Graham Regional Medical Center

Community Health Needs Assessment and Implementation Plan

July 2023

Graham Regional Medical Center

CHC
Community Hospital Consulting

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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, 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 an 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.

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

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…

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

…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."

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

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.

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

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...

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

... 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…

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

…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].”

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

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…

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

… 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 individual 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.”

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 on December 29, 2014.
- While 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
  - Prioritize the needs of the community served by the hospital
  - Create an implementation plan that addresses the prioritized needs for the hospital
- In meeting these objectives, GRMC will have the ability to focus their efforts and resources on the most significant health needs identified within their community.

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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 phone interviews 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
  - 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

Process and Methodology

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 interviewed.
- CHC Consulting conducted the following research:
  - A demographic analysis of the study area, utilizing demographic data from Syntellis
  - A study of the most recent health data available
  - Conducted one-on-one phone interviews with individuals who have special knowledge of the communities and analyzed the results
  - Facilitated the review of collected data in May 2023 with the CHNA team. The CHNA Team included:
    - Shane Kernell, Chief Executive Officer
    - Terri Busey, Chief Human Resources Officer
    - Enoc Espinoza, Chief Nursing Officer
    - Bob Lonis, Chief Financial Officer
    - Pamela Harvell, Director of Quality, Infection Control, Risk Management, & Clinical Informatics
    - Erin Ray, Case Management Director
    - Joy Moody, Social Worker
    - Tammy Whittenburg, Executive Assistant & Marketing
- 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.

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Process and Methodology

Methodology (continued)

- GRMC Biography
  - Background information about GRMC, mission, vision, values 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 January 1, 2021 – December 31, 2021 and discussions with hospital staff
- Demographics of the Study Area
  - Population demographics include population change by race, ethnicity, age, median income analysis, unemployment and economic statistics in the study area
  - Demographic data sources include, but are not limited to, Syntellis, the U.S. Census Bureau, the United States Bureau of Labor Statistics and Feeding America
- 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, SparkMap, United States Census Bureau, and the Centers for Disease Control and Prevention

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Process and Methodology

Methodology (continued)

– Interview Methodology

- GRMC provided CHC Consulting with a list of persons with special knowledge of public health in Young County, including other individuals who focus specifically on underrepresented groups
- From that list, eighteen in depth phone interviews were conducted using a structured interview guide
- Extensive notes were taken during each interview and then quantified based on responses, communities and populations (minority, elderly, un/underinsured, etc.) served, and priorities identified by respondents.
- Qualitative data from the interviews were also analyzed and reported.

– Prioritization Strategy

- Five 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 interviews
- 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

CHC Community Hospital Consulting

HOSPITAL BIOGRAPHY

Hospital Biography

About Graham Regional Medical Center

Our Story

In 1924, the founding members of the city of Graham and local physicians realized the importance of having a modern hospital in the city. This hospital was a benevolent foundation to be turned over to the city of Graham after 25 years. M.K. Graham not only donated the land to build the hospital, but offered $20,000 if the citizens would match this amount. Within three days of the challenge, 75% of the money had been raised, and thus Graham General Hospital was begun and remained on Cherry Street until 1957.

In 1956, under the Hill-Burton Act, Graham General Hospital was constructed on its current location and was officially opened in 1957. Since that time, expansions and improvements to the hospital have been made through the generosity and support of this community.

In 1997, a Graham Hospital Foundation was formed and a new $6.2 million expansion of the hospital was started. A $1.4 million challenge grant was issued by local benefactors of Graham to match these funds for the new facility. One year after the project was started, 99% of the money pledged had been collected.

This expansion increased the emergency room to more than 3,600 square feet and included a designated trauma room, cardiac room, 3-bed general room, OB, and pediatric room. A new outpatient surgery area was also added that included operating rooms with state-of-the-art equipment. In addition to that expansion, the hospital was redesigned to include a 3,500 square foot clinic complete with its own patient waiting area for the various specialists who come to Graham on a weekly basis. Specialists utilizing this clinic are gastroenterologists, neurologists, urologists, orthopedics, and cardiologists.

Source: Graham Regional Medical Center: "About", https://www.grahamrmc.com/about; accessed March 10, 2023.

Hospital Biography

Mission, Vision & Values

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 health care and diagnostic services delivered by a modern professional team that exceeds customer expectations for quality and service.

Values

- Quality
- Service
- Excellence
- Compassion
- Integrity
- Professionalism
- Fiscal Responsibility

Source: Graham Regional Medical Center, Patient Information Guide, chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www.grahamrmc.com/Content/Uploads/Graham/files/GRMH081220.pdf; accessed May 8, 2023.

Hospital Biography

Hospital Services

- Cardiac & Pulmonary Rehab
- Diagnostic Imaging
  - General Diagnostic X-Ray
  - Cardiac Calcium Scoring
  - Echocardiogram
  - Stress Echocardiogram
  - Myocardial Perfusion Imaging
  - Computed Tomography (CT) GE Lightspeed 64 Slice
  - Fluoroscopy
  - Mammography
  - Ultrasound
  - Magnetic Resonance Imaging (MRI) High Field
  - Nuclear Medicine
- Emergency Department & EMS
- Fitness Center
  - Water Aerobics
  - Water Volleyball
  - Zumba
  - Total Tone
  - Yoga
  - Lunch Hour Bootcamp
- General Surgery Clinic
  - Colonoscopy
  - Hernia Repair
  - Gall bladder removal
  - Specializes in Breast & Colorectal Surgery
  - Skin Conditions / Masses
  - Upper Endoscopy
  - Orbera Balloon
  - Appendectomy
- Infusion Therapy
  - Antibiotics
  - Blood Transfusions
  - Migraine Therapy
  - Fluid Replacement/Hydration
  - Iron, Magnesium and Electrolyte Therapy
  - Antibiotic Troughs and Lab available as needed
  - PICC Lines, IVs and Mid Line care (initiation, flush and removal)
- Orthopedic Clinic
  - Total Shoulder, Knee and Hip Arthroplasty
  - Fracture Repairs
  - Rotator Cuff Repairs
  - InSpace Balloon shoulder implant (Stryker)
  - Excision of Cyst
  - Knee Arthroscopy
  - Carpal Tunnel Release
  - Trigger Finger Release
- Physical & Occupational Therapy
- Senior Focus
- Surgery Services
  - General Surgery
  - Orthopedics
  - Ophthalmic Procedures
  - Pain Management
  - Colonoscopy and GI Procedures
  - Breast Surgery
- Young County Family Clinic

Source: Graham Regional Medical Center: Drop-down "Services", https://www.grahamrmc.com/; accessed March 10, 2023.

STUDY AREA

Graham Regional Medical Center

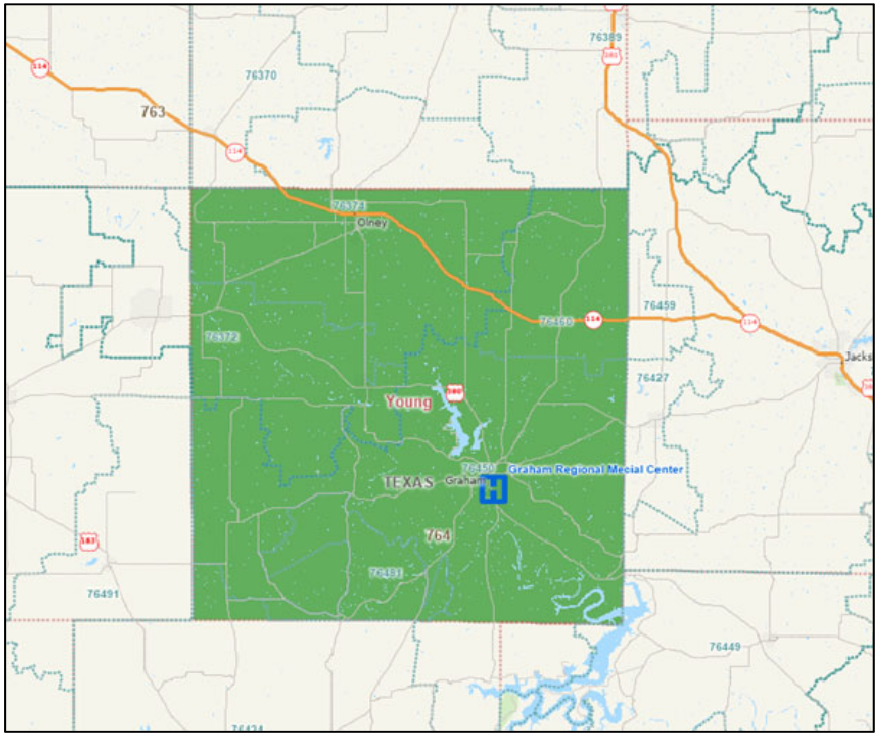
Study Area

- Young County comprises 72.4% of CY 2021 Inpatient Discharges
- Indicates the hospital

Graham Regional Medical Center
Patient Origin by County
January 1, 2021 - December 31, 2021

County	State	CY21 Inpatient Discharges	% of Total	Cumulative % of Total
Young County	Texas	218	72.4%	72.4%
All Others		83	27.6%	100.0%
Total		**301**	**100.0%**	

Source: Hospital inpatient discharge data provided by Texas Health Care Information Collection (THCIC) dataset, accessed from Syntellis, public use data files; CY 2021 (January 2021 - December 2021). Normal Newborns excluded.



Note: the 2019 GRMC CHNA and Implementation Plan report studied Young County, Texas.

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DEMOGRAPHIC OVERVIEW

Population Health

Population Growth

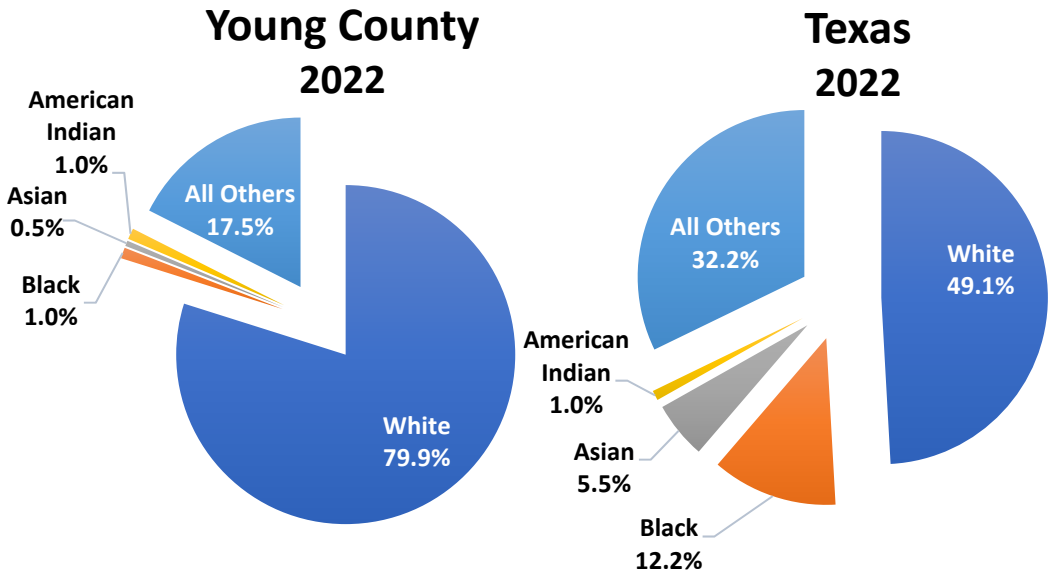
Projected 5-Year Population Growth
2022-2027

Overall Population Growth				
Geographic Location	**2022**	**2027**	**2022-2027 Change**	**2022-2027 % Change**
Young County	17,687	17,544	-143	-0.8%
Texas	30,157,100	31,502,395	1,345,295	4.5%

Source: Syntellis, Growth Reports, 2023.

Population Health

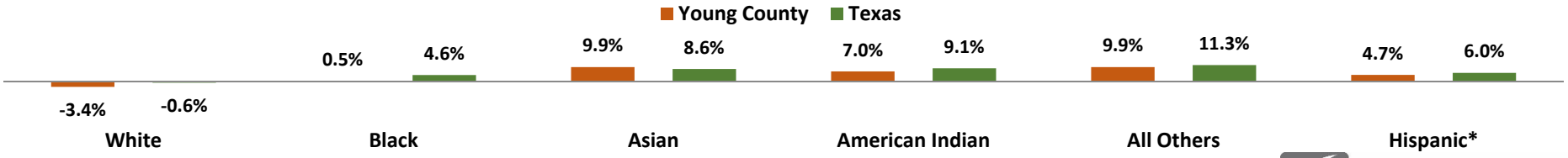
Population Composition by Race/Ethnicity



Young County				
Race/Ethnicity	**2022**	**2027**	**2022-2027 Change**	**2022-2027 % Change**
White	14,124	13,650	-474	-3.4%
Black	184	185	1	0.5%
Asian	91	100	9	9.9%
American Indian	185	198	13	7.0%
All Others	3,103	3,411	308	9.9%
Total	**17,687**	**17,544**	**-143**	**-0.8%**
Hispanic*	3,554	3,721	167	4.7%

Texas				
Race/Ethnicity	**2022**	**2027**	**2022-2027 Change**	**2022-2027 % Change**
White	14,810,314	14,721,193	-89,121	-0.6%
Black	3,677,321	3,844,683	167,362	4.6%
Asian	1,668,625	1,812,542	143,917	8.6%
American Indian	292,094	318,635	26,541	9.1%
All Others	9,708,746	10,805,342	1,096,596	11.3%
Total	**30,157,100**	**31,502,395**	**1,345,295**	**4.5%**
Hispanic*	11,954,786	12,673,865	719,079	6.0%

Race/Ethnicity Projected 5-Year Growth
2022-2027

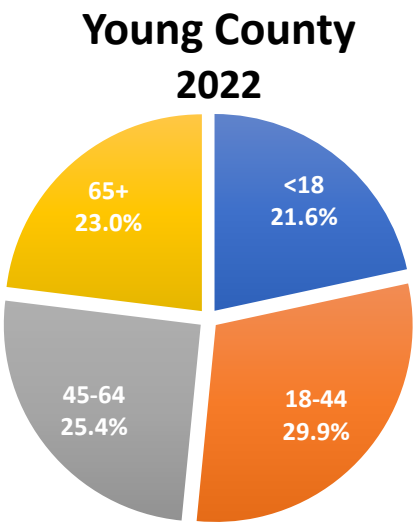


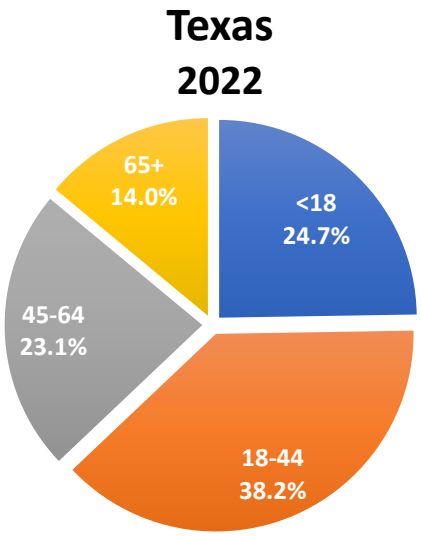
Source: Syntellis, Growth Reports, 2023.
*Hispanic numbers and percentages are calculated separately since it is classified as an ethnicity.
Note: A green highlighted row in the table represents the biggest change in true numbers in the population for the county and state.
Note: "All Others" is a category for people who do not identify with 'White', 'Black', 'American Indian or Alaska Native', or 'Asian'.

CHC Community Hospital Consulting

Population Health

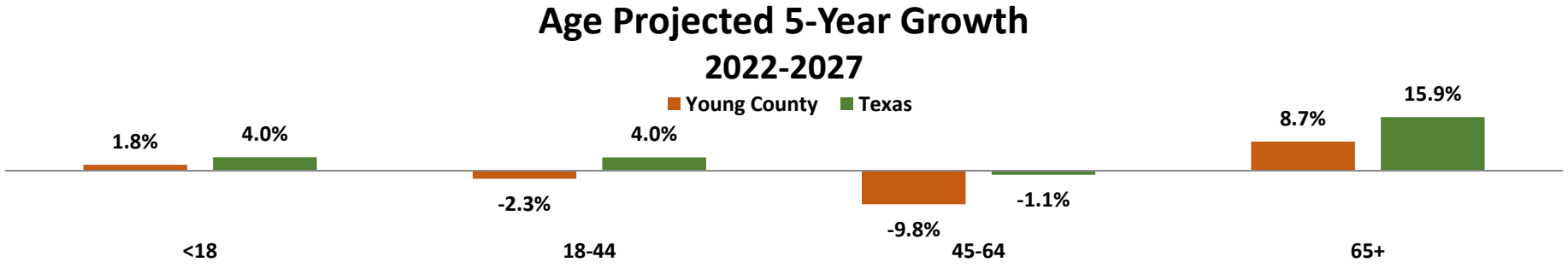
Population Composition by Age Group





Young County				
Age Cohort	**2022**	**2027**	**2022-2027 Change**	**2022-2027 % Change**
<18	3,821	3,889	68	1.8%
18-44	5,296	5,174	-122	-2.3%
45-64	4,494	4,052	-442	-9.8%
65+	4,076	4,429	353	8.7%
Total	**17,687**	**17,544**	**-143**	**-0.8%**

Texas				
Age Cohort	**2022**	**2027**	**2022-2027 Change**	**2022-2027 % Change**
<18	7,461,328	7,759,505	298,177	4.0%
18-44	11,515,467	11,972,902	457,435	4.0%
45-64	6,963,334	6,884,174	-79,160	-1.1%
65+	4,216,971	4,885,814	668,843	15.9%
Total	**30,157,100**	**31,502,395**	**1,345,295**	**4.5%**

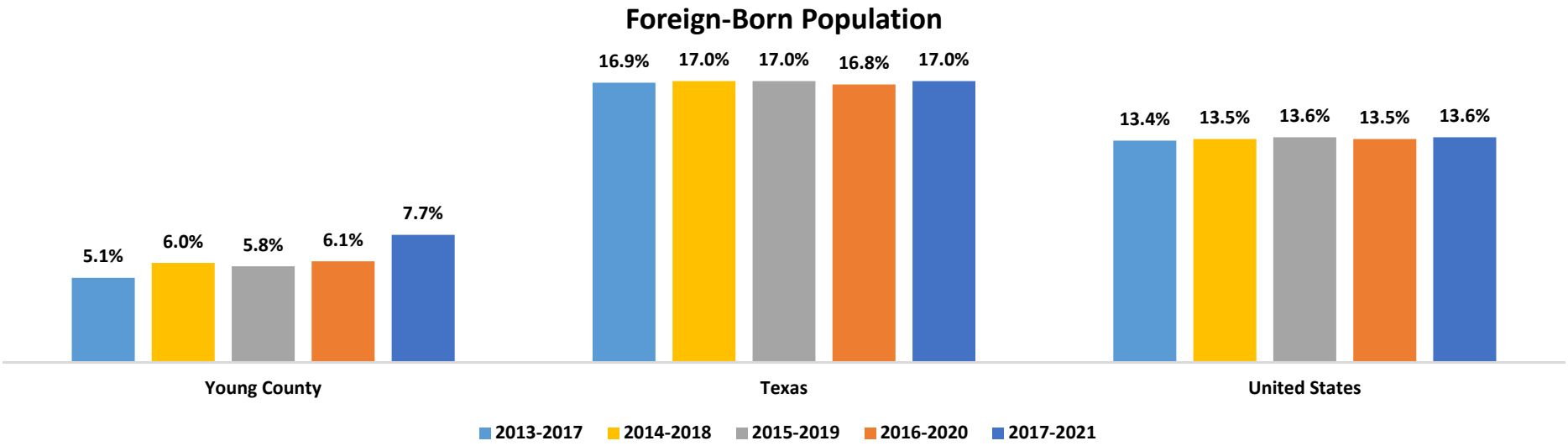


Source: Syntellis, Growth Reports, 2023.
Note: A green highlighted row in the table represents the biggest change in true numbers in the population for the county and state.

Population Health

Subpopulation Composition

- Between 2013 and 2021, the percent of foreign-born residents increased in Young County and remained flat in the state and the nation.
- Between 2013 and 2021, Young County had a lower percentage of foreign-born residents than the state and the nation.
- In 2017-2021, Young County (7.7%) had a lower percent of foreign-born residents than the state (17.0%) and the nation (13.6%).

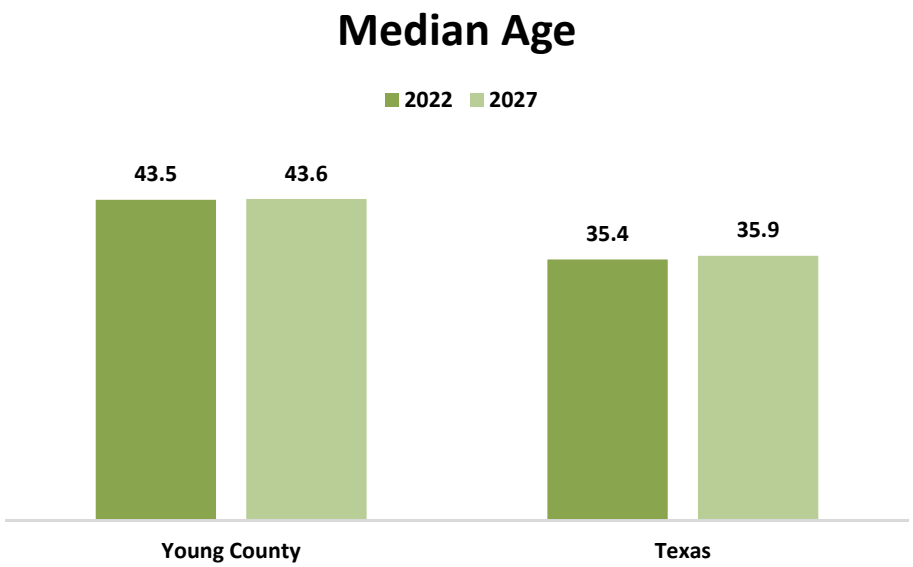


Source: United States Census Bureau, filtered for Young County, TX, https://data.census.gov/cedsci/table?q=foreign%20born&tid=ACSDP1Y2019.DP02; data accessed March 1, 2023.
Note: Foreign-born means an individual who was born outside of the United States but lives in the United States currently.

Population Health

Median Age

- The median age in Young County and the state is expected to remain flat over the next five years (2022-2027).
- Young County (43.5 years) has an older median age than Texas (35.4 years) (2022).

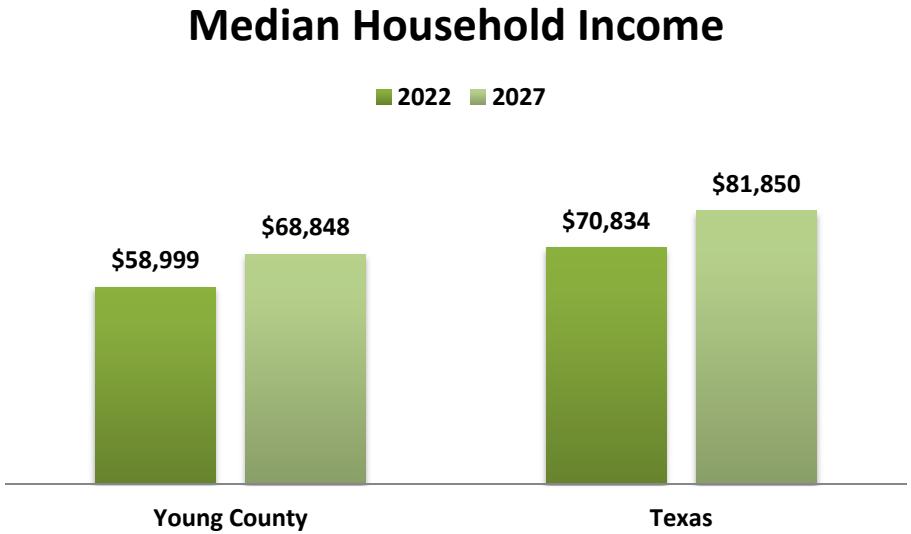


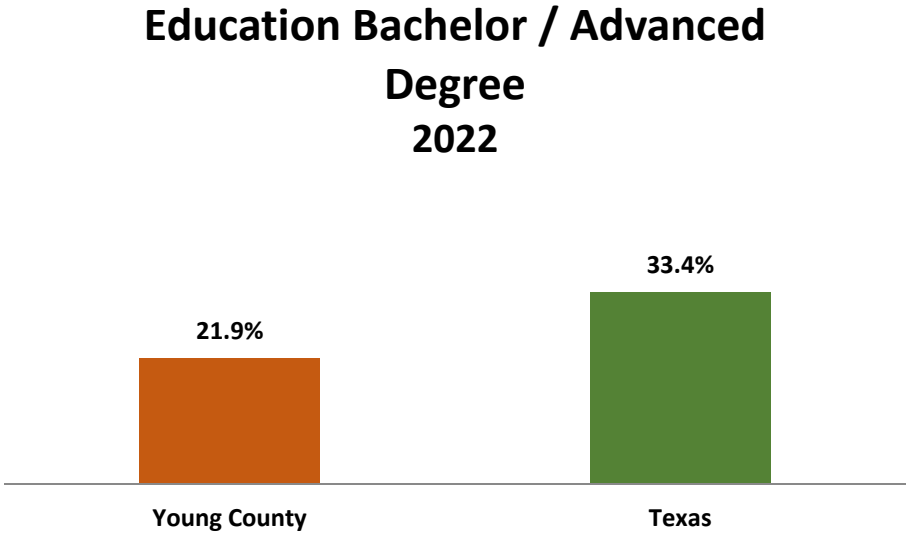
Source: Syntellis, Growth Reports, 2023.

Population Health

Median Household Income and Educational Attainment

- The median household income in both Young County and the state is expected to increase over the next five years (2022-2027).
- Young County ($58,999) has a lower median household income than Texas ($70,834) (2022).
- Young County (21.9%) has a lower percentage of residents with a bachelor or advanced degree than the state (33.4%) (2022).





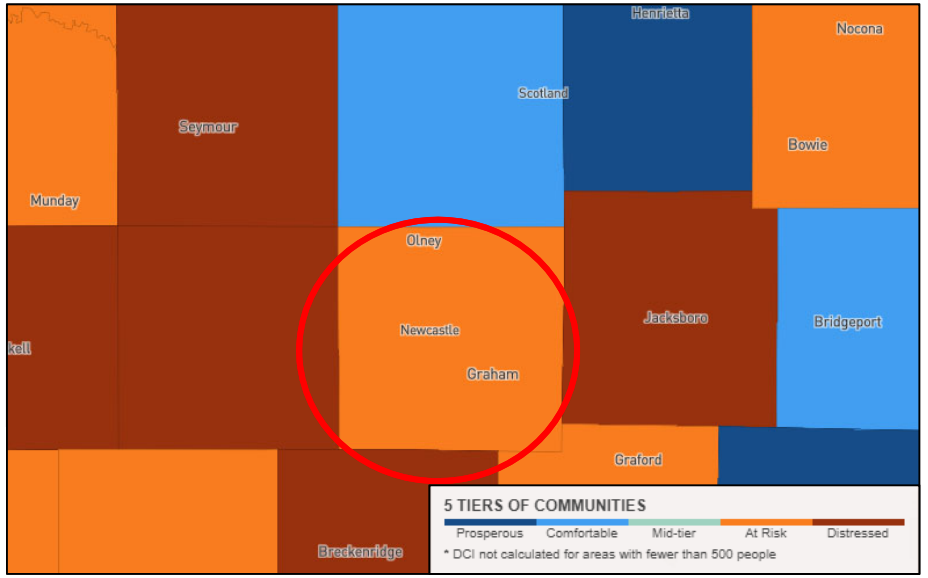
Source: Syntellis, Growth Reports, 2023.

Population Health

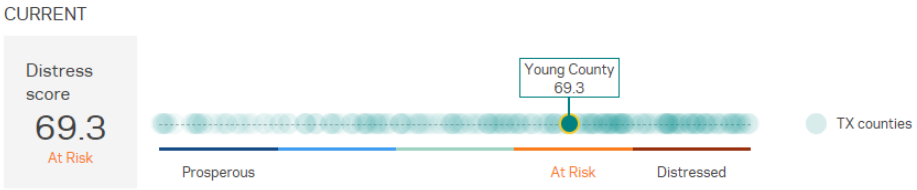
Distressed Communities Index

- In 2016-2020, 14.8% of the nation lived in a distressed community, as compared to 25.6% of the nation that lived in a prosperous community.
- In 2016-2020, 21.2% of the population in Texas lived in a distressed community, as compared to 27.0 % of the population that lived in a prosperous community.
- In 2016-2020, Young County had a distress score of 69.3, which falls within the at risk category and is more distressed as compared to other counties in the state.

	Texas	United States
Lives in a Distressed Community	21.2%	14.8%
Lives in a Prosperous Community	27.0%	25.6%



Young County



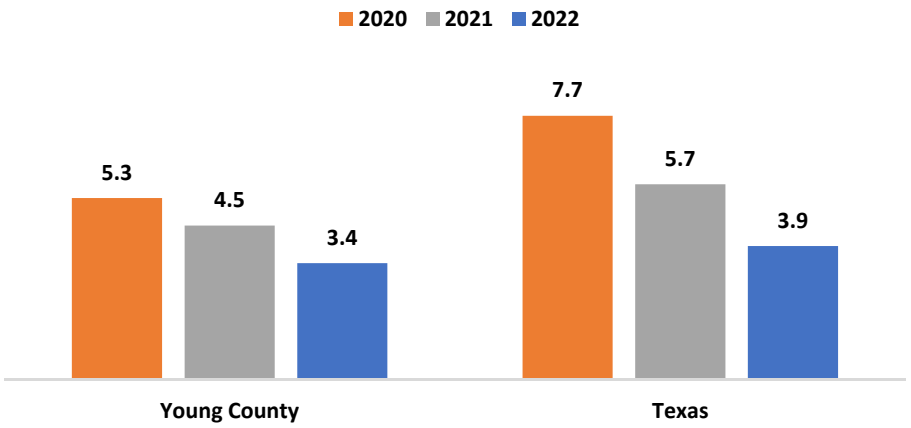
Source: Economic Innovation Group, 2022 DCI Interactive Map, filtered for Young County, TX, https://eig.org/distressed-communities/2020-dci-interactive-map/; data accessed February 28, 2023.
Definition: 'Prosperous' has a final score of 0 all the way up to 'Distressed', which has a final score of 100.
Note: 2022 DCI edition used U.S. Census Bureau's American Community Survey (ACS) 5 – Year Estimates covering 2016 -2020.
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.

Population Health

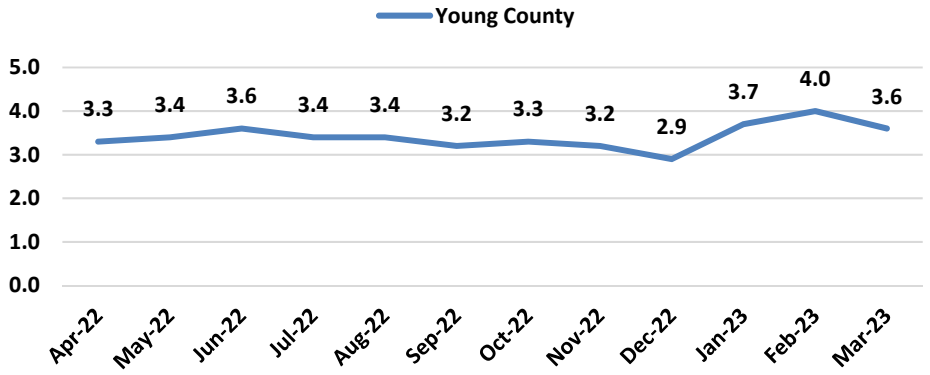
Unemployment

- Unemployment rates in Young County and the state decreased between 2020 and 2022.
- In 2022, Young County (3.4) had a lower unemployment rate than the state (3.9).
- Over the most recent 12-month time period, monthly unemployment rates in Young County overall increased. February 2023 had the highest unemployment rate (4.0) as compared to December 2022 with the lowest rate (2.9).

Unemployment
Annual Average, 2019-2021



Monthly Unemployment
Rates by Month
Most Recent 12-Month Period



Source: Bureau of Labor Statistics, Local Area Unemployment Statistics, www.bls.gov/lau/#tables; data accessed July 7, 2023.
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.

CHC Community Hospital Consulting

Population Health

Industry Workforce Categories

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

<u>Young County</u>

- Office & Administrative Support (11.4%)
- Management Occupations (10.6%)
- Construction & Extraction Occupations (9.8%)
- Production Occupations (9.2%)
- Education Instruction & Library Occupations (7.9%)

Source: Data USA, filtered for Young County, TX, https://datausa.io/; data accessed February 28, 2023.

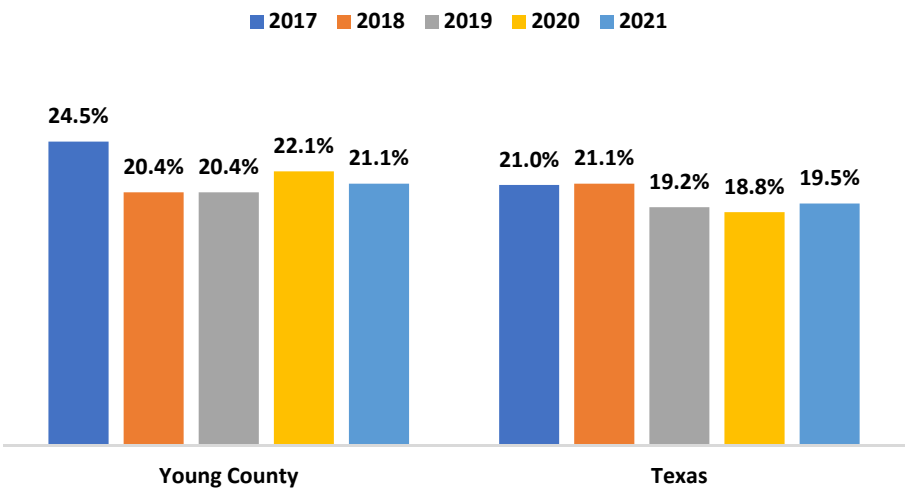
Population Health

Poverty

- Young County (18.8%) has a higher percentage of families living below poverty as compared to the state (15.5%) (2022).
- Between 2017 and 2021, the percent of children (<18 years) living below poverty in Young County and the state decreased.
- Young County (21.1%) has a higher percentage of children (<18 years) living below poverty than the state (19.5%) (2021).

Families Below Poverty
2022

Children Living in Poverty



Source: Syntellis, Growth Reports, 2023.
Source: Small Area Income and Poverty Estimates (SAIPE) Model, United States Census Bureau, https://www.census.gov/data-tools/demo/saipe/#/?s_measures=u18&s_state=48&s_county=48503&s_district=&s_geography=county&map_yearSelector=2017&x_tableYears=2021,2020,2019,2018,2017; data accessed March 1, 2023.
Children Living Below Poverty Definition: Estimated percentage of related children under age 18 living in families with incomes less than the federal poverty threshold.
Note: The 2023 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 $30,000, and less than 200% of the federal poverty level if the household income is less than $60,000. Please see the appendix for the full 2023 Federal Poverty Guidelines.

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Population Health

Food Insecurity

- According to Feeding America, an estimated 13.7% of Young County residents and the state are food insecure (2021).
- Additionally, 17.8% of the youth population (under 18 years of age) in Young County and the state (18.1%) are food insecure (2021).
- The average meal cost in Young County ($3.15) is slightly higher than the average meal cost in Texas ($3.11) (2021).

Location	Overall Food Insecurity	Child Food Insecurity	Average Meal Cost
Young County	13.7%	17.8%	$3.15
Texas	13.7%	18.1%	$3.11

Source: Feeding America, Map The Meal Gap: Data by county in the State, filtered for Young County, TX, https://map.feedingamerica.org/; information accessed May 4, 2023.
Food Insecure Definition (Adult): 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.
Food Insecure Definition (Child): Those children living in households experiencing food insecurity.
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).

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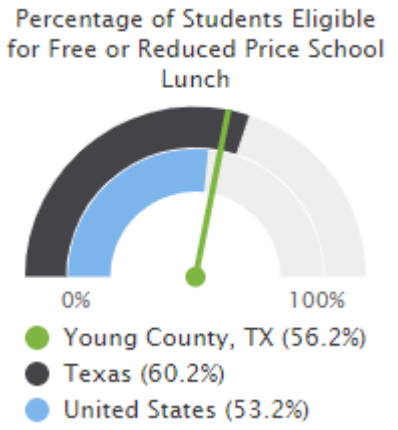
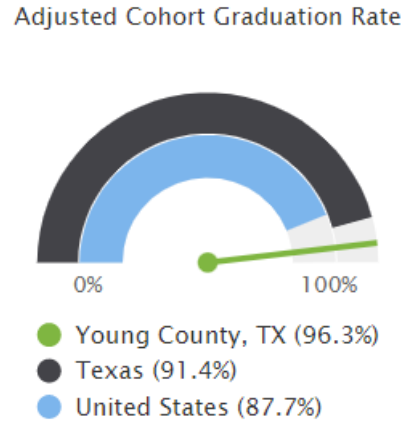
Population Health

Children in the Study Area

- Young County (56.2%) has a lower percentage of public school students eligible for free or reduced price lunch than the state (60.2%) but a higher percentage than the nation (53.2%) (2020-2021).
- Young County (96.3%) has a higher high school graduation rate than the state (91.4%) and the nation (87.7%) (2018-2019).





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 March 15, 2023.
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).
Graduation Rate Definition: receiving a high school diploma within four years.

HEALTH DATA OVERVIEW

Health Status

Data Methodology

- **The following information outlines specific health data:**
  - Mortality, chronic diseases and conditions, health behaviors, natality, mental health and healthcare access
- **Data Sources include, but are not limited to:**
  - 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
  - Centers for Disease Control and Prevention
  - Texas Cancer Registry
- **Data Levels:** nationwide, state, and county level data

CHC Community Hospital Consulting

Health Status

County Health Rankings & Roadmaps - Young County, Texas

- The County Health Rankings rank 244 counties in Texas (1 being the best, 244 being the worst).
- Many factors go into these rankings. A few examples include:
  - Length of Life:
    - Premature death
  - Quality of Life:
    - Poor Mental Health Days
    - Poor Physical Health Days
    - Poor or Fair Health
  - Clinical Care:
    - Uninsured
    - Flu Vaccinations
    - Mammography Screenings
    - Mental Health Providers

2023 County Health Rankings	Young County
Health Outcomes	**106**
LENGTH OF LIFE	194
QUALITY OF LIFE	22
Health Factors	**56**
HEALTH BEHAVIORS	67
CLINICAL CARE	57
SOCIAL & ECONOMIC FACTORS	91
PHYSICAL ENVIRONMENT	34

Note: Green represents the best ranking for the county, and red represents the worst ranking.

Source: County Health Rankings and Roadmaps; www.countyhealthrankings.org; data accessed April 17, 2023.
Note: Please see the appendix for full methodology.
Note: County Health Rankings ranks 244 of the 254 counties in Texas.

Health Status

Mortality – Leading Causes of Death (2018-2021)

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)

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, http://wonder.cdc.gov/ucd-icd10.html; data accessed April 14, 2023.
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. Data has been pulled in 2-year sets of moving averages for purposes of statistical reliability.
Note: Crude rates use the most current Vintage postcensal series released by the Census Bureau. Crude death rates are per 100,000.

Health Status

Mortality – Leading Causes of Death Rates (2018-2021)

Disease	Young County	Texas
Diseases of heart (I00-I09,I11,I13,I20-I51)	373.9	166.2
Malignant neoplasms (C00-C97)	305.8	143.3
Chronic lower respiratory diseases (J40-J47)	129.3	36.0
Alzheimer's disease (G30)	98.7	36.2
COVID-19 (U07.1)	95.9	64.6

indicates that the county's rate is lower than the state's rate for that disease category.

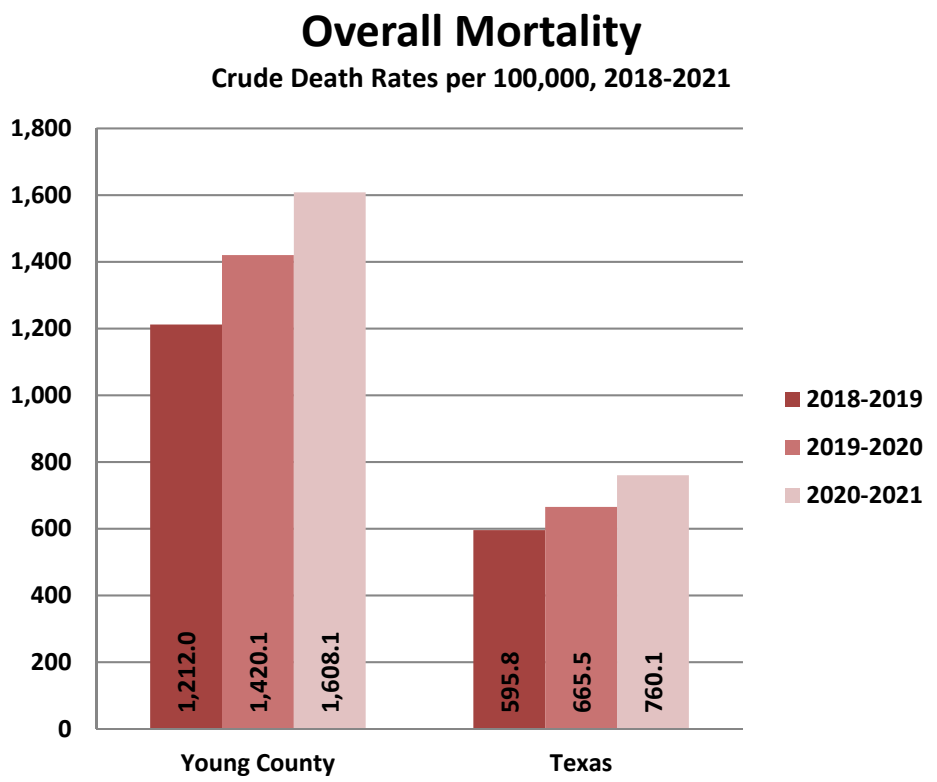
indicates that the county's rate is higher than the state's rate for that disease category.

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, http://wonder.cdc.gov/ucd-icd10.html; data accessed April 14, 2023.
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. Data has been pulled in 2-year sets of moving averages for purposes of statistical reliability.
Note: Crude rates use the most current Vintage postcensal series released by the Census Bureau. Crude death rates are per 100,000.

Health Status

Mortality – Overall

- Overall mortality rates in Young County remained higher than the state between 2018 and 2021.
- Overall mortality rates in Young County and the state increased between 2018 and 2021.
- In 2020-2021, the overall mortality rate in Young County (1,608.1 per 100,000) was higher than the state (760.1 per 100,000).



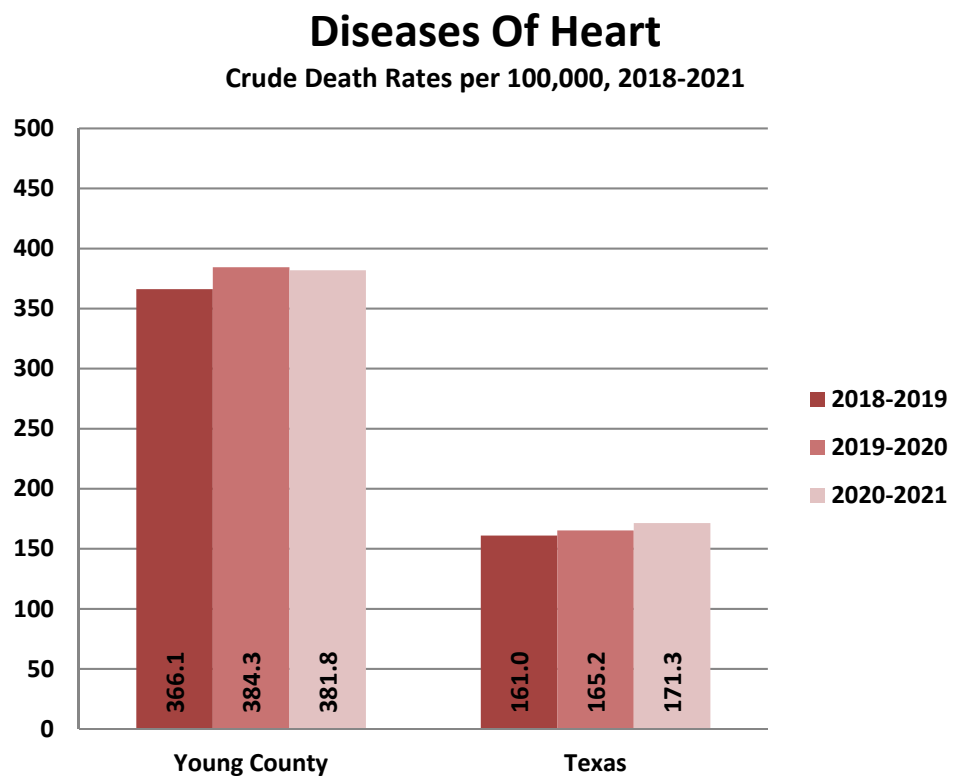
LOCATION	2018-2019		2019-2020		2020-2021		2018-2021	
	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE
Young County	437	1,212.0	510	1,420.1	577	1,608.1	1,014	1,409.6
Texas	343,735	595.8	388,352	665.5	447,589	760.1	791,324	678.7

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, http://wonder.cdc.gov/ucd-icd10.html; data accessed April 14, 2023.
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. Data has been pulled in 2-year sets of moving averages for purposes of statistical reliability.
Note: Crude rates use the most current Vintage postcensal series released by the Census Bureau. Crude death rates are per 100,000.

Health Status

Mortality – Diseases of the Heart

- Heart disease is the leading cause of death in Young County and the state (2018-2021).
- Between 2018 and 2021, heart disease mortality rates increased in Young County and the state.
- In 2020-2021, the heart disease mortality rate in Young County (381.8 per 100,000) was higher than the state rate (171.3 per 100,000).



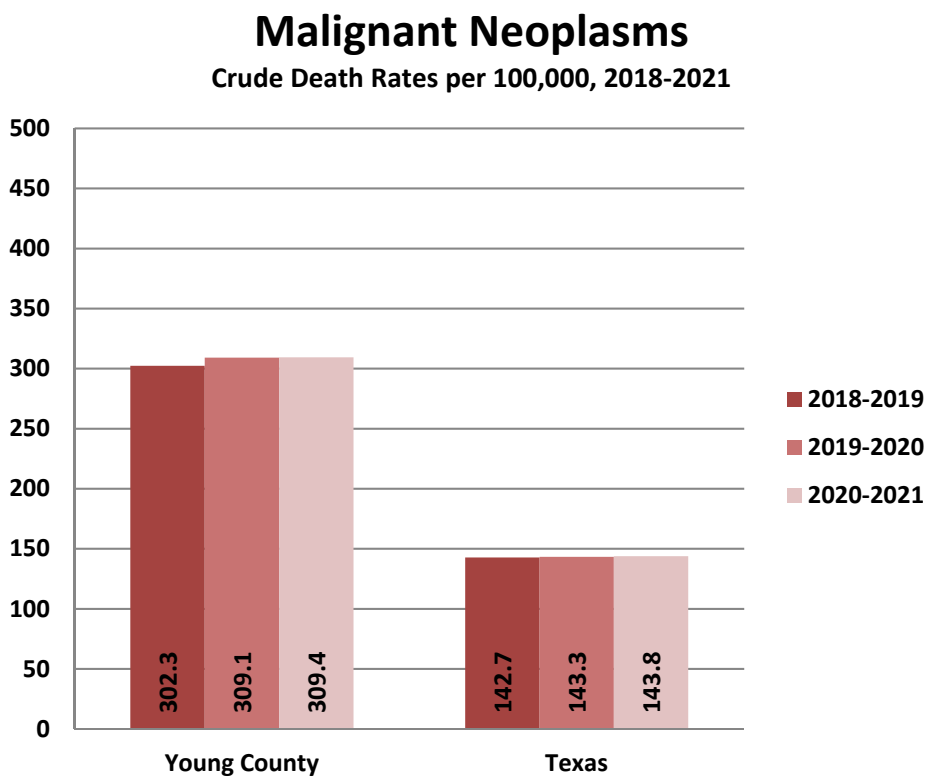
LOCATION	2018-2019		2019-2020		2020-2021		2018-2021	
	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE
Young County	132	366.1	138	384.3	137	381.8	269	373.9
Texas	92,902	161.0	96,420	165.2	100,865	171.3	193,767	166.2

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, http://wonder.cdc.gov/ucd-icd10.html; data accessed April 14, 2023.
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. Data has been pulled in 2-year sets of moving averages for purposes of statistical reliability.
Note: Crude rates use the most current Vintage postcensal series released by the Census Bureau. Crude death rates are per 100,000.

Health Status

Mortality – Malignant Neoplasms

- Cancer is the second leading cause of death in Young County and the state (2018-2021).
- Between 2018 and 2021, cancer mortality rates increased in Young County and the state.
- In 2020-2021, the cancer mortality rate in Young County (309.4 per 100,000) was higher than the state rate (143.8 per 100,000).



LOCATION	2018-2019		2019-2020		2020-2021		2018-2021	
	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE
Young County	109	302.3	111	309.1	111	309.4	220	305.8
Texas	82,355	142.7	83,631	143.3	84,694	143.8	167,049	143.3

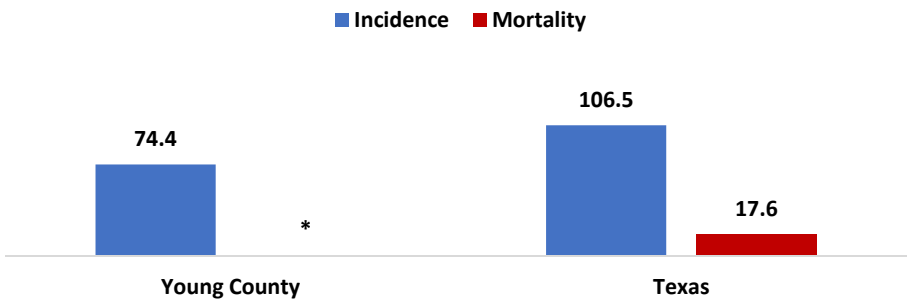
Source: Centers for Disease Control and Prevention, National Center for Health Statistics, http://wonder.cdc.gov/ucd-icd10.html; data accessed April 14, 2023.
Note: Due to policy changes in data provision from the census, age-adjusted rates at the county level were unable to be provided at the time of the report. Crude rates were used in the analysis and should be interpreted with caution when comparing separate geographic areas. Data has been pulled in 2-year sets of moving averages for purposes of statistical reliability.
Note: Crude rates use the most current Vintage postcensal series released by the Census Bureau. Crude death rates are per 100,000.

Health Status

Cancer Incidence & Mortality by Type

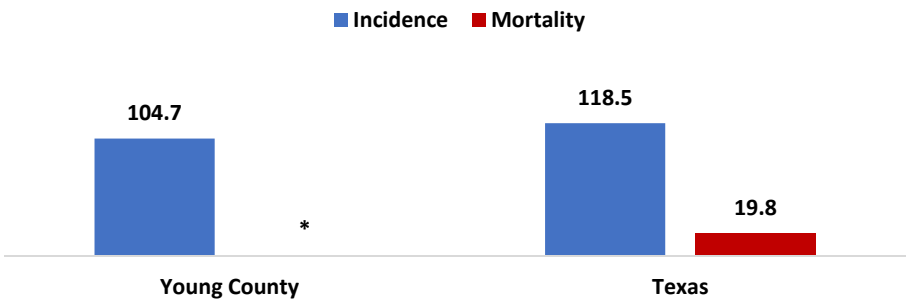
Prostate Cancer

Age-adjusted Incidence & Mortality Rates per 100,000
2017-2019



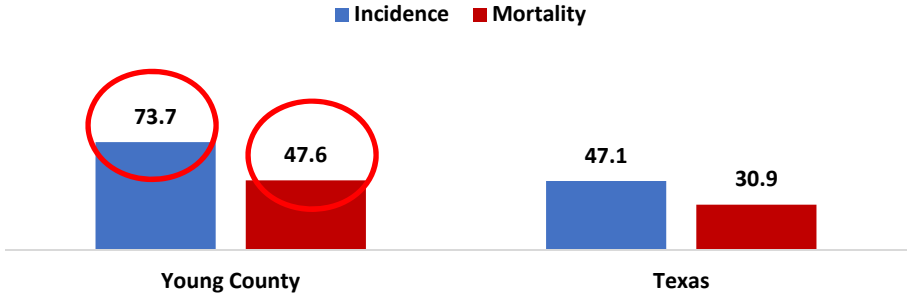
Breast Cancer (Female)

Age-adjusted Incidence & Mortality Rates per 100,000
2017-2019



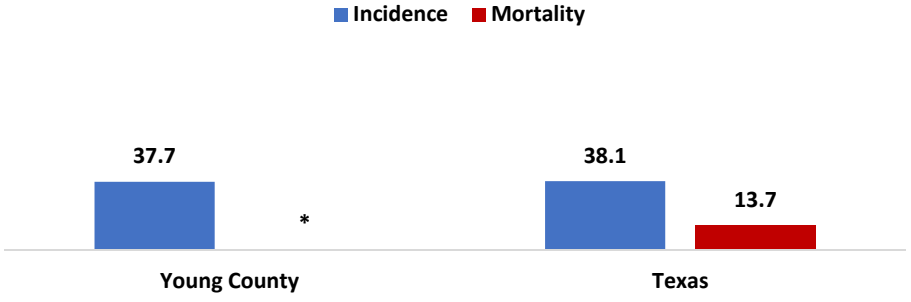
Lung & Bronchus Cancer

Age-adjusted Incidence & Mortality Rates per 100,000
2017-2019



Colon & Rectum Cancer

Age-adjusted Incidence & Mortality Rates per 100,000
2017-2019

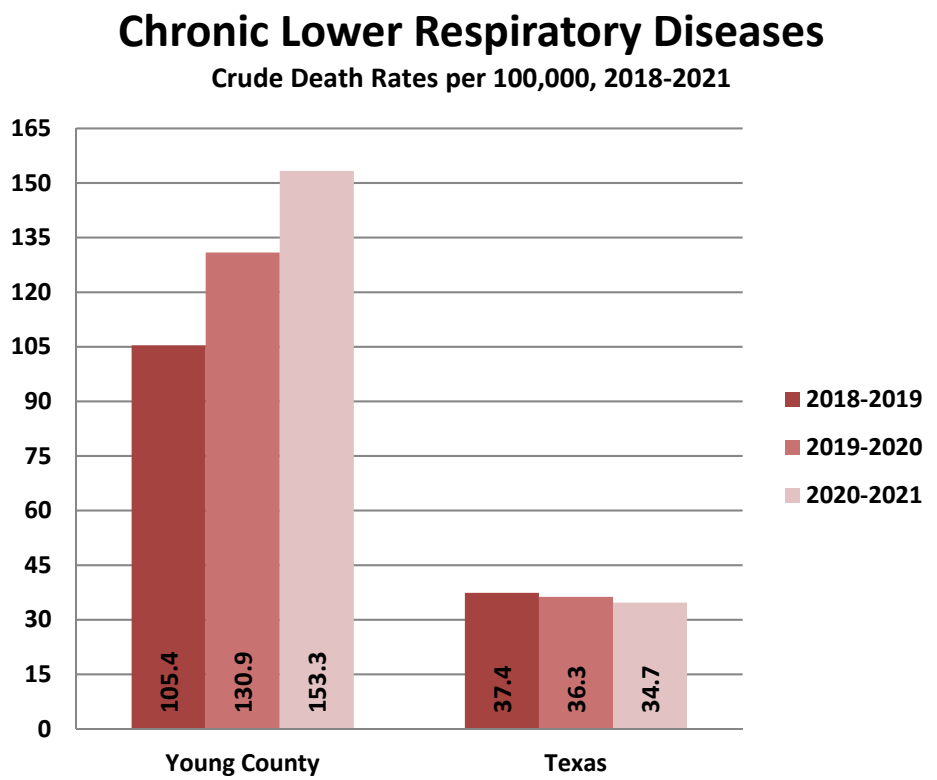


Source: Texas Cancer Registry, Cancer Incidence and Mortality by Site and County, https://www.cancer-rates.info/tx/; data accessed March 15, 2023.
Note: All rates are per 100,000. Rates are age-adjusted to the 2000 U.S. Standard Population.
Note: '*' indicates that the rate is suppressed. Rates/Counts are suppressed if less than 16 cases were reported in the specific category.

Health Status

Mortality – Chronic Lower Respiratory Diseases

- Chronic lower respiratory diseases are the third leading cause of death in Young County and the seventh for the state (2018-2021).
- Between 2018 and 2021, chronic lower respiratory disease mortality rates increased in Young County but decreased for the state.
- In 2020-2021, the chronic lower respiratory disease mortality rate in Young County (153.3 per 100,000) was higher than the state rate (34.7 per 100,000).



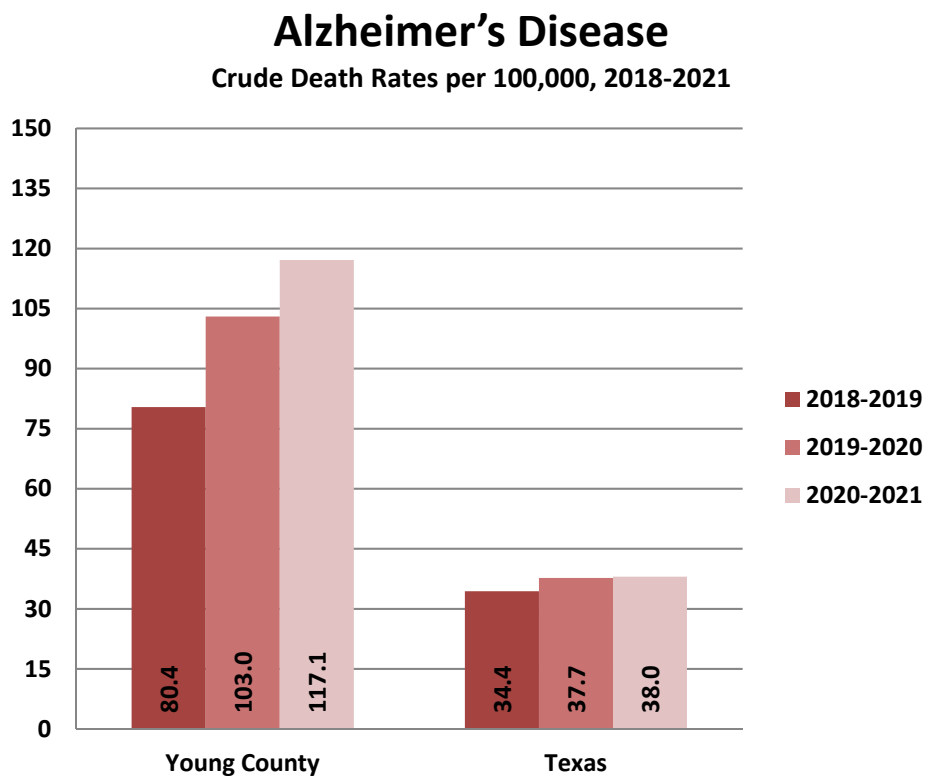
LOCATION	2018-2019		2019-2020		2020-2021		2018-2021	
	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE
Young County	38	105.4	47	130.9	55	153.3	93	129.3
Texas	21,563	37.4	21,199	36.3	20,428	34.7	41,991	36.0

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, http://wonder.cdc.gov/ucd-icd10.html; data accessed April 14, 2023.
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. Data has been pulled in 2-year sets of moving averages for purposes of statistical reliability.
Note: Crude rates use the most current Vintage postcensal series released by the Census Bureau. Crude death rates are per 100,000.

Health Status

Mortality – Alzheimer's Disease

- Alzheimer's disease is the fourth leading cause of death in Young County and the sixth for the state (2018-2021).
- Between 2018 and 2021, Alzheimer's disease mortality rates in Young County and the state increased.
- In 2020-2021, the Alzheimer's disease mortality rate in Young County (117.1 per 100,000) was higher than the state rate (38.0 per 100,000).



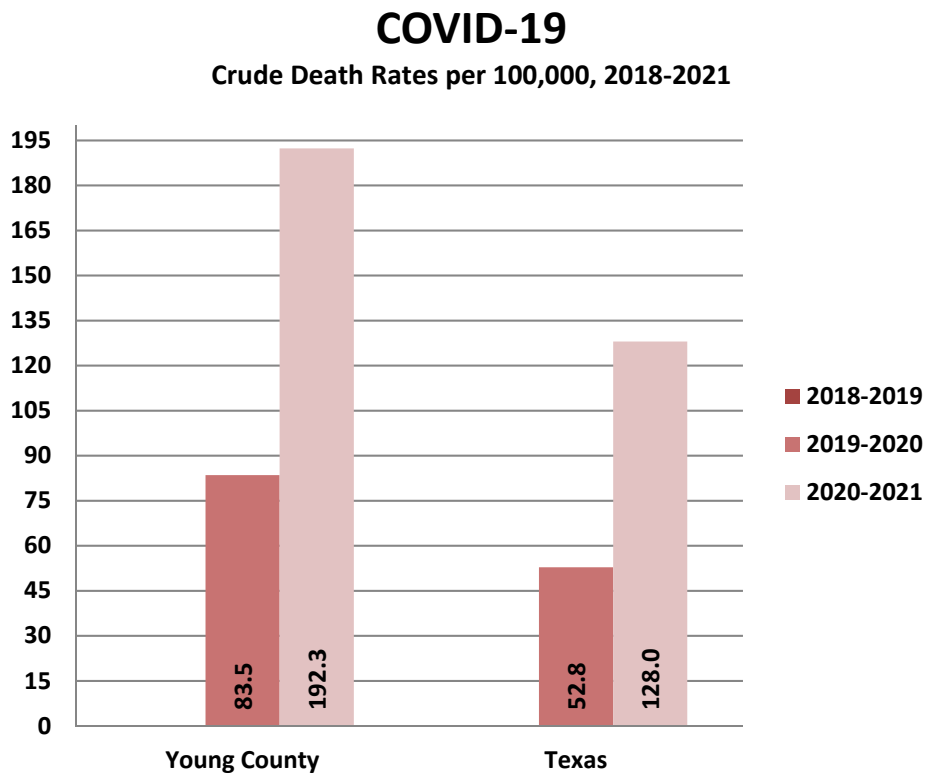
LOCATION	2018-2019		2019-2020		2020-2021		2018-2021	
	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE
Young County	29	80.4	37	103.0	42	117.1	71	98.7
Texas	19,864	34.4	22,019	37.7	22,355	38.0	42,219	36.2

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, http://wonder.cdc.gov/ucd-icd10.html; data accessed April 14, 2023.
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. Data has been pulled in 2-year sets of moving averages for purposes of statistical reliability.
Note: Crude rates use the most current Vintage postcensal series released by the Census Bureau. Crude death rates are per 100,000.

Health Status

Mortality – COVID-19

- COVID-19 is the fifth leading cause of death in Young County and the third for the state (2018-2021).
- Between 2018 and 2021, COVID-19 mortality rates increased in Young County and the state.
- In 2020-2021, the COVID-19 mortality rate in Young County (192.3 per 100,000) was higher than the state rate (128.0 per 100,000).



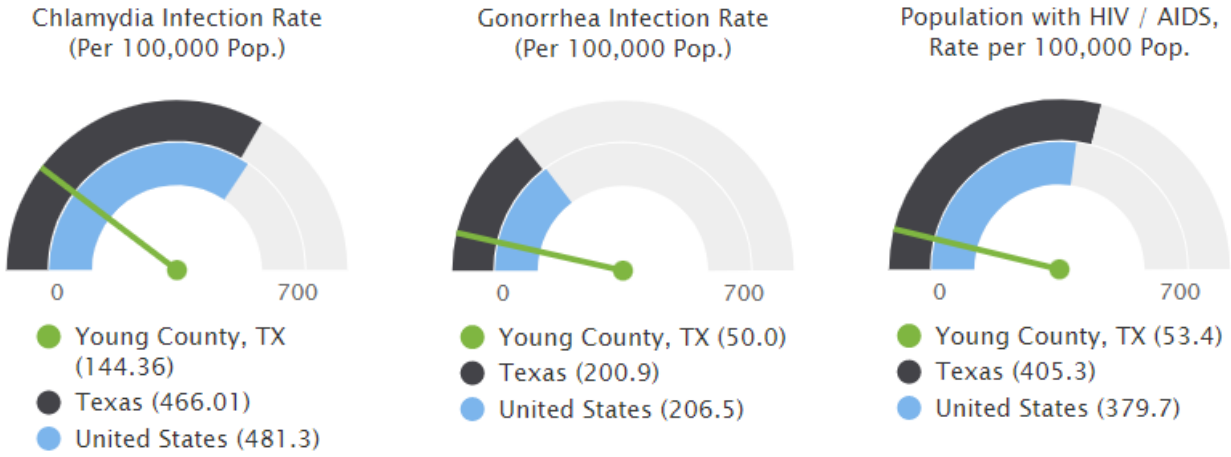
LOCATION	2018-2019		2019-2020		2020-2021		2018-2021	
	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE
Young County			30	83.5	69	192.3	69	95.9
Texas			30,840	52.8	75,356	128.0	75,356	64.6

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, http://wonder.cdc.gov/ucd-icd10.html; data accessed April 14, 2023.
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. Data has been pulled in 2-year sets of moving averages for purposes of statistical reliability.
Note: Crude rates use the most current Vintage postcensal series released by the Census Bureau. Crude death rates are per 100,000.

Health Status

Communicable Diseases - Chlamydia, Gonorrhea, and HIV/AIDs

- Young County (144.4 per 100,000) has a lower rate of Chlamydia than the state (466.0 per 100,000) and the nation (481.3 per 100,000) (2020).
- Young County (50.0 per 100,000) has a lower rate of Gonorrhea than the state (200.9 per 100,000) and the nation (206.5 per 100,000) (2020).
- Young County (53.4 per 100,000) has a lower rate of HIV/AIDs than the state (405.3 per 100,000) and the nation (379.7 per 100,000) (2020).



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/; information accessed March 15, 2023.

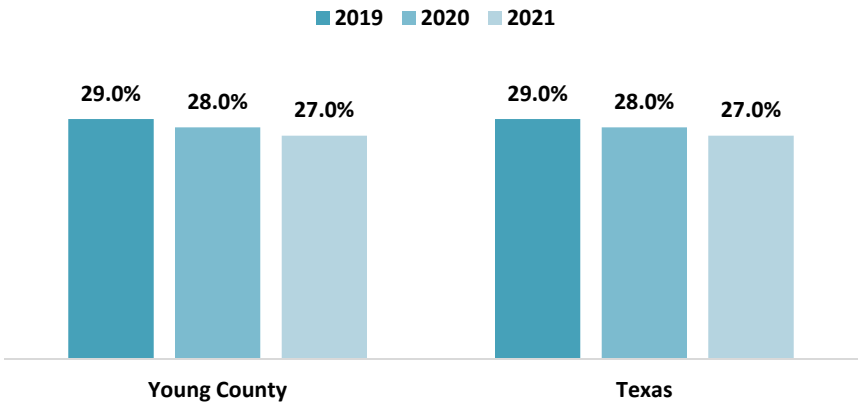
Health Status

Chronic Conditions – Diabetes

- In 2020, Young County (10.8%) had a lower percent of adults (age 18+) with diabetes than the state (12.1%).
- Between 2019 and 2021, the percentage of Medicare beneficiaries with diabetes in Young County and the state declined.
- In 2021, Young County (27.0%) was consistent with the state (27.0%) for the percentage of Medicare beneficiaries with diabetes.

Diabetes, Percent, Adults (age 18+), 2020

Diabetes, Percent, Medicare (all ages), 2019-2021

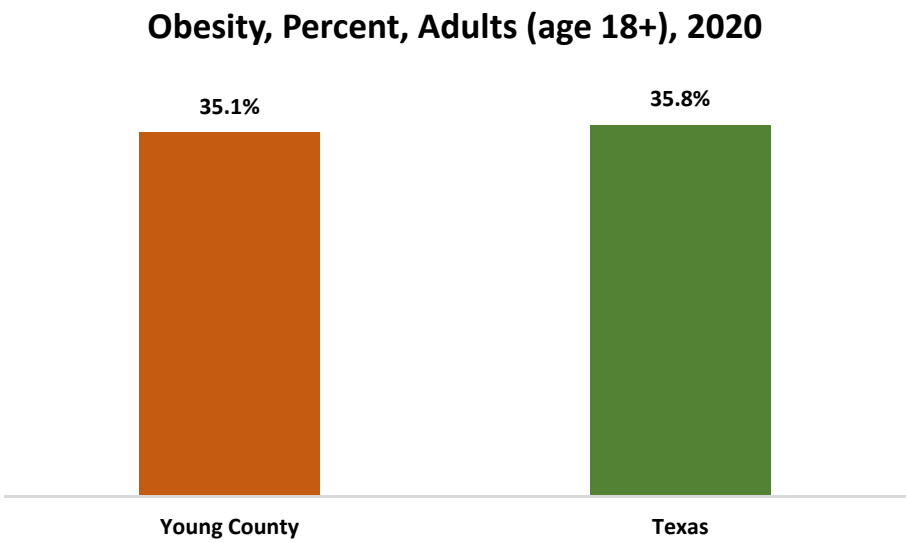


Source: Centers for Medicare & Medicaid Services, Office of Minority Health: Mapping Medicare Disparities, https://data.cms.gov/tools/mapping-medicare-disparities-by-population; data accessed on April 24, 2023.
Source: Center for Disease Control and Prevention, Chronic Disease Indicators, filtered for Texas; https://nccd.cdc.gov/cdi/rdPage.aspx?rdReport=DPH_CDI.ExploreByLocation&rdRequestForwarding=Form#:~:text=to%20site%20content-,Chronic%20Disease%20Indicators,-HomeExplore%20by, data accessed April 17, 2023.
Source: Center for Disease Control and Prevention, PLACES: Local Data for Better Health, County Data 2022 Release, filtered for Young County, TX; https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb/data, data accessed April 17, 2023.
Age-adjusted Prevalence Definition: Prevalence standardized to the age distribution of a specific population, usually the U.S. 2000 standard population.
Definition: Have you ever been told by a doctor or other health professional that you have diabetes?

Health Status

Chronic Conditions – Obesity

- In 2020, Young County (35.1%) had a lower percent of adults who are considered obese (BMI > 30) compared to the state (35.8%).

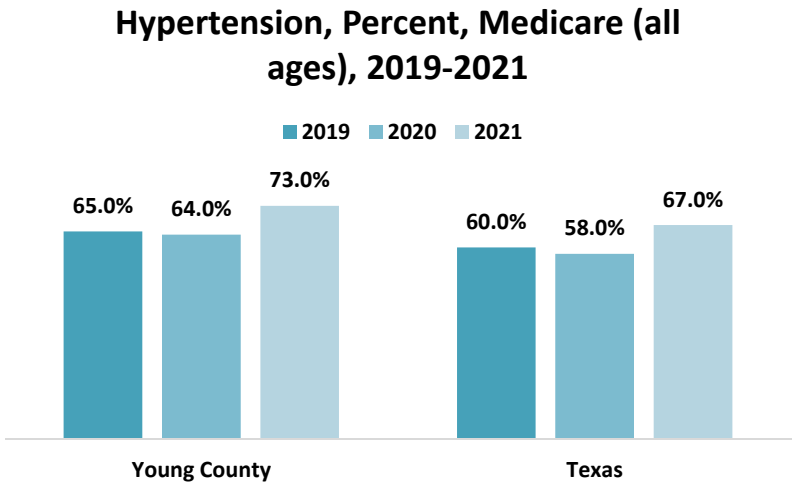


Source: Center for Disease Control and Prevention, Chronic Disease Indicators, filtered for Texas; https://nccd.cdc.gov/cdi/rdPage.aspx?rdReport=DPH_CDI.ExploreByLocation&rdRequestForwarding=Form#:~:text=to%20site%20content-,Chronic%20Disease%20Indicators,-HomeExplore%20by, data accessed May 1, 2023.
Source: Center for Disease Control and Prevention, PLACES: Local Data for Better Health, County Data 2022 Release, filtered for Young County, TX; https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb/data, data accessed April 17, 2023.
Age-adjusted Prevalence Definition: Prevalence standardized to the age distribution of a specific population, usually the U.S. 2000 standard population.
Definition: How much do you weigh without shoes? How tall are you without shoes? (Underweight is defined at a BMI less than 18.5, Normal is defined as a BMI 18.5 to less than 25; Overweight, but not obese, is defined as a BMI 25 to less than 30; Obese is defined as a BMI of 30 or more.)

Health Status

Chronic Conditions – Hypertension

- Between 2019 and 2021, hypertension in Medicare beneficiaries increased in both Young County and the state.
- In 2021, Young County (73.0%) had a higher percent of Medicare beneficiaries with hypertension than the state (67.0%).



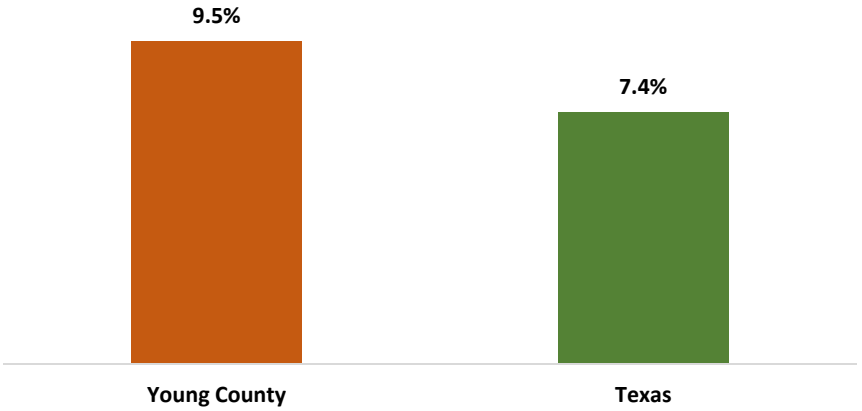
Source: Centers for Medicare & Medicaid Services, Office of Minority Health: Mapping Medicare Disparities, https://data.cms.gov/tools/mapping-medicare-disparities-by-population; data accessed on April 24, 2023.

Health Status

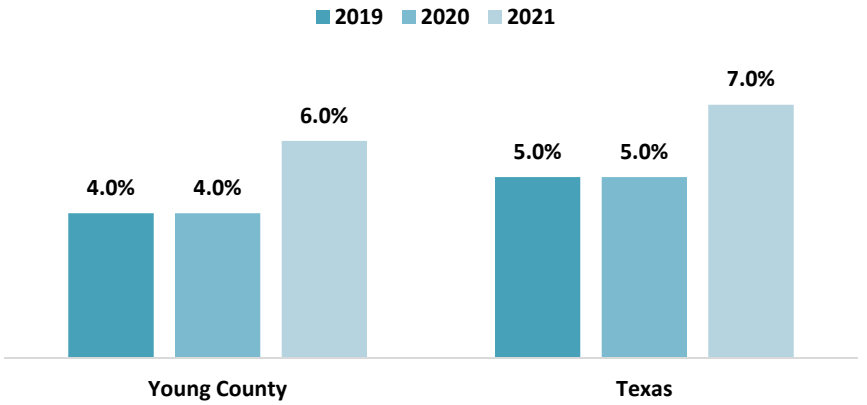
Chronic Conditions – Asthma

- Asthma prevalence rates in adults (age 18+) are higher in Young County (9.5%) than the state (7.4%) (2020).
- Between 2019 and 2021, Young County and the state had an increase in the percent of Medicare beneficiaries with asthma.
- In 2021, Young County (6.0%) had a lower percent of Medicare beneficiaries with asthma than compared to the state (7.0%).

Asthma, Percent, Adults (age 18+), 2020



Asthma, Percent, Medicare (all ages), 2019-2021

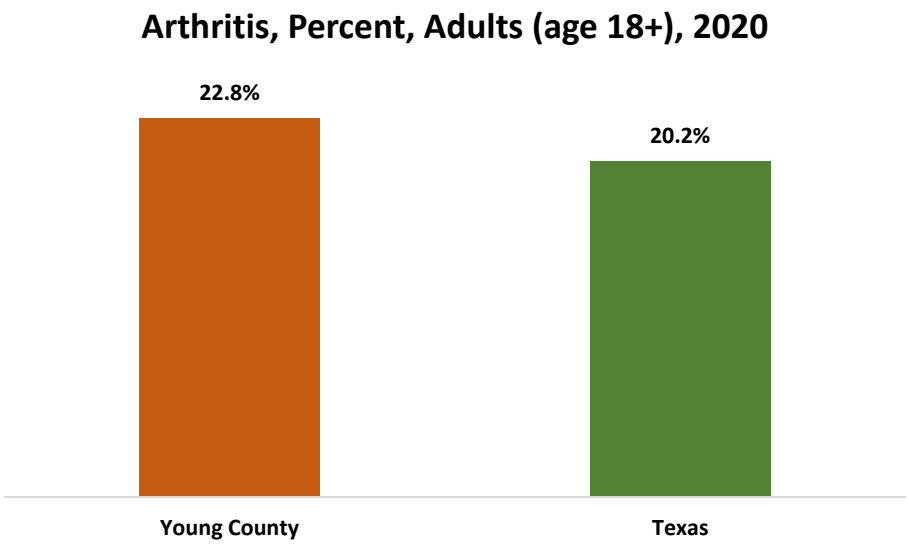


Source: Centers for Medicare & Medicaid Services, Office of Minority Health: Mapping Medicare Disparities, https://data.cms.gov/tools/mapping-medicare-disparities-by-population; data accessed on April 24, 2023.
Source: Center for Disease Control and Prevention, Chronic Disease Indicators, filtered for Texas; https://nccd.cdc.gov/cdi/rdPage.aspx?rdReport=DPH_CDI.ExploreByLocation&rdRequestForwarding=Form#:~:text=to%20site%20content-,Chronic%20Disease%20Indicators,-HomeExplore%20by, data accessed April 17, 2023.
Source: Center for Disease Control and Prevention, PLACES: Local Data for Better Health, County Data 2022 Release, filtered for Young County, TX; https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb/data, data accessed April 17, 2023.
Age-adjusted Prevalence Definition: Prevalence standardized to the age distribution of a specific population, usually the U.S. 2000 standard population.
Definition: Have you ever been told by a doctor or other health professional that you had asthma?

Health Status

Chronic Conditions – Arthritis

- Arthritis prevalence rates among adults (age 18+) are higher in Young County (22.8%) than the state (20.2%) (2020).



Source: Center for Disease Control and Prevention, Chronic Disease Indicators, filtered for Texas; https://nccd.cdc.gov/cdi/rdPage.aspx?rdReport=DPH_CDI.ExploreByLocation&rdRequestForwarding=Form#:~:text=to%20site%20content-,Chronic%20Disease%20Indicators,-HomeExplore%20by, data accessed April 17, 2023.
Source: Center for Disease Control and Prevention, PLACES: Local Data for Better Health, County Data 2022 Release, filtered for Young County, TX; https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb/data, data accessed April 17, 2023.
Age-adjusted Prevalence Definition: Prevalence standardized to the age distribution of a specific population, usually the U.S. 2000 standard population..
Definition: Has a doctor, nurse, or other health professional ever told you that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

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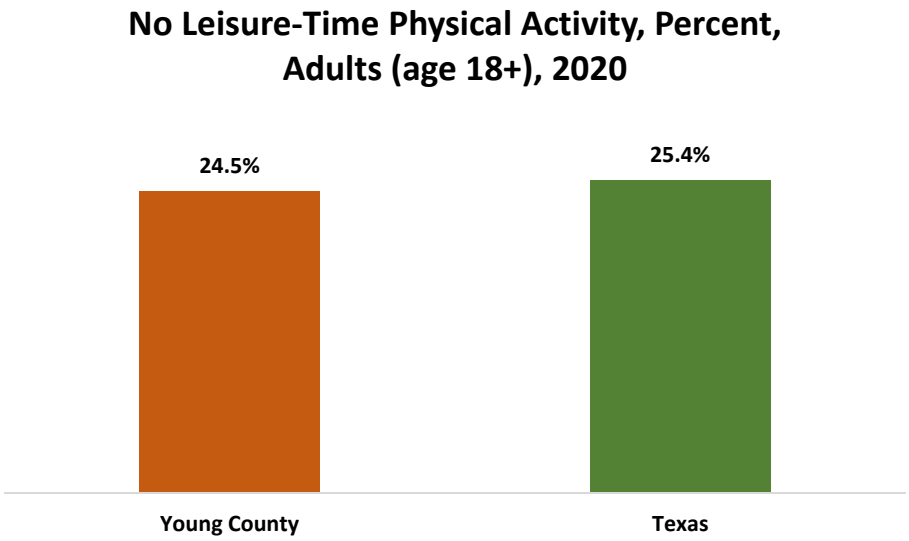
Health Status

Health Behaviors – Physical Inactivity

- In 2020, Young County (24.5%) had a lower percent of adults (age 18+) with no leisure-time physical activity than compared to the state (25.4%).

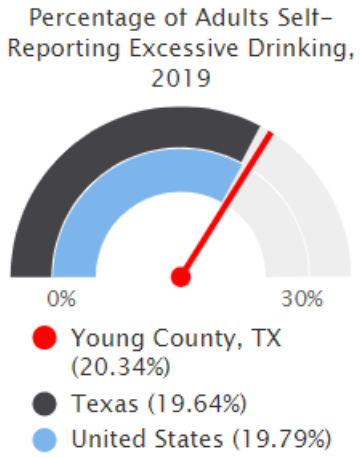


Source: Center for Disease Control and Prevention, Chronic Disease Indicators, filtered for Texas;
https://nccd.cdc.gov/cdi/rdPage.aspx?rdReport=DPH_CDI.ExploreByLocation&rdRequestForwarding=Form#:~:text=to%20site%20content-,Chronic%20Disease%20Indicators,-HomeExplore%20by, data accessed April 17, 2023.
Source: Center for Disease Control and Prevention, PLACES: Local Data for Better Health, County Data 2022 Release, filtered for Young County, TX; https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb/data, data accessed April 17, 2023.
Age-adjusted Prevalence Definition: Prevalence standardized to the age distribution of a specific population, usually the U.S. 2000 standard population.
Physical Activity Definition: 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 Status

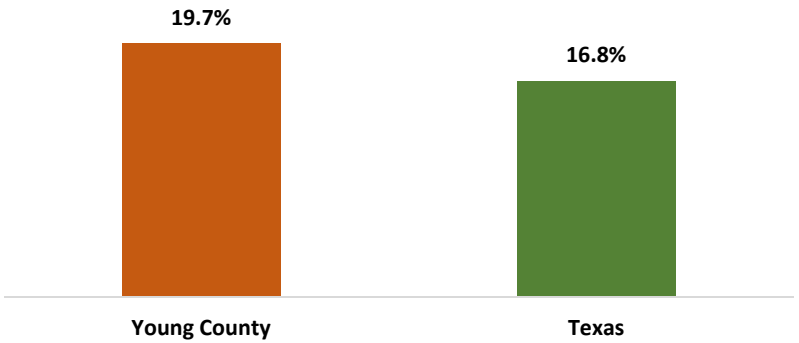
Health Behaviors – Binge Drinking

- In 2019, the percentage of adults that self-reported excessive drinking was higher in Young County (20.3%) than the state (19.6%) and the nation (19.8%).
- In 2020, Young County (19.7%) had a higher percent of adults (age 18+) who reported binge drinking than compared to the state (16.8%).



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.

Binge Drinking, Percent, Adults (age 18+), 2020



Source: SparkMap, Health Indicator Report: logged in and filtered for Young County, TX, https://sparkmap.org/report/; data accessed March 15, 2023.
Source: Center for Disease Control and Prevention, Chronic Disease Indicators, filtered for Texas; https://nccd.cdc.gov/cdi/rdPage.aspx?rdReport=DPH_CDI.ExploreByLocation&rdRequestForwarding=Form#:~:text=to%20site%20content-,Chronic%20Disease%20Indicators,-HomeExplore%20by, data accessed April 17, 2023.
Source: Center for Disease Control and Prevention, PLACES: Local Data for Better Health, County Data 2022 Release, filtered for Young County, TX; https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb/data, data accessed April 17, 2023.
Age-adjusted Prevalence Definition: Prevalence standardized to the age distribution of a specific population, usually the U.S. 2000 standard population.
Excessive drinking definition: the percentage of the population who report at least one binge drinking episode involving five or more drinks for men and four or more for women over the past 30 days, or heavy drinking involving more than two drinks per day for men and more than one per day for women, over the same time period
Binge drinking definition: the percentage of adults age 18 and older who report having five or more drinks (men) or four or more drinks (women) on an occasion in the past 30 days.

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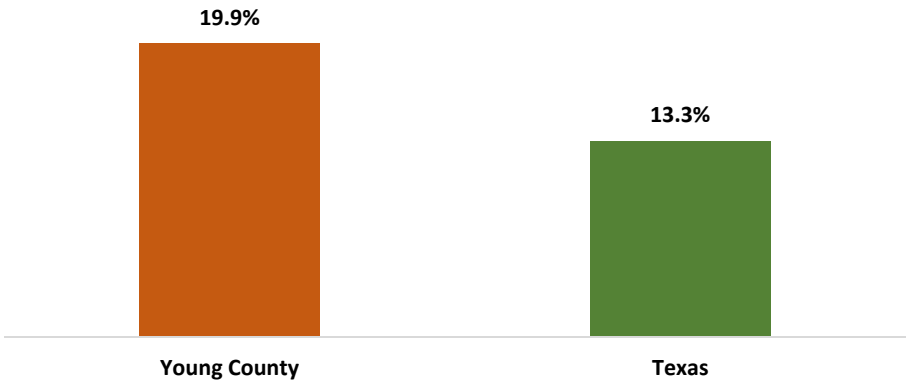
Health Status

Health Behaviors – Current Smokers

- In 2020, the percent of adults (age 18+) who are current smokers was higher in Young County (19.9%) than the state (13.3%).

Current Smokers, Percent, Adults (age 18+), 2020



Source: Center for Disease Control and Prevention, Chronic Disease Indicators, filtered for Texas; https://nccd.cdc.gov/cdi/rdPage.aspx?rdReport=DPH_CDI.ExploreByLocation&rdRequestForwarding=Form#:~:text=to%20site%20content-,Chronic%20Disease%20Indicators,-HomeExplore%20by, data accessed April 17, 2023.
Source: Center for Disease Control and Prevention, PLACES: Local Data for Better Health, County Data 2022 Release, filtered for Young County, TX; https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb/data, data accessed April 17, 2023.
Age-adjusted Prevalence Definition: Prevalence standardized to the age distribution of a specific population, usually the U.S. 2000 standard population.
Current Smoker Definition: an adult over the age of 18 who has smoked at least 100 cigarettes in their lifetime and currently smokes on at least some days. Smoking refers to cigarettes, and does not include electronic cigarettes (e-cigarettes, NJOY, Bluetip), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs), marijuana, chewing tobacco, snuff, or snus.

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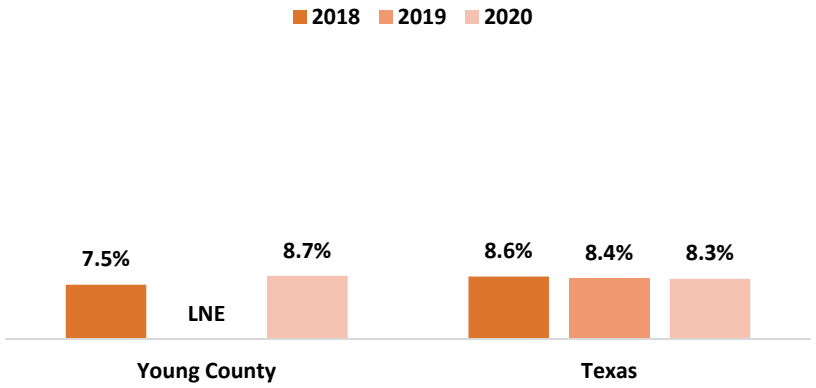
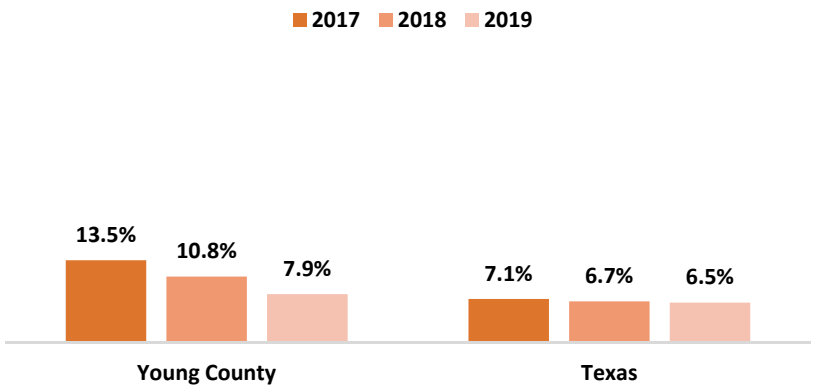
Health Status

Maternal & Child Health Indicators

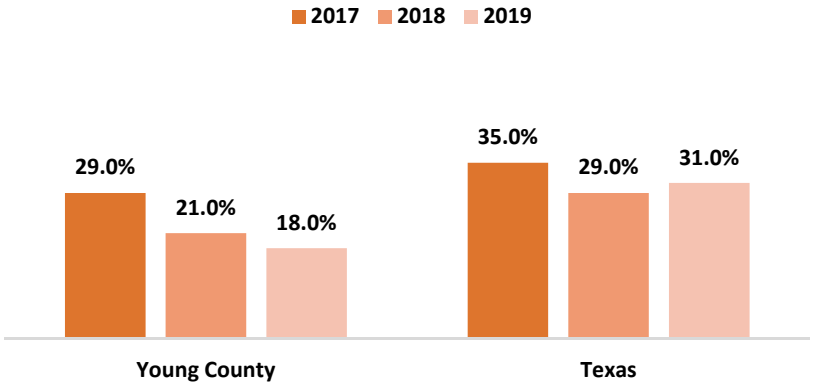
Low Birth-Weight Births (<2,500 grams), Percent, 2018-2020



Teen Births, Percent of All Births, (age < 19), 2017-2019



Births to Women Receiving Late or No Prenatal Care, Percent, 2017-2019



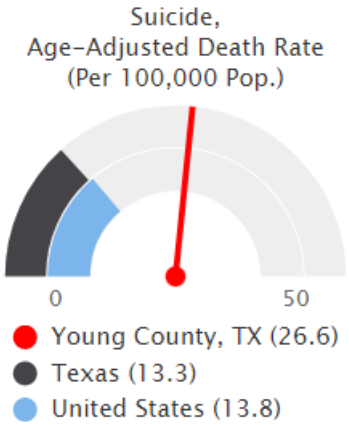
Source: The Annie E. Casey Foundation, Kids Count Data Center, http://datacenter.kidscount.org; data accessed March 14, 2023.
Note: Percentages are crude rates based on number of specific indicator-related cases divided by total births. Rates are not calculated if number of cases are too low for statistical reliability. Birth data are reported by mothers' county of residence (as mothers reported on birth certificates during the birth registration) regardless where deliveries actually occurred, in state or out-of-state.
Teen Birth Definition: Number and percent of births to females under age 19. The percentage is calculated out of all live births (i.e., of all the babies that were born, how many babies were born to teens?).
Prenatal Care Definition: The number and percent of births to women who received no prenatal care, or care after the first trimester.
Note: "LNE" (Low Number Event) indicates between 1 and 9 low-birthweight births in a county.

CHC Community Hospital Consulting

Health Status

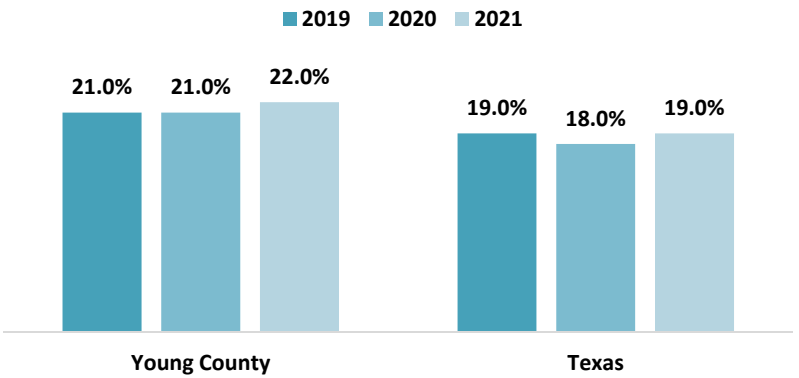
Mental Health – Suicide & Depressive Disorder

- In 2016-2020, the rate of suicide in Young County (26.6 per 100,000) was higher than the state (13.3 per 100,000) and the nation (13.8 per 100,000).
- Between 2019 and 2021, the rate of depression among Medicare beneficiaries increased in Young County and fluctuated in the state.
- In 2021, Young County (22.0%) had a higher percent of depression among Medicare beneficiaries than compared to the state (19.0%).



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.

Depression, Percent, Medicare (all ages), 2019-2021



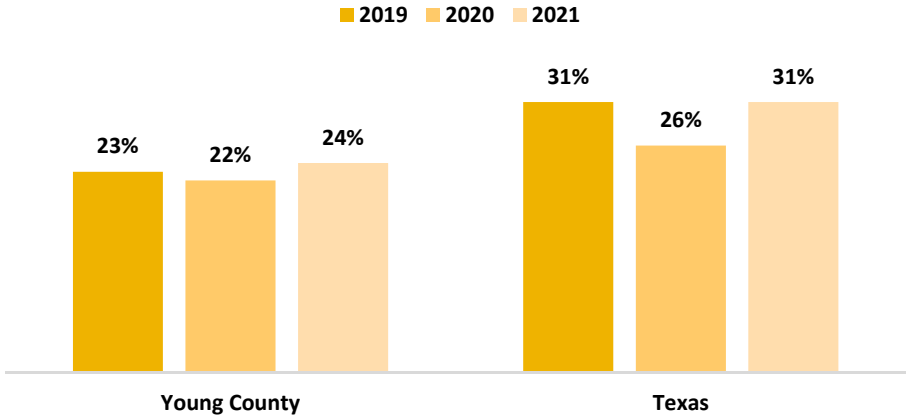
Source: SparkMap, Health Indicator Report: logged in and filtered for Young County, TX, https://sparkmap.org/report/; data accessed March 15, 2023.
Source: Centers for Medicare & Medicaid Services, Office of Minority Health: Mapping Medicare Disparities, https://data.cms.gov/tools/mapping-medicare-disparities-by-population; data accessed on July 14, 2023.
Definition: Have you ever been told by a doctor or other health professional that you have a depressive disorder, including depression, major depression, dysthymia, or minor depression?

Health Status

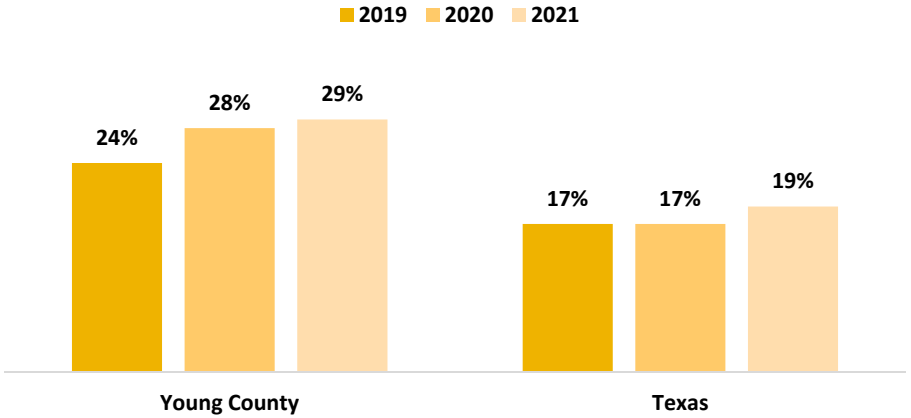
Screenings – Mammography & Prostate Screening

- Between 2019 and 2021, the percent of adults (age 35+) that received at least one mammography screening in the past year increased in both Young County and the state.
- In 2021, the percent of adults (age 35+) that received at least one mammography screening in the past year in Young County (24%) was lower than the state (31%).
- Between 2019 and 2021, the percent of adults (age 50+) that received at least one prostate screening in the past year increased in Young County and the state.
- In 2021, the percent of adults (age 50+) that received at least one prostate screening in the past year in Young County (29%) was higher than the state (19%).

Received Mammography Screening, Percent, Adults (age 35+), Females, 2019-2021



Received Prostate Screening, Percent, Male Adults (age 50+), 2019-2021



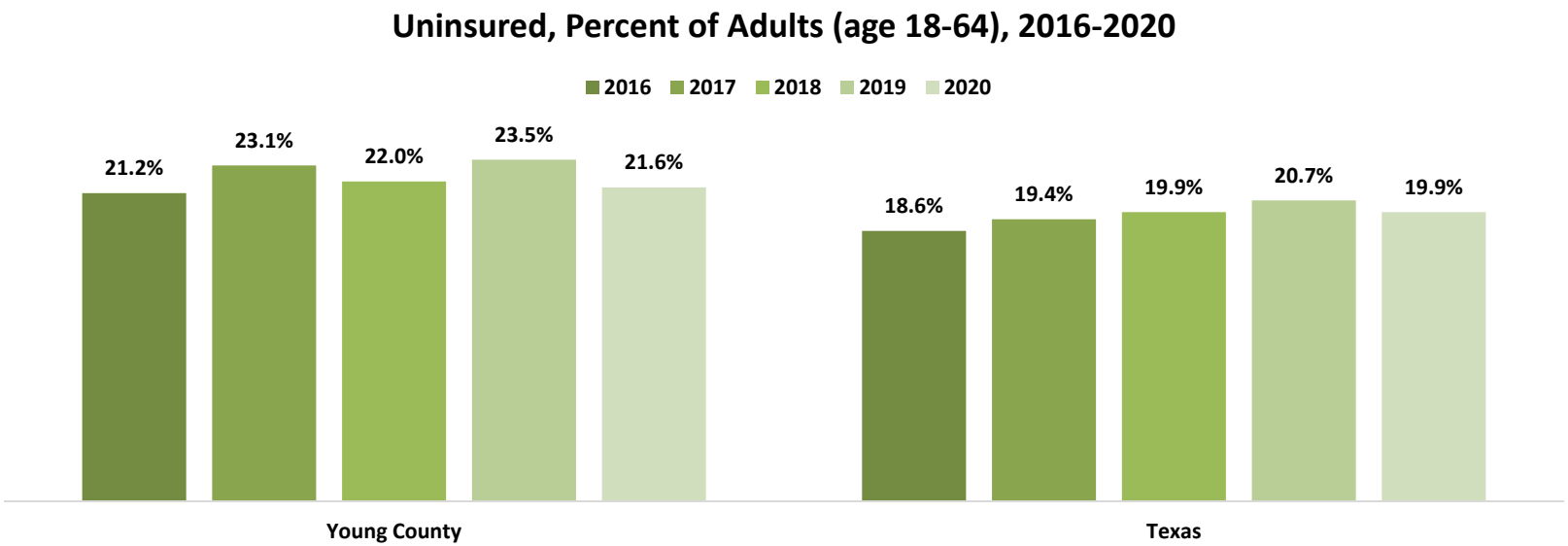
Source: Centers for Medicare & Medicaid Services, Office of Minority Health: Mapping Medicare Disparities, https://data.cms.gov/tools/mapping-medicare-disparities-by-population; data accessed on March 15, 2023.
Mammography Screening Definition: percentages are identified using the HCPCS/CPT codes present 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.

CHC Community Hospital Consulting

Health Status

Health Care Access – Uninsured

- Young County and the state experienced an increase in the percentage of uninsured adults (age 18-64) between 2016 and 2020.
- As of 2020, Young County (21.6%) has a higher rate of uninsured adults (age 18-64) as compared to the state (19.9%).

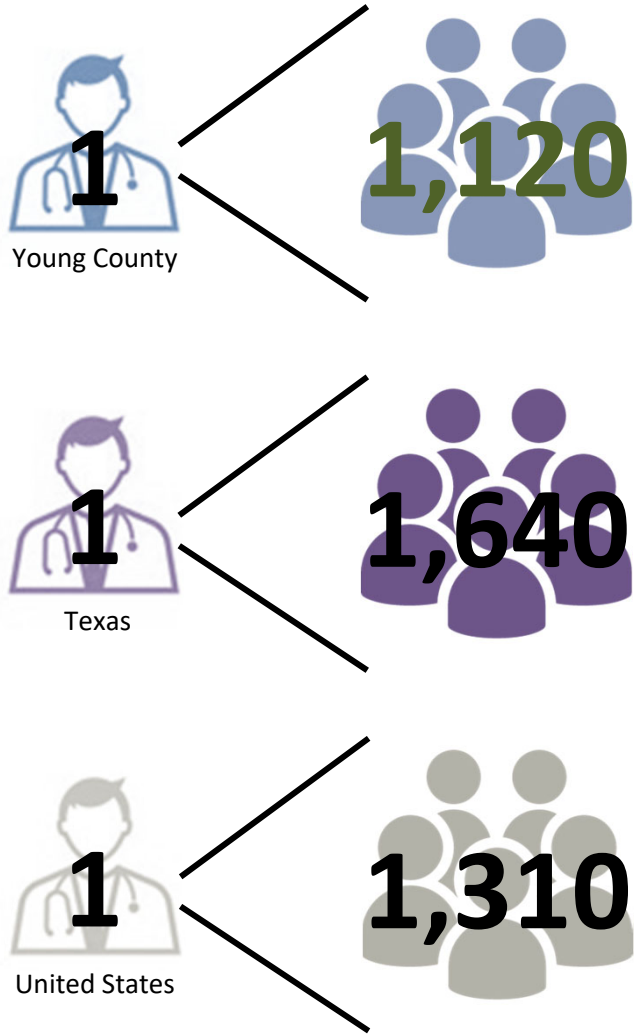


Source: United States Census Bureau, Small Area Health Insurance Estimates, https://www.census.gov/data-tools/demo/sahie/#/; data accessed on March 14, 2023.

Health Status

Health Care Access – Primary Care Providers

- **Sufficient availability of primary care physicians is essential for preventive and primary care.**
  - In 2020, the population to primary care provider ratio in Young County (1,120:1) was the lowest as compared to the state (1,640:1) and the nation (1,310:1).



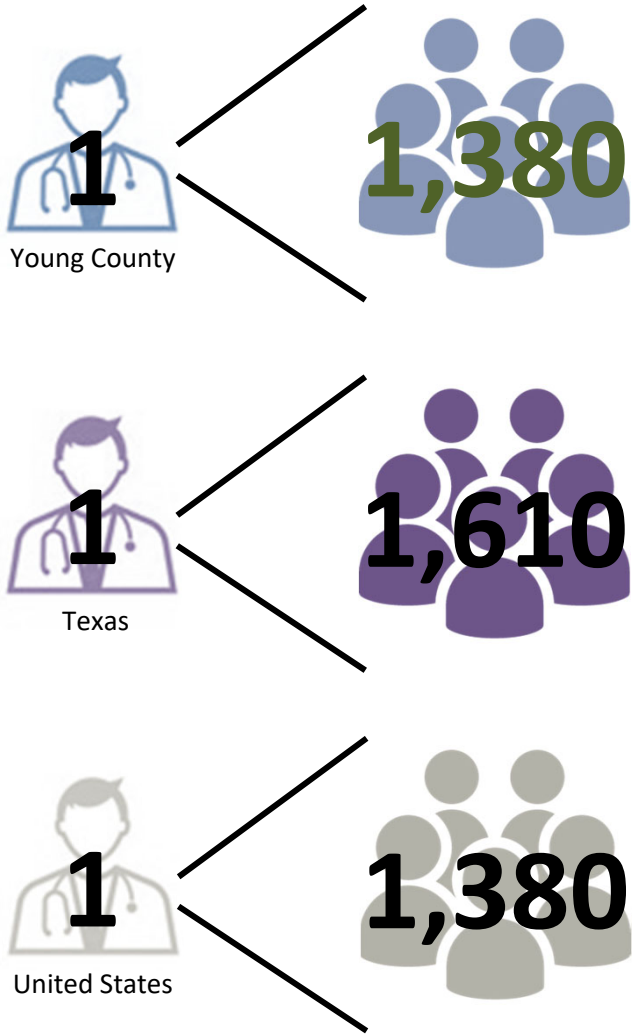
Source: County Health Rankings & Roadmaps, Health Indicator Report: filtered for Young County, TX, https://www.countyhealthrankings.org/; data accessed April 17, 2023.
Definition: The ratio represents the number of individuals served by one physician in a county, if the population was equally distributed 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.

CHC Community Hospital Consulting

Health Status

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 2021, the population to dental provider ratio in Young County (1,380:1) was lower than the state (1,610:1) and was in line with the nation (1,380:1).



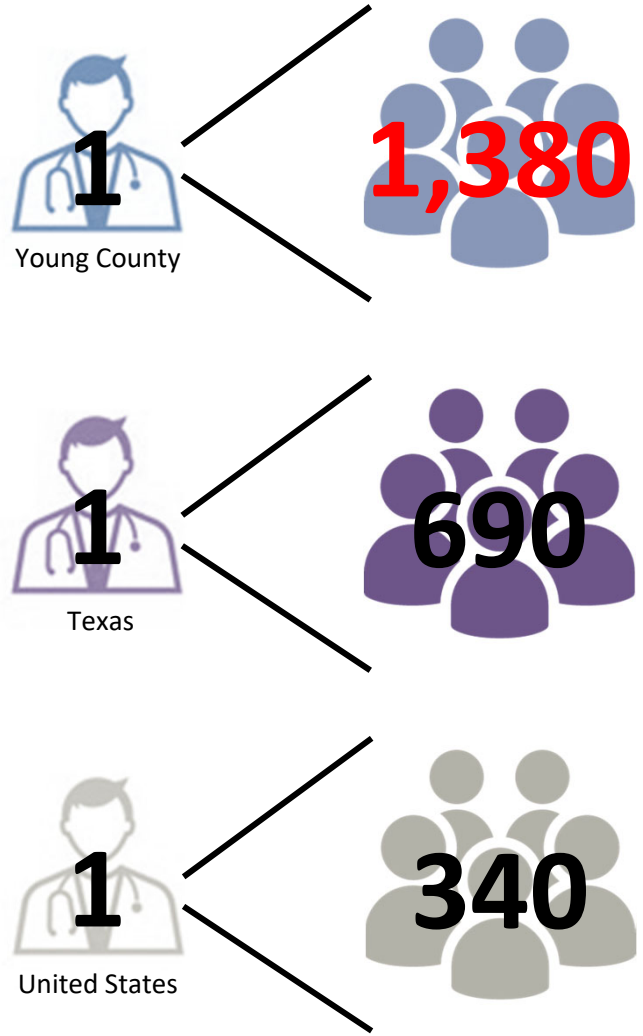
Source: County Health Rankings & Roadmaps, Health Indicator Report: filtered for Young County, TX, https://www.countyhealthrankings.org/; data accessed April 17, 2023.
Definition: The ratio represents the population served by one dentist if the entire population of a county was distributed equally across 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.

CHC Community Hospital Consulting

Health Status

Health Care Access – Mental Health Care

- **Lack of access to mental health care providers not only effects overall individual wellness but also impacts the health of a community.**
  - In 2022, the population to mental health provider ratio in Young County (1,380:1) was higher than the state (690:1) and the nation (340:1).



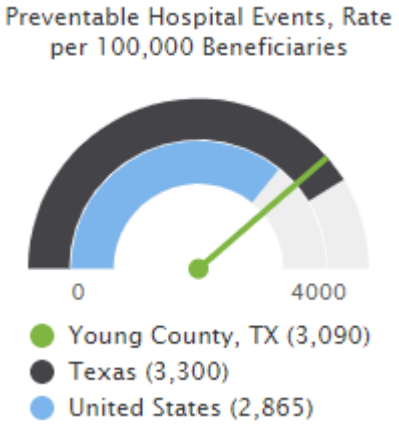
Source: County Health Rankings & Roadmaps, Health Indicator Report: filtered for Young County, TX, https://www.countyhealthrankings.org/; data accessed April 17, 2023.
Definition: The ratio represents the number of individuals served by one mental health provider in a county, if the population were equally distributed across providers. Psychiatrists, psychologists, clinical social workers, and counselors that specialize in mental health care.

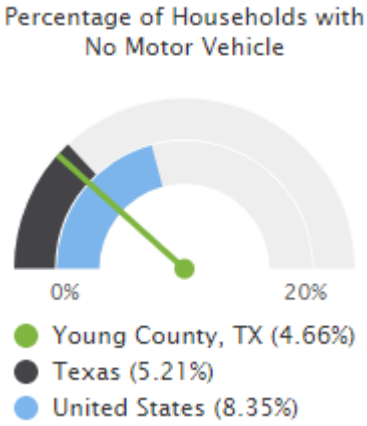
CHC Community Hospital Consulting

Health Status

Health Care Access – Common Barriers to Care

- **Lack of available primary care resources for patients to access may lead to increased preventable hospitalizations.**
  - In 2020, the rate of preventable hospital events in Young County (3,090 per 100,000 Medicare Beneficiaries) was lower than the state (3,300 per 100,000 Medicare Beneficiaries) and higher than the nation (2,865 per 100,000 Medicare Beneficiaries).
- **Lack of transportation is frequently noted as a potential barrier to accessing and receiving care.**
  - In 2017-2021, 4.7% of households in Young County had no motor vehicle, as compared to 5.2% in Texas and 8.4% in the nation.





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 February 28, 2023.
Definition: Ambulatory Care Sensitive (ACS) conditions include pneumonia, dehydration, asthma, diabetes, and other conditions which could have been prevented if adequate primary care resources were available and accessed by those patients.

PHONE INTERVIEW FINDINGS

Overview

- Conducted 18 interviews with the groups outlined in Internal Revenue Service Final Regulations issued December 29, 2014
  - CHC Consulting contacted other individuals in the community to participate in the interview process, but some were unable to complete an interview due to a variety of reasons
- Discussed the health needs of the community, access issues, barriers and issues related to specific populations
- Gathered background information on each interviewee

Source: Graham Regional Medical Center, Community Health Needs Assessment interviews conducted by Community Hospital Consulting; March 1, 2023 – March 23, 2023.

Methodology

- Individuals interviewed for the CHNA were identified by the hospital and are known to be supportive of ensuring community needs are met. CHC Consulting did not verify any comments or depictions made by any individuals interviewed. Interviewees 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 interview notes, and the CHC Consulting team attempted to identify and address themes from these interviews and share 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 interviews defined as our interpretation of having the same or close meaning as other interviewees.

Source: Graham Regional Medical Center, Community Health Needs Assessment interviews conducted by Community Hospital Consulting; March 1, 2023 – March 23, 2023.

Interviewee Information

- ***Kerra Bell:*** Director, Choices –Young County
- ***Brent Bullock:*** Chief of Police, Graham Police Department
- ***Susie Clack:*** Executive Director, Virginia's House
- ***Roxy Cook:*** Director of Marketing & Admissions, Graham Oaks
- ***Sonny Cruse:*** Superintendent, Graham ISD
- ***Michael Cyr:*** Pastor, Newcastle Methodist Church
- ***Enoc Espinoza:*** Chief Nursing Officer, Graham Regional Medical Center
- ***Jon Garvey:*** Board Member, Graham Regional Medical Center
- ***Elizabeth Lancaster:*** Substance Abuse Counselor, Helen Farabee Center
- ***Rhonda London:*** Health Disparities - Program Specialist III, Texas Department of State Health Services, Public Health Region 2/3
- ***Joy Moody:*** Social Worker, Graham Regional Medical Center
- ***Kyle Peavy:*** Senior Vice President, Ciera Bank
- ***Jana Rasmussen:*** Crisis Board Director, Graham Crisis Center
- ***Andra Ray, LPC:*** LPC & RN, Graham Psychological Associates
- ***Erin Ray:*** Case Management Director, Graham Regional Medical Center
- ***Patricia (Patty) Rivera:*** Community Health Improvement – Manager, Texas Department of State Health Services, Public Health Region 2/3
- ***Courtney Shifflett:*** Program Manager, Affirming Texas Families Services
- ***Jimmy Wiley:*** County Commissioner, Young County Commissioner

Source: Graham Regional Medical Center, Community Health Needs Assessment interviews conducted by Community Hospital Consulting; March 1, 2023 – March 23, 2023.

Interviewee Characteristics

- Work for a 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 — 11.1%
- Member of a medically underserved, low-income or minority populations in the community, or individuals or organizations serving or representing the interests of such populations — 72.2%
- Community members — 16.7%

Note: Interviewees may provide information for several required groups.

Source: Graham Regional Medical Center, Community Health Needs Assessment interviews conducted by Community Hospital Consulting; March 1, 2023 – March 23, 2023.

Community Needs Summary

- Interviewees discussed the following as the most significant health issues:
  - Mental & Behavioral Health Care: Access Issues
  - Mental & Behavioral Health Care: Substance & Drug Use
  - Insurance and Affordability
  - Access to Specialty Care
  - Healthy Lifestyle Education and Management
  - Aging Population
  - Youth Population
  - Challenges in Accessing Care: Primary Care and Emergent Care

Source: Graham Regional Medical Center, Community Health Needs Assessment interviews conducted by Community Hospital Consulting; March 1, 2023 – March 23, 2023.

Mental & Behavioral Health Care

Access Issues

- **Issues/Themes:**
  - Conflicting statements regarding availability of services
  - Challenges in seeking appropriate care in the community, including:
    - Lack of availability
    - Long wait times (psychologists)
    - Cost barrier
  - Concern surrounding administrative duties required by the state reducing school counselor availability
  - Outmigration of services to Wichita Falls, Abilene, and Weatherford
  - Lack of health literacy and lack of preventative care leading to treatment concerns, including:
    - Acute crises
    - Fragmented continuum of care
    - Overuse of the Emergency Room for psychological concerns
  - Unmet mental health needs for the incarcerated due to lack of inpatient bed availability

"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."

"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."

"Affirming Texas Families Services is easy to get in to. 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."

"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 the 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."

"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."

"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]."

Source: Graham Regional Medical Center, Community Health Needs Assessment interviews conducted by Community Hospital Consulting; March 1, 2023 – March 23, 2023.

Mental & Behavioral Health Care

Substance & Drug Use

- **Issues/Themes:**
  - Concern surrounding abuse of the following:
    - Methamphetamine
    - Heroin
    - Fentanyl
    - THC
  - Need for a recovery center/detox center
  - Desire for more providers/counselors for ongoing treatment

"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."

"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."

"[We need an] adequate and adequately advertised recovery system for those that have substance addiction."

"There is a trauma center that people can go to for a crisis as far as suicide and harm treatment. In Young County, there's a subpopulation who are struggling with substance abuse disorders."

"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."

Source: Graham Regional Medical Center, Community Health Needs Assessment interviews conducted by Community Hospital Consulting; March 1, 2023 – March 23, 2023.

Insurance and Affordability

- **Issues/Themes:**
  - Concerns surrounding significant uninsured population and navigating Medicaid and Medicare systems
  - Acknowledgement for local resources providing care for underserved populations
  - Cost barrier to care due to copays, medications
  - Perceived need for Medicaid assistance
  - Lack of access to local home health services for Medicaid population

"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 effected by insurance barriers."

"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."

"The low income cannot afford a copay to see a doctor. People cannot afford a copay to see a doctor."

"Medication [cost is a top priority]. I know a lot of the individuals who are frequently in the Emergency Room cannot afford their medication."

"[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."

"[There's only] one home health agency that takes Medicaid. That's a big issue. [There is a] lack of reimbursement in the end."

Source: Graham Regional Medical Center, Community Health Needs Assessment interviews conducted by Community Hospital Consulting; March 1, 2023 – March 23, 2023.

Access to Specialty Care

- **Issues/Themes:**
  - Appreciation for the hospitals' efforts during the COVID-19 pandemic and for the addition of a day surgery center
  - Shortage of providers for specific populations, specifically for:
    - OB population
    - At-risk youth
    - Un/underinsured
  - Limited availability of providers leading to:
    - Long wait times
    - Outmigration to nearby cities (if transportation is available)
  - Specific specialties mentioned as needed include (in descending order by number of times mentioned):
    - OB/GYN
    - Oncology
    - Dermatology
    - Cardiology
    - Urology
    - Gastroenterology
    - Neurology
    - Nephrology
    - Nutritionist
    - Ophthalmology
    - Optometry
    - Wound Care

"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."

"The hospital is adding a day surgery center. They are taking the old birthing center and going to turn it into two surgical rooms. I'm very proud of what the hospital is doing expansion wise and the forward thinking of our CEO."

"[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."

"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."

"I would say cardiology, oncology, urology and neurology would be good [to have]."

"[Specialty care] is accessible if you have insurance. People go to Wichita Falls. We need a nutritionist, obstetrics, and cancer treatment like chemotherapy and maybe being able to do an MRI guided biopsy. The hospital has great radiologists. Drug rehab [is another need]."

"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."

"I usually get a referral and go somewhere else like Fort Worth. They do have specialists come in but they only come on Thursdays so it gets pretty crowded."

"There needs to be easier access for the ones struggling with cancer. They usually leave the county for major things and go to Wichita Falls [for care]."

"An optometrist or ophthalmologist [would be good to have]. Even a good internist or good gastroenterology doctor might be helpful."

Source: Graham Regional Medical Center, Community Health Needs Assessment interviews conducted by Community Hospital Consulting; March 1, 2023 – March 23, 2023.

Healthy Lifestyle Education and Management

- **Issues/Themes:**
  - Increasing rates of obesity and associated health conditions due to unhealthy lifestyle behaviors
  - Perceived reluctance in following public health guidelines around preventative health measures
  - Need for additional social determinants of health resources to address community needs
  - Desire to have more holistic, natural, healthy lifestyle resources

"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."

"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."

"[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."

"[A top priority] would be more overall natural health, including exercise, diet, and more natural remedies. Things that keep people from needing to go to the actual doctor."

"We need more holistic options. We need holistic doctors that look at natural remedies before they look at drug remedies."

Source: Graham Regional Medical Center, Community Health Needs Assessment interviews conducted by Community Hospital Consulting; March 1, 2023 – March 23, 2023.

Aging Population

- **Issues/Themes:**
  - Perceived shortage of providers for the elderly population
  - Desire for more social activities for the elderly
  - Concern surrounding mobility issues and the limited transportation options
  - Challenges with housing and assisted living options due to:
    - Lack of availability/options
    - Cost
  - Lack of health literacy surrounding awareness of services and health concerns
  - Limited education regarding traditional Medicare vs. managed care programs
  - Limited availability for rehab facilities and treatments resulting in outmigration to Wichita Falls
  - Acknowledgment telemedicine is offered although it is not preferred by the elderly

"We are largely an elderly population. Graham is a retirement community and I don't think we have enough doctors that can take care of them."

"A lot of the county is aging. It would be nice to have things for them to do socially."

"We have a larger percent of our population that is aging and is somewhat homebound who have mobility issues."

"Organizations will transport people locally and then use vans for out of town appointments. The vans do cost money."

"Housing is an issue. We don't have many transitional places for the elderly."

"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."

"Their health literacy [is a concern]. [Seniors] are not aware of some services or the trajectory of some of their medical problems."

"[We need to] educate members of the community that are eligible for Medicare before enrolling in a managed care program."

"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."

"We have telemedicine but people, especially the elderly, want to see someone [in-person]."

Source: Graham Regional Medical Center, Community Health Needs Assessment interviews conducted by Community Hospital Consulting; March 1, 2023 – March 23, 2023.

Youth Population

- **Issues/Themes:**
  - Perceived parental preference of physicians vs. advanced practitioners
  - Limited availability of local pregnancy and STD resources
  - Need for sex education due to teen births and STDs
  - Concern surrounding suicide rates
  - Lack of parental support leading to potential behavioral health concerns within the juvenile population, resulting in:
    - Drug use (methamphetamine, fentanyl, marijuana)
    - Crime
  - Perceived need for more recreational facilities/resources for the youth population

"A lot of people want medical doctors (MD), especially when it comes to their kids."

"Oh yes, there are STDs and teen pregnancy in the community. Those individuals typically just come into the Emergency Room [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."

"There are definitely teen births and STDs [among the youth]. I have seen some [teens] pregnant and have a child at 15. Chlamydia is the number one STD."

"There needs to be some better education on abstinence and not just from the viewpoint of spiritual reasons but more from the actual health benefits, mental benefits, just overall [health]. I feel like this is kind of skipped over. I'm not aware of any sex education class."

"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 methamphetamine and fentanyl. They use a lot of marijuana too."

"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."

"Lack of parental attention is a huge problem, especially the juvenile [population]. Some are being raised by grandparents. They are committing a lot of the crimes around here. It's a big issue we are having with the youth."

"Good things like a YMCA and a Boys and Girls Club [would be a priority]. I would want an after school facility."

Source: Graham Regional Medical Center, Community Health Needs Assessment interviews conducted by Community Hospital Consulting; March 1, 2023 – March 23, 2023.

Challenges in Accessing Care

Primary Care and Emergent Care

- **Issues/Themes:**
  - Misuse of the Emergency Room by the Medicaid population
  - Conflicting statements regarding the knowledge on when to use the Emergency Room
  - Inappropriate use of the Emergency Room, due to:
    - Limited providers accepting certain insurances
    - No upfront cost
    - Hours of operation of local clinics
  - Perceived longer wait times to see a preferred doctor
  - Conflicting statements regarding the availability of primary care providers

"I do 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]."

"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."

"I know that some people go to the ER so they don't have to pay for it. I've heard that comment more than once. I'm guessing they know [the difference] but I'm not sure."

"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."

"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."

"Even if I get an appointment, I might not see my doctor. I might see a nurse practitioner. I'd rather see the same person."

"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."

"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."

Source: Graham Regional Medical Center, Community Health Needs Assessment interviews conducted by Community Hospital Consulting; March 1, 2023 – March 23, 2023.

Populations Most at Risk

Interviewees expressed concern surrounding health disparities disproportionately affecting specific populations, including:

- OB Population
  - Lack of local delivery options
- Youth
  - Vaping concerns
  - Suicide
  - Drug & alcohol abuse
  - Need for abstinence education
  - Transportation barriers
  - Lack of access to pediatricians
  - Need for outdoor recreational areas/resources
  - Behavioral concerns due to changes in parental supervision
- Elderly
  - Need for health literacy and health education
  - Lack of provider options
  - Medication and food afforability
  - Transportation barriers
  - Housing challenges
- Low income/Working Poor
  - Transportation barriers
  - Housing challenges
  - Difficulties qualifying for Medicaid/food stamps
  - Affording immunizations for children & cost of prescriptions
- Racial/Ethnic
  - Language barriers
  - Uninsured
  - Qualifying for Medicaid
- Homeless
  - Lack of homeless shelters, specifically for men
- Un/underinsured
  - Need for strengthened continuum of care
- Veterans
  - VA hospital not being in close proximity

Source: Graham Regional Medical Center, Community Health Needs Assessment interviews conducted by Community Hospital Consulting; March 1, 2023 – March 23, 2023.

LOCAL COMMUNITY HEALTH REPORTS

Olney Hamilton Hospital

2023-2026 Community Health Needs Assessment - Background

- Since Olney is located to the far north of Young County and includes much of Archer County in its service area, this CHNA includes both Young and Archer Counties. Public health data specific to Young County and Archer County is used as an additional source of information for this assessment.
- This assessment has been prepared for Olney Hamilton Hospital District to help guide its efforts to better serve the healthcare needs of those living and working in their service area.
- The Community Health Survey developed for this study gathers information from community constituents to provide a comprehensive, timely, and diverse overview of their viewpoints on the health status and behaviors of area residents.
- This assessment attempts to identify local sources and resources available that if collectively engaged can lead to improved health and wellbeing of those living in the Hospital District.

Source: Olney , Olney Hamilton Hospital, 2023-2026 Community Health Needs Assessment, chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://olneyhamiltonhospital.com/wp-content/uploads/2020/01/CHNA-Draft-for-Review-4-09-2023.pdf; information accessed June 28, 2023.

Olney Hamilton Hospital

2023-2026 Community Health Needs Assessment - Methodology

- Three primary sources of information were gathered to prepare this CHNA for Olney Hamilton Hospital: Community Health Survey; Public Data Sources; and input gathered from interviews with diverse community groups.
- Community Health Survey
  - The Community Health Survey developed for this study gathers information from community constituents to provide a comprehensive, timely, and diverse overview of their viewpoints on the health status and behaviors of area residents.
- Public Data
  - Vital statistics and other local demographic data is gathered from public sources and incorporated into this assessment. Comparisons of this data are made, where applicable to state and national benchmarks. This data is useful in developing this assessment and for discussion with focus groups.
- Community Focus Groups
  - To gain perspective from community residents and local organizations, a representative from Hoegger Communications met with multiple focus groups. Information gathered from these focus groups was shared for inclusion in this CHNA. These focus groups included:
    - County and city government leaders
    - EMS
    - Community non-profit organizations
    - Diverse private citizens
    - Business leaders
    - Hospital administration and department leaders
    - Hospital Board of Directors
    - Nursing Home administrators
  - The focus groups were well attended by representatives of various sectors of the population, including race, ethnicity, gender, income, education, employment and profession. All participants were well informed to locally-available community resources and programs, and shared a genuine interest in improving the quality of life in Young and Archer County.
- Data Sources
  - Data referenced in this report is gathered from the most recent publicly available reports that provide health statistics for the county and city. Health data referenced for this assessment was selected for its applicability to community health, not for financial or operational benefit to the hospital.

Source: Olney , Olney Hamilton Hospital, 2023-2026 Community Health Needs Assessment, chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://olneyhamiltonhospital.com/wp-content/uploads/2020/01/CHNA-Draft-for-Review-4-09-2023.pdf; information accessed July 7, 2023.

Olney Hamilton Hospital

2023-2026 Community Health Needs Assessment - Recommendations

- Recommendations offered in the following categories are according to needs identified as the most prevalent opportunities to preserve or improve health, wellbeing, and services to those living in within the Hospital District:
  - Communication and Marketing
  - Community Health Education
  - Mental Health and Substance Abuse
  - Chronic Disease Self-Management
  - Emergency Department and EMS

Source: Olney , Olney Hamilton Hospital, 2023-2026 Community Health Needs Assessment, chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://olneyhamiltonhospital.com/wp-content/uploads/2020/01/CHNA-Draft-for-Review-4-09-2023.pdf; information accessed June 28, 2023.

INPUT REGARDING THE HOSPITAL'S PREVIOUS CHNA

Consideration of Previous Input

- At the time of this publication, written feedback has not been received on the hospital's most recently conducted CHNA.
- To provide input on this CHNA, please see details at the end of this report or respond via direct mail to the hospital. The physical address can be found directly on the hospital's website at the site of this download.

PREVIOUS CHNA PRIORITIZED 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)

Source: Graham Regional Medical Center, 2019 Community Health Needs Assessment and Implementation Plan report, https://www.grahamrmc.com/about/community-health-needs-assessment; information accessed May 2, 2023.

2023 CHNA PRELIMINARY HEALTH NEEDS

2023 Preliminary Health Needs

- Access to Affordable Care and Reducing Health Disparities Among Specific Populations
- Access to Mental and Behavioral Health Care Services and Providers
- Continued Emphasis on Increasing Access to Specialty Care Services and Providers
- Continued Focus on the Youth & Aging Population
- Prevention, Education and Services to Address High Mortality Rates, Preventable Conditions and Unhealthy Lifestyles

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PRIORITIZATION

The Prioritization Process

- In May 2023, leadership from GRMC reviewed the data findings and prioritized the community's health needs. Members of the hospital CHNA team included:
  - Shane Kernell, Chief Executive Officer
  - Terri Busey, Chief Human Resources Officer
  - Enoc Espinoza, Chief Nursing Officer
  - Bob Lonis, Chief Financial Officer
  - Pamela Harvell, Director of Quality, Infection Control, Risk Management, & Clinical Informatics
  - Erin Ray, Case Management Director
  - Joy Moody, Social Worker
  - Tammy Whittenburg, Executive Assistant & Marketing
- 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.

CHC Community Hospital Consulting

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 prioritized ballot process to rank the health needs in order of importance, resulting in the following order:

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
5. Continued Focus on the Youth & Aging Population

Final Priorities

- Hospital leadership decided to address all five of the ranked health needs. The final health priorities that GRMC will address through its Implementation Plan 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, Preventable Conditions and Unhealthy Lifestyles

PRIORITIES THAT WILL NOT BE ADDRESSED

Priorities That Will Not Be Addressed

- GRMC decided not to specifically address “Continued Focus on the Youth & Aging Population.”
- 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 hospital 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.

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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	800 Red Cross	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	https://rollingplains.org/transportation/	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 interviews 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.
  - 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. Data has been pulled in 2-year sets of moving averages for purposes of statistical reliability.

CHC Community Hospital Consulting

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 provides the resources and experience community hospitals need to improve quality outcomes, patient satisfaction and financial performance. For more information about CHC, please visit the website at: www.communityhospitalcorp.com

CHC Community Hospital Consulting

APPENDIX

- SUMMARY OF DATA SOURCES
- DATA REFERENCES
- MUA/P AND HPSA INFORMATION
- INTERVIEWEE INFORMATION
- PRIORITY BALLOT

SUMMARY OF DATA SOURCES

Summary of Data Sources

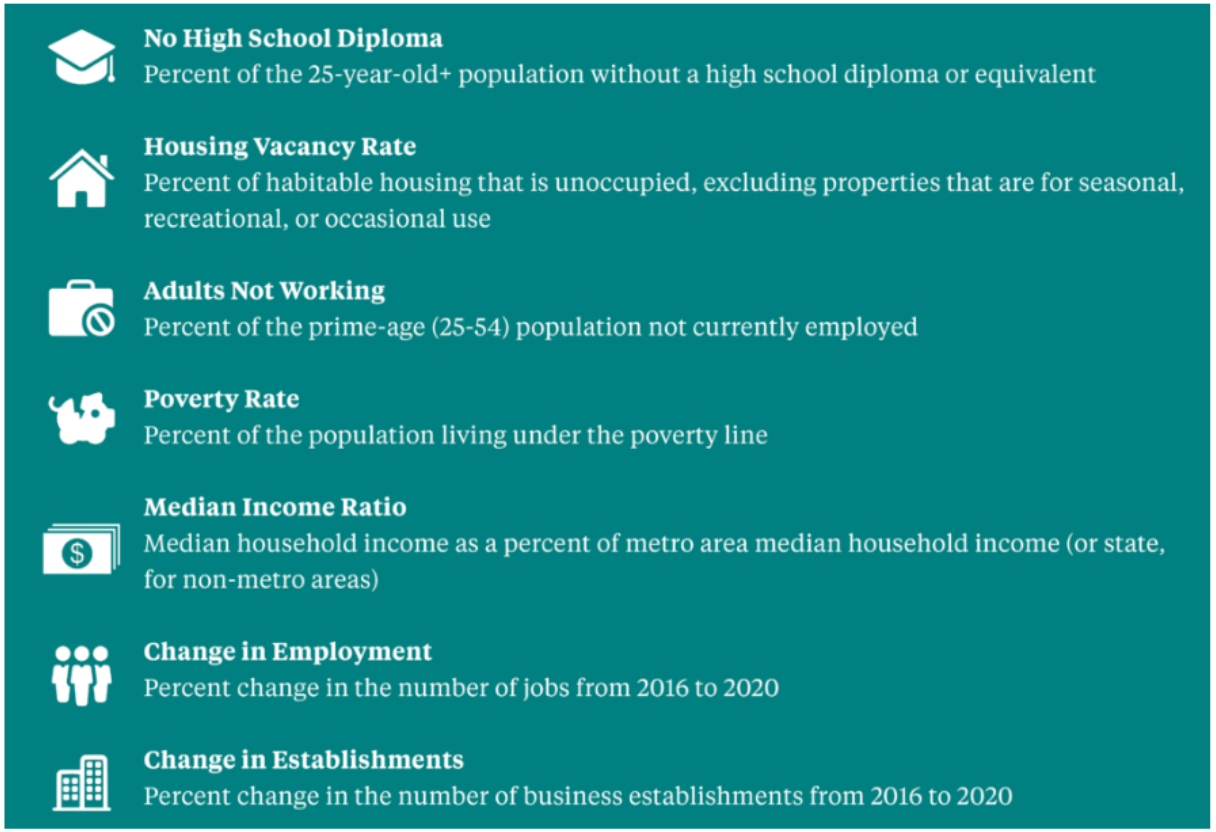
- **Demographics**
  - This study utilized demographic data from **Syntellis**.
  - The **United States Bureau of Labor Statistics Local Area Unemployment Statistics** provides unemployment statistics by county and state; https://www.bls.gov/lau/#tables.
  - Food insecurity information is pulled from **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://sparkmap.org/report/.
  - **United States Census Bureau** provides foreign-born population statistics by county and state: https://data.census.gov/cedsci/table?q=foreign%20born&tid=ACSDP1Y2019.DP02.
  - **Economic Innovation Group**, DCI Interactive Map provided us with formation on distressed communities. Data can be accessed at: https://eig.org/dci/interactive-map?path=state/.
  - **Data USA** provides access to industry workforce categories at the county and state level: https://datausa.io/.
  - The **U.S. Census Bureau's Small Area Health Insurance Estimates** provides information on children poverty estimates. Data can be found at: https://www.census.gov/data-tools/demo/saipe/#/?s_measures=u18&s_state=48&s_county=48503&s_district=&s_geography=county&map_yearSelector=2017&x_tableYears=2021,2020,2019,2018,2017.
- **Health Data**
  - The **County Health Rankings** are made available by the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. The Rankings measure the health of nearly all counties in the nation and rank them within states. The Rankings are compiled using county-level measures from a variety of national and state data sources. These measures are standardized and combined using scientifically-informed weights. The Rankings are based on a model of population health that emphasizes the many factors that, if improved, can help make communities healthier places to live, learn, work and play. Building on the work of America's Health Rankings, the University of Wisconsin Population Health Institute has used this model to rank the health of Wisconsin's counties every year since 2003; 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.
  - This study utilizes a regional level and state data from the **Behavioral Risk Factor Surveillance System (BRFSS)**, through the Center for Disease Control and Prevention, Chronic Disease Indicators, filtered for Texas; https://nccd.cdc.gov/cdi/rdPage.aspx?rdReport=DPH_CDI.ExploreByLocation&rdRequestForwarding=Form#:~:text=to%20site%20content-,Chronic%20Disease%20Indicators,-HomeExplore%20by and Center for Disease Control and Prevention, PLACES: Local Data for Better Health, County Data 2022 Release, filtered for Young County, TX; https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb/data.

Summary of Data Sources

- **Health Data (continued)**
  - 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.
  - 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://sparkmap.org/report/.
  - **Texas Cancer Registry, Cancer Incidence and Mortality by Site and County** provides data on cancer incidence rates and cancer mortality rates, sorted by state and by county. Data can be accessed at: https://www.cancer-rates.info/tx/.
  - **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 Annie E. Casey Foundation**, under the Kids Count Data Center, provides information on maternal and child health indicators such as low birth weight and teen births. Data can be found at: www.datacenter.kidscount.org.
  - The **County Health Rankings** provides data on primary providers, mental and behavioral health care providers, and dentists to patient ratio. This data can be found at a county, state, and national level; http://www.countyhealthrankings.org/.
  - **U.S. Department of Health and Human Services, Health Resources and Services Administration** provides a list of medically underserved areas and health professional shortage area, sorted by state and county. Information can be accessed at: http://www.hrsa.gov/.
- **Phone Interviews**
  - CHC Consulting conducted interviews on behalf of GRMC March 1, 2023 – March 23, 2023.
  - Interviews were conducted and summarized by Alex Campbell, Planning Analyst and Raegen Price, Planning Analyst.

DATA REFERENCES

Distressed Communities Index



Source: Economic Innovation Group, Methodology; https://eig.org/distressed-communities/2022-dci-methodology/; data accessed February 28, 2023.

2023 Poverty Guidelines

2023 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA	
Persons in family/household	**Poverty guideline**
1	$14,580
2	$19,720
3	$24,860
4	$30,000
5	$35,140
6	$40,280
7	$45,420
8	$50,560
For families/households with more than 8 persons, add $5,140 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 January 23, 2023.

MUA/P AND HPSA INFORMATION

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, http://www.hrsa.gov/; data accessed March 27, 2023.

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 in Young County, Texas.*

Source: U.S. Department of Health and Human Services, Health Resources and Services Administration, http://www.hrsa.gov/; data accessed March 27, 2023.

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, http://www.hrsa.gov/; data accessed June 30, 2023.

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, http://www.hrsa.gov/; data accessed June 30, 2023.

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	0.89	18	NA	Designated	Rural	04/14/2000	09/10/2021

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	1.27	13	16	Designated	Rural	12/06/2010	09/10/2021

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

INTERVIEWEE INFORMATION

Graham Regional Medical Center Community Health Needs Assessment Interviewee Information

Name	Title	Organization	Interview Date	County Served	Interviewer	IRS Category			Population Served
						A	B	C	
Kerra Bell	Director	Choices-Young County	3/8/2023	Young County	Alex Campbell & Raegen Price		X		Obstetric
Brent Bullock	Chief of Police	Graham Police Department	3/13/2023	Young County	Alex Campbell & Raegen Price		X		General Public
Susie Clack	Executive Director	Virginia's House	3/7/2023	Multi-county area, including Young County	Alex Campbell & Raegen Price		X		Behavioral Health
Roxy Cook	Director of Marketing & Admissions	Graham Oaks	3/1/2023	Young County	Alex Campbell & Raegen Price		X		Seniors, Elderly
Sonny Cruse	Superintendent	Graham ISD	3/2/2023	Young County	Alex Campbell & Raegen Price		X		Youth
Michael Cyr	Pastor	Newcastle Methodist Church	3/21/2023	Multi-county area, including Young County	Alex Campbell & Raegen Price			X	General Public
Enoc Espinoza	Chief Nursing Officer	Graham Regional Medical Center	3/14/2023	Multi-county area, including Young County	Alex Campbell & Raegen Price		X		General Public
Jon Garvey	Board Member	Graham Regional Medical Center	3/13/2023	Multi-county area, including Young County	Alex Campbell & Raegen Price		X		General Public
Elizabeth Lancaster	Substance Abuse Counselor	Helen Farabee Center	3/22/2023	Multi-county area, including Young County	Alex Campbell & Raegen Price		X		Mental Health
Rhonda London	Health Disparities - Program Specialist III	Texas Department of State Health Services, Public Health Region 2/3	3/23/2023	Multi-county area, including Young County	Alex Campbell & Raegen Price	X			General Public
Joy Moody	Social Worker	Graham Regional Medical Center	3/20/2023	Multi-county area, including Young County	Alex Campbell & Raegen Price		X		General Public
Kyle Peavy	Senior Vice President	Ciera Bank	3/23/2023	Multi-county area, including Young County	Alex Campbell & Raegen Price			X	General Public
Jana Rasmussen	Crisis Board Director	Graham Crisis Center	3/2/2023	Young County	Alex Campbell & Raegen Price		X		Behavioral Health
Andra Ray, LPC	LPC & RN	Graham Psychological Associates	3/9/2023	Young County	Alex Campbell & Raegen Price		X		Behavioral Health
Erin Ray	Case Management Director	Graham Regional Medical Center	3/20/2023	Multi-county area, including Young County	Alex Campbell & Raegen Price		X		General Public
Patricia (Patty) Rivera	Community Health Improvement – Manager	Texas Department of State Health Services, Public Health Region 2/3	3/23/2023	Multi-county area, including Young County	Alex Campbell & Raegen Price	X			General Public

Graham Regional Medical Center Community Health Needs Assessment Interviewee Information

Name	Title	Organization	Interview Date	County Served	Interviewer	IRS Category			Population Served
						A	B	C	
Courtney Shifflett	Program Manager	Affirming Texas Families Services	3/9/2023	Multi-county area, including Young County	Alex Campbell & Raegen Price		X		Mental Health
Jimmy Wiley	County Commissioner	Young County Commissioner	3/20/2023	Young County	Alex Campbell & Raegen Price			X	General Public

A: Work for a 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

B: Member of a medically underserved, low-income, and minority populations in the community, or individuals or organizations serving or representing the interests of such populations

C: Community Leaders

Source: Graham Regional Medical Center Community Health Needs Assessment interviews conducted by CHC Consulting, March 1, 2023 - March 23, 2023.

PRIORITY BALLOT

Graham Regional Medical Center 2023 Community Health Needs Assessment

Prioritization Ballot

Please refer to your 2023 CHNA Preliminary Findings Presentation below for assistance in completing this form:
GRMC Preliminary Findings Presentation

* Indicates required question

Upon reviewing the comprehensive preliminary findings report for the 2023 Graham Regional Medical Center (GRMC) Community Health Needs Assessment (CHNA), we have identified the following needs for the GRMC CHNA Team to prioritize *in order of importance.*

Please review the following criteria (Size and Prevalence of the Issue, Effectiveness of Interventions and GRMC Capacity) that we would like for you to use when identifying the top community health priorities for GRMC, then cast 3 votes for each priority.

1. Size and Prevalence of the Issue

In thinking about the "Size and Prevalence" of the health need identified, ask yourself the following questions listed below to figure out if the overall magnitude of the health issue should be ranked as a "1" (least important) or a "5" (most important).

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

In thinking about the "Effectiveness of Interventions" of the health need identified, ask yourself the following questions listed below to figure out if the overall magnitude of the health issue should be ranked as a "1" (least important) or a "5" (most important).

a. How likely is it that actions taken by GRMC will make a difference?
b. How likely is it that actions taken by GRMC 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. GRMC Capacity

In thinking about the Capacity of GRMC to address the health need identified, ask yourself the following questions listed below to figure out if the overall magnitude of the health issue should be ranked as a "1" (least important) or a "5" (most important).

a. Are people at GRMC 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)

**Please note that the identified health needs below are in alphabetical order for now, and will be shifted in order of importance once they are ranked by the CHNA Team.*

1. Access to Affordable Care and Reducing Health Disparities Among Specific Populations *

Mark only one oval per row.

	1 (Least Important)	2	3	4	5 (Most Important)
Size and Prevalence of the Issue	◯	◯	◯	◯	◯
Effectiveness of Interventions	◯	◯	◯	◯	◯
GRMC Capacity	◯	◯	◯	◯	◯

2. Access to Mental and Behavioral Health Care Services and Providers *

Mark only one oval per row.

	1 (Least Important)	2	3	4	5 (Most Important)
Size and Prevalence of the Issue					
Effectiveness of Interventions					
GRMC Capacity					

3. Continued Emphasis on Increasing Access to Specialty Care Services and Providers *

Mark only one oval per row.

	1 (Least Important)	2	3	4	5 (Most Important)
Size and Prevalence of the Issue					
Effectiveness of Interventions					
GRMC Capacity					

4. Continued Focus on the Youth & Aging Population *

Mark only one oval per row.

	1 (Least Important)	2	3	4	5 (Most Important)
Size and Prevalence of the Issue					
Effectiveness of Interventions					
GRMC Capacity					

5. Prevention, Education and Services to Address High Mortality Rates, Preventable Conditions and Unhealthy Lifestyles *

Mark only one oval per row.

	1 (Least Important)	2	3	4	5 (Most Important)
Size and Prevalence of the Issue	◯	◯	◯	◯	◯
Effectiveness of Interventions	◯	◯	◯	◯	◯
GRMC Capacity	◯	◯	◯	◯	◯

6. When thinking about the above needs, are there any on this list that you DO NOT feel that GRMC could/would work on over the next 3 years? *

Mark only one oval per row.

	Yes, we could/should work on this issue.	No, we cannot/should not work on this issue.
Access to Affordable Care and Reducing Health Disparities Among Specific Populations	◯	◯
Access to Mental and Behavioral Health Care Services and Providers	◯	◯
Continued Emphasis on Increasing Access to Specialty Care Services and Providers	◯	◯
Continued Focus on the Youth & Aging Population	◯	◯
Prevention, Education and Services to Address High Mortality Rates, Preventable Conditions and Unhealthy Lifestyles	◯	◯

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Section 2:

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							
1.B. GRMC is exploring the possibility of adding mental health professionals to the hospital staff.	CEO							
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							
1.D. GRMC is exploring the feasibility of establishing a geri-psych outpatient program.	CEO							

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						
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							
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						
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:*** 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, CNO, CIO	***Current Examples:*** telestroke, teleradiology, telehealth visits for YCFC						

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							
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						
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							
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						
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							

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.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							
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							
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						

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						
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							
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							
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							
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						

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.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						

Section 3:

Feedback, Comments and Paper Copies

INPUT REGARDING THE HOSPITAL'S CURRENT CHNA

CHNA Feedback Invitation

- GRMC invites all community members to provide feedback on its previous CHNA and existing CHNA and Implementation Plan.
- To provide input, please see details at the end of this report or respond via direct mail to the hospital. The physical address can be found directly on the hospital's 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 the “About” drop down menu and select Community Health Needs Assessment:

https://www.grahamrmc.com/about/community-health-needs-assessment

Thank you!

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