CHC CONSULTING

Graham Regional Medical Center

Community Health Needs Assessment and Implementation Plan

October 2026

Graham Regional Medical Center

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Section 1:

Community Health Needs Assessment

EXECUTIVE SUMMARY

Executive Summary

A comprehensive, six-step community health needs assessment ("CHNA") was conducted for Graham Regional Medical Center (GRMC) by Community Hospital Consulting (CHC Consulting). This CHNA utilizes relevant health data and stakeholder input to identify the significant community health needs in Young County, Texas.

The CHNA Team, consisting of leadership from GRMC, reviewed the research findings in May 2026 to prioritize the community health needs. Four significant community health needs were identified by assessing the prevalence of the issues identified from the health data findings combined with the frequency and severity of mentions in community input. The CHNA Team participated in a roundtable discussion prioritization process to rank the community health needs based on three characteristics: size and prevalence of the issue, effectiveness of interventions, and their capacity to address the need.

The list of prioritized needs, in descending order, is listed below:

1.) Prevention, Education and Services to Increase Community Awareness and Address Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles
2.) Access to Specialty Care Services and Providers
3.) Access to Affordable Care and Reducing Health Disparities Among Vulnerable Populations
4.) Access to Mental and Behavioral Health Care Services and Providers

Once this prioritization process was complete, the GRMC leadership discussed the results and decided to address all four of the needs in various capacities through a hospital specific implementation plan. Hospital leadership has developed an implementation plan to identify specific activities and services which directly address the four priorities. The objectives were identified by studying the prioritized health needs, within the context of the hospital's overall strategic plan and the availability of finite resources. The plan includes a rationale for each priority, followed by objectives, specific implementation activities, responsible leaders, and annual updates and progress (as appropriate).

The GRMC Board reviewed and adopted the 2026 Community Health Needs Assessment and Implementation Plan on October 22, 2026.

Rationale for Prioritized Needs

Priority #1: Prevention, Education and Services to Increase Community Awareness and Address Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles

Young County chronic conditions and health risk mortality rates are higher than those of Texas across the following leading causes of death: diseases of the heart, malignant neoplasms, chronic lower respiratory diseases, Alzheimer's disease, COVID-19, cerebrovascular diseases, accidents (unintentional injuries), diabetes mellitus, chronic liver disease and cirrhosis, and Parkinson's disease. Cancer rates are a significant concern, as the county has a higher incidence rate than the state for prostate cancer, breast cancer, lung and bronchus cancer, and colon and rectum cancer. Furthermore, Young County has a higher mortality rate specifically for breast cancer, lung and bronchus cancer, and colon and rectum cancer compared to the state. The prevalence of other conditions is also elevated, with a higher percentage of adults being obese in the county compared to the state. Medicare beneficiaries in Young County experience higher rates of both diabetes and hypertension than the state. Additionally, a higher percentage of adults currently have asthma and arthritis compared to Texas. Disability rates are concerning, with a higher percentage of both adults and Medicare beneficiaries living with a disability compared to the state. Lifestyle risk factors are more prevalent in Young County, as a higher percentage of adults report having no leisure-time for physical activity, binge drinking, and currently smoking as compared to the state. The county also exhibits a higher teen birth rate than both the state and the nation. Preventative care utilization is lacking in Young County, as a lower percentage of females received mammography screenings in the past year compared to the state. Similarly, a lower percentage of Medicare beneficiaries in Young County received a flu shot in the past year or have ever received a pneumonia shot compared to Texas.

The Graham Regional Medical Center (GRMC) 2026 CHNA survey respondents mentioned a lack of park/rec services to build/maintain a healthy lifestyle as a community concern. 76.5% of respondents believe individuals in the community do not understand the difference between a primary care clinic, urgent care/after hours clinic and the emergency room. When asked to select reasons why, survey respondents selected lack of after hour care options and lack of established relationship with a primary care provider as the top two reasons.

The majority of respondents believe that community members get their health-related education from the internet and social media followed by a healthcare provider. When respondents were asked to select which health education, promotion, and preventive services are lacking in the community, nutrition/dietary programs was a top response.

Priority #2: Access to Specialty Care Services and Providers

Young County is designated as a Health Professional Shortage Area as defined by the U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA). The GRMC 2026 CHNA survey respondents selected recruiting specialties who can provide services that are not currently available and recruiting more health care providers as top public health initiative in the community. When respondents were asked to select barriers to specialty care, long wait times for an appointment, an insufficient number of providers, and lack of access due to provider distance were selected as top barriers for specialty care.

When asked which (if any) specialists or services were needed/desired in the community, respondents noted the following services: OB/GYN, Cardiology / Cardiac Surgery, Dermatology, Endocrinology, Neurology, Pediatrics, Primary Care (Internal Medicine), Audiology, Cancer (Oncology), Naturopathic Medicine, Orthopedics, and Pain Management. Some respondents further specified, “For veterans, I hope we can acquire one specialist for each area of care that is in network with the VHA Tri-West CCN”.

Rationale for Prioritized Needs

Priority #3: Access to Affordable Care and Reducing Health Disparities Among Vulnerable Populations

Young County demonstrates worse rates than the state across various socioeconomic and demographic metrics. Young County has an older median age compared to the state, and has a lower percentage of residents holding a bachelor's or advanced degree. Economically, the area faces significant challenges, as the median household income is lower than the state's, and transportation is estimated to be the highest monthly cost for residents. There is a higher percentage the total population living in poverty and children living below the poverty line compared to Texas. Residents face limited access to food resources, as a higher estimated percentage of both the general population and children are food insecure compared to the state, with this food insecurity also being higher specifically among Latino and White Non-Hispanic subpopulations. The average meal cost for a resident is higher in Young County than in Texas. Additionally, access to care and resources is restricted, with a higher percentage of adults being uninsured compared to the state, and a higher percentage of households having no motor vehicle compared to the state.

The GRMC 2026 CHNA survey respondents selected increasing the availability of safe, affordable housing as a top public health initiative. When asked about the top public health initiatives in the community, a respondent further clarified, “Including more providers and services in the Tri-West Veterans Healthcare Administration Community Care Network.” 61.1% of respondents believe not everyone in the community has adequate access to health services, resources, and opportunities to stay healthy. When asked which groups are lacking adequate access to health services and resources, low income/working poor and the homeless population were the top groups selected. Lack of reliable transportation was selected by survey respondents as a top community concern. No co-pays/up front costs at the ER was selected as a top reason why individuals might choose to use the emergency room rather than a clinic or urgent care for non-emergent needs.

When respondents were asked to select barriers across different healthcare settings, limitations for hourly employees was selected as a top barrier for primary care, dental care, and vision care. In addition, lack of coverage/financial hardship was selected as a top barrier for primary care, dental care, specialty care and vision care. Insurance authorization or referral delays were selected for vision care, dental care, and specialty care. When respondents were asked to select which health education, promotion, and preventive services are lacking in the community, understanding health insurance options was a top response.

Survey respondents also pointed out distinct populations facing severe health disparities and critical barriers to healthcare services: adults frequently put off services due to limited access and a failure to qualify for age-specific programs, while the pediatric and maternal populations suffer from a near-total absence of local resources, including a lack of pediatricians, OBGYN services, and labor and delivery capabilities in Graham. Low-income, unemployed, and underinsured individuals face overwhelming financial stress where "everything is expensive," leading them to rely on cheap, non-nutritive meals and forgo care due to an inability to afford insurance or take time off work without qualifying for free programs. Homeless individuals are without local shelters or public transportation, noting that while a transition clinic exists in Wichita Falls, there are no known income-based programs in Young County. This lack of public transit and the scheduling limitations of services like Sharplines—which restricts its bus access primarily to seniors—severely restricts healthcare access for anyone without a personal vehicle. For those struggling with mental health or substance abuse, respondents reported an absence of treatment sources, citing inconsistent services from Helen Farabee and a lack of insurance coverage for private counseling. Concurrently, individuals who lack social or emotional support systems have few groups checking on their well-being outside of healthcare providers or senior centers. Seniors and retirees face their own access barriers because Medicare fails to cover essential costs like hearing aids, dentures,..

Priority #3: Access to Affordable Care and Reducing Health Disparities Among Vulnerable Populations (cont.)

… or eyeglasses. Finally, veterans and military families are underserved due to a lack of an in-network VHA urgent care for non-emergent needs in Young County, compounding the issue with a highly limited local Community Care Network of PCPs who require refresher training on "Request for Services" protocols when referring patients back to the Dallas VAMC. One respondent noted, “Healthcare needs a lot of improvements to be available to everyone”.

Priority #4: Access to Mental and Behavioral Health Care Services and Providers

Regarding access to mental and behavioral health care services, Young County residents face greater challenges than the state. A higher percentage of both the general adult population and Medicare beneficiaries experience depression compared to Texas. Furthermore, the percentage of adults who self-report that their mental health was not good for 14+ days is higher than the state. Data indicates that accessing treatment for these issues is more difficult, as the population-to-mental-health-care-provider ratio in Young County is higher than both the state and the nation.

The GRMC 2026 CHNA survey respondents selected improving access to mental and behavioral health services and resources as a top public health initiative in the community. When asked which groups are lacking adequate access to health services and resources, survey respondents selected persons with mental illness as a top group. Mental health problems were the top community concern selected by survey respondents followed by substance abuse (drugs/alcohol) also being selected as a top concern. When respondents were asked to select barriers across different healthcare settings, lack of access due to provider distance, difficulty navigating system/lack of awareness of available resources, an insufficient number of providers, insurance authorization or referral delays, lack of coverage/financial hardship, and limitations for hourly employees were selected as top barriers for mental/behavioral health care. Mental health, including psychiatry and psychology, was mentioned as a top specialty needed and/or desired in the community. When respondents were asked to select which health education, promotion, and preventive services are lacking in the community, mental health programs were the top response as well as substance use treatment being a top response.

PROCESS AND METHODOLOGY

Process and Methodology

Background & Objectives

- This CHNA is designed in accordance with CHNA requirements identified in the Patient Protection and Affordable Care Act and further addressed in the Internal Revenue Service final regulations released in December 29, 2014.
- While Graham Regional Medical Center (GRMC) is not a 501(c)(3) hospital, this study is designed to comply with the same requirements described above and helps assure that GRMC identifies and responds to the primary health needs of its residents.
- The objectives of the CHNA are to:
  - Research and report on the demographics and health status of the study area, including a review of state and local data
  - Gather input, data and opinions from persons who represent the broad interest of the community
  - Analyze the quantitative and qualitative data gathered and communicate results via a final comprehensive report on the needs of the communities served by GRMC
  - Document the progress of previous implementation plan activities
  - Prioritize the needs of the community served by the hospital
  - Create an implementation plan that addresses the prioritized needs for the hospital

Process and Methodology

Scope

- The CHNA components include:
  - A description of the process and methods used to conduct this CHNA, including a summary of data sources used in this report
  - A biography of GRMC
  - A description of the hospital's defined study area
  - Definition and analysis of the communities served, including demographic and health data analyses
  - Findings from surveys collecting input from community representatives, including:
    - State, local, tribal or regional governmental public health department (or equivalent department or agency) with knowledge, information or expertise relevant to the health needs of the community;
    - Members of a medically underserved, low-income or minority populations in the community, or individuals or organizations serving or representing the interests of such populations
    - Community leaders
  - A description of the progress and/or completion of community benefit activities documented in the previous implementation plan
  - The prioritized community needs and separate implementation plan, which intend to address the community needs identified
  - A description of additional health services and resources available in the community
  - A list of information gaps that impact the hospital's ability to assess the health needs of the community served

Methodology

- GRMC worked with CHC Consulting in the development of its CHNA. GRMC provided essential data and resources necessary to initiate and complete the process, including the definition of the hospital's study area and the identification of key community stakeholders to be surveyed.
- CHC Consulting conducted the following research:
  - A demographic analysis of the study area, utilizing demographic data from Strata
  - A study of the most recent health data available
  - Distributed a survey to with individuals who have special knowledge of the communities, and analyzed results
  - The following people participated in some aspect of the CHNA process:
    - Shane Kernell, Chief Executive Officer
    - Jared Brown, Chief Financial Officer
    - Enoc Espinoza, Chief Clinical Officer
    - Terri Busey, Chief Human Resource Officer
    - Kayla Ellis, Assistant Chief Clinical Officer
    - Erin Ray, Case Management Director
    - Pamela Harvell, Director of Quality, Infection Control, Risk Management, & Clinical Informatics
    - Mia Patterson, Director of Marketing and Community Liaison
    - Tammy Whittenburg, Executive Assistant
- The methodology for each component of this study is summarized in the following section. In certain cases methodology is elaborated in the body of the report.

Methodology (continued)

- Graham Regional Medical Center Biography
  - Background information about GRMC, mission, vision, and services were provided by the hospital or taken from its website
- Study Area Definition
  - The study area for GRMC is based on hospital inpatient discharge data from December 1, 2024 - November 30, 2025 and discussions with hospital staff
- Demographics of the Study Area
  - Population demographics include population change by race, ethnicity, age, median household income, unemployment and economic statistics in the study area
  - Demographic data sources include, but are not limited to, Strata, the U.S. Census Bureau and the United States Bureau of Labor Statistics
- Health Data Collection Process
  - A variety of sources (also listed in the reference section) were utilized in the health data collection process
  - Health data sources include, but are not limited to, the Robert Wood Johnson Foundation, Texas Department of Health and Human Services, SparkMap, United States Census Bureau, and the Centers for Disease Control and Prevention

Methodology (continued)

- Survey Methodology
  - CHC Consulting developed an electronic survey tool distributed by GRMC via email between February 9, 2026 – February 20, 2026. The survey was sent via email to individuals or organizations representing the needs of various community groups in Young County. 30 individuals responded to the survey and those responses were collected and analyzed.
- Evaluation of Hospital's Impact
  - GRMC provided CHC Consulting with a description of the progress and/or completion of community benefit activities documented in the previous implementation plan
- Prioritization Strategy
  - Four significant needs were determined by assessing the prevalence of the issues identified in the health data findings, combined with the frequency and severity of mentions in the survey findings
  - Three factors were used to rank those needs during the prioritization process
  - See the prioritization section for a more detailed description of the prioritization methodology

HOSPITAL BIOGRAPHY

Hospital Biography

About Us

Welcome to Graham Regional Medical Center

Graham Regional Medical Center is the leading healthcare provider in the region, offering a wide range of exceptional services to meet the needs of our patients. From orthopedics to general surgery, emergency care and more, our team of experienced professionals is dedicated to the highest quality care possible. Trust us to be your partner in health and wellness.

Our Mission

To be the best place for patients to receive care, employees to work, and physicians to practice medicine.

Our Vision

To lead our region as the medical center of choice, providing essential healthcare and diagnostic services delivered by a modern, professional team that exceeds customer expectations for quality and service.

Source: Graham Regional Medical Center, "About," https://www.grahamrmc.com/about; accessed June 4, 2026.

Hospital Biography

Hospital Services

- Cardio Pulmonary Rehab
- Diagnostic Imaging
- Emergency Department & EMS
- Fitness Center
- General Surgery Clinic
- IV Infusion Therapy
- Laboratory
- Orthopedics
- Pain Management
- Therapy Services
- Transitional Care
- Young County Family Clinic

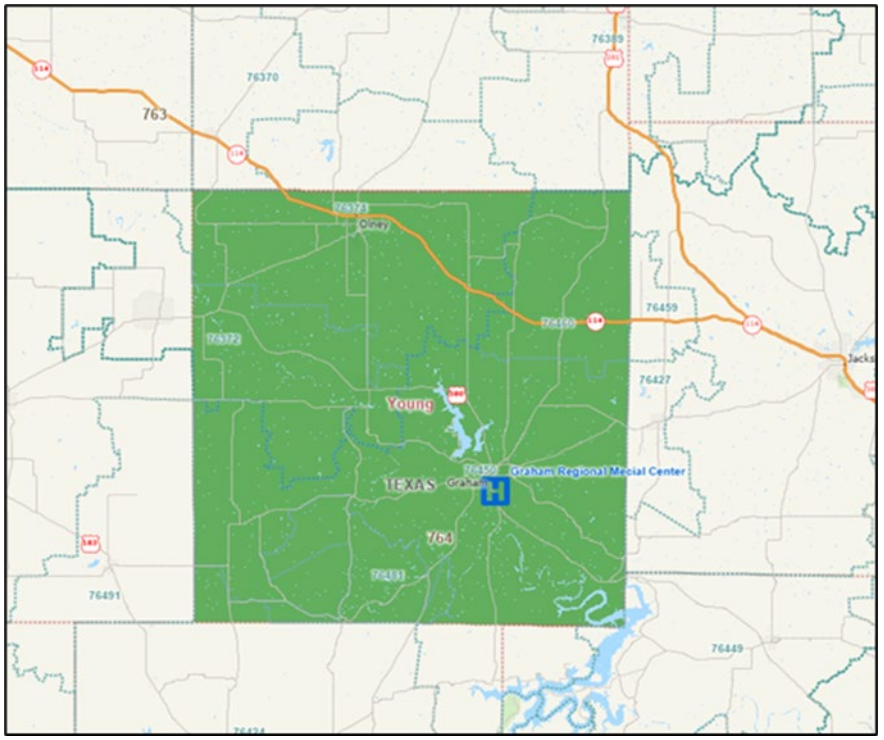
Source: Graham Regional Medical Center, "Services," https://www.grahamrmc.com/about; accessed June 4, 2026.

STUDY AREA

Study Area

Young County comprised 83.9% of SY 2025 Inpatient Discharges

Indicates the hospital



Note: the 2023 GRMC CHNA and Implementation Plan report studied Young County, Texas, which comprised 72.4% of CY 2021 (January 1, 2021 – December 31, 2021) inpatient discharges.

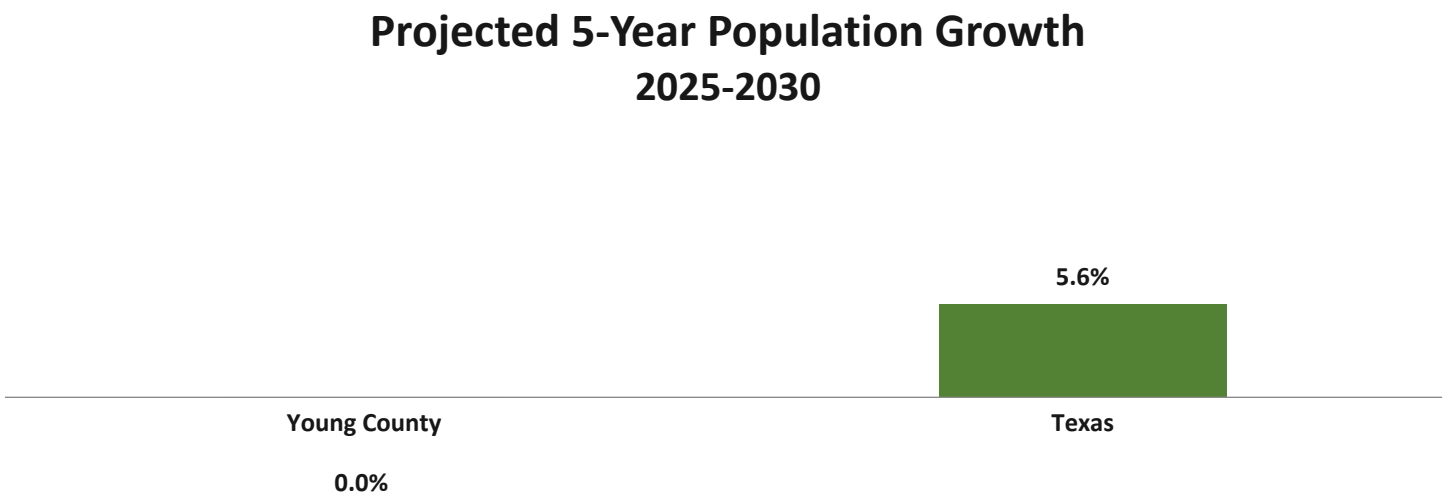
Graham Regional Medical Center
Patient Origin by County
December 1, 2024 - November 30, 2025

County	State	SY25 Inpatient Discharges	% of Total	Cumulative % of Total
Young	TX	162	83.9%	83.9%
All Others		31	16.1%	100.0%
Total		**193**	**100.0%**	

Source: Hospital inpatient discharge data provided by Graham Regional Medical Center; December 2024 - November 2025.

DEMOGRAPHIC OVERVIEW

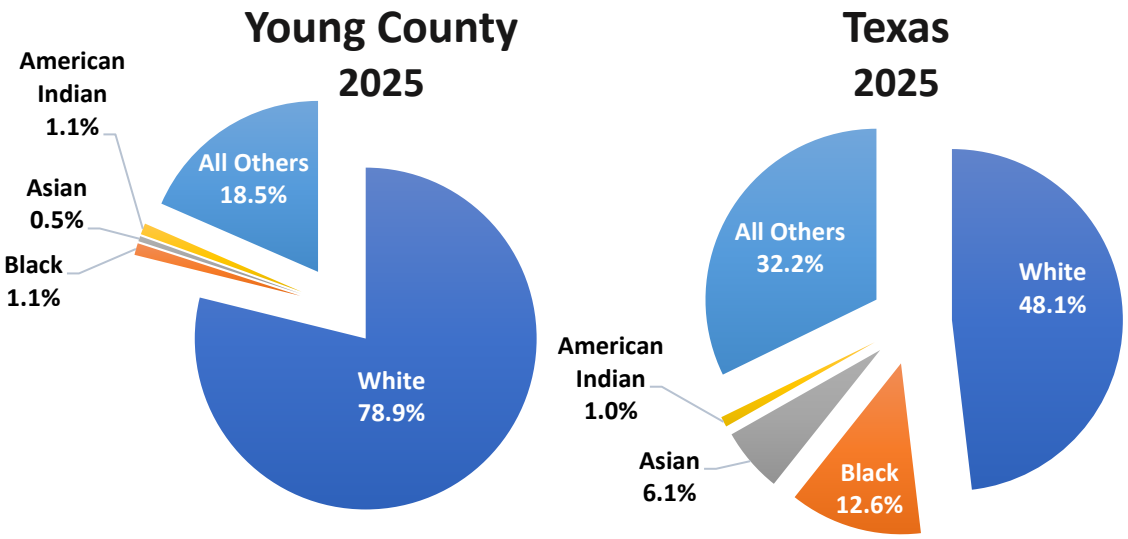
Population Growth



Overall Population Growth				
Geographic Location	**2025**	**2030**	**2025-2030 Change**	**2025-2030 % Change**
Young County	17,738	17,735	-3	0.0%
Texas	31,161,977	32,906,031	1,744,054	5.6%

Source: Strata, Growth Reports, 2026.

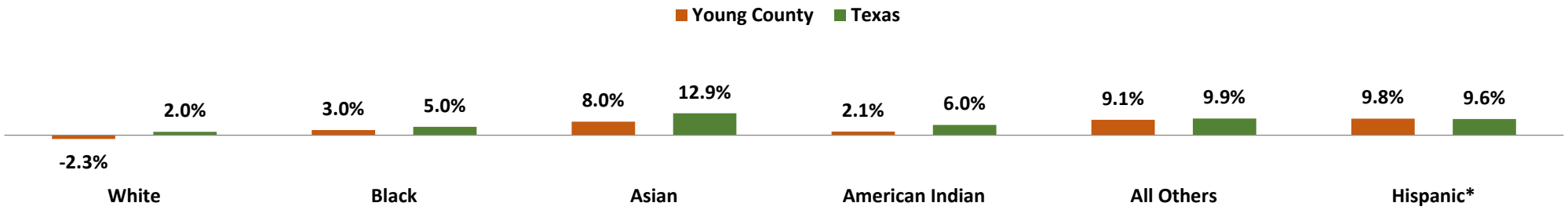
Population Composition by Race/Ethnicity



Young County				
Race/Ethnicity	**2025**	**2030**	**2025-2030 Change**	**2025-2030 % Change**
White	13,988	13,671	-317	-2.3%
Black	199	205	6	3.0%
Asian	88	95	7	8.0%
American Indian	188	192	4	2.1%
All Others	3,275	3,572	297	9.1%
Total	**17,738**	**17,735**	**-3**	**0.0%**
Hispanic*	3,845	4,220	375	9.8%

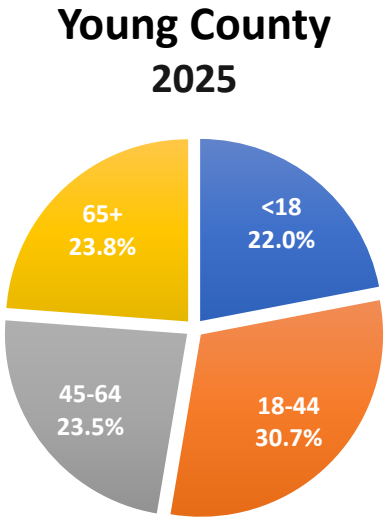
Texas				
Race/Ethnicity	**2025**	**2030**	**2025-2030 Change**	**2025-2030 % Change**
White	15,000,115	15,295,041	294,926	2.0%
Black	3,912,640	4,107,048	194,408	5.0%
Asian	1,900,714	2,146,334	245,620	12.9%
American Indian	305,766	324,205	18,439	6.0%
All Others	10,042,742	11,033,403	990,661	9.9%
Total	**31,161,977**	**32,906,031**	**1,744,054**	**5.6%**
Hispanic*	12,504,796	13,699,359	1,194,563	9.6%

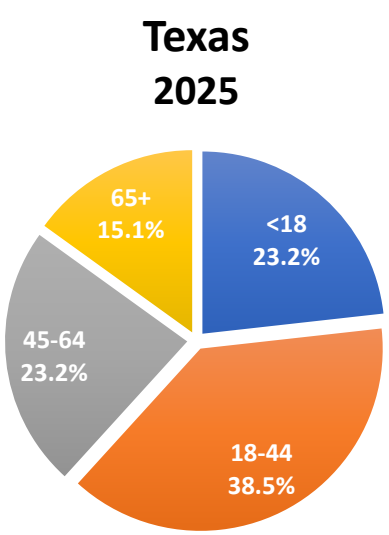
Race/Ethnicity Projected 5-Year Growth 2025-2030



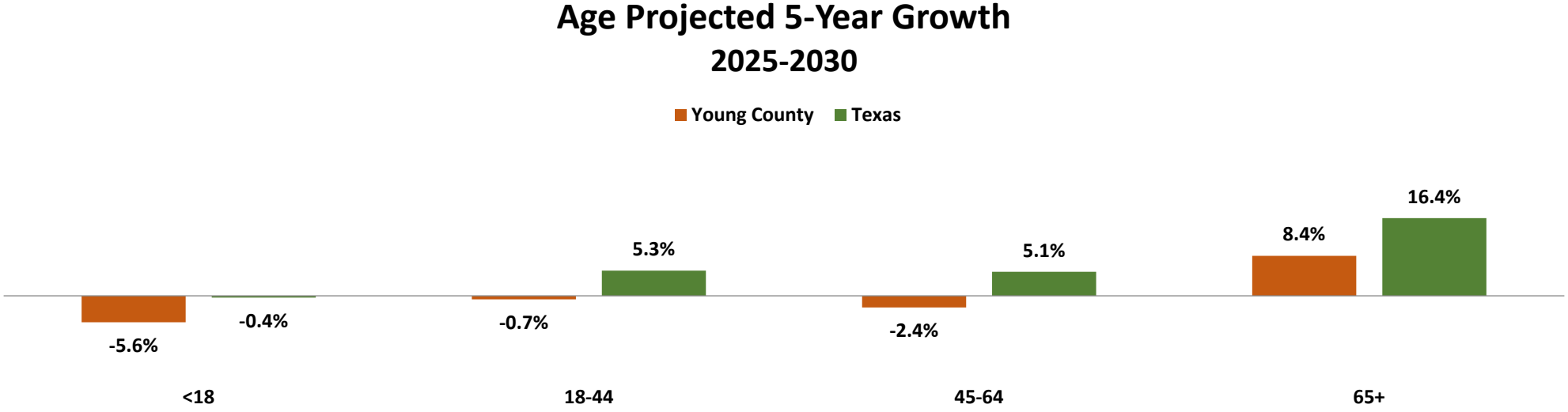
Source: Strata, Growth Reports, 2026.
*Hispanic numbers and percentages are calculated separately since it is classified as an ethnicity.
Note: "All Others" is a category for people who do not identify with 'White', 'Black', 'American Indian or Alaska Native', or 'Asian'.
Note: A green highlighted row in the table represents the biggest change in true numbers in the population for each county and state.

Population Composition by Age Group





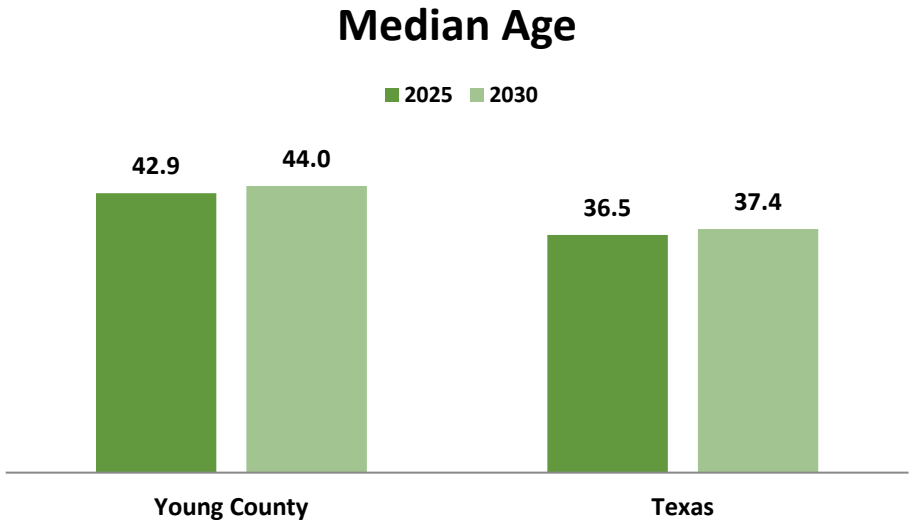
Young County				
Age Cohort	**2025**	**2030**	**2025-2030 Change**	**2025-2030 % Change**
<18	3,897	3,680	-217	-5.6%
18-44	5,445	5,405	-40	-0.7%
45-64	4,171	4,069	-102	-2.4%
65+	4,225	4,581	356	8.4%
Total	**17,738**	**17,735**	**-3**	**0.0%**
Texas				
Age Cohort	**2025**	**2030**	**2025-2030 Change**	**2025-2030 % Change**
<18	7,239,914	7,213,223	-26,691	-0.4%
18-44	12,001,476	12,638,511	637,035	5.3%
45-64	7,228,371	7,594,503	366,132	5.1%
65+	4,692,216	5,459,794	767,578	16.4%
Total	**31,161,977**	**32,906,031**	**1,744,054**	**5.6%**



Source: Strata, Growth Reports, 2026.
Note: A green highlighted row in the table represents the biggest change in true numbers in the population for each county and state.

Median Age

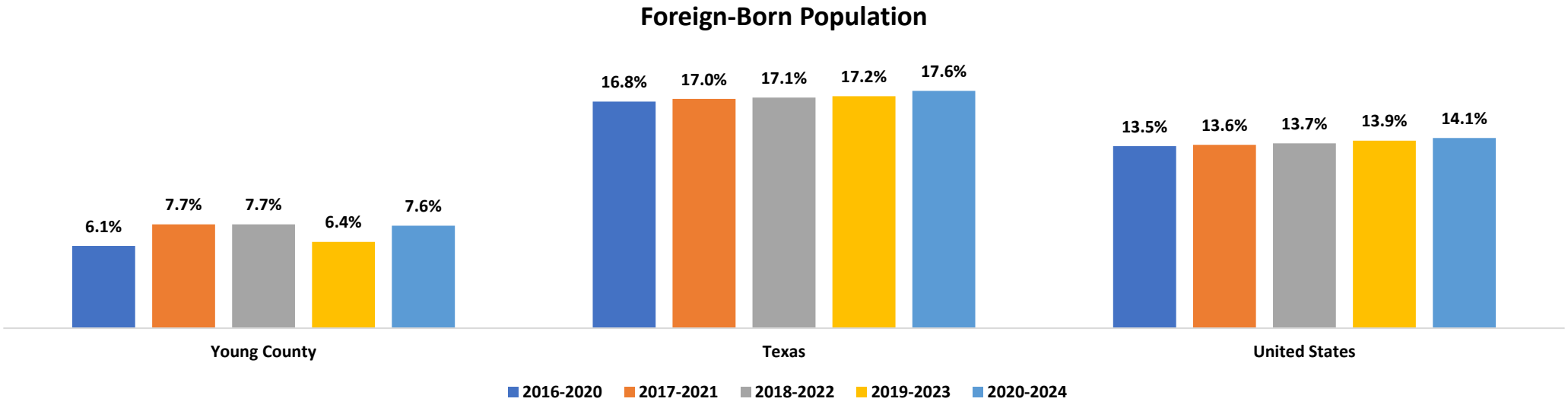
- The median age in Young County and the state is expected to increase over the next five years (2025-2030).
- As of 2025, Young County (42.9 years) had an older median age than the state (36.5 years).



Source: Strata, Growth Reports, 2026.

Subpopulation Composition

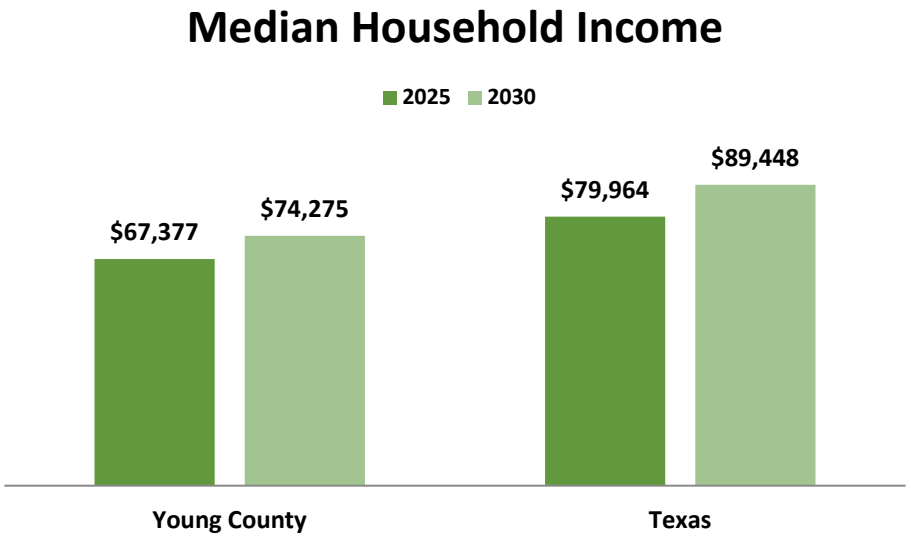
- Between 2016 and 2024, the percentage of foreign-born residents increased in Young County, the state, and the nation.
- Between 2016 and 2024, Young County maintained a lower percentage of foreign-born residents than the state and the nation.
- In 2020-2024, Young County (7.6%) had a lower percentage of foreign-born residents than the state (17.6%) and the nation (14.1%).

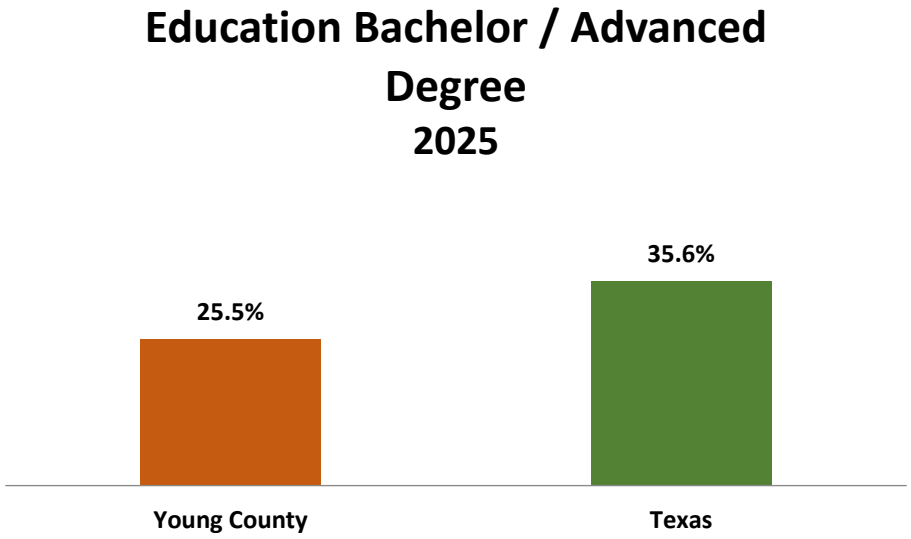


Source: United States Census Bureau, filtered for Young County, TX, https://data.census.gov/table?q=DP02&g=010XX00US_040XX00US48_050XX00US48245,48361; data accessed April 9, 2026.
Note: Foreign-born means an individual who was born outside of the United States but lives in the United States currently.
Note: Data has been pulled in 5-year sets of moving averages for purposes of statistical reliability.

Median Household Income & Educational Attainment

- Between 2025 and 2030, the median household incomes in Young County and the state are expected to increase.
- The median household income in Young County ($67,377) had a lower median household income as compared to the state ($79,964) (2025).
- Young County (25.5%) had a lower percentage of residents with a bachelor or advanced degree than the state (35.6%) (2025).





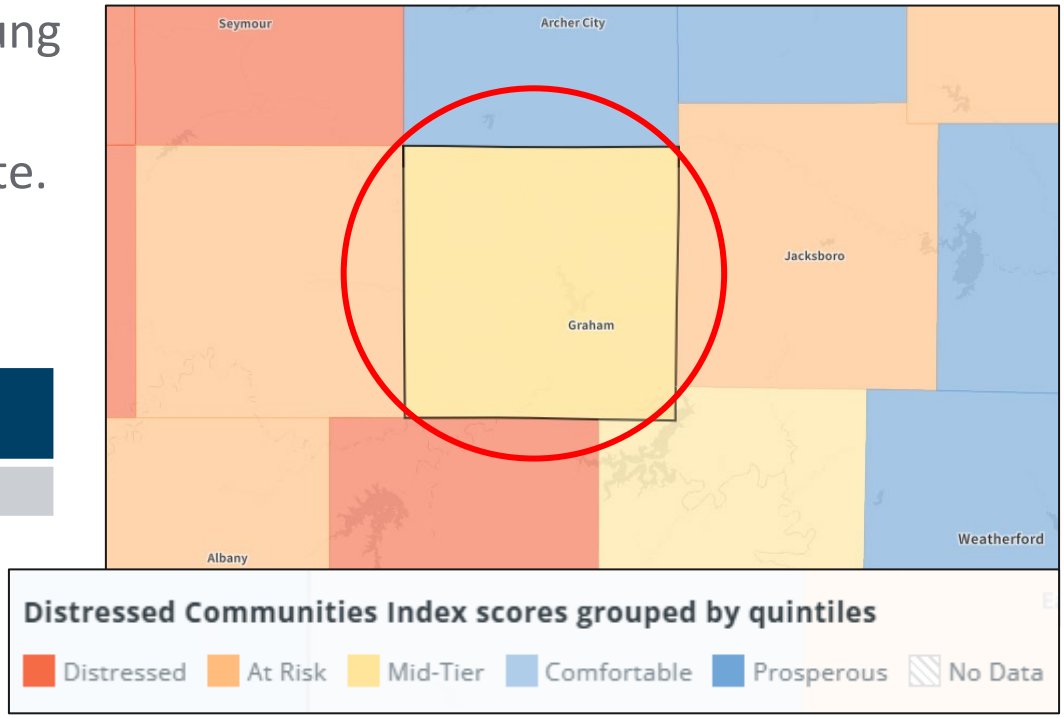
Source: Strata, Growth Reports, 2026.

Distressed Communities Index

- In 2019-2023, 22.3% of the population in Texas lived in a distressed community, as compared to 29.1% of the population that lived in a prosperous community.
- In 2019-2023, the distress score in Young County was 58.7, which is mid-tier as compared to other counties in the state.

	Texas	United States
Lives in a Distressed Community	22.3%	15.4%
Lives in a Prosperous Community	29.1%	25.1%

County	Distress Score	Classification	Ranking
Young	58.7	Mid-tier	107/251



Source: Economic Innovation Group, DCI Interactive Map, filtered for Young County, TX, https://eig.org/distressed-communities/?geo=counties&lat=38.55&lon=-96.42&z=4.09; data accessed April 8, 2026.
Definition: 'Prosperous' has a final score of 0 all the way up to 'Distressed' which has a final score of 100.
Note: DCI used U.S. Census Bureau's American Community Survey (ACS) 5 – Year Estimates covering 2019 -2023.
Note: Distressed Communities Index (DCI) combines seven complementary economic indicators: no high school diploma, housing vacancy rate, adults not working, poverty rate, median income ratio, change in employment and change in establishments. Full definition for each economic indicator can be found in the appendix.

Family Budget Map

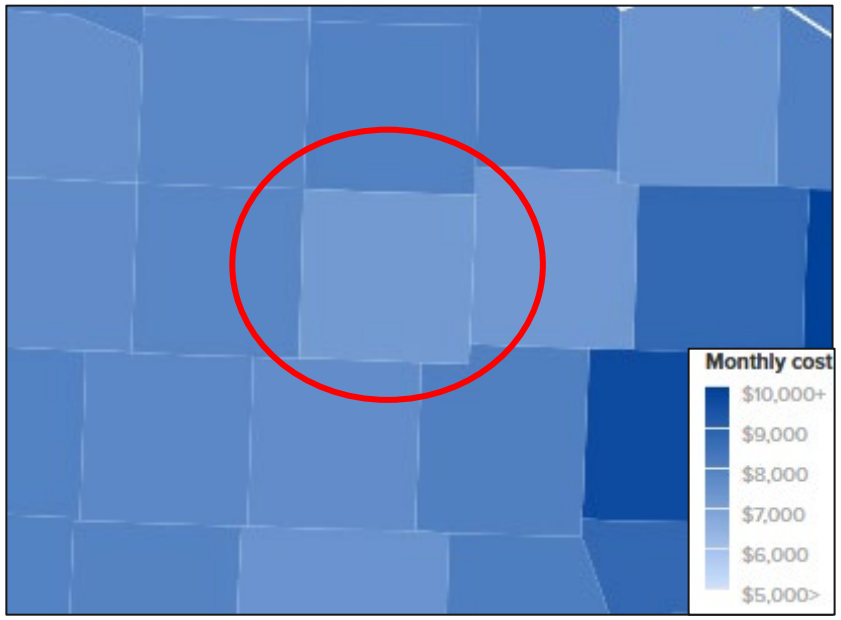
- The cost of living for a two-parent, two-child family in Young County is $86,187 per year or $7,182 per month.
- Transportation is estimated to be the highest monthly cost for Young County with other necessities estimated to be the lowest monthly cost.

The cost of living for a two-parent, two-child family in **Young County, TX** is:

$86,187
per year

$7,182
per month

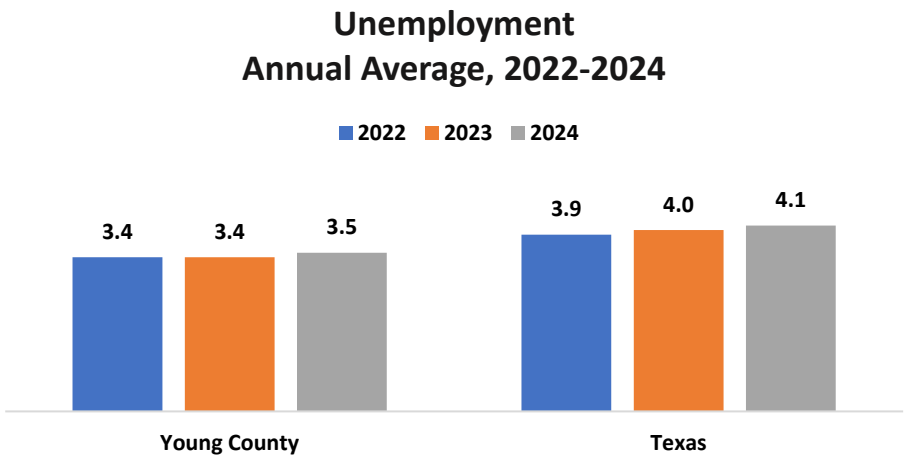
- **Housing:** $933/month
- **Food:** $904/month
- **Child care:** $1,090/month
- **Transportation:** $1,623/month
- **Health care:** $1,404/month
- **Other necessities:** $570/month
- **Taxes:** $659/month

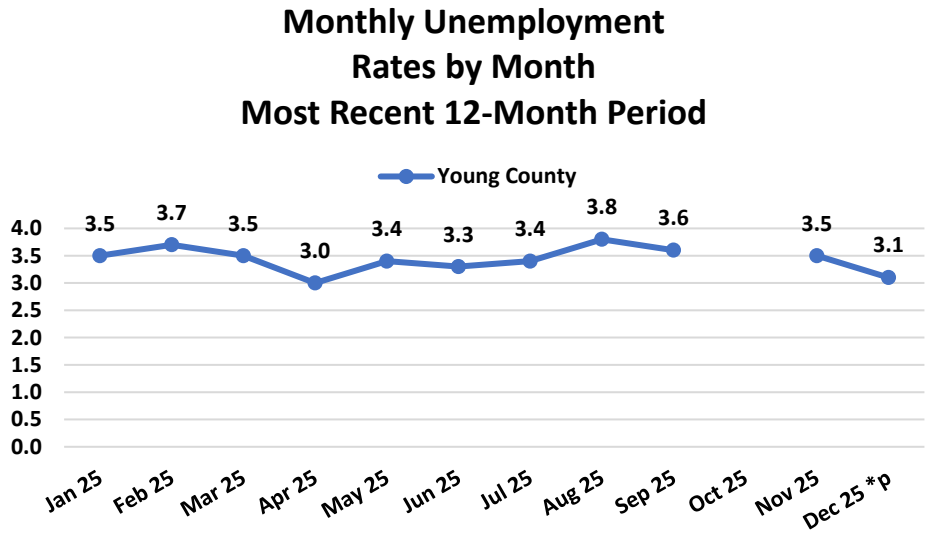


Source: Economic Policy Institute, Family Budget Map, filtered Young County, TX, https://www.epi.org/resources/budget/budget-map/; data accessed April 8, 2026.
Note: Data is from the 2026 edition of EPI's Family budget calculator. All data are in 2026 dollars.
Note: The budgets estimate community-specific costs for 10 family types (one or two adults with zero to four children) in all counties and metro areas in the United States. Compared with the federal poverty line and the Supplemental Poverty Measure, EPI's family budgets provide a more accurate and complete measure of economic security in America.
Other Necessities Definition: items that do not fall into the aforementioned categories but that are necessary for a modest yet adequate standard of living (ex: apparel, personal care, household supplies including furnishings and equipment, household operations, housekeeping supplies, and telephone services, reading materials, and school supplies).

Unemployment

- Unemployment rates in Young County and the state slightly increased between 2022 and 2024.
- In 2024, Young County (3.5) had a lower unemployment rate than the state (4.1).
- Over the most recent 12-month time period, monthly unemployment rates in Young County overall decreased.
- For Young County, April 2025 (3.0) had the lowest unemployment rate as compared to August 2025 (3.8) with the highest rate.





Source: Bureau of Labor Statistics, Local Area Unemployment Statistics, https://www.bls.gov/lau/tables.htm; data accessed April 9, 2026.
Definition: Unemployed persons include are all persons who had no employment during the reference week, were available for work, except for temporary illness, and had made specific efforts to find employment some time during the 4 week-period ending with the reference week. Persons who were waiting to be recalled to a job from which they had been laid off need not have been looking for work to be classified as unemployed.
Note: "*p" indicates that the number associated with that month is a preliminary rate.
Note: Missing data indicates that the data is not available due to the 2025 lapse in appropriations.

Industry Workforce Categories

- As of 2020-2024, the majority of employed persons in Young County are within Office & Administrative Support Occupations. The most common employed groupings are as follows:

Young County

- Office & Administrative Support Occupations (13.2%)
- Management Occupations (12.9%)
- Production Occupations (12.8%)

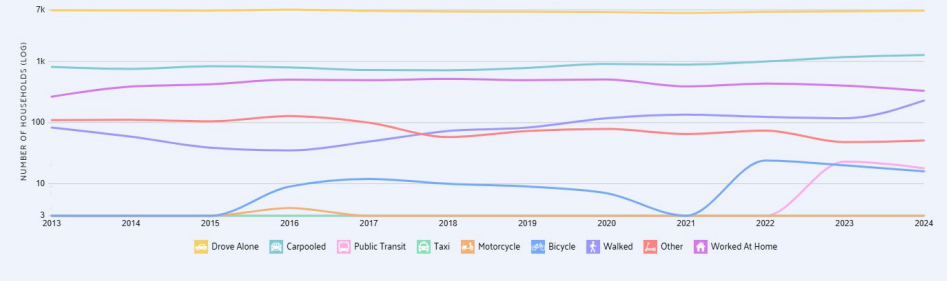
Source: Data USA, filtered for Young County, TX, https://datausa.io/; data accessed April 8, 2026.

Means of Transportation

- In 2020-2024, driving alone was the most frequent means of transportation to work for Young County and the state.
- In 2020-2024, Young County (14.6%) had a higher percentage of people who carpooled to work than the state (10.0%).
- Young County (16.9 minutes) had a shorter mean travel time to work than the state (26.7 minutes) (2020-2024).

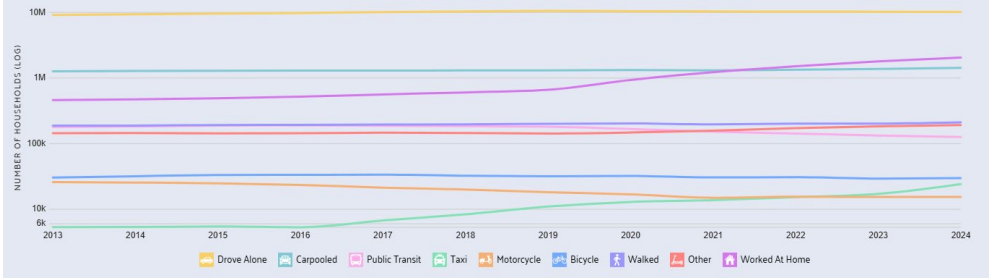
Young County

Mean travel time to work: 16.9 minutes



Texas

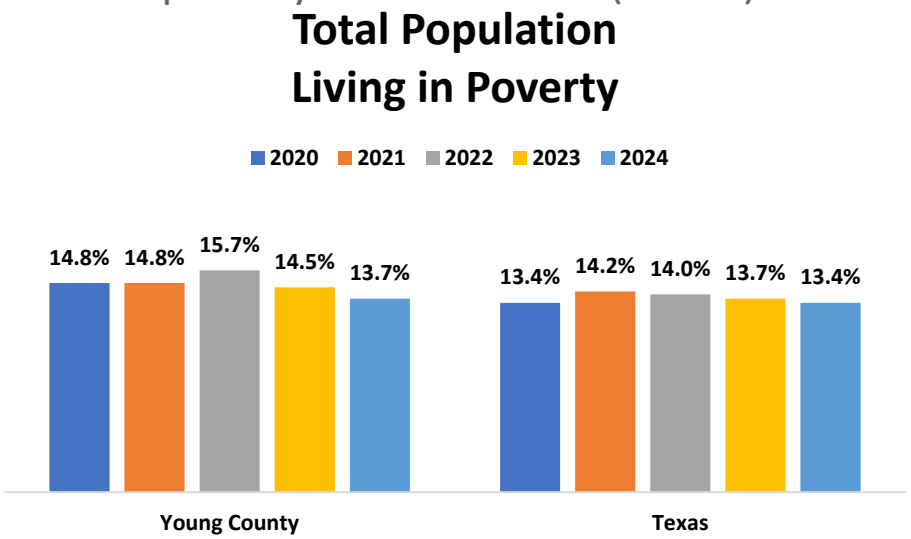
Mean travel time to work: 26.7 minutes

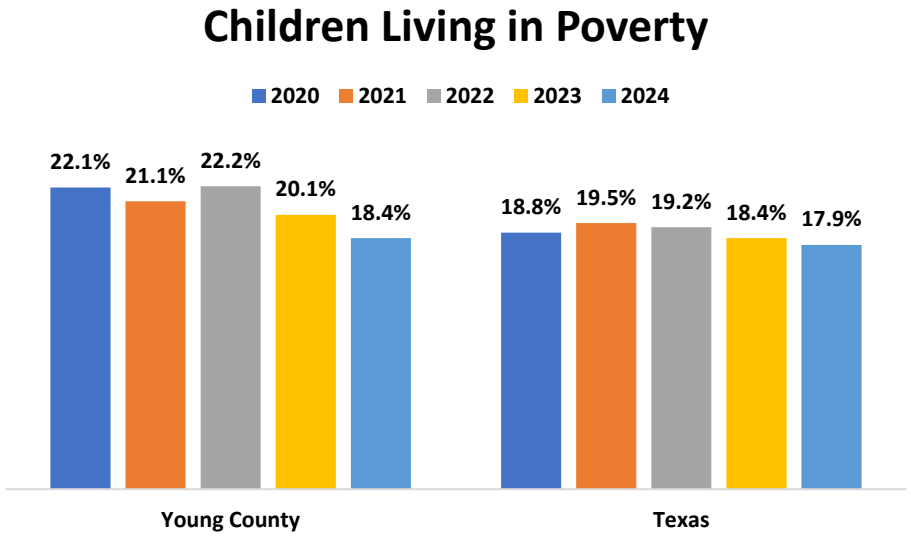


Source: Data USA, filtered for Young County, TX, https://datausa.io/; data accessed April 8, 2026.

Poverty

- Between 2020 and 2024, the percentage of the total population living in poverty in Young County decreased and the state fluctuated.
- In 2024, Young County (13.7%) had a higher percentage of the total population living in poverty than the state (13.4%).
- Between 2020 and 2024, the percentage of children (<18 years) living in poverty in Young County and the state decreased.
- In 2024, Young County (18.4%) had a higher percentage of children (<18 years) living in poverty than the state (17.9%).





Source: Small Area Income and Poverty Estimates (SAIPE), filtered for Young County, TX, https://www.census.gov/data-tools/demo/saipe/#/?map_geoSelector=aa_c; data accessed September 24, 2026.
Note: The 2026 Federal Poverty Guidelines define a household size of 4 as living below 100% of the federal poverty level if the household income is less than $33,000, and less than 200% of the federal poverty level if the household income is less than $66,000. Please see the appendix for the full 2026 Federal Poverty Guidelines.

Food Insecurity

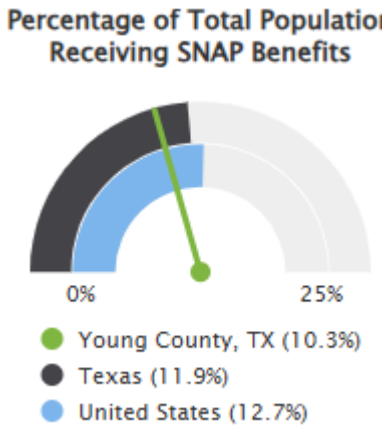
- According to Feeding America, Young County (18.5%) had a higher estimated percentage of residents who are food insecure as compared to the state (17.6%) (2023).
- Additionally, Young County (25.7%) had a higher percentage of children (under 18 years of age) who are food insecure, as compared to Texas (22.2%) (2023).
- The average meal cost for a Young County ($3.25) resident was higher than the average meal cost in Texas ($3.11) (2023).
- With regards to subpopulations, Young County had a higher percentage of food insecurity among Latino and White Non-Hispanic subpopulations when compared to the state (2023).

Location	Overall Food Insecurity (all ages)	Child Food Insecurity (age 0-17)	Older Adult Food Insecurity (age 50-59)	Senior Food Insecurity (age 60+)	Latino Food Insecurity (all ages)	Black Food Insecurity (all ages)	White Non-Hispanic Food Insecurity (all ages)	Average Meal Cost
Young County	18.5%	25.7%	-	-	27.0%	-	13.0%	$3.25
Texas	17.6%	22.2%	16.2%	13.6%	24.0%	31.0%	11.0%	$3.11

Source: Feeding America, Map The Meal Gap: Data by County in Each State, filtered for Young County, TX, https://map.feedingamerica.org/; information accessed April 9, 2026.
Overall Food Insecure Definition: Lack of access, at times, to enough food for an active, healthy life for all household members and limited or uncertain availability of nutritionally adequate foods. “Overall” refers to all individuals, including children, regardless of race or ethnicity.
Child Food Insecure Definition: Those children living in households experiencing food insecurity. “Child” refers to all children under age 18, regardless of race or ethnicity.
Average Meal Cost Definition: The average weekly dollar amount food-secure individuals report spending on food, as estimated in the Current Population Survey, divided by 21 (assuming three meals a day, seven days a week).

Supplemental Nutrition Assistance Program (SNAP) Benefits

- In 2022, Young County (10.3%) had a lower percentage of its total population receiving SNAP benefits than the state (11.9%) and the nation (12.7%).

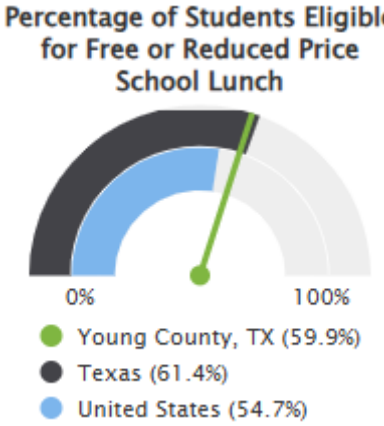


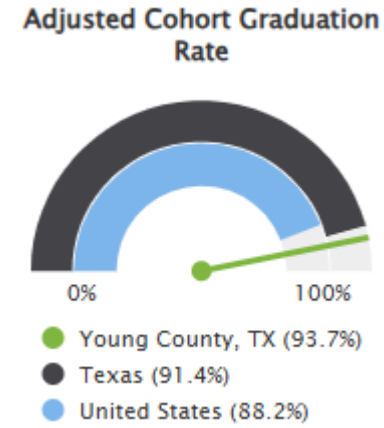
Note: a green dial indicates that the county has a better rate than the state, and a red dial indicates that the county has a worse rate than the state.

Source: SparkMap, Health Indicator Report: logged in and filtered for Young County, TX, https://sparkmap.org/report/; data accessed April 9, 2026.
Population Receiving SNAP Definition: the average percentage of the population receiving SNAP benefits during the month of July during the most recent report year.

Children in the Study Area

- In 2023-2024, Young County (59.9%) had a lower percentage of public school students eligible for free or reduced price lunch as compared to the state (61.4%), but higher the nation (54.7%).
- Young County (93.7%) had a higher high school graduation rate than the state (91.4%) and the nation (88.2%) (2022-2023).



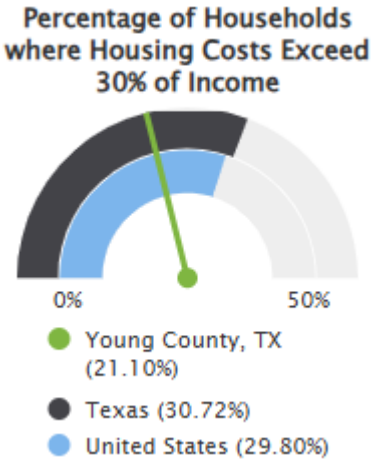


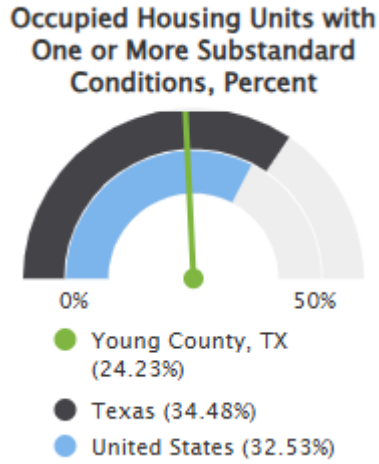
Note: a green dial indicates that the county has a better rate than the state, and a red dial indicates that the county has a worse rate than the state.

Source: SparkMap, Health Indicator Report: logged in and filtered for Young County, TX, https://sparkmap.org/report/; data accessed April 9, 2026.
Eligible for Free/Reduced Price Lunch Definition: Free or reduced price lunches are served to qualifying students in families with income between under 185 percent (reduced price) or under 130% (free lunch) of the US federal poverty threshold as part of the federal National School Lunch Program (NSLP).
Cohort Graduation Rate Definition: Students receiving a high school diploma within four years.

Housing – Cost and Substandard Housing Conditions

- Young County (21.1%) had a lower percentage of households where housing costs exceed 30% of total household income than the state (30.7%) and the nation (29.8%) (2020-2024).
- The percentage of occupied housing units that have one or more substandard conditions in Young County (24.2%) was lower than the state (34.5%) and the nation (32.5%) (2020-2024).





Note: a green dial indicates that the county has a better rate than the state, and a red dial indicates that the county has a worse rate than the state.

Source: SparkMap, Health Indicator Report: logged in and filtered for Young County, TX, https://sparkmap.org/report/; data accessed April 9, 2026.
Housing Costs Exceeds 30% of Income Definition: The percentage of the households where housing costs are 30% or more of total household income.
Substandard Conditions Definition: The number and percentage of owner- and renter-occupied housing units having at least one of the following conditions: 1) lacking complete plumbing facilities, 2) lacking complete kitchen facilities, 3) with 1 or more occupants per room, 4) selected monthly owner costs as a percentage of household income greater than 30%, and 5) gross rent as a percentage of household income greater than 30%.

HEALTH DATA OVERVIEW

Data Methodology

The following information outlines specific health data:

- Mortality, chronic diseases and conditions, health behaviors, natality, mental health and health care access

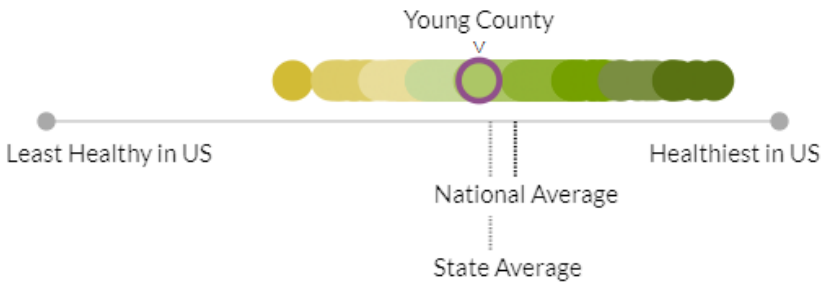
Data Sources include, but are not limited to:

- Texas Cancer Registry
- Small Area Health Insurance Estimates (SAHIE)
- SparkMap
- The Behavioral Risk Factor Surveillance System (BRFSS)
  - The Behavioral Risk Factor Surveillance System (BRFSS) is the world's largest, on-going telephone health survey system, tracking health conditions and risk behaviors in the United States yearly since 1984. Currently, information is collected monthly in all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and Guam.
  - It is a state-based system of health surveys that collects information on health risk behaviors, preventive health practices, and health care access primarily related to chronic disease and injury. For many states, the BRFSS is the only available source of timely, accurate data on health-related behaviors.
  - States use BRFSS data to identify emerging health problems, establish and track health objectives, and develop and evaluate public health policies and programs. Many states also use BRFSS data to support health-related legislative efforts.
- The Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute
- United States Census Bureau

Data Levels: Nationwide, state, and county level data

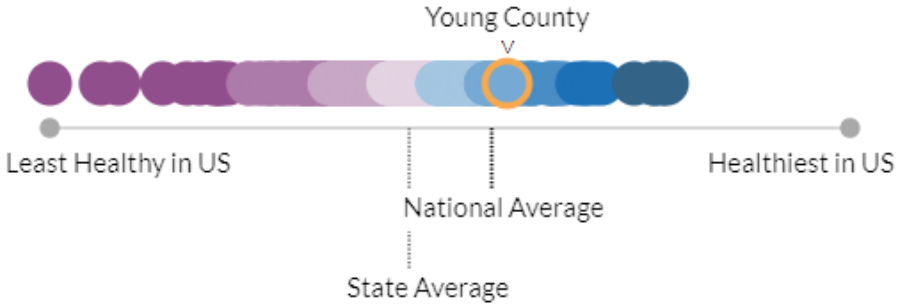
County Health Rankings & Roadmaps – Young County, Texas

Population Health and Well-being



- According to County Health Rankings & Roadmaps, Population Health and Well-being is something we create as a society, not something an individual can attain in a clinic or be responsible for alone. Health is more than being free from disease and pain; health is the ability to thrive. Well-being covers both quality of life and the ability of people and communities to contribute to the world. Population health involves optimal physical, mental, spiritual and social well-being.
- Some examples of where the county was worse than the state for Population Health and Well-being include:
  - Length Of Life:
    - Premature Death
  - Quality Of Life:
    - Poor Mental Health Days

Community Conditions



- According to County Health Rankings & Roadmaps, Community Conditions include the social and economic factors, physical environment and health infrastructure in which people are born, live, learn, work, play, worship and age. Community Conditions are also referred to as the social determinants of health.
- Some examples of factors where the county was worse than the state for Community Conditions include:
  - Health Infrastructure:
    - Flu Vaccinations
    - Mammography Screening
    - Mental Health Providers
    - Uninsured
  - Physical Environment:
    - Driving Alone to Work
    - Drinking Water Violations
  - Social and Economic:
    - Some College
    - Injury Deaths

Source: County Health Rankings & Roadmaps, Health Indicator Report: filtered for Young County, TX; www.countyhealthrankings.org; data accessed April 16, 2026.

Mortality – Leading Causes of Death (2020-2024)

Rank	Young County	Texas
1	Diseases of heart (I00-I09,I11,I13,I20-I51)	Diseases of heart (I00-I09,I11,I13,I20-I51)
2	Malignant neoplasms (C00-C97)	Malignant neoplasms (C00-C97)
3	Chronic lower respiratory diseases (J40-J47)	COVID-19 (U07.1)
4	Alzheimer's disease (G30)	Accidents (unintentional injuries) (V01-X59,Y85-Y86)
5	COVID-19 (U07.1)	Cerebrovascular diseases (I60-I69)
6	Cerebrovascular diseases (I60-I69)	Alzheimer's disease (G30)
7	Accidents (unintentional injuries) (V01-X59,Y85-Y86)	Chronic lower respiratory diseases (J40-J47)
8	Diabetes mellitus (E10-E14)	Diabetes mellitus (E10-E14)
9	Chronic liver disease and cirrhosis (K70,K73-K74)	Chronic liver disease and cirrhosis (K70,K73-K74)
10	Parkinson disease (G20-G21)	Nephritis, nephrotic syndrome and nephrosis (N00-N07,N17-N19,N25-N27)

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, http://wonder.cdc.gov/ucd-icd10.html; data accessed April 20, 2026.
Note: Due to policy changes in data provision from the census, age-adjusted rates at the county level were unable to be provided at the time of the report. Crude rates were used in the analysis and should be interpreted with caution when comparing separate geographic areas.
Note: Crude rates use the most current Vintage postcensal series released by the Census Bureau. Crude death rates are per 100,000. Data has been pulled in 3-year sets of moving averages for purposes of statistical reliability.

Mortality – Leading Causes of Death (2020-2024)

Cause of Death	Young County		Texas	
	5 Yr. Trend	Current (2022-2024)	5 Yr. Trend	Current (2022-2024)
Diseases of heart (I00-I09,I11,I13,I20-I51)	▲	414.2	▼	165.0
Malignant neoplasms (C00-C97)	▼	257.7	▲	144.5
Chronic lower respiratory diseases (J40-J47)	▼	128.9	▼	32.2
Alzheimer's disease (G30)	▲	121.5	▼	33.0
COVID-19 (U07.1)	▼	58.9	▼	21.5
Cerebrovascular diseases (I60-I69)	▼	81.0	▼	39.4
Accidents (unintentional injuries) (V01-X59,Y85-Y86)	▼	79.2	▲	48.9
Diabetes mellitus (E10-E14)	▼	44.2	▼	25.0
Chronic liver disease and cirrhosis (K70,K73-K74)	▼	22.1	▼	16.7
Parkinson disease (G20-G21)	▼	18.4	▼	10.1

▲ An up arrow indicates that the county's rate has trended upwards for that death category.

▼ A down arrow indicates that the county's rate has trended downwards for that death category.

► A sideways arrow indicates that the county's rate has remained consistent for that death category.

If there is no arrow, that means that one of the timeframe's rate was either "Unreliable" or "Suppressed".

A green box indicates that the county's rate is lower than the state's rate for that death category.

A red box indicates that the county's rate is higher than the state's rate for that death category.

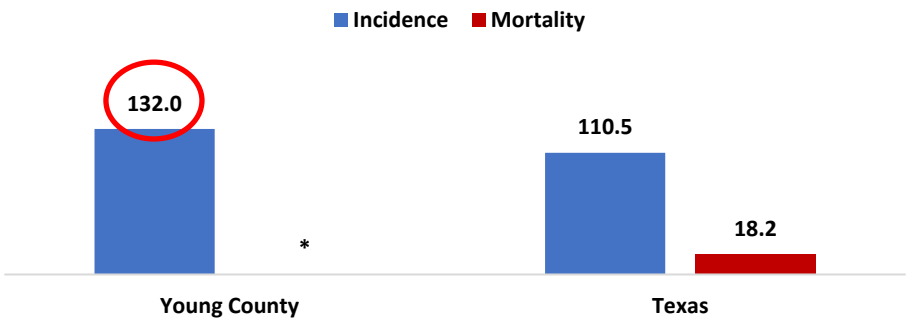
Source: Centers for Disease Control and Prevention, National Center for Health Statistics, http://wonder.cdc.gov/ucd-icd10.html; data accessed April 20, 2026.
Note: Due to policy changes in data provision from the census, age-adjusted rates at the county level were unable to be provided at the time of the report. Crude rates were used in the analysis and should be interpreted with caution when comparing separate geographic areas.
Note: Crude rates use the most current Vintage postcensal series released by the Census Bureau. Crude death rates are per 100,000. Data has been pulled in 3-year sets of moving averages for purposes of statistical reliability.
Note: Rates calculated with small numbers are unreliable and should be used cautiously. Rates are marked as "unreliable" when the death count is less than 20. All sub-national data representing zero to nine (0-9) deaths or births are "suppressed".

= higher rate than the state

Cancer Incidence & Mortality by Type

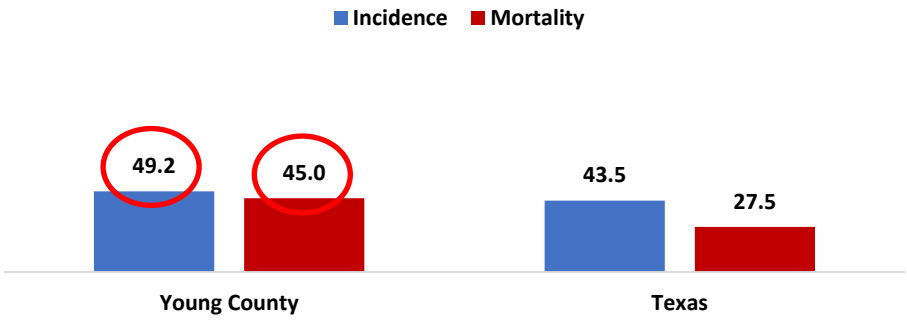
Prostate Cancer

Age-adjusted Incidence & Mortality Rates per 100,000
2020-2023



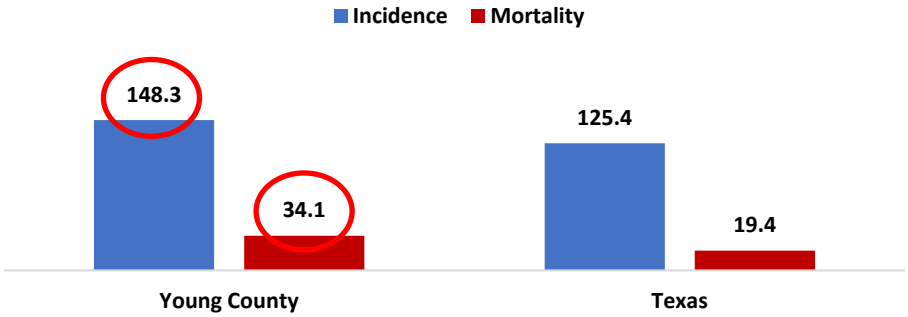
Lung & Bronchus Cancer

Age-adjusted Incidence & Mortality Rates per 100,000
2020-2023



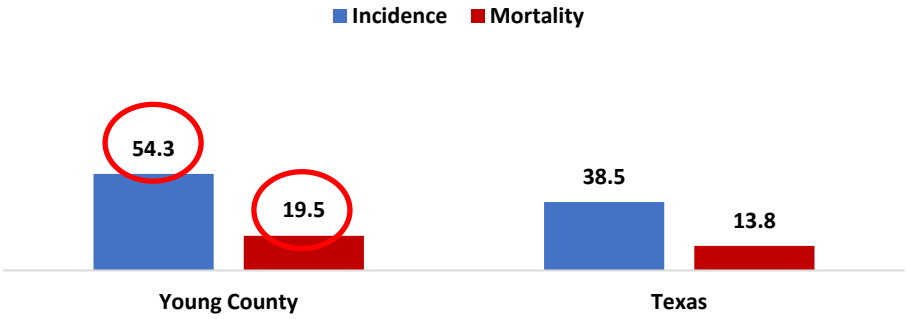
Breast Cancer (Female)

Age-adjusted Incidence & Mortality Rates per 100,000
2020-2023



Colon & Rectum Cancer

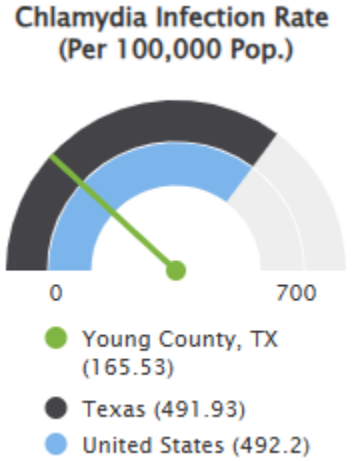
Age-adjusted Incidence & Mortality Rates per 100,000
2020-2023

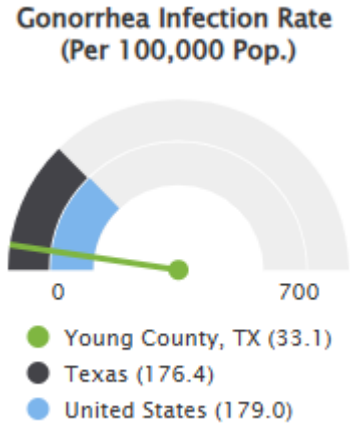


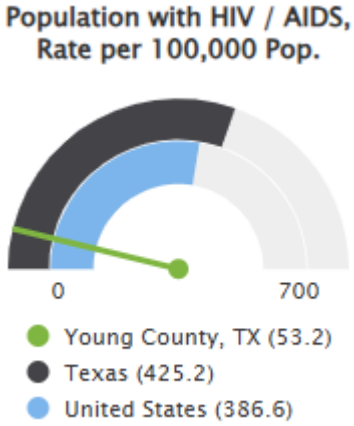
Source: Texas Cancer Registry, Cancer Incidence and Mortality by Site and County, https://www.cancer-rates.com/tx/; data accessed April 17, 2026.
Note: All rates are per 100,000. Rates are age-adjusted to the 2000 U.S. Standard Population.
Note: '*' indicates that the data is suppressed if 1-16 deaths were reported in the specified dataset. Min. 16 deaths required to calculate a stable age-adjusted rate.

Communicable Diseases – Chlamydia, Gonorrhea & HIV/AIDs

- In 2023, Young County (165.5 per 100,000) had a lower chlamydia infection rate than the state (491.9 per 100,000) and the nation (492.2 per 100,000).
- In 2023, Young County (33.1 per 100,000) had a lower gonorrhea infection rate than the state (176.4 per 100,000) and the nation (179.0 per 100,000).
- In 2022, Young County (53.2 per 100,000) had a lower rate of persons with HIV/AIDS than the state (425.2 per 100,000) and the nation (386.6 per 100,000).







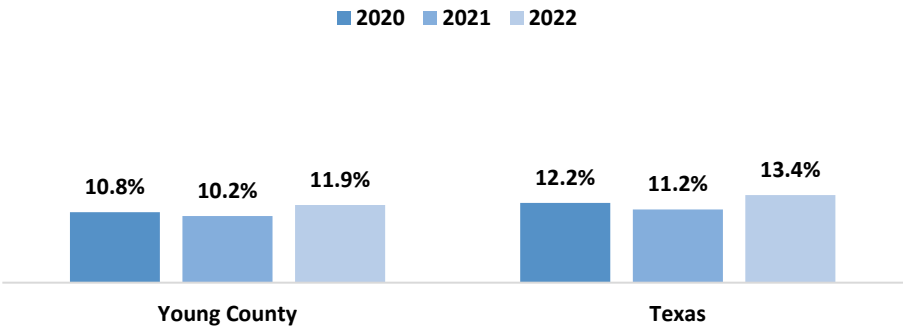
Note: a green dial indicates that the county has a better rate than the state, and a red dial indicates that the county has a worse rate than the state.

Source: SparkMap, Health Indicator Report: logged in and filtered for Young County, TX, https://sparkmap.org/report/; data accessed April 9, 2026.

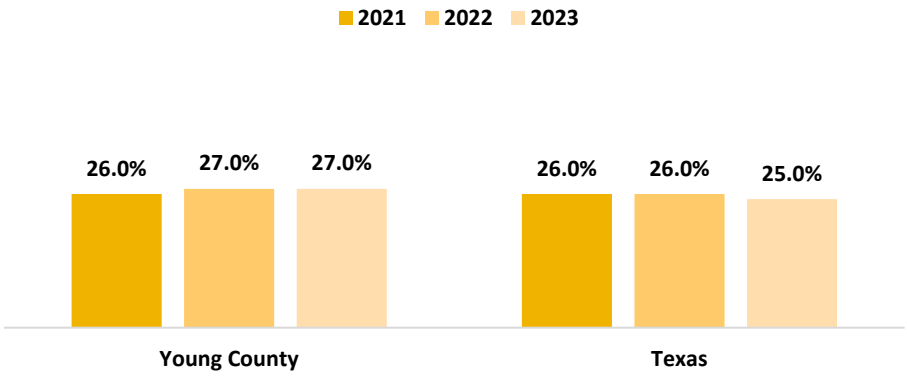
Chronic Conditions - Diabetes

- Between 2020 and 2022, the percentage of adults (age 18+) with diabetes increased in Young County and the state.
- Young County (11.9%) had a lower percentage of adults (age 18+) with diabetes than the state (13.4%) (2022).
- Between 2021 and 2023, the percentage of Medicare beneficiaries with diabetes increased in Young County but decreased in the state.
- In 2023, the percentage of Medicare beneficiaries with diabetes in Young County (27.0%) was higher than the state (25.0%).

Diabetes, Percentage, Adults (age 18+), 2020-2022



Diabetes, Percentage, Medicare, 2021-2023

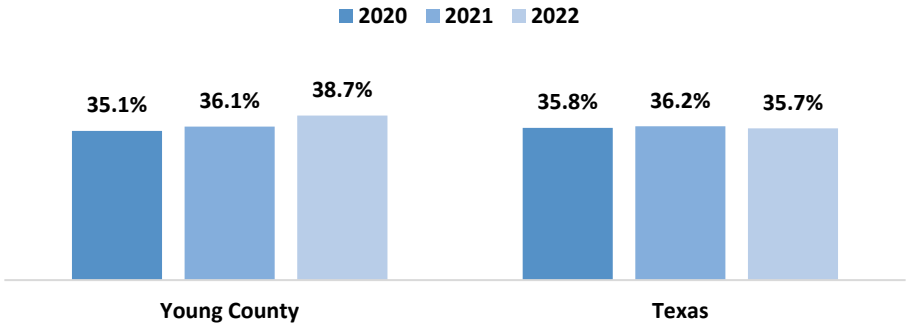


Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2022 release, filtered for Young County, TX, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2022-releas/xyst-f73f/about_data, data accessed April 20, 2026.
Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2023 release, filtered for Young County, TX, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2023-releas/7cmc-7y5g/about_data, data accessed April 20, 2026.
Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2024 release, filtered for Young County, TX, https://data.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/fu4u-a9bh/about_data, data accessed April 20, 2026.
Source: Center for Disease Control and Prevention, Chronic Disease Indicators, filtered for Texas; https://www.cdc.gov/cdi/, data accessed April 20, 2026.
Source: Centers for Medicare & Medicaid Services, Office of Minority Health, Mapping Medicare Disparities, https://data.cms.gov/mapping-medicare-disparities; data accessed on April 16, 2026.
Definition: Adults who report being told by a doctor or other health professional that they have diabetes (other than diabetes during pregnancy for female respondents).

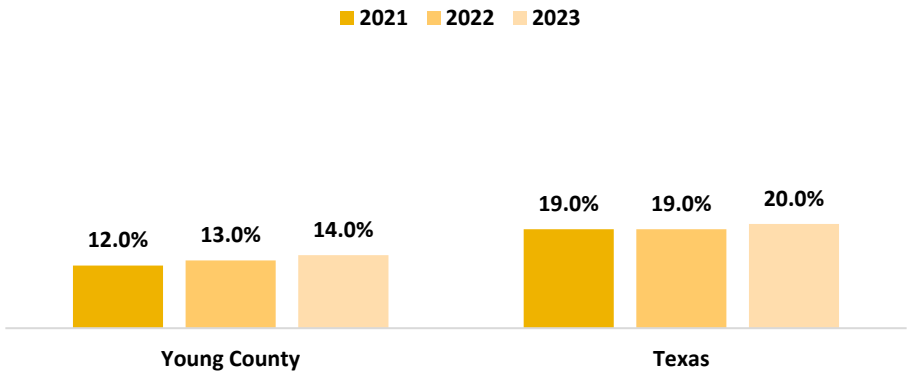
Chronic Conditions - Obesity

- Between 2020 and 2022, the percentage of adults (age 18+) who were obese increased in Young County and slightly decreased in the state.
- Young County (38.7%) had a higher percentage of adults (age 18+) who were obese when compared to the state (35.7%) (2022).
- Between 2021 and 2023, the percentage of Medicare beneficiaries who were obese increased in Young County and the state.
- In 2023, the percentage of Medicare beneficiaries who were obese in Young County (14.0%) was lower than state (20.0%).

Obesity, Percentage, Adults (age 18+), 2020-2022



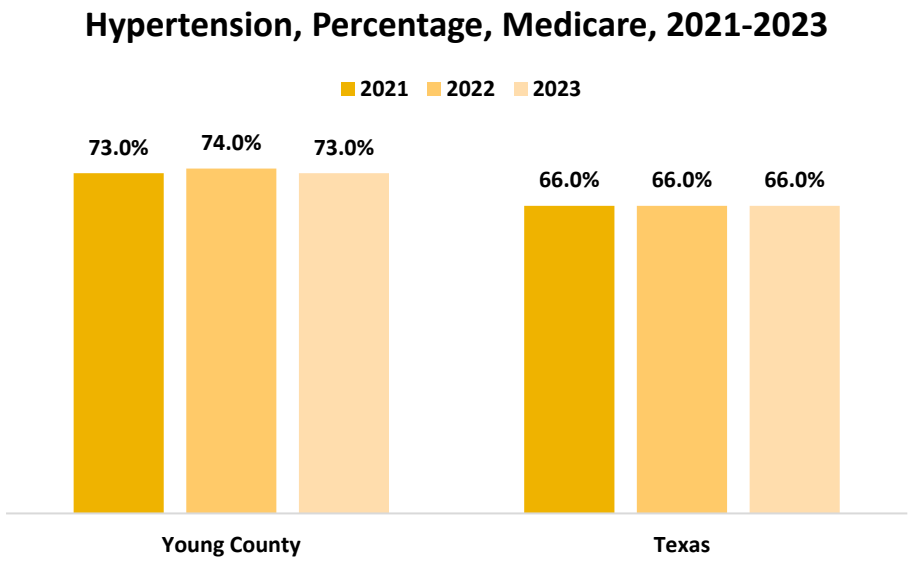
Obesity, Percentage, Medicare, 2021-2023



Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2022 release, filtered for Young County, TX, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2022-releas/xyst-f73f/about_data, data accessed April 20, 2026.
Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2023 release, filtered for Young County, TX, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2023-releas/7cmc-7y5g/about_data, data accessed April 20, 2026.
Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2024 release, filtered for Young County, TX, https://data.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/fu4u-a9bh/about_data, data accessed April 20, 2026.
Source: Center for Disease Control and Prevention, Chronic Disease Indicators, filtered for Texas; https://www.cdc.gov/cdi/, data accessed April 20, 2026.
Source: Centers for Medicare & Medicaid Services, Office of Minority Health, Mapping Medicare Disparities, https://data.cms.gov/mapping-medicare-disparities; data accessed on April 16, 2026.
Definition: Respondents aged ≥18 years who have a body mass index (BMI) ≥30.0 kg/m² calculated from self-reported weight and height. Exclude the following: Height: data from respondents measuring <3 ft or ≥8 ft; Weight: data from respondents weighing <50 lbs or ≥650 lbs and BMI: data from respondents with BMI <12 kg/m2 or ≥100 kg/m2.

Chronic Conditions - Hypertension

- Between 2021 and 2023, the percentage of Medicare beneficiaries with hypertension fluctuated in Young County and remained consistent in the state.
- In 2023, the percentage of Medicare beneficiaries with hypertension in Young County (73.0%) was higher than the state (66.0%).

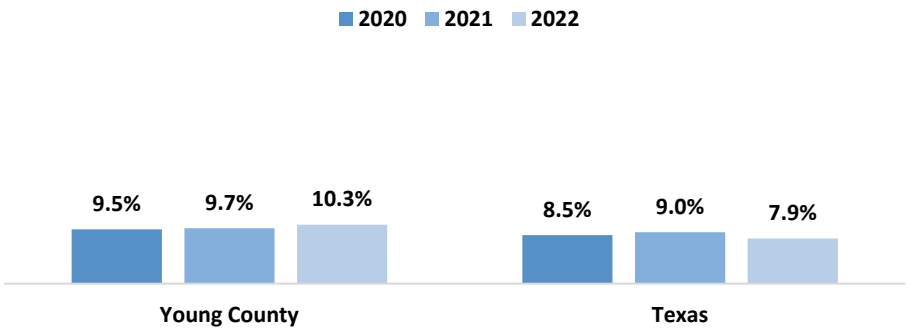


Source: Centers for Medicare & Medicaid Services, Office of Minority Health, Mapping Medicare Disparities, https://data.cms.gov/mapping-medicare-disparities; data accessed on April 16, 2026.
Definition: Respondents who report ever having been told by a doctor, nurse, or other health professional that they have high blood pressure.

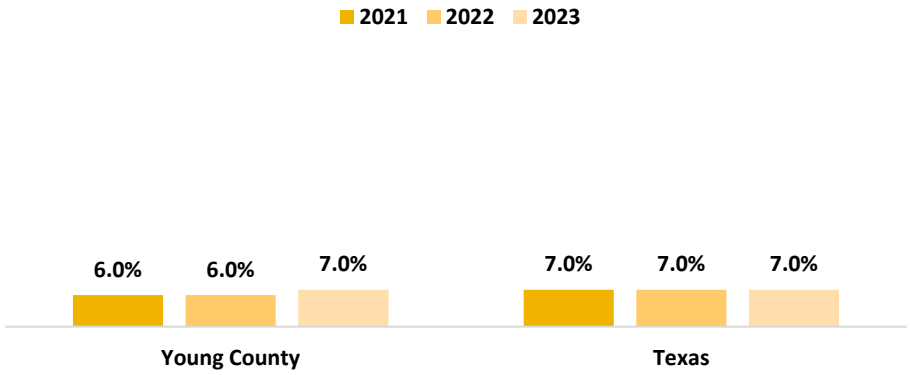
Chronic Conditions - Asthma

- Between 2020 and 2022, the percentage of adults (age 18+) who currently have asthma increased in Young County and decreased in the state.
- Young County (10.3%) had a higher percentage of adults (age 18+) who currently have asthma when compared to the state (7.9%) (2022).
- Between 2021 and 2023, the percentage of Medicare beneficiaries with asthma increased in Young County but remained consistent in the state.
- In 2023, the percentage of Medicare beneficiaries with asthma in Young County (7.0%) was comparable to the state (7.0%).

Asthma, Percentage, Adults (age 18+), 2020-2022



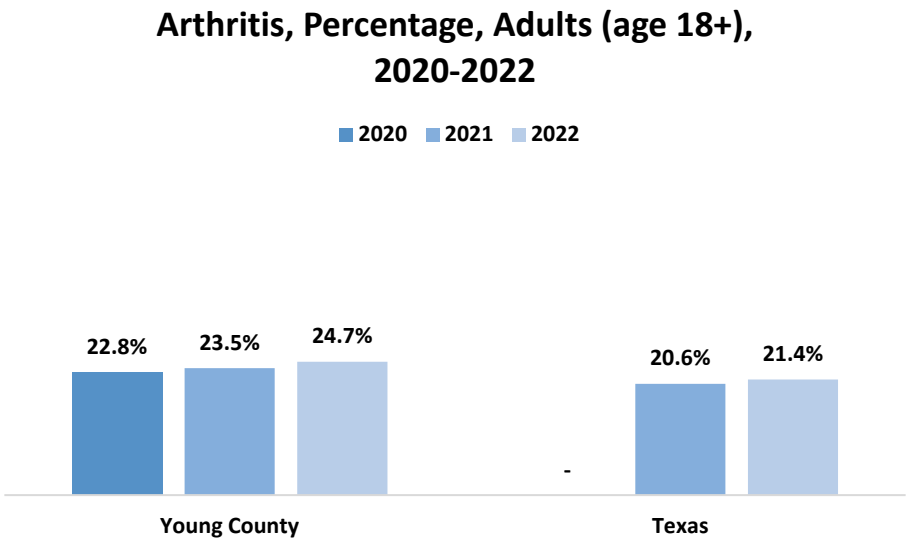
Asthma, Percentage, Medicare, 2021-2023



Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2022 release, filtered for Young County, TX, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2022-releas/xyst-f73f/about_data, data accessed April 20, 2026.
Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2023 release, filtered for Young County, TX, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2023-releas/7cmc-7y5g/about_data, data accessed April 20, 2026.
Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2024 release, filtered for Young County, TX, https://data.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/fu4u-a9bh/about_data, data accessed April 20, 2026.
Source: Center for Disease Control and Prevention, Chronic Disease Indicators, filtered for Texas; https://www.cdc.gov/cdi/, data accessed April 20, 2026.
Source: Centers for Medicare & Medicaid Services, Office of Minority Health, Mapping Medicare Disparities, https://data.cms.gov/mapping-medicare-disparities; data accessed on April 16, 2026.
Definition: Having current asthma (reporting 'yes' to both of the questions, "Have you ever been told by a doctor, nurse, or other health professional that you have asthma?" and the question, "Do you still have asthma?").

Chronic Conditions - Arthritis

- Between 2020 and 2022, the percentage of adults (age 18+) who have arthritis increased in Young County.
- Young County (24.7%) had a higher percentage of adults (age 18+) with arthritis than the state (21.4%) (2022).

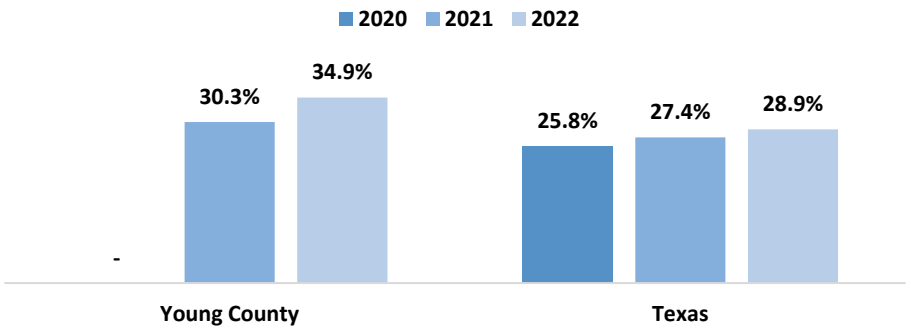


Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2022 release, filtered for Young County, TX, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2022-releas/xyst-f73f/about_data, data accessed April 20, 2026.
Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2023 release, filtered for Young County, TX, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2023-releas/7cmc-7y5g/about_data, data accessed April 20, 2026.
Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2024 release, filtered for Young County, TX, https://data.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/fu4u-a9bh/about_data, data accessed April 20, 2026.
Source: Center for Disease Control and Prevention, Chronic Disease Indicators, filtered for Texas; https://www.cdc.gov/cdi/, data accessed April 20, 2026.
Definition: Having arthritis (reporting 'yes' to the question: "Have you ever been told by a doctor or other health professional that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?")
Note: "-" indicates that data may be missing due to factors such as a small sample size, the question not being asked in a particular year, or the source used to collect the data being limited to core questions asked nationwide across all states.

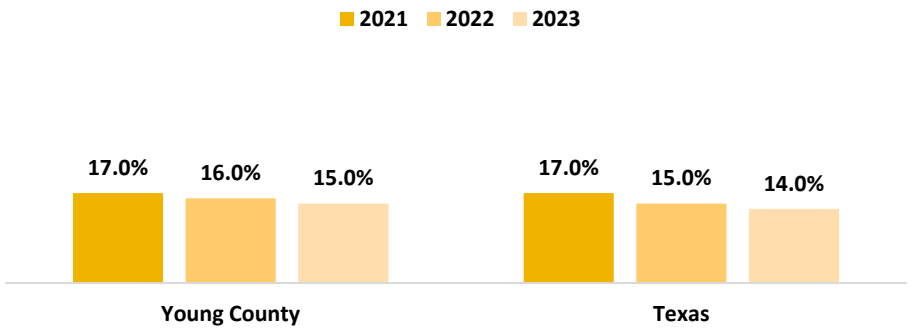
Chronic Conditions - Disability

- Between 2020 and 2022, the percentage of adults with a disability in the state increased.
- Young County (34.9%) had a higher percentage of adults (age 18+) with a disability than the state (28.9%) (2022).
- Between 2021 and 2023, the percentage of Medicare beneficiaries with a disability in Young County and the state decreased.
- In 2023, Young County (15.0%) had a higher percentage of Medicare beneficiaries with a disability than the state (14.0%).

Disability, Percentage, Adults (age 18+), 2020-2022



Disability (reason for Medicare eligibility), Percentage, Medicare, 2021-2023

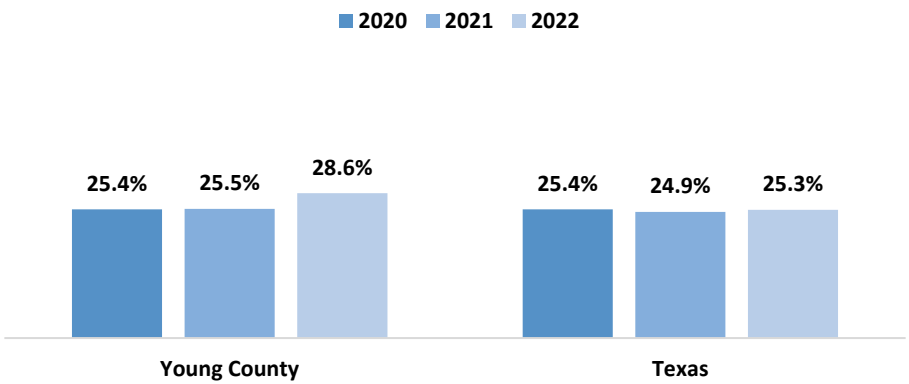


Source: Centers for Medicare & Medicaid Services, Office of Minority Health, Mapping Medicare Disparities, https://data.cms.gov/mapping-medicare-disparities; data accessed on April 16, 2026.
Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2022 release, filtered for Young County, TX, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2022-releas/xyst-f73f/about_data, data accessed April 20, 2026.
Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2023 release, filtered for Young County, TX, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2023-releas/7cmc-7y5g/about_data, data accessed April 20, 2026.
Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2024 release, filtered for Young County, TX, https://data.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/fu4u-a9bh/about_data, data accessed April 20, 2026.
Source: Center for Disease Control and Prevention, Chronic Disease Indicators, filtered for Texas; https://www.cdc.gov/cdi/, data accessed April 20, 2026.
Definition: Adults who said yes to at least one of six disability questions related to serious difficulty including (1) hearing, (2) vision, (3) concentrating, remembering, or making decisions (i.e., cognition), (4) walking or climbing stairs (i.e., mobility), (5) dressing or bathing (i.e., self-care), and (6) doing errands alone (i.e., independent living).
CMS Definition - The beneficiary qualifies for Medicare through the Disability Insurance Benefits (DIB), as recorded in either the original or current reason for entitlement in the enrollment data.
"-" Note: Data may be missing due to factors such as a small sample size, the question not being asked in a particular year, or the source used to collect the data being limited to core questions asked nationwide across all states.

Health Behaviors – Physical Inactivity

- Between 2020 and 2022, the percentage of adults (age 18+) who have no leisure-time for physical activity increased in Young County and slightly decreased in the state.
- Young County (28.6%) had a higher percentage of adults (age 18+) with no leisure-time for physical activity when compared to the state (25.3%) (2022).

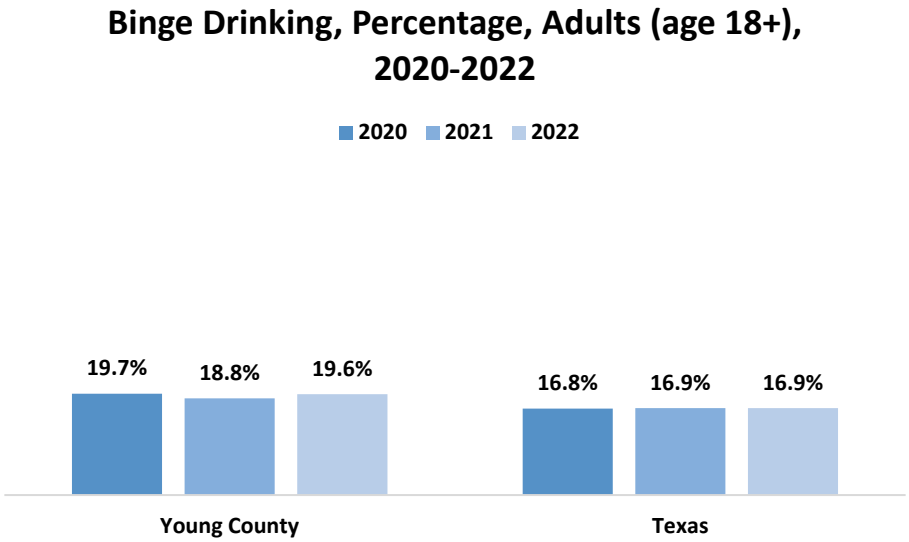
No Leisure-Time For Physical Activity, Percentage, Adults (age 18+), 2020-2022



Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2022 release, filtered for Young County, TX, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2022-releas/xyst-f73f/about_data, data accessed April 20, 2026.
Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2023 release, filtered for Young County, TX, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2023-releas/7cmc-7y5g/about_data, data accessed April 20, 2026.
Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2024 release, filtered for Young County, TX, https://data.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/fu4u-a9bh/about_data, data accessed April 20, 2026.
Source: Center for Disease Control and Prevention, Chronic Disease Indicators, filtered for Texas; https://www.cdc.gov/cdi/, data accessed April 20, 2026.
Definition: Having no leisure-time physical activity (reporting 'No' to the question: "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?")

Health Behaviors – Binge Drinking

- Between 2020 and 2022, the percentage of adults (age 18+) who reported binge drinking slightly decreased in Young County but slightly increased in the state.
- Young County (19.6%) had a higher percentage of adults (age 18+) who reported binge drinking when compared to the state (16.9%) (2022).



Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2022 release, filtered for Young County, TX, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2022-releas/xyst-f73f/about_data, data accessed April 20, 2026.
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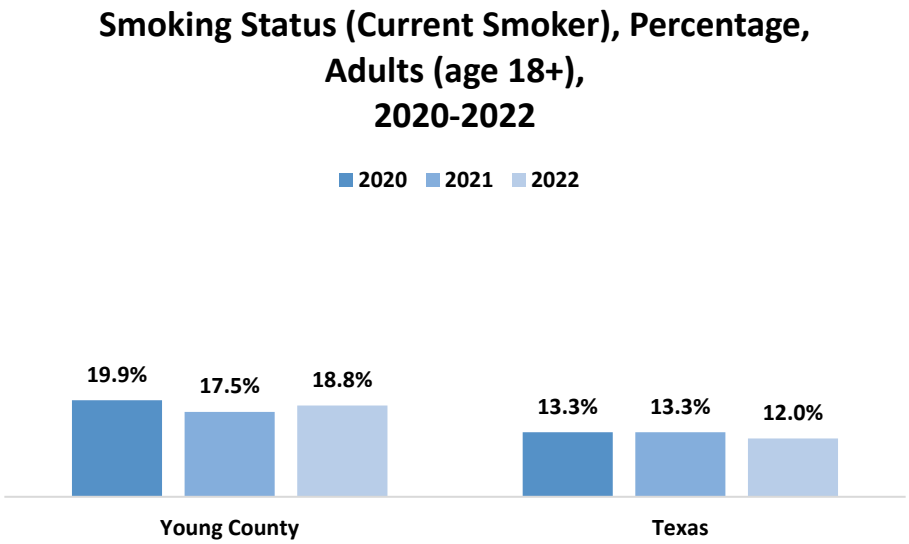
Source: Center for Disease Control and Prevention, Chronic Disease Indicators, filtered for Texas; https://www.cdc.gov/cdi/, data accessed April 20, 2026.
Definition: Adults who report having ≥5 drinks (men) or ≥4 drinks (women) on ≥1 occasion during the previous 30 days.

Health Behaviors - Smoking

- Between 2020 and 2022, the percentage of adults (age 18+) who currently smoke decreased in Young County and the state.
- Young County (18.8%) had a higher percentage of adults (age 18+) who reported currently smoking when compared to the state (12.0%) (2022).



Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2022 release, filtered for Young County, TX, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2022-releas/xyst-f73f/about_data, data accessed April 20, 2026.
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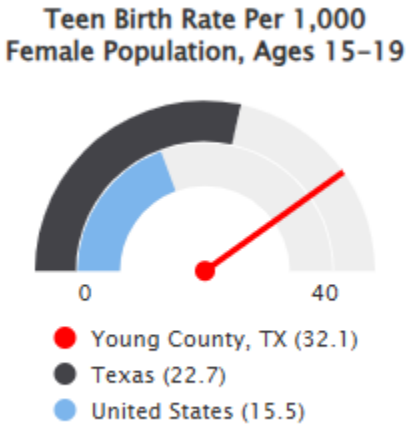
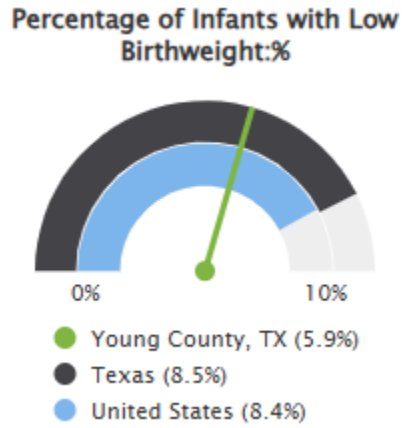
Source: Center for Disease Control and Prevention, Chronic Disease Indicators, filtered for Texas; https://www.cdc.gov/cdi/, data accessed April 20, 2026.
Definition: Adults who report having smoked ≥ 100 cigarettes in their lifetime and currently smoke every day or some days.

Maternal & Child Health Indicators

- In 2017-2023, the teen birth rate (age 15-19) in Young County (32.1 per 1,000) was higher than the state (22.7 per 1,000) and the nation (15.5 per 1,000).
- In 2017-2023, Young County (5.9%) had a lower percentage of low birthweight infants when compared to the state (8.5%) and the nation (8.4%).





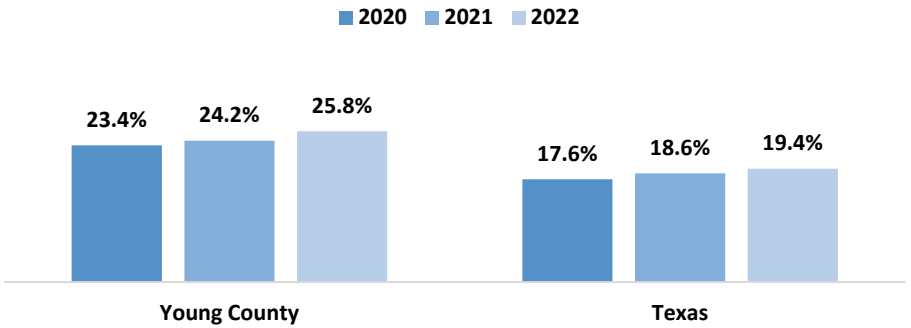
Note: a green dial indicates that the county has a better rate than the state, and a red dial indicates that the county has a worse rate than the state.

Source: SparkMap, Health Indicator Report: logged in and filtered for Young County, TX, https://sparkmap.org/report/; data accessed April 9, 2026.
Low birthweight definition: the percentage of live births where the infant weighed less than 2,500 grams
Teen birth definition: average number of births per 1,000 female population age 15-19

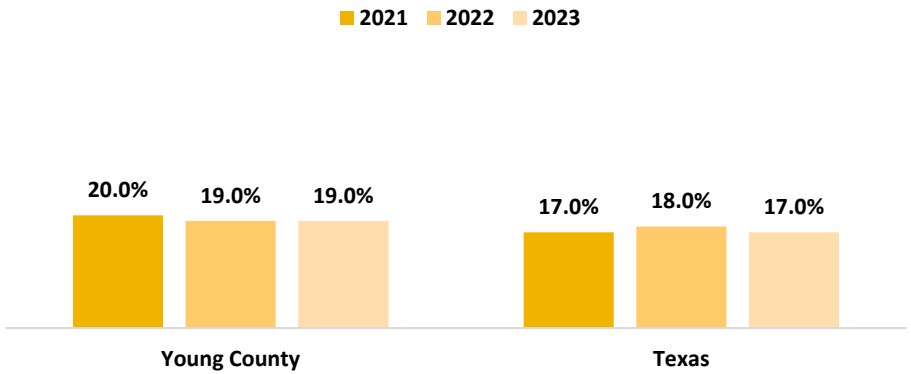
Mental Health – Depressive Disorders

- Between 2020 and 2022, the percentage of adults (age 18+) with depression increased in Young County and the state.
- Young County (25.8%) had a higher percentage of adults (age 18+) with depression than the state (19.4%) (2022).
- Between 2021 and 2023, the percentage of Medicare beneficiaries with depression decreased in Young County and fluctuated in the state.
- In 2023, Young County (19.0%) had a higher percentage of Medicare beneficiaries with depression than the state (17.0%).

Depression, Percentage, Adults (age 18+), 2020-2022



Depression, Percentage, Medicare, 2021-2023



Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2022 release, filtered for Young County, TX, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2022-releas/xyst-f73f/about_data, data accessed April 20, 2026.
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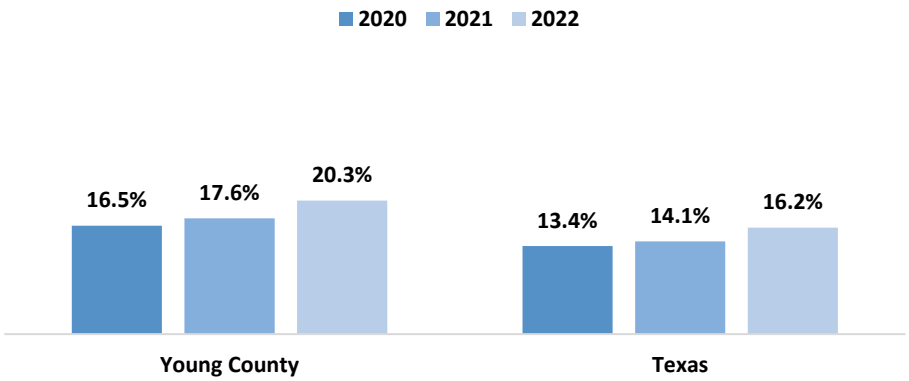
Source: Center for Disease Control and Prevention, Chronic Disease Indicators, filtered for Texas; https://www.cdc.gov/cdi/, data accessed April 20, 2026.
Source: Centers for Medicare & Medicaid Services, Office of Minority Health, Mapping Medicare Disparities, https://data.cms.gov/mapping-medicare-disparities; data accessed on April 16, 2026.
Depression Definition: Adults who responded yes to having ever been told by a doctor, nurse, or other health professional they had a depressive disorder, including depression, major depression, dysthymia, or minor depression.

Mental Health – Frequent Mental Distress

- Between 2020 and 2022, the percentage of adults (age 18+) who self-reported that their mental health was not good for 14+ days increased in Young County and the state.
- In 2022, the percentage of adults (age 18+) who self-reported that their mental health was not good for 14+ days in Young County (20.3%) was higher than the state (16.2%).

Frequent Mental Distress, Percentage, Adults (age 18+), 2020-2022



Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2022 release, filtered for Young County, TX, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2022-releas/xyst-f73f/about_data, data accessed April 20, 2026.
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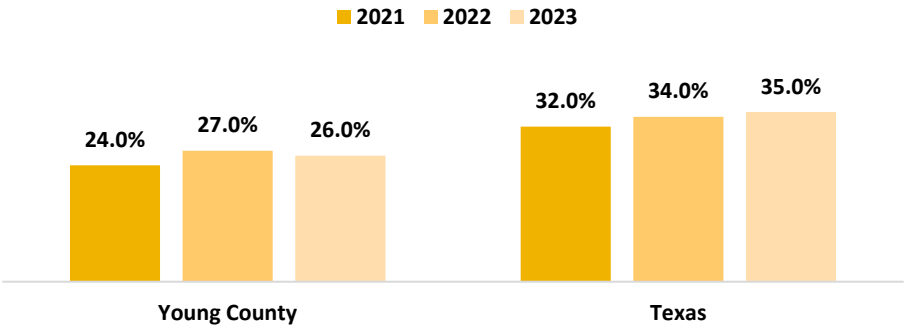
Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2024 release, filtered for Young County, TX, https://data.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/fu4u-a9bh/about_data, data accessed April 20, 2026.
Source: Center for Disease Control and Prevention, Chronic Disease Indicators, filtered for Texas; https://www.cdc.gov/cdi/, data accessed April 20, 2026.
Frequent Mental Distress Definition: Adults aged ≥ 18 years who report that their mental health (including stress, depression, and problems with emotions) was not good for 14 or more days during the past 30 days.

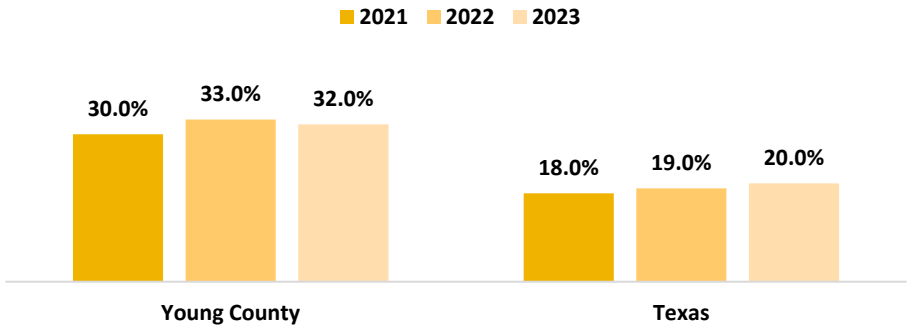
Preventive Care – Mammography & Prostate Screening (Medicare)

- Between 2021 and 2023, the percentage of females (age 35+) that received at least one mammography screening in the past year increased in Young County and the state.
- In 2023, the percentage of females (age 35+) that received at least one mammography screening in the past year in Young County (26.0%) was lower than the state (35.0%).
- Between 2021 and 2023, the percentage of males (age 50+) that received at least one prostate screening in the past year increased in Young County and the state.
- In 2023, the percentage of males (age 50+) that received at least one prostate screening in the past year in Young County (32.0%) and was higher than the state (20.0%).

Mammography Screening, Percentage, Medicare, Females (age 35+), 2021-2023



Prostate Cancer Screening, Percentage, Medicare, Males (age 50+), 2021-2023

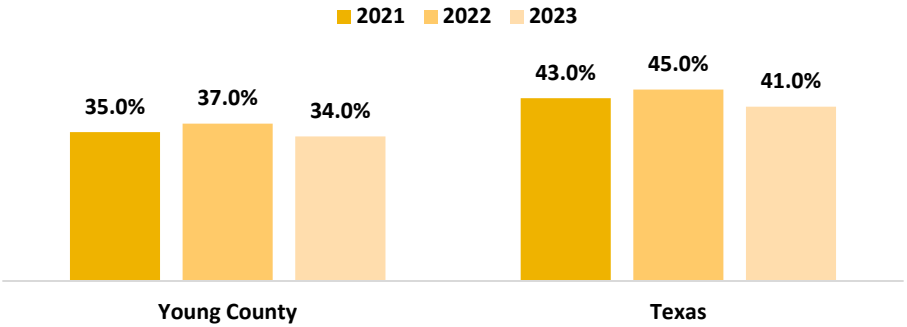


Source: Centers for Medicare & Medicaid Services, Office of Minority Health, Mapping Medicare Disparities, https://data.cms.gov/mapping-medicare-disparities; data accessed on April 16, 2026.
Mammography Screening Definition: percentages are identified using the HCPCS/CPT codes present in the Medicare administrative claims. The uptake rate for mammography services is calculated as the percentage of beneficiaries that received at least one of the services (defined by HCPCS/CPT codes) in a given year. Number of beneficiaries for mammography services excludes: beneficiaries without Part B enrollment for at least one month; beneficiaries with enrollment in Medicare Advantage; male beneficiaries; and female beneficiaries aged less than 35.
Prostate Cancer Screening Definition: percentages are identified using the HCPCS/CPT codes present in the Medicare administrative claims. The uptake rate for prostate cancer services is calculated as the percentage of beneficiaries that received at least one of the services (defined by HCPCS/CPT codes) in a given year. Number of beneficiaries for prostate cancer screening services excludes: beneficiaries without Part B enrollment for at least one month; beneficiaries with enrollment in Medicare Advantage; female beneficiaries; and male beneficiaries aged less than 50.

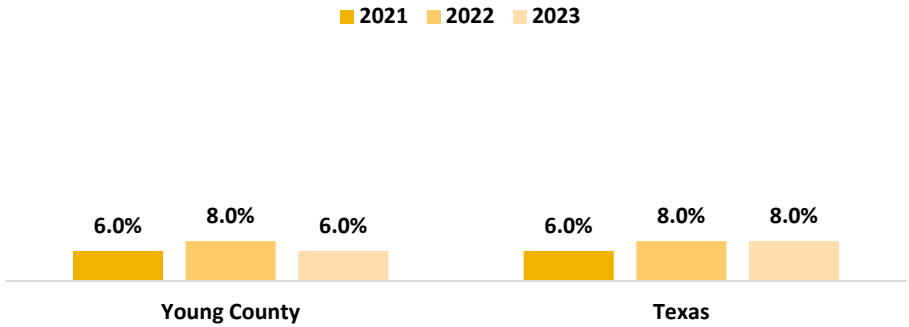
Preventive Care – Influenza & Pneumococcal Vaccination (Medicare)

- Between 2021 and 2023, the percentage of Medicare beneficiaries that received a flu shot in the past year in Young County and the state decreased.
- In 2023, Young County (34.0%) had a lower percentage of Medicare beneficiaries that received a flu shot in the past year than the state (41.0%).
- Between 2021 and 2023, the percentage of Medicare beneficiaries that ever received a pneumonia shot in Young County fluctuated and the state increased.
- In 2023, Young County (6.0%) had a lower percentage of Medicare beneficiaries that ever received a pneumonia shot than the state (8.0%).

Influenza Virus Vaccine, Percentage, Medicare, 2021-2023



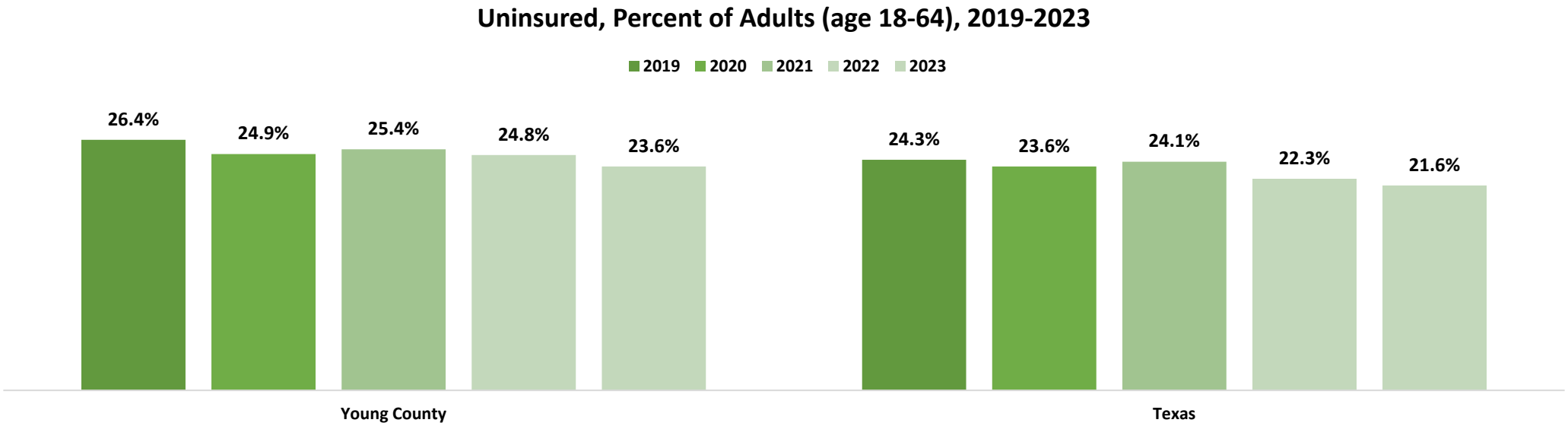
Pneumococcal Vaccine (Ever), Percentage, Medicare, 2021-2023



Source: Centers for Medicare & Medicaid Services, Office of Minority Health, Mapping Medicare Disparities, https://data.cms.gov/mapping-medicare-disparities; data accessed on April 16, 2026.
Influenza Virus Vaccine Definition: Received an influenza vaccination in the past year.
Pneumococcal Vaccine Definition: Received a pneumococcal vaccination (PPV) ever.

Health Care Access - Uninsured

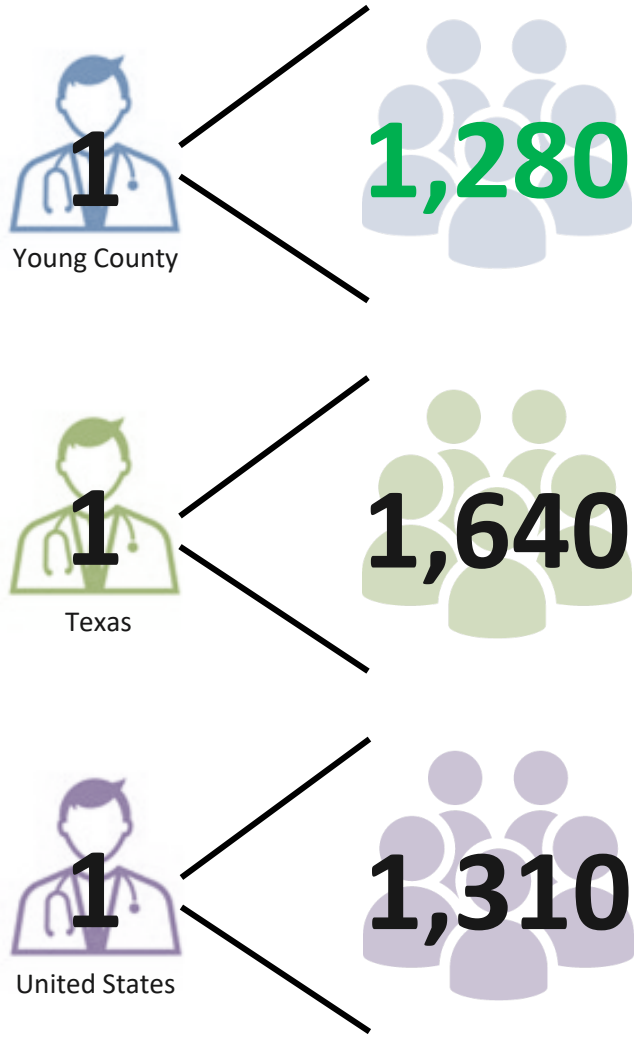
- Young County and the state experienced a decrease in the percentage of uninsured adults (age 18-64) between 2019 and 2023.
- As of 2023, Young County (23.6%) had a higher percentage of uninsured adults (age 18-64) as compared to the state (21.6%).



Source: United States Census Bureau, Small Area Health Insurance Estimates filtered for Young County, TX, https://www.census.gov/data-tools/demo/sahie/#/; data accessed April 16, 2026.

Health Care Access – Primary Care Physicians

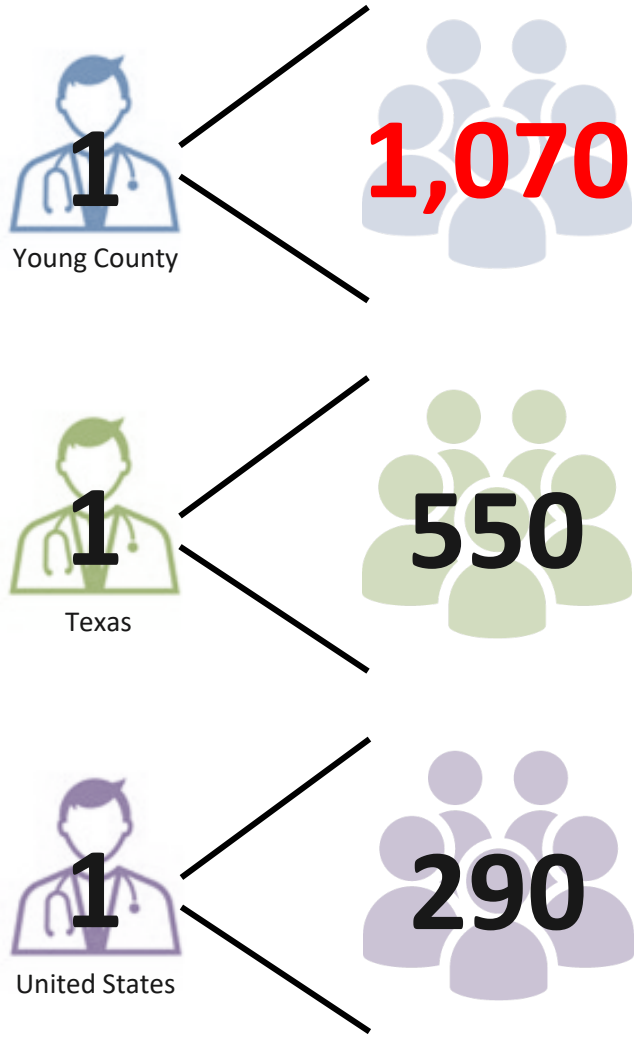
- Sufficient availability of primary care physicians is essential for preventive and primary care.
  - In 2022, the population to primary care physician ratio in Young County (1,280:1) was lower than the state (1,640:1) and the nation (1,310:1).



Source: County Health Rankings & Roadmaps, Health Indicator Report: filtered for Young County, TX; www.countyhealthrankings.org; data accessed April 16, 2026.
Definition: The ratio represents the number of individuals served by one physician in a county, if the population was equally distributed across physicians. "Primary care physicians" classified by the AMA include: General Family Medicine MDs and DOs, General Practice MDs and DOs, General Internal Medicine MDs and General Pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded.

Health Care Access – Mental Health Care Providers

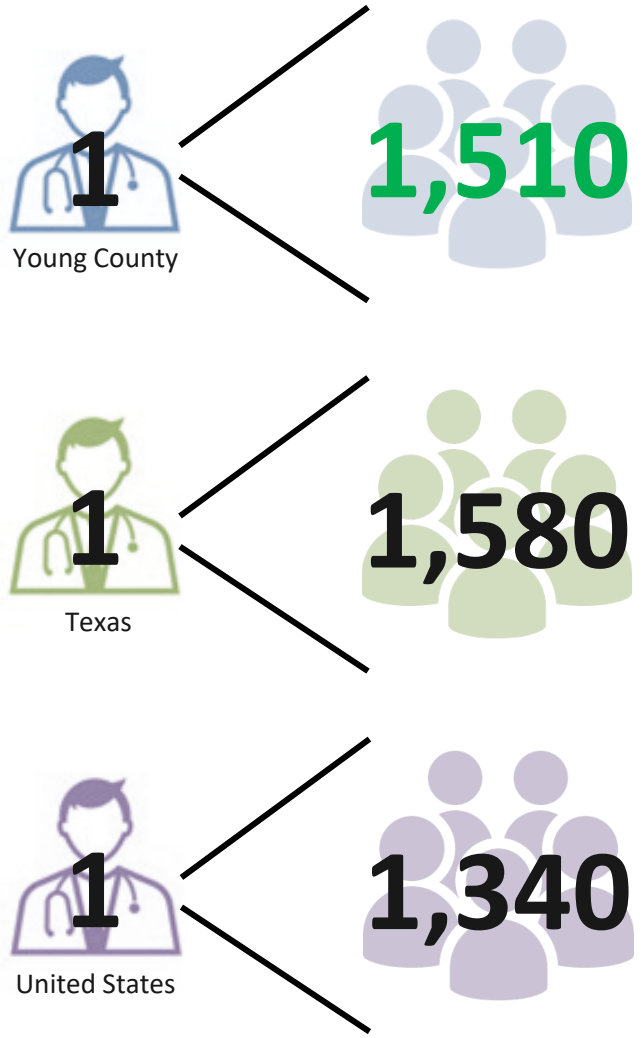
- Lack of access to mental health care providers not only affects overall individual wellness but also impacts the health of a community.
  - In 2025, the population to mental health care provider ratio in Young County (1,070:1) was higher than the state (550:1) and the nation (290:1).



Source: County Health Rankings & Roadmaps, Health Indicator Report: filtered for Young County, TX; www.countyhealthrankings.org; data accessed April 16, 2026.
Definition: The ratio represents the number of individuals served by one mental health provider in a county, if the population were equally distributed across providers. Psychiatrists, psychologists, clinical social workers, and counselors that specialize in mental health care.

Health Care Access – Dental Care Providers

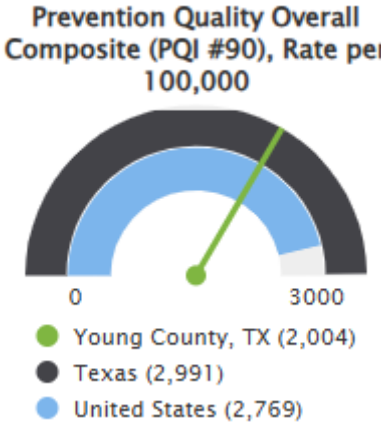
- Lack of sufficient dental providers is a barrier to accessing oral health care. Untreated dental disease can lead to serious health effects including pain, infection, and tooth loss.
  - In 2023, the population to dental care provider ratio in Young County (1,510:1) was lower than the state (1,580:1) but higher than the nation (1,340:1).

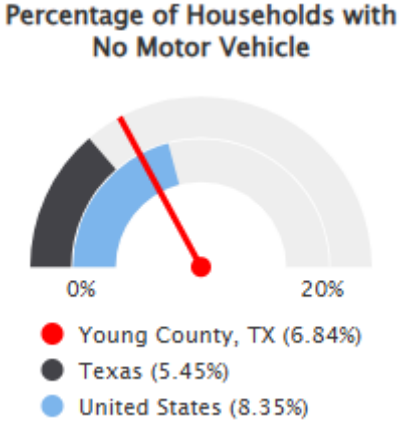


Source: County Health Rankings & Roadmaps, Health Indicator Report: filtered for Young County, TX; www.countyhealthrankings.org; data accessed April 16, 2026.
Definition: The ratio represents the population served by one dentist if the entire population of a county was distributed equally across all practicing dentists. All dentists qualified as having a doctorate in dental surgery (D.D.S.) or dental medicine (D.M.D.) licensed by the state to practice dentistry and who practice within the scope of that license.

Health Care Access - Common Barriers to Care

- Lack of adequate and available primary care resources for patients to access may lead to increased preventable hospitalizations.
    - In 2023, the rate of preventable hospital events in Young County (2,004 per 100,000 Medicare beneficiaries) was lower than the state (2,991 per 100,000 Medicare beneficiaries) and the nation (2,769 per 100,000 Medicare beneficiaries).
- Lack of transportation is frequently noted as a potential barrier to accessing and receiving care.
    - In 2020-2024, Young County (6.8%) had a higher percentage of households with no motor vehicle than the state (5.5%) but lower than the nation (8.4%).





Note: a green dial indicates that the county has a better rate than the state, and a red dial indicates that the county has a worse rate than the state.

Source: SparkMap, Health Indicator Report: logged in and filtered for Young County, TX, https://sparkmap.org/report/; data accessed April 9, 2026.
Definition: PQIs are population based and adjusted for age and sex and include admissions for one of the following conditions: diabetes with short-term complications, diabetes with long-term complications, uncontrolled diabetes without complications, diabetes with lower-extremity amputation, chronic obstructive pulmonary disease, asthma, hypertension, heart failure, angina without a cardiac procedure, dehydration, bacterial pneumonia, or urinary tract infection.

COMMUNITY SURVEY FINDINGS

Overview

- Electronic survey developed by Community Hospital Consulting (CHC Consulting)
- Survey was sent by GRMC to identified individuals/organizations
- Survey conducted between February 9, 2026 – February 20, 2026
    - 30 respondents serving multi-county area, including Young County
- Respondents were only allowed to take the survey once but were encouraged to forward the survey to additional community leaders
    - CHC Consulting was not able to track the number of times the survey was forwarded so it is difficult to calculate an overall response rate
    - It should be noted that not all survey questions were answered by all of those submitting surveys
    - The percentages reflected in the following summary were calculated using the actual number of respondents to the specific survey question
- Input was gained from:
    - Members of medically underserved, low-income, and minority populations in the community, or individuals or organizations serving or representing the interests of such populations

Source: Graham Regional Medical Center 2026 Community Health Needs Assessment Survey conducted by Community Hospital Consulting; February 9, 2026 – February 20, 2026.

Methodology

- CHC Consulting did not verify any comments or depictions made by any individuals who were surveyed. Participants expressed their perception of the health of the community based on their professional and/or personal experiences, as well as the experiences of others around them. It is important to note that individual perceptions may highlight opportunities to increase awareness of local resources available in the community.
- This analysis is developed from the survey results and the CHC Consulting team identified and themes from the results and included them within this report. None of the comments within this analysis represent any opinion of CHC Consulting or the CHC Consulting professionals associated with this engagement. Some information may be paraphrased comments. The comments included within the analysis are considered to have been common themes from participants as our interpretation of having the same or close meaning as other participants.
- *The CHC Consulting team incorporated all relevant comments provided by survey respondents that directly addressed each specific question. Comments deemed unrelated to the analysis were excluded from the published findings; however, all feedback has been shared with the GRMC leadership team for their consideration.*

Source: Graham Regional Medical Center 2026 Community Health Needs Assessment Survey conducted by Community Hospital Consulting; February 9, 2026 – February 20, 2026.

Summary of Key Findings

- **Healthcare Priorities**: Over 50% of respondents identified recruiting more healthcare providers and specialists, improving mental and behavioral health access, and increasing safe, affordable housing as the community's top priorities.
- **Inadequate Access for Vulnerable Groups**: Approximately 61.1% of respondents believe not everyone in the community has adequate access to health services, with low-income and "working poor" populations identified as being most at risk due to high costs and the inability to take time off work.
- **Emergency Room Misuse**: 76.5% of respondents feel the community does not understand the difference between primary, urgent, and emergency care, often choosing the ER due to a lack of after-hours options and lack of established relationship with a primary care provider.
- **Critical Specialty Gaps**: The most frequently requested specialties currently missing or limited in the community include OB/GYN (which lacks local labor and delivery services), Cardiology, Mental Health, and Pediatrics.
- **Mental Health and Substance Abuse**: Respondents highlighted a severe lack of consistent resources, noting that existing services are limited, many residents lack insurance coverage for private counseling, and Lack of access due to provider distance.
- **Veteran Care Concerns**: There is a significant demand for increased participation in the VA Community Care Network to improve local access for veterans who currently lack "in-network" urgent care in Young County.
- **Transportation Barriers**: A lack of public transportation and the limited availability of existing services like "Sharplines" significantly hinder residents' ability to attend medical appointments.

Source: Graham Regional Medical Center 2026 Community Health Needs Assessment Survey conducted by Community Hospital Consulting; February 9, 2026 – February 20, 2026.

Organizations & Roles Responding to Survey

- City of Graham
- Community Chaplain
- Faith Center Church
- Graham Medical Associates
- Graham Oaks Care Center
- Graham Psych Associates
- Graham Regional Medical Center
- Southern Bleacher Company, Inc (SOBCO)
- Tower Extrusions
- Virginia's House - A Family Resource Center
- Young County Sheriff's Office
- Young County/Texas Veterans Commission/Veterans Affairs

Source: Graham Regional Medical Center 2026 Community Health Needs Assessment Survey conducted by Community Hospital Consulting; February 9, 2026 – February 20, 2026.

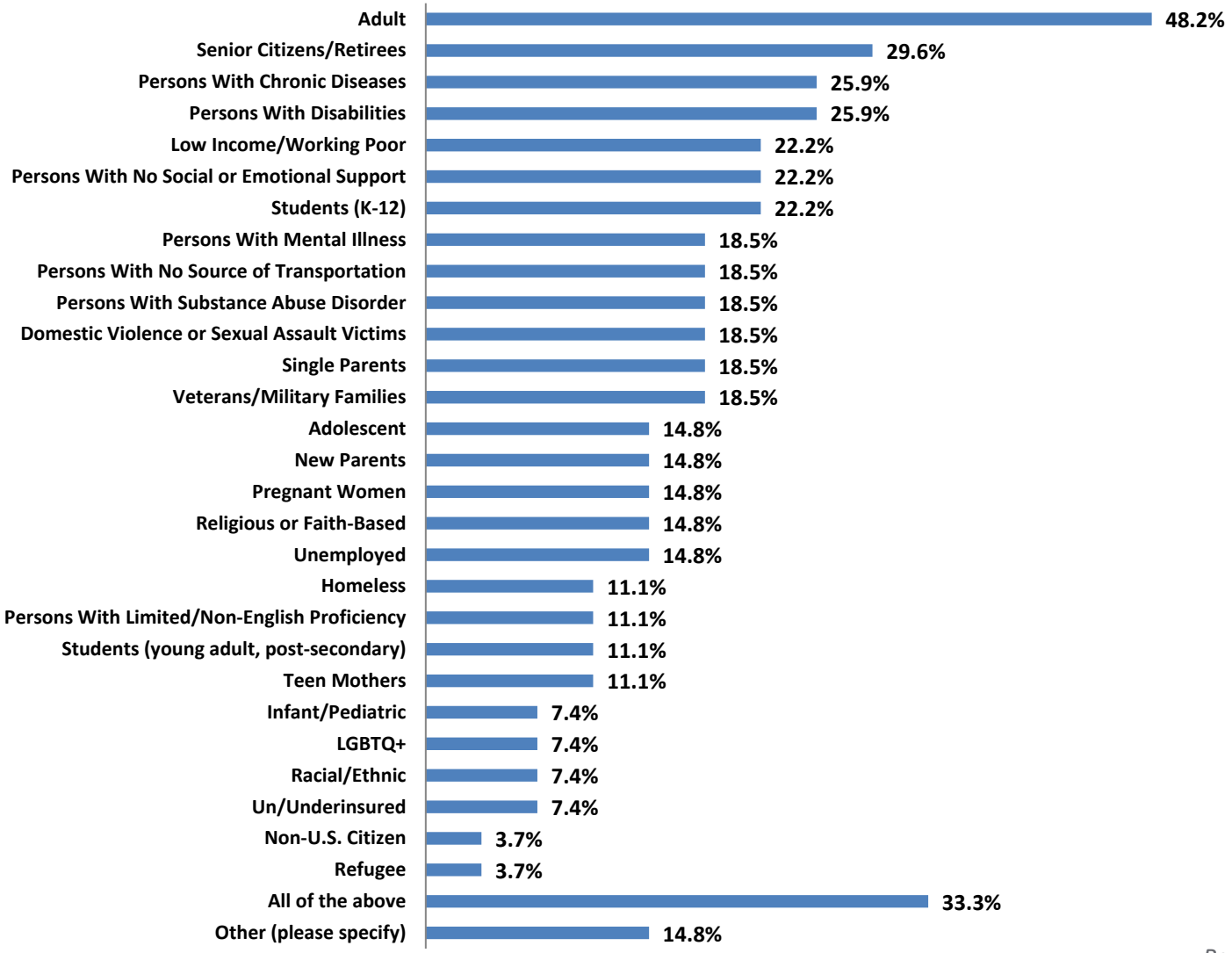
Communities Served

- Graham, TX
- Jack County
- Palo Pinto County
- Stephens County
- Throckmorton County
- Wichita County
- Young County
- Texas
- United States
- "Surrounding counties"
- "Surrounding towns"

Source: Graham Regional Medical Center 2026 Community Health Needs Assessment Survey conducted by Community Hospital Consulting; February 9, 2026 – February 20, 2026.

Populations Served

- Survey respondents indicated the groups their organization serves or the group(s) they personally identify with:



n=27
Participants were able to select multiple responses.

Source: Graham Regional Medical Center 2026 Community Health Needs Assessment Survey conducted by Community Hospital Consulting; February 9, 2026 – February 20, 2026.

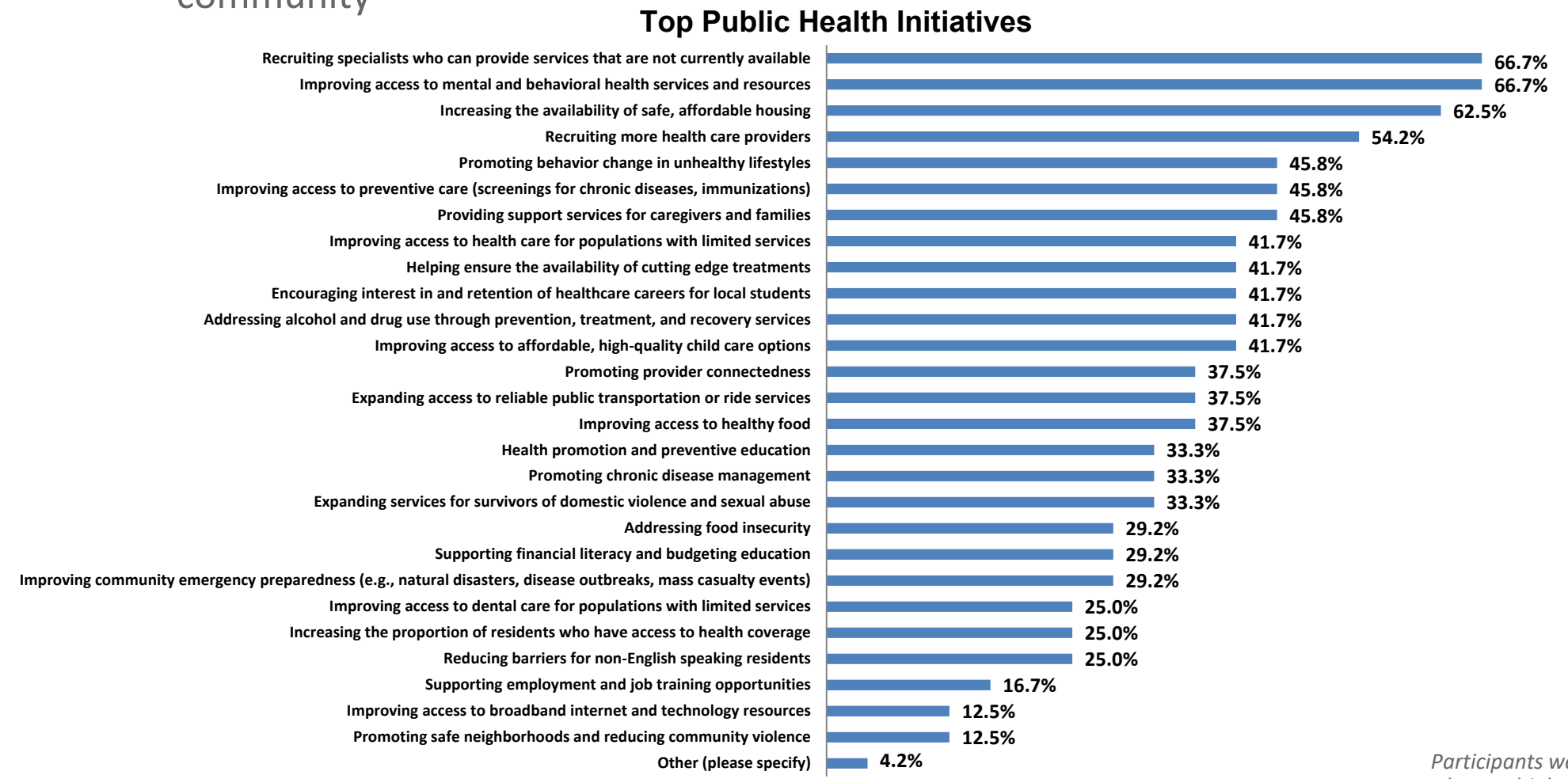
Populations Served (cont.)

- Respondents who indicated “Other” further specified:
  - *Anyone who sits in one of our stadiums!*
  - *None of these*
  - *We work with children who have experienced abuse or the foster care system and their families.*

Source: Graham Regional Medical Center 2026 Community Health Needs Assessment Survey conducted by Community Hospital Consulting; February 9, 2026 – February 20, 2026.

Public Health Initiatives

- 50% or more of respondents indicated recruiting specialists who can provide services that are not currently available, improving access to mental and behavioral health services and resources, increasing the availability of safe, affordable housing, and recruiting more health care providers as top public health initiatives in the community



n=24
Participants were able to select multiple responses.

Source: Graham Regional Medical Center 2026 Community Health Needs Assessment Survey conducted by Community Hospital Consulting; February 9, 2026 – February 20, 2026.

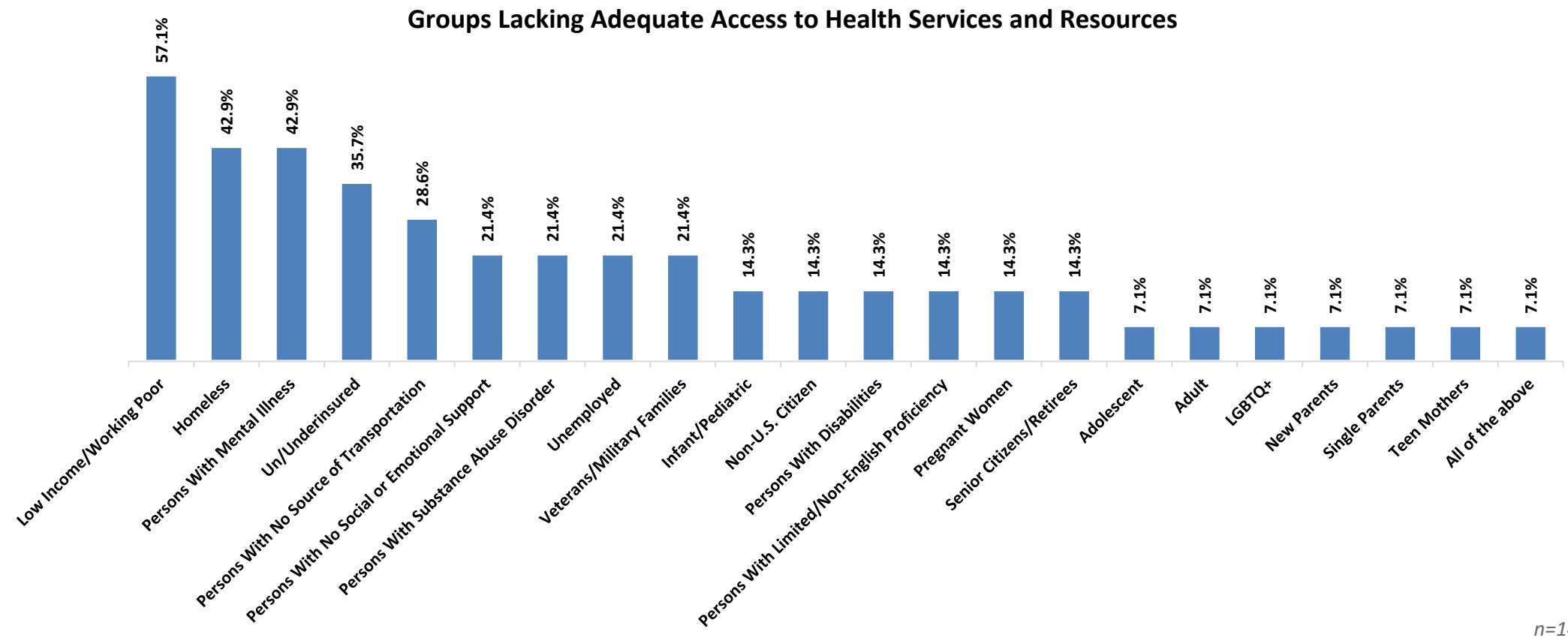
Public Health Initiatives (cont.)

- Respondents who indicated “Other” further specified:
  - *Including more providers and services in the Tri-West Veterans Healthcare Administration Community Care Network. As a rural town in America, this is the number one issue we have for our current veteran population.*

Source: Graham Regional Medical Center 2026 Community Health Needs Assessment Survey conducted by Community Hospital Consulting; February 9, 2026 – February 20, 2026.

Healthcare Adequacy for Specific Populations

- 61.1% (11 of 18) of respondents believe not everyone in the community has adequate access to health services, resources, and opportunities to stay healthy
- 50.0% or more of respondents indicated that low income/working poor were lacking adequate access to health services and resources



n=14
Participants were able to select multiple responses.

Source: Graham Regional Medical Center 2026 Community Health Needs Assessment Survey conducted by Community Hospital Consulting; February 9, 2026 – February 20, 2026.

Healthcare Adequacy for Specific Populations (cont.)

- Participants outlined critical access barriers and disparities in health and healthcare services affecting vulnerable populations across the study area.
  - *Lack of Specialty Care: Graham lacks OBGYN, labor and delivery, and pediatric specialties, and patients travel long distances for care.*
  - *The "Coverage Gap" for Working Adults: A significant disparity exists for low-income workers who earn too much for assistance but too little for private insurance, leading to deferred medical treatment and a reliance on non-nutritive food.*
  - *VA Integration Failures: Veterans face a local "network gap" with no in-network VHA urgent care and limited primary care providers.*
  - *Infrastructure as a Health Barrier: The lack of public transit and local homeless shelters creates a geographic disparity, where the most vulnerable residents are physically unable to reach the few services that do exist.*
  - *Behavioral Health Inconsistency: Mental health and substance abuse resources are described as unreliable or unavailable, with a specific noted lack of consistent private counseling or community-based treatment sources.*

Source: Graham Regional Medical Center 2026 Community Health Needs Assessment Survey conducted by Community Hospital Consulting; February 9, 2026 – February 20, 2026.

Healthcare Adequacy for Specific Populations (cont.)

- Summarized information by subpopulation is included below:

- **Adult:**
  - Limited access due to often not qualifying for certain programs (not elderly, not under 21), often put off services due to limited access
- **Infant/Pediatrics/ New Parent/ Pregnant Women/ Teen Mothers:**
  - Limited/No pediatricians in Graham and hospital not equipped for treatment
  - No OBGYN services in Graham and the hospital does not offer labor and delivery
  - Very little resources available
- **Low-Income / Working Poor / Unemployed / Un/Underinsured:**
  - Everything is expensive
  - Low income/working poor have limited access due to inability to take off work to seek care, or unable to afford the insurance to cover medical visits but also don't qualify for reduced cost/free care due to still working
  - Rely on cheaper products/school issued meals that are cheap/non-nutritive
  - No insurance or financial resources to pay for care
- **Homeless Individuals:**
  - I know there's a transition clinic over in Wichita Falls, but as far as I know, there isn't anything income-based or resource-focused for Young County
  - The homeless do not have adequate access because the community does not have local shelters and does not have public transportation
- **Mental/Behavioral Health Population/ Substance Abuse Disorder:**
  - Not enough good resources available in the community
  - Limitations because Helen Farabee does not offer consistent services, some do not have insurance coverage for private counseling services
  - No treatment sources available
- **Persons with No Social or Emotional Support:**
  - Outside of social organizations of senior center or healthcare providers, there is not much else that offers a continuation of check in for these people
- **Persons with No source of Transportation:**
  - Sharplines can be limited in availability and on timeline to schedule; if you're not a senior then the senior citizens bus is not able to assist; we need a local transport service similar to Sharplines but geared for Young County
  - People with no transportation do not have adequate access because we do not have public transportation services
- **Seniors/Retirees:**
  - Senior Citizens do not have adequate access because Medicare does not cover the cost of hearing aids, dentures or eye glasses
- **Veterans/Military Families:**
  - Young County does not have an "in network" VA urgent care for non-emergent needs. Additionally, the providers we have in the Community Care Network for PCP services are extremely limited and need new/refresher training on community care "Request for Services" when being sent back to the Dallas VAMC

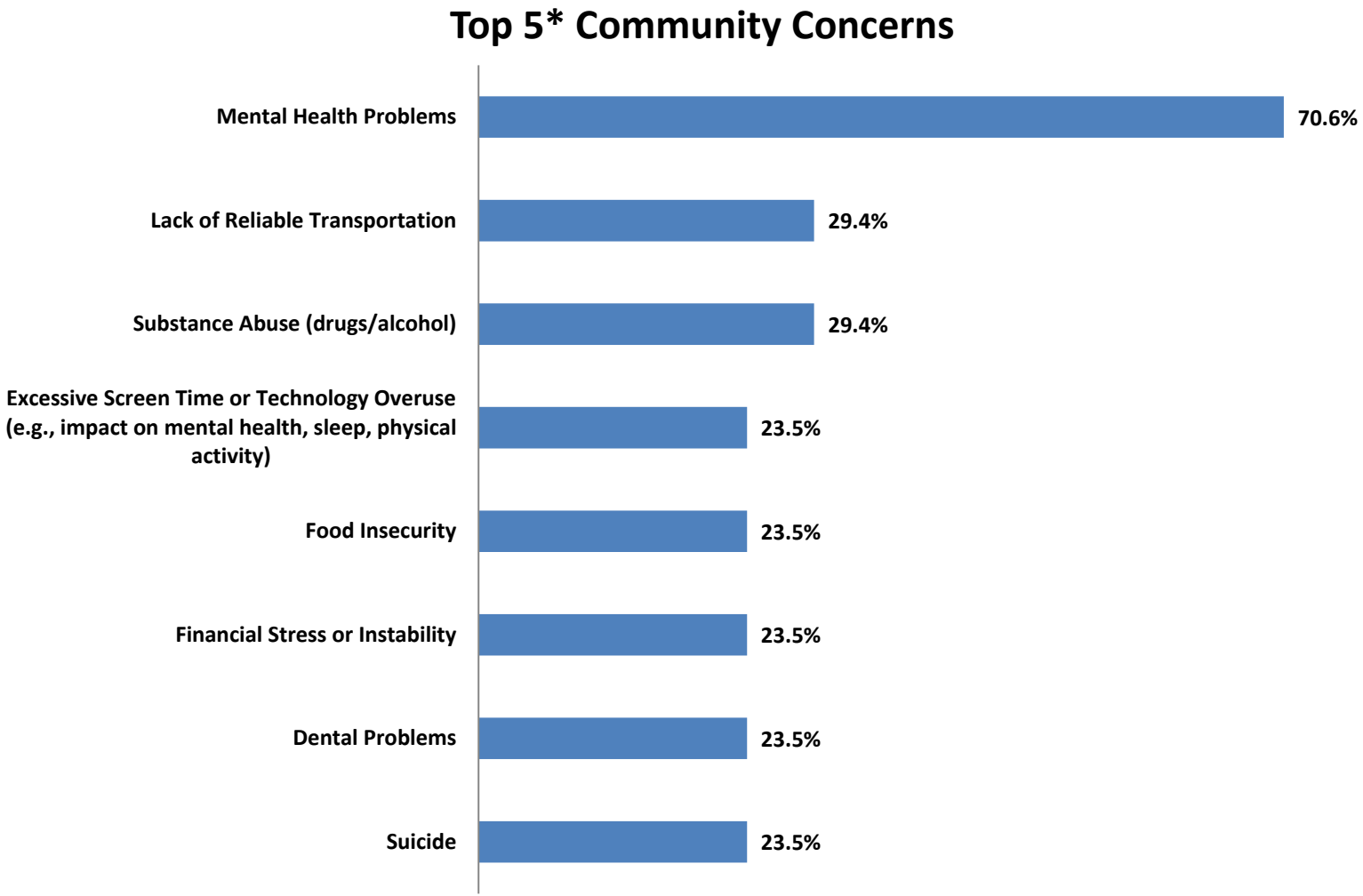
Source: Graham Regional Medical Center 2026 Community Health Needs Assessment Survey conducted by Community Hospital Consulting; February 9, 2026 – February 20, 2026.

Healthcare Adequacy for Specific Populations (cont.)

- Respondents who indicated “All of the Above” further specified:
  - *Healthcare needs a lot of improvements to be available to everyone*

Most Important Community Concerns

- Survey respondents ranked the following as the community's top five* community concerns:



n=17
Participants were able to select multiple responses.

Source: Graham Regional Medical Center 2026 Community Health Needs Assessment Survey conducted by Community Hospital Consulting; February 9, 2026 – February 20, 2026.
Note: "*" indicates this chart displays the top five indicators; however, in instances where multiple indicators share the same percentage, more than five may be shown.

Most Important Community Concerns (cont.)

- Respondents who indicated “Other” further specified:
  - *Lack of park/rec services to build/maintain a healthy lifestyle*

Source: Graham Regional Medical Center 2026 Community Health Needs Assessment Survey conducted by Community Hospital Consulting; February 9, 2026 – February 20, 2026.

Differences Across Healthcare Settings

- 76.5% (13 of 17) of respondents believe individuals in the community DO NOT understand the difference between a primary care clinic, urgent care/after hours clinic and the emergency room
- Respondents were asked to select reasons why individuals in the community might choose to use the emergency room rather than a clinic or urgent care for non-emergent needs. The following were reported, ranked in order of frequency:

1. Lack of after hour care options
2. Lack of established relationship with a primary care provider
3. No co-pays/up front costs at the ER
4. Limited/lack of knowledge about the importance of having a primary care provider
5. Personal perceived emergency
6. Proximity to care
7. Being seen 'quicker' / wait time
8. Unable to find a doctor who knows/understands their culture, identity, beliefs or language

Source: Graham Regional Medical Center 2026 Community Health Needs Assessment Survey conducted by Community Hospital Consulting; February 9, 2026 – February 20, 2026.

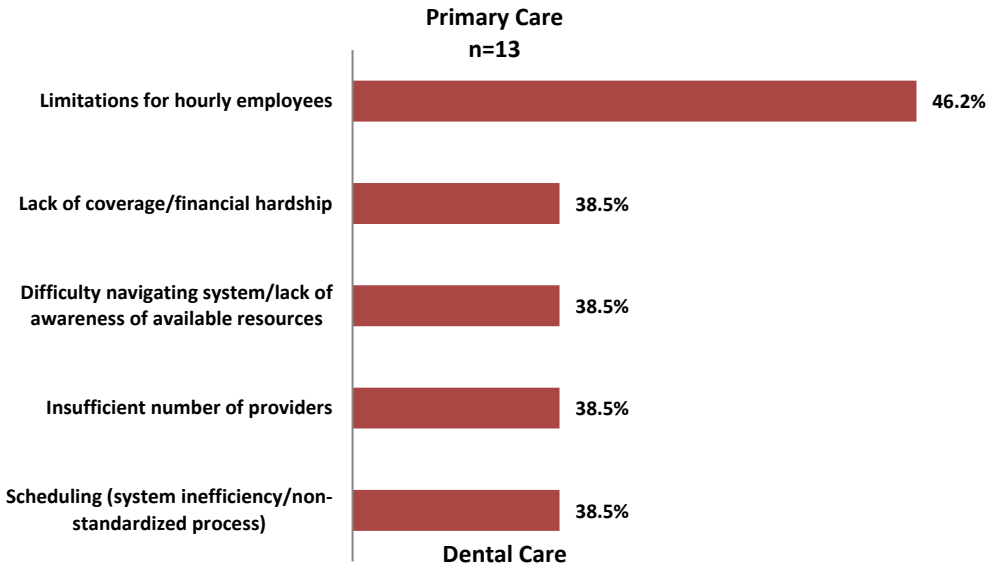
Differences Across Healthcare Settings (cont.)

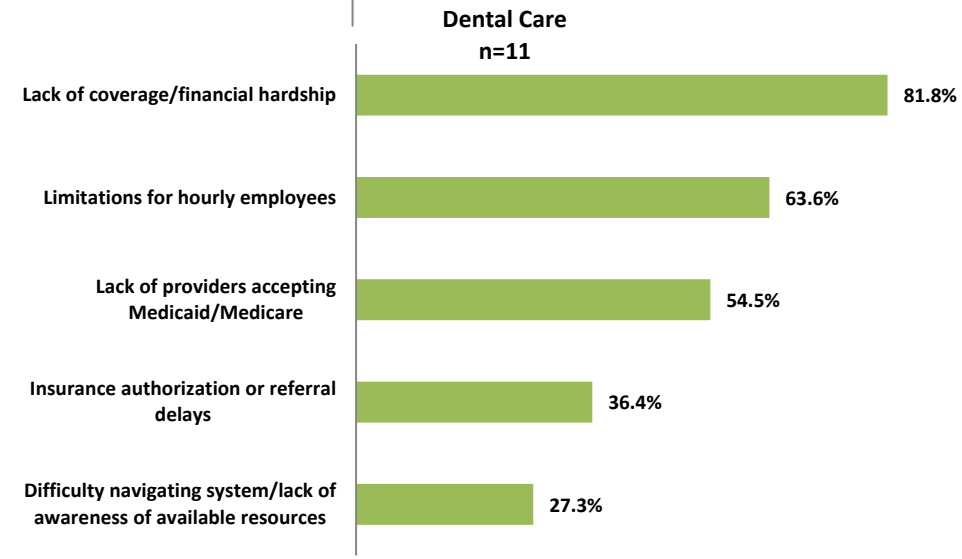
- Respondents who indicated “Other” further specified:
  - *Patients on Medicaid are aware that their services will be paid for and overutilize the ER*

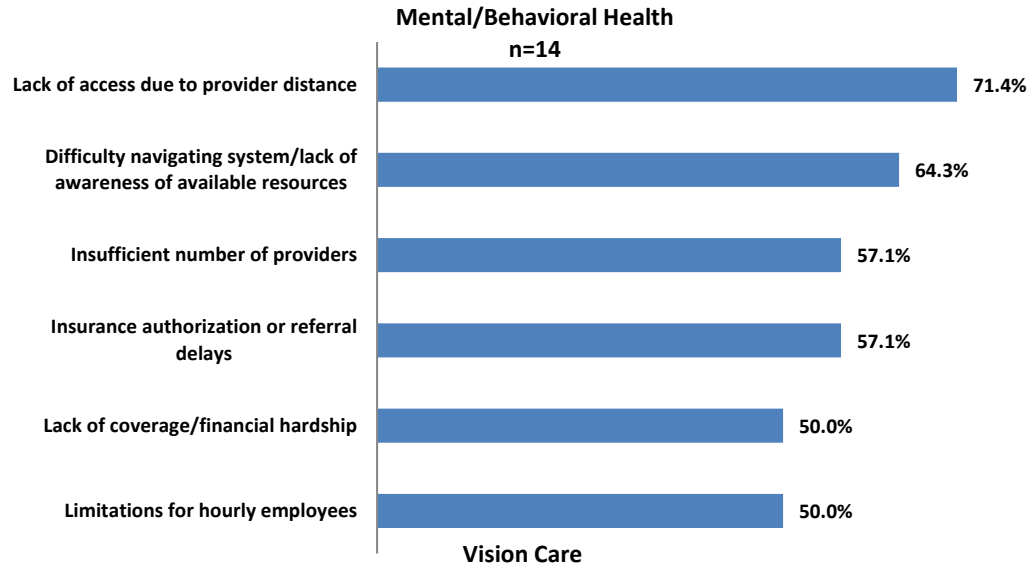
Source: Graham Regional Medical Center 2026 Community Health Needs Assessment Survey conducted by Community Hospital Consulting; February 9, 2026 – February 20, 2026.

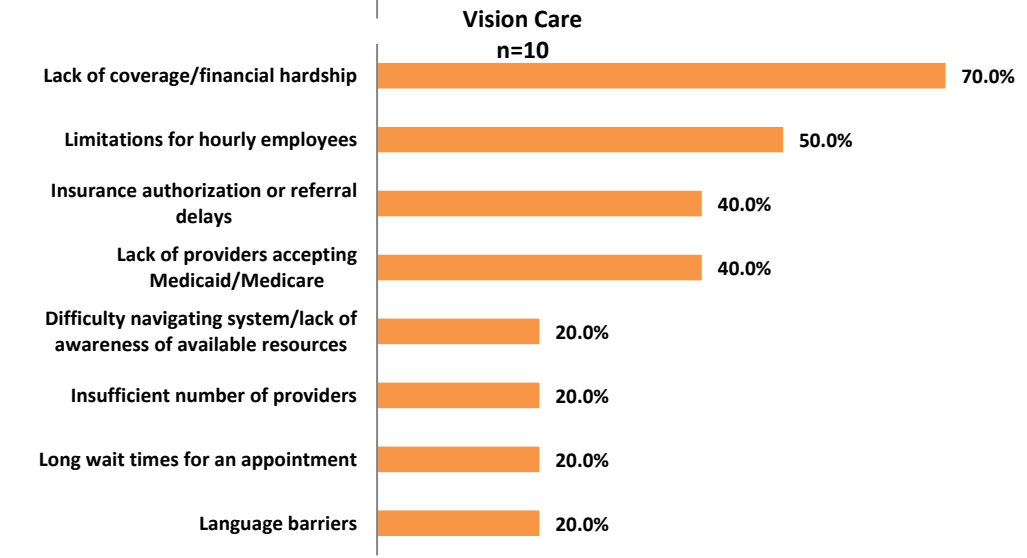
Barriers to Care

- Respondents were asked to identify barriers to care for residents across different care settings. The top barriers for each type of care are represented below.









Participants were able to select multiple responses.

Source: Graham Regional Medical Center 2026 Community Health Needs Assessment Survey conducted by Community Hospital Consulting; February 9, 2026 – February 20, 2026.

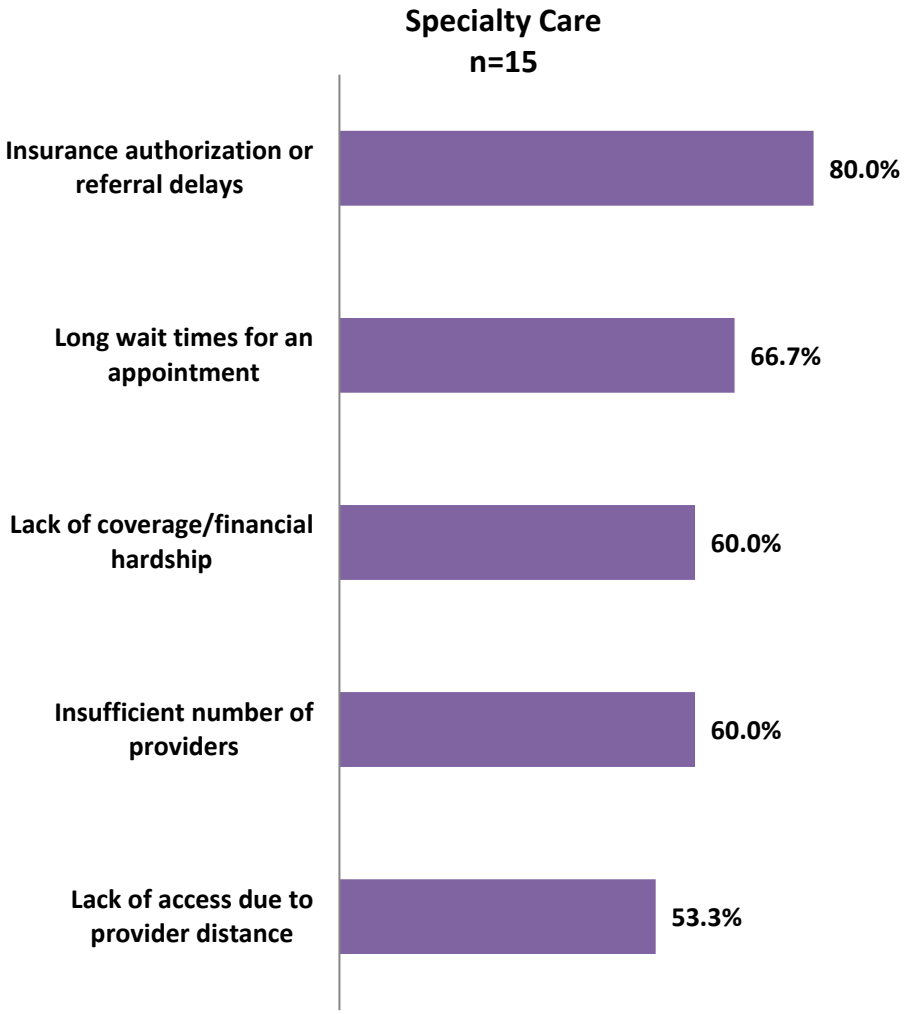
Barriers to Care (cont.)

- Respondents who indicated “Other” further specified:
  - *My answers are based for VA CCN citizens*

Source: Graham Regional Medical Center 2026 Community Health Needs Assessment Survey conducted by Community Hospital Consulting: February 9, 2026 – February 20, 2026.

Barriers to Care – Specialty Care

- The top barriers for specialty care are represented below:



Participants were able to select multiple responses

- When asked which (if any) specialists or services were needed/desired in the community, respondents noted the following services (in descending order of number of times mentioned and then alpha order):
  - *OB/GYN (5 mentions)*
  - *Cardiology / Cardiac Surgery (4 mentions)*
  - *Mental Health (Psychiatry, Psychology) (3 mentions)*
  - *Dermatology (2 mentions)*
  - *Endocrinology (2 mentions)*
  - *Neurology (2 mentions)*
  - *Pediatrics (2 mentions)*
  - *Primary Care (Internal Medicine) (2 mentions)*
  - *Audiology (1 mention)*
  - *Cancer (Oncology) (1 mention)*
  - *Naturopathic Medicine (1 mention)*
  - *Orthopedics (1 mention)*
  - *Pain Management (1 mention)*

Source: Graham Regional Medical Center 2026 Community Health Needs Assessment Survey conducted by Community Hospital Consulting; February 9, 2026 – February 20, 2026.

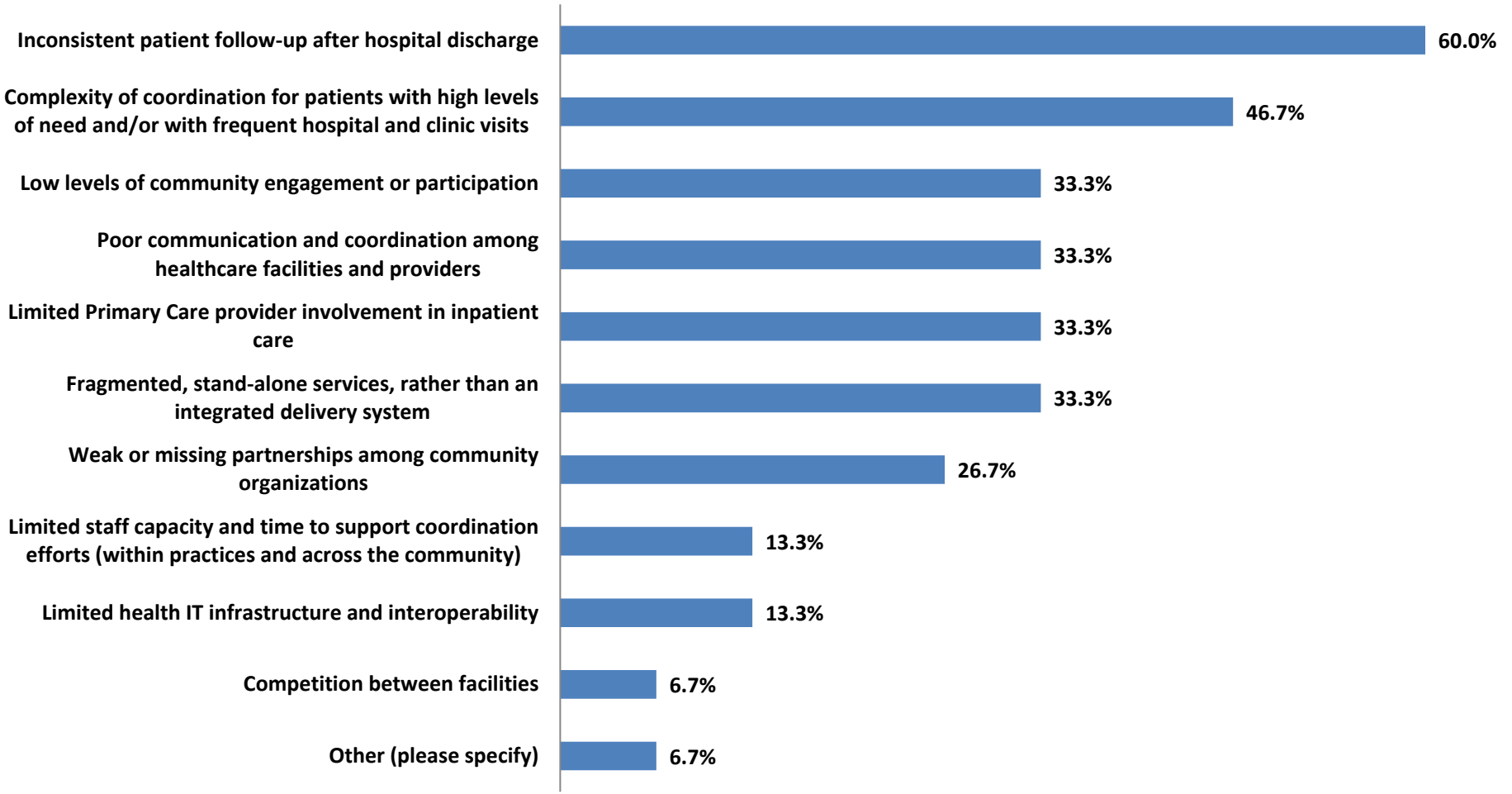
Barriers to Care – Specialty Care (cont.)

- Respondents who provided further information regarding which (if any) specialists or services were needed/desired in the community specified:
  - *For veterans, I hope we can acquire one specialist for each area of care that is in network with the VA Tri-West CCN*
  - *Outpatient Services*

Source: Graham Regional Medical Center 2026 Community Health Needs Assessment Survey conducted by Community Hospital Consulting: February 9, 2026 – February 20, 2026.

Continuum of Care

- Respondents were asked to select obstacles that affect the transition of care between healthcare settings or providers. The following are ranked in order of frequency:



n=15
Participants were able to select multiple responses.

Source: Graham Regional Medical Center 2026 Community Health Needs Assessment Survey conducted by Community Hospital Consulting: February 9, 2026 – February 20, 2026.

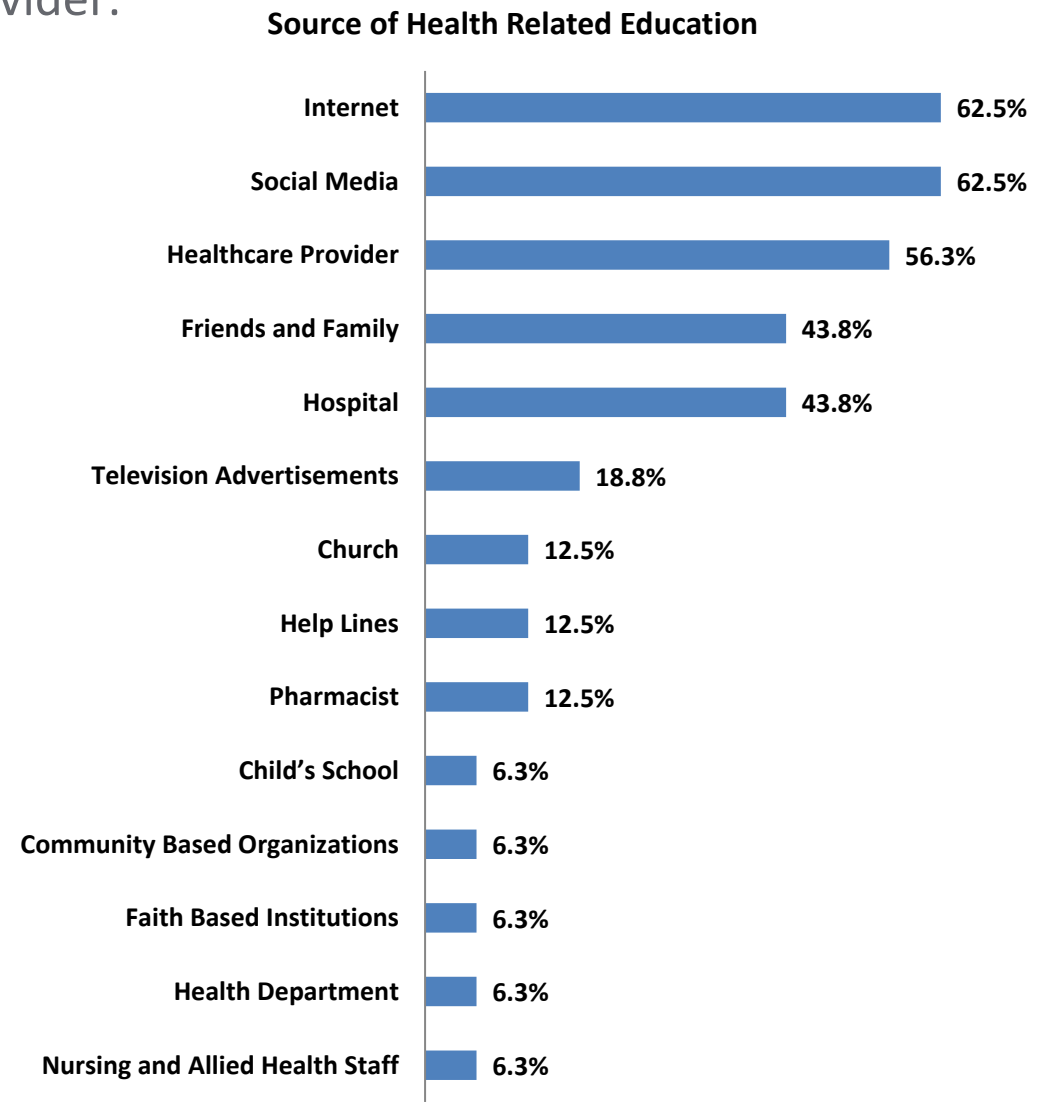
Continuum of Care (cont.)

- Respondents who indicated “Other” further specified:
  - *Coordination efforts needed between VA CCN providers and the Dallas VAMC community care staff*

Source: Graham Regional Medical Center 2026 Community Health Needs Assessment Survey conducted by Community Hospital Consulting; February 9, 2026 – February 20, 2026.

Health Education

- 62.5% of respondents believe that community members get their health-related education from the internet and social media followed by 56.3% indicating a healthcare provider.

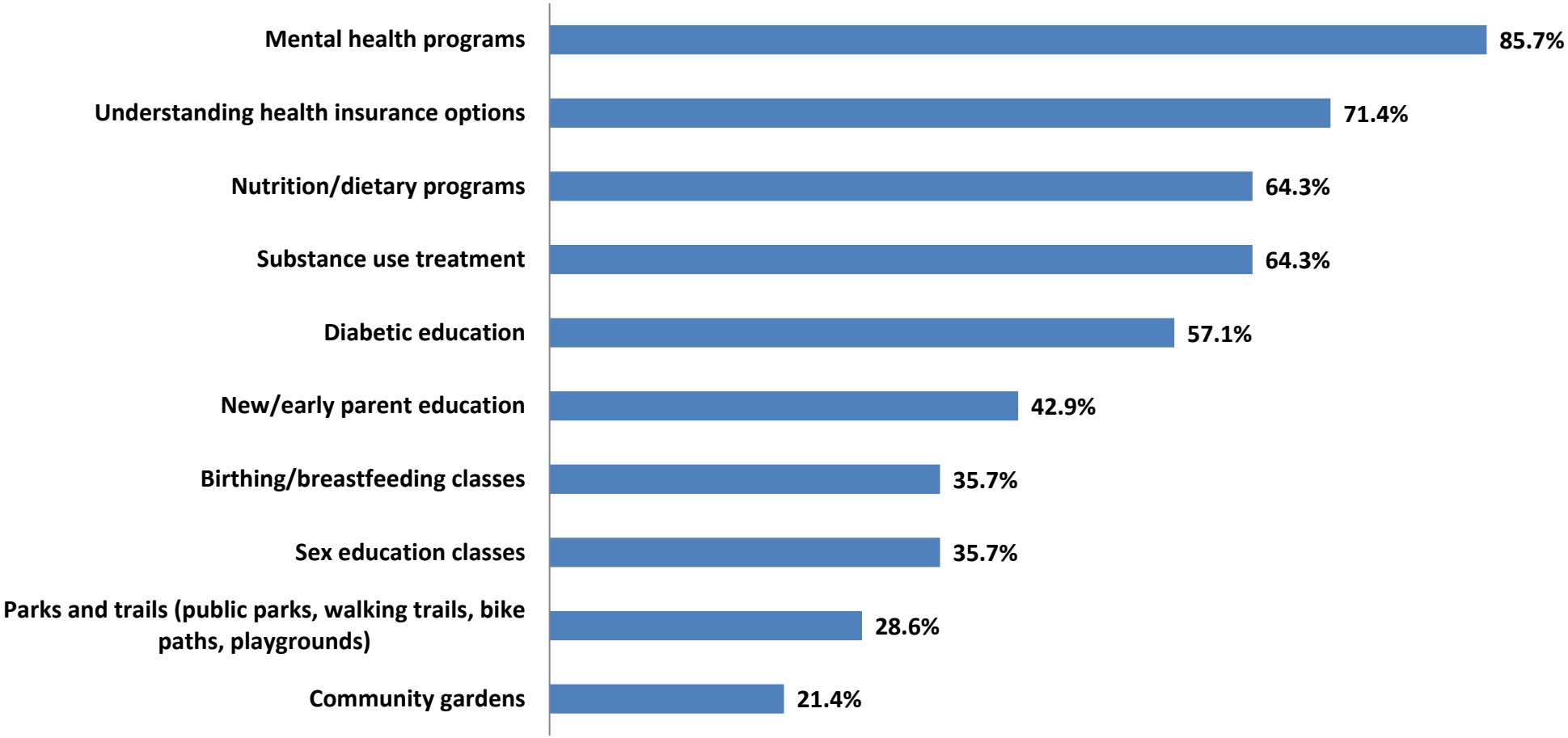


n=16
Participants were able to select multiple responses.

Source: Graham Regional Medical Center 2026 Community Health Needs Assessment Survey conducted by Community Hospital Consulting; February 9, 2026 – February 20, 2026.

Health Education Services

- Respondents were asked to select which health education, promotion, and preventive services are lacking in the community. The following are ranked in order of frequency:



n=14
Participants were able to select multiple responses.

Source: Graham Regional Medical Center 2026 Community Health Needs Assessment Survey conducted by Community Hospital Consulting; February 9, 2026 – February 20, 2026.

Final Comments

- When asked to give any additional comments regarding the community's health, respondents commented:
  - *As stated previously in this survey, I would love to see more participation in the VA Community Care Network to allow a better access to healthcare for our local heroes. I would not have an issue trying to set-up meetings with VA personnel to come out and help establish that "missing link" and to facilitate a transition for executive hospital staff.*
  - *Clean air and water. Enforce speed and traffic laws. Address need for adequate heating and cooling in residences.*
  - *I think GRMC does a great job with the resources they have.*

Source: Graham Regional Medical Center 2026 Community Health Needs Assessment Survey conducted by Community Hospital Consulting; February 9, 2026 – February 20, 2026.

LOCAL COMMUNITY HEALTH REPORTS

Local Community Health Reports

List of Local Community Reports By County

Organization Name	Counties Studied	Timeframe	Link to Community Report
Olney Hamilton Hospital	Young and Archer Counties, TX	Fiscal Year 2023	https://olneyhamiltonhospital.com/documents-category/for-visitors/

Note: Links are accurate as of day that they were pulled; data accessed on June 3, 2026.

INPUT REGARDING THE HOSPITAL'S PREVIOUS CHNA

Consideration of Previous Input

- The hospital made every effort to solicit feedback from the community by providing a feedback mechanism on the hospital's website. However, at the time of this publication, written feedback has not been received on the hospital's most recently conducted CHNA and Implementation Strategy.
- To provide input on this CHNA please see details at the end of this report or respond directly to the hospital online at the site of this download.

EVALUATION OF HOSPITAL'S IMPACT

Evaluation of Hospital's Impact

- GRMC evaluated the impact of actions taken to address the prioritized health needs identified in its previous CHNA.
- This section includes activities completed based on the 2024 to 2026 Implementation Plan.

Graham Regional Medical Center
FY 2024 - FY 2026 Implementation Plan

A comprehensive, six-step community health needs assessment (“CHNA”) was conducted for Graham Regional Medical Center (GRMC) by Community Hospital Consulting (CHC Consulting). This CHNA utilizes relevant health data and stakeholder input to identify the significant community health needs in Young County, Texas.

The CHNA Team, consisting of leadership from GRMC, met with staff from CHC Consulting in May 2023 to review the research findings and prioritize the community health needs. Five significant community health needs were identified by assessing the prevalence of the issues identified from the health data findings combined with the frequency and severity of mentions in community input.

The CHNA Team participated in a prioritization ballot process using a structured matrix to rank the community health needs based on three characteristics: size and prevalence of the issue, effectiveness of interventions and their capacity to address the need. Once this prioritization process was complete, GRMC leadership discussed the results and decided to address four of the five prioritized needs in various capacities through a hospital specific implementation plan.

The five most significant needs, as discussed during the May 16 prioritization meeting, are listed below:
1.) Access to Mental and Behavioral Health Care Services and Providers
2.) Continued Emphasis on Increasing Access to Specialty Care Services and Providers
3.) Access to Affordable Care and Reducing Health Disparities Among Specific Populations
4.) Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles
5.) Continued Focus on the Youth & Aging Population

Once this prioritization process was complete, GRMC leadership discussed the results and decided to address four of the five prioritized needs in various capacities through its implementation plan. While GRMC acknowledges that this is a significant need in the community, "Continued Focus on the Youth & Aging Population" is not addressed largely due to the fact that it is not a core business function of the facility and the limited capacity of the hospital to address this need. GRMC will continue to support local organizations and efforts to address this need in the community.

GRMC leadership has developed the following implementation plan to identify specific activities and services which directly address the identified priorities. The objectives were identified by studying the prioritized health needs, within the context of the hospital’s overall strategic plan and the availability of finite resources. The plan includes a rationale for each priority, followed by objectives, specific implementation activities, responsible leaders, and annual updates and progress (as appropriate).

The GRMC Board reviewed and adopted the 2023 Community Health Needs Assessment and Implementation Plan on July 27, 2023.

Priority #1: Access to Mental and Behavioral Health Care Services and Providers

Rationale:

Data suggests that residents in Young County do not have adequate access to mental and behavioral health care services and providers. Young County has a higher ratio of patients per mental health care provider as compared to the state and the nation as well as a higher rate of suicide per 100,000 as compared to the state and the nation.

Many interviewees mentioned the overall lack of mental and behavioral health care access, but there were some conflicting statements regarding the availability of services. One interviewee stated, “Mental health is an issue. It’s hard to get people into facilities and I believe Helen Farabee is the [only] one in town. It’s very difficult to get into Red River Hospital in Wichita Falls.” Meanwhile, another interviewee mentioned, “Wait time is 1-2 months out for psychologists. But for a counselor, I would say [the wait is] a week or two for basic counseling needs. There are multiple counselors for the youth population.” There were mentions of challenges in seeking appropriate care in the community, including lack of availability, long time wait times (specifically for psychologists) and cost barriers. There was also a concern surrounding administrative duties required by the state which is reducing school counselor availability. An interviewee said, “Affirming Texas Families Services is easy to get into. They are free so they don’t have to do any insurance approvals. For Young County, it’s a lot harder because costs to see a provider in town might be an issue. The waiting lists are around 3-6 weeks. All schools have counselors on site but with the state mandates, they are so bombarded [with administrative duties that] they don't get to [focus on the] mental health stuff.”

Interviewees also mentioned the outmigration of services to Wichita Falls, Abilene, and Weatherford. Additionally, there was mention of a lack of health literacy and lack of preventative care leading to treatment concerns, including acute crises, fragmented continuum of care, and the overuse of the Emergency Room for psychological concerns. “Psychological evaluations take a few months. It could be because of lack of health literacy and lack of preventative care, but a lot of people don't utilize mental services until it's a huge crisis. When there's a crisis, sometimes the follow-through doesn't occur. We don't have any psychiatrists in the community. Outmigration usually goes to Wichita Falls, Weatherford or Abilene. There’s no detox facility. People end up going to the emergency room and [the staff] are overwhelmed with some of these issues,” stated an interviewee. Another interviewee mentioned, "We have people that need help and the first place they go to is the hospital. Our first call is to the MHMR. At some point they have to be released out on the streets because they can't take any action. We have a lot of private psychiatrists and counselors for them. The people that we deal with aren't going to have the best insurance so they can't see them. If we can get someone into the MHMR, the person is usually [actively] on drugs or intoxicated, so they can't see them.” Lastly, there was mention of the unmet mental health needs for the incarcerated due to lack of availability of inpatient beds. “A good portion of the jail population has mental health care problems. The problem we have now is being able to get those patients a bed in any facility. It’s sometimes as long as a 2 year wait list [to get a bed in a facility],” an interviewee said.

Interviewees also discussed substance and drug abuse in the community. There is concern surrounding the abuse of methamphetamine, heroin, fentanyl, and THC. An interviewee said, “The biggest issues are the health scares or issues that drugs cause and how to treat them. We see so many people with drug abuse issues. We have a big problem with methamphetamine, which leads to a heroin and fentanyl problem. We haven't had a fentanyl related death yet, but we've had a lot of medical issues with abusers. It’s actually mostly white people ages 18 to 30 [who are using]. We are also seeing a big rise in the vaping of THC, especially in our schools.” Meanwhile, another interviewee mentioned, “Overdose and heroin are big issues. [If you were to be a patient of Helen Farabee], there are education requirements on opioids. There is some deadly fentanyl [usage] and it's getting into our community. That is going to be an ongoing battle. It's hitting our younger population, 14 to 29 years old. They are easier targets.” Interviewees believe there is a need for a recovery center or detox center as well as a desire for more providers or counselors for ongoing treatment. “I'd like to see more providers in the area because some people don't need medication but ongoing psychological evaluations. Helen Farabee is our outpatient screening assessment referral source. But in our region, we pretty much use outreach, screening, assessment and referral (OSAR). Red River Hospital is used if the patient is serious about going. Red River Hospital does detox but Wichita Falls is better for severe opioid users who would need more ongoing assisted medication,” an interviewee said. In addition, there is a concern surrounding suicide rates as well as a lack of parental support leading to potential behavioral health concerns within the juvenile population, resulting in drug use, specifically with methamphetamine, fentanyl, and marijuana, and crime. An interviewee stated, “We have a lot of juvenile issues as far as [kids] getting into trouble and we have had some issues with suicide and drugs. Mainly just methamphetamine and fentanyl. They use a lot of marijuana too.” Another interviewee mentioned, “I think we have a large juvenile delinquent population. There is a breakdown of a family so then they start using drugs or whatever they can [find]. We want to prevent that, and we aren't doing a lot to make sure they don't get into trouble.”

Objective:

Provide a point of access for mental and behavioral health services in the community

Implementation Activity	Responsible Leader(s)	Current Examples (if applicable)	FY 2024		FY 2025		FY 2026	
			Status	Progress Updates	Status	Progress Updates	Status	Progress Updates
1.A. GRMC will continue to collaborate with local organizations in connecting patients with the appropriate level of care based on the patient's mental and behavioral health needs as opportunities arise.	CEO, CNO		ONGOING (as opportunities arise)	Working with leadership on community level; Meetings with city and county leadership	ONGOING (as opportunities arise)	in progress	ONGOING (as opportunities arise)	in progress
1.B. GRMC is exploring the possibility of adding mental health professionals to the hospital staff.	CEO		ON HOLD	Construction in progress at hospital	ON HOLD	Construction in progress at hospital	ONGOING (as opportunities arise)	Formulating strategy for mental health provider in our rural health clinic on a full-time basis
1.C. GRMC will continue to promote mental health care to staff members, including offering the Employee Assistance Program (EAP) to help employees navigate various life challenges.	HR		ONGOING (as opportunities arise)	Offered thru Symetra	ONGOING (as opportunities arise)	Offered thru Symetra	ONGOING (as opportunities arise)	Offered thru Symetra
1.D. GRMC is exploring the feasibility of establishing a geri-psych outpatient program.	CEO		ON HOLD	No facility space to house this service	ON HOLD	No facility space to house this service	ON HOLD	No facility space to house this service

Priority #2: Continued Emphasis on Increasing Access to Specialty Care Services and Providers

Rationale:

Interviewees discussed appreciation for the hospitals' efforts during the COVID-19 pandemic and for the addition of the day surgery center. One interviewee stated, "During COVID-19, the hospital did pretty well at getting some specialists to come to Graham once a month. [We need] nephrologists and wound care." There was also mention of a shortage in providers for specific populations, including the OB population, the at-risk youth population, and the un/underinsured population. An interviewee mentioned, "[There's a] lack of OB doctors and the hospital is not delivering babies. The closest hospital is 45 minutes away. I don't believe we have any OB doctors in Graham." Another interviewee stated, "For the youth, certain kids have to leave for Wichita Falls, Fort Worth, or Abilene for a children's advocacy center or a SANE program." Interviewees mentioned the limited availability of providers leading to long wait times and outmigration to nearby cities if transportation is available. An interviewee stated, "It's possible to see a specialist but it takes a few weeks. Everyone that needs dermatology has to travel to Decatur, Weatherford, Wichita Falls, or the Fort Worth/Dallas area. The problem is people don't have the ability to travel that far." Interviewees mentioned specific specialties as needed, which include (in descending order by number of times mentioned): OB/GYN, oncology, dermatology, cardiology, urology, gastroenterology, neurology, nephrology, nutritionist, ophthalmology, optometry, and wound care.

Objective:

Provide a point of access for specialty care services in the community

Implementation Activity	Responsible Leader(s)	Current Examples (if applicable)	FY 2024		FY 2025		FY 2026	
			Status	Progress Updates	Status	Progress Updates	Status	Progress Updates
2.A. GRMC continues to offer a variety of primary and specialty services to increase local access to care and care coverage, and explores the feasibility of expanding services to benefit the community as opportunities arise.	CEO	***Current Examples:*** podiatry, OB/GYN, G.I. procedures, dermatology, ENT, outreach clinic for General Surgery, pain proceduralist	**ONGOING (as opportunities arise)**	Added Pain procedures via our CRNA, Vicki Tucker. Performs spinal injections and RFA's	**ONGOING (as opportunities arise)**	Added Podiatry with Dr. Warren. Holds clinic once per week in Graham, and performs procedures at the hospital. Replaced Orthopedist (Hay) with Hrnack and added Sports Medicine procedures and Robotic joint replacement procedures.	**ONGOING (as opportunities arise)**	Added another General Surgeon (Harrison), spine surgeon (Stanley) and GYN Surgeon (Axline).
2.B. GRMC strengthens patients' continuum of care by participating in the system-wide electronic medical record (EMR). GRMC physicians can access the EMR as necessary to properly care for patients discharged from the hospital and needed follow up care at clinics. Staff will establish necessary follow up specialty care visits for clinic patients upon discharge as well. Patients are able to access the portal to access their health information as necessary.	CIO		**On Hold**		**On Hold**		**On Hold**	
2.C. GRMC is working on obtaining certifications in Stroke (Emergency Department), Pediatric Care (Emergency Department), and Orthopedics. GRMC will also continue to evaluate other certificate and accreditation opportunities.	CNO	***Current Examples:*** Joint Commission, Acute Heart Attack Ready Certification	**ONGOING (as opportunities arise)**	Current with Cardiac, Trauma and hospital	**ONGOING (as opportunities arise)**	waiting for stroke survey late 2026	**ONGOING (as opportunities arise)**	working with nursing leadership to maintain all current certifications
2.D. GRMC will continue to serve as a clinical site for health care students from several local academic institutions to rotate through the facility.	CNO, HR	***Current Examples:*** <u>Schools</u>: Weatherford College, MSU, Abilene Christian, UT Arlington <u>Students</u>: physical therapy, radiology, nursing, scrub techs, PAs, lab, family medicine	**ONGOING (as opportunities arise)**	Renewing of current agreements, adding new agreements as requested, Students currently on-site	**ONGOING (as opportunities arise)**	Renewing of current agreements, adding new agreements as requested, Students currently on-site	**ONGOING (as opportunities arise)**	Renewing of current agreements, adding new agreements as requested, Students currently on-site
2.E. In collaboration with HCA Medical City, GRMC will continue to utilize telehealth services for applicable patients.	CEO, CNO, CIO	***Current Examples:*** tele stroke, teleradiology, telehealth visits for YCFC	**ONGOING (as opportunities arise)**	working on securing a company for access to telecardiology	**ONGOING (as opportunities arise)**	in progress	**ONGOING (as opportunities arise)**	Tele cardiac under consideration

Priority #3: Access to Affordable Care and Reducing Health Disparities Among Specific Populations

Rationale:

Data suggests that some residents in the study area face significant cost barriers when accessing the healthcare system. Young County has a higher uninsured (age 18-64) rate than the state and a lower educational attainment rate than the state. Young County also has a higher percentage of families and children living below poverty than the state, a higher average meal cost than the state, and a lower median household income.

When analyzing the economic status in Young County, Young County falls in the at-risk category and is in more economic distress than other counties in the state. Additionally, Young County is designated as a Health Professional Shortage Area, as defined by the U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA).

Interviewees discussed the concerns surrounding the significant uninsured population and navigating Medicaid and Medicare systems. An interviewee stated, "From what I've researched, I've found that Texas has more uninsured people than other states. That is an issue in itself. In Young County, Medicaid and Medicare is not easy to navigate. Young County is definitely affected by insurance barriers." Interviewees acknowledged local resources for providing care for underserved populations. "We have a broad band of people that don't have insurance and there are some clinics that take people who don't have insurance. They don't require payment upfront so if they literally don't have any money, they can be seen. [There are] no [issues with wait times]. The clinics will see you the same day," an interviewee stated. Interviewees also discussed the cost barrier to care due to copays and medications. An interviewee said, "The low income cannot afford a copay to see a doctor. People cannot afford a copay to see a doctor."

Another interviewee said, "Medication [cost is a top priority]. I know a lot of the individuals who are frequently in the Emergency Room cannot afford their medication." Additionally, interviewees said there is a perceived need for Medicaid assistance. "[There needs to be more] help with people qualifying for Medicaid because sometimes it's a struggle financially. No one offers help, to my knowledge," an interviewee said. Lastly, interviewees discussed the lack of access to local home health services for the Medicaid population. An interviewee said, "[There's only] one home health agency takes Medicaid. That's a big issue. [There is a] lack of reimbursement in the end."

Interviewees discussed the challenges in accessing care, specifically for primary care and emergent care. There was discussion about the misuse of the Emergency Room by the Medicaid population. Although, there were conflicting statements regarding the knowledge of when to use the Emergency Room. One interviewee stated, "I do not think the average person knows the difference between going to the ER and going to the primary care doctor. I think the ER is abused by the folks on Medicaid. They are the ones that should be going to a provider but they go to the ER. But now some offices don't take Medicaid. I know the Young County Family Clinic does [take Medicaid]." Another interviewee said, "I think they do know the difference between going to the ER vs. a primary care doctor. I think it's easier to go to the ER and get billed than to make a payment that they can't afford. Ideally, I'd like to say some do and some don't [know the difference]. They think they can't be refused care. That goes back to insurance." Interviewees believe there is an inappropriate use of the Emergency Room due to limited providers accepting certain insurances, no upfront cost, and hours of operation of local clinics. One interviewee mentioned, "People use the Emergency Room vs. their doctor because of the cost and maybe due to after hours care. We have one clinic that's open until 7 pm."

There is a perceived longer wait time to see a preferred doctor with one interviewee mentioning, "For my doctor, he goes to many clinics in the area. I want to see him [at the clinic in] Graham so I schedule and wait." There were conflicting statements regarding the availability of primary care providers. One interviewee said, "You can see a primary care provider within a day. I see one of the doctors at a clinic and if they aren't available, they have extended hours with a physician assistant. We have urgent cares in town. I know that Graham Medical Clinic offers telemedicine." Meanwhile, another interviewee said, "Our local general practitioners are filled up. If you try to get an appointment in one of their clinics, they may have to refer you to another local clinic in another county that is open. Graham Hospital has a clinic but I'm not sure how backed up they are. Some of those doctors aren't taking anymore patients. Sometimes wait times may be 3 weeks or more."

When asked about which specific groups are at risk for inadequate care, interviewees spoke about the OB population, youth, elderly, low income/working poor, racial/ethnic, homeless, un/underinsured, and veterans. With regard to the OB population, interviewees talked about the lack of local delivery options. For the youth, interviewees mentioned vaping concerns, suicide, drug and alcohol abuse, the need for abstinence education, transportation barriers, lack of access to pediatricians, a need for outdoor recreational areas/resources, and behavioral concerns due to changes in parental supervision. With regard to the elderly, it was mentioned that there is a need for health literacy and health education, a lack of provider options, medication and food affordability, transportation barriers, and housing challenges. For the low income/working poor, transportation barriers, housing challenges, difficulties qualifying for Medicaid/food stamps, and affording immunizations for children and the cost of prescriptions were discussed as being barriers. For the racial/ethnic population, interviewees mentioned having language barriers, higher uninsured rates, and problems qualifying for Medicaid as concerns. The homeless population was discussed as having a lack of homeless shelters, specifically for men. Interviewees discussed the un/underinsured as having a need for a strengthened continuum of care. And lastly, the veterans were mentioned as not having a VA hospital within close proximity.

Interviewees also discussed significant concerns surrounding the aging population. Interviewees believe there is a perceived shortage of providers for the elderly population. "We are heavily an elderly population. Graham is a retirement community and I don't think we have enough doctors that can take care of them," an interviewee mentioned. There was also a desire for more social activities for the elderly. An interviewee said, "A lot of the county is aging. It would be nice to have things for them to do socially."

There is a concern surrounding mobility issues and limited transportation options for the elderly as one interviewee mentioned, "We have a larger percent of our population that is aging and is somewhat homebound who have mobility issues." Meanwhile, another interviewee said, "Organizations will transport people locally and then use vans for out of town appointments. The vans do cost money." Additionally, interviewees talked about the challenges with housing and assisted living options due to the lack of availability and options as well as the cost. One interviewee said, "Some barriers are transportation, cost of room/board and housing. Housing is pretty scarce right now in Young County. There are nursing homes and assisted living care available. Most of them are good but meeting the criteria to get on the wait list [is difficult and the facilities can be] too costly for the average person."

Interviewees discussed the lack of health literacy surrounding awareness of services and health concerns for the aging population. "Their health literacy [is a concern]. [Seniors] are not aware of some services or the trajectory of some of their medical problems," and interviewee mentioned. Interviewees also believe there is limited education regarding traditional Medicare versus managed care programs as an interviewee said, "[We need to] educate members of the community that are eligible for Medicare before enrolling in a managed care program." Additionally, interviewees discussed the limited availability of rehab facilities and treatments resulting in outmigration to Wichita Falls. "We don't have rehab hospitals but some of the nursing homes have a rehab-type hallway. If someone had a stroke, they are transferred out to Wichita Falls," an interviewee said. Lastly, interviewees acknowledged that telemedicine is offered although it is not preferred by the elderly. An interviewee mentioned, "We have telemedicine but people, especially the elderly, want to see someone [in-person]."

Objective:

Implement and offer programs that aim to reduce health disparities by targeting specific populations

Implementation Activity	Responsible Leader(s)	Current Examples (if applicable)	FY 2024		FY 2025		FY 2026	
			Status	Progress Updates	Status	Progress Updates	Status	Progress Updates
3.A. GRMC will implement an ACO in the rural health clinic to expand access to primary and preventative care for the Medicare population (both traditional and Medicare Advantage plans).	CEO		**ONGOING (as opportunities arise)**	Member of the TORCH CIN model to deliver medical home and ACO for our traditional Medicare and Advantage Plan clinic patients at our rural health clinic	**ONGOING (as opportunities arise)**	Member of the TORCH CIN model to deliver medical home and ACO for our traditional Medicare and Advantage Plan clinic patients at our rural health clinic	**ONGOING (as opportunities arise)**	Member of the TORCH CIN model to deliver medical home and ACO for our traditional Medicare and Advantage Plan clinic patients at our rural health clinic
3.B. GRMC will continue to connect patients to affordable resources when available and on an as needed basis.	CEO, Social Worker	***Current Examples:*** Transportation assistance, community home-based services, Salvation Army, medication assistance/support	**ONGOING (as opportunities arise)**	No new developments	**ONGOING (as opportunities arise)**	No new developments	**ONGOING (as opportunities arise)**	No new developments
3.C. GRMC offers a program for self-pay and those with high deductibles in order to offer certain services at a discounted rate to assist the community with their high deductible plans or individuals who are uninsured.	CFO		**ONGOING (as opportunities arise)**	None	**ONGOING (as opportunities arise)**	Updated Charge Master which resulted in an increase in Cash Pay Pricing for FY26	**ONGOING (as opportunities arise)**	Preparing FY27 Price Increase that will impact Cash Pay Pricing

Implementation Activity	Responsible Leader(s)	Current Examples (if applicable)	FY 2024		FY 2025		FY 2026	
			Status	Progress Updates	Status	Progress Updates	Status	Progress Updates
3.D. GRMC will continue to host and/or participate in fundraising events and donation drives to benefit underserved organizations in the community.	CNO	***Current Examples:*** Graham Humane Society of Young County, various blood drives, Graham Crisis Center, food pantries, safety gear (EX: bike helmets) for youth at annual health fair	**ONGOING (as opportunities arise)**	No new developments	**ONGOING (as opportunities arise)**	Health fair planned with resources to community non profits, physicals, eye exams, safety equipment	**ONGOING (as opportunities arise)**	Health fair planned with resources to community non profits, physicals, eye exams, safety equipment
3.E. GRMC provides a video translation resource in multiple languages for the non-English speaking population and for the vision and hearing impaired at multiple locations across the campus.	CIO	AMN Healthcare, 45 languages	**ONGOING (as opportunities arise)**	Completed	**ONGOING (as opportunities arise)**	Completed	**ONGOING (as opportunities arise)**	Completed
3.F. GRMC will continue to provide services to eligible uninsured and underinsured individuals as outlined in our charity care policy, which is available to every patient on admission. This allows patients and/or families to know the details of how they may qualify for reduction or elimination of any balance owed by them for services we provide. In addition, GRMC offers financial assistance to patients who have an economic need and meet the qualifications of the financial assistance policy. If financial assistance is needed, GRMC encourages patients to complete an application to see if they qualify.	CEO, CFO		**ONGOING (as opportunities arise)**	None	**ONGOING (as opportunities arise)**	None	**ONGOING (as opportunities arise)**	None
3.G. GRMC speaks to GHS students about hospital employment opportunities and healthcare career paths. Additionally, GRMC awards scholarships to high school students pursuing higher education with a career in healthcare.	CEO		**ONGOING (as opportunities arise)**	Annual High School student scholarships awarded each April	**ONGOING (as opportunities arise)**	Annual High School student scholarships awarded each April	**ONGOING (as opportunities arise)**	Annual High School student scholarships awarded each April
3.H. GRMC continues to support the elderly population in the community by offering specific programs and collaborating with local organizations.	Administration Team	***Current Examples:*** Graham Oaks, Garden Terrace, Senior Focus Program, equipment and safety gear donations	**ONGOING (as opportunities arise)**	On Hold	**ONGOING (as opportunities arise)**	On Hold	**ONGOING (as opportunities arise)**	On Hold

Priority #4: Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles

Rationale:

Data suggests that higher rates of specific mortality causes and unhealthy behaviors warrant a need for increased preventive education and services to improve the health of the community. Heart disease and cancer are the two leading causes of death in Young County and the state. Young County has a higher mortality rate than Texas for the following causes of death: heart disease, cancer, chronic lower respiratory diseases, Alzheimer's disease, and COVID-19. In addition, Young County has a higher rate of lung and bronchus cancer incidence and mortality as compared to the state. Additionally, Young County has a higher percentage of hypertension and a lower percent of mammography screenings among the Medicare beneficiary population.

Young County has a higher prevalence rate of chronic conditions such as arthritis and asthma (adult). With regards to maternal and child health, specifically, Young County has a higher percentage of low birth weight births and teen births as compared to the state. Additionally, with regard to health behaviors, Young County has a higher percentage of adults who binge drink and who are current smokers as compared to the state.

Several interviewees noted that there are increasing rates of obesity and associated health conditions due to unhealthy lifestyle behaviors. "We have a population that is becoming more and more sedentary over time. Obesity and those kinds of healthcare things [are emerging]. I think our county extension agency tried [to start organizations and programs]. The hospital tries [to help promote healthy lifestyles]. We have a wellness center that is part of the hospital. I just don't know if the average person will take advantage of it," an interviewee said. There is a perceived reluctance in following public health guidelines around preventative health measures. An interviewee said, "Less than 50% got the [COVID-19] vaccine. Everyone was skeptical but compliant with the masking but then got tired of it. Folks out here did not just follow Dr. Fauci's instructions." Additionally, it was discussed that there is a need for additional social determinants of health resources to address community needs. An interviewee stated, "[We need] resources. Social determinants of health [resources] are always needed. We've had people talking about not having [resources] to help people out with their everyday needs." Lastly, there is a desire to have more holistic, natural, healthy lifestyle resources. "We need more holistic options. We need holistic doctors that look at natural remedies before they look at drug remedies," an interviewee mentioned. Additionally, interviewees discussed the limited availability of rehab facilities and treatments resulting in outmigration to Wichita Falls. "We don't have rehab hospitals but some of the nursing homes have a rehab-type hallway. If someone had a stroke, they are transferred out to Wichita Falls," an interviewee said. Lastly, interviewees acknowledged that telemedicine is offered although it is not preferred by the elderly. An interviewee mentioned, "We have telemedicine but people, especially the elderly, want to see someone [in-person]."

Interviewees believe there is limited availability of local pregnancy and STD resources as well as a need for sex education due to teen births and STDs. An interviewee said, "Oh yes, there are STD's and teen pregnancy in the community. Those individuals typically just come into the Emergency Room (ER) [as a resource]. We do have a pregnancy resource center here. They offer free pregnancy tests and STD testing, but it is church-based so it limits the amount of teens that go in there."

Objective:

Implement programs and provide educational opportunities that seek to address unhealthy lifestyles and behaviors in the community

Implementation Activity	Responsible Leader(s)	Current Examples (if applicable)	FY 2024		FY 2025		FY 2026	
			Status	Progress Updates	Status	Progress Updates	Status	Progress Updates
4.A. GRMC will continue to host and/or participate in local health-related events to promote hospital services, offer a variety of health screenings to the community, and/or support or partner with local organizations that provide services to vulnerable populations.	Administration, EMS Director	***Current Examples:*** social media, hospital website, geofencing digital initiatives, Quarterly Health Summits, Emergency Preparedness, regular CEO updates in public groups and private settings, Live Action Shooter trainings, Community Tornado Preparedness, GRMC Annual Health Fair, Young County AgriLife Extension, local 5K and bike ride events, and CPR, ALS and BLS classes	**ONGOING (as opportunities arise)**	On-site Drills - Active Shooter, Tornado Warning. Regional Drills - Chemical Exposure patient surge, Medical Response Surge. We participate annually in the AgriLife Extension Safety Day, Run for the Children, Possum Pedal. BLS, ACLS and PALS courses are taught monthly on-site.	**ONGOING (as opportunities arise)**	On-site Tornado Warning Drill. Regional Communications Drill. We participate annually in the AgriLife Extension Safety Day, Run for the Children, Possum Pedal. BLS, ACLS and PALS courses are taught monthly on-site.	**ONGOING (as opportunities arise)**	On-site Tornado Warning Drill. Regional Mass Causality Response Drill. Participated in a multi-entity City-Wide Tornado Response table top drill. We participate annually in the AgriLife Extension Safety Day, Run for the Children, Possum Pedal. BLS, ACLS and PALS courses are taught monthly on-site.
4.B. GRMC partners with Olney Hamilton Hospital to provide local school districts with Stop the Bleed Kits. Stop the Bleed encourages bystanders to become trained, equipped, and empowered to help in a bleeding emergency before a professional arrives.	CNO	Stop the bleed, CPR, basic first aid support for Graham and Newcastle school districts	**ONGOING (as opportunities arise)**	Completed	**ONGOING (as opportunities arise)**	Completed	**ONGOING (as opportunities arise)**	Plan for educating GRMC staff in 26-27 school year with stop the bleed
4.C. GRMC continues to offer its Fitness and Rehabilitation Center as a hospital-based wellness and fitness facility committed to ensuring good health for the community.	CEO		**ONGOING (as opportunities arise)**	New Weight Lifting equipment to replace aging equipment	**ONGOING (as opportunities arise)**	New Manager Position added to oversee the daily operations of the fitness center and improve the overall quality of the facility and experience. Full time move to 24 hour secure access for members and pool renovations completed	**ONGOING (as opportunities arise)**	Additional equipment added

Implementation Activity	Responsible Leader(s)	Current Examples (if applicable)	FY 2024		FY 2025		FY 2026	
			Status	Progress Updates	Status	Progress Updates	Status	Progress Updates
4.D. GRMC will continue to collaborate with the Moncrief Cancer Institute to connect un/underinsured patients with appropriate screenings and resources.	Administration Team, Radiology Director		On Hold		On Hold		On Hold	
4.E. GRMC will continue to provide smoking cessation education to appropriate patients and is exploring the provision of discounted resources through 340B.	CNO, Respiratory Lead, Nursing Management	***Current Examples:*** All patients registered to Surgery, Med-Surg, and ER are screened for tobacco use and offered cessation education for a positive screen	**ONGOING (as opportunities arise)**	in progress	**ONGOING (as opportunities arise)**	in progress	**ONGOING (as opportunities arise)**	in progress
4.F. GRMC personnel will continue to serve in leadership roles and as volunteers with many agencies and committees in the community.	Administration, Department Leadership	***Current Examples:*** water safety board, Graham Crisis Center and Community Food bank, Virginias house – Child Advocacy, North Texas Health Care Coalition, Regional Advisory Council on Trauma Service area C	**ONGOING (as opportunities arise)**	Executive team serves on various non-profit boards and with civic groups	**ONGOING (as opportunities arise)**	Executive team serves on various non-profit boards and with civic groups	**ONGOING (as opportunities arise)**	Executive team serves on various non-profit boards and with civic groups

PREVIOUS CHNA PRIORITIZED HEALTH NEEDS

Previous Prioritized Needs

2019 Prioritized Needs

1. Needs of children and seniors
2. Recruit and Retain Core Health Professionals
3. Community Health Programs and Emphasis of Hospital Clinical Services
4. Develop capacity and access to quality behavioral health services
5. Increase access and capacity for the poor and other vulnerable groups
6. Preventative outreach to the poor and extremely poor
7. Food, housing, and neighborhood security
8. Conduct community health classes (drug, alcohol, diabetes, obesity, heart)

2023 Prioritized Needs

1. Access to Mental and Behavioral Health Care Services and Providers
2. Continued Emphasis on Increasing Access to Specialty Care Services and Providers
3. Access to Affordable Care and Reducing Health Disparities Among Specific Populations
4. Prevention, Education and Services to Address High Mortality Rates, Preventable Conditions and Unhealthy Lifestyles

Source: Graham Regional Medical Center, "About; Community Health Needs Assessment", https://www.grahamrmc.com/community-health-needs-assessment; data accessed April 17, 2026.

PROPOSED PRELIMINARY HEALTH NEEDS

Proposed Preliminary Health Needs

- Access to Affordable Care and Reducing Health Disparities Among Vulnerable Populations
- Access to Mental and Behavioral Health Care Services and Providers
- Access to Specialty Care Services and Providers
- Prevention, Education and Services to Increase Community Awareness and Address Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles

PRIORITIZATION

The Prioritization Process

- In May 2026 leadership from GRMC met with CHC Consulting to review findings and prioritize the community's health needs. Attendees from the hospital included:
  - Shane Kernell, Chief Executive Officer
  - Jared Brown, Chief Financial Officer
  - Enoc Espinoza, Chief Clinical Officer
  - Terri Busey, Chief Human Resource Officer
  - Kayla Ellis, Assistant Chief Clinical Officer
  - Erin Ray, Case Management Director
  - Pamela Harvell, Director of Quality, Infection Control, Risk Management, & Clinical Informatics
  - Mia Patterson, Director of Marketing and Community Liaison
  - Tammy Whittenburg, Executive Assistant
- Leadership ranked the health needs based on three factors:
  - Size and Prevalence of Issue
  - Effectiveness of Interventions
  - Hospital's Capacity
- See the following page for a more detailed description of the prioritization process.

The Prioritization Process

- The CHNA Team utilized the following factors to evaluate and prioritize the significant health needs.

1. Size and Prevalence of the Issue
a. How many people does this affect? b. How does the prevalence of this issue in our communities compare with its prevalence in other counties or the state? c. How serious are the consequences? (urgency; severity; economic loss)
2. Effectiveness of Interventions
a. How likely is it that actions taken will make a difference? b. How likely is it that actions will improve quality of life? c. How likely is it that progress can be made in both the short term and the long term? d. How likely is it that the community will experience reduction of long-term health cost?
3. Graham Regional Medical Center Capacity
a. Are people at Graham Regional Medical Center likely to support actions around this issue? (ready) b. Will it be necessary to change behaviors and attitudes in relation to this issue? (willing) c. Are the necessary resources and leadership available to us now? (able)

Health Needs Ranking

- Hospital leadership participated in a roundtable discussion process to rank the health needs in order of importance, resulting in the following order:

1. Prevention, Education and Services to Increase Community Awareness and Address Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles
2. Access to Specialty Care Services and Providers
3. Access to Affordable Care and Reducing Health Disparities Among Vulnerable Populations
4. Access to Mental and Behavioral Health Care Services and Providers

Final Priorities

- Hospital leadership decided to address all four of the ranked health needs. The final health priorities that GRMC will address through its Implementation Plan are, in descending order:

1. Prevention, Education and Services to Increase Community Awareness and Address Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles
2. Access to Specialty Care Services and Providers
3. Access to Affordable Care and Reducing Health Disparities Among Vulnerable Populations
4. Access to Mental and Behavioral Health Care Services and Providers

RESOURCES IN THE COMMUNITY

Additional Resources in the Community

- In addition to the services provided by GRMC, other charity care services and health resources that are available in Young County are included in this section.

Services Available in the Community					
Organization Name	**Area Primarily Served**	**Address**	**Phone**	**Website**	**Services Provided**
The Salvation Army	Young County	620 4th St. Graham, TX	940-549-2360		Financial assistance with utility bills
Adult Protective Services	Young and surrounding counties	1202 Packing House Rd. Graham, TX	940-549-4527	dfps.texas.gov	Assistance for the elderly who have suffered abuse and/or neglect and financial assistance with a magnitude of needs
Child Protective Services	Young and surrounding counties	1202 Packing House Rd. Graham, TX	940-549-4527	dfps.texas.gov	Assistance for children who have suffered neglect and/or abuse
Helen Farabee Center	Young County	1720 4th St. Graham, TX	940-549-4896	helenfarabee.org	Specialize in providing access to community-based treatment and support services for persons with severe, persistent forms of mental illness, substance abuse and persons with intellectual and developmental disabilities
Veterans Service Office	Young County	609 Elm St., Graham, TX	940-549-6704		Assistance for Veterans with V.A. services
Texas Department of Aging and Disability Services	Regions 2 and 9	1202 Packing House Rd. Graham, TX	940-549-1371	dfps.texas.gov	Long Term Services & Supports
Red Cross		Wichita Falls, TX	940-549-5152	redcross.org	Provide housing and other assistance for individuals who have suffered a catastrophic event
Sharp Van Lines	Young and surrounding counties	118 N. 1st St. Crowell, TX	940-684-1571	sharplines@rollingplains.org	Rural Public Transportation
Graham Crisis Center	Young and surrounding counties	601 Indiana St., Graham, TX	940-549-6002	grahamcrisiscenter.org	They have a food pantry and a second hand store.
Texas Workforce & Vocational Commission (TWVC)	Young County	924 Cherry St., Graham, TX	940-549-6363	twctexas.org	Assists eligible persons with disabilities to prepare for, retain, and obtain integrated employment along with many other services
Rolling Plains Mgmt Corp	Young and surrounding counties	P.O. Box 490, Crowell, TX 79227	940-684-1571 ext. 603	rollingplains.org	Weatherization Assistance
Olney Family Dentistry	Young County	125 East Main St., Olney, TX	940-564-4470		Dental services for Medicaid and a sliding scale
SmileMart	Young County	2206 TX 16, Graham, TX	940-291-3007		Dental services for Medicaid and private insurance

Services Available in the Community					
Organization Name	**Area Primarily Served**	**Address**	**Phone**	**Website**	**Services Provided**
Senior Citizens	Graham City Limits	825 Fairview, Graham, TX	940-549-5451		Meals on Wheels and local transportation for seniors
The Mission Food Pantry	Newcastle City Limits	811 Broadway, Newcastle, TX			Food pantry 6:00 PM to 9:00 PM every Tuesday

INFORMATION GAPS

Information Gaps

- While the following information gaps exist in the health data section of this report, please note that every effort was made to compensate for these gaps in the qualitative data collection conducted by CHC Consulting.
    - This assessment seeks to address the community's health needs by evaluating the most current data available. However, published data inevitably lags behind due to publication and analysis logistics.
    - Due to smaller population numbers and the general rural nature of Young County, 1-year estimates for the majority of data indicators are statistically unreliable. Therefore, sets of years were combined to increase the reliability of the data while maintaining the county-level perspective.
    - Links included for sources were accurate when this report was published.

ABOUT COMMUNITY HOSPITAL CONSULTING

About CHC Consulting

- Community Hospital Corporation owns, manages and consults with hospitals through three distinct organizations – CHC Hospitals, CHC Consulting and CHC ContinueCare, which share a common purpose of preserving and protecting community hospitals.
- Based in Plano, Texas, CHC Consulting provides the resources and experience community hospitals need to improve quality outcomes, patient satisfaction and financial performance. For more information about CHC Consulting, please visit the website at: www.chc.com

APPENDIX

SUMMARY OF DATA SOURCES
DATA REFERENCES
HPSA AND MUA/P INFORMATION

SUMMARY OF DATA SOURCES

Summary of Data Sources

Demographics

- This study utilized demographic data from **Strata**.
- The **United States Census Bureau**, provides foreign-born population statistics by county and state; https://data.census.gov/table?q=DP02&g=010XX00US_040XX00US48_050XX00US48245,48361.
- This study utilizes data from the **Economic Innovation Group**, which provides distressed community index scores by county and state: https://eig.org/distressed-communities/2022-dci-interactive-map/?path=county/48113&view=county.
- **Economic Policy Institute**, **Family Budget Map** provides a break down of estimates monthly costs in specific categories for Young County; https://www.epi.org/resources/budget/budget-map/.
- The **United States Bureau of Labor Statistics**, Local Area Unemployment Statistics provides unemployment statistics by county and state; https://www.bls.gov/lau/tables.htm.
- **Data USA** provides access to industry workforce categories as well as access to transportation data at the county and state level: https://datausa.io/.
- This study also used data collected by the **Small Area Income and Poverty Estimates (SAIPE)**, that provides poverty estimates by county and state; https://www.census.gov/data/datasets/time-series/demo/saipe/model-tables.html.
- Food insecurity information is pulled from **Feeding America's Map the Meal Gap**, which provides food insecurity data by county, congressional district and state; http://map.feedingamerica.org/.
- This study also used health data collected by the **SparkMap**, a national platform that provides public and custom tools produced by the Center for Applied Research and Engagement Systems (CARES) at the University of Missouri. Data can be accessed at: https://engagementnetwork.org/.

Health Data

- The **County Health Rankings & Roadmaps (CHR&R)**, a program of the University of Wisconsin Population Health Institute, draws attention to why there are differences in health within and across communities. The program highlights policies and practices that can help everyone be as healthy as possible. CHR&R aims to grow a shared understanding of health, equity and the power of communities to improve health for all. This work is rooted in a long-term vision where all people and places have what they need to thrive; http://www.countyhealthrankings.org/.
- The **Centers for Disease Control and Prevention National Center for Health Statistics WONDER Tool** provides access to public health statistics and community health data including, but not limited to, mortality, chronic conditions, and communicable diseases; http://wonder.cdc.gov/ucd-icd10.html.
- The **Texas Cancer Registry** is a statewide, population-based registry that serves as the foundation for measuring the cancer burden in Texas. Data can be accessed at: https://www.cancer-rates.info/tx/.

Distressed Communities Index

Health Data (continued)

- This study also used health data collected by the **SparkMap**, a national platform that provides public and custom tools produced by the Center for Applied Research and Engagement Systems (CARES) at the University of Missouri. Data can be accessed at: https://engagementnetwork.org/.
- This study utilizes a county level data from **Center for Disease Control and Prevention, PLACES: County Data** (GIS Friendly Format), 2023 release; https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2023-releas/7cmc-7y5g/about_data.
- This study utilizes a county level data from **Center for Disease Control and Prevention, PLACES: County Data** (GIS Friendly Format), 2024 release; https://data.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/fu4u-a9bh/about_data.
- This study utilizes a county level data from **Center for Disease Control and Prevention, PLACES: County Data** (GIS Friendly Format), 2025 release; https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2025-releas/i46a-9kgh/about_data.
- This study utilizes a state level data from **Center for Disease Control and Prevention, Chronic Disease Indicators**; https://data.cdc.gov/Behavioral-Risk-Factors/Behavioral-Risk-Factor-Surveillance-System-BRFSS-A/d2rk-yvas/about_data.
- The **Centers for Medicare & Medicaid Services, Office of Minority Health**, provides public tools to better understand disparities in chronic diseases. Data can be accessed at: https://data.cms.gov/mapping-medicare-disparities.
- The **U.S. Census Bureau's Small Area Health Insurance Estimates** program produces the only source of data for single-year estimates of health insurance coverage status for all counties in the U.S. by selected economic and demographic characteristics. Data can be accessed at: https://www.census.gov/data-tools/demo/sahie/index.html.
- The **U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA)** provides Medically Underserved Area / Population and Health Professional Shortage Area scores, and can be accessed at: https://datawarehouse.hrsa.gov/tools/analyzers.aspx.

Community Survey

- CHC Consulting worked with GRMC to distribute an electronic survey in February of 2026. The analysis was conducted by Raegen Price, Senior Planning Analyst.

DATA REFERENCES

Distressed Communities Index

- The Distressed Communities Index (DCI) brings attention to the deep disparities in economic well-being that separate U.S. communities. The latest Census data is used to sort zip codes, counties, and congressional districts into five quintiles of well-being: **prosperous**, **comfortable**, **mid-tier**, **at risk**, and **distressed**. The index allows us to explore disparities within and across cities and states, as well.
- The seven components of the index are:
    1. **No high school diploma:** Share of the 25 and older population without a high school diploma or equivalent.
    2. **Housing vacancy rate:** Share of habitable housing that is unoccupied, excluding properties that are for seasonal, recreational, or occasional use.
    3. **Adults not working:** Share of the prime-age (25-54) population that is not currently employed.
    4. **Poverty rate:** Share of the population below the poverty line.
    5. **Median income ratio:** Median household income as a share of metro area median household income (or state, for non-metro areas and all congressional districts).
    6. **Changes in employment:** Percent change in the number of jobs over the past five years.
    7. **Changes in establishments:** Percent change in the number of business establishments over the past five years.

Source: Economic Innovation Group, Methodology; https://eig.org/distressed-communities/?geo=counties&lat=38.55&lon=-96.42&z=4.09; data accessed April 8, 2026.

2026 Poverty Guidelines

2026 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA	
Persons in family/household	**Poverty guideline**
1	$15,960
2	$21,640
3	$27,320
4	$33,000
5	$38,680
6	$44,360
7	$50,040
8	$55,720
For families/households with more than 8 persons, add $5,680 for each additional person.	

Source: Poverty Guidelines, Office Of The Assistant Secretary For Planning and Evaluation, https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines; data accessed April 9, 2026.

HPSA AND MUA/P INFORMATION

Health Professional Shortage Areas

Background

- Health Professional Shortage Areas (HPSAs) are designations that indicate health care provider shortages in:
  - Primary care
  - Dental health
  - Mental health
- These shortages may be geographic-, population-, or facility-based:
  - Geographic Area: A shortage of providers for the entire population within a defined geographic area.
  - Population Groups: A shortage of providers for a specific population group(s) within a defined geographic area (e.g., low income, migrant farmworkers, and other groups)
  - Facilities:
    - Other Facility (OFAC)
    - Correctional Facility
    - State Mental Hospitals
    - Automatic Facility HPSAs (FQHCs, FQHC Look-A-Likes, Indian Health Facilities, HIS and Tribal Hospitals, Dual-funded Community Health Centers/Tribal Clinics, CMS-Certified Rural Health Clinics (RHCs) that meet National Health Service Corps (NHSC) site requirements)

Source: U.S. Department of Health and Human Services, Health Resources and Services Administration, filtered for Young County, TX, https://data.hrsa.gov/tools/shortage-area/hpsa-find; data accessed May 22, 2026.

Health Professional Shortage Areas

Background (continued)

- HRSA reviews these applications to determine if they meet the eligibility criteria for designation. The main eligibility criterion is that the proposed designation meets a threshold ratio for population to providers.
- Once designated, HRSA scores HPSAs on a scale of 0-25 for primary care and mental health, and 0-26 for dental health, with higher scores indicating greater need.

Source: U.S. Department of Health and Human Services, Health Resources and Services Administration, filtered for Young County, TX, https://data.hrsa.gov/tools/shortage-area/hpsa-find; data accessed May 22, 2026.

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date
Mental Health	7488214995	Young County	Geographic HPSA	Texas	Young County, TX	0.88	19	NA	Designated	Rural	04/14/2000	09/22/2025

Component State Name	Component County Name	Component Name	Component Type	Component GEOID	Component Rural Status
Texas	Young	Young	Single County	48503	Rural

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date
Primary Care	1482153393	LI - Young County	Low Income Population HPSA	Texas	Young County, TX	1.37	16	15	Designated	Rural	12/06/2010	09/22/2025

Component State Name	Component County Name	Component Name	Component Type	Component GEOID	Component Rural Status
Texas	Young	Young	Single County	48503	Rural

Medically Underserved Areas/Populations

Background

- Medically Underserved Areas (MUAs) and Medically Underserved Populations (MUPs) are areas or populations designated by HRSA as having too few primary care providers, high infant mortality, high poverty or a high elderly population.
- MUAs have a shortage of primary care services for residents within a geographic area such as:
  - A whole county
  - A group of neighboring counties
  - A group or urban census tracts
  - A group of county or civil divisions
- MUPs are specific sub-groups of people living in a defined geographic area with a shortage of primary care services. These groups may face economic, cultural, or linguistic barriers to health care. Examples include, but are not limited to:
  - Homeless
  - Low income
  - Medicaid eligible
  - Native American
  - Migrant farmworkers

Source: U.S. Department of Health and Human Services, Health Resources and Services Administration, filtered for Young County, TX, https://data.hrsa.gov/tools/shortage-area/mua-find; data accessed May 22, 2026.

Medically Underserved Areas/Populations

Background (continued)

- The Index of Medical Underservice (IMU) is applied to data on a service area to obtain a score for the area. IMU is calculated based on four criteria:
  1. Population to provider ratio
  2. Percent of the population below the federal poverty level
  3. Percent of the population over age 65
  4. Infant mortality rate
- The IMU scale is from 1 to 100, where 0 represents 'completely underserved' and 100 represents 'best served' or 'least underserved.'
- Each service area or population group found to have an IMU of 62.0 or less qualifies for designation as a Medically Underserved Area or Medically Underserved Population.
- *Please note that there are currently no Medically Underserved Areas or Medically Underserved Populations designations in Young County, Texas.*

Source: U.S. Department of Health and Human Services, Health Resources and Services Administration, filtered for Young County, TX, https://data.hrsa.gov/tools/shortage-area/mua-find; data accessed May 22, 2026.

Section 2:

Implementation Plan

Graham Regional Medical Center
FY 2027 - FY 2029 Implementation Plan

A comprehensive, six-step community health needs assessment ("CHNA") was conducted for Graham Regional Medical Center (GRMC) by Community Hospital Consulting (CHC Consulting). This CHNA utilizes relevant health data and stakeholder input to identify the significant community health needs in Young County, Texas.

The CHNA Team, consisting of leadership from GRMC, reviewed the research findings in May 2026 to prioritize the community health needs. Four significant community health needs were identified by assessing the prevalence of the issues identified from the health data findings combined with the frequency and severity of mentions in community input. The CHNA Team participated in a roundtable discussion prioritization process to rank the community health needs based on three characteristics: size and prevalence of the issue, effectiveness of interventions, and their capacity to address the need.

The list of prioritized needs, in descending order, is listed below:
1.) Prevention, Education and Services to Increase Community Awareness and Address Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles
2.) Access to Specialty Care Services and Providers
3.) Access to Affordable Care and Reducing Health Disparities Among Vulnerable Populations
4.) Access to Mental and Behavioral Health Care Services and Providers

Once this prioritization process was complete, the GRMC leadership discussed the results and decided to address all four of the needs in various capacities through a hospital specific implementation plan. Hospital leadership has developed an implementation plan to identify specific activities and services which directly address the four priorities. The objectives were identified by studying the prioritized health needs, within the context of the hospital's overall strategic plan and the availability of finite resources. The plan includes a rationale for each priority, followed by objectives, specific implementation activities, responsible leaders, and annual updates and progress (as appropriate).

The GRMC Board reviewed and adopted the 2026 Community Health Needs Assessment and Implementation Plan on October 22, 2026.

Priority #1: Prevention, Education and Services to Increase Community Awareness and Address Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles

Rationale:

Young County chronic conditions and health risk mortality rates are higher than those of Texas across the following leading causes of death: diseases of the heart, malignant neoplasms, chronic lower respiratory diseases, Alzheimer's disease, COVID-19, cerebrovascular diseases, accidents (unintentional injuries), diabetes mellitus, chronic liver disease and cirrhosis, and Parkinson's disease. Cancer rates are a significant concern, as the county has a higher incidence rate than the state for prostate cancer, breast cancer, lung and bronchus cancer, and colon and rectum cancer. Furthermore, Young County has a higher mortality rate specifically for breast cancer, lung and bronchus cancer, and colon and rectum cancer compared to the state. The prevalence of other conditions is also elevated, with a higher percentage of adults being obese in the county compared to the state. Medicare beneficiaries in Young County experience higher rates of both diabetes and hypertension than the state. Additionally, a higher percentage of adults currently have asthma and arthritis compared to Texas. Disability rates are concerning, with a higher percentage of both adults and Medicare beneficiaries living with a disability compared to the state. Lifestyle risk factors are more prevalent in Young County, as a higher percentage of adults report having no leisure-time for physical activity, binge drinking, and currently smoking as compared to the state. The county also exhibits a higher teen birth rate than both the state and the nation. Preventative care utilization is lacking in Young County, as a lower percentage of females received mammography screenings in the past year compared to the state. Similarly, a lower percentage of Medicare beneficiaries in Young County received a flu shot in the past year or have ever received a pneumonia shot compared to Texas.

The Graham Regional Medical Center (GRMC) 2026 CHNA survey respondents mentioned a lack of park/rec services to build/maintain a healthy lifestyle as a community concern. 76.5% of respondents believe individuals in the community do not understand the difference between a primary care clinic, urgent care/after hours clinic and the emergency room. When asked to select reasons why, survey respondents selected lack of after hour care options and lack of established relationship with a primary care provider as the top two reasons.

The majority of respondents believe that community members get their health-related education from the internet and social media followed by a healthcare provider. When respondents were asked to select which health education, promotion, and preventive services are lacking in the community, nutrition/dietary programs was a top response.

Objective:

Implement programs and provide educational opportunities that seek to address unhealthy lifestyles and behaviors in the community

	Implementation Activity	Responsible Leader(s)	Current Examples (if applicable)	FY 2027		FY 2028		FY 2029	
				Status	Progress Updates	Status	Progress Updates	Status	Progress Updates
1.A.	GRMC will continue to host and/or participate in local health-related events to promote hospital services and education to community members.	Administration, EMS Director	hospital website, Annual Health Summits, Emergency Preparedness, regular CEO updates in public groups and private settings, Live Action Shooter trainings, Community Tornado Preparedness, GRMC Annual Health Fair, Young County AgriLife Extension, local 5K and bike ride events, EMS Ambulance student tours, EMT Basic Training Course, and CPR, ALS and BLS classes						
1.B.	GRMC will continue to provide local school districts with Stop the Bleed Kits. Stop the Bleed encourages bystanders to become trained, equipped, and empowered to help in a bleeding emergency before a professional arrives.	CCO	Stop the bleed, CPR, basic first aid support for Graham and Newcastle school districts						
1.C.	GRMC continues to offer its Fitness and Rehabilitation Center as a hospital-based wellness and fitness facility committed to ensuring good health for the community.	CHRO	Free membership to employees						
1.D.	GRMC will continue to provide smoking cessation education to appropriate patients and is exploring the provision of discounted resources through 340B.	CCO, Respiratory Lead, Nursing Management	All patients registered to Surgery, Med-Surg, and ER are screened for tobacco use and offered cessation education for a positive screen						

Implementation Activity		Responsible Leader(s)	Current Examples (if applicable)	FY 2027		FY 2028		FY 2029	
				Status	Progress Updates	Status	Progress Updates	Status	Progress Updates
1.E.	GRMC personnel will continue to serve in leadership roles and as volunteers with many agencies and committees in the community.	Administration	Water safety education, Graham Crisis Center and Community Food bank, Virginia's House – Child Advocacy, North Texas Health Care Coalition, Regional Advisory Council on Trauma Service area C, NCTC Foundation Board, NCTC Advisory Board, Weatherford College Advisory Board, TSTC Advisory Board						
1.F.	GRMC utilizes their marketing efforts through various media outlets to promote educational content, services, and resources for the community.	Administration, Marketing	Website, Facebook, Instagram, LinkedIn						

Priority #2: Access to Specialty Care Services and Providers

Rationale:

Young County is designated as a Health Professional Shortage Area as defined by the U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA). The GRMC 2026 CHNA survey respondents selected recruiting specialties who can provide services that are not currently available as the top public health initiative in the community. Additionally, recruiting more health care providers was a top public health initiative in the community. When respondents were asked to select barriers to specialty care, long wait times for an appointment, an insufficient number of providers, and lack of access due to provider distance were selected as top barriers for specialty care.

When asked which (if any) specialists or services were needed/desired in the community, respondents noted the following services: OB/GYN, Cardiology / Cardiac Surgery, Dermatology, Endocrinology, Neurology, Pediatrics, Primary Care (Internal Medicine), Audiology, Cancer (Oncology), Naturopathic Medicine, Orthopedics, and Pain Management. Some respondents further specified, "For veterans, I hope we can acquire one specialist for each area of care that is in network with the VHA Tri-West CCN".

Objective:

Provide a point of access for specialty care services in the community

	Implementation Activity	Responsible Leader(s)	Current Examples (if applicable)	FY 2027		FY 2028		FY 2029	
				Status	Progress Updates	Status	Progress Updates	Status	Progress Updates
2.A.	GRMC continues to offer a variety of specialty services to increase local access to care and care coverage, and explores the feasibility of expanding services to benefit the community, as opportunities arise.	CEO	Podiatry, GYN, G.I. procedures, ophthalmology, spine procedures, orthopedics, outreach clinic for General Surgery, pain proceduralist						
2.B.	GRMC strengthens patients' continuum of care by participating in the system-wide electronic medical record (EMR). GRMC physicians can access the EMR as necessary to properly care for patients discharged from the hospital and needed follow up care at clinics. Staff will establish necessary follow up specialty care visits for clinic patients upon discharge as well. Patients are able to access the portal to access their health information as necessary.	Administration	Remote access to hospital Meditech & CareLink for a tertiary care hospital						
2.C.	GRMC is working on obtaining certifications in Stroke (Emergency Department), Pediatric Care (Emergency Department), and Orthopedics. GRMC will also continue to evaluate other certificate and accreditation opportunities.	CCO	DNV, DNV ISO 9001, Acute Heart Attack Ready Certification						
2.D.	GRMC will continue to serve as a clinical site for health care students from several local academic institutions to rotate through the facility.	CCO, CHRO	Schools: Weatherford College, MSU, Abilene Christian, UT Arlington Students: physical therapy, radiology, nursing, scrub techs, PAs, lab, family medicine						
2.E.	In collaboration with HCA Medical City, GRMC will continue to utilize telehealth services for applicable patients.	CEO, CCO, CIO	tele stroke, teleradiology, telehealth visits for YCFC						
2.F.	GRMC speaks to GHS students about hospital employment opportunities and healthcare career paths. Additionally, GRMC awards scholarships to high school students pursuing higher education with a career in healthcare.	CEO	Annual scholarships awarded each April						

Priority #3: Access to Affordable Care and Reducing Health Disparities Among Vulnerable Populations

Rationale:

Young County demonstrates worse rates than the state across various socioeconomic and demographic metrics. Young County has an older median age compared to the state, and has a lower percentage of residents holding a bachelor's or advanced degree. Economically, the area faces significant challenges, as the median household income is lower than the state's, and transportation is estimated to be the highest monthly cost for residents. There is a higher percentage the total population living in poverty and children living below the poverty line compared to Texas. Residents face limited access to food resources, as a higher estimated percentage of both the general population and children are food insecure compared to the state, with this food insecurity also being higher specifically among Latino and White Non-Hispanic subpopulations. The average meal cost for a resident is higher in Young County than in Texas. Additionally, access to care and resources is restricted, with a higher percentage of adults being uninsured compared to the state, and a higher percentage of households having no motor vehicle compared to the state.

The GRMC 2026 CHNA survey respondents selected increasing the availability of safe, affordable housing as a top public health initiative. When asked about the top public health initiatives in the community, a respondent further clarified, “Including more providers and services in the Tri-West Veterans Healthcare Administration Community Care Network.” 61.1% of respondents believe not everyone in the community has adequate access to health services, resources, and opportunities to stay healthy. When asked which groups are lacking adequate access to health services and resources, low income/working poor and the homeless population were the top groups selected. Lack of reliable transportation was selected by survey respondents as a top five community concern. No co-pays/up front costs at the ER was selected as a top reason why individuals might choose to use the emergency room rather than a clinic or urgent care for non-emergent needs.

When respondents were asked to select barriers across different healthcare settings, limitations for hourly employees was selected as a top barrier for primary care, dental care, and vision care. In addition, lack of coverage/financial hardship was selected as a top barrier for primary care, dental care, specialty care and vision care. Insurance authorization or referral delays were selected for vision care, dental care, and specialty care. When respondents were asked to select which health education, promotion, and preventive services are lacking in the community, understanding health insurance options was a top response.

Survey respondents also pointed out distinct populations facing severe health disparities and critical barriers to healthcare services: adults frequently put off services due to limited access and a failure to qualify for age-specific programs, while the pediatric and maternal populations suffer from a near-total absence of local resources, including a lack of pediatricians, OBGYN services, and labor and delivery capabilities in Graham. Low-income, unemployed, and underinsured individuals face overwhelming financial stress where "everything is expensive," leading them to rely on cheap, non-nutritive meals and forgo care due to an inability to afford insurance or take time off work without qualifying for free programs. Homeless individuals are without local shelters or public transportation, noting that while a transition clinic exists in Wichita Falls, there are no known income-based programs in Young County. This lack of public transit and the scheduling limitations of services like Sharplines—which restricts its bus access primarily to seniors—severely restricts healthcare access for anyone without a personal vehicle. For those struggling with mental health or substance abuse, respondents reported an absence of treatment sources, citing inconsistent services from Helen Farabee and a lack of insurance coverage for private counseling. Concurrently, individuals who lack social or emotional support systems have few groups checking on their well-being outside of healthcare providers or senior centers. Seniors and retirees face their own access barriers because Medicare fails to cover essential costs like hearing aids, dentures or eyeglasses. Finally, veterans and military families are underserved due to a lack of an in-network VHA urgent care for non-emergent needs in Young County, compounding the issue with a highly limited local Community Care Network of PCPs who require refresher training on "Request for Services" protocols when referring patients back to the Dallas VAMC. One respondent noted, “Healthcare needs a lot of improvements to be available to everyone”.

Objective:

Implement and offer programs that aim to reduce health disparities by targeting specific populations

	Implementation Activity	Responsible Leader(s)	Current Examples (if applicable)	FY 2027		FY 2028		FY 2029	
				Status	Progress Updates	Status	Progress Updates	Status	Progress Updates
3.A.	GRMC will continue to work with a member of the TORCH CIN model to deliver medical home and ACO for our traditional Medicare and Advantage Plan clinic patients at our rural health clinic to expand access to primary and preventative care.	CEO	Membership in TORCH CIN						
3.B.	GRMC will continue to connect patients to affordable resources when available and on an as needed basis.	CEO, Patient Financial Counselor, Social Worker	Transportation assistance, community home-based services, Salvation Army, medication assistance/support						
3.C.	GRMC offers a program for self-pay and those with high deductibles in order to offer certain services at a discounted rate to assist the community with their high deductible plans or individuals who are uninsured.	CFO	Pricing Transparency						
3.D.	GRMC will continue to host and/or participate in fundraising events and donation drives to benefit underserved organizations in the community.	CCO	Graham Humane Society of Young County, various blood drives, Graham Crisis Center, sport physicals, food pantries, safety gear (EX: bike helmets) for youth at annual health fair						
3.E.	GRMC provides a video translation resource in multiple languages for the non-English speaking population and for the vision and hearing impaired at multiple locations across the campus.	Administration	AMN Healthcare, 45 languages						
3.F.	GRMC will continue to provide services to eligible uninsured and underinsured individuals as outlined in our charity care policy, which is available to every patient on admission. This allows patients and/or families to know the details of how they may qualify for reduction or elimination of any balance owed by them for services we provide. In addition, GRMC offers financial assistance to patients who have an economic need and meet the qualifications of the financial assistance policy. If financial assistance is needed, GRMC encourages patients to complete an application to see if they qualify.	CEO, CFO	Charity care Policy						

Implementation Activity		Responsible Leader(s)	Current Examples (if applicable)	FY 2027		FY 2028		FY 2029	
				Status	Progress Updates	Status	Progress Updates	Status	Progress Updates
3.G.	GRMC offers a variety of free or reduced price health screenings to the community and/or support local partners with organizations that provide services to vulnerable populations.	Administration	Annual Health Summits, Emergency Preparedness, regular CEO updates in public groups and private settings, Shooter trainings, Community Tornado Preparedness, GRMC Annual Health Fair, Young County AgriLife Extension, local 5K and bike ride events, and CPR, ALS and BLS classes						
3.H.	GRMC continues to support the elderly population in the community by offering specific programs and collaborating with local organizations.	Administration	Graham Oaks, Garden Terrace, fall prevention training						

Priority #4: Access to Mental and Behavioral Health Care Services and Providers

Rationale:

Regarding access to mental and behavioral health care services, Young County residents face greater challenges than the state. A higher percentage of both the general adult population and Medicare beneficiaries experience depression compared to Texas. Furthermore, the percentage of adults who self-report that their mental health was not good for 14+ days is higher than the state. Data indicates that accessing treatment for these issues is more difficult, as the population-to-mental-health-care-provider ratio in Young County is higher than both the state and the nation.

The GRMC 2026 CHNA survey respondents selected improving access to mental and behavioral health services and resources as a top public health initiative in the community. When asked which groups are lacking adequate access to health services and resources, survey respondents selected persons with mental illness as a top group. Mental health problems were the top community concern selected by survey respondents followed by substance abuse (drugs/alcohol) also being selected as a top concern. When respondents were asked to select barriers across different healthcare settings, lack of access due to provider distance, difficulty navigating system/lack of awareness of available resources, an insufficient number of providers, insurance authorization or referral delays, lack of coverage/financial hardship, and limitations for hourly employees were selected as top barriers for mental/behavioral health care. Mental health, including psychiatry and psychology, was mentioned as a top specialty needed and/or desired in the community. When respondents were asked to select which health education, promotion, and preventive services are lacking in the community, mental health programs were the top response as well as substance use treatment being a top response.

Objective:

Provide a point of access for mental health services in the community

	Implementation Activity	Responsible Leader(s)	Current Examples (if applicable)	FY 2027		FY 2028		FY 2029	
				Status	Progress Updates	Status	Progress Updates	Status	Progress Updates
4.A.	GRMC will continue to collaborate with local organizations in connecting patients with the appropriate level of care based on the patient's mental and behavioral health needs, as opportunities arise.	CEO, CCO	Virginia's House						
4.B.	GRMC is exploring the possibility of adding mental health professionals to the hospital staff.	CEO	Rural Health Clinic need for LCSW	Search for staff & space in clinic					
4.C.	GRMC is exploring the feasibility of establishing a geri-psych outpatient program.	CEO	IOP	Search for staff & compliant location.					

Section 3:

Feedback, Comments and Paper Copies

INPUT REGARDING THE HOSPITAL'S CURRENT CHNA

CHNA Feedback Invitation

- Graham Regional Medical Center invites all community members to provide feedback on its existing CHNA and Implementation Plan.
- To provide input on this CHNA, please see details at the end of this report or on the hospital website at the site of this download.

Feedback, Questions or Comments?

Please address any written comments on the CHNA and Implementation Plan and/or requests for a copy of the CHNA and Implementation Plan to:

Administration – Community Health Needs Assessment
Graham Regional Medical Center
1301 Montgomery Road
Graham, TX 76450

Please find the most up to date contact information on the Graham Regional Medical Center website under “About” then “Community Health Needs Assessment”:
https://www.grahamrmc.com/community-health-needs-assessment

THANK YOU

FOR MORE INFORMATION, PLEASE CONTACT

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