

# **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
<b>1.A.</b> GRMC will continue to collaborate with local organizations in connecting patients with the appropriate level of care based on the patient's mental and behavioral health needs as opportunities arise.	CEO, CNO		ONGOING (as opportunities arise)	GRMC will continue its collaboration with local organizations to ensure that patients are connected to the appropriate level of care based on their mental and behavioral health needs, as opportunities arise				
<b>1.B.</b> GRMC is exploring the possibility of adding mental health professionals to the hospital staff.	CEO		ONGOING (as opportunities arise)	GRMC continues to explore the possibility of adding mental health professionals to the hospital's staff.				
<b>1.C.</b> GRMC will continue to promote mental health care to staff members, including offering the Employee Assistance Program (EAP) to help employees navigate various life challenges.	HR		ONGOING (as opportunities arise)	GRMC offers the EAP to assist employees navigate life challenges.				
<b>1.D.</b> GRMC is exploring the feasibility of establishing a geri-psych outpatient program.	CEO		ONGOING (as opportunities arise)	GRMC continues to explore the establishment of a geri-psych outpatient program.				

## 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
<b>2.A.</b> 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	<b>Current Examples:</b> podiatry, OB/GYN, G.I. procedures, dermatology, ENT, outreach clinic for General Surgery, pain proceduralist	ONGOING (as opportunities arise)	GRMC offers a wide variety of services to increase local access to care, and is continuously exploring the potential to expand services to benefit the community.				
<b>2.B.</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.	IT		ONGOING (as opportunities arise)	GRMC continues to participate in the system-wide electronic medical record to strengthen patients' continuum of care.				
<b>2.C.</b> 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	<b>Current Examples:</b> Joint Commission, Acute Heart Attack Ready Certification	ONGOING (as opportunities arise)	GRMC obtains certification and accreditation opportunities as they arise (EX: Acute Heart Attack Ready DNV - October 2024).				
<b>2.D.</b> 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	<b>Current Examples:</b> <u>Schools:</u> Weatherford College, MSU, Abilene Christian, UT Arlington <u>Students:</u> physical therapy, radiology, nursing, scrub techs, PAs, lab, family medicine	ONGOING (as opportunities arise)	GRMC continues to work to build strong affiliations with local schools and also online schools to serve as a clinical site for health care students to rotate through the facility.				
<b>2.E.</b> In collaboration with HCA Medical City, GRMC will continue to utilize telehealth services for applicable patients.	CEO, CNO, CIO	<b>Current Examples:</b> telestroke, teleradiology, telehealth visits for YCFC	ONGOING (as opportunities arise)	GRMC continues to utilize telehealth services for applicable patients. In FY2024, the new Telestroke contract was updated and a new telestroke robot will be delivered in 2025.				

## 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
<b>3.A.</b> GRMC will implement an ACO in the rural health clinic to expand access to primary and preventative care for the Medicare population (both traditional and Medicare Advantage plans).	CEO		ONGOING (as opportunities arise)	GRMC will continue to work towards implementing an ACO in the rural health clinic.				
<b>3.B.</b> GRMC will continue to connect patients to affordable resources when available and on an as needed basis.	CEO, Social Worker	<b>Current Examples:</b> Transportation assistance, community home-based services, Salvation Army, medication assistance/support	ONGOING (as opportunities arise)	GRMC connects patients to affordable resources as available and as needed.				
<b>3.C.</b> 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	<b>Current Examples:</b> Self Pay Pricing List for: Rad, Lab, Surgery, Pain, and Respiratory. Hospital Self Pay Discount Policy Draft v110124	ONGOING (as opportunities arise)	GRMC continues to offer certain services at a discounted rate for self-pay and HDHP patients.				

Implementation Activity	Responsible Leader(s)	Current Examples (if applicable)	FY 2024		FY 2025		FY 2026	
			Status	Progress Updates	Status	Progress Updates	Status	Progress Updates
<b>3.D.</b> GRMC will continue to host and/or participate in fundraising events and donation drives to benefit underserved organizations in the community.	CNO	<b>Current Examples:</b> Graham Humane Society of Young County, various blood drives, Graham Crisis Center, food pantries, safety gear (EX: bike helmets) for youth at annual health fair	ONGOING (as opportunities arise)	In FY24, GRMC continued work with all non-profits in Graham with help from Marketer and collaboration with leadership.				
<b>3.E.</b> 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		ONGOING (as opportunities arise)	GRMC continues to provide translation services as needed.				
<b>3.F.</b> 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	<b>Current Examples:</b> Charity Care Policy (May 2019)	ONGOING (as opportunities arise)	GRMC provides its Charity Care Policy and Financial Assistance Policy				
<b>3.G.</b> GRMC speaks to GHS students about hospital employment opportunities and healthcare career paths. Additionally, GRMC awards scholarships to high school students pursuing higher education with a career in healthcare.	CEO		ONGOING (as opportunities arise)	GRMC continues to educate and support local students pursuing healthcare careers.				
<b>3.H.</b> GRMC continues to support the elderly population in the community by offering specific programs and collaborating with local organizations.	Administration Team	<b>Current Examples:</b> Graham Oaks, Garden Terrace, Senior Focus Program, equipment and safety gear donations	ONGOING (as opportunities arise)	GRMC continues to support the elderly population in the community (EX: fall prevention program done with local senior citizen center, collaboration with long term care facilities).				

## 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
<b>4.A.</b> 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	<b>Current Examples:</b> social media, hospital website, geofencing digital initiatives, Quarterly Health Summits, Emergency Preparedness, regular CEO updates in public groups and private settings, Live Action Shooter trainings, Community Tornado Preparedness, GRMC Annual Health Fair, Young County AgriLife Extension, local 5K and bike ride events, and CPR, ALS and BLS classes	ONGOING (as opportunities arise)	GRMC hosts and supports local health-related events in the community. In FY24, GRMC collaborated with NCTC, Virginias House and other local non-profits to form a website for public education and events).				
<b>4.B.</b> GRMC partners with Olney Hamilton Hospital to provide local school districts with Stop the Bleed Kits. Stop the Bleed encourages bystanders to become trained, equipped, and empowered to help in a bleeding emergency before a professional arrives.	CNO	stop the bleed training	ONGOING (as opportunities arise)	GRMC and Olney Hamilton Hospital continue to provide the Stop the Bleed kits. In FY24, all schools in the District have received stop the bleed training and wall mounted kits as of November 1st, 2024.				
<b>4.C.</b> GRMC continues to offer its Fitness and Rehabilitation Center as a hospital-based wellness and fitness facility committed to ensuring good health for the community.	CEO		ONGOING (as opportunities arise)	The GRMC Fitness and Rehabilitation Center continues to be available to 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
<p><b>4.D.</b> GRMC will continue to collaborate with the Moncrief Cancer Institute to connect un/underinsured patients with appropriate screenings and resources.</p>	Administration Team, Radiology Director		ONGOING (as opportunities arise)	GRMC continues to connect un/underinsured patients with appropriate screenings/resources through the Moncrief Cancer Institute.				
<p><b>4.E.</b> GRMC will continue to provide smoking cessation education to appropriate patients and is exploring the provision of discounted resources through 340B.</p>	CNO, Respiratory Lead, Nursing Management	<p><b>Current Examples:</b> All patients registered to Surgery, Med-Surg, and ER are screened for tobacco use and offered cessation education for a positive screen</p>	ONGOING (as opportunities arise)	GRMC offers smoking cessation education as appropriate. Additionally, GRMC explores the provision of 340B.				
<p><b>4.F.</b> GRMC personnel will continue to serve in leadership roles and as volunteers with many agencies and committees in the community.</p>	Administration, Department Leadership	<p><b>Current Examples:</b> 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</p>	ONGOING (as opportunities arise)	GRMC staff serve in leadership roles and as volunteers with local organizations. In FY24, examples include: CNO serves on Crisis Center board, CHRO and CNO serve on Virginias house for child advocacy. CNO is the Chair of the Regional Advisory Council.				