiere, M.D., FACS Heather LeBlanc, M.D., FACS Charles D. Mabry, M.D., FACS Lee R. Morisy, M.D., FACS J.R. Taylor III, M.D., FACS Madison Lim, M.D., M.P.H. Leigh Anna Robinson, M.D.
<b>HEMATOLOGY</b>	Brian Campbell, M.D. Abhijit M. Godbole, M.D., PhD Shahid Hameed, M.D. Asif Masood, M.D. Abid Mohiuddin, M.D.
<b>HOSPITALIST</b>	Jemeca Edwards, M.D. Sara Hanna, M.D. Nnamdi Ifediora, M.D. Naznin Jamal, M.D. Abrar Khan, M.D. Joseph Rose, M.D. Tiffany Smith, M.D. Nauman Yunus, M.D., FACP Michael Falaye, M.D. Ram Thotakura, M.D.
<b>INTERNAL MEDICINE</b>	James Steven Cash, M.D. John D. Dedman, M.D. Olabode Olumufin, M.D., M.P.H.
<b>NEPHROLOGY</b>	James A. Campbell, Jr., M.D. M. Ahmer Kashif, M.D. Steven H. Wright, M.D.
<b>NEUROLOGY</b>	Jacquelyn Sue Frigon, M.D.

<b>OBSTETRICS &amp; GYNECOLOGY</b>	Fauzia Akbary, M.D. Joe E. Browning, M.D., FACOG Megan Holloway, APRN Kenneth J. Lambert, M.D. Amanda Lem, APRN Katie Loetscher, APRN Reid G. Pierce, M.D., FACOG Ruston Pierce, M.D., FACOG
<b>OPHTHALMOLOGY</b>	David T. Nixon, M.D.
<b>ORTHOPEDICS</b>	Gordon Troy Birk, M.D. Roy Burrell, M.D. Summer McGehee, APRN J. Alan Pollard, M.D.
<b>OTOLARYNGOLOGY</b>	Joel Link, M.D. Stephen D. Shorts, M.D.
<b>PAIN MANAGEMENT</b>	Navdeep Dogra, M.D.
<b>PATHOLOGY</b>	Brandon Driver, M.D. Julie Harris, M.D.
<b>PEDIATRICS</b>	James Atkins, M.D. Sevilay Dalabih, M.D. Joyce Fletcher, M.D. Sade Francois, M.D.
<b>PSYCHIATRY</b>	Stephen A. Broughton, M.D. Abeer Washington, M.D.
<b>PULMONOLOGY</b>	Ali Alnashif, M.D. Nabeel Siddiqui, M.D.
<b>RADIOLOGY</b>	Albert Alexander, M.D. Benjamin Bartnicke, M.D. Bill Deaton, M.D. Paolo Lim, M.D. Wilma Matchett, M.D. John Meadors, M.D. Ronald Owens, M.D. Karl Schultz, M.D. Kathleen Sitarik, M.D. Shannon Turner, M.D.
<b>RHEUMATOLOGY</b>	Maaman Bashir, M.D.
<b>SPINE SURGERY</b>	Jason Smith, M.D.
<b>UROLOGY</b>	Timothy C. Goodson, M.D. David C. Jacks, M.D., FACS Gail Reede Jones, M.D. Taylor Moore, M.D.
<b>WOUND CARE</b>	Keith Bennett, M.D.

## Other Area Providers

The major competitor providers in the service area are primarily private nonprofit, critical access hospitals that offer similar services. Several of those nearest to Pine Bluff are members of a regional collaborative, the Arkansas Rural Health Partnership, through which they work closely together to reduce costs by sharing services and negotiating contracts. Jefferson Regional is the largest provider in this service area with 300 beds.

LOCATION	HOSPITAL NAME	MEDICARE CLASSIFICATION	# OF LICENSED BEDS	HOME HEALTH	DISTANCE FROM JEFFERSON REGIONAL
Camden	Ouachita County Medical Center	Acute Care	98	Yes	71
Crossett	Ashley County Medical Center	Critical Access	25	Yes	87
DeWitt	DeWitt Hospital & Nursing Home	Critical Access	25	Yes	58
Dumas	Delta Memorial Hospital	Critical Access	25	Yes	49
El Dorado	Medical Center of South Arkansas	Acute Care	166	No	89
Fordyce	Dallas County Medical Center	Critical Access	36	Yes	40
Helena-West Helena	Helena Medical Regional Center	Acute Care	150	No	119
Lake Village	Chicot Memorial Medical Center	Critical Access	25	Yes	87
McGehee	McGehee Hospital	Critical Access	25	Yes	64
Monticello	Drew Memorial Health System	Acute Care	49	Yes	50
Stuttgart	Baptist Health Medical Center	Acute Care	49	No	34
Warren	Bradley County Medical Center	Critical Access	25	Yes	52



## Current Community Health Initiatives

Jefferson Regional is active throughout Jefferson County in sponsoring health fairs, health education programs, free health screenings, and other activities to promote the health of the citizens of Jefferson County and surrounding communities.

Communities throughout Southeast Arkansas, like many rural areas in the Delta, face numerous socioeconomic challenges. Jefferson Regional's focus has been to identify those factors which are closely related to their mission, vision, and values and support such development accordingly. While the benefit to the community is quite visible, the connection to the community's economy may require a bit more thought. However, when the community's socioeconomic challenges are improved, the community becomes stronger and healthier.

### Jefferson Regional contributes to the following organizations and events:

Sponsorships:	
Arkansas Game & Fish Hall of Fame Banquet	Rotary of West Pine Bluff Hooten's Event
Arkansas Game & Fish Tournament	Sahara Shrine Circus
Arts & Science Centers Ads	Sahara Shrine Potentate Ball
Boys & Girls Club 75 <sup>th</sup> Anniversary Dinner	SEARK College Fall Festival
Boys & Girls Club Golf Tournament	SEARK Gala
Business Expo	Star City High School
Challenger Baseball League	Star City Soft Ball
City of Pine Bluff Aquatics Center	UAPB Chancellor's Scholarship Gala
Delta Rivers Nature Center Wetlands & Wildlife Fest	UAPB Homecoming
Delta Sigma Lambda Jewel Foundation	United Way
Dollarway School District	Voices for Children
Drew Memorial Foundation	Watson Chapel School District
Festival of Lights	White Hall Basketball
Junior Auxiliary of Monticello	White Hall Chamber of Commerce Golf Tournament
King Cotton Basketball	White Hall Chamber Policeman's Ball
Miss South Central Scholarship Competition	White Hall Choir Happening
Neighbor to Neighbor Fish Fry	White Hall High School Football
Pine Bluff Area Community Foundation	White Hall Junior Babe Ruth
Pine Bluff Country Club 4 Ball	White Hall Little League
Pine Bluff School District	White Hall Middle School Football
Rison in the Fall	White Hall Soft Ball League
Rison Star Daze	Woodlawn High School Don't Text & Drive Campaign

## Community Health Involvement:

Advancing Health Literacy Program  
Arts & Science Center  
Business Expo  
City of Pine Bluff  
COVID Testing Sites  
Pine Bluff Chamber of Commerce  
Pine Bluff Downtown Development  
Pine Bluff Downtown Rotary  
Pop Up in the Bluff

Salvation Army  
Jefferson School of Nursing  
SEARK  
UAMS – CHAMPS  
UAMS – MASH  
UAPB  
United Way Campaign  
Vaccine Clinics  
White Hall Chamber

## Arkansas Rural Health Partnership

The organization was founded to help local hospitals address the financial burdens of their individual organizations and work to provide health outreach to the region through funding opportunities.

### ARHP SERVICE AREA

#### 16 MEMBERS

14 hospitals and 2 Federally-Qualified Health Centers in our partnership.

#### 19 COUNTIES

Our service area includes 19 counties:

#### 81 MEMBER & AFFILIATE CLINICS

These clinics are family medicine, owned or operated by hospital, or are affiliate clinics.

Total population in service area: 389,736  
Sources include: United States Census Bureau.

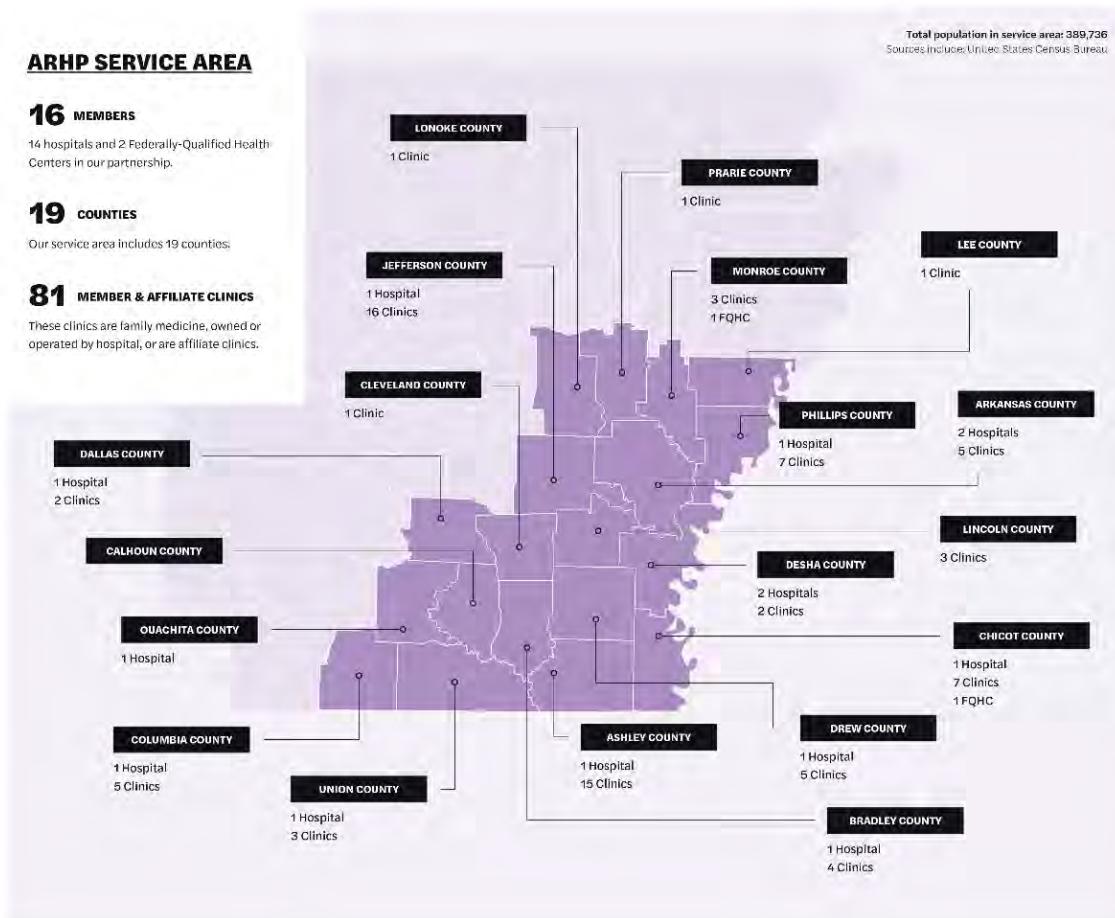
ARRURALHEALTH.ORG

### HOSPITALS

- Ashley County Medical Center  
Ashley County
- Baptist Health Hospital - Stuttgart  
Arkansas County
- Bradley County Medical Center  
Bradley County
- Chicot Memorial Medical Center  
Chicot County
- Dallas County Medical Center  
Dallas County
- DeWitt Hospital & Nursing Home  
Arkansas County
- Delta Memorial Hospital  
Desha County
- Drew Memorial Health System  
Drew County
- Helena Regional Medical Center  
Phillips County
- Jefferson Regional Medical Center  
Jefferson County
- McGehee Hospital  
Desha County
- Magnolia Regional Medical Center  
Columbia County
- Medical Centers of South Arkansas  
Union County
- Ouachita County Medical Center  
Ouachita County

### FQHC's

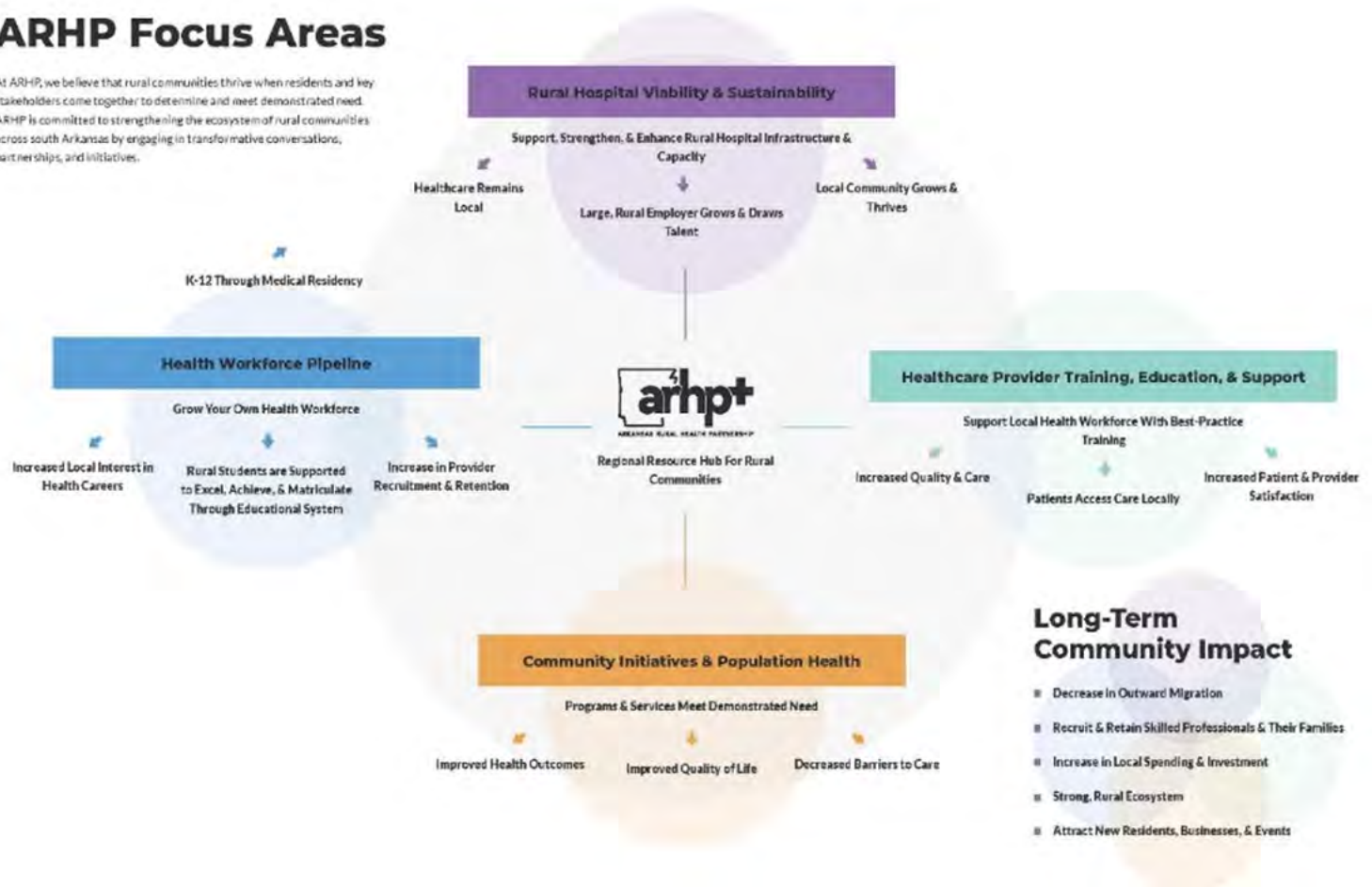
- Mainline Health Systems, Inc  
Chicot County
- Mid-Delta Health Systems, Inc  
Monroe County



Currently, Arkansas Rural Health Partnership provides the following outreach and education programs to its members, patients, and communities:

## ARHP Focus Areas

At ARHP, we believe that rural communities thrive when residents and key stakeholders come together to determine and meet demonstrated need. ARHP is committed to strengthening the ecosystem of rural communities across south Arkansas by engaging in transformative conversations, partnerships, and initiatives.



<b>Healthcare Workforce Pipeline Initiative</b>	
<ul style="list-style-type: none"> <li>➤ K-12 PIPELINE – “Grow your own healthcare pipeline” programs</li> <li>➤ College Student Internships</li> <li>➤ Medical School Preceptorship</li> <li>➤ Rural Residency Training Track</li> <li>➤ Connect to Tech Training Program in HIV &amp; Behavioral Health Technology</li> <li>➤ Regional Nursing Collaborative</li> </ul>	
<b>Community Initiatives &amp; Population Health</b>	
<b>COVID-19 Resources</b>	
➤ Informational Videos	➤ Testing & Vaccination Efforts
<b>Community Outreach</b>	
<ul style="list-style-type: none"> <li>➤ <b>Enrollment Services</b> - Community Benefits Counselors (<b>Medicare, Medicaid, Prescription Assistance</b>)</li> <li>➤ <b>Navigation Services</b> – Toll Free number to serve as a community health resource hub and connection point to local healthcare resources</li> <li>➤ <b>The Good Food RX</b> – ARHP will launch The Good Food Rx, a cutting-edge food distribution center pilot for seniors (age 65+) with chronic disease experiencing food insecurity in Lake Village &amp; Helena, Arkansas.</li> </ul>	
<b>Behavioral &amp; Mental Health Initiatives</b>	
<ul style="list-style-type: none"> <li>➤ Behavioral Health Task Force</li> <li>➤ Opioid Crisis Informational Video</li> <li>➤ SUD linkage to services</li> <li>➤ Community Education</li> <li>➤ Mental Health First Aid (Adult &amp; Youth)</li> <li>➤ Focus Group: College Students &amp; Professionals Serving College Students</li> <li>➤ Focus Group: Youth Group Leaders &amp; Youth</li> </ul>	
<b>Rural Hospital Viability &amp; Sustainability</b>	
<ul style="list-style-type: none"> <li>➤ Distance Learning Education &amp; Certification</li> <li>➤ On-site Simulation Training &amp; Certification</li> <li>➤ Mental Health Education &amp; Support</li> <li>➤ SUD Education &amp; Support</li> <li>➤ Quality Improvement</li> <li>➤ Professional Roundtables</li> <li>➤ Telehealth Resource Centers</li> <li>➤ ARHP Office</li> </ul>	
<b>Healthcare Provider Training, Education &amp; Support</b>	
<ul style="list-style-type: none"> <li>➤ Contract Negotiation Vendor Facilitation</li> <li>➤ Professional Roundtables</li> <li>➤ Staffing Agency Review/ Development</li> <li>➤ Recruitment &amp; Retention</li> <li>➤ Healthcare Recruiter</li> <li>➤ Member Job Board</li> <li>➤ Clinically Integrated Network</li> <li>➤ Consulting Services</li> <li>➤ Billing &amp; Coding Education</li> <li>➤ Behavioral Health</li> <li>➤ Swing Bed Program</li> </ul>	

## Progress of 2019 CHNA Strategic Plan

Jefferson Regional has successfully made progress on each goal identified in the Strategic Implementation Plan 2019-2022. Progress towards these goals include:

<b>Public Health Concern: Mental Health &amp; Behavioral Health Services</b>
<b>GOAL I. Increase mental &amp; behavioral health services in the service area</b>
<p>Provide additional behavioral health services:</p> <ul style="list-style-type: none"><li>• Jefferson Regional has placed a Peer Recovery Specialist in our Emergency Department to work with drug and alcohol-addicted patients.</li><li>• Jefferson Regional provides discharge medication assistance to help patients with medication compliance after discharge.</li></ul> <p>Expand mental &amp; behavioral health services &amp; programs in the service area through collaboration:</p> <ul style="list-style-type: none"><li>• Jefferson Regional has partnered with LifePoint Healthcare to build a new specialty hospital that includes inpatient behavioral health, increasing the number of beds from the current 18 at Jefferson Regional to 36 at the new specialty hospital. Construction is scheduled to begin in late 2022, with a grand opening in 2024.</li><li>• Jefferson Regional has enhanced its processes to bridge patients from our inpatient behavioral health unit to outpatient services at Southeast Arkansas Behavioral Healthcare.</li></ul>

<b>Public Health Concern: Lack of Transportation</b>
<b>GOAL II. Increase access to healthcare services by improving transportation</b>
<p>Increase awareness of available transportation resources</p> <ul style="list-style-type: none"><li>• Jefferson Regional has increased the capacity of its transportation service, resulting in a higher volume of transportation home upon discharge.</li></ul> <p>Initiate local telehealth services to decrease the need for transportation</p> <ul style="list-style-type: none"><li>• Jefferson Regional has significantly enhanced its telehealth capabilities, resulting in more patients having the opportunity to visit with their physician from home, reducing the need for transportation.</li></ul>

<b>Public Health Concern: Access to Healthcare Specialists</b>
<b>GOAL III. Increase healthcare provider/physician access; specifically, specialty care</b>
<p>Provide more opportunities to train healthcare providers locally</p> <ul style="list-style-type: none"><li>• Jefferson Regional partnered with ARHP to host 11 students interested in healthcare careers during the summer of 2021. This year, Jefferson Regional's focusing this program on college students and will have funding to host two paid internships. They also partner with UAMS to host the MASH and CHAMPS programs. These programs have not met due to COVID but will return in the summer of 2022.</li></ul>

Provide additional specialty services at Jefferson Regional	
<ul style="list-style-type: none"> <li>Jefferson Regional has significantly increased the availability of cancer care in the community with the opening of the Jones-Dunklin Cancer Center, including the recruitment of additional oncologists.</li> <li>Jefferson Regional collaborated with Arkansas Children's Hospital to bring expanded, enhanced pediatric services to the community.</li> <li>Jefferson Regional specialists in Cardiology, Oncology, and Orthopedics see patients at clinics in our secondary service area on a routine basis.</li> </ul>	
<b>Jefferson Regional Specialists Serving South Arkansas</b>	
<b>Monticello Medical Clinic – Monticello</b>	
Dr. Nick Willis	2 <sup>nd</sup> , 4 <sup>th</sup> , 5 <sup>th</sup> Wednesday of the month
Dr. Jainil Shah	3 <sup>rd</sup> Wednesday of the month
Dr. Troy Birk	1 <sup>st</sup> Wednesday of the month
Dr. Roy Burrell	3 <sup>rd</sup> Tuesday of the month
Dr. Jason Smith	4 <sup>th</sup> Tuesday of the month
<b>Drew Memorial – Monticello</b>	
Dr. Abhijit Godbole	Every Thursday
Dr. Brian Campbell	Every Thursday
<b>Chicot Memorial Hospital – Lake Village</b>	
Dr. Nick Willis	1 <sup>st</sup> Friday of the month
<b>Delta Memorial Hospital – Dumas</b>	
Dr. Ricki Fram	1 <sup>st</sup> , 3 <sup>rd</sup> , 5 <sup>th</sup> Thursday of the month
<b>McGehee Family Clinic – McGehee</b>	
Dr. Jainil Shah	1 <sup>st</sup> Wednesday of the month
Dr. Asif Masood	Every other Wednesday

<b>Public Health Concern: Lack of Community Education &amp; Assistance Programs</b>
<b>GOAL IV. Increase access to Patient &amp; Community Assistance Programs</b>
<p>Provide assistance &amp; navigation for Insurance Enrollment, Medicare, Transportation, &amp; other available Social Services for patients &amp; residents in Jefferson County</p> <ul style="list-style-type: none"> <li>Jefferson Regional works with Arkansas Rural Health Partnership navigators to help members of the community in Medicare and Medicaid programs.</li> <li>Jefferson Regional screens all patients for insurance insecurities and helps to identify resources to assist with gaps.</li> <li>Jefferson Regional assists patients with medication through programs such as prescription assistance and discharge prescriptions ("Meds-to-Beds").</li> <li>Jefferson Regional assesses all patients for social determinants of health and facilitates referrals to appropriate community resources.</li> </ul>



# 2022 Community Health Needs Assessment

## Community Engagement Process



<http://www.healthycommunities.org/Education/toolkit/files/community-engagement.shtml#.XEnj7bLru70>



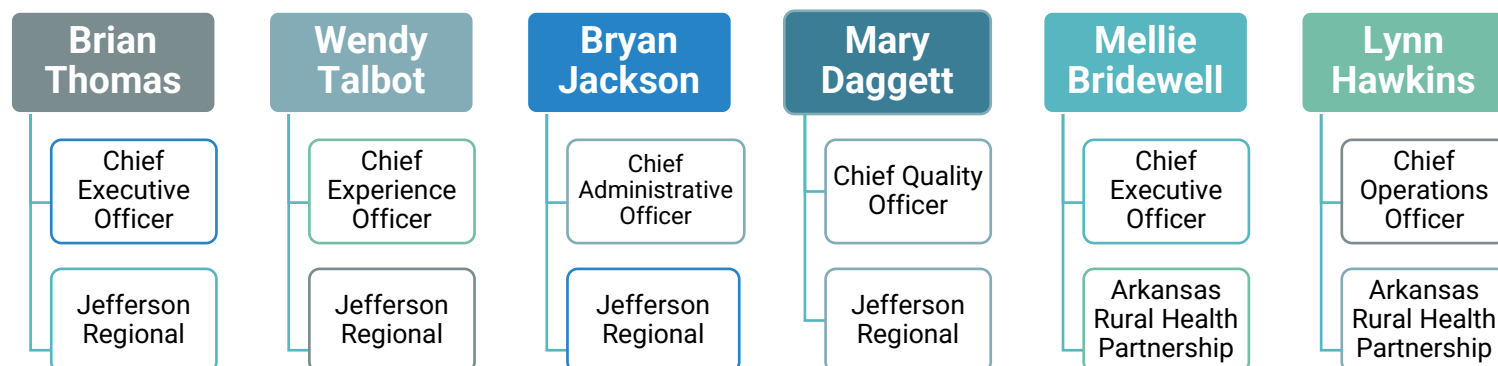
## CHNA Facilitation Process

The Community Health Needs Assessment Toolkit developed by the National Center for Rural Health Works at Oklahoma State University and Center for Rural Health and Oklahoma Office of Rural Health was utilized as a guide for the CHNA facilitation process. The process was designed to be conducted through two community meetings. The facilitator and the steering committee oversee the entire process of organizing and determining a Community Advisory Committee of 28 community members that meet throughout the process to develop a strategic plan for the hospital to address the health needs of the community.



Public input is essential in the development of a Community Health Needs Assessment. To begin the process, the Jefferson Regional staff steering committee members, Brian Thomas, Chief Executive Officer of Jefferson Regional; Wendy Talbot, Chief Experience Officer of Jefferson Regional; Bryan Jackson, Chief Administrative Officer of Jefferson Regional; Mary Daggett, Chief Quality Officer of Jefferson Regional, convened with Mellie Bridewell and Lynn Hawkins of the Arkansas Rural Health Partnership to assess community member involvement. The Jefferson Regional staff steering committee participated and provided assistance with organizing the hybrid community meetings as well as the development of the assessment and strategic implementation plan.

## Steering Committee



Due to the size of the service area, the steering committee chose to conduct their assessment through a focus group of community leaders and individuals in health-related fields. Approximately 28 individuals from the community were selected for invitation to the focus group, or community advisory committee, by the Jefferson Regional staff steering committee. Those accepting the invitation in which 23 attended the advisory committee's first meeting. A few additional advisory committee members, who were unable to attend the first meeting, joined the second meeting after being briefed.

These community advisory committee members met initially to discuss health statistics affecting the hospital service area and to individually complete the 2022 health needs survey. Advisory committee members assisted in distributing the survey QR code and flyers to neighbors, colleagues, and friends prior to the second meeting. Surveys were also available electronically on the Jefferson Regional website, the ARHP website, and various sites throughout the service area.

At the second committee meeting, members were presented with the results of the surveys and discussed some of the questions and responses as a group, and prioritized community health concerns. Over the next three years, the action plans will be implemented for each issue, and the hospital steering committee will meet annually with the advisory committee to assess progress.

## Community Advisory Committee

Name	City, State	Occupation
Debi Attwood	Rison, AR	Retired
Honorable Kim Bridgforth	White Hall, AR	Jefferson County District Court
Juawana Jackson	Pine Bluff, AR	Chief Juvenile Officer
Chandra McField	Pine Bluff, AR	Jefferson Comp Care
Lawrence Fikes	Pine Bluff, AR	Arkansas Community Foundation
Shelby Gibson	Rison, AR	Jefferson Regional Readmission Coordinator
Patty Heird	Pine Bluff, AR	HCJ CPAs
Stacie Hipp	Pine Bluff, AR	Jefferson Regional School of Nursing
Lisa Hunter	White Hall, AR	Simmons Bank
Letitia Jenkins	Pine Bluff, AR	Jefferson Regional
Bessie Lancelin	Pine Bluff, AR	Southeast Arkansas Behavioral Healthcare System
Joann Mays	Pine Bluff, AR	Physician
Summer McGhee	Star City, AR	Jefferson Regional Orthopedic & Spine
Nancy McNew	Pine Bluff, AR	Pine Bluff Chamber of Commerce
Joyce Scott	Pine Bluff, AR	SEARK College
Steven Shaner	Pine Bluff, AR	Pine Bluff City Council
Allison Thompson	Pine Bluff, AR	Jefferson County Alliance
William Fells	Pine Bluff, AR	City of Pine Bluff
Rosemary White	Pine Bluff, AR	Jefferson Regional
Brian Thomas	Bryant, AR	Jefferson Regional
Bryan Jackson	White Hall, AR	Jefferson Regional
Wendy Talbot	Pine Bluff, AR	Jefferson Regional
Mary Daggett	Pine Bluff, AR	Jefferson Regional
Janice Acosta	Pine Bluff, AR	Relyance Bank
Joni Alexander	Pine Bluff, AR	Pine Bluff City Council
Annette Kline	Pine Bluff, AR	Strong Manufacturing
Mike Kline	Pine Bluff, AR	Strong Manufacturing
Diann Williams	Pine Bluff, AR	University of Arkansas at Pine Bluff

## Results Overview

There were 138 completed surveys through the 2022 CHNA Process. All results can be found in Attachment F. Survey Results.

Top Issues Identified through the CHNA Process	
1	<b>CHRONIC DISEASE</b>
<ul style="list-style-type: none"><li>➤ Need to address Diabetes of all ages</li><li>➤ Need to provide diabetes education in the schools</li><li>➤ Need to open a walking track or expand the existing walking track</li><li>➤ Increase primary care physicians</li><li>➤ Increase chronic disease screenings in the community</li><li>➤ Expand access to prescription assistance</li></ul>	
2	<b>MENTAL &amp; BEHAVIORAL HEALTH</b>
<ul style="list-style-type: none"><li>➤ Expand mental &amp; behavioral health services</li><li>➤ Expand psychiatry resources through partnerships</li><li>➤ Expand detox services offered</li><li>➤ Increase education on available resources</li><li>➤ Identify ways to work with schools to ensure referral services are in place</li><li>➤ Provide education to reduce the stigma</li></ul>	

## 2022-2025 Strategic Implementation Plan

### Priority: Chronic Disease

Objective 1. Continue to improve access to chronic disease management programs and services.

Activities:

- A. Explore opportunities to offer diabetes education initiatives for adults and youth.
- B. Continue to provide chronic disease case management through ARHP Clinically Integrated Network.
- C. Provide more education to vulnerable populations on the importance of chronic disease screenings and where to receive them.
- D. Explore strategies to increase access to screenings at Jefferson Regional and with other providers.
- E. Provide screening and educational events throughout the community.
- F. Seek for grant funding for a clinic to provide transitional care, education, and referrals.

Objective 2. Continue to provide patient navigation to chronic disease services, resources, and programs.

Activities:

- A. Grow patient navigation and assistance services with ARHP Community Benefits Counselors/Community Health Workers.
- B. Develop flag within electronic medical records to better identify patients with chronic diseases.
- C. Make transitional phone calls to patients after acute care discharge to educate and encourage follow-up compliance.
- D. Hire transitional APRNs to assist with patients who cannot get to their PCP timely.
- E. Implement referral process to outside transitional services for patients who are bed-bound or have trouble getting to their PCP.

### Priority: Mental and Behavioral Health

Objective 1. Increase capacity to provide mental and behavioral health treatment and recovery services.

Activities:

- A. Continue development of Jefferson Regional Specialty Hospital to increase mental and behavioral health services and programs at Jefferson Regional.
- B. Increase efforts to build the mental and behavioral health workforce.

Objective 2. Continue to collaborate and build partnerships to increase mental and behavioral health services and programs in the service area.

Activities:

- A. Identify and act on opportunities to partner with other healthcare organizations, locally and statewide, to increase the capacity to provide mental and behavioral health services.
- B. Identify and implement partnerships with providers for telehealth visits.
- C. Continue to participate in the ARHP Mental/Behavioral Task Force.
- D. Provide Mental Health First Aid to local schools, colleges, and community organizations through ARHP.

## Qualifications of the Report Preparer

Arkansas Rural Health Partnership (ARHP) was founded by a handful of rural hospital leaders who knew the significance and stabilizing force of home, community, and local healthcare. ARHP members recognized early on that if they wanted to continue to shape the health, wellness, and lives of their communities, they had to work together—hand-in-hand with local leaders, other rural healthcare providers, state and federal partners, and community members themselves - to truly address the needs of rural south Arkansas residents. Since its inception, ARHP has become a reference point and model for rural health innovation and collaboration across the state and nation. As an organization, ARHP is committed to paving the road for rural communities to come together and turn the tide for rural healthcare - across rural south Arkansas and beyond.

Ms. Mellie Bridewell, President of the Arkansas Rural Health Partnership and Regional Director in the UAMS Office of Strategy Management, along with Lynn Hawkins, ARHP Chief Officer of Membership and University Partnerships, were designated to serve as leads on ARHP hospital 2022 Community Health Needs Assessments due to their expertise in this area and the significant impact these assessments will have for the region that ARHP serves and well as the policy changes and program implementation essential to provide the needed services.

## About the Arkansas Rural Health Partnership

The Arkansas Rural Health Partnership (ARHP) is a non-profit horizontal hospital and economic development organization composed of fifteen independently owned South Arkansas rural hospitals, two Federally Qualified Health Centers, and three Medical Schools. This unique network is the largest healthcare service provider in the area and serves as a hub for economic growth and development across the region. ARHP efforts aim to support and improve existing healthcare infrastructure while strengthening healthcare delivery across rural south Arkansas.

## Documentation

The following documentation of 2022 CHNA presentations, agendas, sign-in sheets, and survey results are included in the following attachments.

- Attachment A.** Community Advisory Committee Meeting #1 Agenda
- Attachment B.** Community Advisory Committee Meeting #1 Attendance Roster
- Attachment C.** Community Advisory Committee Meeting #1 PowerPoint
- Attachment D.** Community Advisory Committee Meeting #2 Agenda
- Attachment E.** Community Advisory Committee Meeting #2 Attendance Roster
- Attachment F.** Community Advisory Committee Meeting #2 PowerPoint and Jefferson Regional Survey Results
- Attachment G.** Jefferson Regional Organizational Chart
- Attachment H.** Jefferson Regional Press Release – Behavioral Health
- Attachment I.** 2022 – 2025 Strategic Implementation Plan



**Attachment A.**  
**Community Advisory Committee**  
**Meeting #1**  
**Agenda**



**Community Health Needs Assessment**  
**Community Advisory Committee Meeting #1**  
**Agenda**

**April 19, 2022**

**6:00 pm – 8:00 pm**

- Introductions
- Community Health Needs Assessment (CHNA)
- CHNA Process
- Next Steps
- Questions

# Attachment B.

## Community Advisory Committee


### Meeting #1

### Attendance Roster

**April 19, 2022**

First	Last	Employer
Debi	Attwood	Retired
Honorable Kim	Bridgforth	Jefferson County District Court
Juawana	Jackson	Chief Juvenile Officer
Chandra	McField	Jefferson Comp Care
Lawrence	Fikes	Arkansas Community Foundation
Shelby	Gibson	Jefferson Regional Readmission Coordinator
Patty	Heird	HCJ CPAs
Stacie	Hipp	Jefferson Regional School of Nursing
Lisa	Hunter	Simmons Bank
Letitia	Jenkins	Jefferson Regional
Bessie	Lancelin	Southeast Arkansas Behavioral Healthcare System
Joann	Mays	Physician
Summer	McGhee	Jefferson Regional Orthopedics
Nancy	McNew	Pine Bluff Chamber of Commerce
Joyce	Scott	SEARK College
Steven	Shaner	Pine Bluff City Council
Allison	Thompson	Jefferson County Alliance
William	Fells	Mayor of the City of Pine Bluff
Rosemary	White	Jefferson Regional
Bryan	Jackson	Jefferson Regional
Brian	Thomas	Jefferson Regional
Wendy	Talbot	Jefferson Regional
Mary	Daggett	Jefferson Regional

**Attachment C.**  
**Community Advisory Committee**  
**Meeting #1**  
**PowerPoint Presentation**



**2022 Community Health Needs Assessment (CHNA)**

Community Advisory Committee Meeting #1

1

**Agenda**

01	Introductions
02	Community Health Needs Assessment
03	CHNA Process
04	Next Steps
05	Questions

2

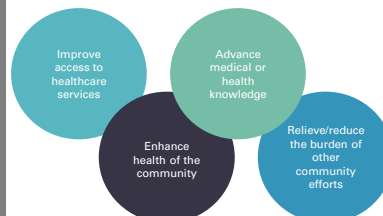
**Steering Committee Members:**

Jefferson Regional
<b>Brian Thomas</b> President & Chief Executive Officer
<b>Bryan Jackson</b> Vice President & Chief Administrative Officer
<b>Wendy Talbot</b> Chief Experience Officer
<b>Mary Daggett</b> Vice President & Chief Quality Officer
Arkansas Rural Health Partnership
<b>Mellie Bridewell</b> President/CEO
<b>Lynn Hawkins</b> Chief Officer of Membership

3

**Community Benefit:**

According to the Internal Revenue Service (IRS), community benefit means programs & services designed to address identified needs & improve community health & must meet at least one of the following criteria:




4

**Jefferson Regional is a not for profit 501©3 organization because:**

Allows the hospital to be eligible to participate in the Special Medicaid Assessment Program which increase Medicaid reimbursements
Allows fewer regulations than a public organization
Receives a variety of tax exemptions from federal, state, and local governments

5

In return, the Internal Revenue Service (IRS) mandates that, like other non-profit organizations benefiting from this status, community benefit must be center to the mission of a non-profit hospital.



6

Therefore, all non-profit hospitals must:

Conduct a formal community health needs assessment every three years

Widely publicize these assessment results by the end of the fiscal year

Adopt an implementation strategy to meet needs identified by the assessment

Provide the Secretary of the Treasury with an annual report of how the organization is addressing the needs identified in each community health needs assessment

7

## The Community Health Needs Assessment Process



8

## Community Engagement:

Community engagement is the process by which individuals from the community, stakeholder organizations & hospitals work collaboratively to identify needs most important to residents & pursue meaningful strategies to address those needs.

### Benefits for Your Hospital

- A clearer understanding of the community (health issues, availability of resources)
- Strengthened bonds between community & hospital; increased collaboration
- Greater community buy-in & a sense of shared commitment to community health
- Stronger relationships with individuals/organizations that are assets for improving community health
- Healthier communities where individuals have access to care potentially leading to lower costs for the hospital

### Benefits for Your Community

- A different perspective of the community & the hospital's role in health promotion
- Improved communication between community & hospital
- Potential community coalitions/collaborative improvement efforts
- The ability to apply knowledge & experiences to improve the health of the community
- The opportunity for leadership development & capacity-building
- The potential for a healthier community

9

## Step 1: Reflect & Strategize – 2019 Implementation Plan Progress Updates

1

Increase mental & behavioral health services in the service area

2

Increase access to healthcare services by improving transportation

3

Increase healthcare provider/physician access; specifically specialty care

4

Increase access to Patient & Community Assistance Programs

10

## Public Health Concern: Mental Health & Behavioral Health Services

1

Increase mental & behavioral health services in the service area

### Provide additional behavioral health services

- ✓ Jefferson Regional has placed a Peer Recovery Specialist in our Emergency Department to work with patients that are struggling with drug and/or alcohol addiction.
- ✓ Jefferson Regional provides discharge medication assistance to help patients with medication compliance after discharge.

### Expand mental & behavioral health services & programs in the service area through collaboration

- ✓ Jefferson Regional has partnered with Kindred Healthcare to build a new specialty hospital that includes inpatient behavioral health, increasing the number of beds from the current 18 at Jefferson Regional to 36 at the new specialty hospital. Construction is scheduled to begin later in 2022 with a grand opening in 2024.
- ✓ Jefferson Regional has enhanced its processes to bridge patients from our inpatient behavioral health unit to outpatient services at Southeast Arkansas Behavioral Healthcare.

11

## Public Health Concern: Lack of Transportation

2

Increase access to healthcare services by improving transportation

### Increase awareness of available transportation resources

- ✓ Jefferson Regional has increased the capacity of its transportation service, resulting in a higher volume of transportation to home upon discharge.

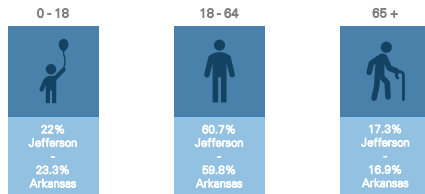
### Initiate local telehealth services to decrease the need for transportation

- ✓ Jefferson Regional has enhanced its telehealth capabilities, resulting in more patients having the opportunity to visit with their physician from home, reducing the need for transportation.

12



### Step 3: Define the Community – Age Range



Sources: US Census 2020  
<https://data.census.gov/cedsci/profile?q=0600000U505009>

19

### Step 3: Define the Community – Income

#### Median Household Income

**\$39,326** Jefferson

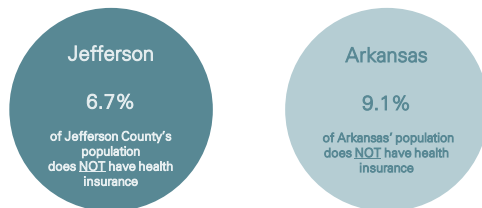
**\$49,475** Arkansas

Families	Married Couple Families	Non-Family Households
\$52,129 Jefferson	\$69,801 Jefferson	\$24,536 Jefferson
\$62,067 Arkansas	\$74,618 Arkansas	\$27,792 Arkansas

Sources: US Census 2020  
<https://data.census.gov/cedsci/profile?q=0600000U505009>

20

### Step 3: Define the Community – Healthcare Coverage



Sources: US Census 2020  
<https://data.census.gov/cedsci/profile?q=0600000U505009>

21

### Step 3: Define the Community – Disabilities

	Jefferson	Arkansas	United States
Disabled	18.6%	17.6%	12.7%
Hearing Difficulty	4.1%	5.0%	3.8%
Vision Difficulty	3.6%	3.4%	2.5%
Cognitive Difficulty	7.2%	7.2%	5.3%
Ambulatory Difficulty	11.4%	10.1%	6.9%
Self-Care Difficulty	4.1%	3.6%	2.7%
Independent Living Difficulty	8.1%	7.8%	5.0%

Sources: US Census 2020  
<https://data.census.gov/cedsci/profile?q=0600000U505009>

22

### Step 3: Define the Community – Poverty

Under 18	18 - 64	65 & Older	All People
29.5% Jefferson	19.8% Jefferson	12.3% Jefferson	20.8% Jefferson
22% Arkansas	15.5% Arkansas	9.8% Arkansas	16.1% Arkansas
17.5% U.S.	12.1% U.S.	9.3% U.S.	12.8% U.S.

<https://data.census.gov/cedsci/profile?q=0600000U505009>

23

### Step 3: Define the Community – Clinical Care

	Jefferson	Arkansas	Top U.S. Performers (Counties)
Primary Care Physicians	1,620 to 1	1,510 to 1	1030 to 1
Dentists	2,160 to 1	2,100 to 1	1240 to 1
Mental Health Providers	440 to 1	420 to 1	290 to 1
Preventable Hospital Stays	5,715	5129	2,761
Mammography Screening	35%	38%	50%
Flu Vaccinations	42%	48%	53%

Sources: County Health Rankings 2021  
<https://www.countyhealthrankings.org/app/arkansas/2021/rankings/jefferson-county/outcomes/overall/snapshot>

24



### Step 3: Define the Community – Health Behavior

	Jefferson	Arkansas	Top U.S. Performers (Counties)
Adult Smoking	25%	24%	14%
Adult Obesity	43%	35%	26%
Food Environment Index	6.2	5.1	8.6
Physical Inactivity	33%	30%	20%
Access to Activity (Physical Exercise)	53%	64%	91%
Alcohol Abuse	13%	17%	13%
Alcohol-Impaired Driving Deaths	25%	26%	11%
Sexually Transmitted Infections	1,248.6	575.5	161.4

Sources: County Health Rankings 2021  
<https://www.countyhealthrankings.org/rpt/arkansas/2021/rankings/jefferson/county/outcomes/overalls/napshot>

25

### Step 4: Collect & Analyze Data

Community Health Needs Assessment Survey includes the following sections:

- Personal Health & Wellness
- Community Health
- Demographic Information

Community Advisory Committee is instrumental in getting the word out about the CHNA survey

Survey will be available on the JRCM website, Facebook page, & the ARHP Facebook page

All data will be compiled & presented at the meeting on May 9<sup>th</sup>

ALL RESPONSES ARE CONFIDENTIAL

CHNA survey is now open & available by clicking this link:  
[https://docs.google.com/forms/d/e/1FAIpQLSeAJXH-GDuhW3WjWlLso\\_CfPYcRSp7Wqz-CjAebqqlmCpg/viewform?usp=sf\\_link](https://docs.google.com/forms/d/e/1FAIpQLSeAJXH-GDuhW3WjWlLso_CfPYcRSp7Wqz-CjAebqqlmCpg/viewform?usp=sf_link)

26

### Ways to access the CHNA survey:

- Scan the QR code in the flyer
- The survey link can be emailed or texted
- Survey link may also be found on the JRCM website & Facebook page

Please take a few minutes to answer this survey and tell us about YOUR hospital and community.

#### 4 Easy Steps:

1. Open phone camera.
2. Point camera here.
3. Fill out the form.
4. All done!



27

### Step 5: Prioritize Community Health Issues

1. Survey results will be presented to Advisory Committee
2. Advisory Committee will review results, demographics, & health data provided to identify health care priorities

#### Prioritization criteria might include:

Magnitude of the problem	Severity of the problem	Need among vulnerable populations
Community's capacity & willingness to act on the issue	Ability to have a measurable impact on the issue	Availability of hospital & community resources
Existing interventions focused on the issue	Whether the issue is a root cause of other problems	Trending health concerns in the community

28

### Step 6: Document & Communicate Results



The completed report will be provided to members of the Advisory Committee as well as posted to the Jefferson Regional website.



Printed copies will be available upon request.



Final report will be filed with IRS Form 990.

29

### Step 7: Plan Implementation Strategies

Develop comprehensive, multifaceted strategies to address the community health needs prioritized in the assessment is crucial to improving community health.

#### Key Components:

- Engage strategic partnerships both within the hospital and with external stakeholders
- Internal and External partnerships (ARHP)
- Align strategies with the hospital and other community stakeholder organizations (City, County, Health Department, Schools)
- Determine our community assets
- Identify the drivers of community health improvement
- Select strategies to address priority needs

30

### Step 8: Implement Strategies

- This is an ongoing process
- We will continue to engage stakeholders identified through previous steps
- Develop work groups, as necessary, to implement plans
- Create measurable action plans

#### Considerations for implementation:

- Are there existing resources or efforts?
- What skill sets are needed to make the strategy a success?
- Who will be doing the work?
- How can we engage & involve others?
- Are the action plans flexible enough to adapt to changing circumstances?

31

### Step 9: Evaluate Progress



Schedule annual meetings to engage members of the Advisory Committee.



Review the implementation plans and strategies identified.



Evaluate the results.



Communicate results and celebrate successes.

32

### Next Steps

Share CHNA flyer via email

Complete the survey

"Like" us on Facebook to help us spread the word & access the flyer

Talk to your friends & family about the survey & ask them to complete it

Talk to your friends & family about their health care concerns for the community

Attend Community Advisory Committee Meeting #2

33

### Next Meeting

Monday, May 9  
@ 6:00pm at  
Jefferson Regional in  
Classrooms 2 & 3

Review data  
collected from  
surveys

Identify key health  
concerns we can  
begin to address

Outline plan to  
address concerns  
over the next three  
years

34



Any  
Questions?

35

**Attachment D.**  
**Community Advisory Committee**  
**Meeting #2 Agenda**



**Community Health Needs Assessment**  
**Community Advisory Committee Meeting #2**

**Agenda**

**May 9, 2022**

**6:00 pm – 8:00 pm**

**In-Person/Virtual Meeting**

- Welcome
- Overview of Survey Results
- Identifying Key Takeaways
- Voting on Top Objectives
- Action Plan
- Adjourn

# Attachment E.

## Community Advisory Committee

### Meeting #2

### Attendance Roster

**May 9, 2022**



First	Last	Employer
Debi	Attwood	Retired
Honorable Kim	Bridgforth	Jefferson County District Court
Juawana	Jackson	Chief Juvenile Officer
Chandra	McField	Jefferson Comp Care
Lawrence	Fikes	Arkansas Community Foundation
Shelby	Gibson	Jefferson Regional Readmission Coordinator
Patty	Heird	HCI CPAs
Stacie	Hipp	Jefferson Regional School of Nursing
Lisa	Hunter	Simmons Bank
Letitia	Jenkins	Jefferson Regional
Bessie	Lancelin	Southeast Arkansas Behavioral Healthcare System
Joann	Mays	Physician
Summer	McGhee	Jefferson Regional Orthopedics
Nancy	McNew	Pine Bluff Chamber of Commerce
Joyce	Scott	SEARK College
Steven	Shaner	Pine Bluff City Council
Allison	Thompson	Jefferson County Alliance
William	Fells	Mayor of the City of Pine Bluff
Rosemary	White	Jefferson Regional
Bryan	Jackson	Jefferson Regional
Brian	Thomas	Jefferson Regional
Wendy	Talbot	Jefferson Regional
Mary	Daggett	Jefferson Regional

**Attachment F.**  
**Community Advisory Committee**  
**Meeting #2**  
**PowerPoint Presentation**  
**& 2022 CHNA Survey Results**

2022

## Community Health Needs Assessment

Community Advisory Committee Meeting #2  
May 9<sup>th</sup> at 6:00 pm

1

Agenda	01	WELCOME
	02	OVERVIEW OF SURVEY RESULTS
	03	IDENTIFYING KEY TAKEAWAYS
	04	VOTING ON TOP OBJECTIVES
	05	ACTION PLAN
	06	ADJOURN

2



3

ALL RESPONSES ARE CONFIDENTIAL

There were  
**138**  
surveys completed for  
Jefferson Regional

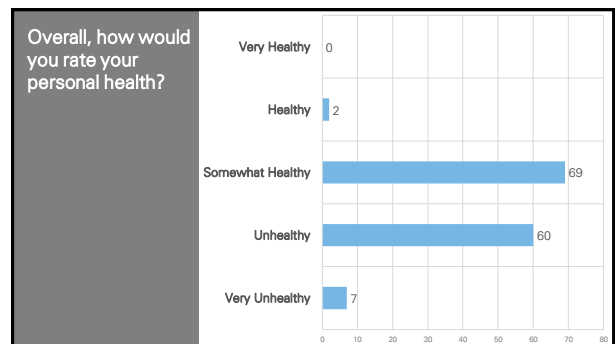
The survey included three sections:

- 1 Personal Health & Wellness
- 2 Community Health
- 3 Demographic Information

4

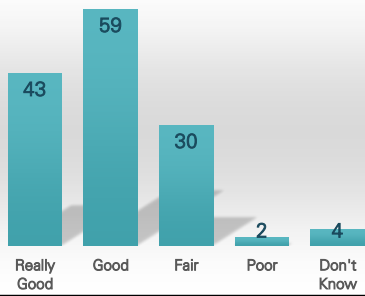
SECTION 1:  
Personal Health & Wellness

5



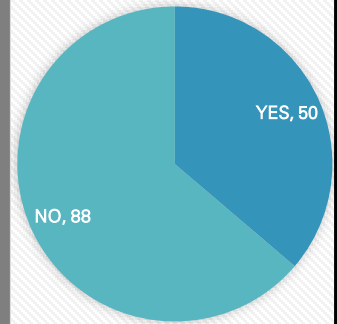
6

How do you rate your knowledge of the health services?



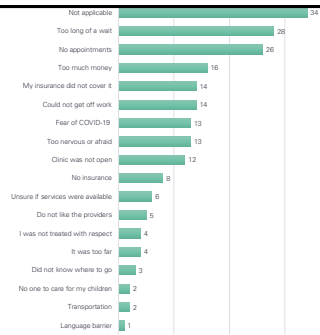
7

In the past three years, was there a time when you or a member of your household thought you needed health care services but did NOT receive or delayed receiving medical services?



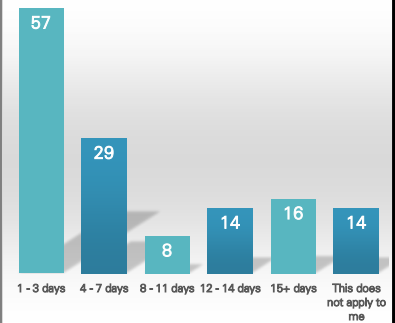
8

What were the MOST important reasons why you did not receive health care services?



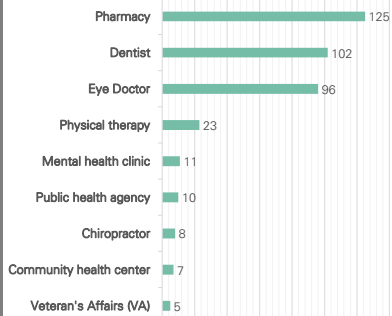
9

In your experience, what is the average length of time to schedule an appointment with your primary care provider?



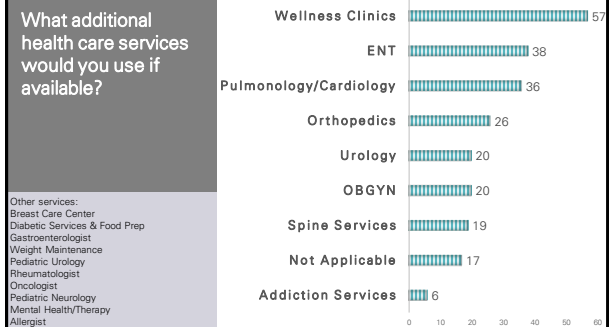
10

Which community resources, other than the hospital or clinic, have you used in the last three years?



11

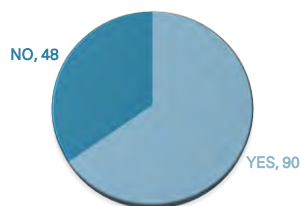
What additional health care services would you use if available?



12

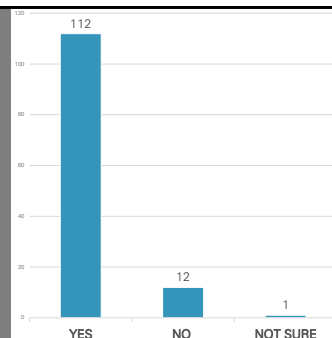


In the past three years, has anyone in your household received care in a hospital? (i.e. hospitalized overnight, day surgery, obstetrical care, rehabilitation, radiology, or emergency care)



13

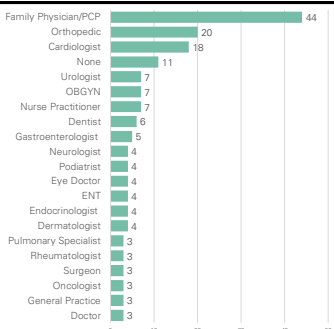
In the past three years, have you or a household member seen a health care specialist (other than your primary care provider/family doctor) for health care services?



14

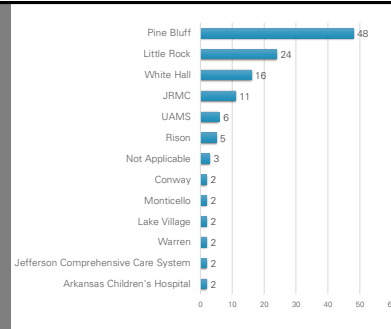
What type of health care specialist was seen?

Allergist  
Bariatrics  
Breast Surgeon  
Chiropractor  
Hematologist  
Immunologist  
Infertility  
Kidney  
Neuro-ENT  
Neuro-PA  
Neuro-Surgeon  
Pediatrician  
Plastic Surgeon  
Renal  
Urgent Care  
Vascular Center  
Weight Loss  
Diabetic  
Physician's Assistant  
Psychiatrist  
Spine Surgeon



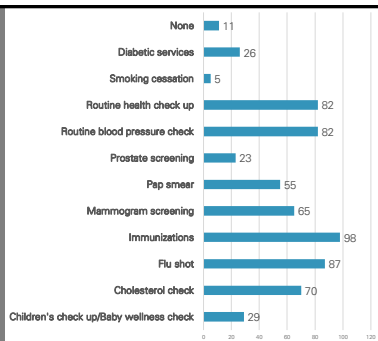
15

If yes, where was the health care specialist located?



16

Preventative testing and services help to prolong the length of living and can lead to early diagnosis of serious health problems. Which of the following services have you used in the past year? Select all that apply.



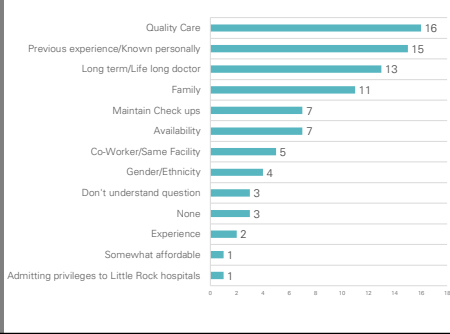
17

In the past three years, have you or a household member seen a primary health care provider, such as a family physician, physician assistant or nurse practitioner for health care services?



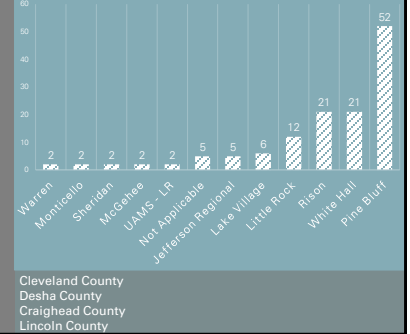
18

Why did you select the primary care provider?



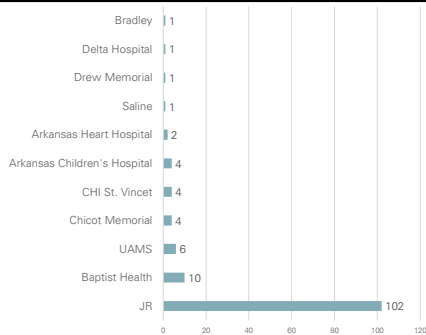
19

Where was that primary health care provider located?



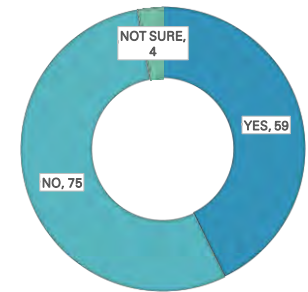
20

Which hospital does your household use the MOST for hospital care?



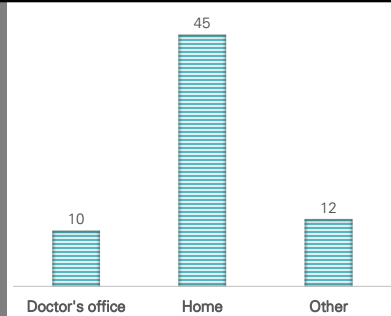
21

In the past three years, have you or anyone in your household used telehealth services for medical care?



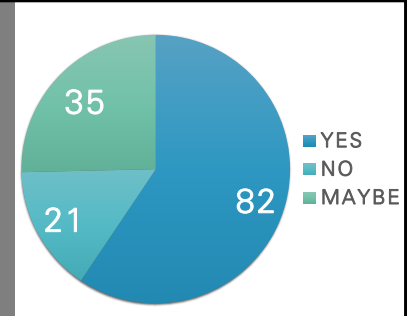
22

If yes, where were the telehealth services provided?



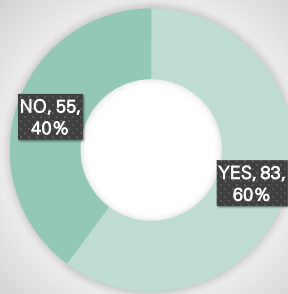
23

Would you be willing to use telehealth services with support from your doctor's office?



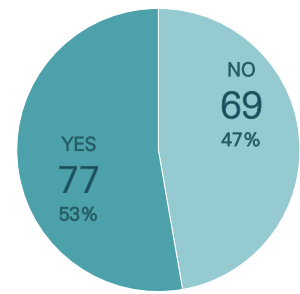
24

Do you feel you know about all the services offered through your local hospital?



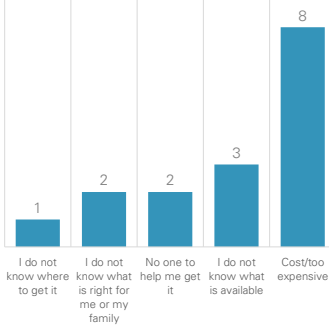
25

Do you feel your hospital communicates their services well to the community?



26

If you do not have health insurance, why?  
(Select all that apply.)



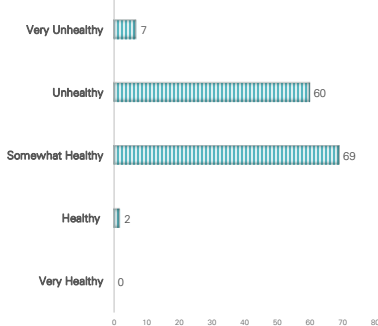
"My son had no insurance because he wasn't employed, was turned down for Medicaid and insurance cost more than I could pay."

27

## SECTION 2: Community Health

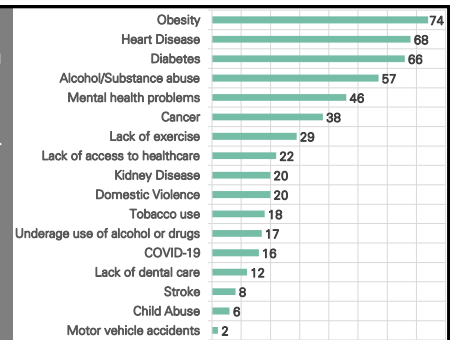
28

How would you rate the general health of your community?

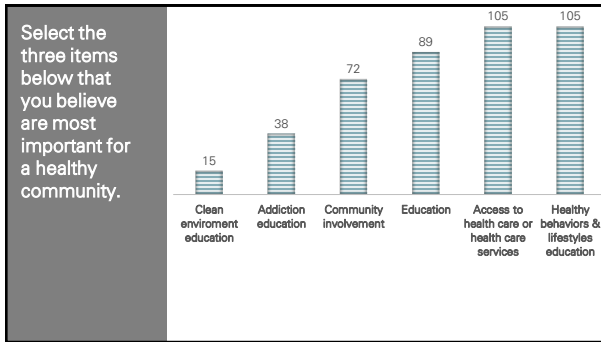


29

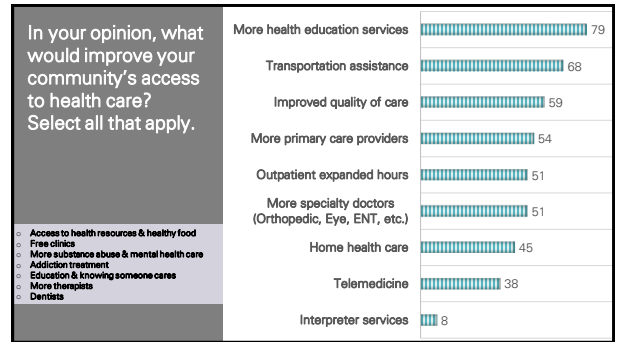
In the following list, what do you think are the three most serious health concerns in your community?



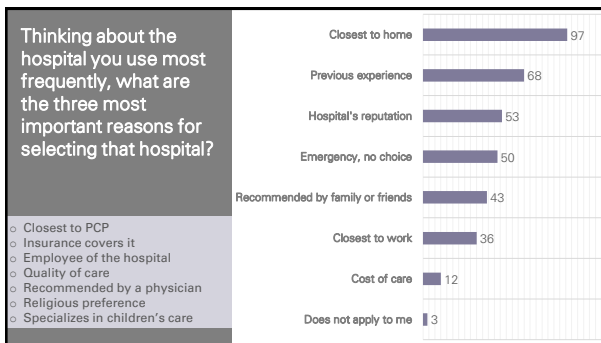
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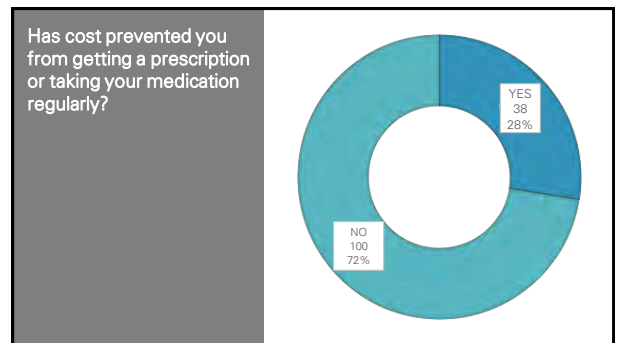
31



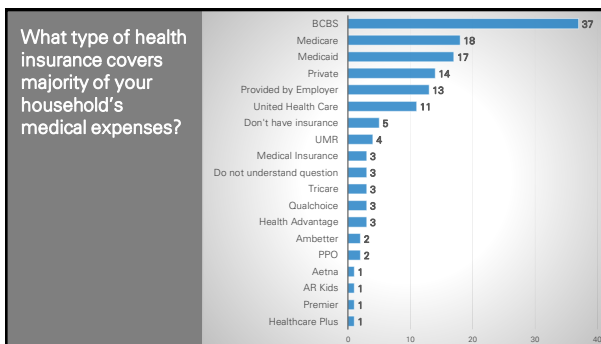
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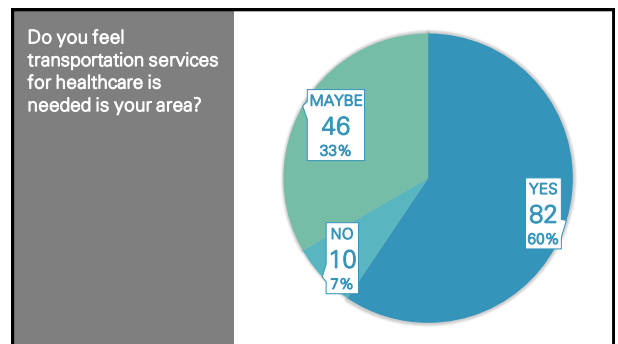
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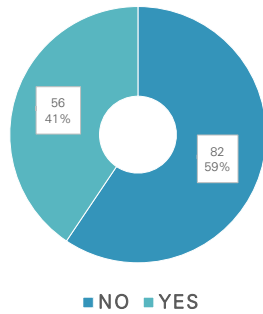


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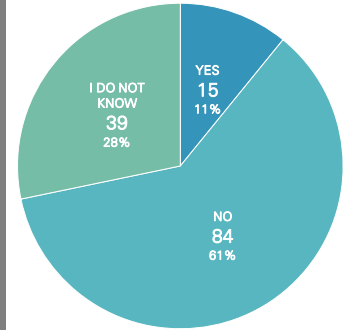
36

If you answered yes to the previous question, would you use transportation services offered by your local hospital or health care clinic?



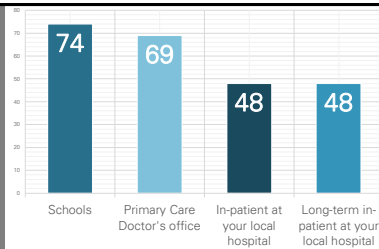
37

Do you think there are enough mental and behavioral health services in your community?



38

If you answered no to the previous question, what mental and behavioral health services do you think your community needs?



Outpatient Mental Health  
Alcohol & Substance Abuse Counseling  
Outpatient Addiction Services needed

39

Please add any comments about mental and behavioral health services in your community.

Need mental health providers

Need behavioral health providers

Need "mental health" work days

Need more help with youth, especially in schools

Stigma around mental and behavioral health

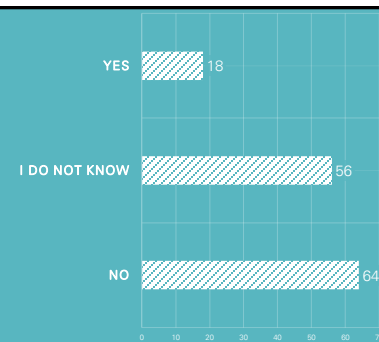
Need more Psychiatrists

Low literacy and unaware of treatment needs

Lots of drug use; addiction services needed

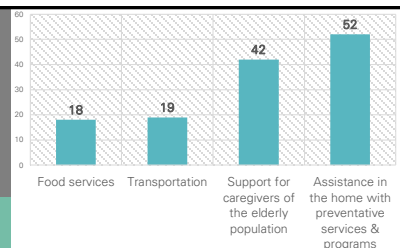
40

Do you feel your community is doing enough to help your elderly population?



41

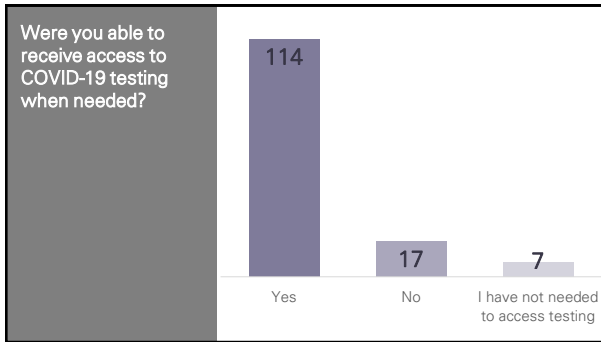
What services do you think the elderly population would benefit from?



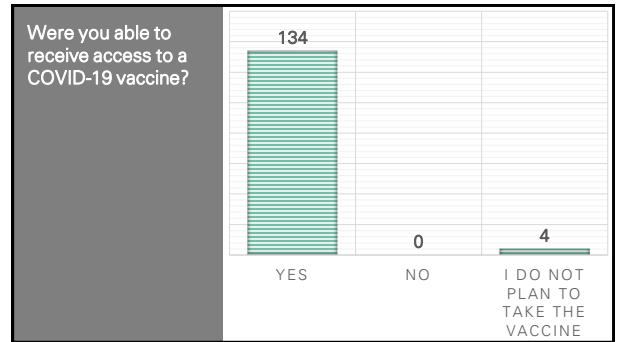
"Different people have different needs & all of these things are needed to help our elderly people. One person's problem is not less important than another."

Meals on Wheels  
Routine home wellness checks on the elderly living alone  
Retirement community for the elderly  
Quiet and safe neighborhoods for elderly

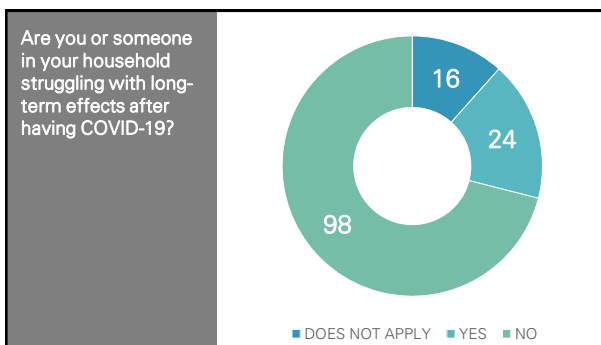
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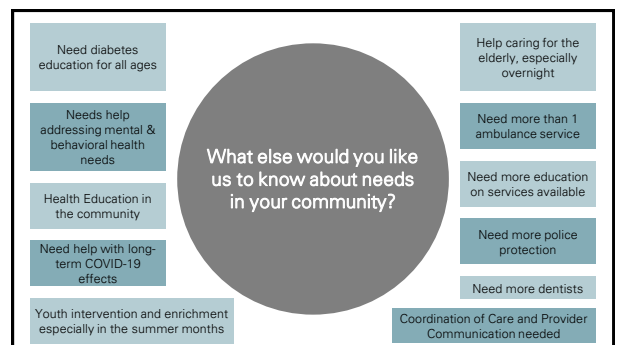
43



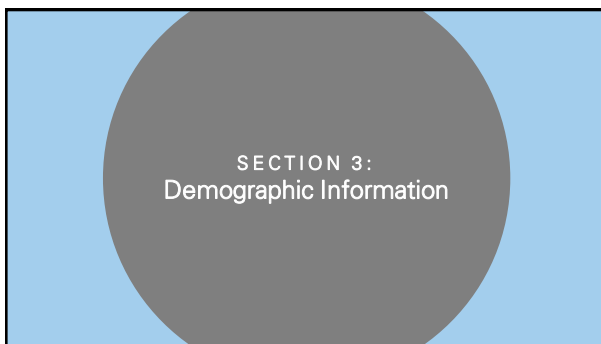
44



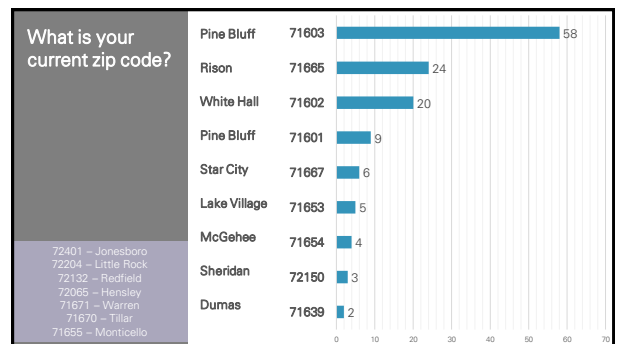
45



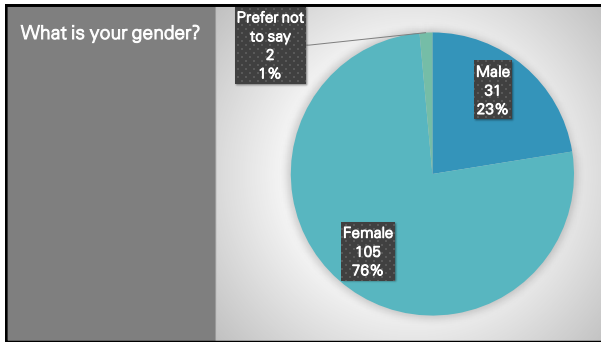
46



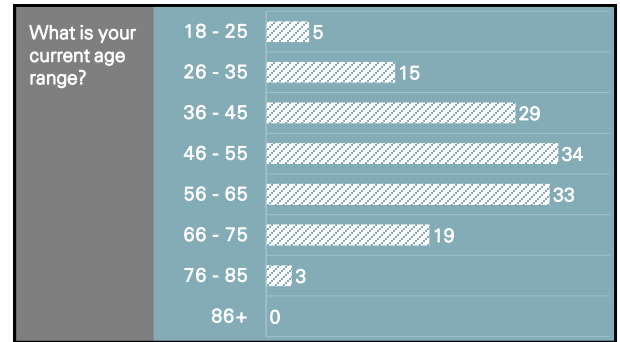
47



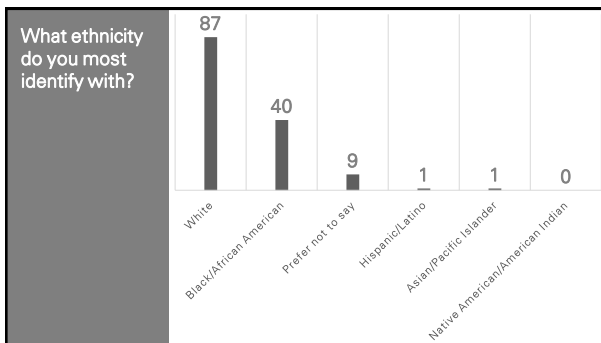
48



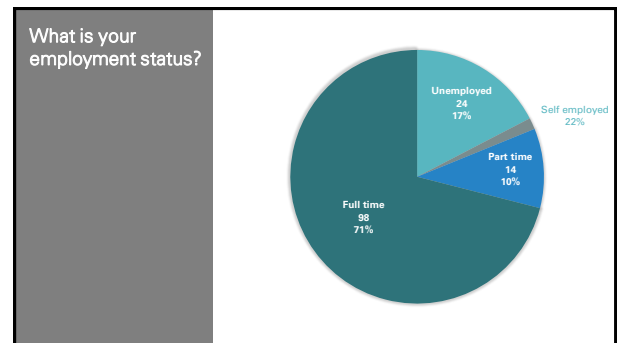
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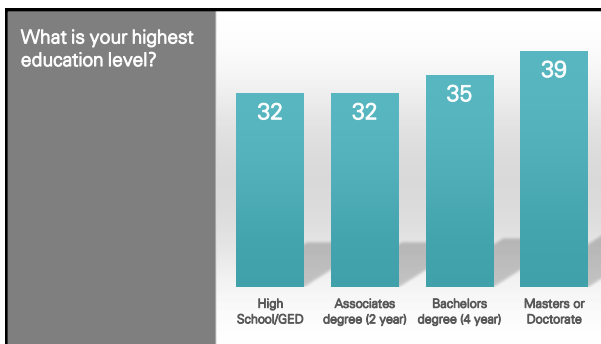
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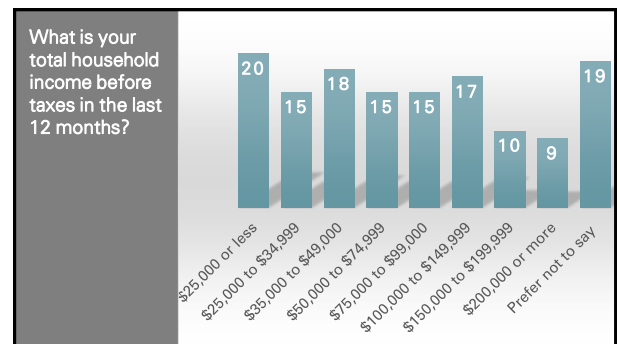
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54



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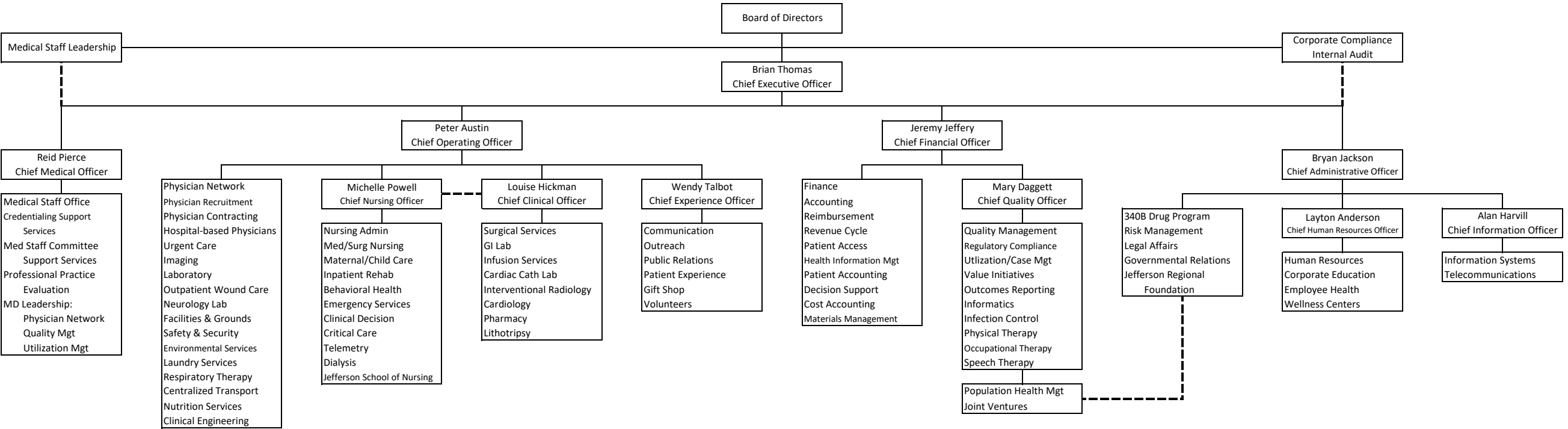
56



**Attachment G.**  
**Jefferson Regional Organizational Chart**

Jefferson Hospital Association, Inc.  
d/b/a  
Jefferson Regional

Organization Chart



**Attachment H.**  
**Jefferson Regional Press Release**  
**Behavioral Health**



Contact:

Michelle Augusty  
Senior Vice President, Communications  
for Kindred Rehabilitation Services  
615-920-7654  
[michelle.augusty@lpnt.net](mailto:michelle.augusty@lpnt.net)

Jamie McCombs  
Director of Marketing  
Jefferson Regional  
870-541-7663  
[mccombsj@jrmc.org](mailto:mccombsj@jrmc.org)

## **JEFFERSON REGIONAL'S NEW INPATIENT REHABILITATION AND BEHAVIORAL HEALTH HOSPITAL TO BE LOCATED IN WHITE HALL, ARKANSAS**

**Joint venture with Kindred Rehabilitation Services will create a 76-bed hospital**

**Pine Bluff, AR and Brentwood, TN (January 24, 2022)** – Jefferson Regional and Kindred Rehabilitation Services today announced that their joint-venture, 76-bed hospital – a combination of a 40-bed inpatient rehabilitation facility with an additional 36 behavioral health beds – will be located at 1600 West Holland Avenue in White Hall, Arkansas, just north of Pine Bluff and south of Little Rock.

The 87,000-square-foot facility will be conveniently located off I-530 at exit 32, minutes away from Pine Bluff and Jefferson Regional's campus, one block away from the Jefferson Regional White Hall Health Complex, and roughly 30 minutes from Little Rock.

"We believe this location is ideally suited to serve Arkansas residents from Pine Bluff to Little Rock, with immediate access off interstate 530," said Brian Thomas, President and Chief Executive Officer at Jefferson Regional. "This site and the hospital's combination of services will make a significant impact in south-central Arkansas by helping patients have close access to the care they need."

The hospital will provide inpatient rehabilitation services for adults who have experienced a loss of function or disability due to stroke, brain injury, spinal cord injury, neurological disorders, orthopaedic surgery and other conditions. Featuring all private rooms, the rehabilitation section of the hospital will provide intense, interdisciplinary rehabilitation therapies and medical care to improve patients' functional independence and help them return home.

The facility's distinct behavioral unit will offer a continuum of inpatient and outpatient behavioral health services for adults and seniors, including crisis stabilization for acute mental

health and substance use disorders; detoxification from alcohol and drugs; and treatment for anxiety, depression, post-traumatic stress disorder and many other behavioral health illnesses.

“Selecting this location moves us another step forward to building a specialty hospital that will expand our long-standing partnership with Jefferson Regional and increase access to much-needed inpatient rehabilitation and behavioral health services,” said Russ Bailey, President of Kindred Rehabilitation Services. “We are excited to get started on this unique and innovative hospital that leverages our combined capabilities to better serve the health needs of the surrounding communities.”

The new hospital will replace and increase the number of existing acute rehabilitation and behavioral health beds currently operating at Jefferson Regional. Kindred Rehabilitation Services has managed the hospital’s rehab unit for the past 28 years.

The new facility is anticipated to open in early 2024.

### **About Jefferson Regional**

Jefferson Regional is an acute care hospital in Jefferson County and serves patients from an eleven-county area of Southeast Arkansas. The community owned, not-for-profit facility is licensed for 300 beds, with a medical staff of more than 125 providers. Jefferson Regional is also one of the largest employers in Jefferson County with more than 1,500 employees in the hospital and its associated clinics. The mission of the organization is to improve health through excellence and compassion, with a vision to be the healthcare provider and employer of choice for Southeast Arkansas. For more information, visit [www.jrmc.org](http://www.jrmc.org).

### **About Kindred Rehabilitation Services**

With nearly 30 stand-alone inpatient rehabilitation facilities (IRFs) across 17 states, Kindred Rehabilitation Services is a partner of choice for many major hospital systems in the creation of joint-venture operations that are industry-leading in clinical and financial outcomes. Kindred brings proven rehabilitation management and services expertise to help the nearly 30,000 patients we see each year in our specialty hospitals recover and return home quickly from any of a number of conditions, including stroke, brain injury, spinal cord injury, orthopedic injury, neurological conditions, amputation and trauma. Kindred Rehabilitation Services is a business unit of Brentwood, Tennessee-based [LifePoint Health](http://LifePointHealth.com).

# # #

**Attachment I.**  
**2022 – 2025 Strategic Implementation Plan**

# Implementation Strategies for Prioritized Community Health Needs

Patient Care Committee

October 13, 2022

# CHNA Implementation Strategies

- The 2022 Community Health Needs Assessment was previously approved by the Board of Directors at its June meeting.
- The final step in the process, adoption of implementation strategies, must be completed and made available on our website by November 15.
- Our needs assessment identified and prioritized two needs: Chronic Disease and Mental & Behavioral Health.
- The following implementation strategies were developed collaboratively between Jefferson Regional leadership and staff and ARHP leadership.



# Prioritized Need: Chronic Disease

Objective 1. Continue to improve access to chronic disease management, programs and services.

- A. Explore opportunities to offer diabetes education initiatives for adults and youth.
- B. Continue to provide chronic disease case management through ARHP Clinically Integrated Network.
- C. Provide more education to vulnerable populations on the importance of chronic disease screenings and where to receive them.
- D. Explore strategies to increase access to screenings at Jefferson Regional and with other providers.
- E. Provide screening and educational events throughout the community.
- F. Seek grant funding opportunities for a clinic to provide transitional care, education and referrals.

# Prioritized Need: Chronic Disease

Objective 2. Continue to provide patient navigation to chronic disease services, resources and programs.

- A. Grow patient navigation and assistance services with ARHP Community Benefits Counselors/Community Health Workers.
- B. Develop flag within electronic medical record to better identify patients with chronic diseases.
- C. Make transitional phone calls to patients after acute care discharge to educate and encourage follow-up compliance.
- D. Hire transitional APRNs to assist with patients who cannot get to their PCP timely.
- E. Implement referral process to outside transitional services for patients who are bed-bound or have trouble getting to their PCP.

# Priority Need: Mental & Behavioral Health

Objective 1. Increase capacity to provide mental and behavioral health treatment and recovery services.

- A. Continue development of Jefferson Regional Specialty Hospital to increase mental and behavioral health services and programs at Jefferson Regional.
- B. Increase efforts to build the mental and behavioral health workforce.

# Priority Need: Mental & Behavioral Health

Objective 2. Continue to collaborate and build partnerships to increase mental and behavioral health services and programs in the service area.

- A. Identify and act on opportunities to partner with other healthcare organizations, locally and statewide, to increase the capacity to provide mental and behavioral health services.
- B. Identify and implement partnerships with providers for telehealth visits.
- C. Continue to participate in the ARHP Mental/Behavioral Health Task Force.
- D. Provide mental health first aid to local schools, colleges and community organizations through ARHP.

# Recommendation

- Management recommends the adoption of the implementation strategies as presented.
- This completes the Community Health Needs Assessment process for this 3-year cycle.