



Keeping the **H** in Hometown®

# United Regional Health Care System

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## Community Health Needs Assessment and Implementation Plan

October 2025



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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 United Regional Health Care System by Community Hospital Consulting (CHC Consulting). This CHNA utilizes relevant health data and stakeholder input to identify the significant community health needs in Wichita County, Texas.

The CHNA Team, consisting of leadership from United Regional, reviewed the research findings and input from the July 2025 CHNA Health Summit to 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. In selecting the top priorities, leadership established overarching objectives that encompassed needs identified during the CHNA Health Summit and were elevated by participants as the most significant for improving community health.

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

- 1.) Access to Mental and Behavioral Health Care Services and Providers
- 2.) Access to Primary and Specialty Care Services and Providers
- 3.) Continued Emphasis on Healthcare Workforce Recruitment, Engagement and Retention
- 4.) Prevention, Education and Awareness of Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles
- 5.) Continued Emphasis on Addressing Social Determinants of Health to Reduce Health Disparities

The CHNA Team prioritized the community health needs through a roundtable discussion by considering three characteristics: size and prevalence of the issue, effectiveness of interventions, and their capacity to address the need. Once this prioritization process was complete, United Regional leadership decided to address all of the prioritized needs in various capacities through a hospital specific implementation plan.

Hospital leadership has developed an implementation plan to identify specific activities and services which directly address the 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 United Regional Board reviewed and adopted the 2025 Community Health Needs Assessment and Implementation Plan on **October 27, 2025**.

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

Data suggests that Wichita County has a higher prevalence of mental and behavioral health issues compared to the state of Texas. A higher percentage of adults in Wichita County have depression and report experiencing frequent mental distress as compared to the state. Similarly, a greater percentage of Medicare beneficiaries in the county have depression. Lastly, intentional self-harm (suicide) is one of the leading causes of death in Wichita County.

Several interviewees discussed how the state funding for mental health is not increasing to meet the needs of the growing population. Interviewees noted several challenges with accessing mental health care, like the shortage of providers in the area, long wait times to be seen, a recent clinic closure in the community, as well as the lack of providers accepting Medicaid or offering a sliding fee scale. Telehealth was mentioned as improving access for patients who are in need of psychiatric medication. Interviewees also raised concerns surrounding substance and drug abuse as well as mental health issues in the community.

Interviewees discussed challenges across subpopulations, such as the lack of safe and supportive discharge options for homeless patients and the limited local access to inpatient care and services for adults and seniors. A few interviewees noted and appreciated the availability of services for the youth population regarding mental health, but mentioned the limited availability of school crisis counselors.

During the July 2025 CHNA Health Summit hosted by United Regional, participants ranked access to mental and behavioral health care services as the number one priority in the community.

## **Priority #2: Access to Primary and Specialty Care Services and Providers**

Data suggests that Wichita County has a higher percentage of households that do not have a motor vehicle compared to the state. Wichita County's rate of preventable hospital events is significantly higher than both the state of Texas and the nation

Several interviewees discussed long wait times to get in to see a primary care provider for a routine appointment and how that is leading to some outmigration. Low cost options in the local area were mentioned, although long wait times persist. Several groups were called out specifically as having greater difficulty in seeking primary care services locally and those are: rural communities, providers not accepting certain patients, the un/underinsured, those with Medicare, Tricare and the low income/working poor. Telemedicine appointments for primary care were discussed as an option but some limitations still exist, particularly for the elderly. One interviewee noted that for some who are technologically challenged, it can be difficult for them to use this resource.

Interviewees appreciate the local specialty services in the area. Some individuals with complex diagnoses or advanced conditions were noted as traveling to other areas like Wise County, Dallas, Fort Worth, Oklahoma City and Houston. It was noted that the limited public awareness of existing specialty services contributes to the out of town travel and the challenge is communicating what services are available locally. Additionally, the local walk-in clinics were noted as having long wait times and limited availability.

It was noted by all interviewees that the wait time to see a specialist varies by specialty and it was also discussed that there is limited access to certain specialists based on a patient's insurance coverage and health status. Some specialists don't accept Medicaid patients or offer charity care. Lastly, specialties mentioned as needed due to long wait times or lack of coverage, include (in descending order of number of times mentioned and then alpha order): pediatric subspecialties (optometry, oncology, neonatology, pulmonology, urology and cardiology), neurology, dermatology, gastroenterology, pulmonology, mental health, OB/GYN, rheumatology, cardiology, endocrinology, neurosurgery, ophthalmology/optometry and orthopedics.

During the CHNA Health Summit, participants ranked access to healthcare among the top health priorities for Wichita County.

## **Priority #3: Continued Emphasis on Healthcare Workforce Recruitment, Engagement and Retention**

Wichita County is designated as a Health Professional Shortage Area and a Medically Underserved Area and Medically Underserved Population as defined by the U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA).

When thinking about the healthcare workforce as a whole, interviewees were concerned about several workforce challenges,...

### **Priority #3: Continued Emphasis on Healthcare Workforce Recruitment, Engagement and Retention (continued)**

...including: retention, staffing shortages and competitive salaries. A couple of interviewees discussed the difficulties attracting specialists due to geographic and rural classification challenges with one person noting: "We are a large, small town." Another interviewee stated: "Finding people to work is an issue. It's mostly on the clinical side but it's probably across the board. This is the quality of the workforce. You can hire people all day but that doesn't mean that they will stay."

During the CHNA Health Summit, participants ranked workforce recruitment and retention among the top health priorities for Wichita County.

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

Wichita County has higher mortality rates than the state for several causes of death, including diseases of the heart, malignant neoplasms, COVID-19, accidents (unintentional injuries), chronic lower respiratory diseases, cerebrovascular diseases, diabetes mellitus, chronic liver diseases and cirrhosis, and intentional self-harm. Wichita County has higher incidence and mortality rates for breast cancer, lung and bronchus cancer, and colon and rectum cancer, and a higher incidence rate for prostate cancer.

Wichita County also has higher percentages of adults and Medicare beneficiaries with various chronic diseases and conditions. Compared to the state, the county has a higher percentage of Medicare beneficiaries with diabetes and hypertension, and a higher percentage of adults with asthma and arthritis. Additionally, a greater percentage of adults and the Medicare population in Wichita County have a disability.

Unhealthy lifestyle behaviors are more prevalent in the county. A higher percentage of adults in Wichita County have no leisure time for physical activity, binge drinking, and are current smokers. Wichita County has a lower percentage of Medicare beneficiaries who received flu and pneumonia vaccines as compared to the state.

Many interviewees expressed uncertainty about overall community health despite available resources and acknowledged there are programs like learning how to ride a bike or learning how to cook, but it seems like there is a lack of community engagement. Several interviewees discussed different types of barriers to accessing healthy lifestyle resources, with some of those being cost, location of the resource and a lack of awareness. Interviewees mentioned there is a need for more accessible healthy meal preparation and also nutrition education, as some areas of the community do not have the necessary information. Higher rates of chronic conditions in the youth population, like childhood obesity due to food deserts, were discussed by several interviewees. Lastly, the need for early, family-focused interventions was mentioned and use of social media to help educate people on healthy lifestyle management.

During the CHNA Health Summit, participants ranked healthy lifestyles (healthy eating/active living), education and lack of awareness services and chronic disease prevention and management among the top health priorities for Wichita County.

### **Priority #5: Continued Emphasis on Addressing Social Determinants of Health to Reduce Health Disparities**

Wichita County has a slightly older median age, lower median household income and a lower percentage of residents with a bachelor's or advanced degree. Wichita County's economic distress score is in the "at-risk" category, indicating it is more distressed than other counties in the state and health care is the highest estimated monthly cost for residents.

A greater percentage of families and children in Wichita County live below the poverty line compared to the state. The county also has a higher percentage of food insecurity among its general population and among children, with a higher percentage of food-insecure residents in Latino, Black, and White Non-Hispanic subpopulations. The average meal cost is also higher in Wichita County than in the state.

The built environment and access to healthy food options contribute to these disparities. Wichita County has a higher rate of fast-food restaurants and a lower rate of grocery stores than both the state and the nation. This disparity has been a consistent trend. The financial strain is further evidenced by a higher percentage of residents receiving SNAP benefits and a higher percentage of public school students eligible for free or reduced-price lunch.

Several interviewees discussed frustration surrounding insurance coverage processes and limitations. Several things are...

## Priority #5: Continued Emphasis on Addressing Social Determinants of Health to Reduce Health Disparities (continued)

...impacting the overuse of the emergency room and patients delaying/foregoing care, such as limited understanding of appropriate health care settings, low health literacy, time/convenience, cultural habits, no upfront payments and lack of insurance coverage and cost differences. A few interviewees discussed the affordability challenges due to increasing cost of medications/services as well as insurance premiums. Lastly, interviewees discussed how insurance is limiting access to some medications and service options, specifically rehab facilities. One interview noted a patient might not be able to go to a rehab facility that was their first choice due to insurance. Interviewees also mentioned limitations of local healthcare capacity and that led to outmigration, delays in hospital admissions/care transitions, perceived premature discharges as well as the potential for readmissions.

Interviewees discussed transportation as an issue and how the lack of adequate transportation options is a barrier to accessing healthcare. A couple of interviewees expressed the desire to see a medical respite unit at the homeless shelter due to a lack of services for this population. Lastly, one person mentioned the water quality in the area, as well as drought, as a health concern.

When asked about which specific groups are at risk for inadequate care, interviewees spoke about the Eastern Wichita Falls residents, homeless, pediatric, teens/adolescents, racial/ethnic, low income, active military/veterans and the elderly population. Eastern Wichita Falls residents face limited access to grocery stores, food pantries, hospitals, specialty care, transportation, residing in significantly low-income, disadvantaged neighborhoods. Homeless individuals are a growing population experiencing difficulty accessing shelters due to organization policies, limited availability of homes/apartments, perceived barriers to healthcare access, drug misuse/abuse, mental health concerns, and transportation barriers. The pediatric population faces limited access to local specialty care (optometry, speech therapy, ICU, dental), while teens/adolescents are affected by limited affordable activities, vaping, tobacco, and substance use, generational education about healthcare, risky sexual behaviors, cirrhosis, mental health concerns, and low vaccination rates. With regards to the racial/ethnic group, interviewees noted fear and distrust of healthcare among African Americans, insurance coverage limitations and a lack of understanding regarding the importance of healthcare. Other significant barriers include the misuse of the emergency room, a pressing need for improved health literacy, transportation barriers, fear of deportation and language barriers, which disproportionately affect both African American and Hispanic individuals.

Low Income individuals face limited access to urgent care and freestanding emergency facilities, significant cost barriers to care, lack of insurance coverage, and a shortage of reasonably priced homes. They also experience limitations for hourly workers seeking care, transportation barriers, and issues with education on healthcare, alongside age restrictions limiting access at local Federally Qualified Health Centers (FQHCs), and dental providers not accepting certain insurances. Active Military/Veterans encounter limited mental health services, lack of a local VA hospital, long wait times, cost barriers to care and homelessness. There's also a need for additional education on VA benefits, a desire for more coordination between the VA and local providers, transportation barriers, and a lack of dental care. Lastly, the elderly population is at risk due to transportation barriers, long wait lists for local nursing homes or assisted living facilities, and cost barriers to care. Alzheimer's/dementia is a specific concern, as are insurance coverage barriers (Medicare Advantage, Medicare, Medicaid), provider insurance acceptance issues, and the need for more rehab facilities and long-term/after care options.



# 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.
- The objectives of the CHNA are to:
  - Meet federal government and regulatory requirements
  - 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 United Regional
  - Document the progress of previous implementation plan activities
  - Prioritize the needs of the community served by the hospital
  - Create an implementation plan that addresses the prioritized needs for the hospital

# Process and Methodology

## *Scope*

- The CHNA components include:
  - A description of the process and methods used to conduct this CHNA, including a summary of data sources used in this report
  - A biography of United Regional
  - 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
  - Insights from the CHNA Health Summit including identified health priorities, resources and potential collaborations
  - A description of the progress and/or completion of community benefit activities documented in the previous implementation plan
  - The prioritized community needs and separate implementation plan, which intend to address the community needs identified
  - A description of additional health services and resources available in the community
  - A list of information gaps that impact the hospital's ability to assess the health needs of the community served

# Process and Methodology

## *Methodology*

- United Regional worked with CHC Consulting in the development of its CHNA. United Regional 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.
- 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 and facilitated CHNA Health Summit with individuals who have special knowledge of the communities, and analyzed results
- The methodology for each component of this study is summarized below. In certain cases methodology is elaborated in the body of the report.
  - United Regional Biography
    - Background information about United Regional, passion, purpose, pillars, and services were provided by the hospital or taken from its website
  - Study Area Definition
    - The study area for United Regional is based on hospital inpatient discharge data from January 1, 2024 - December 31, 2024 and discussions with hospital staff

# Process and Methodology

## *Methodology (continued)*

### – Demographics of the Study Area

- Population demographics include population change by race, ethnicity, age, median household income, unemployment and economic statistics in the study area
- Demographic data sources include, but are not limited to, Syntellis, the U.S. Census Bureau and the United States Bureau of Labor Statistics

### – Health Data Collection Process

- A variety of sources (also listed in the reference section) were utilized in the health data collection process
- Health data sources include, but are not limited to, the Robert Wood Johnson Foundation, Centers for Medicare & Medicaid Services, SparkMap, United States Census Bureau, and the Centers for Disease Control and Prevention

### – Interview Methodology

- United Regional provided CHC Consulting with a list of persons with special knowledge of public health in Wichita County, including public health representatives and other individuals who focus specifically on underrepresented groups
- From that list, 24 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 was also analyzed and reported.

### – CHNA Summit

- In July 2025, United Regional hosted a CHNA Health Summit to collaborate on the community health issues impacting Wichita County. Participants reviewed both quantitative and qualitative data gathered for the report, offered input on identified health priorities, and collaborated on potential solutions.

# Process and Methodology

## *Methodology (continued)*

### – Evaluation of Hospital's Impact

- A description of the progress and/or completion of community benefit activities documented in the previous implementation plan
- United Regional provided CHC Consulting with a report of community benefit activity progress since the previous CHNA report

### – Prioritization Strategy

- The CHNA Team prioritized the community health needs through roundtable discussion by considering three characteristics: size and prevalence of the issue, effectiveness of interventions, and their capacity to address the need
- See the prioritization section for a more detailed description of the prioritization methodology



# HOSPITAL BIOGRAPHY

# Hospital Biography

## *About United Regional*

### **More Than Healthcare, A Commitment to Community**

United Regional Health Care System has long been more than a collection of a hospital and clinics — we are a trusted partner in the health and well-being of the greater Wichita Falls area. From life-saving emergency care to initiatives that enhance public health, our passion has always been clear: to provide excellence in health care for the communities we serve.

Through high-quality care, state-of-the-art technology, and a team of expert professionals, United Regional continues to raise the standard for healthcare in the region. We are committed to ensuring that every patient receives the highest level of care, but our work extends beyond medical treatment. We are here to provide true caring to our community. Whether through outreach programs, health education, or partnerships that promote overall well-being, United Regional is deeply invested in making a positive difference in people’s lives both inside and outside our doors.

### **Serving as a Vital Community Asset**

- 190,000+ clinic visits
- 86,000+ hospital outpatient visits
- 67,000+ emergency room visits
- 17,000+ hospital admissions
- 14,000+ surgeries/invasive interventions
- Approximately 1,800 births

In addition to these essential services, United Regional plays a crucial role in supporting a significant uninsured and underinsured population. As the community’s “safety net,” we provide millions of dollars in charity care costs annually, with costs exceeding \$27 million in 2024 alone. By caring for those who might not be able to afford it, United Regional is committed to fostering and sustaining a healthier community.

# Hospital Biography

*Passion, Purpose, and Pillars*

## **Passion**

To provide excellence in health care for the communities we serve

## **Purpose**

To make a positive difference in the lives of others

## **Pillars**

- People
- Service
- Quality
- Finance
- Growth

# Hospital Biography

## *Hospital Services*

- Bariatric Surgery
- Cancer Care
- Cardiac
- Cardiac Academy
- CarePlus Clinic
- Chemotherapy/Infusion
- Community Support
- Computed Tomography (CT Scan)
- Dialysis
- da Vinci Surgical Robotic
- Ear, Nose, and Throat (ENT)
- Electrophysiology
- Emergency & Trauma
- Endoscopy
- Gastroenterology
- Gynecological Surgeries
- Heart Failure
- Hybrid Endovascular Suite
- Infusion Therapy
- Labor & Delivery
- Laboratory
- MRI
- Mammography
- NICU
- Neurology
- Neurosurgery
- Nuclear Medicine
- Obstetrics
- Oncology and Hematology
- Orthopedics
- Orthopedics Express
- Otolaryngology
- Palliative Care
- Pediatrics
- Physical & Occupational Therapy
- Podiatry (surgical)
- Positron Emission Tomography (PET) Scan
- Preventative Care
- Primary Care
- Pulmonary Rehabilitation
- Radiology & Imaging
- Rehabilitation
- Respiratory
- Robotic Hernia Repair
- Spine Services
- Stroke Care
- Structural Heart Program
- Surgery
- UroNav MR / Ultrasound Fusion Biopsy System
- Urology
- Weight Loss Surgery
- Wound Care
- X-ray (fluoroscopy)
- Zeiss OPMI Pentero Neurosurgical Microscope



# STUDY AREA

# United Regional

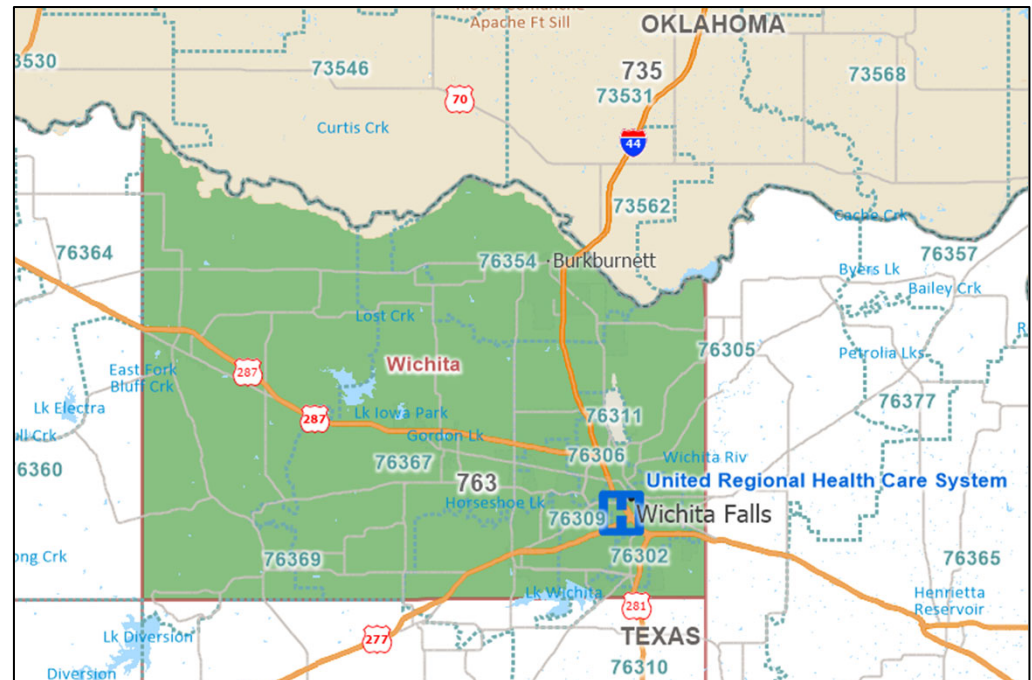
## Study Area

- Wichita County comprised 73.7% of CY 2024 Inpatient Discharges
- H Indicates the hospital

**United Regional Health Care System  
Patient Origin by County  
January 1, 2024 - December 31, 2024**

County	State	CY24 Inpatient Discharges	% of Total	Cumulative % of Total
Wichita	TX	12,854	73.7%	73.7%
All Others		4,589	26.3%	100.0%
<b>Total</b>		<b>17,443</b>	<b>100.0%</b>	

Source: Hospital inpatient discharge data provided by United Regional Health Care System; January 2024 – December 2024. Normal Newborns excluded.



*Note: the 2022 United Regional CHNA and Implementation Plan report studied Wichita County, Texas, which comprised 75.5% of CY 2021 (January 1, 2021 – December 31, 2021) inpatient discharges.*



# DEMOGRAPHIC OVERVIEW

# Population Health

## *Introduction*

- Information included within this section is pulled from a variety of sources, including the census. Because census data is collected every ten years, periodic updates are provided by data vendors based on a variety of population health factors.
- Due to the fluctuating population growth and significant transient population within Wichita County, total population and projection estimates are difficult to accurately depict. Therefore, CHC Consulting has provided demographic data from Syntellis that includes census periodic updates, as well as supplemental information from local reports in an attempt to emphasize the effect of the economic development on current population and projected population numbers.
- Supplemental local population information is integrated within this Demographic Overview section wherever appropriate.

# Population Health

## Population Growth

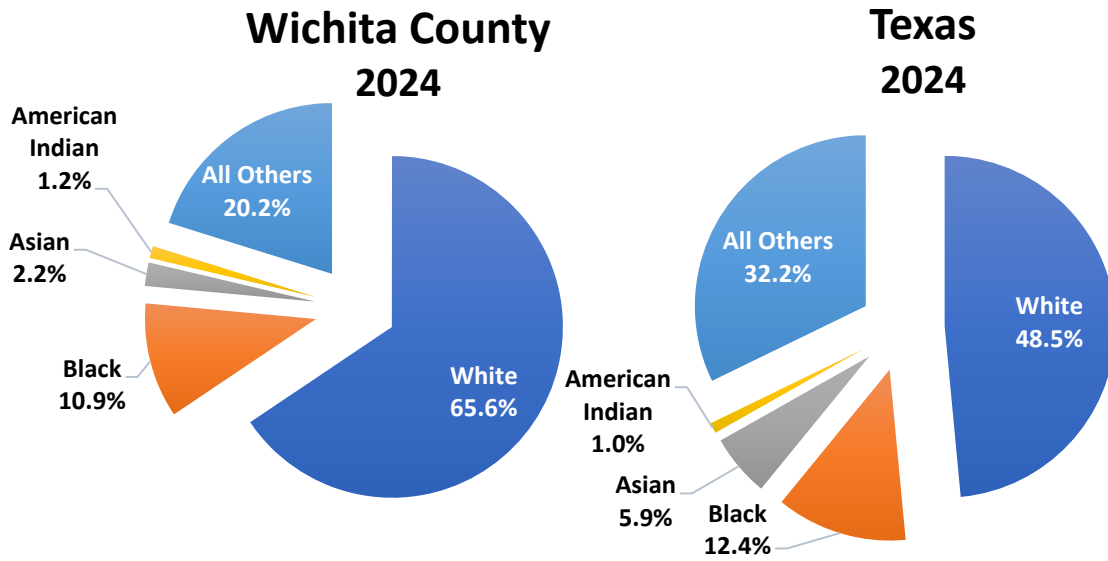
### Projected 5-Year Population Growth 2024-2029



Overall Population Growth				
Geographic Location	2024	2029	2024-2029 Change	2024-2029 % Change
Wichita County	129,532	128,676	-856	-0.7%
Texas	30,857,478	32,581,174	1,723,696	5.6%

# Population Health

## Population Composition by Race/Ethnicity

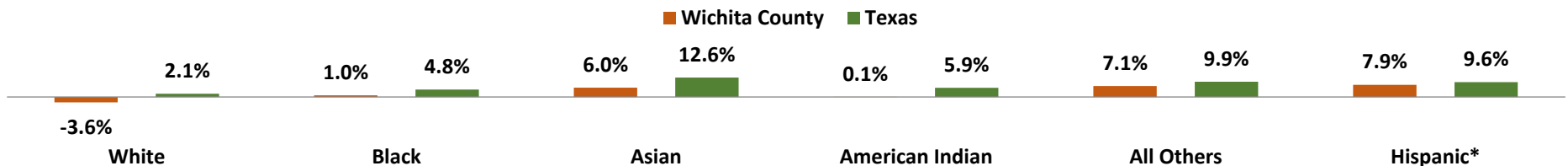


Wichita County				
Race/Ethnicity	2024	2029	2024-2029 Change	2024-2029 % Change
White	84,947	81,923	-3,024	-3.6%
Black	14,083	14,222	139	1.0%
Asian	2,880	3,053	173	6.0%
American Indian	1,495	1,496	1	0.1%
All Others	26,127	27,982	1,855	7.1%
<b>Total</b>	<b>129,532</b>	<b>128,676</b>	<b>-856</b>	<b>-0.7%</b>
Hispanic*	27,493	29,657	2,164	7.9%

Texas				
Race/Ethnicity	2024	2029	2024-2029 Change	2024-2029 % Change
White	14,966,254	15,275,878	309,624	2.1%
Black	3,825,747	4,009,424	183,677	4.8%
Asian	1,823,390	2,052,678	229,288	12.6%
American Indian	304,880	323,019	18,139	5.9%
All Others	9,937,207	10,920,175	982,968	9.9%
<b>Total</b>	<b>30,857,478</b>	<b>32,581,174</b>	<b>1,723,696</b>	<b>5.6%</b>
Hispanic*	12,405,217	13,594,988	1,189,771	9.6%

### Race/Ethnicity Projected 5-Year Growth 2024-2029



Source: Syntellis, Growth Reports, 2025.

\*Hispanic numbers and percentages are calculated separately since it is classified as an ethnicity.

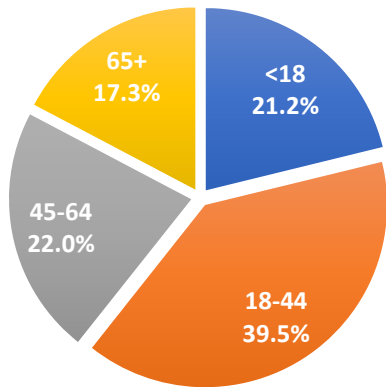
Note: A green highlighted row in the table represents the biggest change in true numbers in the population for each county and state.

Note: "All Others" is a category for people who do not identify with 'White', 'Black', 'American Indian or Alaska Native', or 'Asian'.

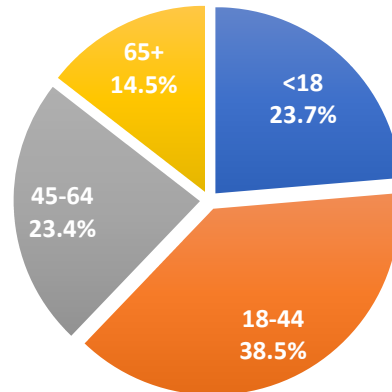
# Population Health

## Population Composition by Age Group

**Wichita County  
2024**



**Texas  
2024**

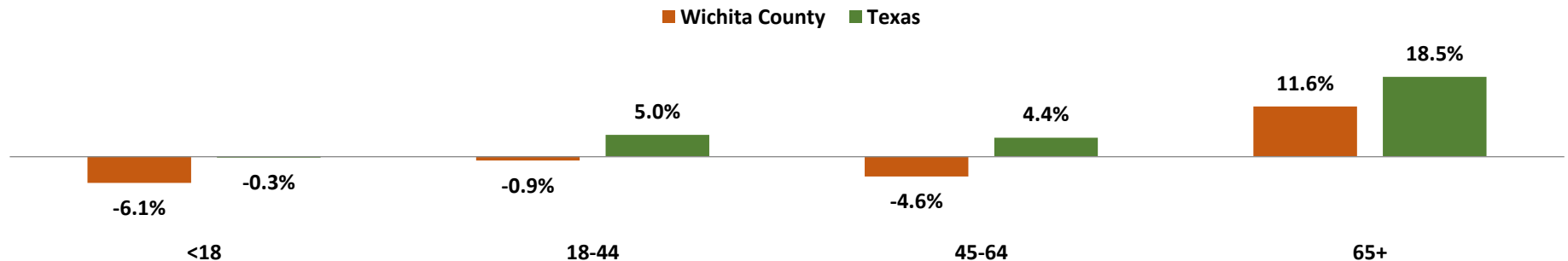


Wichita County				
Age Cohort	2024	2029	2024-2029 Change	2024-2029 % Change
<18	27,434	25,758	-1,676	-6.1%
18-44	51,154	50,687	-467	-0.9%
45-64	28,557	27,243	-1,314	-4.6%
65+	22,387	24,988	2,601	11.6%
<b>Total</b>	<b>129,532</b>	<b>128,676</b>	<b>-856</b>	<b>-0.7%</b>

Texas				
Age Cohort	2024	2029	2024-2029 Change	2024-2029 % Change
<18	7,302,571	7,283,713	-18,858	-0.3%
18-44	11,867,100	12,465,350	598,250	5.0%
45-64	7,212,418	7,528,831	316,413	4.4%
65+	4,475,389	5,303,280	827,891	18.5%
<b>Total</b>	<b>30,857,478</b>	<b>32,581,174</b>	<b>1,723,696</b>	<b>5.6%</b>

### Age Projected 5-Year Growth 2024-2029



Source: Syntellis, Growth Reports, 2025.

Note: A green highlighted row in the table represents the biggest change in true numbers in the population for each county and state.

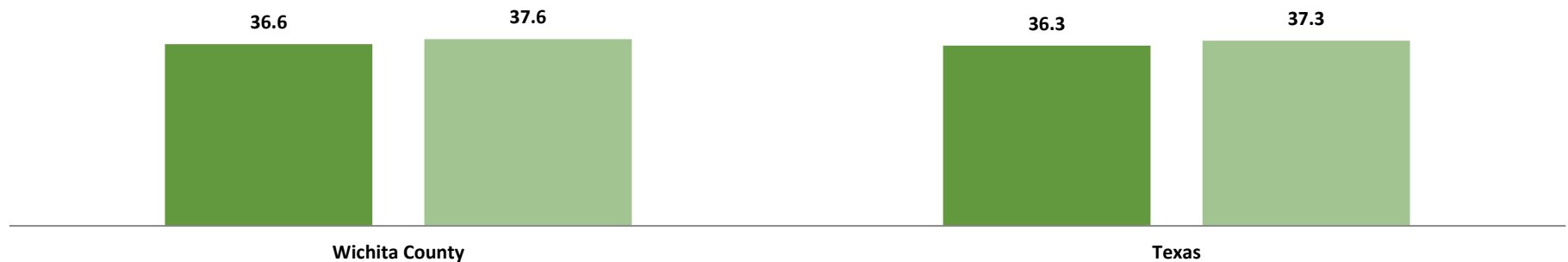
# Population Health

## Median Age

- The median age in Wichita County and the state is expected to increase over the next five years (2024-2029).
- Wichita County (36.6 years) has a slightly older median age than Texas (36.3 years) (2024).

### Median Age

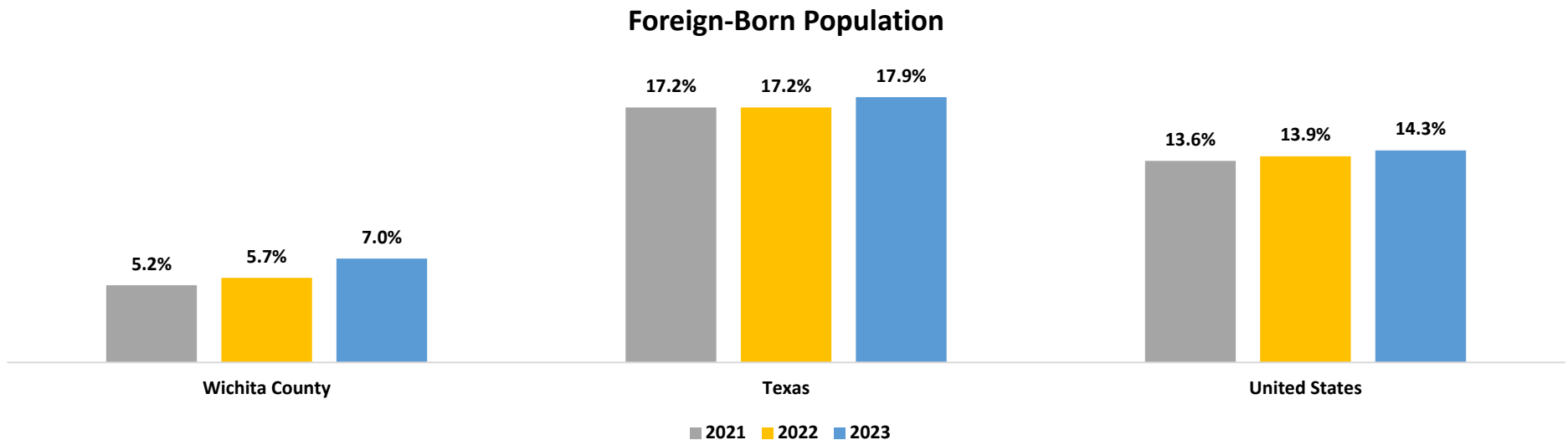
■ 2024 ■ 2029



# Population Health

## *Subpopulation Composition*

- Between 2021 and 2023, the percent of foreign-born residents increased in Wichita County, the state, and the nation slightly increased.
- Between 2021 and 2023, Wichita County maintained a lower percent of foreign-born residents than the state and the nation.
- In 2023, Wichita County (7.0%) had a lower percent of foreign-born residents than the state (17.9%) and the nation (14.3%).



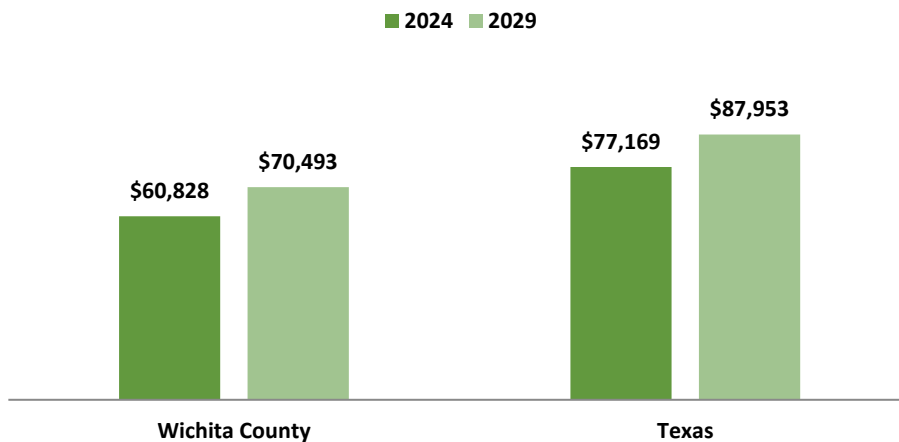
Source: United States Census Bureau, filtered for Wichita County, TX, <https://data.census.gov/cedsci/table?q=foreign%20born&tid=ACSDP1Y2019.DP02>; data accessed March 6, 2025.  
Note: Foreign-born means an individual who was born outside of the United States but lives in the United States currently.

# Population Health

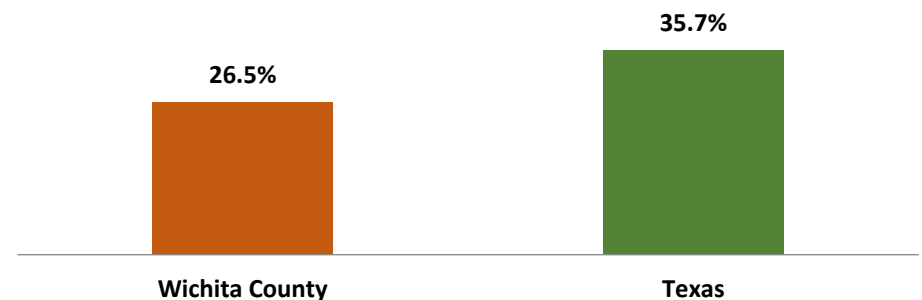
## Median Household Income and Educational Attainment

- The median household income in both Wichita County and the state is expected to increase over the next five years (2024-2029).
- Wichita County (\$60,828) has a lower median household income than Texas (\$77,169) (2024).
- Wichita County (26.5%) has a lower percent of residents with a bachelor or advanced degree than the state (35.7%) (2024).

### Median Household Income



### Education Bachelor / Advanced Degree 2024

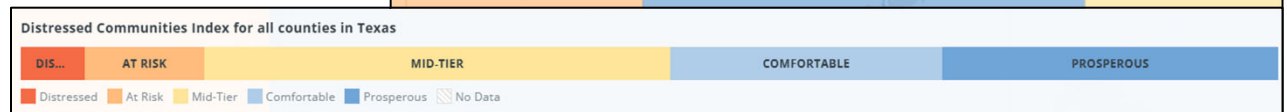
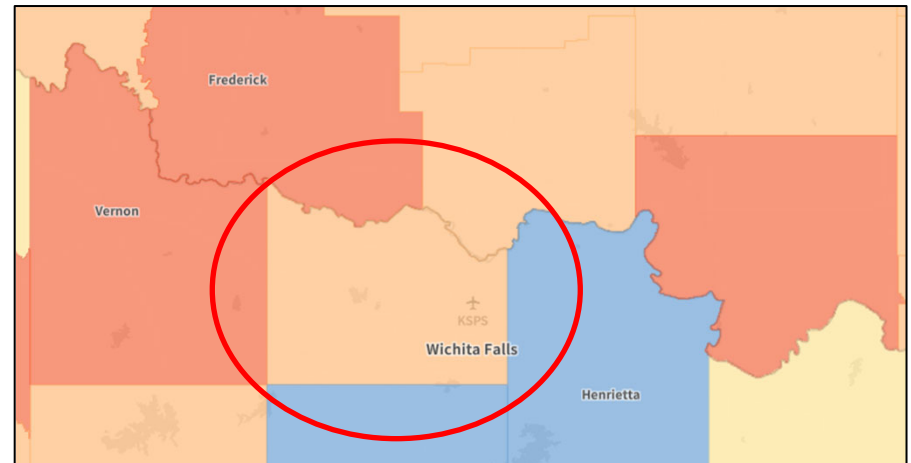


# Population Health

## *Distressed Communities Index*

- In 2018-2022, 15.2% of the nation lived in a distressed community, as compared to 24.9% of the nation that lived in a prosperous community.
- In 2018-2022, 22.8% of the population in Texas lived in a distressed community, as compared to 27.6% of the population that lived in a prosperous community.
- In 2018-2022, the distress score in Wichita County was 69.3, which falls within the at-risk economic category and is more distressed as compared to other counties in the state.

	Texas	United States
Lives in a Distressed Community	22.8%	15.2%
Lives in a Prosperous Community	27.6%	24.9%



Source: Economic Innovation Group, DCI Interactive Map, filtered for Wichita County, TX, <https://eig.org/dci/interactive-map?path=state/>; data accessed March 5, 2025.

Definition: 'Prosperous' has a final score of 0 all the way up to 'Distressed' which has a final score of 100.

Note: EIG DCI used U.S. Census Bureau's American Community Survey (ACS) 5 – Year Estimates covering 2018 -2022.

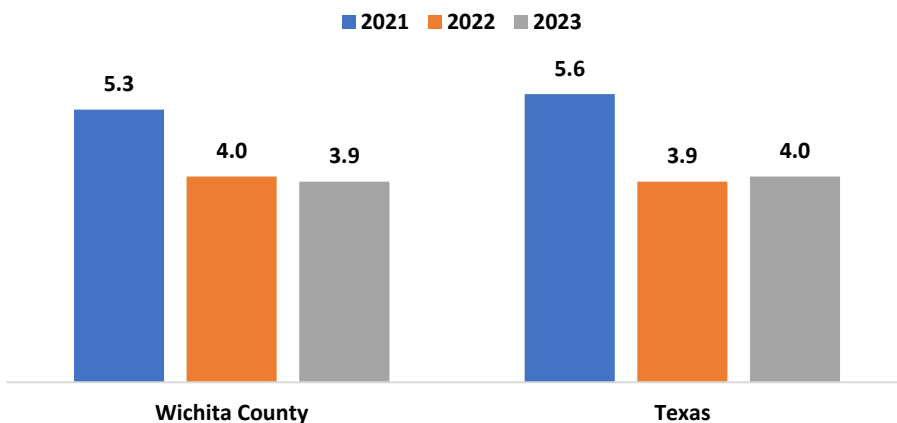
Note: Distressed Communities Index (DCI) combines seven complementary economic indicators: no high school diploma, housing vacancy rate, adults not working, poverty rate, median income ratio, change in employment and change in establishments. Full definition for each economic indicator can be found in the appendix.

# Population Health

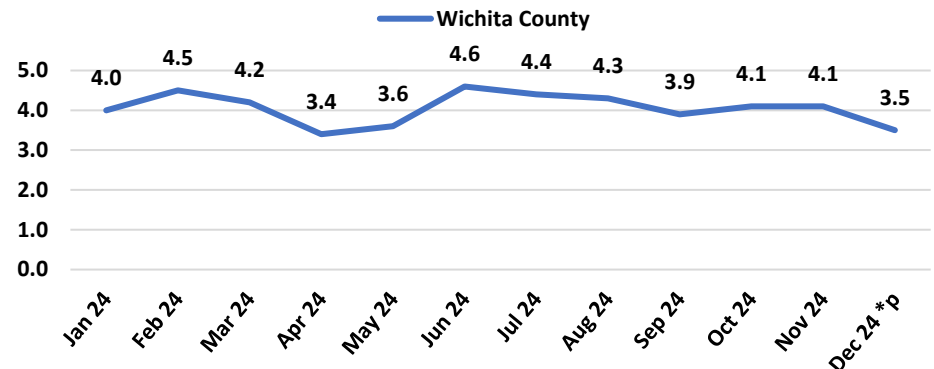
## Unemployment

- Unemployment rates in Wichita County and the state overall decreased between 2021 and 2023.
- In 2023, Wichita County (3.9) had a slightly lower unemployment rate than the state (4.0).
- Over the most recent 12-month time period, monthly unemployment rates in Wichita County overall decreased. April 2024 had the lowest unemployment rate (3.4) as compared to June 2024 with the highest rate (4.6).

**Unemployment  
Annual Average, 2021-2023**



**Monthly Unemployment  
Rates by Month  
Most Recent 12-Month Period**



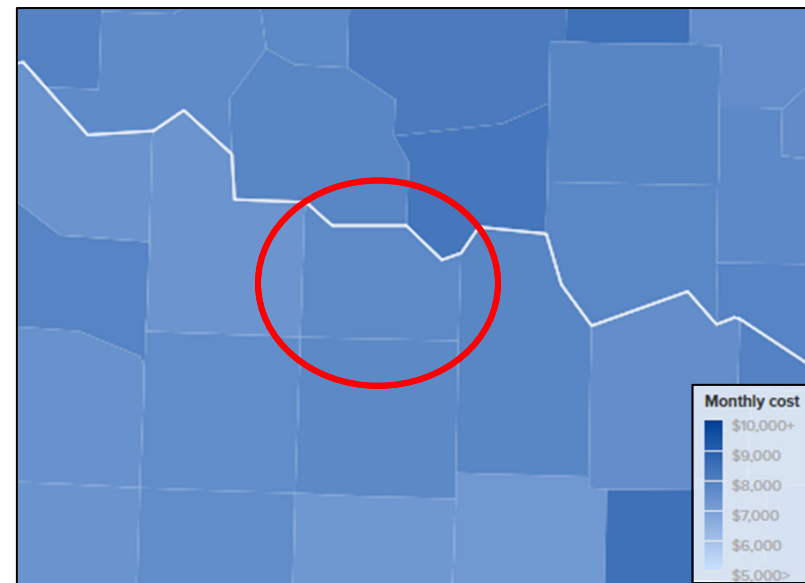
Source: Bureau of Labor Statistics, Local Area Unemployment Statistics, [www.bls.gov/lau/#tables](http://www.bls.gov/lau/#tables); data accessed March 6, 2025.

Definition: Unemployed persons include 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.

# Population Health

## Family Budget Map

- As of January 2025, the cost of living for a two-parent, two-child family in Wichita County is \$92,330 per year or \$7,694 per month.
- Health care is estimated to be the highest monthly cost of \$1,779 per month for Wichita County and Other necessities is estimated to be the lowest monthly cost of \$672 per month, as of January 2025.



Source: Economic Policy Institute, Family Budget Map, filtered for Wichita County, TX, <https://www.epi.org/resources/budget/budget-map/>; data accessed March 6, 2025.

Note: Data is from the 2025 edition of EPI's Family budget calculator. All data are in 2024 dollars.

Note: The budgets estimate community-specific costs for 10 family types (one or two adults with zero to four children) in all counties and metro areas in the United States. Compared with the federal poverty line and the Supplemental Poverty Measure, EPI's family budgets provide a more accurate and complete measure of economic security in America.

Other Necessities Definition: items that do not fall into the aforementioned categories but that are necessary for a modest yet adequate standard of living (ex: apparel, personal care, household supplies including furnishings and equipment, household operations, housekeeping supplies, and telephone services, reading materials, and school supplies).

# Population Health

## *Industry Workforce Categories*

- As of 2022, the majority of employed persons in Wichita County are within Office & Administrative Support Occupations. The most common employed groupings are as follows:

### Wichita County

- Office & Administrative Support Occupations (10.6%)
- Sales & Related Occupations (9.9%)
- Management Occupations (8.7%)
- Food Preparation & Serving Related Occupations (7.6%)
- Education Instruction, & Library Occupations (6.5%)

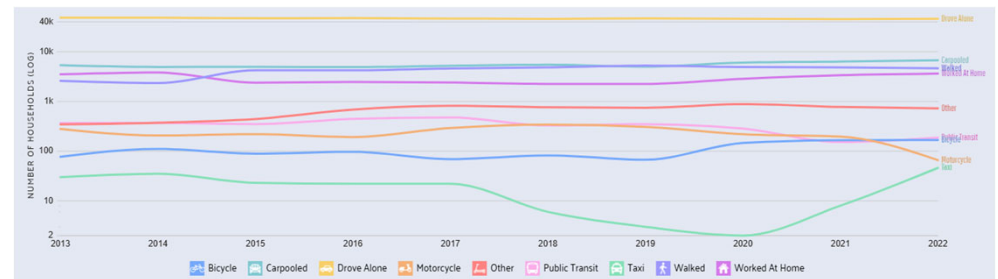
# Population Health

## Means of Transportation

- In 2018-2022, driving alone was the most frequent means of transportation to work for both Wichita County and the state.
- In 2018-2022, Wichita County (10.8%) had a higher percent of people who carpooled than the state (9.7%).
- Wichita County (15.3 minutes) had a shorter mean travel time to work than the state (26.6 minutes) (2018-2022).

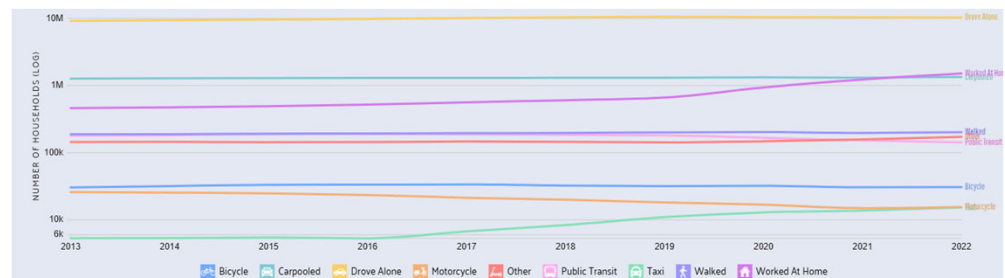
### Wichita County

Mean travel time to work: 15.3 minutes



### Texas

Mean travel time to work: 26.6 minutes

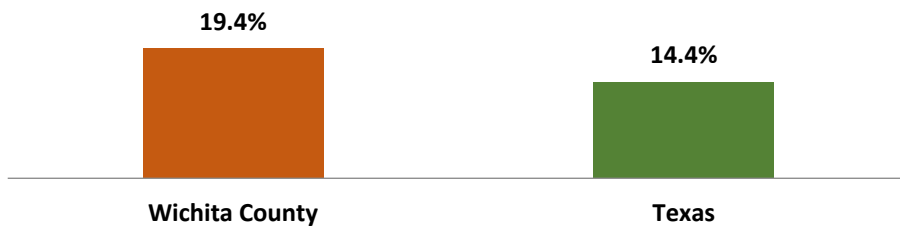


# Population Health

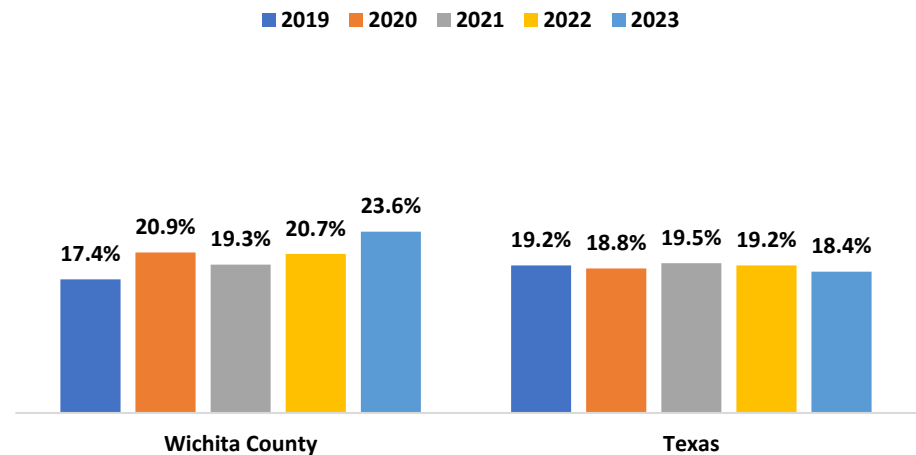
## Poverty

- Wichita County (19.4%) has a higher percentage of families living below poverty as compared to the state (14.4%) (2024).
- Between 2019 and 2023, the percentage of children (<18 years) living in poverty in Wichita County increased while the state decreased.
- Wichita County (23.6%) had a higher percentage of children (<18 years) living in poverty than Texas (18.4%) (2023).

### Families Below Poverty 2024



### Children Living in Poverty



Source: Syntellis, Growth Reports, 2025.

Source: Small Area Income and Poverty Estimates (SAIPE), filtered for Wichita County, TX, [https://www.census.gov/data-tools/demo/saipe/#/?map\\_geoSelector=aa\\_c](https://www.census.gov/data-tools/demo/saipe/#/?map_geoSelector=aa_c); data accessed March 6, 2025.

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 2025 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 \$32,150, and less than 200% of the federal poverty level if the household income is less than \$64,300. Please see the appendix for the full 2025 Federal Poverty Guidelines.

# Population Health

## *Food Insecurity*

- According to Feeding America, an estimated 18.8% of Wichita County residents are food insecure as compared to 17.6% in the state of Texas (2023).
- Additionally, 26.1% of children (under 18 years of age) in Wichita County are food insecure as compared to 22.2% in the state (2023).
- The average meal cost for a Wichita County resident is \$3.39, as compared to \$3.11 in Texas (2023).
- With regards to subpopulations, Wichita County has a lower percentage of food insecurity among Older Adults and Senior subpopulations, but has a higher percentage of food insecurity among Latino, Black, and White Non-Hispanic subpopulations (2023).

Location	Overall Food Insecurity (all ages)	Child Food Insecurity (age 0-17)	Older Adult Food Insecurity (age 50-59)	Senior Food Insecurity (age 60+)	Latino Food Insecurity (all ages)	Black Food Insecurity (all ages)	White Non-Hispanic Food Insecurity (all ages)	Average Meal Cost
Wichita County	18.8%	26.1%	12.8%	9.2%	26.0%	32.0%	13.0%	\$3.39
Texas	17.6%	22.2%	16.2%	13.6%	24.0%	31.0%	11.0%	\$3.11

Source: Feeding America, Map The Meal Gap: Data by County in Each State, filtered for Wichita County, TX, <https://map.feedingamerica.org/>; information accessed June 12, 2025.

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.

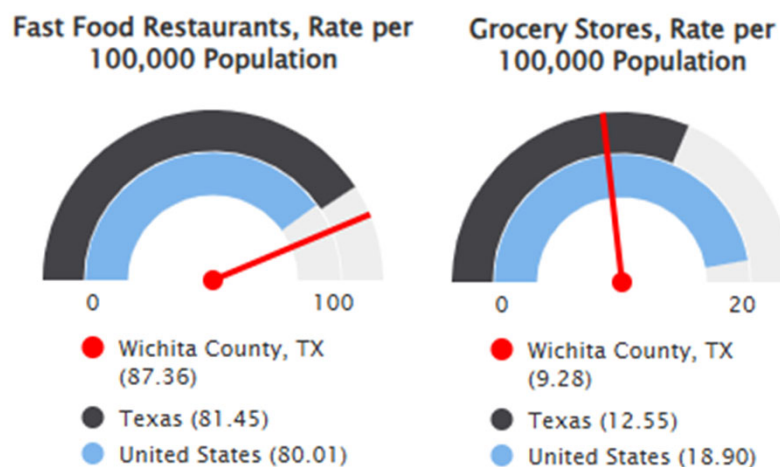
Food Insecure Definition (Child): Those children living in households experiencing food insecurity.

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).

# Population Health

## *Fast Food Restaurants & Grocery Store Access*

- In 2022, Wichita County (87.4 per 100,000) had a higher rate of fast food restaurants per 100,000 population than the state (81.5 per 100,000) and the nation (80.0 per 100,000).
- In 2022, Wichita County (9.3 per 100,000) had a lower rate of grocery stores per 100,000 population than the state (12.6 per 100,000) and the nation (18.9 per 100,000).



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

Source: SparkMap, Health Indicator Report: logged in and filtered for Wichita County, TX, <https://sparkmap.org/report/>; data accessed March 5, 2025.

Grocery Definition: Grocery stores are defined as supermarkets and smaller grocery stores primarily engaged in retailing a general line of food, such as canned and frozen foods; fresh fruits and vegetables; and fresh and prepared meats, fish, and poultry. Delicatessen-type establishments are also included. Convenience stores and large general merchandise stores that also retail food, such as supercenters and warehouse club stores, are excluded.

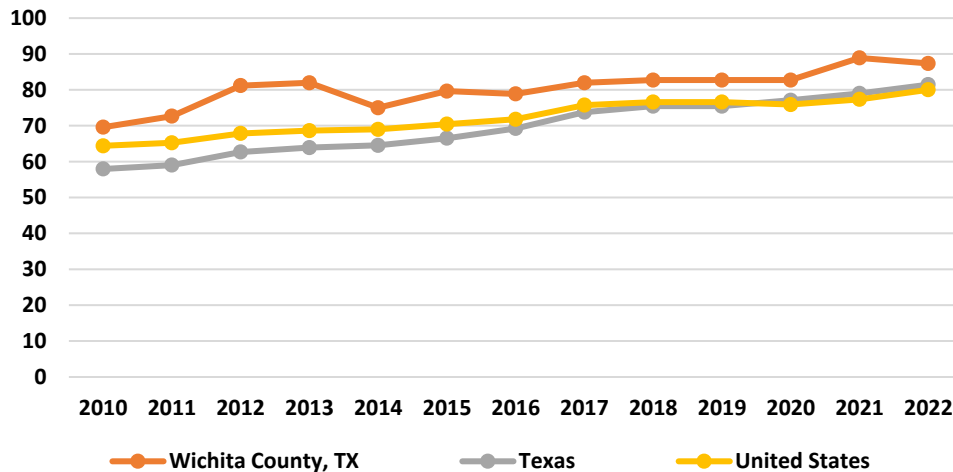
Fast Food Definition: Fast food restaurants are defined as limited-service establishments primarily engaged in providing food services (except snack and nonalcoholic beverage bars) where patrons generally order or select items and pay before eating.

# Population Health

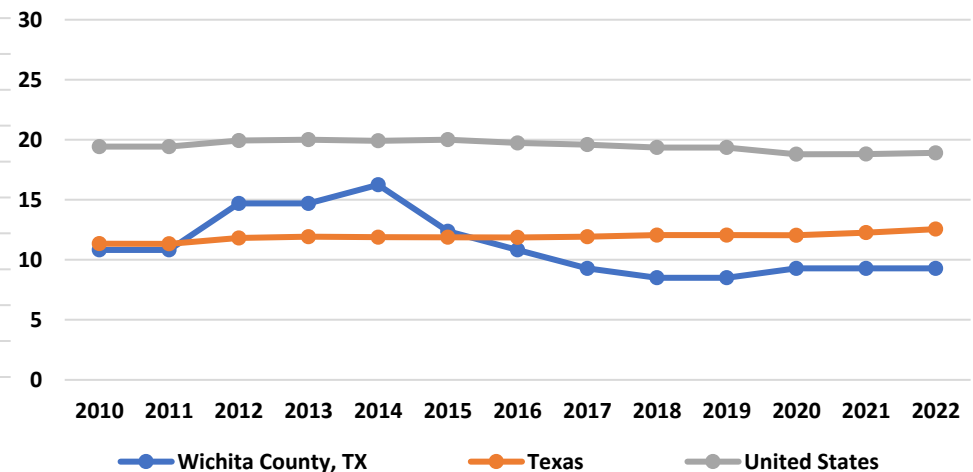
## Fast Food Restaurants & Grocery Store Access (continued)

- Between 2010 and 2022, the rate of fast food restaurants per 100,000 population in Wichita County remained higher than the state and the nation.
- Between 2010 and 2022, the rate of grocery stores and supermarkets per 100,000 population in Wichita County fluctuated and overall decreased. For the majority of those years, Wichita County maintained a lower rate than the state and the nation.

**Fast Food Restaurants  
Rate per 100,000 Population by Year**



**Grocery Stores and Supermarkets  
Rate per 100,000 Population by Year**



Source: SparkMap, Health Indicator Report: logged in and filtered for Wichita County, TX, <https://sparkmap.org/report/>; data accessed March 5, 2025.

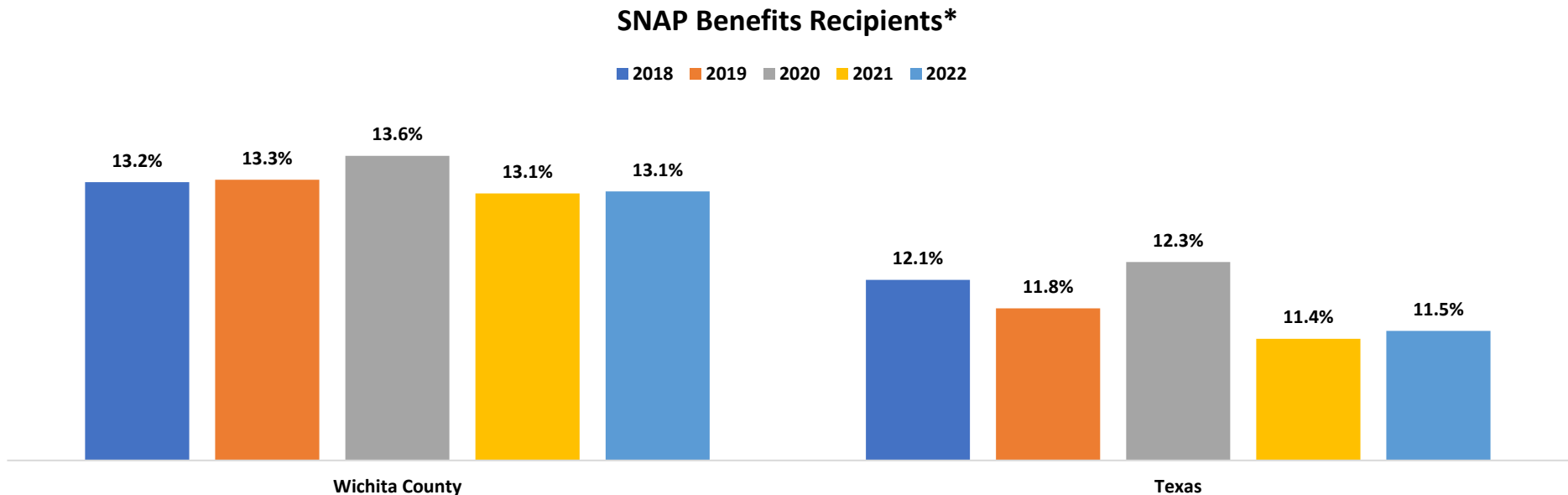
Grocery Definition: Grocery stores are defined as supermarkets and smaller grocery stores primarily engaged in retailing a general line of food, such as canned and frozen foods; fresh fruits and vegetables; and fresh and prepared meats, fish, and poultry. Delicatessen-type establishments are also included. Convenience stores and large general merchandise stores that also retail food, such as supercenters and warehouse club stores, are excluded.

Fast Food Definition: Fast food restaurants are defined as limited-service establishments primarily engaged in providing food services (except snack and nonalcoholic beverage bars) where patrons generally order or select items and pay before eating.

# Population Health

## *Supplemental Nutrition Assistance Program (SNAP) Benefits*

- Between 2018 and 2022, Wichita County maintained a higher percentage of SNAP benefit recipients than the state. Additionally, the percentage of SNAP benefit recipients in Wichita County fluctuated but the state decreased.
- In 2022, Wichita County (13.1%) had a higher percentage of SNAP benefit recipients than the state (11.5%).



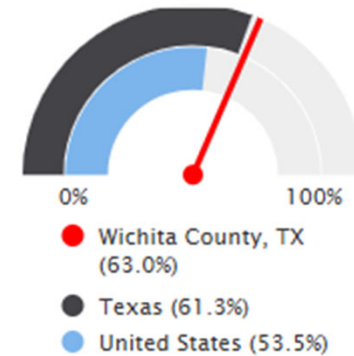
Source: Small Area Income and Poverty Estimates (SAIPE) Model, United States Census Bureau, <https://www.census.gov/data/datasets/time-series/demo/saipe/model-tables.html>; data accessed March 6, 2025.  
Source: County Population Totals: 2010-2019, United States Census Bureau, filtered for Wichita County, TX, <https://www.census.gov/data/datasets/time-series/demo/popest/2010s-counties-total.html>; data accessed March 6, 2025.  
Source: County Population Totals: 2020-2023, United States Census Bureau, filtered for Texas, <https://www.census.gov/data/tables/time-series/demo/popest/2020s-national-total.html>; data accessed March 6, 2025.  
\*Percentage manually calculated based on estimated population numbers by county and state between 2018 and 2022 as provided by the United States Census Bureau.

# Population Health

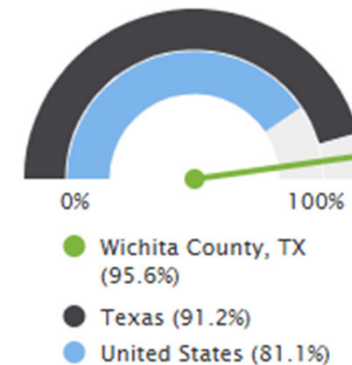
## Children in the Study Area

- In 2022-2023, Wichita County (63.0%) had a higher percentage of public school students eligible for free or reduced price lunch than the state (61.3%) and the nation (53.5%).
- Wichita County (95.6%) had a higher high school graduation rate than the state (91.2%) and the nation (81.1%) (2020-2021).

Percentage of Students Eligible for Free or Reduced Price School Lunch



Adjusted Cohort Graduation Rate



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 Wichita County, TX, <https://sparkmap.org/report/>; data accessed March 5, 2025.

Eligible for Free/Reduced Price Lunch Definition: Free or reduced price lunches are served to qualifying students in families with income between under 185 percent (reduced price) or under 130% (free lunch) of the US federal poverty threshold as part of the federal National School Lunch Program (NSLP).

Cohort Graduation Rate Definition: Students receiving a high school diploma within four years.

# Population Health

## *Children in the Study Area – Academic Enrollment by Grade*

- Wichita County school districts enrollment numbers have decreased by 4.0% since the 2020-2021 academic year.
- Between the 2020-2021 and 2024-2025 academic years, Early Education classes in Wichita County districts experienced the largest percentage increase (54.8%), while Grade 1 classes experienced the largest decrease (-10.6%).

ACADEMIC ENROLLMENT TRENDS						
Grade Level Name	2020-2021 Academic Year	2021-2022 Academic Year	2022-2023 Academic Year	2023-2024 Academic Year	2024-2025 Academic Year	2020-2021 to 2024-2025 % Change
Early Education	73	69	91	128	113	54.79%
Pre-Kindergarten	1,063	1,266	1,138	1,129	1,040	-2.16%
Kindergarten	1,490	1,476	1,458	1,391	1,366	-8.32%
Grade 1	1,549	1,524	1,491	1,452	1,385	-10.59%
Grade 2	1,474	1,518	1,520	1,438	1,417	-3.87%
Grade 3	1,510	1,453	1,510	1,480	1,426	-5.56%
Grade 4	1,440	1,517	1,463	1,469	1,457	1.18%
Grade 5	1,466	1,435	1,484	1,447	1,440	-1.77%
Grade 6	1,506	1,436	1,411	1,436	1,431	-4.98%
Grade 7	1,515	1,477	1,406	1,382	1,410	-6.93%
Grade 8	1,480	1,488	1,449	1,375	1,379	-6.82%
Grade 9	1,487	1,475	1,550	1,516	1,448	-2.62%
Grade 10	1,395	1,422	1,426	1,400	1,402	0.50%
Grade 11	1,352	1,347	1,318	1,334	1,333	-1.41%
Grade 12	1,361	1,292	1,276	1,310	1,308	-3.89%
<b>County Total</b>	<b>20,161</b>	<b>20,195</b>	<b>19,991</b>	<b>19,687</b>	<b>19,355</b>	<b>-4.00%</b>

Source: Texas Education Agency, PEIMS Student Enrollment Data by Academic Year, <https://rptsvr1.tea.texas.gov/adhocrpt/adste.html>; data accessed June 12, 2025.  
 Note: Independent school districts in Wichita County include Wichita County ISD, Burkburnett ISD, City view ISD, Electra ISD, and Iowa CISD.



# HEALTH DATA OVERVIEW

# Health Status

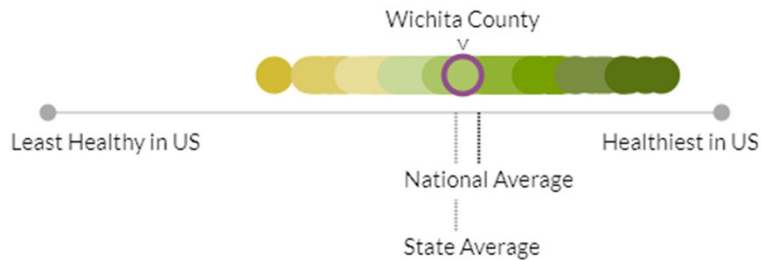
## *Data Methodology*

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

# Health Status

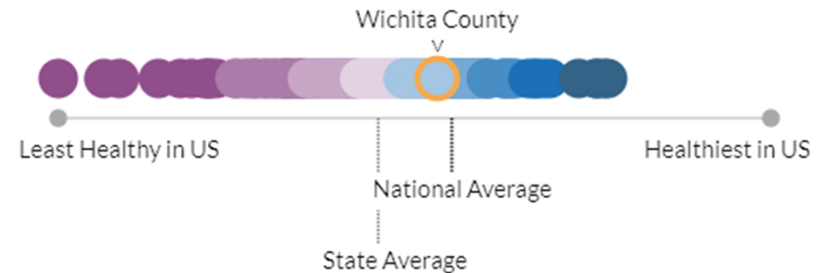
## County Health Rankings & Roadmaps – Wichita County, Texas

### Wichita County Population Health and Well-being



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

### Wichita County Community Conditions



- According to County Health Rankings & Roadmap, Community Conditions include the social and economic factors, physical environment and health infrastructure in which people are born, live, learn, work, play, worship and age. Community Conditions are also referred to as the social determinants of health.
- Some examples of factors where the county was worse than the state for Community Conditions include:
  - Health Infrastructure:
    - Mental Health Providers
    - Dentists
    - Preventable Hospitalizations
    - Access to Exercise Opportunities
  - Physical Environment:
    - Broadband Access
    - Library Access
  - Social and Economic Factors:
    - Some College
    - Children in Poverty

# Health Status

## *Mortality – Leading Causes of Death (2021-2023)*

Rank	Wichita 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	COVID-19 (U07.1)	COVID-19 (U07.1)
4	Accidents (unintentional injuries) (V01-X59,Y85-Y86)	Accidents (unintentional injuries) (V01-X59,Y85-Y86)
5	Chronic lower respiratory diseases (J40-J47)	Cerebrovascular diseases (I60-I69)
6	Cerebrovascular diseases (I60-I69)	Alzheimer's disease (G30)
7	Diabetes mellitus (E10-E14)	Chronic lower respiratory diseases (J40-J47)
8	Chronic liver disease and cirrhosis (K70,K73-K74)	Diabetes mellitus (E10-E14)
9	Alzheimer's disease (G30)	Chronic liver disease and cirrhosis (K70,K73-K74)
10	Intentional self-harm (suicide) (*U03,X60-X84,Y87.0)	Nephritis, nephrotic syndrome and nephrosis (N00-N07,N17-N19,N25-N27)

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed March 6, 2025.

Note: Due to policy changes in data provision from the census, age-adjusted rates at the county level were unable to be provided at the time of the report. Crude rates were used in the analysis and should be interpreted with caution when comparing separate geographic areas.

Note: Crude rates use the most current Vintage postcensal series released by the Census Bureau. Crude death rates are per 100,000.

# Health Status

## Mortality – Leading Causes of Death Rates (2021-2023)

Cause of Death	Wichita County		Texas	
	Trend	Current	Trend	Current
Diseases of heart (I00-I09,I11,I13,I20-I51)	▼	260.4	▼	164.3
Malignant neoplasms (C00-C97)	▼	228.9	▲	145.0
COVID-19 (U07.1)	▼	39.2	▼	10.6
Accidents (unintentional injuries) (V01-X59,Y85-Y86)	▲	74.5	▲	49.9
Chronic lower respiratory diseases (J40-J47)	▲	76.0	▼	32.3
Cerebrovascular diseases (I60-I69)	▲	59.1	▼	39.2
Diabetes mellitus (E10-E14)	▼	31.5	▼	25.1
Chronic liver disease and cirrhosis (K70,K73-K74)	▲	30.7	▼	16.9
Alzheimer's disease (G30)	▲	30.7	▼	32.7
Intentional self-harm (suicide) (*U03,X60-X84,Y87.0)	▲	26.9	▲	14.4

- ▲ An up arrow indicates that the county or state’s rate has trended upwards for that death category.
- ▼ A down arrow indicates that the county or state’s rate has trended downwards for that death category.
- ▶ A sideways arrow indicates that the county or state’s rate has remained consistent for that death category.

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

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

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

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed March 6, 2025.

Note: Due to policy changes in data provision from the census, age-adjusted rates at the county level were unable to be provided at the time of the report. Crude rates were used in the analysis and should be interpreted with caution when comparing separate geographic areas.

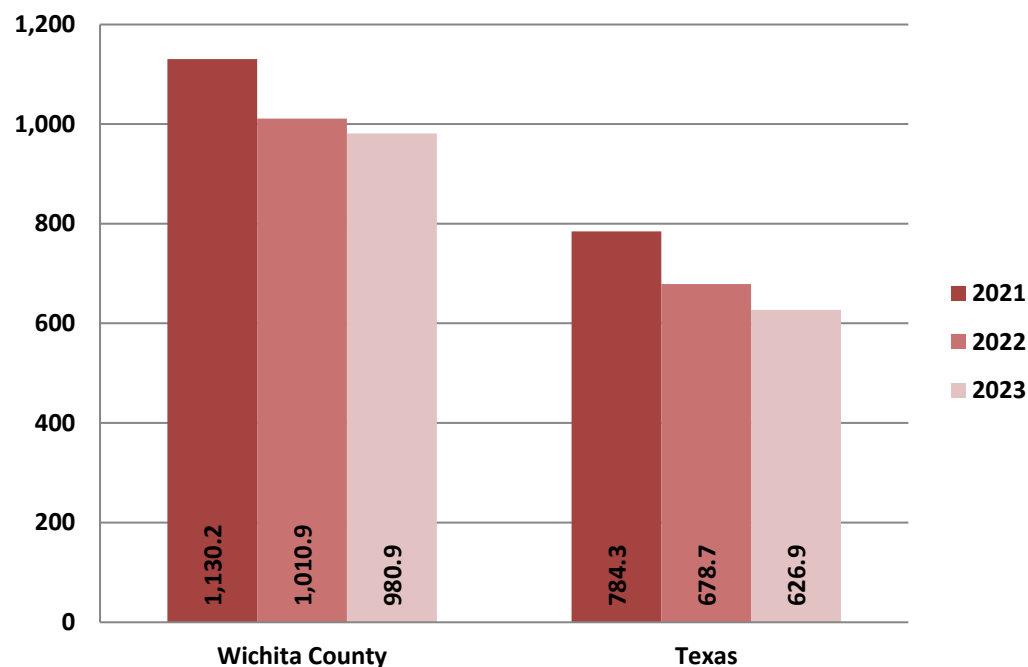
Note: Crude rates use the most current Vintage postcensal series released by the Census Bureau. Crude death rates are per 100,000.

# Health Status

## Mortality – Overall

- Overall mortality rates in Wichita County remained higher than the state between 2021 and 2023.
- Overall mortality rates in Wichita County and the state decreased between 2021 and 2023.
- In 2023, the overall mortality rate in Wichita County (980.9 per 100,000) was higher than the state (626.9 per 100,000).

**Overall Mortality**  
Crude Death Rates per 100,000, 2021-2023



LOCATION	2021		2022		2023		2021-2023	
	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE
Wichita County	1,470	1,130.2	1,314	1,010.9	1,277	980.9	4,061	1,040.7
Texas	231,594	784.3	203,818	678.7	191,218	626.9	626,630	695.8

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed March 6, 2025.

Note: Due to policy changes in data provision from the census, age-adjusted rates at the county level were unable to be provided at the time of the report. Crude rates were used in the analysis and should be interpreted with caution when comparing separate geographic areas.

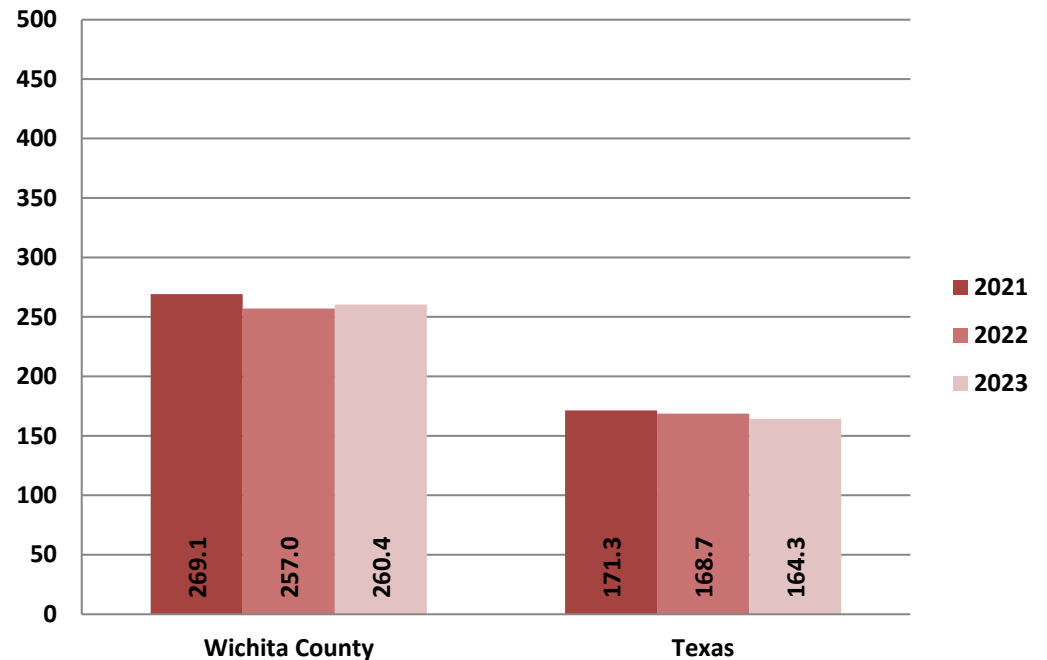
Note: Crude rates use the most current Vintage postcensal series released by the Census Bureau. Crude death rates are per 100,000.

# Health Status

## Mortality – Diseases of the Heart

- Heart disease is the leading cause of death in Wichita County and the state (2021-2023).
- Between 2021 and 2023, heart disease mortality rates decreased in Wichita County and the state.
- In 2023, the heart disease mortality rate in Wichita County (260.4 per 100,000) was higher than the state rate (164.3 per 100,000).

**Diseases Of Heart**  
Crude Death Rates per 100,000, 2021-2023



LOCATION	2021		2022		2023		2021-2023	
	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE
Wichita County	350	269.1	334	257.0	339	260.4	1,023	262.2
Texas	50,584	171.3	50,672	168.7	50,111	164.3	151,367	168.1

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed March 6, 2025.

Note: Due to policy changes in data provision from the census, age-adjusted rates at the county level were unable to be provided at the time of the report. Crude rates were used in the analysis and should be interpreted with caution when comparing separate geographic areas.

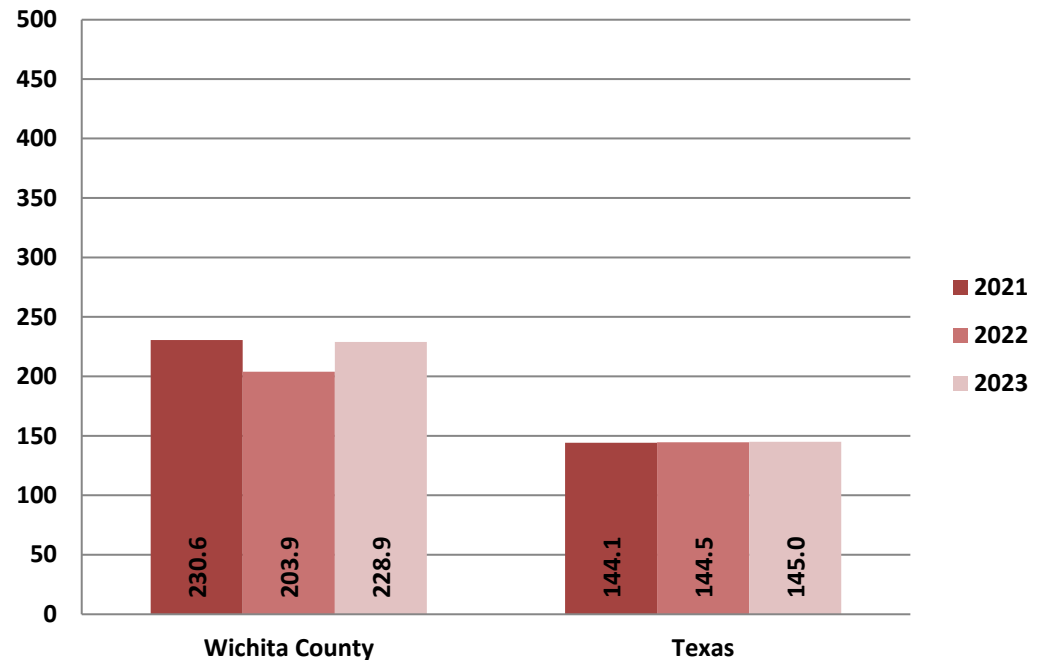
Note: Crude rates use the most current Vintage postcensal series released by the Census Bureau. Crude death rates are per 100,000.

# Health Status

## Mortality – Malignant Neoplasms

- Cancer is the second leading cause of death in Wichita County and the state (2021-2023).
- Between 2021 and 2023, cancer mortality rates overall decreased in Wichita County and increased in the state.
- In 2023, the cancer mortality rate in Wichita County (228.9 per 100,000) was higher than the state rate (145.0 per 100,000).

**Malignant Neoplasms**  
Crude Death Rates per 100,000, 2021-2023



LOCATION	2021		2022		2023		2021-2023	
	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE
Wichita County	300	230.6	265	203.9	298	228.9	863	221.2
Texas	42,552	144.1	43,403	144.5	44,241	145.0	130,196	144.6

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed March 6, 2025.

Note: Due to policy changes in data provision from the census, age-adjusted rates at the county level were unable to be provided at the time of the report. Crude rates were used in the analysis and should be interpreted with caution when comparing separate geographic areas.

Note: Crude rates use the most current Vintage postcensal series released by the Census Bureau. Crude death rates are per 100,000.

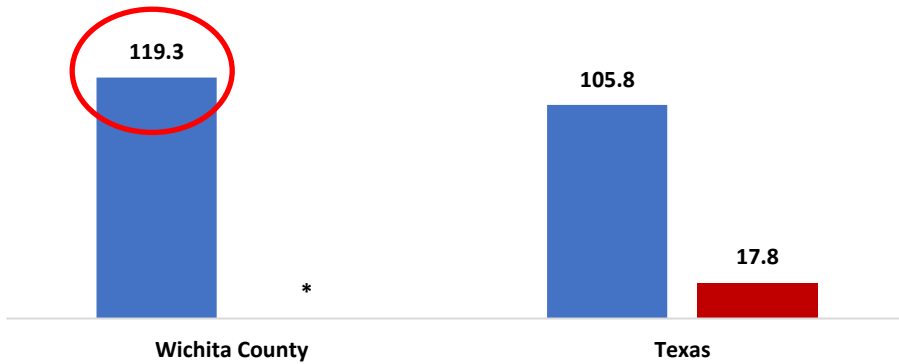
# Health Status

## Cancer Incidence & Mortality by Type

### Prostate Cancer

Age-adjusted Incidence & Mortality Rates per 100,000  
2021

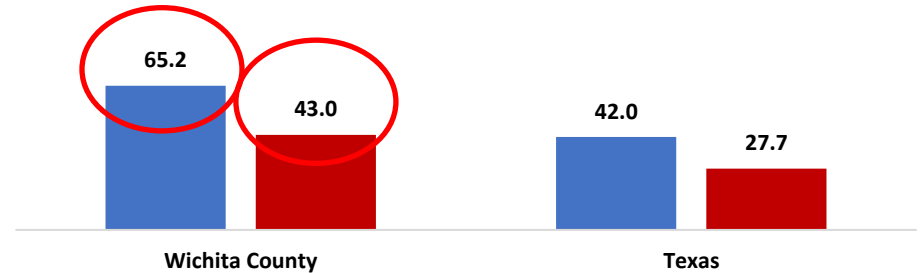
■ Incidence ■ Mortality



### Lung & Bronchus Cancer

Age-adjusted Incidence & Mortality Rates per 100,000  
2021

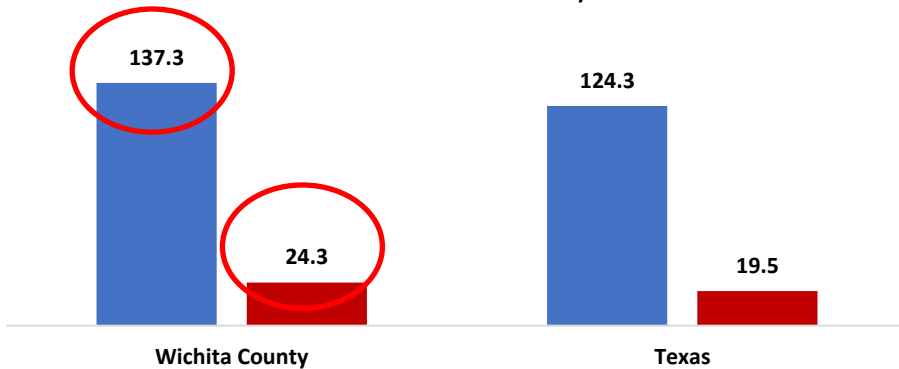
■ Incidence ■ Mortality



### Breast Cancer (Female)

Age-adjusted Incidence & Mortality Rates per 100,000  
2021

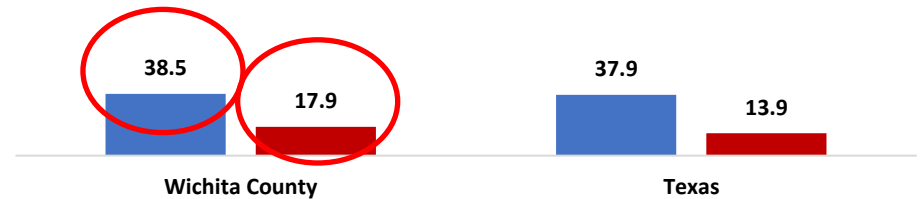
■ Incidence ■ Mortality



### Colon & Rectum Cancer

Age-adjusted Incidence & Mortality Rates per 100,000  
2021

■ Incidence ■ Mortality



Source: Texas Cancer Registry, Cancer Incidence and Mortality by Site and County, <https://www.cancer-rates.info/tx/>; data accessed March 11, 2025.

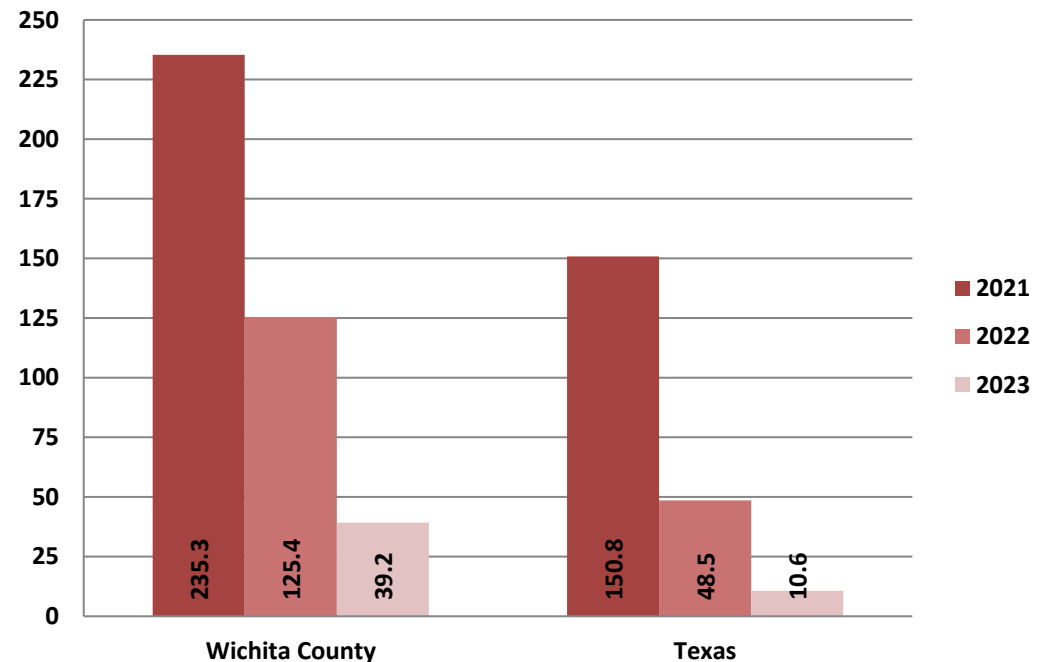
Note: All rates are per 100,000. Rates are age-adjusted to the 2000 U.S. Standard Population. \*Counts/rates are suppressed if fewer than 16 cases were reported in the specified category; Counts < 16 are too few to calculate a stable age-adjusted rate.

# Health Status

## Mortality – COVID-19

- COVID-19 is the third leading cause of death in Wichita County and the state (2021-2023).
- Between 2021 and 2023, COVID-19 mortality rates decreased in Wichita County and the state.
- In 2023, the COVID-19 mortality rate in Wichita County (39.2 per 100,000) was higher than the state rate (10.6 per 100,000).

**COVID-19**  
Crude Death Rates per 100,000, 2021-2023



LOCATION	2021		2022		2023		2021-2023	
	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE
Wichita County	306	235.3	163	125.4	51	39.2	520	133.3
Texas	44,516	150.8	14,573	48.5	3,239	10.6	62,328	69.2

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed March 6, 2025.

Note: Due to policy changes in data provision from the census, age-adjusted rates at the county level were unable to be provided at the time of the report. Crude rates were used in the analysis and should be interpreted with caution when comparing separate geographic areas.

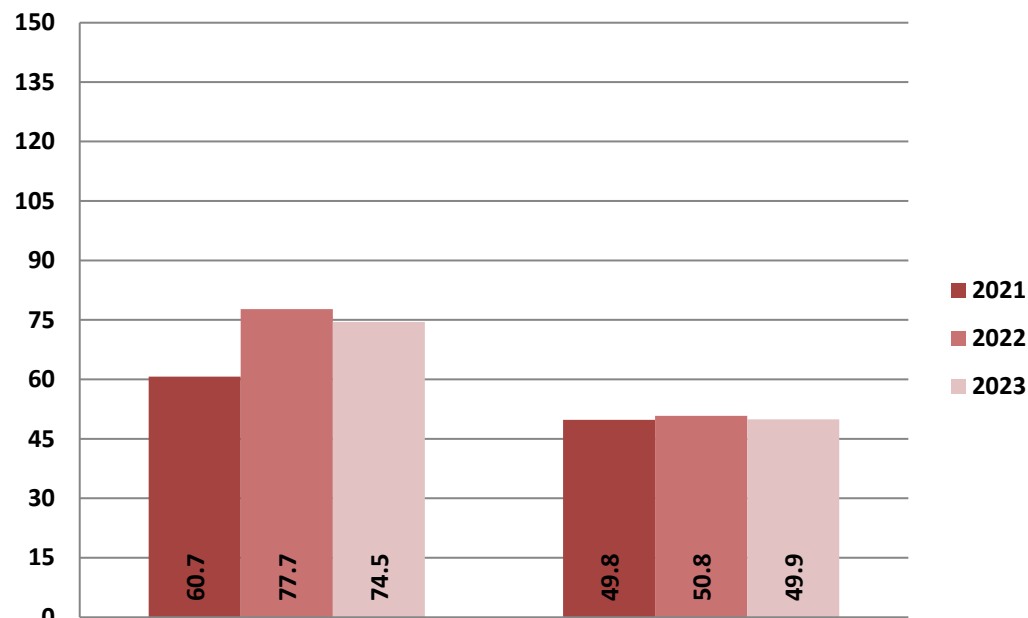
Note: Crude rates use the most current Vintage postcensal series released by the Census Bureau. Crude death rates are per 100,000.

# Health Status

## Mortality – Accidents

- Accidents are the fourth leading cause of death in Wichita County and the state (2021-2023).
- Between 2021 and 2023, accident mortality rates increased in Wichita County and slightly increased in the state.
- In 2023, the accident mortality rate in Wichita County (74.5 per 100,000) was higher than the state rate (49.9 per 100,000).
- The leading cause of fatal accidents in Wichita County is due to falls (2023).

**Accidents**  
Crude Death Rates per 100,000, 2021-2023



LOCATION	2021		2022		2023		2021-2023	
	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE
Wichita County	79	60.7	101	77.7	97	74.5	277	71.0
Texas	14,704	49.8	15,252	50.8	15,232	49.9	45,188	50.2

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed March 6, 2025.

Note: Due to policy changes in data provision from the census, age-adjusted rates at the county level were unable to be provided at the time of the report. Crude rates were used in the analysis and should be interpreted with caution when comparing separate geographic areas.

Note: Crude rates use the most current Vintage postcensal series released by the Census Bureau. Crude death rates are per 100,000.

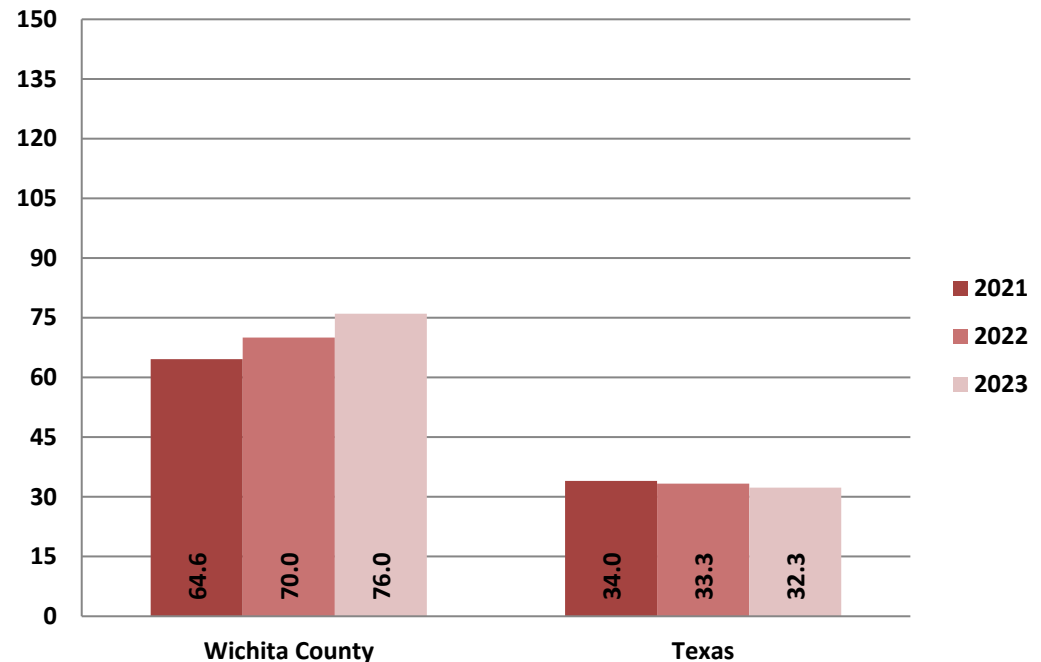
Accident mortality rates include: motor vehicle crashes, other land transport accidents, water transport accidents, air and space transport accidents, falls, accidental shootings, drownings, fire and smoke exposures, poisonings, suffocations, and all other unintentional injuries.

# Health Status

## Mortality – Chronic Lower Respiratory Diseases

- Chronic lower respiratory diseases (CLRD) is the fifth leading cause of death in Wichita County and the seventh in the state (2021-2023).
- Between 2021 and 2023, CLRD mortality rates in Wichita County increased and the state decreased.
- In 2023, the CLRD mortality rate in Wichita County (76.0 per 100,000) was higher than the state rate (32.3 per 100,000).

Chronic Lower Respiratory Diseases  
Crude Death Rates per 100,000, 2021-2023



LOCATION	2021		2022		2023		2021-2023	
	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE
Wichita County	84	64.6	91	70.0	99	76.0	274	70.2
Texas	10,026	34.0	10,014	33.3	9,848	32.3	29,888	33.2

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed March 6, 2025.

Note: Due to policy changes in data provision from the census, age-adjusted rates at the county level were unable to be provided at the time of the report. Crude rates were used in the analysis and should be interpreted with caution when comparing separate geographic areas.

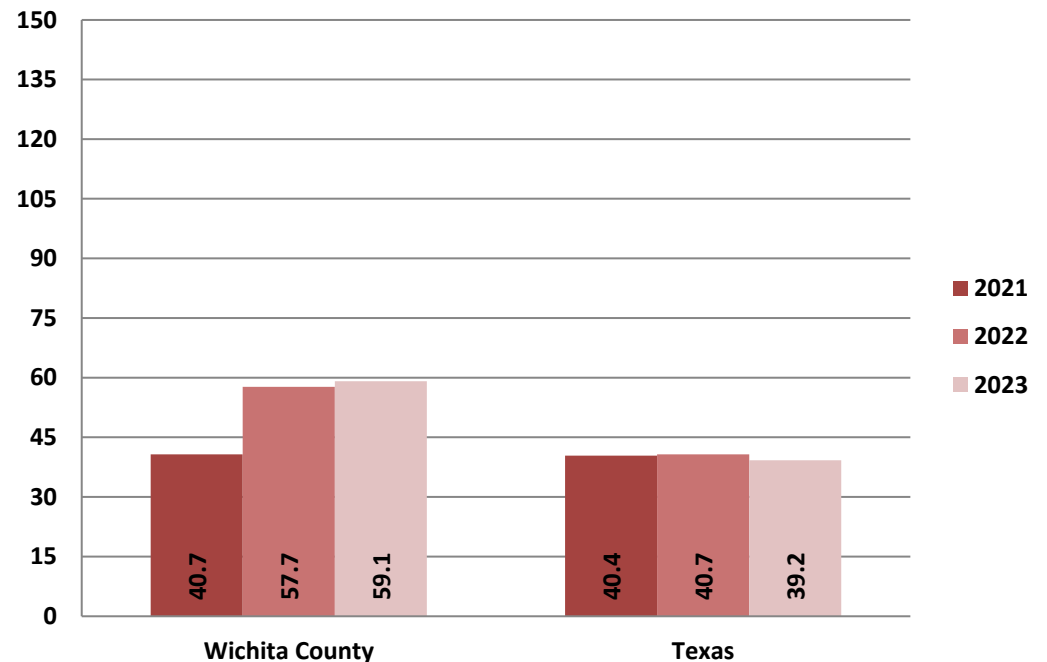
Note: Crude rates use the most current Vintage postcensal series released by the Census Bureau. Crude death rates are per 100,000.

# Health Status

## Mortality – Cerebrovascular Diseases

- Cerebrovascular diseases are the sixth leading cause of death in Wichita County and the fifth leading cause of death in the state (2021-2023).
- Between 2018 and 2020, cerebrovascular diseases mortality rates increased in Wichita County and decreased the state.
- In 2023, the cerebrovascular diseases mortality rate in Wichita County (59.1 per 100,000) was higher than the state rate (39.2 per 100,000).

**Cerebrovascular Diseases**  
Crude Death Rates per 100,000, 2021-2023



LOCATION	2021		2022		2023		2021-2023	
	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE
Wichita County	53	40.7	75	57.7	77	59.1	205	52.5
Texas	11,944	40.4	12,225	40.7	11,961	39.2	36,130	40.1

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed March 6, 2025.

Note: Due to policy changes in data provision from the census, age-adjusted rates at the county level were unable to be provided at the time of the report. Crude rates were used in the analysis and should be interpreted with caution when comparing separate geographic areas.

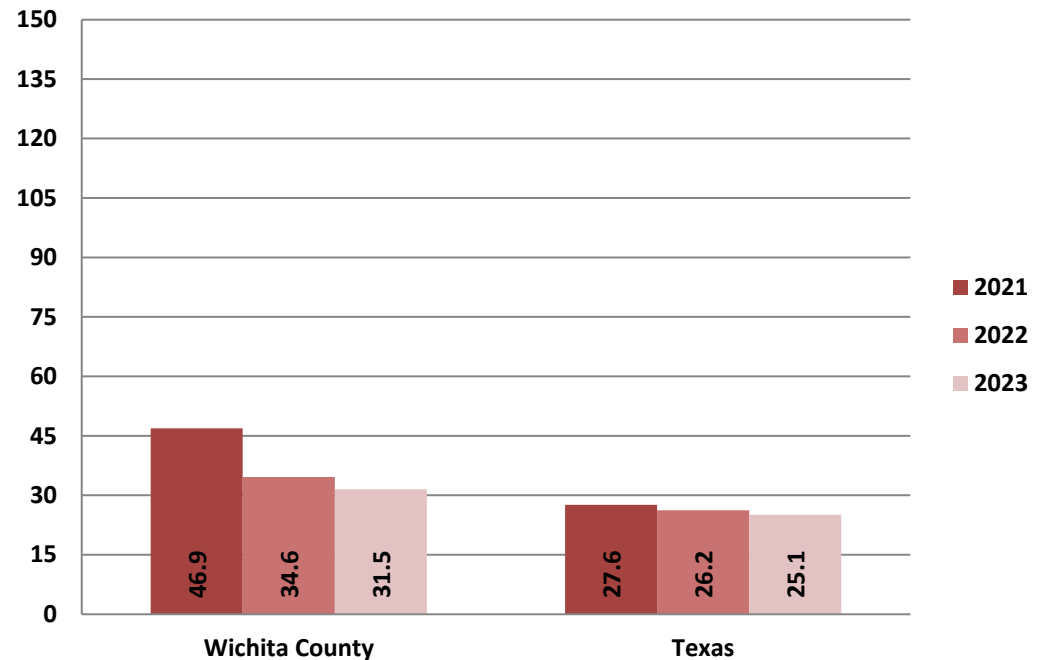
Note: Crude rates use the most current Vintage postcensal series released by the Census Bureau. Crude death rates are per 100,000.

# Health Status

## Mortality – Diabetes Mellitus

- Diabetes mellitus is the seventh leading cause of death in Wichita County and the eighth leading cause of death in the state (2021-2023).
- Between 2021 and 2023, diabetes mortality rates decreased in Wichita County and in the state.
- In 2023, the diabetes mortality rate in Wichita County (31.5 per 100,000) was higher than the rate in the state (25.1 per 100,000).

**Diabetes Mellitus**  
Crude Death Rates per 100,000, 2021-2023



LOCATION	2021		2022		2023		2021-2023	
	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE
Wichita County	61	46.9	45	34.6	41	31.5	147	37.7
Texas	8,136	27.6	7,853	26.2	7,644	25.1	23,633	26.2

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed March 6, 2025.

Note: Due to policy changes in data provision from the census, age-adjusted rates at the county level were unable to be provided at the time of the report. Crude rates were used in the analysis and should be interpreted with caution when comparing separate geographic areas.

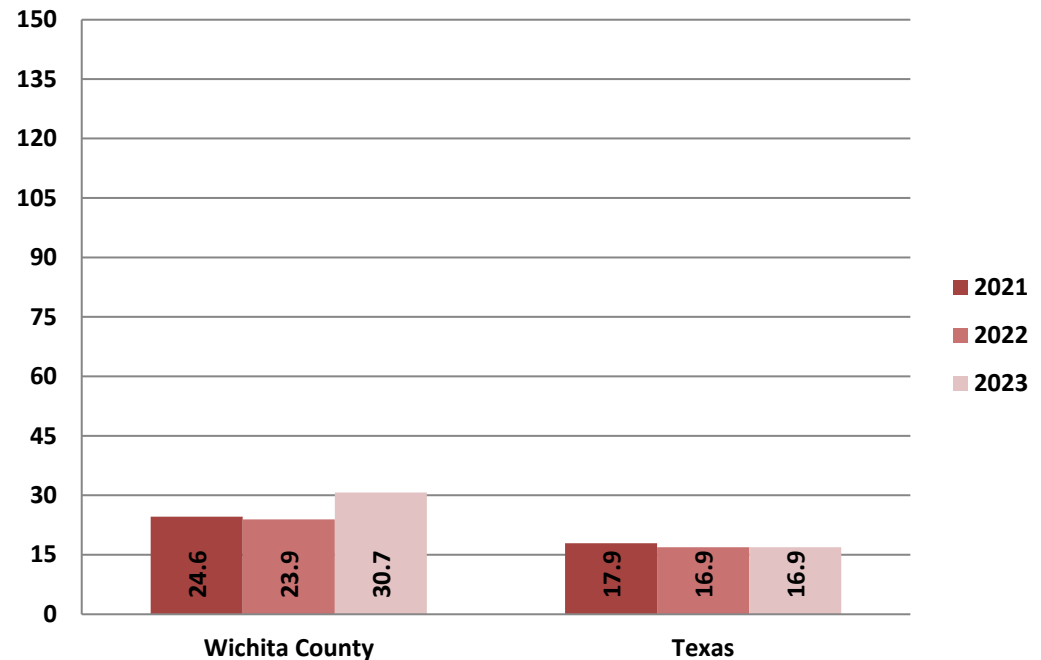
Note: Crude rates use the most current Vintage postcensal series released by the Census Bureau. Crude death rates are per 100,000.

# Health Status

## Mortality – Chronic Liver Disease and Cirrhosis

- Chronic liver disease and cirrhosis is the eighth leading cause of death in Wichita County and the ninth in the state (2021-2023).
- Between 2021 and 2023, chronic liver disease and cirrhosis mortality rates increased in Wichita County and decreased in the state.
- In 2023, the chronic liver disease and cirrhosis mortality rate in Wichita County (30.7 per 100,000) was higher than the state rate (16.9 per 100,000).

**Chronic Liver Disease And Cirrhosis  
Crude Death Rates per 100,000, 2021-2023**



LOCATION	2021		2022		2023		2021-2023	
	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE
Wichita County	32	24.6	31	23.9	40	30.7	103	26.4
Texas	5,273	17.9	5,079	16.9	5,168	16.9	15,520	17.2

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed March 6, 2025.

Note: Due to policy changes in data provision from the census, age-adjusted rates at the county level were unable to be provided at the time of the report. Crude rates were used in the analysis and should be interpreted with caution when comparing separate geographic areas.

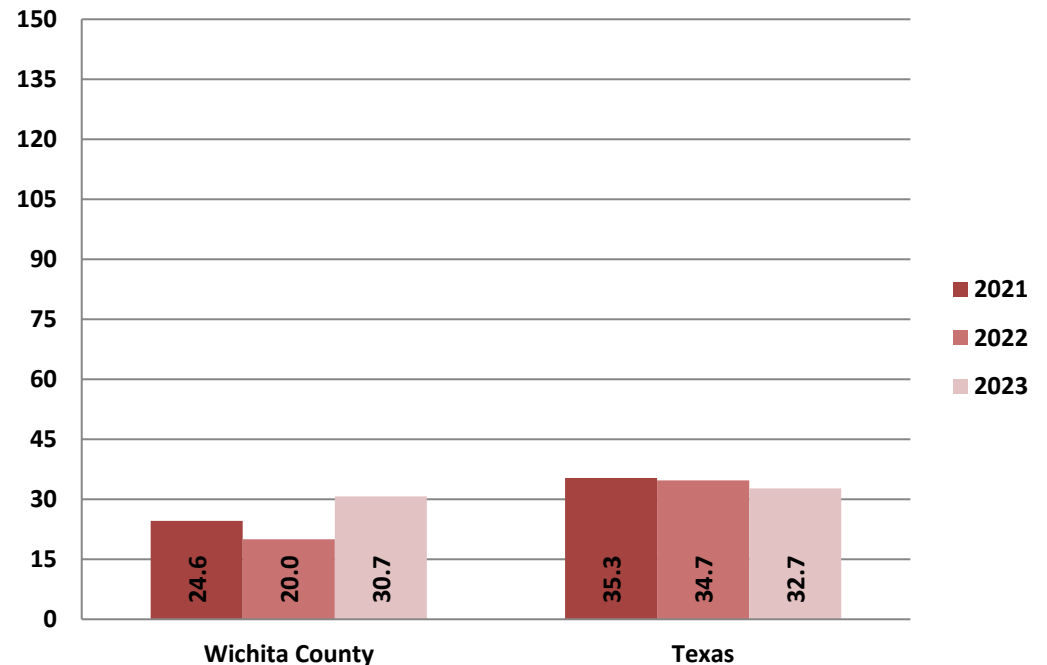
Note: Crude rates use the most current Vintage postcensal series released by the Census Bureau. Crude death rates are per 100,000.

# Health Status

## Mortality – Alzheimer’s Disease

- Alzheimer’s disease is the ninth leading cause of death in Wichita County and the sixth leading cause of death in the state (2021-2023).
- Between 2021 and 2023, Alzheimer's disease mortality rates increased in Wichita County but decreased in the state.
- In 2023, the Alzheimer's disease mortality rate in Wichita County (30.7 per 100,000) was lower than the state rate (32.7 per 100,000).

**Alzheimer’s Disease**  
Crude Death Rates per 100,000, 2021-2023



LOCATION	2021		2022		2023		2021-2023	
	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE
Wichita County	32	24.6	26	20.0	40	30.7	98	25.1
Texas	10,437	35.3	10,427	34.7	9,969	32.7	30,833	34.2

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed March 6, 2025.

Note: Due to policy changes in data provision from the census, age-adjusted rates at the county level were unable to be provided at the time of the report. Crude rates were used in the analysis and should be interpreted with caution when comparing separate geographic areas.

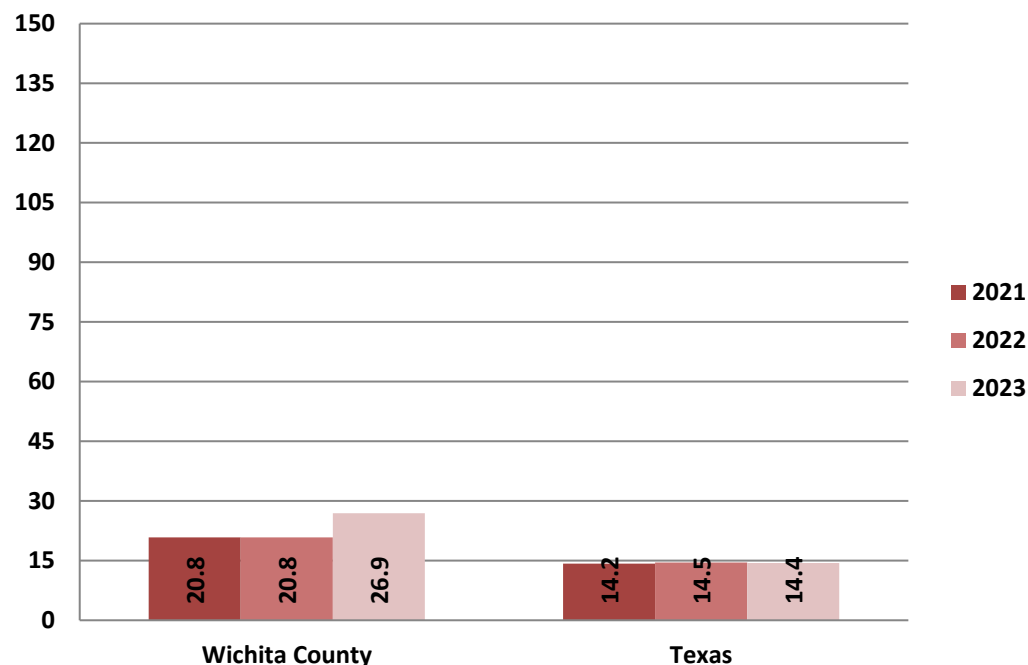
Note: Crude rates use the most current Vintage postcensal series released by the Census Bureau. Crude death rates are per 100,000.

# Health Status

## Mortality – Intentional Self-Harm (Suicide)

- Intentional self-harm (suicide) is the tenth leading cause of death in Wichita County and is not a leading cause of death in the state (2021-2023).
- Between 2021 and 2023, intentional self-harm mortality rates increased in Wichita County and slightly increased in the state.
- In 2023, the intentional self-harm mortality rate in the Wichita County (26.9) was higher than the state (14.4 per 100,000).

**Intentional Self-Harm (Suicide)**  
Crude Death Rates per 100,000, 2021-2023



LOCATION	2021		2022		2023		2021-2023	
	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE
Wichita County	27	20.8	27	20.8	35	26.9	89	22.8
Texas	4,193	14.2	4,368	14.5	4,382	14.4	12,943	14.4

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed March 6, 2025.

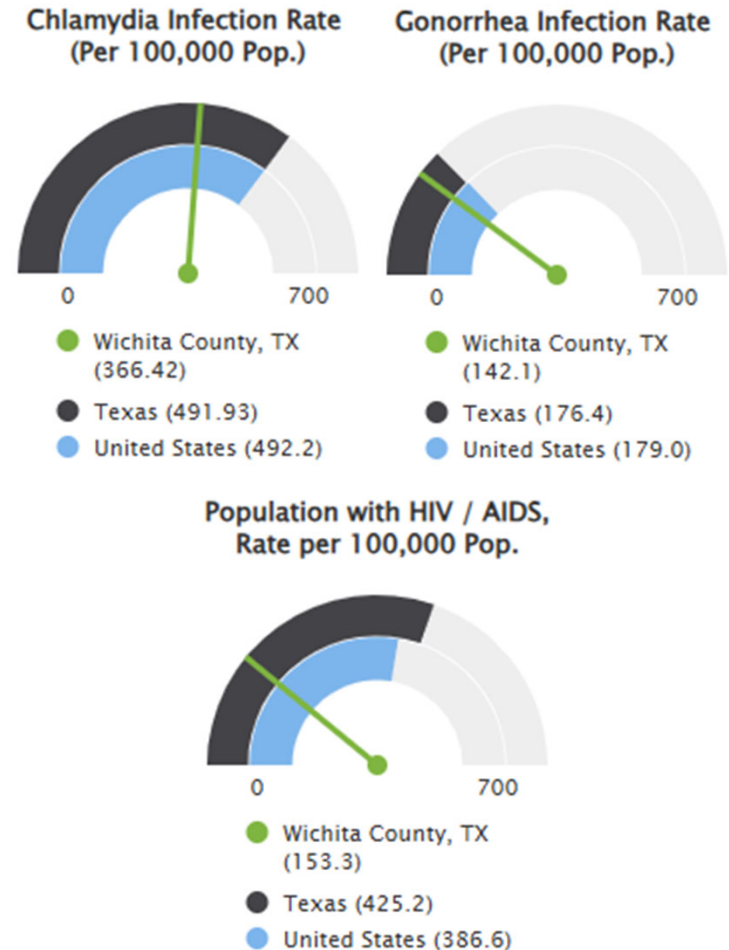
Note: Due to policy changes in data provision from the census, age-adjusted rates at the county level were unable to be provided at the time of the report. Crude rates were used in the analysis and should be interpreted with caution when comparing separate geographic areas.

Note: Crude rates use the most current Vintage postcensal series released by the Census Bureau. Crude death rates are per 100,000.

# Health Status

## Communicable Diseases – Chlamydia, Gonorrhea, HIV/AIDS

- In 2023, Wichita County (366.4 per 100,000) had a lower rate of chlamydia than the state (491.9 per 100,000), and the nation (492.2 per 100,000).
- In 2023, Wichita County (142.1 per 100,000) had lower rates of gonorrhea than the state (176.4 per 100,000), and the nation (179.0 per 100,000).
- In 2022, Wichita County (153.3 per 100,000) had lower rates of HIV/AIDS than the state (425.2 per 100,000), and the nation (386.6 per 100,000).



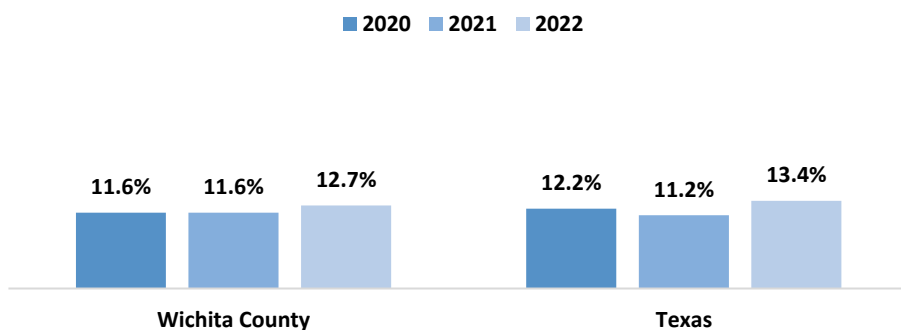
Note: a green dial indicates that the county has a better rate than the state, and a red dial indicates that the county has a worse rate than the state.

# Health Status

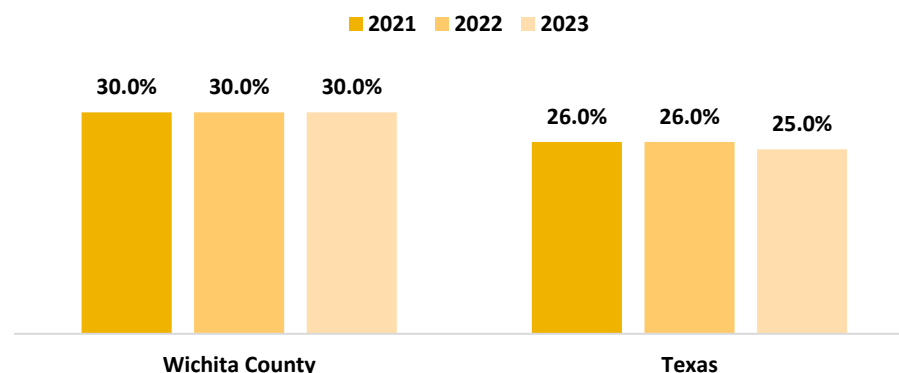
## Chronic Conditions – Diabetes

- Between 2020 and 2022, the percentage of diabetes in adults (age 18+) in Wichita County and the state increased.
- In 2022, Wichita County (12.7%) had a lower percentage of adults (age 18+) with diabetes than the state (13.4%).
- Between 2021 and 2023, the percentage of Medicare beneficiaries with diabetes in Wichita County remained consistent but decreased in the state.
- In 2023, Wichita County (30.0%) had a higher percentage of Medicare beneficiaries with diabetes than the state (25.0%).

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



Diabetes, Percentage, Medicare, 2021-2023



Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2022 release, filtered for Wichita County, TX, [https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2022-releas/xyst-f73f/about\\_data](https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2022-releas/xyst-f73f/about_data), data accessed March 10, 2025.

Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2023 release, filtered for Wichita County, TX, [https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2023-releas/7cmc-7y5g/about\\_data](https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2023-releas/7cmc-7y5g/about_data), data accessed March 10, 2025.

Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2024 release, filtered for Wichita County, TX, [https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2024-releas/i46a-9kgh/about\\_data](https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2024-releas/i46a-9kgh/about_data), data accessed March 10, 2025.

Source: Center for Disease Control and Prevention, Chronic Disease Indicators, filtered for Texas; <https://www.cdc.gov/cdi/>, data accessed March 10, 2025.

Source: Centers for Medicare & Medicaid Services, Office of Minority Health: Mapping Medicare Disparities, <https://data.cms.gov/mapping-medicare-disparities>; data accessed on March 11, 2025.

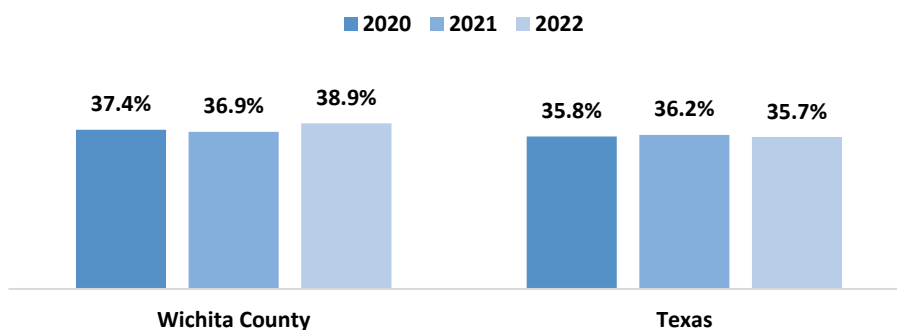
Definition: Adults who report being told by a doctor or other health professional that they have diabetes (other than diabetes during pregnancy for female respondents).

# Health Status

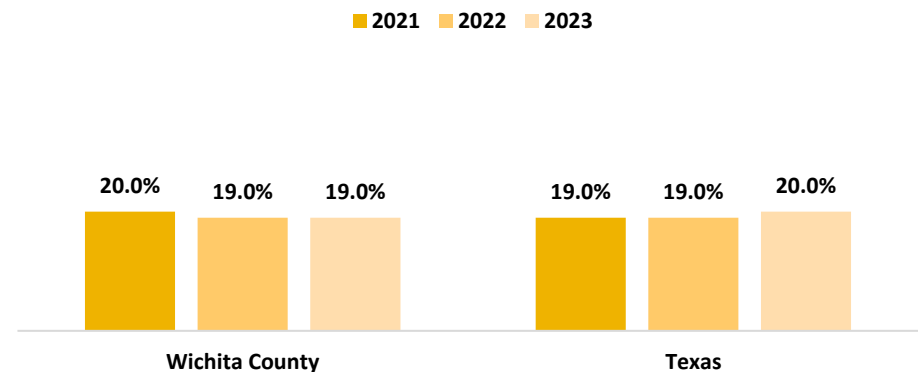
## Chronic Conditions – Obesity

- Between 2020 and 2022, the percentage of adults (age 18+) who were obese in Wichita County increased but slightly decreased in the state.
- In 2022, Wichita County (38.9%) had a higher percentage of adults (age 18+) who were obese than the state (35.7%).
- Between 2021 and 2023, the percentage of Medicare beneficiaries who were obese decreased in Wichita County and increased in the state.
- In 2023, Wichita County (19.0%) had a lower percentage of Medicare beneficiaries who were obese than the state (20.0%).

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



**Obesity, Percentage, Medicare, 2021-2023**



Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2022 release, filtered for Wichita County, TX, [https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2022-releases/xyst-f73f/about\\_data](https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2022-releases/xyst-f73f/about_data), data accessed March 10, 2025.

Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2023 release, filtered for Wichita County, TX, [https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2023-releases/7cmc-7y5g/about\\_data](https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2023-releases/7cmc-7y5g/about_data), data accessed March 10, 2025.

Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2024 release, filtered for Wichita County, TX, [https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2024-releases/i46a-9kgh/about\\_data](https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2024-releases/i46a-9kgh/about_data), data accessed March 10, 2025.

Source: Center for Disease Control and Prevention, Chronic Disease Indicators, filtered for Texas; <https://www.cdc.gov/cdi/>, data accessed March 10, 2025.

Source: Centers for Medicare & Medicaid Services, Office of Minority Health: Mapping Medicare Disparities, <https://data.cms.gov/mapping-medicare-disparities>; data accessed on March 11, 2025.

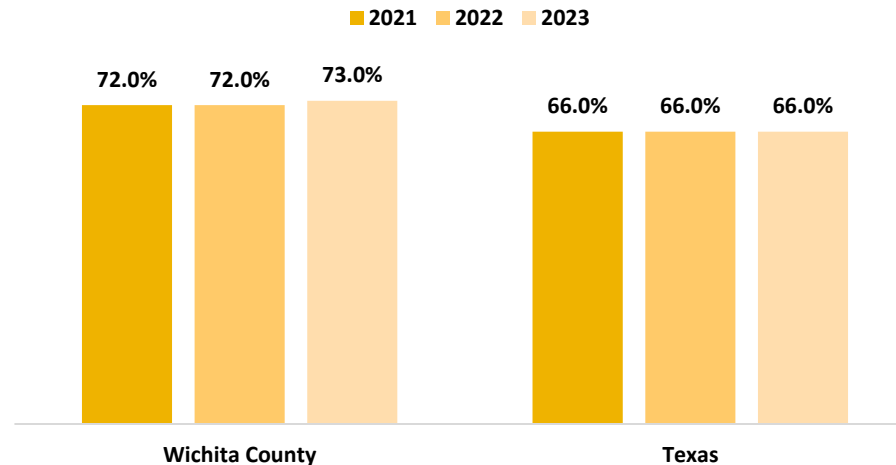
Definition: Respondents aged ≥18 years who have a body mass index (BMI) ≥30.0 kg/m<sup>2</sup> calculated from self-reported weight and height. Exclude the following: Height: data from respondents measuring <3 ft or ≥8 ft; Weight: data from respondents weighing <50 lbs or ≥650 lbs and BMI: data from respondents with BMI <12 kg/m<sup>2</sup> or ≥100 kg/m<sup>2</sup>.

# Health Status

## *Chronic Conditions – Hypertension*

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

**Hypertension, Percentage, Medicare, 2021-2023**

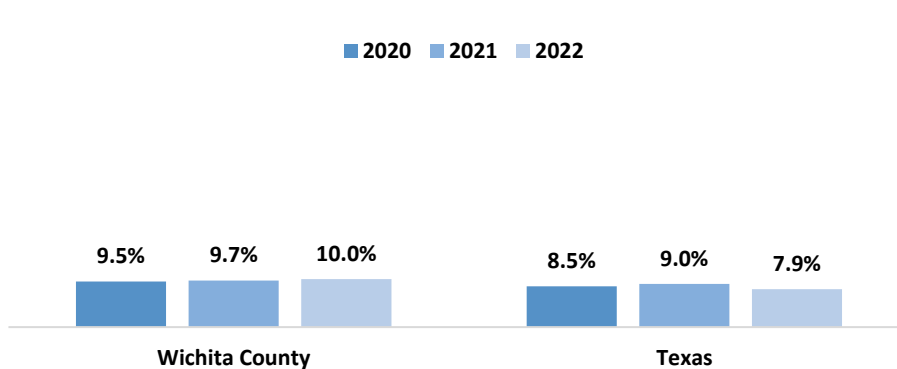


# Health Status

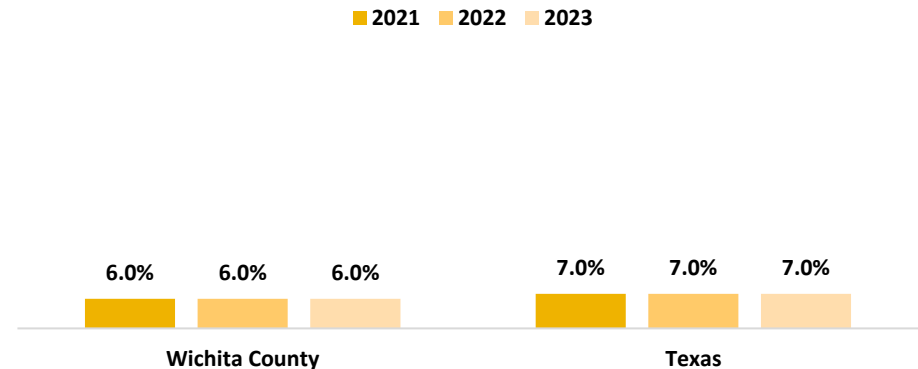
## Chronic Conditions – Asthma

- Between 2020 and 2022, the percentage of adults (age 18+) with asthma in Wichita County increased while the state overall decreased.
- In 2022, Wichita County (10.0%) had a higher percentage of adults (age 18+) with asthma than the state (7.9%).
- Between 2021 and 2023, the percentage of Medicare beneficiaries with asthma remained consistent in Wichita County and in the state.
- In 2023, Wichita County (6.0%) had a lower percentage of Medicare beneficiaries with asthma than the state (7.0%).

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



**Asthma, Percentage, Medicare, 2021-2023**



Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2022 release, filtered for Wichita County, TX, [https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2022-releas/xyst-f73f/about\\_data](https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2022-releas/xyst-f73f/about_data), data accessed March 10, 2025.

Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2023 release, filtered for Wichita County, TX, [https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2023-releas/7cmc-7y5g/about\\_data](https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2023-releas/7cmc-7y5g/about_data), data accessed March 10, 2025.

Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2024 release, filtered for Wichita County, TX, [https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2024-releas/i46a-9kgh/about\\_data](https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2024-releas/i46a-9kgh/about_data), data accessed March 10, 2025.

Source: Center for Disease Control and Prevention, Chronic Disease Indicators, filtered for Texas; <https://www.cdc.gov/cdi/>, data accessed March 10, 2025.

Source: Centers for Medicare & Medicaid Services, Office of Minority Health: Mapping Medicare Disparities, <https://data.cms.gov/mapping-medicare-disparities>; data accessed on March 11, 2025.

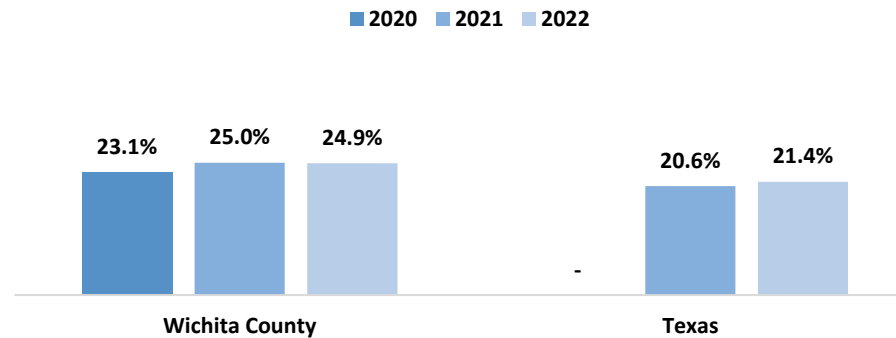
Definition: Having current asthma (reporting 'yes' to both of the questions, "Have you ever been told by a doctor, nurse, or other health professional that you have asthma?" and the question, "Do you still have asthma?").

# Health Status

## Chronic Conditions – Arthritis

- Between 2020 and 2022, the percentage of adults (age 18+) with arthritis in Wichita County increased.
- In 2022, Wichita County (24.9%) had a higher percentage of adults (age 18+) with arthritis than the state (21.4%).

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



Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2022 release, filtered for Wichita County, TX, [https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2022-releas/xyst-f73f/about\\_data](https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2022-releas/xyst-f73f/about_data), data accessed March 10, 2025.

Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2023 release, filtered for Wichita County, TX, [https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2023-releas/7cmc-7y5g/about\\_data](https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2023-releas/7cmc-7y5g/about_data), data accessed March 10, 2025.

Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2024 release, filtered for Wichita County, TX, [https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2024-releas/i46a-9kgh/about\\_data](https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2024-releas/i46a-9kgh/about_data), data accessed March 10, 2025.

Source: Center for Disease Control and Prevention, Chronic Disease Indicators, filtered for Texas; <https://www.cdc.gov/cdi/>, data accessed March 10, 2025.

Definition: Having arthritis (reporting 'yes' to the question: "Have you ever been told by a doctor or other health professional that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?").

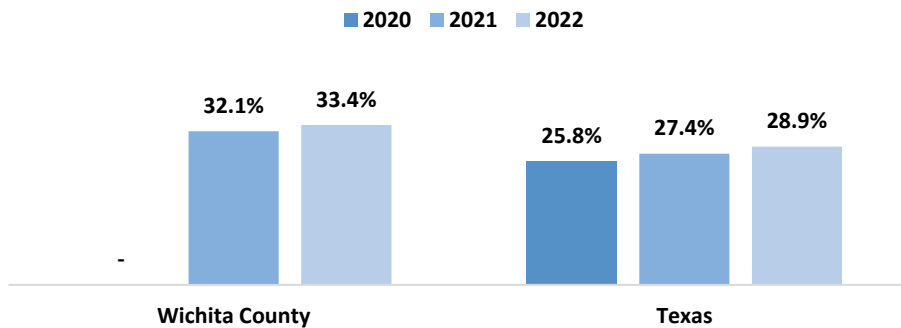
"-" Note: Data may be missing due to factors such as a small sample size, the question not being asked in a particular year, or the source used to collect the data being limited to core questions asked nationwide across all states.

# Health Status

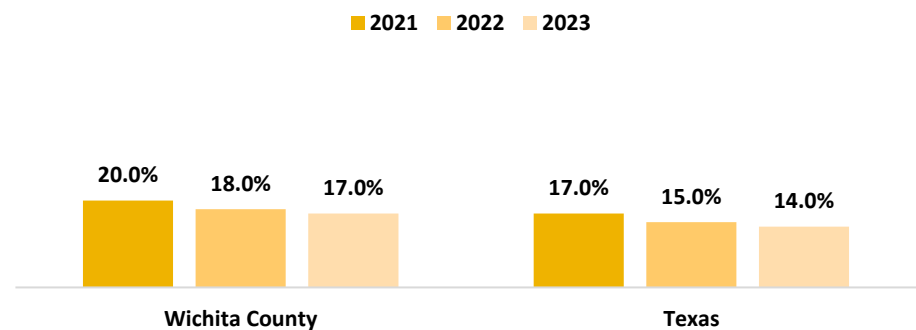
## Chronic Conditions – Disability

- Between 2020 and 2022, the percentage of adults with a disability in the state increased.
- In 2022, Wichita County (33.4%) had a higher percentage of adults (age 18+) with a disability than and the state (28.9%).
- Between 2021 and 2023, the percentage of Medicare beneficiaries with a disability in Wichita County and the state decreased.
- In 2023, Wichita County (17.0%) had a higher percentage of Medicare beneficiaries with a disability than the state (14.0%).

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



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



Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2022 release, filtered for Wichita County, TX, [https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2022-releas/xyst-f73f/about\\_data](https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2022-releas/xyst-f73f/about_data), data accessed March 10, 2025.

Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2023 release, filtered for Wichita County, TX, [https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2023-releas/7cmc-7y5g/about\\_data](https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2023-releas/7cmc-7y5g/about_data), data accessed March 10, 2025.

Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2024 release, filtered for Wichita County, TX, [https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2024-releas/i46a-9kgh/about\\_data](https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2024-releas/i46a-9kgh/about_data), data accessed March 10, 2025.

Source: Center for Disease Control and Prevention, Chronic Disease Indicators, filtered for Texas; <https://www.cdc.gov/cdi/>, data accessed March 10, 2025.

Source: Centers for Medicare & Medicaid Services, Office of Minority Health: Mapping Medicare Disparities, <https://data.cms.gov/mapping-medicare-disparities>; data accessed on March 11, 2025.

Definition: Having no leisure-time physical activity (reporting 'No' to the question: "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?").

CMS Definition: The beneficiary qualifies for Medicare through the Disability Insurance Benefits (DIB), as recorded in either the original or current reason for entitlement in the enrollment data.

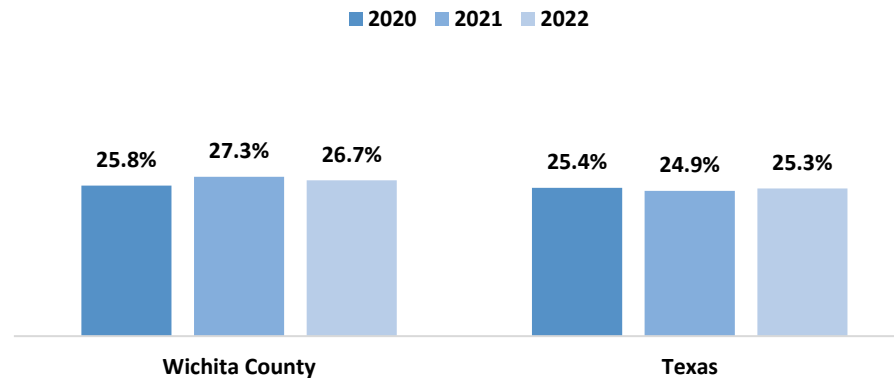
"-" Note: Data may be missing due to factors such as a small sample size, the question not being asked in a particular year, or the source used to collect the data being limited to core questions asked nationwide across all states.

# Health Status

## Health Behaviors – Physical Inactivity

- Between 2020 and 2022, the percentage of adults (age 18+) that had no leisure time for physical activity in Wichita County increased and slightly decreased in the state.
- In 2023, the percentage of adults (age 18+) that had no leisure time for physical activity in Wichita County (26.7%) was higher than the state (25.3%).

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



Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2022 release, filtered for Wichita County, TX, [https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2022-releases/xyst-f73f/about\\_data](https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2022-releases/xyst-f73f/about_data), data accessed March 10, 2025.

Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2023 release, filtered for Wichita County, TX, [https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2023-releases/7cmc-7y5g/about\\_data](https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2023-releases/7cmc-7y5g/about_data), data accessed March 10, 2025.

Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2024 release, filtered for Wichita County, TX, [https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2024-releases/i46a-9kgh/about\\_data](https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2024-releases/i46a-9kgh/about_data), data accessed March 10, 2025.

Source: Center for Disease Control and Prevention, Chronic Disease Indicators, filtered for Texas; <https://www.cdc.gov/cdi/>, data accessed March 10, 2025.

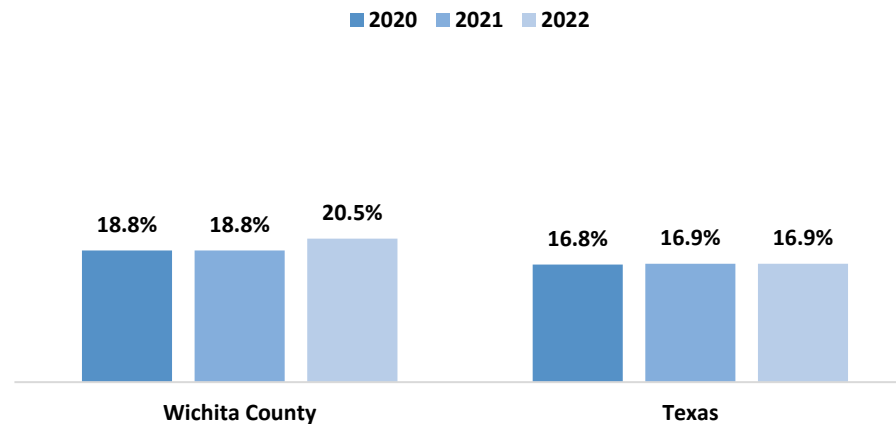
Definition: Adults who report having  $\geq 5$  drinks (men) or  $\geq 4$  drinks (women) on  $\geq 1$  occasion during the previous 30 days.

# Health Status

## Health Behaviors – Binge Drinking

- Between 2020 and 2022, the percentage of adults (age 18+) who binge drink increased in Wichita County and the state.
- In 2022, Wichita County (20.5%) had a higher percentage of adults (age 18+) who binge drink than the state (16.9%).

Binge Drinking, Percentage, Adults (age 18+),  
2020-2022



Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2022 release, filtered for Wichita County, TX, [https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2022-releas/xyst-f73f/about\\_data](https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2022-releas/xyst-f73f/about_data), data accessed March 10, 2025.

Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2023 release, filtered for Wichita County, TX, [https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2023-releas/7cmc-7y5g/about\\_data](https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2023-releas/7cmc-7y5g/about_data), data accessed March 10, 2025.

Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2024 release, filtered for Wichita County, TX, [https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2024-releas/i46a-9kgh/about\\_data](https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2024-releas/i46a-9kgh/about_data), data accessed March 10, 2025.

Source: Center for Disease Control and Prevention, Chronic Disease Indicators, filtered for Texas; <https://www.cdc.gov/cdi/>, data accessed March 10, 2025.

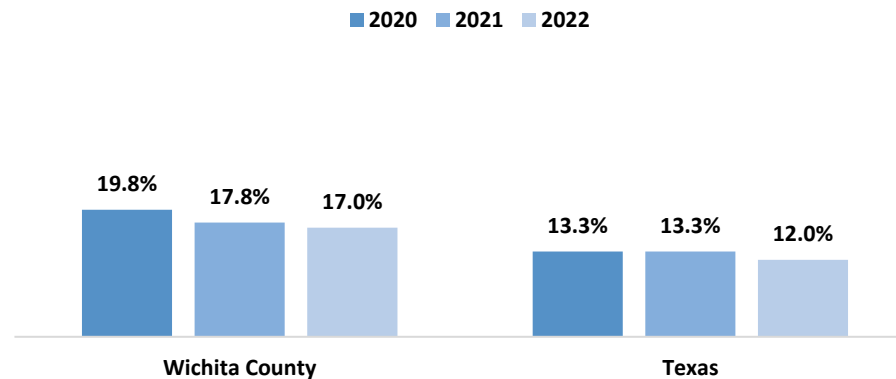
Definition: Adults who report having  $\geq 5$  drinks (men) or  $\geq 4$  drinks (women) on  $\geq 1$  occasion during the previous 30 days.

# Health Status

## Health Behaviors – Smoking

- Between 2020 and 2022, the percentage of adults (age 18+) that are current smokers decreased in Wichita County and the state.
- In 2022, the percentage of adults (age 18+) that are current smokers in Wichita County (17.0%) was higher than the state (12.0%).

Smoking Status (Current Smoker), Percentage,  
Adults (age 18+),  
2020-2022



Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2022 release, filtered for Wichita County, TX, [https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2022-releas/xyst-f73f/about\\_data](https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2022-releas/xyst-f73f/about_data), data accessed March 10, 2025.

Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2023 release, filtered for Wichita County, TX, [https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2023-releas/7cmc-7y5g/about\\_data](https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2023-releas/7cmc-7y5g/about_data), data accessed March 10, 2025.

Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2024 release, filtered for Wichita County, TX, [https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2024-releas/i46a-9kgh/about\\_data](https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2024-releas/i46a-9kgh/about_data), data accessed March 10, 2025.

Source: Center for Disease Control and Prevention, Chronic Disease Indicators, filtered for Texas; <https://www.cdc.gov/cdi/>, data accessed March 10, 2025.

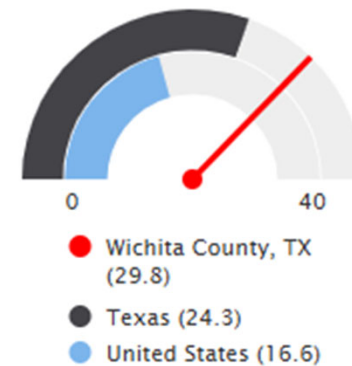
Definition: Adults who report having smoked  $\geq 100$  cigarettes in their lifetime and currently smoke every day or some days.

# Health Status

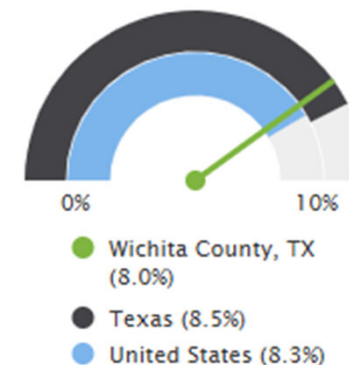
## Maternal & Child Health Indicators

- In 2016-2022, Wichita County (29.8 per 1,000) had a higher rate of teen births (age 15-19) than the state (24.3 per 1,000) and the nation (16.6 per 1,000).
- In 2016-2022, Wichita County (8.0%) had a lower percentage of infants with low birthweight than the state (8.5%), and the nation (8.3%).

Teen Birth Rate Per 1,000  
Female Population, Ages 15-19



Percentage of Infants with Low  
Birthweight:%



*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.*

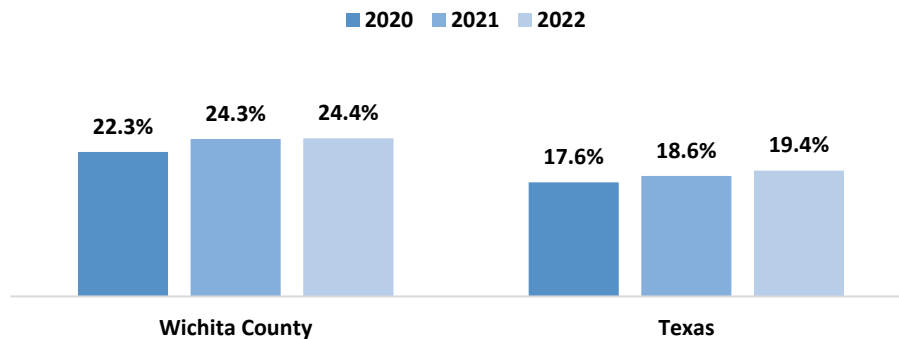
Source: SparkMap, Health Indicator Report: logged in and filtered for Union County, NM, <https://sparkmap.org/report/>; data accessed March 11, 2025.  
Teen Birth Definition: number of births per 1,000 female population age 15-19.  
Low Birthweight Definition: the percentage of live births where the infant weighed less than 2,500 grams

# Health Status

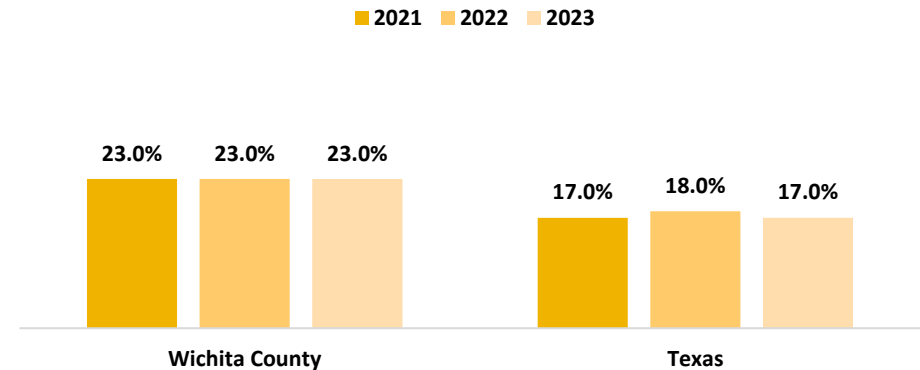
## Mental Health – Depressive Disorders

- Between 2020 and 2022, the percentage of adults (age 18+) with depression in Wichita County and the state increased.
- In 2022, Wichita County (24.4%) had a higher percentage of adults (age 18+) with depression than the state (19.4%).
- Between 2021 and 2023, the percentage of Medicare beneficiaries with depression remained consistent in Wichita County and fluctuated in the state.
- In 2023, Wichita County (23.0%) had a higher percentage of Medicare beneficiaries with depression than the state (17.0%).

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



Depression, Percentage, Medicare, 2021-2023



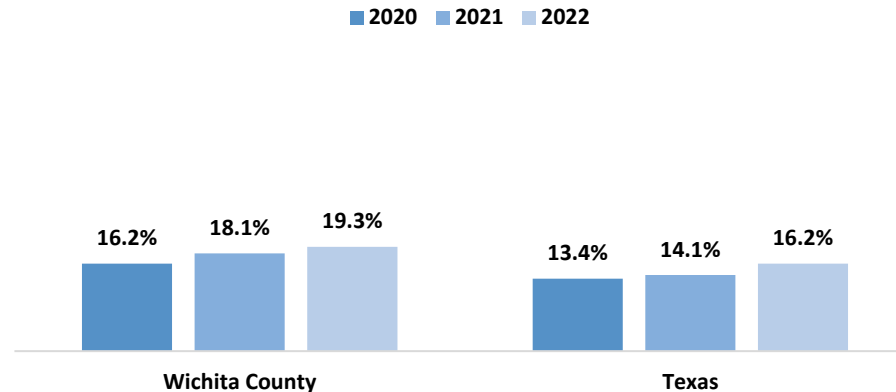
Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2022 release, filtered for Wichita County, TX, [https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2022-releases/xyst-f73f/about\\_data](https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2022-releases/xyst-f73f/about_data), data accessed March 10, 2025.  
 Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2023 release, filtered for Wichita County, TX, [https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2023-releases/7cmc-7y5g/about\\_data](https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2023-releases/7cmc-7y5g/about_data), data accessed March 10, 2025.  
 Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2024 release, filtered for Wichita County, TX, [https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2024-releases/i46a-9kgh/about\\_data](https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2024-releases/i46a-9kgh/about_data), data accessed March 10, 2025.  
 Source: Center for Disease Control and Prevention, Chronic Disease Indicators, filtered for Texas; <https://www.cdc.gov/cdi/>, data accessed March 10, 2025.  
 Source: Centers for Medicare & Medicaid Services, Office of Minority Health: Mapping Medicare Disparities, <https://data.cms.gov/mapping-medicare-disparities>, data accessed on March 11, 2025.  
 Definition: Adults who responded yes to having ever been told by a doctor, nurse, or other health professional they had a depressive disorder, including depression, major depression, dysthymia, or minor depression.

# Health Status

## *Mental Health – Frequent Mental Distress*

- Between 2020 and 2022, the percentage of adults (age 18+) that reported experiencing 14 or more days of poor mental health in Wichita County and the state increased.
- In 2022, Wichita County (19.3%) had a higher percentage of adults (age 18+) that reported experiencing 14 or more days of poor mental health than the state (16.2%).

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



Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2022 release, filtered for Wichita County, TX, [https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2022-releas/xyst-f73f/about\\_data](https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2022-releas/xyst-f73f/about_data), data accessed March 10, 2025.

Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2023 release, filtered for Wichita County, TX, [https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2023-releas/7cmc-7y5g/about\\_data](https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2023-releas/7cmc-7y5g/about_data), data accessed March 10, 2025.

Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2024 release, filtered for Wichita County, TX, [https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2024-releas/i46a-9kgh/about\\_data](https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2024-releas/i46a-9kgh/about_data), data accessed March 10, 2025.

Source: Center for Disease Control and Prevention, Chronic Disease Indicators, filtered for Texas; <https://www.cdc.gov/cdi/>, data accessed March 10, 2025.

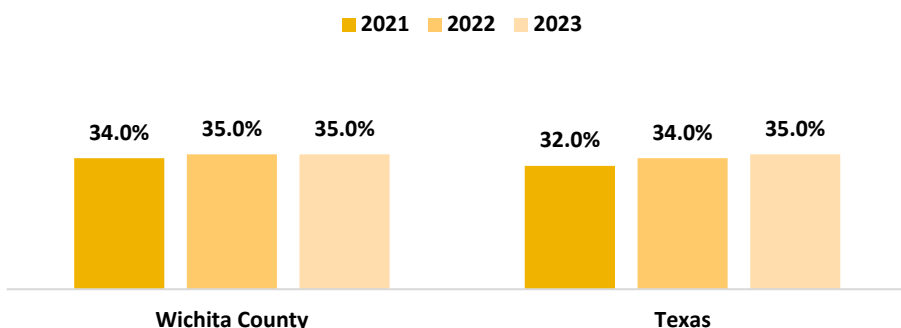
Definition: Adults aged  $\geq 18$  years who report that their mental health (including stress, depression, and problems with emotions) was not good for 14 or more days during the past 30 days.

# Health Status

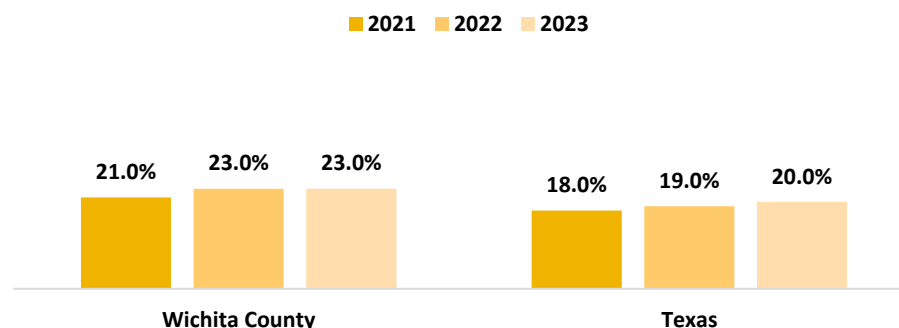
## Preventative Care – Mammography & Prostate Screenings (Medicare)

- Between 2021 and 2023, the percentage of females (age 35+) that received at least one mammography screening in the past year increased in Wichita County and the state.
- In 2023, the percentage of females (age 35+) that received at least one mammography screening in the past year in Wichita County (35.0%) was consistent with the state (35.0%).
- Between 2021 and 2023, the percentage of males (age 50+) that received at least one prostate screening in the past year increased in Wichita County and in the state.
- In 2023, the percentage of males (age 50+) that received at least one prostate screening in the past year in Wichita County (23.0%) was higher than the state (20.0%).

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



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



Source: Centers for Medicare & Medicaid Services, Office of Minority Health: Mapping Medicare Disparities, <https://data.cms.gov/mapping-medicare-disparities>; data accessed on March 11, 2025.

Mammography 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.

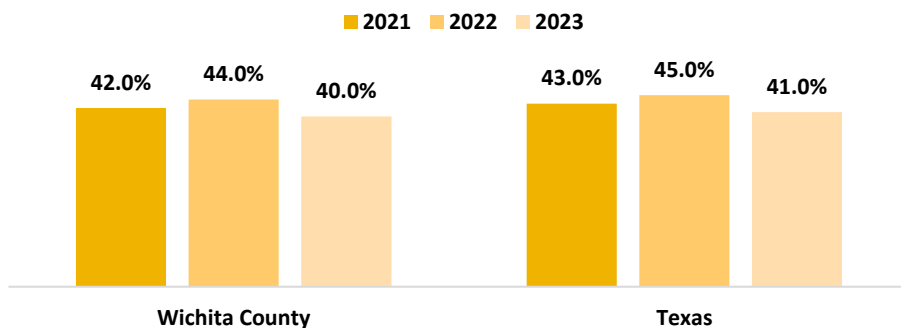
Prostate Screening Definition: Percentages are identified using the HCPCS/CPT codes present in the Medicare administrative claims. The uptake rate for prostate cancer services is calculated as the percentage of beneficiaries that received at least one of the services (defined by HCPCS/CPT codes) in a 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.

# Health Status

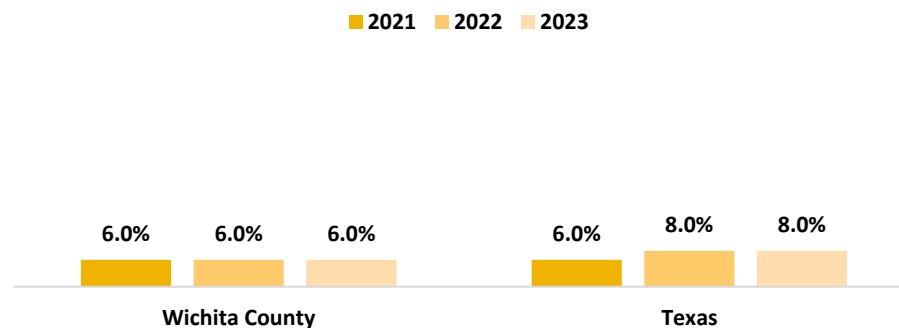
## *Preventative Care – Influenza & Pneumococcal Vaccination (Medicare)*

- Between 2021 and 2023, the percentage of Medicare beneficiaries that received a flu shot in the past year in Wichita County and the state decreased.
- In 2023, Wichita County (40.0%) had a lower percentage of Medicare beneficiaries that received a flu shot in the past year than the state (41.0%).
- Between 2021 and 2023, the percentage of Medicare beneficiaries that ever received a pneumonia vaccine in Wichita County remained consistent and increased in the state.
- In 2023, Wichita County (6.0%) had a lower percentage of Medicare beneficiaries that ever received a pneumonia vaccine than the state (8.0%).

**Influenza Virus Vaccine, Percentage, Medicare, 2021-2023**



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



Source: Centers for Medicare & Medicaid Services, Office of Minority Health: Mapping Medicare Disparities, <https://data.cms.gov/mapping-medicare-disparities>; data accessed on March 11, 2025.

Influenza Definition: Received an influenza vaccination in the past year.

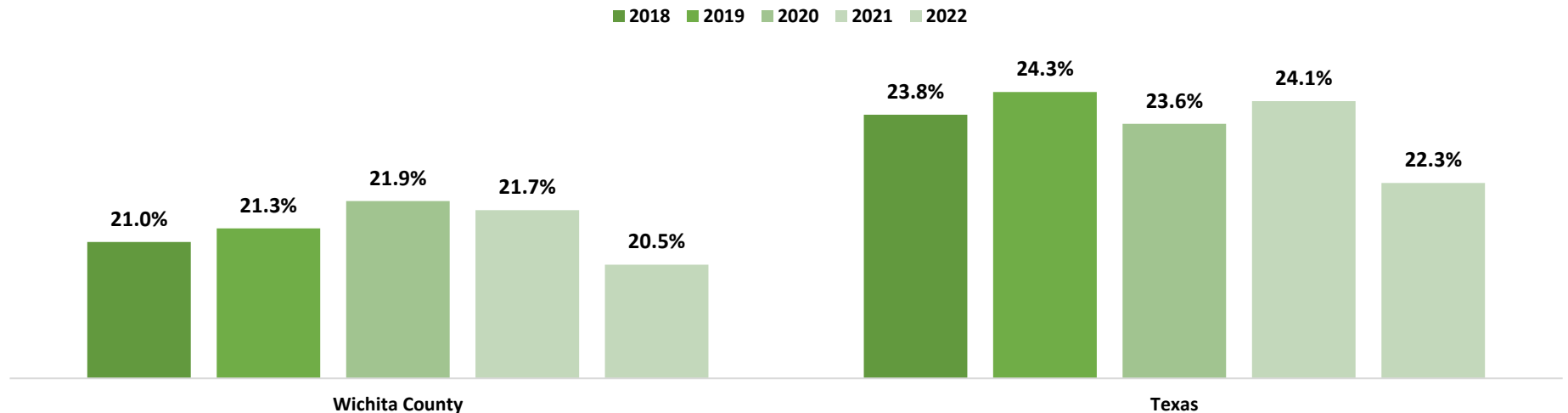
Pneumococcal Definition: Received a pneumococcal vaccination (PPV) ever.

# Health Status

## Health Care Access – Uninsured

- Wichita County and the state experienced a decrease in the percent of uninsured adults (age 18-64) between 2018 and 2022.
- As of 2022, Wichita County (20.5%) had a lower percent of uninsured adults (age 18-64) as compared to the state (22.3%).

Uninsured, Percent of Adults (age 18-64), 2018-2022

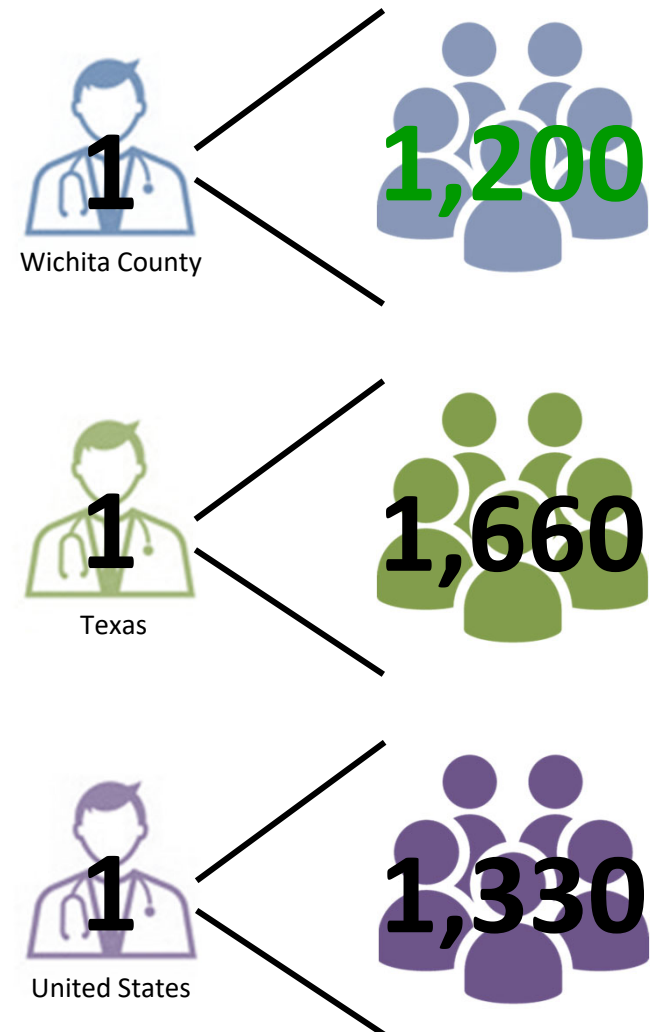


Source: United States Census Bureau, Small Area Health Insurance Estimates filtered for Wichita County, TX, <https://www.census.gov/data-tools/demo/sahie/#/>; data accessed June 10, 2025.

# Health Status

## Health Care Access – Primary Care Physicians

- **Sufficient availability of primary care physicians is essential for preventive and primary care.**
  - In 2021, the population to primary care physician ratio in Wichita County (1,200:1) was lower than the state (1,660:1) and the nation (1,330:1).



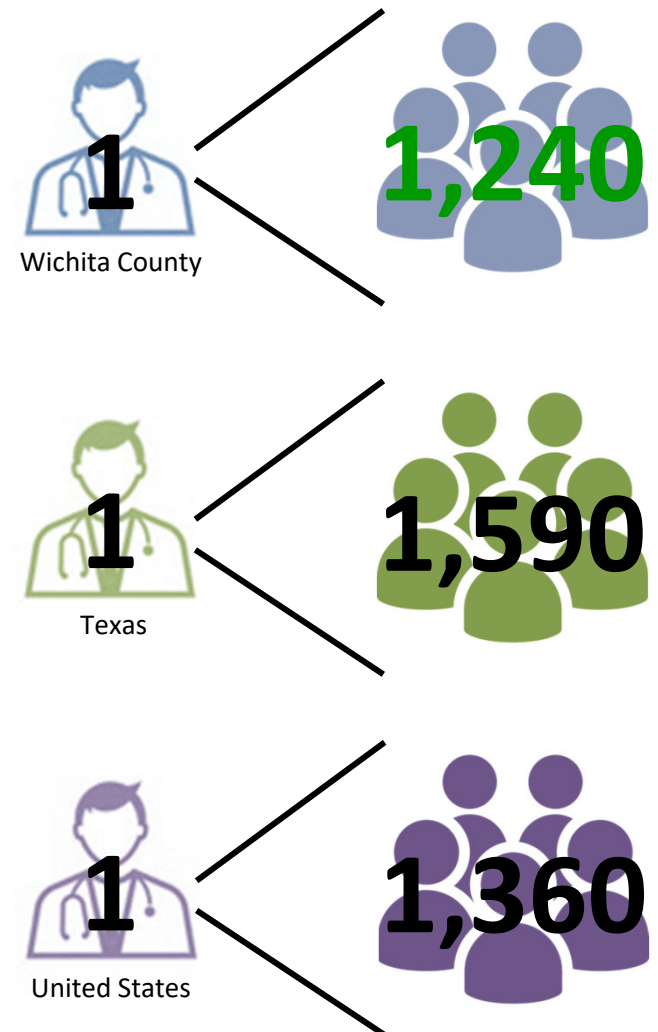
Source: County Health Rankings & Roadmaps, Health Indicator Report: filtered for Wichita County, TX, <https://www.countyhealthrankings.org/>; data accessed June 10, 2025.

Definition: The ratio represents the number of individuals served by one physician in a county, if the population was equally distributed across physicians. "Primary care physicians" classified by the AMA include: General Family Medicine MDs and DOs, General Practice MDs and DOs, General Internal Medicine MDs and General Pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded.

# Health 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 2022, the population to dental provider ratio in Wichita County (1,240:1) was lower than the state (1,590:1) and the nation (1,360:1).



Source: County Health Rankings & Roadmaps, Health Indicator Report: filtered for Wichita County, TX, <https://www.countyhealthrankings.org/>; data accessed June 10, 2025.

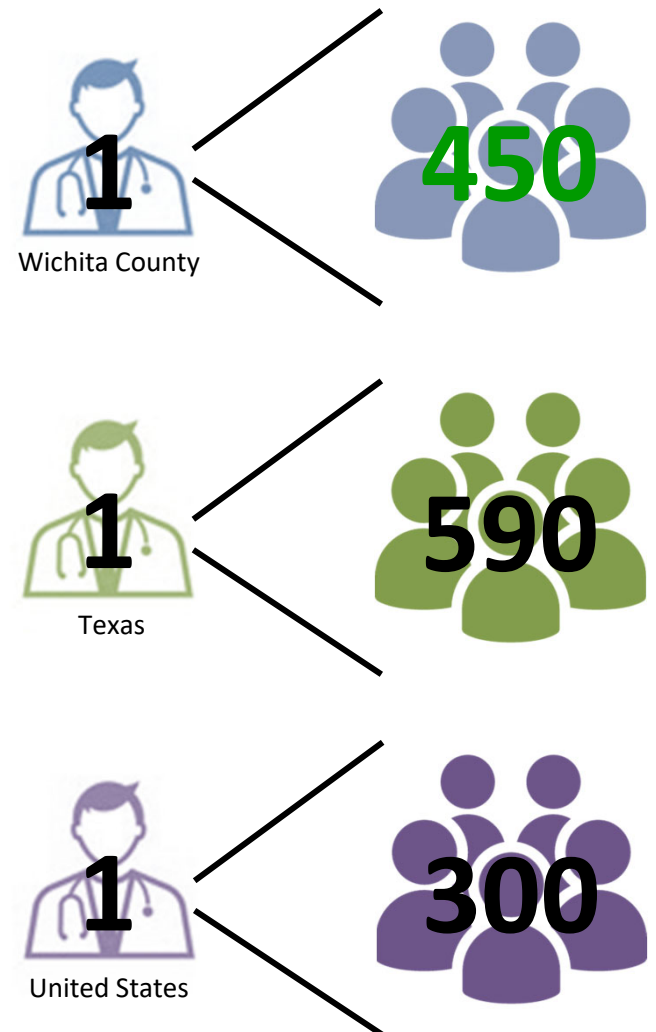
Definition: The ratio represents the population served by one dentist if the entire population of a county was distributed equally across all practicing dentists. All dentists qualified as having a doctorate in dental surgery (D.D.S.) or dental medicine (D.M.D.) licensed by the state to practice dentistry and who practice within the scope of that license.

# Health Status

## Health Care Access – Mental Health Care Providers

- **Lack of access to mental health care providers not only effects overall individual wellness but also impacts the health of a community.**

- In 2024, the population to mental health provider ratio in Wichita County (450:1) was lower than the state (590:1) and higher than the nation (300:1).



Source: County Health Rankings & Roadmaps, Health Indicator Report: filtered for Wichita County, TX, <https://www.countyhealthrankings.org/>; data accessed June 10, 2025.

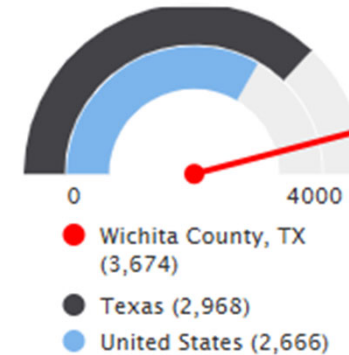
Definition: The ratio represents the number of individuals served by one mental health provider in a county, if the population were equally distributed across providers. Psychiatrists, psychologists, clinical social workers, and counselors that specialize in mental health care.

# Health Status

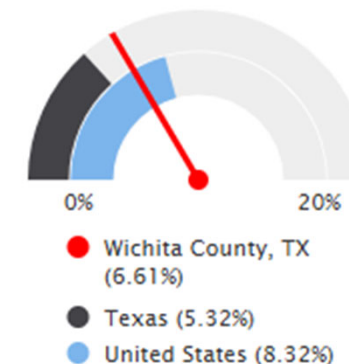
## Health Care Access – Common Barriers to Care

- **Lack of available primary care resources for patients to access may lead to increased preventable hospitalizations.**
  - In 2022, the rate of preventable hospital events in Wichita County (3,674 per 100,000 Medicare beneficiaries) was higher than the state (2,968 per 100,000 Medicare beneficiaries) and the nation (2,666 per 100,000 Medicare beneficiaries).
- **Lack of transportation is frequently noted as a potential barrier to accessing and receiving care.**
  - In 2019-2023, 6.6% of households in Wichita County had no motor vehicle, as compared to 5.3% in Texas and 8.3% in the nation.

Prevention Quality Overall Composite (PQI #90), Rate per 100,000



Percentage of Households with No Motor Vehicle



*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 Wichita County, TX, <https://sparkmap.org/report/>; data accessed March 5, 2025.

Definition: PQIs are population based and adjusted for age and sex and include admissions for one of the following conditions: diabetes with short-term complications, diabetes with long-term complications, uncontrolled diabetes without complications, diabetes with lower-extremity amputation, chronic obstructive pulmonary disease, asthma, hypertension, heart failure, angina without a cardiac procedure, dehydration, bacterial pneumonia, or urinary tract infection.



# PHONE INTERVIEW FINDINGS



# Overview

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- Conducted 24 interviews within the groups outlined in the IRS Final Regulations
  - CHC Consulting contacted a number of other individuals in the community to participate in the interview process, but several persons 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

# 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.

# Interviewee Information

- **Charla Brown, RN:** Director of Quality, Compliance and Education, Hospice of Wichita Falls
- **Dori Dockery:** Senior Director of Health Improvement, United Regional Health Care System
- **Amy Fagan:** Director of Health, Wichita Falls – Wichita County Public Health Department
- **Robert Forrester:** Board Chair, United Regional Health Care System
- **Allison Gray:** Board Chair, United Regional Health Care System Foundation
- **Scot Hafley:** Assistant Superintendent of Operations, Wichita Falls Independent School District
- **Jackie Hamm:** Executive Director, Meals on Wheels
- **Stacia (Stacy) Haynie, PhD:** President, Midwestern State University
- **Cara Herr-Sauceda:** Director of Resource Development, Boys & Girls Club
- **Ashley Honea:** Chief Operating Officer, Electra Memorial Hospital
- **Carol Marljar:** Executive Director, United Way
- **Andy Martin:** Associate Executive Director, Helen Farabee Centers
- **Rebecca McCain:** Chief Executive Officer, Electra Memorial Hospital
- **Jeff McKnight:** Judge, 30th District Court
- **David O'Neil:** Chief Executive Officer, Wichita Falls Area Food Bank
- **Pruthvi Patel, MD:** Primary Care Physician, United Regional Physician Group
- **Emily Payne:** Director of Community Health, United Regional Health Care System
- **Mary Rivard, BSN, MSN, PhD:** Director of Nursing, Vernon College
- **Tim Short:** Mayor, City of Wichita Falls
- **Steve Sparks:** Executive Director, Faith Mission/Faith Refuge
- **Paris Ward:** Executive Director, Wichita Falls Housing Authority
- **Renee Williams:** Director, Area Agency on Aging
- **Mitch Wolfe, MD:** Primary Care Physician, United Regional Physician Group
- **Michelle Wood:** Director of Career & Technical Education, Wichita Falls Independent School District

# 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

4.2%

- 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

87.5%

- Community leaders

8.3%

*Note: Interviewees may provide information for several required groups.*



# Community Needs Summary

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- Interviewees discussed the following as the most significant health issues:
  - Healthy Lifestyle Management
  - Workforce, Transportation, Healthcare Capacity & Environment
  - Insurance & Affordability
  - Access to Mental & Behavioral Health Care
  - Access to Primary Care
  - Access to Specialty Care

# Healthy Lifestyle Management

- **Issues/Themes:**

- Uncertainty about overall community health despite available resources
- Acknowledgement of available resources but perceived lack of community engagement
- Barriers to accessing healthy lifestyle resources like:
  - Cost
  - Geography
  - Lack of awareness
- Need for more accessible healthy meal preparation and nutrition education
- Higher rates of chronic conditions in the youth population like childhood obesity due to food deserts
- Need for early, family-focused interventions

“We have the food bank and they do a lot of education on eating healthy and give out healthy foods. Our health department does classes about healthy eating. But I don't know how healthy we are as a whole community.”

“We have all of the programs but people do not come. Learn how to ride a bike, learn how to cook...people don't want to participate. Same with diabetes prevention. By the time we see them, they are newly diagnosed or were diagnosed 5-10 years ago and they are finally like ‘I have to do something’. It's that disassociation between me and my health.”

“I see things advertised. I don't know how much people take advantage of the food bank so I'm not sure if it's adequate or not. They have school backpack meals for the kids. There are gyms. Wichita Falls has parks. Electra has a park downtown and we have a walking path around the hospital. There are options if people want to take advantage of them.”

“We don't have adequate programs that support healthy lifestyles. We have a wide range of gyms but it depends per person how expensive it is for them.”

“Access to healthy foods is a priority. Electra, for example, doesn't have a grocery store so people have to go to other places.”

“Childhood obesity is rampant. Diabetes is on the rise. If we can intervene earlier and do a mommy and me class to learn together that would be beneficial. The lower economic areas of towns don't have the necessary information for whatever reason.”

“There are food deserts especially in the more rural areas. We see it in Wichita Falls proper and in some of the more lower income areas. We have a nice food bank available but not everyone has access to it and not everyone is aware it's available. We see disparities with our students in the community. A lot of people don't live close to the services that are available. They don't feel safe in the environment to get out and walk.”

“As a mom, I struggle to find healthy food for my family. There's fried chicken places and taco places all over town. When I go to the grocery store, the healthy food is the most expensive food. It's hard on a mom to justify spending this money on fresh strawberries or fresh food. Healthy food that is affordable and accessible is my top priority.”

“There could be a lot more work in social media. Everyone knows fresh fruit and vegetables. The food prep knowledge if you are going to cook at home is not great. They eat what they grew up with. There's an opportunity for the education piece to be in a lot of different venues, to be more pronounced, whether that's in school or online.”

“Nutrition in our community is a really big issue. There are a lot of disparities with people who need to get the food they need to stay healthy.”

# Workforce, Transportation, Healthcare Capacity & Environment

- **Issues/Themes:**

- Concern surrounding workforce challenges, including:
  - Retention
  - Staffing shortages
  - Competitive salaries
- Barrier to accessing healthcare for some due to lack of adequate transportation options
- Perceived limitations of local healthcare capacity leading to:
  - Outmigration
  - Delays in hospital admissions/care transitions
  - Perceived premature discharges
  - Potential readmissions
- Desire for a medical respite unit at homeless shelter
- Water quality and droughts remain a public health concern

“Finding people to work is an issue. It's mostly on the clinical side but it's probably across the board. This is the quality of the workforce. You can hire people all day but that doesn't mean that they will stay.”

“Lack of transportation to appointments is a concern. There is busing but it's extremely inconvenient. Wichita Falls doesn't take longer than 15 mins to get across town in a car but the bus can take 2 hours or more. That is a huge problem.”

“In this area, transportation is a huge need for older adults and maybe those who aren't older but have disabilities because of the bus system we have and not having adequate alternative transportation. We have SHARP lines but you have to be on the STAR+ waiver program, Medicaid, Title 19. Things of that nature. Transportation is a huge barrier to patients accessing healthcare needs.”

“The capacity at the hospital is a concern. On the one hand people are going to Dallas, and on the other hand, if you are in need of care, then that regional hospital is absolutely critical and vital. If the hospital gets slammed, it forces people to seek care elsewhere.”

“My family member recently was admitted to the ER and it took a couple days to get a bed. They were in the hospital for several days then transitioned to a rehab facility. Now we are trying to coordinate care, if its feasible to go home or how long can they stay to get therapy and some support. I think the care at the hospital is terrific. But frustrating for anyone that there wasn't space there for. It can be the random nature of when you get ill. But not having that capacity isn't good for the hospital or patient.”

“Sometimes there are problems with the transition to rehab care before they actually go home. But those facilities tend to be relatively full and insurance limits the time you can stay there. Once they reach their time limit, they may have to go home before they are ready. They may wind up coming back to the hospital or the rehab center. I don't know what the answer to it is. Maybe the answer is we need to expand those services.”

“I think a medical respite unit at a homeless shelter is a need because we don't have a lot of resources for those patients.”

“Number one thing I hear at the homeless shelter are patients who have been discharged from the hospital. They are no longer sick enough to be in the hospital but too sick to be in a homeless shelter. Something in between some sort of respite. A lot of those folks end up at the shelter and they don't provide medical care. So some kind of respite care for people who are homeless but still need medical care is a need.”

“Quality of the water when we experience droughts is a concern. We've been through it, we've survived it.”

# Insurance & Affordability

- **Issues/Themes:**

- Frustration surrounding insurance coverage processes and limitations
- Overuse of the emergency room and patients delaying/foregoing care due to:
  - Limited understanding of appropriate health care settings
  - Low health literacy
  - Time/convenience
  - Cultural habits
  - No upfront payments
  - Lack of insurance coverage and cost differences
- Affordability challenges for all community members due to increasing cost of medications/services and insurance premiums
- Insurance restrictions limiting access to medications and service options, specifically rehab facilities

“Insurance coverage is an issue. What's best for the patient isn't always what's best for the insurance company and the insurance company gets the final say.”

“All of these referral processes and someone sitting in another town or state deciding whether you need rehab or not. I have a huge issue with that. Insurance in general I have an issue with.”

“There are a lot of people who use the ER as their healthcare provider. Whenever there is an issue, they go there. They don't understand that there is other care for them and care that is much more wallet friendly.”

“I think we have a lot who do not know the difference between the ER and their doctor. Health literacy is one reason. Not understanding what an emergency is or isn't is another and not wanting to wait.”

“For some people, they go to the ER. They may not have a primary care doctor. They go there because that's what they've always done.”

“I think you'll see that low income population will use the ER as their primary care provider. It's mainly financial reasons.”

“I have a 21yr old babysitter who would go to the ER because she walks out without paying the bill. I have a lot of mom friends who use the urgent care as their primary care provider. If you do have a primary care provider, you sometimes have to take a half day off of work or pull your kid out of school. It doesn't make sense.”

“Affordability, even for those that have insurance, is an issue. The amount for equipment, for copays, for premiums, everything that goes along with that. Cost is a huge issue.”

“Everything is ridiculously expensive, medication costs, co-pays costs, cost for surgery. Insurance premiums keep going up. Affordability is huge even if you have insurance.”

“Improving access to medication coverage [is a desire]. Physicians may prescribe certain medications but it's cost prohibitive and the physician's hands are tied due to insurance.”

“If you are going from the hospital to rehab, finding a rehab hospital that has a bed and takes your insurance [is a concern]. It might be you want to go to a specific one but they don't take your insurance, so they have to go to another one that might not be their first choice.”

# Access to Mental & Behavioral Health Care

- **Issues/Themes:**

- Concern with state funding for mental health not increasing to meet the needs of the growing population
- Challenges with access to mental health due to things like:
  - Shortage of providers
  - Long wait times
  - Clinic closures
  - Lack of providers accepting Medicaid/sliding fee scale
- Lack of safe and supportive discharge options for homeless patients
- Appreciation for available services for youth population, but local access for adults remains a challenge
- Limited availability of school crisis counselors, local inpatient care and services for adults & seniors
- Availability of telehealth visits improved access for patients needing psychiatric medication
- Concern for substance abuse and mental health issues in the community

“State funding for community mental health does not grow to match the growing population of the state and that's been true over the past 15 years.”

“Mental healthcare personnel shortages are a big issue. It's difficult to offer competitive salaries compared to other service organizations or national standards.”

“There aren't many MD or DO psychiatrists. There are some NPs but it's limited.”

“Mental health isn't accessible. We took my daughter to see an ADHD therapist and it took 6 months. Our large mental health clinic shut down last week. I have a friend of mine who drives to Dallas once a week to see a therapist for generalized depression.”

“We don't have enough providers that will take Medicaid or offer a sliding scale. We have clients who've been on a waiting list since January and haven't yet been evaluated.”

“Many people don't have a place to be discharged to. Essentially, they are homeless. The state only has to discharge them to a safe place and the homeless shelter is included as one of those. They end up on the streets in a few days and it becomes a vicious cycle.”

“A lot of therapists do virtual appointments. If you want to do in person in town, it's easier for the kids than adults. We have STARRY Counseling as a resource.”

“It's about 2-3 months wait time for an appointment. We have Red River Hospital and a state hospital. We do have Helen Farabee and some other places for kids. I don't think mental health services for children are lacking as much as adults.”

“The schools only have one mental crisis counselor per campus. Students can speak to a counselor via Facetime if they say they need help.”

“For outpatient, we have resources. We have an MHMR here. It's inpatient resources that I feel like we struggle with the most, like inpatient psychiatry.”

“We have a state hospital but they are limited in the care they can provide. Helen Farabee's care is mostly outpatient or video care. Every school has a guidance counselor but they are mainly there to provide guidance.”

“Mental illness is a huge issue in our older population. Our case managers are constantly trying to find resources for people.”

“Our reliance on telehealth services has really improved our services. We've gone from 2 months to see a prescribing doctor down to 2 days.”

“Problems related to substance abuse, like alcoholism, but also drug abuse [is a problem]. Most of what we see are opioid abuse and then of course methamphetamine.”

# Access to Primary Care

- **Issues/Themes:**

- Long wait times for routine appointments leading to some outmigration
- Low cost options exist locally but long wait times persist
- Perceived preference of seeing a physician over a nurse practitioner
- Acknowledgement that nurse practitioners help fill some provider gaps
- Greater difficulty in seeking primary care services for the following:
  - Rural communities
  - Providers not accepting certain patients
  - Un/underinsured
  - Medicare
  - Tricare
  - Low income/working poor
- Acknowledgement of telemedicine as an option but limitations still exist, particularly for the elderly
- Perceived long wait times and limited availability at local walk-in clinics

“A routine physical could be 2-4 months. If it's a more emergent issue, you are talking 1-3 weeks. We have walk in clinics. The clinics I am aware of are open 8am-5pm. I know there are at least a few that have later hours. I think it varies on location.”

“Primary care is not accessible. It's months wait, even close to a year. There are several clinics in town who are trying to build their panel so they can afford to hire on more providers. People have left the area for primary care to go to Dallas/Fort Worth.”

“Access to primary care depends on your insurance or lack of insurance. We have the Community Healthcare Clinic that takes Medicaid and sees patients on a sliding scale. There's somewhat of a wait period, maybe a month, especially if you are a new patient.”

“I won't say it's impossible but primary care is limited for lower income folks. We have a Community Healthcare Clinic and they do a wonderful job but haven't taken new patients since COVID-19. United Regional has a physician group in town so if you have insurance or private pay, you have plenty of physicians you can get in to see.”

“My doctor has a long waiting list. Maybe some other primary care doctors are easier to get in to. I think it's a very common feeling to want to see a doctor versus an NP.”

“We have primary care physicians available but I don't think there are ever enough doctors available. The nurse practitioners (NPs) have helped but primary care isn't always in areas that people are able to get to. Especially, for our more rural communities.”

“We have a good number of primary care doctors. We had several primary care providers not take anymore Medicare patients but I believe they are taking some again now.”

“If you have Tricare, it's harder to get in to see a physician. It's limited access. I know for new patients for primary care, the average wait time is 3 weeks to 3 months.”

“We have a Community Health Center. But if someone doesn't have any income, they don't qualify for their sliding fee scale. Those without insurance, use the ER as their doctor instead of annual checkups. I'd like to see more accessibility for those that are uninsured or underinsured.”

“It doesn't seem like providers are getting anybody in fast. Some providers use telemedicine. I don't think it's very helpful. If you have elderly folks who are technologically challenged, it's a huge waste of time.”

“Telemedicine doesn't count as a primary care doctor because you aren't seen in person. Telemedicine is fine for something like cold medicine.”

“We don't have many walk in clinics. If you go to one, it may take 3-4 hrs. to be seen. The wait time [at the clinic] defeats the purpose.”

# Access to Specialty Care

- **Issues/Themes:**

- Appreciation for local specialty care services
- Complex diagnoses and advanced conditions causing outmigration to areas like Wise County, Dallas, Fort Worth, Oklahoma City, Houston
- Limited public awareness of existing specialty services contributes to out-of-town travel
- Difficulties attracting specialists due to geographic and rural classification challenges
- Need for pediatric subspecialties in the area (optometry, oncology, neonatology, pulmonology, urology, cardiology)
- Acknowledgement of varying wait times dependent on specialty
- Limited access to certain specialists based on patient’s insurance coverage and health status
- Specialties mentioned as needed due to long wait times or lack of coverage, include (in descending order of number of times mentioned and then alpha order):
  - Pediatric subspecialties
  - Neurology
  - Dermatology
  - Gastroenterology
  - Pulmonology
  - Mental health
  - OB/GYN
  - Rheumatology
  - Cardiology
  - Endocrinology
  - Neurosurgery
  - Ophthalmology/Optometry
  - Orthopedics

“From personal experience, I have been able to find specialty care for every need I have had. We have cancer care here in town. There's lots of dialysis clinics in town and two really good GI clinics here in town. We have a couple of really good heart clinics in town. United Regional physicians have specialists in everything I can think of.”

“We have improved on our spine service. They have made a huge effort on that.”

“There is a perspective that you have to travel to Dallas for whatever you need. There are more specialties that are here than what people are aware of. The challenge is always communicating services that are available.”

“It's accessible but there are long wait times depending on the specialty. When it comes to major diagnoses, like cancer, some people go somewhere else like Dallas or Houston.”

“There are some specialty areas where we are fine. We meet the needs of the community. There's some specialized areas where you see people still leave for Dallas or Oklahoma City, like heart disease and cancer. I think in general, basic needs, you have what you need. It's probably more just when people need more care.”

“We are a large, small town so we don't get a lot of specialty providers heading to this area. It's like you fill one need and you need four more. We don't have a medical school close by. We aren't in a metropolitan area. We don't qualify for some of these rural initiatives because we aren't considered rural.”

“Wait time really depends on the specialty. Some take months and some just a few weeks. It's very common to go to Dallas/Fort Worth. We don't have any fertility care in Wichita Falls. People drive out of town for dermatology care.”

“You are talking months of waiting to get an appointment. 2-4 months is not uncommon.”

“A lot of people go up to Dallas, which is 2 hours away. Most of the pediatric specialties are definitely not here. A lot of times they have to go to Cook's and that's anything from pulmonary to urology.”

“We don't have very many pediatric ophthalmologists who deal with more specialized needs like lazy eyes or problem with vision. You will have to go to the metroplex.”

“In my world, we have a very difficult time getting patients in to GI and pulmonology. You basically have to have great insurance and be a perfect healthy patient.”

“Some of the barriers with specialists are they don't offer any charity care or some of them don't take Medicaid.”

# Populations Most at Risk

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

- Eastern Wichita Falls Residents
  - Limited access to grocery stores, food pantries, the hospital and specialty care
  - Transportation barriers
  - Significant low income population, disadvantaged neighborhoods
  - Generational education about healthcare
  - Risky sexual behaviors
  - Cirrhosis
  - Mental health concerns
  - Low vaccination rates
- Homeless
  - Growing population
  - Difficulty accessing shelters due to organization policies
  - Limited availability of homes/apartments
  - Perceived barriers to healthcare access
  - Drug misuse/abuse
  - Mental health concerns
  - Transportation barriers
- Racial/Ethnic
  - Fear/distrust of healthcare (African American)
  - Insurance coverage limitations
  - Lack of knowledge of importance of healthcare
  - Misuse of the Emergency Room
  - Need for health literacy
  - Fear of deportation
  - Transportation barriers
  - Language barriers (African American, Hispanic)
- Pediatric
  - Limited access to local specialty care (optometry, speech therapy, ICU, dental)
- Teens/Adolescents
  - Limited affordable activities
  - Vaping, tobacco, substance use

# Populations Most at Risk

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

- Low Income
  - Limited access to urgent care, freestanding emergency facilities
  - Cost barriers to care
  - Lack of insurance coverage
  - Shortage of reasonably priced homes
  - Limitations for hourly workers seeking care
  - Transportation barriers
  - Education on healthcare
  - Age restrictions limiting access at local FQHC
  - Dental providers not accepting certain insurances
- Elderly
  - Transportation barriers
  - Long wait lists for local nursing homes or assisted living facilities
  - Cost barriers to care
  - Alzheimer's/dementia
  - Insurance coverage barriers (Medicare Advantage, Medicare, Medicaid)
  - Provider insurance acceptance
  - Need for more rehab facilities and long term/after care options
- Active Military/Veterans
  - Limited mental health services
  - Lack of local VA hospital
  - Long wait times and cost barriers to care
  - Homelessness
  - Need for additional education on VA benefits available
  - Desire for more coordination between the VA and local providers
  - Transportation barriers
  - Lack of dental care



# CHNA HEALTH SUMMIT

# CHNA Health Summit

## *Overview*

- In July 2025, United Regional hosted a CHNA Health Summit to collaborate on the community health issues impacting Wichita County
- The purpose of the CHNA Health Summit was to:
  - Build a shared knowledge base around the county’s health issues;
  - Align stakeholders to operate from the same assumptions and data foundation;
  - Gather community input on health priorities and needs;
  - Facilitate collaborative brainstorming of strategies and solutions; and
  - Strengthen partnerships and encourage collective action for health improvement
- Key informants in the community were identified and invited to participate in the event
  - Summit participants represented healthcare providers, public health agencies, social service organizations, businesses, community leaders and hospital leadership
  - Over 80 participants were in attendance from local organizations

# CHNA Health Summit

## *Methodology*

- CHC Consulting and StrategyHealth facilitated the review of both quantitative and qualitative data gathered for the report, prioritization of identified health needs, and brainstorming of proposed actionable strategies
- Significant health needs (derived from data and key informant interviews) were presented for prioritization
- Participants used Mentimeter for real-time voting to select top health priorities in Wichita County, resulting in the following list (in descending order):
  1. Access to mental/behavioral health
  2. Access to healthcare
  3. Healthy lifestyle – healthy eating/active living
  4. Workforce recruitment and retention
  5. Education and lack of awareness of services
  6. Chronic disease prevention and management
  7. Living wage jobs
  8. Unhoused population
  9. Access to insurance
  10. Transportation
  11. Food insecurity/food deserts
  12. Access to affordable, quality housing
  13. Vaping & tobacco use
  14. Substance use

# CHNA Health Summit

## *Methodology (continued)*

- Participants agreed the top 6 identified needs were most significant in Wichita County, and separated into groups to brainstorm solutions around one of the top six most significant priorities
- Breakout groups developed strategies, identified resources and outlined potential collaborations for the specific priority
- Highlights from the breakout group findings include:
  - **Mental/Behavioral Health:** expand workforce pipelines with universities; improve insurance coverage; integrate services with schools, law enforcement, and employers.
  - **Healthcare Access:** continue to recruit primary and specialty providers; expand residency programs; increase telemedicine and satellite clinics.
  - **Healthy Lifestyles:** launch mobile pantry and cooking classes; prescribe nutrition/exercise; create city-wide health challenges.
  - **Workforce:** offer scholarships for local students; develop mentorship programs; promote Wichita Falls' affordability and quality of life.
  - **Education & Awareness:** build a centralized resource hub; train navigators/advocates; provide multilingual communication.
  - **Chronic Disease:** expand prevention campaigns; workplace education; increase screenings at community events
- United Regional will leverage input from the CHNA Health Summit to guide its initiatives and support community-driven efforts to improve health in Wichita County



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# **INPUT REGARDING THE HOSPITAL'S PREVIOUS CHNA**

# Consideration of Previous Input

- IRS Final Regulations require a hospital facility to consider written comments received on the hospital facility's most recently conducted CHNA and most recently adopted Implementation Strategy in the CHNA process.
- The hospital made every effort to solicit feedback from the community by providing a feedback mechanism on the hospital's website. However, at the time of this publication, written feedback has not been received on the hospital's most recently conducted CHNA and Implementation Strategy.
- To provide input on this CHNA please see details at the end of this report or respond via direct mail or email to the hospital. The physical address and email address can be found directly on the hospital's website at the site of this download.



# EVALUATION OF HOSPITAL'S IMPACT



# Evaluation of Hospital's Impact

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- IRS Final Regulations require a hospital facility to conduct an evaluation of the impact of any actions that were taken, since the hospital facility finished conducting its immediately preceding CHNA, to address the significant health needs identified in the hospital's prior CHNA.
- This section includes activities completed based on the 2023 to 2025 Implementation Plan.

**Priority 1: Continued Emphasis on Addressing Social Determinants of Health to Reduce Health Disparities**

Activity	Impact & Evaluation:
<p><b>1.A. United Regional will continue to provide medical care to all patients in need, regardless of their ability to pay. In addition to its internally provided charity program, United Regional is a health care provider under the State of Texas Medicaid Program and a mandated provider under the Wichita County Indigent Program</b></p>	<p><b>2023</b>            \$28,098,000 (audited number)</p> <p><b>2024</b>            \$28,098,000 (audited number)</p> <p><b>2025</b>            28,349,000 (audited number)</p>
<p><b>1.B. United Regional will continue to work to encourage physicians new to the community to accept all payer classes.</b></p>	<p>Employed physicians under the United Regional Physician Group (URPG) will accept patients from all payer classes.</p>
<p><b>1.C. United Regional will continue to provide office space for Texas Department of Health and Human Services staff members and 50% of their monthly operating cost to assist families with qualification for Medicaid services.</b></p>	<p><b>2023</b>            \$18,000 per year expended on office space</p> <p><b>2024</b>            \$19,560 per year</p> <p><b>2025</b>            \$21,912 per year</p>
<p><b>1.D. United Regional employs a staff member to find financial coverage for specialty drugs necessary for certain patient care, which in turn lowers costs borne within the community.</b></p> <p>11.12.24 The pharmacy now has two people who find medication assistance for patients in our outpatient infusion center. They don't do this full time but probably spend 20-30 hours per week total on these programs.</p>	<p><b>2023</b></p> <ul style="list-style-type: none"> <li>• Cost of employee to assist in finding coverage: \$155,011</li> <li>• 201 patients were assisted with medications through the Transition Clinic program for an estimated total patient benefit of \$3,998,217</li> <li>• 50 patients were assisted with medications through the Chemo/Infusion Assistance Program for an estimated total patient benefit of \$3,323,930</li> </ul> <p><b>2024</b></p> <ul style="list-style-type: none"> <li>• Cost of employees in the Transition Clinic to assist in finding coverage: <b>\$190,000</b></li> <li>• <b>210</b> patients were assisted with medications through the Transition Clinic program for an estimated total patient benefit of <b>\$4,071,584.39</b></li> </ul>

	<ul style="list-style-type: none"> <li>Q4 total benefit (non-rolling): <b>\$68,926.59</b></li> </ul> <p><b>2025</b></p> <ul style="list-style-type: none"> <li>Cost of employees in the Transition Clinic to assist in finding coverage: <b>\$760,000</b></li> <li><b>205</b> patients were assisted with medications through the Transition Clinic program for an estimated total patient benefit of <b>\$4,560,000</b></li> <li>Q4 total benefit (non-rolling): <b>\$24,000</b></li> </ul> <p>Pharmacy numbers 2025</p> <ul style="list-style-type: none"> <li>The good faith recovery estimates for 2025 = 57 patients and \$1,135,303.88.</li> </ul>
<p><b>1.E. United Regional will continue to provide and promote its <a href="https://healthycommunity.findhelp.com/">https://healthycommunity.findhelp.com/</a> domain, which is specific to Wichita Falls. This resource allows individuals to search for resources by zip code and highlights local, state and national programs that are available within certain areas. Individuals are also able to search by zip code for resources/services in the community by category (food, housing, goods, transit, etc.). The partnership with findhelp.org allows United Regional to get analytics back to show what people in the area are searching for most frequently, which allows them to identify opportunities and focus on those frequently searched items.</b></p> <p><b>Note: At the end of 2024 we transitioned from Find Help to using Epic for referrals and all access for reporting these referrals trends were eliminated. Moving forward referral patterns will be reported from Epic.)</b></p>	<p><b>2023</b></p> <ul style="list-style-type: none"> <li>Promotion of the service was done through fliers at community events and on the System’s social media channels.</li> <li>7,905 referrals were made for 2,084 unique patients. Of the unique patients. the System received confirmation that 477 patients received assistance.</li> </ul> <p><b>2024</b></p> <ul style="list-style-type: none"> <li>4590 referrals were for during the first half of 2024 for 1179 unique patients.</li> </ul> <p><i>Referrals are indicated in section 5A</i></p>
<p><b>1.F. United Regional will continue to operate its Heart Failure Clinic. All heart failure patients are scheduled to follow-up at the Heart Failure Clinic after hospital discharge to assess post-discharge health, address lifestyle changes to help stay healthy, and avoid readmission. The clinic takes all payer sources and those without insurance.</b></p> <p>Note for next CHNA: Need to remove “clinic takes all payer sources and those without insurance” and clarify with Emily. The Clinic is not in network with some providers – this change occurred in March 2024.</p>	<p><b>2023</b></p> <ul style="list-style-type: none"> <li>New Heart Failure Patient - Completed Visits: 388</li> <li>Completed HF Visits (New Pt Heart Failure, Follow Up Heart Failure, Established Pt Heart Failure, Walk-in): 1,844</li> </ul> <p><b>2024</b></p> <ul style="list-style-type: none"> <li>New Heart Failure Patient – Completed Visits: <b>377</b></li> <li>Completed HF Visits (New Pt Heart Failure, Follow Up Heart Failure, Established Pt Heart Failure, Walk-in): <b>1,457</b></li> </ul> <p><b>2025</b></p>

	<ul style="list-style-type: none"> <li>• New Heart Failure Patient – Completed Visits: <b>292</b></li> <li>• Completed HF Visits (New Patient Heart Failure, Follow-Up Heart Failure, Established Patient Heart Failure, Walk-in, URPG HF – Post CABG): <b>1,342</b></li> </ul>
<p><b>1.G. Every other year, United Regional employees can donate to the Compassion Fund through the annual employee-giving program Spirit of Giving. Proceeds from the Compassion Fund go towards helping patients and family members in a variety of ways including helping to pay for meals and nights at the Rathgeber Hospitality House, that they would otherwise not be able to afford</b> (Activity language adjusted in February 2025).</p>	<p><b>2023</b>        Employees donated \$37,750 to the Compassion Fund</p> <p><b>2024</b>        Employees donated \$38,950 to the Friendship Fund, which assists employees experiencing unexpected financial hardships.</p> <p><b>2025</b>        Due to a need for the Friendship Fund, employees raised \$47,304 for the Friendship Fund.</p>
<p><b>1.H. United Regional will continue to provide United Regional at Physician Group's CarePlus primary care walk-in clinic, which provides a lower cost option than an emergency room for minor injury and illness and offers eCare as a virtual option for residents. CarePlus is open to the entire community and not just patients of United Regional Physician Group physicians.</b></p>	<p><b>2023</b></p> <ul style="list-style-type: none"> <li>• CarePlus Barnett Road: 35,663 visits completed</li> <li>• CarePlus Burkburnett: 2,117 visits completed</li> <li>• Virtual Visits: 4,205 (11%) visits completed</li> </ul> <p><b>2024</b></p> <ul style="list-style-type: none"> <li>• <b>CarePlus Barnett Road:</b> 35,738 visits completed</li> <li>• <b>CarePlus Burkburnett:</b> 2,133 visits completed</li> <li>• <b>Virtual Visits:</b> 3,544 e-visits (10%) and 471 video visits (2%) completed</li> </ul> <p><b>2025</b></p> <ul style="list-style-type: none"> <li>• <b>CarePlus Barnett Road:</b> 31,864 visits completed</li> <li>• <b>CarePlus Burkburnett:</b> 1,071 visits completed (<i>closed in July 2025</i>)</li> <li>• <b>Virtual Visits:</b> 4,805 visits completed</li> </ul>
<p><b>1.I. United Regional will continue to provide a Language Line to provide translation and interpretation services, as needed. Additionally, United Regional will continue to provide internet-based webcam access to certified interpreters for our hearing-impaired patients on an as needed basis. This web cam-based sign language</b></p>	<p>The internal SharePoint site provides instructions for staff to access the Language Line and MARTII units, located in 16 areas throughout the System, to provide interpretation services to patients and families.</p> <p><b>2024</b></p>

<p><b>service is available 24/7 anywhere in the hospital through our wireless network.</b></p>	<ul style="list-style-type: none"> <li>• 3,907 calls for language interpretation services were completed, totaling 52,445 minutes. Additionally, Martti was integrated with care.ai in 16 ER rooms to enhance language access.</li> </ul> <p><b>2025</b></p> <ul style="list-style-type: none"> <li>• 7,497 calls for language interpretation services were completed, totaling 92,772 minutes. Additionally, Martti was integrated with care.ai in another 70 rooms for a total of 86 rooms to enhance language access. Integrate with care.ai for another 70 rooms to offer expanded care support.</li> </ul>
<p><b>1.J. United Regional will continue to provide mammograms through charity care for females who qualify.</b></p>	<p><b>2023</b> 24 patients were assisted totaling \$4,800 in charges</p> <p><b>2024</b> 42 patients were assisted totaling \$8,400 in charges. Mammo Fund paid \$4,200</p> <p><b>2025</b> 39 patients were assisted totaling \$7,785 in charges. Mammo Fund paid \$3,600.</p>
<p><b>1.K. United Regional will continue to offer a transition clinic to provide care coordination activities to various at-risk patient populations, discharging from the acute care setting back to the community. The Transition Clinic provides temporary coverage for patients with Heart Failure, Diabetes, Pneumonia, COPD, Sepsis, Surgical Site Infection follow up and a wide array of other patients until they can be aligned with a primary medical home for on-going care or appropriate community resources. Food Insecurity, transportation and medication assistance are identified during clinic appointments and services are aligned to provide the patients with these resources.</b></p>	<p><b>2023</b> Completed Transition Clinic Specific Appointments (Established Patient, Follow up Patient, New Patient): 3,373</p> <p><b>2024</b> Completed Transition Clinic Specific Appointments (Established Patient, Follow up Patient, New Patient): 3,540</p> <p><b>2025</b> Completed Transition Clinic Specific Appointments (Established Patient, Follow-up Patient, New Patient): 3,784</p>
<p><b>1.L. United Regional will continue to provide low dose CT lung cancer screenings to patients that qualify and are appropriately referred by a physician.</b></p>	<p><b>2023</b> 897 patients received a low dose CT screening</p>

	<p><b><u>2024</u></b> 1,077 patients received a low dose CT lung screening</p> <p><b><u>2025</u></b> 1,236 patients received a low-dose CT lung screening</p>
<p><b>1.M. In conjunction with the Wichita Falls Area Food Bank, United Regional works to provide healthy food boxes for patients participating in Diabetes Education, Heart Failure Clinic, and Outpatient Infusion and post-operative patients who are food insecure. Community Care Fund at United Regional Foundation provides these boxes, which contain a variety of nonperishable food items.</b></p> <p><b>The WF Area Food Bank billed the System for food boxes in 2025, instead of the Foundation. We called when we didn't get an invoice and were told by the Food Bank that a grant was paying for it. That is why the verbiage under 1M for 2025 is slightly different than years past.</b></p>	<p><b><u>2023</u></b> The Community Care Fund provided 617 food boxes at a cost of \$18,492.20.</p> <p><b><u>2024</u></b> The Community Care Fund provided 414 food boxes at a cost of \$9,983.52.</p> <p><b><u>2025</u></b> The Community Care Fund provided 380 boxes at a cost of \$8,058.08.</p>
<p><b>1.N. United Regional will continue to sponsor fundraising events that benefit the Kitchen. The Kitchen provides food for seniors and the local Meals on Wheels program.</b></p>	<p><b><u>2023</u></b> United Regional sponsored Boots and Heels for Hot Meals for The Kitchen on October 12, 2023.</p> <p><b><u>2024</u></b> United Regional sponsored Fashion Night Out for The Kitchen in October of 2024.</p> <p><b><u>2025</u></b> United Regional was a corporate sponsor for meals during the month of November.</p> <p>On March 20 UR employees volunteered during the Community Volunteering Day to help deliver meals.</p>
<p><b>1.O. In conjunction with the Wichita Falls Area Food Bank, United Regional offers a mobile food pantry at a variety of locations to have a hunger-free community. United Regional also sends a nurse to each mobile pantry distribution site to offer free, voluntary blood pressure and blood sugar checks. Free information about Body Mass Index (BMI) and its impact on overall health is also offered.</b></p>	<p><b><u>2023</u></b> Screenings were held at 75 pantries with 842 participants.</p> <p><b><u>2024</u></b> Screenings were held at 82 pantries with 644 participants.</p>

**2025**

Screenings were held at 69 pantries with 455 participants.

**Priority 2: Prevention, Education and Awareness of Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles**

Activity	Impact & Evaluation:
<p><b>2.A. United Regional will continue to increase educational opportunities for the public concerning wellness topics and health risk concerns, preventive care and healthy lifestyle choices through media outlets and hosting and/or participating in local health-related events.</b></p> <p><i>Examples include but are not limited to:</i></p> <ul style="list-style-type: none"> <li>• Educational topics like diabetes, mammography, cardiac disease, senior safe driving, fall prevention, and stroke education. Screenings are provided free of charge and include blood pressure, peripheral artery disease, blood sugar, and pulmonary function testing</li> <li>• Wellness panel screening (cholesterol and full lipid panel)</li> <li>• Flu shots</li> </ul>	<p><b>2023</b></p> <p><b>Facebook Live Events:</b></p> <ul style="list-style-type: none"> <li>• March 23 – Dr. Michael Henderson – Primary Care</li> <li>• June 5 – Dr. Sarah Langston - Joint Health</li> </ul> <p><b>Community Education:</b></p> <ul style="list-style-type: none"> <li>• April 8 – Dr. Sarah Langston hosted Walk with a Doc and discussed joint and muscular health</li> <li>• April 25 – hosted Leadership WF (45 attendees) and discussed hospital operations, community support as well as toured surgery and the Adanced Center for Orthopedics</li> <li>• June 10 – Dr. Vanya Wagler hosted Walk with a Doc and discussed the role of exercise and nutrition in autoimmune disorders</li> <li>• October 5 – provided 370 free flu shots to senior adults in partnership with KFDX TV3</li> <li>• October 12 – hosted Circle of Friends to discuss and promote orthopedic capabilities in Wichita Falls with 100 in attendance</li> <li>• October 14 – Dr. Brandon Ohman hosted Walk with a Doc and discussed alternative interventional pain procedures as a substitute for long-term opioid usage.</li> </ul> <p><b>Healthy You Television Sponsorship, 2023</b></p> <ul style="list-style-type: none"> <li>• January – Leadless Pacemakers</li> <li>• February – Center for Advanced Orthopedics</li> <li>• March - Bariatric Surgery</li> <li>• April – Robotic Surgery</li> <li>• May – Workplace Injuries/Pain (ergonomics)</li> <li>• June – ATV Safety</li> <li>• July – Sports Medicine</li> <li>• August – Robotic Hysterectomies</li> <li>• September – Cardiovascular Services</li> <li>• October – Orthopedics Express</li> <li>• November – Diabetes Awareness</li> <li>• December – MyChart Self-scheduling</li> </ul> <p><b>Survival Skills @ Transition Clinic:</b></p> <ul style="list-style-type: none"> <li>• Diabetes: 103 classes offered, 133 participants</li> </ul>

- Heart Failure: 102 classes offered, 166 participants
- COPD: 51 classes offered, 6 participants
- Sepsis: 49 classes offered, 0 participants

**Healthy Lifestyles Course:**

- 365 Participants in 2023

**2024**

**Facebook Live Events:**

- January 30 – Dr. Sheen – Orthopedics Express
- June 19 – Dr. Sven Hocheimer – Back Pain
- October 9 – Dr. Chris Finnell – Weight Loss Surgery

**Community Education:**

- April 30 – hosted Leadership WF (45 attendees) and discussed hospital operations, community support and had a presentation on the Cardiology program as well as toured surgery and the Cath Lab
- October 3 - provided 327 free flu shots to senior adults in partnership with KFDX TV3

**Healthy You Television Sponsorship**

- January – Neurosurgery Services
- February – Healthy Community Database
- March – When to Call 911 (Stroke/Heart)
- April – Orthopedics Express
- May – Joint Revisions
- June – Structural Heart Program
- July – CarePlus Virtual Visits
- August – Uro Nav Prostate
- September – Chronic Back Pain? Non-Op Spec
- October – Virtual Care
- November - Cardiology
- December – Bariatrics

**Survival Skills @ Transition Clinic:**

- Diabetes: 108 classes offered, 199 participants
- Heart Failure: 104 classes offered, 167 participants
- COPD: 50 classes offered, 47 participants
- Sepsis: 51 classes offered, 24 participants

**Healthy Lifestyles Course:**

- 79 Participants in 2024

**2025**

**Facebook Live Events:**

- January 29 – Dr. Brad Doshier – Ortho Express
- March 24 – Darcy Clare, RN – Your Health Our Mission- Community Education
- October 22 – Dr. Reddy – Cancer Treatment Center

**Community Education:**

- April 10 – hosted Impact 100 (38 attendees) and discussed hospital operations, community support, with a presentation on the Cardiology program and tours of surgery and the Cath Lab
- April 22 – hosted Leadership WF (45 attendees) and discussed hospital operations, community support, with a presentation on the Cardiology program and tours of surgery and the Cath Lab
- October 9 – Texoma Health & Wellness Expo – provided 87 free flu shots and 100 lab draws to the community in partnership with KFDX TV3

**Healthy You Television Sponsorship**

- January – Pulse Field Ablation (PFA)
- February – Cardiology Services
- March – Cory Edmondson introduction
- April – Orthopedics Express
- May – Job Shadowing Program
- June – NICU
- July – Dr. Praveen Reddy
- August – Heart Failure Clinic
- September – Mammography/Imaging
- October – Dr. Teel
- November – Dr. Roughneen & Dr. Akvan
- December – CarePlus Care vs ER Care

**Survival Skills @ Transition Clinic:**

	<ul style="list-style-type: none"> <li>• Diabetes: 103 classes offered, 155 participants</li> <li>• Heart Failure: 78 classes offered, 164 participants (<i>Q4 transitioned to one-on-one education</i>)</li> <li>• COPD: 27 classes offered, 78 participants (<i>Q4 taught by Respiratory Therapy</i>)</li> <li>• Sepsis: 39 classes offered, 60 participants (<i>Q4 transitioned to one-on-one education</i>)</li> </ul> <p><b>Healthy Lifestyles Course:</b></p> <p>51 participants in 2025</p>
<p><b>2.B. United Regional will continue to host various support and educational groups at the facility for patients and the community.</b></p>	<p><b><u>2023</u></b></p> <p><b>Bariatric Support Group</b></p> <p>A bimonthly support group for bariatric surgical patients. Topics of the support group included GLP medications, Q&amp;A sessions with physicians, dietitians, roundtable discussions and how to stay on track with weight loss goals. Attendance for the year was 38.</p> <p><b>Supportive Care</b></p> <p>A quarterly support group for patients and family members with roundtable discussions designed to cover the group’s needs. The yearly attendance was 39.</p> <p><b><u>2024</u></b></p> <p><b>Bariatric Support Group</b></p> <p>A bimonthly support group for bariatric surgical patients. Topics included GLP medications, Q&amp;A sessions with physicians and dietitians, roundtable discussions, and the impact of dehydration and malnutrition. Attendance for the year was 32.</p> <p><b>Community Health Support</b></p>

We no longer have a support group for Supportive Care. We have combined the Supportive Care and Diabetes Education support group into one called Community Health Support Group.

A support group for patients with diabetes and other chronic conditions, combining elements of the previous Supportive Care and Diabetes Education groups. Topics covered:

- February – Eye Health (7 participants)
- May – Eating Healthy with Chronic Disease (9 participants)

Total attendance for the year was 16

### **2025**

#### **Bariatric Support Group**

A bimonthly support group for bariatric surgical patients. Attendance for the year was 33.

#### **Community Events and Education**

United Regional continued to expand its community outreach efforts through a wide range of education and engagement opportunities across the region. In 2025, staff participated in and hosted numerous events focused on chronic disease prevention, fall prevention, nutrition, emergency preparedness, and overall wellness.

These efforts included partnerships with local schools, senior centers, community organizations, and public health agencies to deliver programs such as Stop the Bleed, CPR/AED training, diabetes education, heart health, and fall prevention. United Regional also participated in large-scale community events including health expos, wellness fairs, and screenings, providing services such as flu vaccinations, lab draws, blood pressure and glucose screenings, and health education.

	<p>Additional outreach included support groups, community partner collaborations, and participation in coalitions and advisory councils to strengthen community health initiatives and expand access to education and resources.</p>
<p><b>2.C. United Regional will continue to increase awareness of its primary and specialty service offerings in the community through billboard, direct mail, print advertisements, digital ads, social media outlets and updating the System's website(s), to name a few.</b></p> <p><b><i>Examples include but are not limited to:</i></b></p> <ul style="list-style-type: none"> <li>• <i>TV commercials</i></li> <li>• <i>Consumer emails</i></li> <li>• <i>Digital ads</i></li> <li>• <i>Social media ads</i></li> <li>• <i>Print ads</i></li> <li>• <i>Direct mail</i></li> <li>• <i>Healthy You segments on KFDX</i></li> </ul>	<p><b><u>2023</u></b></p> <p><b>January to December 2023</b></p> <ul style="list-style-type: none"> <li>• Ortho (including redesign, at 3 locations for a time period) and MyChart billboards</li> <li>• Ortho, Urology, and Cardiovascular print ads</li> <li>• Ortho, Bariatrics, Urology, General Surgery digital/social media ads</li> <li>• Orthopedic landing page</li> <li>• Urology TV spot</li> <li>• Welcome Dr. Horvath – social media, written and video bios</li> <li>• Center for Advanced Orthopedics</li> <li>• Transition Clinic – social media</li> <li>• Go-live of new website (with SEO (Search Engine Optimization))</li> <li>• New Ortho TV spot and longform testimonial</li> <li>• New Orthopedics Express TV spot</li> <li>• Dr. Iftikhar welcome (website and social media)</li> <li>• MyChart Self-Scheduling (printed piece and social media)</li> <li>• Ortho/Hoffman email campaign</li> <li>• Orthopedics Express email/text/direct mail campaign</li> <li>• Orthopedic service line booklet</li> </ul> <p><b><u>2024</u></b></p> <p><b>January to December 2024</b></p> <ul style="list-style-type: none"> <li>• <b>Orthopedics marketing:</b> Print ads (Post Oak, Wichita Falls Chamber), new Super Bowl TV commercial, Orthopedics Express billboards (x3), and email campaign</li> <li>• <b>WFISD/United Regional partnership marketing:</b> TV news coverage and social media promotion</li> <li>• <b>Healthy You television stories:</b> Dr. Hochheimer/Spine Surgery, Healthy Community, Stroke education, Orthopedics Express, Dr. Hoffman/Joint Revisions, Structural Heart Program</li> <li>• <b>Spine campaign:</b> Website updates, technology marketing, SEO, social media ads, email campaign, television news, print ad, brochure, Google</li> </ul>

display ads, messaging video, testimonial, redesign, and placement at three locations

- **MyChart campaigns:** Billboards, brochure, social media and email campaigns
- **Physician-focused marketing:** Dr. Akvan (social media), Dr. Okoli (social media), Dr. Tisdale welcome campaign
- **Program brochures and social media:** Structural Heart Program, Cardiac Academy, Cardiovascular services
- **Hello World (Epic):** Social media posts
- **Chatbot launch:** Social media and website communication tool
- **Other campaigns and collateral:**
  - UroNav/Prostate awareness
  - OB/GYN printed piece
  - Healthy Community flier (Spanish)
  - Mammogram campaign
  - Sports Medicine sponsorship with MSU
  - Health topic articles in *Wichita Falls Living* magazine (Dr. Akvan, Ms. Little)
  - Pulse Field Ablation

## 2025

### January to December 2024

- **Orthopedics marketing:** Print ads (Post Oak, Wichita Falls Chamber, North Texas Health Directory, Graham Community Guide), Super Bowl television commercial, updated Orthopedics Express commercials, digital advertising (WFISD e-newsletter), and billboard campaigns (Orthopedics Express and Spine)
- **Spine campaign:** Billboard and digital advertising (Facebook) supporting spine services
- **Healthy You television stories:** Orthopedics Express (Dr. Doshier), Darcy Claer, Dr. Teel, Dr. Roughneen, and Dr. Akvan
- **MyChart campaigns:** Orthopedics-focused campaign and Spanish-language campaign
- **Physician and program promotion:** Dr. Reddy podcast and feature, physician directory and medical society advertising, and testimonial video for Dr. Akvan

	<ul style="list-style-type: none"> <li>• <b>Community and partnership marketing:</b> School and community program ads (WFISD, MSU, Archer County, Burkburnett, City View, Windthorst, Olney), sports and event sponsorships (basketball tournaments, ballet theatre), and Wichita County Sheriff’s Office calendar</li> <li>• <b>Annual and digital outreach:</b> Annual Report direct mailer (4,000 copies), social media and digital advertising campaigns</li> </ul>
<p><b>2.D. United Regional will continue to offer employee wellness initiatives to promote healthy lifestyle choices for employees and their spouses. Screening/counseling is required for health insurance participants, and financial incentives/penalties are included to encourage healthy lifestyles.</b></p>	<p><u><b>2023</b></u></p> <p>Programs offered in 2023 included:</p> <ul style="list-style-type: none"> <li>• Wellness Wednesday- UR ALL</li> <li>• Hospital Week Fun Run/Cycle- 40 participants</li> <li>• Cycle to work- 2 participants</li> <li>• Personal Training- 494 participants</li> <li>• Group Fitness Class (Live &amp; Virtual)- 229 participants</li> <li>• Massage Therapy Sessions- 3,218 participants</li> <li>• HRM (Health Coaching)- 168 participants</li> <li>• Summer Vacation Challenge- 14 participants</li> <li>• Step Challenge- 86 participants</li> <li>• Water Drinking Challenge-12 participants</li> <li>• Brain Fit for Work and Life-36 participants</li> <li>• Self Defense- 13 participants</li> </ul> <p><u><b>2024</b></u></p> <p>Programs offered in 2024</p> <ul style="list-style-type: none"> <li>• Wellness Wednesday – UR ALL - Biweekly email</li> <li>• Hospital Week Fun/Run – Rain (canceled)</li> <li>• Personal Training (Health Risk Management Program) – 739 sessions (39 participants)</li> <li>• Group Fitness Classes (In-person and Virtual) – 1092 participants</li> <li>• Massage Therapy Sessions – 2,299 participants</li> <li>• Get to the Gym Challenge – 137 participants</li> <li>• Social Media Detox Challenge – 56 participants</li> <li>• Step Challenge – 127 participants</li> </ul>

	<ul style="list-style-type: none"> <li>• Maintain Don't Gain Challenge – 87 participants</li> <li>• Lunch and Learn/Webinars – (19 programs) 325 participants</li> </ul> <p>Total Contacts – 5001</p> <p><b><u>2025</u></b></p> <p>Programs offered in 2025</p> <ul style="list-style-type: none"> <li>• In-Person Group Fitness Classes – 586 attendees</li> <li>• Healthy On-Demand App engagement – 6.25% of EE/ES base- usage (3+ minutes or longer)/27% EE/ES base created profiles</li> <li>• Employee Massages – 1,748.5 completed sessions</li> <li>• Health Risk Management Program Personal Training Sessions (2024 Incentive year)- 125 sessions</li> <li>• Estate Planning: Financial Basics EAP Webinar – 28 attendees</li> <li>• Science of Sleep Webinar – 33 attendees</li> <li>• Wellbeing for a Healthier Body and Mind Webinar – 7 attendees</li> <li>• Run and Roll – Hospital Week 5K – 103 attendees</li> <li>• Run and Roll – Glow Run – 138 attendees</li> <li>• Fitness Center Open House – 130 attendees</li> <li>• Step UP Challenge – 180 participants</li> <li>• CCS Living Connected Webinar – 14 attendees</li> <li>• Total EAP Engagement – 8.13%</li> <li>• Wellness Wednesday Email – UR All – Biweekly Email (Wellness resources, education, information)</li> </ul>
<p><b>2.E. United Regional will continue to partner with local schools to provide free sports physicals for middle and high school students. Physicians attend local and regional sports events to ensure timely diagnosis and treatment of sports injuries.</b></p>	<p><b><u>2023</u></b></p> <ul style="list-style-type: none"> <li>• 956 Physicals performed (estimated value \$28,680)</li> <li>• Providers attended 45 Sporting Events (estimated value \$8,325)</li> </ul> <p><b><u>2024</u></b></p> <ul style="list-style-type: none"> <li>• 1,017 Physicals performed (estimated value \$32,100)</li> <li>• Providers attended 52 Sporting Events (estimated value \$12,925)</li> </ul> <p><b><u>2025</u></b></p> <p>1370 pre-participation physicals    (estimated value \$47,950)</p> <ul style="list-style-type: none"> <li>• Providers attended 114 Sporting Events (estimated value \$27,500)</li> </ul>
<p><b>2.F. United Regional will continue to operate Joint Camp to educate people scheduled for joint replacement at no cost to participants.</b></p>	<p><b><u>2023</u></b></p> <ul style="list-style-type: none"> <li>• 387 patients attended Joint Camp prior to their procedures</li> </ul> <p><b><u>2024</u></b></p>

	<ul style="list-style-type: none"> <li>• 396 patients attended Joint Camp prior to their procedures</li> </ul> <p><b><u>2025</u></b></p> <ul style="list-style-type: none"> <li>• 297 patients attended Joint Camp prior to their procedures.</li> </ul>
<p><b>2.G. United Regional will continue to support the Regional Advisory Council, which uses a hands-on approach to help prevent trauma, fatalities and injuries. The council provides injury prevention and trauma education across a 10-county region. The Injury Prevention Coalition plays a key role in education using a multi-disciplinary team from the area. Included in this education are child passenger safety, bicycle safety, fall prevention and home safety, medication safety and many other issues promoting safe communities. In addition, the council hosts trauma education courses and provides continuing education and continuing medical education for area physicians, nurses and EMS professionals.</b></p>	<p><b><u>2023</u></b></p> <p><b>Stop the Bleed Programs:</b></p> <ul style="list-style-type: none"> <li>• 10 programs taught, 236 trained</li> </ul> <p><b>Trauma Nurse Core Course (TNCC)</b></p> <ul style="list-style-type: none"> <li>• 5 courses taught, trained 85 professionals</li> </ul> <p><b>Emergency Nurse Pediatric Course (ENPC)</b></p> <ul style="list-style-type: none"> <li>• 4 courses taught, trained 64 professionals</li> </ul> <p><b>Advanced Trauma Life Support (ATLS)</b></p> <ul style="list-style-type: none"> <li>• 2 courses taught, trained 26 professionals</li> </ul> <p><b>Other Education:</b></p> <ul style="list-style-type: none"> <li>• Advanced Surgical Skills for Exposure in Trauma (ASSET) on February 8 – attended 4</li> <li>• High School Education Fair on February 28 – attended 100+</li> <li>• Critical Incident Stress Management Training on March 21 &amp; 22 – attended 38</li> <li>• Hands Only CPR/AED Training at Henrietta Cowboy Church on April 19 – 12 attended</li> <li>• Drug Take Back Event on April 21 – 75 plus attended / 262 pounds of medication; 8 lbs. of narcotic pills and 98 ounces narcotic liquids were returned to be destroyed</li> <li>• Moderator for Human Trafficking Conference at MSU on April 28</li> <li>• Drug Take Back event on October 20 - 50 plus attended / 150 pounds of medications were returned to be destroyed</li> <li>• Legalities of Documentation course held at Electra Memorial Hospital on October 25 - 14 participants</li> <li>• STACS trauma Conference for nurses and providers held on November 16 &amp; 17 - 75+ attendees from region</li> </ul>

- End the Streak (seatbelt awareness) press event with TXDOT held on November 21
- Trauma Case Review held on November 28 - 20+ attendees

**2024**

**Stop the Bleed & Hands Only CPR Programs:**

- 15 programs taught, training approximately 923 participants across schools, community groups, and local organizations.  
*(Total uses conservative estimates for items marked “over 100.”)*

**Trauma Nurse Core Course (TNCC)**

- 4 courses taught; 68 professionals trained (Jan 18, Mar 7, Jul 18, Aug 2).

**Emergency Nurse Pediatric Course (ENPC)**

- 2 courses taught; 33 professionals trained (Mar 1–2, May 2–3).

**Advanced Trauma Life Support (ATLS)**

- 2 courses taught; 9 professionals trained (Mar 18–19, Jul 24).

**Other Education & Community Events**

- Car seat safety events (Jan & May)
- Bingocise Fall Prevention Course — 70 attendees
- Snakebite Management (ENA) — 20 attendees
- Critical Incident Stress Management presentation (WF PD) — 15 attendees
- EXPLORE Health Care Expo — 100 students
- Emotional Wellness / Caring for the Caregiver (Vernon College) — 80 attendees
- Drug Take Back Events (Apr 19; Apr 26 at Graham; Nov 8) — ~356 pounds of medication safely disposed (includes 6.5 lbs of narcotics from Apr 19); event attendance varied (30+, 20+, etc.)
- Senior Safety & Fall Prevention Alliance Luncheon — 37 attendees
- Fall Prevention Bingo (multiple community sites) — 97 attendees
- Trauma Case Review — November

- End the Streak (seatbelt awareness) event — November

### 2025

#### **Stop the Bleed & Hands Only CPR Programs:**

- 32 programs were delivered across schools, community organizations, healthcare settings, and local industries throughout the region, training **approximately 1,300+ participants**. These efforts included partnerships with ISDs, public health entities, first responders, and community groups, with several large-scale events reaching 100+ participants.

#### **Trauma Nurse Core Course (TNCC)**

- 6 courses taught; **104 professionals trained**.

#### **Emergency Nurse Pediatric Course (ENPC)**

- 4 courses taught; **66 professionals trained**.

#### **Advanced Trauma Life Support (ATLS)**

- 4 courses taught (including renewal); **17 professionals trained**.

#### **Other Education:**

- United Regional provided a wide range of education and training opportunities throughout the year, including trauma lectures, mock drills, skills fairs, active shooter preparedness, and multidisciplinary simulations. Community-focused initiatives included fall prevention programs, health and safety education, school-based programs, and participation in regional health fairs and expos.
- Additional highlights include:
- EXPLORE Health Care Expo — 100+ students and instructors
- Drug Take Back events — approximately **600+ pounds of medication safely disposed**
- Fall Prevention and Bingo-style education programs held across multiple community sites
- Trauma Case Review series offered throughout the year (in-person and virtual attendance)
- Active shooter and emergency preparedness trainings conducted across healthcare and community settings

<p><b>2.H. United Regional will continue to support various groups in the community through sponsorship of programs and events that benefit the community, most of which have a health-related initiative behind their purpose.</b></p>	<p><b>2023</b>  <i>-- SM denotes Sports Medicine sponsorship</i></p> <ul style="list-style-type: none"> <li>• Martin Luther King Breakfast</li> <li>• Rider Soccer Tournament - SM</li> <li>• Wichita Christian School – SM</li> <li>• Peyton’s Project</li> <li>• Leadership WF</li> <li>• Upside Walk for Down’s Syndrome</li> <li>• Women’s Pro Am</li> <li>• Midwestern State University Sports Program - SM</li> <li>• THOR</li> <li>• Hospice Golf</li> <li>• Falls Town Coaches Clinic - SM</li> <li>• CASA of Red River</li> <li>• Zavala (scholarships)</li> <li>• Burkburnett Blacksox – SM</li> <li>• West Swim Team – SM</li> <li>• Jim Bowie Days</li> <li>• Wichita County Mounted Patrol Rodeo – SM</li> <li>• PRCA Rodeo - SM</li> <li>• Local High School Booster Programs to include: Hirschi High, Rider High, Electra, Windthorst, City View, Burkburnett, Olney, Seymour - SM</li> <li>• Alzheimer’s Association – Walk</li> <li>• Wichita Falls Crime Stoppers</li> <li>• Hotter’N Hell Hundred</li> <li>• Halloween Hustle 5K - Electra Hospital Foundation</li> <li>• Patsy’s House Bingo, Badges and Bags</li> <li>• The Food Bank – Empty Bowls</li> <li>• Big Brothers Big Sisters – Dino Dash 5K</li> <li>• The ARC (Buddy Walk)</li> <li>• WF Alliance for Arts and Culture</li> <li>• Welcome to Texoma Baskets</li> <li>• Wichita Falls Classic Basketball Tournament – SM</li> </ul> <p><b>2024</b>  <i>-- SM denotes Sports Medicine sponsorship</i></p>
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- Martin Luther King Breakfast
- Rider Soccer Tournament - SM
- Wichita Christian School – SM
- Wichita General Hospital Foundation Gala
- Electra Hospital Foundation
- Christ Academy Chocolate Soiree
- Peyton’s Project
- SAFB Air Show
- SAFB Freedom Fest
- Leadership WF
- Southern Grit Advocacy
- Midwestern State University Sports Program - SM
- THOR
- Hospice Golf
- Falls Town Coaches Clinic - SM
- CASA of Red River
- Zavala Leadership (scholarships) & Taco Fest
- Burkburnett Blacksox – SM
- West Swim Team – SM
- Jim Bowie Days
- Fellowship of Christian Athletes – SM
- Wichita County Mounted Patrol Rodeo – SM
- Ninety for Dad
- Wichita Falls Crime Stoppers
- PRCA Rodeo - SM
- Local High School Booster Programs to include: Windthorst, City View, Olney- SM
- Alzheimer’s Association – Walk
- Hotter’N Hell Hundred
- Patsy’s House Bingo, Badges and Bags
- The Food Bank – Empty Bowls
- Big Brothers Big Sisters – Dino Dash 5K
- The ARC (Buddy Walk)
- Catholic Charities (scholarship)
- Alzheimer’s Walk

- American Cancer Society Relay for Life
- The Kitchen’s Fashion Night Out
- Welcome to Texoma Baskets
- Wichita Falls Classic Basketball Tournament – SM

**2025**

- MLK Center – Prayer Breakfast
- WFISD – PIE- Staff Appreciation lunches
- Christ Academy – Chocolate Soiree
- WFISD Foundation
- Big Brothers Big Sisters – Dancing for the Stars & Dino Dash
- Peyton’s Project – Spurs & Pearls
- WF Elite Swim Team
- Wichita Falls Crime Stoppers
- First Step – Walk a Mile in Her Shoes
- WF Regional Day School Program for the Deaf
- THOR
- WF Coaches Clinic - SM
- YMCA – Healthy Kids Day & Wobble Gobble
- Hospice of WF
- Zavala Hispanic Cultural Initiative
- Fellowship of Christian Athletes
- Wichita County Mounted Patrol
- Catholic Charities
- Meals on Wheels
- Memorial HS Football Booster
- Nexstar Scholarships
- SAFB – Freedom Fest
- 90 for Dad Cycling
- MSU - SM
- Leaderfest
- WF PRCA Rodea Association
- Alzheimer’s Association
- WF Area Food Bank – Empty Bowls
- Habitat for Humanity
- Electra Hospital Foundation
- WF Chapter of Credit Unions

	<ul style="list-style-type: none"> <li>• WF Basketball Classic - SM</li> <li>• N. TX State Hospital – Tee Off for Mental Health</li> <li>• N. TX Breast Feeding Coalition</li> <li>• Area 9 Special Olympics</li> <li>• Wichita Falls Classic</li> <li>• Loco for Cinco</li> <li>• Jim Bowie Days</li> <li>• Law Enforcement Services</li> <li>• Hospice of WF Gala</li> <li>• Interfaith Ministries</li> <li>• Patsy’s House</li> <li>• Beacon Lighthouse</li> <li>• The Arc of Wichita County-Walk</li> <li>• Hotter N Hell 100</li> <li>• Boys Scouting America</li> <li>• Special Olympics Texas</li> <li>• North TX Regional Advisory Council</li> <li>• Local High School Booster Programs to include: Windthorst, City View, Olney, Holliday</li> <li>• Welcome to Texoma Baskets</li> <li>• Wichita Falls Chamber Airman Cookie Drive</li> </ul>
<p><b>2.I. With the implementation of Epic and through its applications, United Regional will continue to lead the implementation of the Health Information Exchange (HIE) which will allow hospitals, physician practices and other health care providers within the community/region to access to their respective patients’ health information to help improve efficiency and effectiveness of patient care among handoffs to community providers. Local and regional physicians, hospitals and nursing facilities are joining to share information across the continuum of care.</b></p>	<p><b><u>2023</u></b></p> <ul style="list-style-type: none"> <li>• 6.8 million records sent since go-live</li> <li>• 1.4 million records received</li> <li>• 191,050 patients with records sent</li> <li>• 96,992 patients with records received</li> <li>• 193,210 patients with records sent or received</li> </ul> <p><b><u>2024</u></b></p> <ul style="list-style-type: none"> <li>• 9.7 million records sent since go-live</li> <li>• 2.3 million records received</li> <li>• 214,194 patients with records sent</li> <li>• 125,194 patients with records received</li> <li>• 216,230 patients with records sent or received</li> </ul> <p><b><u>2025</u></b></p> <ul style="list-style-type: none"> <li>• 12.1 million records sent since go-live</li> </ul>

	<ul style="list-style-type: none"> <li>• 3.3 million records received</li> <li>• 229,815 patients with records sent</li> <li>• 147,649 patients with records received</li> <li>• 232,482 patients with records sent or received</li> </ul>
<p><b>2.J. United Regional will continue to host and participate in blood drives throughout the year.</b></p>	<p><b><u>2023</u></b></p> <ul style="list-style-type: none"> <li>• 6 blood drives were held at the hospital with 291 donors</li> <li>• 3 blood drives were held at Barnett Road with 46 donors</li> </ul> <p><b><u>2024</u></b></p> <ul style="list-style-type: none"> <li>• 6 blood drives were held at the hospital with 223 donors</li> <li>• 5 blood drives were held at Barnett Road with 58 donors</li> </ul> <p><b><u>2025</u></b></p> <ul style="list-style-type: none"> <li>• 6 blood drives were held at the hospital with 261 donors</li> <li>• 5 blood drives were held at Barnett Road with 46 donors</li> </ul>
<p><b>2.K. United Regional will continue to serve as a teaching facility and allow students pursuing health-related careers to rotate through the facility for various programs.</b></p>	<p><b><u>2023:</u></b></p> <ul style="list-style-type: none"> <li>• Radiology – 22 students (MSU and SAFB)</li> <li>• Medical Laboratory Science Program-Graduating 7 MLA students with WFISD CEC and 6 MLS students in July 2023. Starting 5 new MLS students in June 2023.</li> <li>• Respiratory - 25 respiratory students from MSU program</li> <li>• Nursing Students:       <ul style="list-style-type: none"> <li>○ BSN – 395</li> <li>○ RN – 311</li> <li>○ LVN - 165</li> </ul> </li> <li>• Masters in nursing - 2</li> <li>• Medical Assistants – 41</li> <li>• Nurse Practitioners – 30</li> <li>• Physician Assistants – 78</li> <li>• Certified Scrub Tech – 33</li> <li>• EMS – 58</li> <li>• Physical Therapy – 7</li> <li>• Occupational Therapy – 2</li> <li>• Athletic Trainers – 2</li> <li>• CRNA – 7</li> </ul>

- Dietitian – 1
- Social Work – 3
- Pharmacy Tech - 14

**2024**

- Medical Laboratory Science Program-Graduating 5 MLA students in May and 2 CMLS students in April 2023. Starting 6 new MLS students in July 2024.
- Radiology – Spring Semester: 9 students
- Radiology – Summer Semester: 8 Students
- Radiology – Fall Semester: 12 Students





Clinical rotations for Spring, Summer and Fall semesters

**Nursing**

- LVN – 196
- ADN – 346
- BSN – 300
- Physician Assistant – 61
- Chaplain - 1
- Nurse Practitioner – 38
- Medical Assistant – 49
- Rehab (PT & OT) – 9
- Physician ( MD & DO) – 7
- MSN – 5
- HIM – 2
- Athletic Trainer – 20
- EMS – 85
- CRNA – 21
- Certified Scrub Tech – 54
- Pharmacy tech – 12
- WFISD Electrical – 4

**2025**

- MLS school: 12 MLS Students will graduate in 2025; 11 starting the program in 2025
- Radiology- Spring, Summer and Fall Semesters: 27 students
- MLS school: 12 students MLS students graduated 2025, 10 set to graduate in 2026

<p><b>2.L. United Regional will continue to offer MyChart, which offers patients personalized and secure online access to portions of their medical records and enables them to securely use the Internet to help manage and receive information about their health.</b></p>	<p>Users</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">  <p><b>81,532</b></p> <p>Total MyChart Active Patients Q4 '23</p> </div> <div style="text-align: center;">  <p><b>34,030</b></p> <p>Patients Logged In Q4 '23</p> </div> </div> <p>Users</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">  <p><b>94,413</b></p> <p>Total MyChart Active Patients 2024</p> </div> <div style="text-align: center;">  <p><b>61,260</b></p> <p>Patients Logged In 2024</p> </div> </div> <p><b>2024 –</b></p> <p><b>2025</b></p> <p>Users</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p><b>105,932</b></p> <p>Activated Patients 2025</p> </div> <div style="text-align: center;"> <p><b>67,952</b></p> <p>Patients Logged In 2025</p> </div> </div>
<p><b>2.M. United Regional offers internal staff education for employees who want to grow to an RN position. The hospital assists in tuition and book payments in exchange for a guaranteed work commitment (for a designated period) after they receive their degree through the School to Work program.</b></p> <p>United Regional offers a Leadership Scholarship Program which provides a scholarship of 80% of tuition, fees, and books to all leaders seeking a higher degree that will benefit their leadership position. United Regional offers Tuition Reimbursement to all full and part-time employees working on their degree from an accredited University.</p>	<p><b><u>FY 2023</u></b></p> <ul style="list-style-type: none"> <li>• School to Work – Over \$81,000 in 2023</li> <li>• Leader Scholarship Program – Over \$37,000</li> <li>• Tuition Reimbursement – Over \$44,000 in 2023</li> </ul> <p><b><u>FY 2024</u></b></p> <ul style="list-style-type: none"> <li>• School to Work – Over \$135,000</li> <li>• Leader Scholarship Program – Over \$54,000</li> <li>• Tuition Reimbursement – Over \$57,000</li> </ul> <p><b><u>FY 2025</u></b></p> <ul style="list-style-type: none"> <li>• School to Work – Over \$131,000</li> <li>• Leader Scholarship Program – Over \$30,000</li> <li>• Tuition Reimbursement – Over \$70,000</li> </ul>
<p><b>2.N. United Regional will continue to provide healthy options in its hospital dining room and focus on healthy lifestyle promotions. The hospital dining room highlights healthy food options by displaying calorie counts and nutritional panels, offering discounted rates for healthier meal options, and a salad bar.</b></p>	<p>A dedicated grab and go snack cabinet offers healthy options including fresh fruit, cheese cups, yogurt and protein packed snacks all year round. The Grill line has fresh grilled foods and vegetables as well as a daily salad bar.</p>

**Priority 3: Access to Primary and Specialty Care Services and Providers**

Activity	Impact & Evaluation:
<p><b>3.A. United Regional will continue to expand primary and specialty care capacity by recruiting and employing additional specialty physicians to the community as outlined in its Physician Needs Assessment. Employed physicians under the United Regional Physician Group (URPG) will accept patients from all payer sources (including Tricare, Medicare, Medicaid, CHIP, etc.).</b></p>	<p><b>2023</b>  <b>Practices Initiated</b>  <b>Primary Care:</b></p> <ul style="list-style-type: none"> <li>• Dr. Evan Horvath (FP-URPG)</li> <li>• Dr. Jacob Heruing (FP-CNT)</li> <li>• Dr. Ashlee Gresham (FP-CNT)</li> <li>• Dr. Deanne Wirth (FP-CNT)</li> <li>• Dr. Chelsea Seaton (Pedi-CNT)</li> </ul> <p><b>Specialty Care:</b></p> <ul style="list-style-type: none"> <li>• Dr. Grace Ayandibu (Derm)</li> <li>• Dr. Ebunoluwa Babalola (OB/GYN)</li> <li>• Dr. Travis Veitenheimer (Ortho/Sports)</li> <li>• Dr. Derek Yang (General Surgery)</li> <li>• Dr. Sulaiman Iftikhar (Neurology)</li> <li>• Dr. Mehboob Rehan (ID)</li> </ul> <p><b>2024</b>  <b>Practices Initiated</b>  <b>Primary Care:</b></p> <ul style="list-style-type: none"> <li>• Dr. Chelsea Shine (Family Med/CNT)</li> </ul> <p><b>Specialty Care:</b></p> <ul style="list-style-type: none"> <li>• Dr. Shahab Akvan (Cardio Thoracic Surgeon)</li> <li>• Dr. Fidelis Okoli (Gastroenterology/Hepatology)</li> </ul> <p><b>2025</b>  <b>Practices Initiated</b>  <b>Primary Care</b></p> <ul style="list-style-type: none"> <li>• Dr. Callie Todd (Family Med/Boyer)</li> <li>• Dr. Ankit Patel (Family Med/URPG)</li> </ul> <p><b>Specialty Care:</b></p> <ul style="list-style-type: none"> <li>• Dr. Sylvia Holtman (Neurology/UPRG)</li> <li>• Dr. Jordan Teel (Ortho/URPG)</li> <li>• Dr. Christiana Atuaka (Pulm/CC)</li> </ul>

<p><b>3.B. United Regional will continue to offer the Future in the Falls program that stays in contact with medical students, interns, and residents from the Wichita Falls area to encourage them to return to practice in Wichita Falls once they graduate from residency. The program provides stipends and shadowing of specialists to assist with their education.</b></p>	<p><b><u>2023</u></b></p> <ul style="list-style-type: none"> <li>• Currently enrolled in Future in the Falls: 70</li> <li>• Number of Residents on Stipends: 7</li> <li>• 10 Scholarships will be awarded in July of 2023</li> <li>• Number of FITF students beginning practices in WF in 2023: 3</li> </ul> <p><b><u>2024</u></b></p> <ul style="list-style-type: none"> <li>• Currently enrolled in Future in the Falls: 40</li> <li>• Number of Residents on Stipends: 6</li> <li>• Scholarships awarded: 11</li> <li>• FITF students beginning practices in WF in 2024: 3</li> </ul> <p><b><u>2025</u></b></p> <ul style="list-style-type: none"> <li>• Currently enrolled in Future in the Falls: 49</li> <li>• Number of Residents on Stipends: 4</li> <li>• Scholarships awarded: 12</li> <li>• FITF students beginning practices in WF in 2025: 1</li> </ul>
<p><b>3.C. Members of the Clinical Education Team provide continuing nursing education to employees, community nurses and emergency response personnel from the local and rural communities.</b></p>	<p><b><u>2023</u></b>        38 courses were held for employees and community healthcare professionals with 440 attendees.</p> <p><b><u>2024</u></b>        34 courses were held for employees and community healthcare professionals with 416 attendees</p> <p><b><u>2025</u></b>        32 courses were held for employees and community healthcare professionals with 397 attendees.</p>
<p><b>3.D. Via its employed physician group, United Regional will continue to operate a primary care walk-in clinic, CarePlus, as well as eCare, a virtual option for residents.</b></p>	<p><b><u>2023</u></b></p> <ul style="list-style-type: none"> <li>• CarePlus Barnett Road: 35,663 visits completed</li> <li>• CarePlus Burkburnett: 2,117 visits completed</li> <li>• Virtual Visits: 4,205 (11%) visits completed</li> </ul> <p><b><u>2024</u></b></p> <ul style="list-style-type: none"> <li>• CarePlus Barnett Road: 35,738 visits completed</li> <li>• CarePlus Burkburnett: 2,133 visits completed</li> </ul>

	<ul style="list-style-type: none"> <li>Virtual Visits: 3,544 e-visits (avg. 10%) and 471 video visits (avg. 2%) completed</li> </ul> <p><b><u>2025</u></b></p> <ul style="list-style-type: none"> <li>CarePlus Barnett Road: 31,864 visits completed</li> <li>CarePlus Burkburnett: 1,071 visits completed (<i>closed July 2025</i>)</li> <li>Virtual Visits: 4,805 visits completed</li> </ul>
<p><b>3.E. United Regional will continue to improve access to primary care, specialty care and wellness care through the exploration of partnerships, technology and consumer engagement strategies to meet a broad spectrum of consumer needs/expectations in both the PSA and SSA.</b></p>	<p><b><u>2023</u></b>        Access and Navigation Action Plan underway. United Regional’s Orthopedics Express was launched in 2023.</p> <p><b><u>2024</u></b> – In 2024, with continued focus on Orthopedics, we began also focusing on spine services and surgeries.</p> <p><b><u>2025</u></b> – We’ll continue to focus on spine and orthopedics – but also begin a plan for improved access and navigation in General Surgery.</p>
<p><b>3.F. United Regional will continue to coordinate the Community Partners Group. The group, which is comprised of individuals representing local healthcare providers, is to help ensure smooth transitions of patients between and among various health care entities within the community, providing appropriate care and communication throughout the care continuum.</b></p>	<p><b><u>2023</u></b>        Community Partners met seven times in 2023 with 307 attendees. Topics of discussions at the meetings included: Heart Failure, STEMI and Stroke; Heart Failure Protocols and Readmissions; Health Equity; Roles and Resources from the Wichita County Health Department; Effectively Capturing Patient’s End of Life Decisions; Mental Health Impact and Resources.</p> <p><b><u>2024</u></b>        Community Partners met three times in 2024 with a total of 103 attendees. Discussion topics included: Age-Friendly Health Systems, Patient Family Advisory Council: Improving Patient and Family Experience, and Vizient Vulnerability Index Data: Exploring Community Resources and Barriers Across Nine Domains.</p> <p><b><u>2025</u></b>        Community Partners met three times in 2025 with a total of 150 attendees. Discussion topics included follow-up on the 2024 Vizient Vulnerability Index (Nine Domains), the LIFT Program, and community resources such as fall prevention programs, transportation services, and nonprofit support.</p>

<p><b>3.G. Please note as of June 16, 2025, we no longer provide Behavioral Health Services in the outpatient setting. This service line has been discontinued.</b></p> <p><b>The name of Supportive Care changed to Behavioral Health Sept 2024. Counseling is not a service we provide. Patients requiring counseling are referred to community resources.</b></p> <p><b>United Regional will continue to offer Palliative Care/Supportive Care services, designed to assist patients who have chronic diseases to access the medical and emotional support needed to best manage their disease processes with a focus on relief of pain, stress and other debilitating symptoms of serious illness. The program helps patients with medication management, assistive equipment, counseling and referrals to other needed services to help ensure that they are getting the appropriate ongoing and long-term care they need to stay as functional as possible.</b></p> <p><i>Note for next CHNA: Supportive Care is now Behavioral Health and counseling services are not provided but referred to community resources. This change occurred in September 2024, however, counseling services ended in December 2022. Need to clarify services between inpatient and outpatient services.</i></p>	<p><b>2023</b></p> <ul style="list-style-type: none"> <li>• 322 visits were completed in 2023</li> </ul> <p><b>2024</b></p> <ul style="list-style-type: none"> <li>• 301 visits were completed in 2024</li> </ul> <p><b>2025</b></p> <ul style="list-style-type: none"> <li>• 255 visits were completed in 2025</li> </ul>
<p><b>3.H. United Regional will continue to provide a list of referral services for patients who come through the hospital or Emergency Department requiring specialty care services.</b></p>	<p>A list of resources is available from the Social Work Department and online at FindHelp.org.</p>

**Priority 4: Continued Focus on Emergency Preparedness & Response**

Activity	Impact & Evaluation:
<p><b>4.A. United Regional will continue to provide education on emergency preparedness and response as opportunities arise.</b></p> <p><i>Examples include but are not limited to:</i></p> <ul style="list-style-type: none"> <li>• <i>Stop the bleed</i></li> <li>• <i>Snake bites</i></li> <li>• <i>Active shooter drills</i></li> <li>• <i>Natural disaster drills</i></li> <li>• <i>Child abduction drills</i></li> </ul>	<p><b>2023</b></p> <p><b>Stop the Bleed Programs:</b></p> <ul style="list-style-type: none"> <li>• 10 programs taught, 236 trained</li> </ul> <p><b>Trauma Nurse Core Course (TNCC)</b></p> <ul style="list-style-type: none"> <li>• 5 courses taught, trained 85 professionals</li> </ul> <p><b>Emergency Nurse Pediatric Course (ENPC)</b></p> <ul style="list-style-type: none"> <li>• 4 courses taught, trained 64 professionals</li> </ul> <p><b>Advanced Trauma Life Support (ATLS)</b></p> <ul style="list-style-type: none"> <li>• 2 courses taught, trained 26 professionals</li> </ul> <p><b>Other Education:</b></p> <ul style="list-style-type: none"> <li>• Advanced Surgical Skills for Exposure in Trauma (ASSET) on February 8 – attended 4</li> <li>• High School Education Fair on February 28 – attended 100+</li> <li>• Critical Incident Stress Management Training on March 21 &amp; 22 – attended 38</li> <li>• Hands Only CPR/AED Training at Henrietta Cowboy Church on April 19 – 12 attended</li> <li>• Drug Take Back Event on April 21 – 75 plus attended / 262 pounds of medication; 8 lbs. of narcotic pills and 98 ounces narcotic liquids</li> <li>• Moderator for Human Trafficking Conference at MSU on April 28</li> <li>• Drug Take Back event on October 20 - 50 plus attended /</li> <li>• Legalities of Documentation course held at Electra Memorial Hospital on October 25 - 14 participants</li> <li>• STACS trauma Conference for nurses and providers held on November 16 &amp; 17 - 75+ attendees from region</li> <li>• End the Streak (seatbelt awareness) press event with TXDOT held on November 21</li> <li>• Trauma Case Review held on November 28 - 20+ attendees</li> </ul>

**2024**

**Stop the Bleed & Hands Only CPR Programs:**

- 15 programs taught, training approximately 923 participants across schools, community groups, and local organizations.  
*(Total uses conservative estimates for items marked “over 100.”)*

**Trauma Nurse Core Course (TNCC)**

- 4 courses taught; 68 professionals trained (Jan 18, Mar 7, Jul 18, Aug 2).

**Emergency Nurse Pediatric Course (ENPC)**

- 2 courses taught; 33 professionals trained (Mar 1–2, May 2–3).

**Advanced Trauma Life Support (ATLS)**

- 2 courses taught; 9 professionals trained (Mar 18–19, Jul 24).

**Other Education & Community Events**

- Car seat safety events (Jan & May)
- Bingocise Fall Prevention Course — 70 attendees
- Snakebite Management (ENA) — 20 attendees
- Critical Incident Stress Management presentation (WF PD) — 15 attendees
- EXPLORE Health Care Expo — 100 students
- Emotional Wellness / Caring for the Caregiver (Vernon College) — 80 attendees
- Drug Take Back Events (Apr 19; Apr 26 at Graham; Nov 8) — ~356 pounds of medication safely disposed (includes 6.5 lbs of narcotics from Apr 19); event attendance varied (30+, 20+, etc.)
- Senior Safety & Fall Prevention Alliance Luncheon — 37 attendees
- Fall Prevention Bingo (multiple community sites) — 97 attendees
- Trauma Case Review — November
- End the Streak (seatbelt awareness) event — November

**Training Drills**

**Active Shooter Drills:**

- Vernon College Nursing Program (April) – 140 participants
- Graham Regional Hospital (September) – 21 participants
- United Regional Nurse Residents (November) – 14 participants
- MSU Students and Staff (November) – 100+ participants

**Other Preparedness Drills:**

- Pediatric Emergency Drill with ED and ambulance staff (April)
- United Regional Downtime Drill with multiple departments, including triage of four patients (May)

**2025**

**Stop the Bleed & Hands Only CPR Programs:**

- **30 programs taught**, training approximately **1,200+ participants** across schools, community groups, healthcare settings, and local industries.  
*(Total uses conservative estimates for items marked “100+” or “300+.”)*

**Trauma Nurse Core Course (TNCC)**

- 6 courses taught; **104 professionals trained.**

**Emergency Nurse Pediatric Course (ENPC)**

- 4 courses taught; **68 professionals trained.**

**Advanced Trauma Life Support (ATLS)**

- 4 courses taught; **17 professionals trained.**

**Other Education & Community Events:**

- EXPLORE Health Care Expo — 100+ students and instructors
- Drug Take Back events — **300+ pounds of medication safely disposed**
- Fall Prevention and Bingo-style education programs held across multiple community sites
- Trauma Case Review series conducted throughout the year (in-person and virtual attendance)
- Active shooter and emergency preparedness trainings conducted across healthcare and community settings
- Skills fairs and multidisciplinary training events supporting staff education and readiness

	<p><b>Training Drills</b></p> <p>Active Shooter Drills:</p> <ul style="list-style-type: none"> <li>• Vernon College (April) — 80 participants</li> <li>• Boys &amp; Girls Club (August) — 16 participants</li> </ul> <p>Other Preparedness Drills:</p> <ul style="list-style-type: none"> <li>• Multidisciplinary mock trauma drills conducted with EMS and hospital teams throughout the year</li> <li>• Emergency department-wide trauma drill (September) — all ED staff participated</li> <li>• Active shooter, downtime, and emergency response drills conducted across multiple departments and partner organizations</li> </ul> <p><b>Emergency Management Exercises</b></p> <p>Multiple emergency management exercises were conducted throughout the year, including Code Red, Code Blue/Purple/Black events, decontamination (DECON), mass casualty (MCI), hazardous materials, infectious disease (HCID), and communication exercises to ensure system-wide preparedness and coordination.</p>
<p><b>4.B. United Regional continues to report COVID-19 patient admissions data to the state and other organizations in an ongoing effort to share timely information regarding the pandemic as appropriate.</b></p>	<p><b>2023</b></p> <ul style="list-style-type: none"> <li>• 527 confirmed Covid-19 admissions</li> <li>• Numbers reported daily (7 days a week/365 days a year) to the Wichita County Health Department who then reports to NHSN, a division of CDC (Centers for Disease Control)</li> </ul> <p><b>2024</b></p> <ul style="list-style-type: none"> <li>• 154 confirmed Covid-19 admissions between January 1 and April 30, 2024</li> <li>• Effective April 30, 2024, no longer required to report to the State</li> <li>• Effective November 1, 2024, reporting requirements reinstated for Covid-19, RSV and Influenza</li> </ul>

- 47 confirmed Covid-19 admissions between November 1 and December 31, 2024.
- 2025**
- 114 confirmed COVID-19 admissions between January 1 and March 31, 2025
  - NHSN Hospital Respiratory Data (HRD) reporting continued on a weekly basis throughout 2025, capturing data from the previous week including inpatient and ICU bed capacity and occupancy (overall and by bed type), hospitalized patients with laboratory-confirmed COVID-19, Influenza, and RSV by age group, and optional PPE and supply information.
  - 52 confirmed COVID-19 admissions between April 1 and June 30, 2025
  - 44 confirmed COVID-19 admissions between July 1 and September 30, 2025
  - 29 confirmed COVID-19 admissions between October 1 and December 31, 2025

**Priority 5: Access to Mental and Behavioral Health Care Services and Providers**

Activity	Impact & Evaluation:
<p><b>5.A. United Regional will continue to provide case management services and appropriate referrals for patients who present to the hospital or emergency department with mental or behavioral health conditions as needed. For example, the hospital will refer applicable patients to the state hospital as necessary. (Please note- end of 2024 we transitioned from Find Help to Epic for referrals)</b></p>	<p><b>2023</b>          608 referrals were made to the following entities:</p> <ul style="list-style-type: none"> <li>• 988 Suicide &amp; Crisis Lifeline - 50</li> <li>• Alcoholics Anonymous - 75</li> <li>• Faith Mission - 32</li> <li>• Faith Refuge - 19</li> <li>• Helen Farabee Centers - 197</li> <li>• North Texas State Hospital Vernon Campus - 4</li> <li>• North Texas State Hospital Wichita Falls Campus- 16</li> <li>• Red River Hospital - 109</li> <li>• Salvation Army of Wichita Falls - 30</li> <li>• The Recovery Center – 76</li> </ul> <p><b>2024</b>          2006 referrals were made to the following entities:</p> <ul style="list-style-type: none"> <li>• 988 Suicide &amp; Crisis Lifeline – 84</li> <li>• Alcoholics Anonymous – 287</li> <li>• Faith Mission – 258</li> <li>• Faith Refuge – 153</li> <li>• Helen Farabee Centers – 500</li> <li>• La Hacienda Treatment Center – 4</li> <li>• North Texas State Hospital – 21</li> <li>• Red River Hospital – 186</li> <li>• Salvation Army – 332</li> <li>• The Recovery Center – 74</li> <li>• Community Healthcare Center Behavioral Health Counseling – 6</li> <li>• Crisis Text Lines – 7</li> <li>• 12 Step Programs – 94</li> </ul> <p><b>2025</b>          5,801 referrals were made to the following entities:</p> <ul style="list-style-type: none"> <li>• 988 Suicide &amp; Crisis Line – 340</li> <li>• Alcoholics Anonymous – 630</li> <li>• Faith Mission – 834</li> <li>• Faith Refuge – 568</li> </ul>

	<ul style="list-style-type: none"> <li>• Helen Farabee Centers – 1,373</li> <li>• La Hacienda Treatment Center – 1</li> <li>• North Texas State Hospital – 34</li> <li>• Red River Hospital – 552</li> <li>• Salvation Army – 1,106</li> <li>• The Recovery Center – 363</li> </ul>
<p><b>5.B. United Regional will continue to provide psychiatric telehealth services for applicable patients.</b></p> <p><b>Telepsych services ended the last week of July 2025</b></p>	<p><b>2023</b> 80 Outpatient Telepsychiatric visits were conducted.</p> <p><b>2024</b></p> <ul style="list-style-type: none"> <li>• Inpatient Telepsychiatric Visits: 987</li> <li>• Outpatient Telepsychiatric Visits: 30</li> <li>• Total Inpatient Encounters: 8,662</li> </ul> <p>Note: In 2024, United Regional expanded psychiatric telehealth services to include psychiatric nurse practitioners available seven days a week from 8 a.m. to 6 p.m. Additionally, outpatient transitional care follow up appointments are available. In September of 2024, the name of Supportive Care changed to Behavioral Health. Counseling is not a service United Regional provides. Patients requiring counseling are referred to community resources.</p> <p><b>2025</b></p> <ul style="list-style-type: none"> <li>• Inpatient Telepsychiatric Visits: 768</li> <li>• Outpatient Telepsychiatric Visits: 176</li> <li>• Total Inpatient Encounters: 7,855</li> </ul> <p>Note: Outpatient Psych Provider no longer offered on a continued basis in Q3 2025 due to low utilization. Inpatient providers provided services in the OP setting on a PRN basis.</p>
<p><b>5.C. United Regional will continue to staff a SANE (Sexual Assault Nurse Examiner) that is trained specifically to treat sexually assaulted patients.</b></p>	<p>The System employs 10 SANE nurses who work on-call for sexual assault cases presented to the System.</p>
<p><b>5.D. United Regional will continue to provide individual and family guidance counseling for employees through a variety of resources including but not limited to the Employee Assistance Program.</b></p>	<p><b>2023</b> Employee Assistance Program (EAP): Annualized employee engagement of 69.1%</p>

- Top Program issues included Anxiety, Depression Family/Children, Marital and Other Psychological
- Counseling sessions included Face to Face, Lifestyle Coaching and Virtual telephonic consultation.

Member category included:

- Employee 54%; Child 24% and Family member 22%.
- Generation seeking services included 35.3% millennials; Generation Z 31.4%; Generation X 27.5% and Baby boomers 5.9%.
- Female gender of 82.4% and 17.6% male.

Outside of counseling members sought assistance with finances, legal services, work life balance.

#### **2024**

Employee Assistance Program (EAP):

Annualized employee engagement of 72.7% or 1,979 users:

- Top Program issues include ADHD, Depression, Coping with Life Changes, and Marital/Family Conflicts.
- Counseling sessions included 35 Face to Face and 107 Virtual telephonic consultations.
- 23 members utilized financial and legal services.
- 146 leaders and staff attended EAP training topics.

Member category included:

- Employee 51.4%; Family member 20%; Other 14.3%; Child 11.4%; and Spouse 2.9%
- 52.6% millennials; 26.3% Generation X, and 7.9% for both Generation Z and Baby boomers each

#### **2025** – Employee Assistance Program (EAP):

Annualized employee engagement of 76.3% or 1847 users:

- Top Program issues include Family/Children, Emotional Health, Psychological, and Anxiety
- Top Financial Concerns include Savings, Debt, Budget, and Estate Planning
- Counseling sessions included 33 Face to Face and 80 Virtual telephonic consultations.
- 10 members utilized financial and legal services.
- 65 leaders and staff attended EAP training topics.

Member category included:

- Employee 55.9%; Family member 26.5%; Other 0%; Child 14.7%; and Spouse 2.9%
- 37.1% millennials; 22.9% Generation X, 28.6% Generation Z, 5.7% Baby boomers and 5.7% Generation Alpha



# PREVIOUS PRIORITIZED NEEDS

# Previous Prioritized Needs

## 2019 Prioritized Needs

1. Access to Primary Care Services and Providers
2. Access to Specialty Care Services and Providers
3. Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles
4. Access to Affordable, High Nutritional Quality Food Options
5. Access to Mental and Behavioral Health Care Services and Providers
6. Access to Affordable Care and Reducing Health Disparities Among Specific Populations

## 2022 Prioritized Needs

1. Continued Emphasis on Addressing Social Determinants of Health to Reduce Health Disparities
2. Prevention, Education and Awareness of Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles
3. Access to Primary and Specialty Care Services and Providers
4. Continued Focus on Emergency Preparedness & Response
5. Access to Mental and Behavioral Health Care Services and Providers



# PRIORITIZATION

# The Prioritization Process & Final Priorities

- Hospital leadership reviewed and discussed the data and community input collected (interviews and CHNA Health Summit), considering the size and prevalence of each issue, the effectiveness of potential interventions, and the hospital's capacity to respond.
- In selecting the top priorities, leadership established overarching objectives that encompassed needs identified during the CHNA Health Summit and were elevated by participants as the most significant for improving community health.
- The final health priorities that United Regional will address through its Implementation Plan are, in descending order:
  1. Access to Mental and Behavioral Health Care Services and Providers
  2. Access to Primary and Specialty Care Services and Providers
  3. Continued Emphasis on Healthcare Workforce Recruitment, Engagement and Retention
  4. Prevention, Education and Awareness of Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles
  5. Continued Emphasis on Addressing Social Determinants of Health to Reduce Health Disparities



# RESOURCES IN THE COMMUNITY



# Additional Resources in the Community

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



# Healthy Community

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- United Regional's Healthy Community site has been created to connect you with local resources to enhance quality of life and promote healthy behaviors. Here, you can search for programs to assist with food, housing, mental health, education, and other social services provided directly by community-based organizations.
- Please visit <https://healthycommunity.findhelp.com/> to search the resource database for any resource needs.

# Prescription Assistance

## Interfaith Ministries

1101 11<sup>th</sup> St  
Wichita Falls Tx  
(940)322-1365  
Must apply in person only  
Must be resident of Wichita County  
Bring Social Security Card and picture ID

## Salvation Army

403 7<sup>th</sup> St  
(940)322-9822  
Social Service Center  
Monday – Friday 9 to 3  
\*Assistance only when funds are available.

## Community Health Care Center

200 Martin Luther King Blvd  
Wichita Falls Tx 76301  
(940)766-6306  
Must be patient to receive help.  
\*Accepts Medicaid and will work on a Sliding scale (average \$10 per prescription)

## Sam's Club Plus

\$4 Prescription Plan for 30day supply  
\$10 for 90 day supply  
Call for list of drugs or search website  
[www.sams.com](http://www.sams.com)  
(940)691-7296

## Wal-Mart

Offers only \$4 for certain generic prescription. Contact Wal-Mart Pharmacy for details.

## United Supermarkets

\*Contact local stores for more details. Low cost and free prescriptions.  
Jacksboro Hwy (940)767-3661  
Fairway (940)691-1471

## Partnership for Prescriptions

1-888-477-2669  
Monday – Friday 9:00am to 5:00pm  
[www.PPARX.org](http://www.PPARX.org)

## Texas Drug Card

Residents of Texas receive savings of up to 75% at more than 56,000 pharmacies.  
<http://texasdrugcard.com>  
Website provides information to show our pharmacist.

## The Medicine Program

[www.themedicineprogram.com](http://www.themedicineprogram.com)  
May assist with medications.  
Need to complete application.

## Wichita County Indigent Program

600 Scott, Suite 102  
(940)716-8535  
Monday – Friday 8 to 5  
Tonya Gideon  
[tonya.gideon@co.wichita.tx.us](mailto:tonya.gideon@co.wichita.tx.us)  
Provides financial assistance for healthcare, dental, and burial for indigent persons who meet county indigent program regulations.

## Free Prescription Discount Card

Average 15% to 75% off prescriptions on brand and generic  
Wichita Falls Food Bank Cards  
Helpline: 1-855-957-9777  
[www.WatertreeHealthCard.com](http://www.WatertreeHealthCard.com)

## GoodRx Program

[www.goodrx.com](http://www.goodrx.com)  
Discount Coupons for medications

# Medical Referral List

## Family Practices/Pediatricians That Accept Medicaid

### Community Health Care Center

200 Martin Luther King Blvd

(940)766-6306

Medical

Monday – Friday 7am to 6pm

Dental

Monday – Friday 8:30 – 5:30pm

CHCC features a sliding fee scale that is to those that qualify which

is based on family size and income.

### Juarez Medical Clinic CHCC

1000A Juarez St

(940)766-6306

Monday – Friday 8 to 5

Closed for lunch 12:30pm to 1:30pm

### Texoma Medical Center

#### Dr. Lawrence Lyford

1518 10<sup>th</sup> St

(940)500-4083

Monday – Thursday 8 to 5pm

Friday 8 to Noon

Self-Pay and Medicaid Accepted

### Downtown Medical Clinic

#### Dr. Paul Parkey

(940)322-5544

Medicare for Adults Only

No Medicaid

#### Dr. Gadam and Dr. Jesus Ucol

##### Pediatrics

1718 10<sup>th</sup> St

**Dr. Rao:** (940)761-2229

**Dr. Ucol:** (940)761-5437

Monday – Thursday 8:30 to 5pm

Friday 8:30 to Noon

\*Both doctors prescreen to check availability in child's age bracket.

### Pediatric Associates

**Dr. Johnson, Dr. Ayer, Dr. Kaiser**

4420 Kimbell Dr

(940)696-1600

Call to see if accepting new Medicaid

patients. Accepts walk-in appointments.

Walk-In Clinic Monday - Friday

7:45am – 10am

available

### Wichita County Health Dept - WF

1700 3<sup>rd</sup> St

(940)761-7800

Monday – Friday 8 to 5

Provides WIC, Texas Health Steps for children and an STD Clinic.

### Wilson Family Planning Clinic

1301 3<sup>rd</sup> St, Suite 100

(940)723-0755

Provides woman's exam, pap smears, Men and Women's STD screening, Birth Control, and pregnancy testing. Sliding scale most clients seen for free.

### Medical Transportation Program : Accepts

1-877-633-8747

Medicaid clients 2 day notice for local appointments.

5 day notice for out of town appointments.

Must be registered with TMHP.

**\*CALL 211 for HELP\***

# Dental Referral List

## Dentists That Accept Medicaid

### Children's Dentistry of WF

#### Dr. Lee

4021 Rhea Road

(940)613-0210

Monday – Thursday 8 to 5

Friday 8 to noon

\*Provides dental services to children  
Ages 12 and under and will work with  
special needs children. Also provides  
in house and hospital sedation.

### Dentistry 4 Kidz - Dr. Divya Iyer

#1 Eureka Circle, Suite 103

(940)691-5027

Monday – Thursday 8 to 5pm

Friday 8 to noon

Children ages 18 and under.

Must fill out paperwork prior to  
making an appointment.

### Community Health Care Center

#### Phyllis Hiraki Dental Clinic

110 Lee St

(940)766-6306

Monday – Friday 8:30 to 5:30pm

\*Accepts clients with/without Medicaid.

CHCC has sliding-scale based on  
family's income.

School Dental Van Provider

### Midwestern State University

#### Dental Hygiene Program

Bridwell hall, Room 107

3410 Taft Blvd (940)397-4737

Does not accept any insurance

**Only offered during MSU school year**

Children 5 years of age and up.

### Kool Smiles General Dentistry

3711 Gregory St (940)228-0963

Monday – Friday 8am to 5pm

Saturday 9 to 2pm

Serves all ages, takes

Medicaid and PPO Insurance

[WWW.CHOICEPLUSDENTALPLANS.COM](http://WWW.CHOICEPLUSDENTALPLANS.COM)

\*Call 211 for Help\*

## **Optometrist**

### **Texas State Optical**

4210 Kell West, Suite 108  
(940)692-9696  
Monday – Friday 8:45am to 5:30pm  
*Does Not take Medicaid*

### **Dr. Tom and Jay Sheriff**

#### **Eyemart Express**

4206 Kemp Blvd, Suite B  
(940)696-2653  
*Does not take Medicaid*  
Monday – Friday 8:30 to 5:30pm  
Saturday 8:30 to Noon  
Does not accept patients under  
the age of 5 years old.

### **Maplewood Eye Care Center**

#### **Dr. Larry Gunnell**

3631 Maplewood Ave  
(940)696-0296  
*Medicaid Accepted*  
Monday – Thursday 8 to 5pm  
Friday 8:30 to Noon

### **Wal-Mart Vision Center**

#### **Labbe Optometric Clinic**

3130 Lawrence Rd  
(940)696-8028 Doctor's number  
Closed Wednesdays  
Mon, Tue, Thur, Fri, Sat 9 – 3pm  
(940)689-9771 Wal-Mart Vision Ctr  
Monday thru Saturday 9am to 8pm  
Sunday Noon to 5pm  
*Certain Medicaid plans accepted*

### **Brookstone Eye Center**

#### **Dr. Kisner & Dr. Solomon**

1508 Brook St (940)761-2317  
Monday – Thursday 9 to 5pm  
Friday 9 to 4pm  
*Amerigroup, First Care and  
Traditional Medicaid Accepted*

### **Hayley Eye Clinic**

1901 Kemp Blvd (940)723-2020  
Monday – Friday 8 to 5pm  
*Medicaid Traditional, First Care, Superior*

### **Kell Optical Dr. Robert Staples**

1708 Kell Blvd (940)766-0012  
Monday – Thursday 9 to 5pm  
Friday 9 to 3pm  
*Medicaid First Care and Traditional*

### **Dr. Morgan Moore**

902 Kramer Burkburnett Tx  
(940)569-4131  
Monday – Wednesday 7:15 to 5pm  
Thursday 7:15 to 6:30pm  
Friday 7:15 to 4pm  
*Texas Medicaid*

### **Community Health Care Center**

*Sight for Students Program 18 and younger*  
200 Martin Luther King Blvd  
(940)-766-6306 Contact: Cara Ext:2119  
Must provide picture ID, Social Security card  
and proof of income. Must have no Vision  
insurance or Medicaid and cannot have used  
program in the last 12 months.

### **Vision USA** *sponsored by American Optometric Assoc.*

1-800-766-4466 Monday – Friday 8:30 to 5pm  
[www.aoa.org/visionusa](http://www.aoa.org/visionusa)

Free eye exam to low income, uninsured  
working people and families. Eligibility varies  
state to state. Must be working full/part time  
or live in a household with one working family  
member and have no health insurance. Also,  
not had an eye exam within past 2 years.  
Must provide proof of income. Client can  
apply by mail or call.

**[www.39dollarglasses.com](http://www.39dollarglasses.com) 1-800-672-6304**

## Transportation Assistance

### Medical Transportation Program

1-877-633-8747

Monday – Friday 8 to 5pm

Medicaid clients 2 day notice for local appointments.

5 day notice for out of town appointments.

Must be registered with TMHP.

### The New Texhoma Transportation, Inc.

*(formerly Skylark Taxi & Van Service)*

(940)322-1352 or 322-1354

(940)322-1355 or 322-1358

2111 Holliday Rd

Service Fees: \$2.75 + \$2.25 per mile

(Plus \$2.00 for any extra person)

### American Red Cross

1809 5<sup>th</sup> Street

(940)322-8686

### Wichita Falls Transit System (City Bus)

2100 Seymour Hwy (940)761-7433

Monday thru Friday 8 to 5pm (office hours)

Bus schedules available on buses and at office.

Adults: \$1.50 (Includes 1 Free Transfer)

Elderly (65 and up): \$0.75 (Includes 1 Free transfer)

Students: \$0.75 (with 1 Free Transfer) ID required

Disabled: \$0.75 (with 1 Free Transfer)

Requires Falls Ride ID Card available at Office

Children Ages 4 and Under FREE

Monthly (Adult) unlimited ride pass \$45

### Sharpline / Rolling Plains

1-800-633-0852

Monday – Friday 8 to 5pm

Call 24 to 48 hours in advance by 2pm

\$12 Round Trip (Straight To/From

Medical Appointment in Wichita Falls)

### Star Transportation

4312 Call Field Rd #300

940-696-9889

Monday thru Sunday Open 24 hours

### Pick Me Up!

Transportation Services

940-733-9450

Transportation Hours 7am – 7pm

Monday thru Saturday

## Disabilities Support Service

### North Texas Rehabilitation Center

1005 Midwestern Pkwy

940-322-0771

Monday – Friday 7 to 6pm

### Division of Rehabilitation Services

#### (DARS)

925 Lamar St, Suite 1700

940-235-1710 Monday – Friday 8 to 5pm

[www.dars.state.tx.us/index.shtml](http://www.dars.state.tx.us/index.shtml)

### Department of Aging and Disability

#### Service (DADS)

925 Lamar St, Suite 2100

940-235-1751

Monday – Friday 8 to 5pm

[www.dads.state.tx.us/services](http://www.dads.state.tx.us/services)

### Social Security Administration

4314 Wendover St

(866)815-9605

<https://www.ssa.gov/>

\*Call 211 for Help\*

# Emergency & Temporary Housing Assistance

## Shelters:

### Children's Aid Society of W Texas

#### Children's Home Emergency Shelter

1101 30<sup>th</sup> St (940)322-3141

Eligibility: Ages 2 – 10

\*Open 24 hours, 7 days a week

### Teen Emergency Shelter

1101 30<sup>th</sup> St (940)322-7671

\*Serves ages 10-17 yrs. Assists runaway youth or those that have been kicked out or abused. (Teen shelter will pick up client if necessary, but **parents will have to be notified.**) Accepts CPS placements.

### Faith Mission

1300 Travis (940)723-5663

Eligibility: Must be at least 18 yrs (if staying alone), accepts men and families

\*Check in starts at 6pm to stay in shelter.

### Faith Mission Women's Refuge

710 East Hatton (940)322-4673

Accepts single women or women and children only.

### Salvation Army

403 7th St (940)322-9822

Monday – Friday 9 to 3pm

Temporary housing for 3 nights every month. Must be 18 years old if staying alone.

### The Center – Pregnancy Help Center

4011 Seymour Hwy (940)322-4883

Offers parenting services also.

Provides free pregnancy testing, information Consultation and nurse verification sonograms.

## Domestic Violence:

### First Step, Inc

(940)692-1993

1-800-658-2683 (24 hr Hotline)

Eligibility: Any one suffering from family violence or sexual abuse. Must be 18 if not accompanied by parent.

## For Disaster Relief:

### American Red Cross

1809 Seymour Hwy (940)322-8686

24 hours a day. Assistance for families regarding disasters: fire, flood, etc.

### Christmas in Action Wichita County

1113 Sheppard Access Rd

(940)696-9393

Home repair for inadequate living conditions.

Eligibility: disabled low income and elderly 60 years and older low income. Must own house in WF. Must have proof of SSI, SSD and proof of county and home ownership.

### Neighborhood Resources

1300 7<sup>th</sup> St (940)761-7448

Assists with emergency home repairs, first time homebuyers.

### Habitat for Humanity of Wichita Falls

1206 Lamar St (940)716-9300

Builds homes for low income families in need of housing. Eligibility: Must have lived or worked in Wichita County for 12 months. Meet income criteria, be willing to Partner by working 300 hrs of sweat equity. Need Escrow payment of \$500 by time house is finished.

### Habitat Builders Bargains

902 13th St (940)767-7113

Wednesday – Friday 9 to 5:30pm

Saturday 9 to 2pm

## **Food Pantries/Programs**

### **Interfaith Outreach Services**

1101 11<sup>th</sup> St (940)322-1365  
Mon, Tues, Thurs 9 to 2:45pm  
Wed and Friday 9 to 10:45am  
*Elderly: Must receive \$100 or less in food stamps.*

### **Floral Heights United**

#### **Methodist Church**

903 Tyler (940)723-7151  
Mon, Tues, Thurs 9:30 to 11am  
*Need Picture ID every 30 days*

### **MLK Center**

1100 Smith St  
2<sup>nd</sup> & 4<sup>th</sup> Fridays  
2:30 to 4pm  
*Produce Express Only*

### **Colonial Baptist Church**

4300 Maplewood  
(940)691-8568  
1<sup>st</sup> & 3<sup>rd</sup> Thursday  
4 to 6pm  
*Bring Proof of Residency*

### **Wichita Falls Food Bank**

#### **Social Service Outreach**

Contact: Alice Canales-Flores  
Call (940)636-8240  
To set up appointment  
Monday thru Friday  
8 to 5pm  
Offers assistance for  
Food Stamps, Medicaid,  
TANF, CHIPS and  
Healthy Texas Women  
Program

### **Trinity United Methodist**

5800 Southwest Pkwy  
(940)692-9995  
3<sup>rd</sup> Monday 6:30 to 8pm  
*Picture ID required.*

### **Sonshine House Food Pantry**

912 Broad (940)723-2731  
Tuesdays 1:30 to 4pm  
*Picture ID Required*

### **Fountain of Living Water**

4017 Seymour Hwy  
(940)692-4454  
2<sup>nd</sup> & 4<sup>th</sup> Wednesdays  
10:00am *bring box or bag*

### **New Jerusalem Baptist Church**

1400 Borton Ln  
4<sup>th</sup> Saturday 10 to Noon  
*Must have ID*

### **Texas Health/Human Services**

#### **Food Stamp Office**

1328 Oakhurst Drive  
(940)767-1720  
Monday thru Friday  
8 to 5pm

### **Solid Rock House of God**

2201 Maurine St  
(940)228-5689  
2<sup>nd</sup> Saturday of Month  
10 to Noon

### **Cross Road Trout Street**

#### **Food Pantry**

1300 Trout St  
3<sup>rd</sup> Saturday  
9 to 11 am

### **Mt. Pleasant Baptist**

#### **Church Food Pantry**

809 Harding  
(940)766-2865  
Fridays 2:30 to 4pm

### **Evangel Temple Assembly**

#### **Of God**

3800 Barnett Rd  
(940)691-5501  
3<sup>rd</sup> Saturday 9:30 to 11:30am

### **WIC – Wichita County**

#### **Health Department**

1700 3<sup>rd</sup> Street  
(940)761-7815  
Monday thru Friday  
8 to 5pm  
Client to bring Proof of  
Income for Everyone in  
household. Proof of address.  
*Serves pregnant women and  
children and post-partum  
mothers.*

## **Utilities Assistance List**

### **Rolling Plains Management Corp.**

1401 Holliday St Suite 206

(940)723-2261

Office Hours: Monday – Friday  
8 to 5pm

Appointments: Monday – Friday  
9 to 3pm

Assists with paying part of gas  
or electric bills. Must call for an  
appointment to put in application.

### **Lifeline Telephone Service**

1-866-454-8387

Provides a discount basic monthly  
telephone rate. If your income is  
135% or less than the federal  
poverty guidelines. You or a member  
of household participates in SNAP,  
Medicaid, SSI, FPHA, VA Pension  
or Tribal Program.

[www.lifelinesupport.org](http://www.lifelinesupport.org)

### **Interfaith Ministries**

1101 11<sup>th</sup> Street

(940)322-1365

Monday and Thursday 9 to 3pm

Tues, Wed, and Friday 9 to 11am

Must provide a termination notice,  
be a resident of Wichita County, have  
SS card and picture ID. Must be in  
residence name to receive services.

### **Lite-Up Texas**

1-866-454-8387

Offers assistance to qualified low-income  
families on their energy bill. The program  
is offered only during the summer months  
May thru August. Family income must be at  
or below 125% of federal state poverty level.

[www.liteuptexas.org](http://www.liteuptexas.org)

\*Call 211 for Help\*

## Housing Assistance

### Housing Authority of Wichita Falls

Central Office – 501 Webster  
(940)723-8389  
Monday thru Friday 8 to 4pm  
(closed 12 to 12:30 for lunch)  
Turn in the completed applications  
anytime.  
[www.wfha.com](http://www.wfha.com)

### Section 8 Housing Voucher Program

1300 7<sup>th</sup> St Room 301  
(940)761-7454  
Monday thru Friday 8 to 5pm  
*Applications accepted every Tuesday.*  
All Section 8 applications must be filled out  
and kept current until approved for housing.  
List of available houses, apartments, and  
duplex's that accept Section 8 vouchers is  
available upon request.

## Section 8, HUD, Subsidized & Government Assisted Apartments

### Highpoint Village Apartments

Phase I & II  
5500 Professional Dr.  
(940)723-9932

### Forest Glen Apartments

5228 Professional Dr.  
(940)766-3172

### Sun Valley Apartments

1315 Central Freeway East  
(940)766-2838

### Tealwood Place

5300 Professional Dr.  
(940)723-4800

### Country Park Apartments

5282 Professional Dr.  
(940)761-1212

### Avalon Meadows Section 8 Only

2610 Iowa Park Rd.  
(940)723-0856

### Parkway Villas

4800 Brookdale Ave  
(940)691-7211

### Westmoreland Park Apartments

4806 Johnson Rd  
(940)692-6522

### Crossroads Apartments

1501 Archer City Hwy 79  
(940)761-3300

### Fountaingate Apartments

5210 Tower  
(940)247-3953

### Taft Haus

4611 Taft Blvd  
(940)692-1731

### Woodview Apartments

1601 32<sup>nd</sup> Street  
(940)322-9663

### Washington Village Apartments

1001 Redwood and Flood  
(940)761-1721

### Green Briar Village

901 Airport Drive  
(940)851-6161

### Indian Falls Apartment

4540 Barnett Road  
(940)696-2637

**\*Call 211 for Help\***

## Clothing and Furniture

### Discount Items:

#### Good Will Store

4609 Southwest Pkwy  
(940)689-0734  
Monday – Saturday 9am to 7pm  
Sunday 1pm to 6pm

#### The Legacy Women Consignment

4423 Rhea Road  
(940)691-5629  
Monday – Saturday 10am to 6pm

#### The Garment District

1800 Harrison  
(940)322-8924  
Monday – Saturday  
9:30am to 5pm

#### Salvation Army Thrift Store

403 7<sup>th</sup> Street  
Office (940)322-9822  
Monday – Friday  
9am to 3pm  
*Must bring ID & SS Card*

#### Robinson's Resale

2158 Avenue F  
(940)723-5631  
Tuesday – Saturday  
11am to 5pm

### Free of Charge:

#### Faith Mission

1300 Travis (940)723-5663  
Monday – Friday 8am to 5pm  
Singles Women & Men 10:00am  
Families at 11am and 12:30 to 1:45pm  
*Photo ID required* once every 60 days  
for clothing anytime. Families with  
children can shop every 2 months.

#### Sonshine House

912 Broad Street (940)781-1844  
Tuesdays Only 1:00pm to 4:00pm  
Provides clothing and food  
*Picture ID required (limit of 18 visits)*

#### Noah's Arc Clothing

701 Harding  
(940)723-4904  
Fridays 11am to 4pm

#### Fountain of Living Water

4017 Seymour Highway  
(940)692-4454  
2<sup>nd</sup> & 4<sup>th</sup> Wednesday of every month  
Doors open at 10am  
Provides food, clothes, shoes household items  
Bring bag, box or basket

\*Call 211 for Help\*

## **Employment Agencies & Assistance**

### **Workforce Solutions North Texas**

The Galaxy Center, Suite 300  
4309 Jacksboro Highway  
(940)322-1801  
Monday – Thursday 8 to 5pm  
Friday 8:45 to 5pm  
Provides job referrals, career counseling, resume workshops, computer lab and classes

### **Work Services Corporation**

1343 Hatton Road  
(940)766-3207  
Monday – Friday 8 to 5pm  
Eligibility: 17 years and up with a disability. Provides sheltered workshop, job training and placement.

### **Job Corps**

(817)625-3993  
Eligibility: 16 to 24 years of age  
Meet income requirements, be a U.S. Citizen and a legal resident.  
Counselor comes to Wichita Falls  
Twice a month to meet clients.  
[www.jobcorps.gov](http://www.jobcorps.gov)

### **Spherion Staffing**

4020 Call Field Rd  
(940)696-2665  
Monday – Friday 8 to 5pm

### **MyStaf**

1501 Midwestern Pkwy, Suite 102  
(940)322-5588  
Clerical, Professional and  
Light Industrial

### **Department of Assistive & Rehabilitation**

DARS – Vocational Rehabilitation Program  
925 Lamar St, Suite 1700  
(940)235-1710 Monday – Friday 8 to 5pm  
Assists people with disabilities prepare for, find and keep jobs.

### **Adult Education and Literacy**

#### **Region IX Adult Education Center**

301 Loop 11 (940)322-6328  
Provides English as a Second Language (ESL) classes and GED preparation classes

### **Faith Mission Women's Refuge**

710 East Hatton Road  
(940)322-4673  
Contact: Lisa Wester  
Career Academy located in back of building.

### **PeopleReady**

3411 Kemp Blvd A  
(940)692-0949  
Monday – Friday 7:15am – 3:45pm

### **Straight Street/Team Tomorrow**

807 Austin (940)716-9898  
[www.sstreettx.org](http://www.sstreettx.org)  
Friday & Saturday 7 to 11pm  
Offering some classes on Friday/Saturday at 5:00pm

\*Call 211 for Help\*

## Drug & Alcohol Recovery Assistance

### Helen Farabee MHMR Center

500 Broad Street  
(940)397-3379 Marcie Thomas  
(940)397-3391 Tina  
Monday – Friday 8 to 5pm  
*For Substance Abuse Services*

### Red River Hospital

1505 8<sup>th</sup> Street  
(940)322-3171  
Emergency crisis screening available  
24 hours a day. Accepts Medicaid  
CHIPS.

### Serenity House Inc.

2910 Kemp Suite 213  
(940)767-0423  
Inpatient at Abilene and  
Fredericksburg locations.  
Outpatient at Wichita Falls  
for substance abuse treatment.  
Fees based on income and also  
some state funding available.  
[www.serenitytexas.com](http://www.serenitytexas.com)

### The Recovery Center

2501 Taylor Street  
(940)761-3034 Open 24/7 days  
Serves 13 years to 65 possibly older  
depending on health.  
Accepts some Medicaid

### Chuck Pugh, LCDC

900 8<sup>th</sup> Street, Suite 716  
(940)767-4303

### Taft Counseling Center

4722 Taft Blvd, Suite 2  
(940)691-1899  
Monday – Thursday 8 to 5pm  
Friday 8 to 4pm  
Accepts most insurance & has sliding-scale fee

### Acadia Abilene – Abilene Tx

1-800-335-3498

### New Beginnings Program

#### Faith Refuge

710 Hatton Road  
(940)322-4673

### Help Lines:

#### AA Addiction Helpline

1-800-511-9225

#### A Abuse Addiction Agency

1-800-260-7689

#### Abuse Addiction Agency

1-800-416-3200

#### A Accredited Alcohol/Drug

1-800-510-8416

#### Alcoholics Anonymous: (Central Office)

**1-800-396-1602**

#### Detox 24hr Help and Treatment

1-800-410-2562

#### Detox AAAAH

1-800-759-3028

### 12-Step Meetings:

#### AA Group I: 5103 Jacksboro Hwy

(940)322-6452

#### AA Group New Life: 1406 Beverly

(940)322-3213

### AL-ALON / ALA - TEEN

Info Line: (940)767-0844

Group I: 5103 Jacksboro Hwy – 322-6452

New Life: 1406 Beverly 322-3213

Southtown Children of Alcoholics:

1914 Grant – Thursdays at 8:00pm

### Adult Volunteer Drug Testing

URHCS – 4327 Barnett Rd (940)764-5161

Monday – Friday 7-5pm Saturday 8-4pm

Any Lab Test –3916 Kemp (940)691-8378

Monday – Friday 8:30am – 6pm

## Counseling Centers

### Helen Farabee Child and Adolescent Program

516 Denver  
(940)720-3555  
Offers sliding scale  
Accepts insurance

### Dr. Butera M.D.P.A.

1714 10<sup>th</sup> Street  
(940)766-4482

### Starry Counseling

1417 9<sup>th</sup> St  
(940)386-9546  
Crisis Line 844-229-2034  
Counseling for children thru age 17 and their families.  
Monday – Thursday 9 to 5pm  
Friday 9 to Noon

### Presbyterian Children's

#### Homes and Services

2201 Speedway (940)687-1493  
Monday – Friday 8 to 5pm  
Counseling, parenting classes, life skills training. All services are free and can also do home visits.

### Community Healthcare Ctr

#### Behavioral Health Counseling

200 MLK Blvd  
(940)766-6306

### Christ Counseling Ministry

1420 Twin Oak (940)696-0181  
Monday – Friday 9 to 5pm

### Madden Counseling

2211 Midwestern Pkwy #2  
(940)692-9745  
Monday – Thursday 8am to 8pm  
Accepts all Medicaid

### Taft Counseling Center

4722 Taft Blvd #2 (940)691-1899  
Monday – Friday 8:30 to 4pm  
Sliding scale fee

### Richard Kownacki, PHD

#### Mary Kownacki, LPC

2910 Kemp Blvd #210 (940)631-6585  
Monday – Friday 8 to 5pm  
Accepts Medicaid

### Dr. Frank Del Rio

1901 10<sup>th</sup> St #105  
(940)642-4493

### Catholic Charities

907 Holliday Street (940)642-7021  
Monday – Friday 8 to Noon & 1 to 5pm  
Offers comprehensive social service programming.  
[Catholiccharitiesfortworth.org](http://Catholiccharitiesfortworth.org)

### First Step Inc.

624 Indiana St #304  
(940)723-7799 24 hours/ 7 days a week  
Services for survivors of domestic violence & sexual assault.  
Teen bullying/violence. Free services.

### Patsy's House

1411 10<sup>th</sup> St (940)322-8890  
For any suspected abused/neglected children & non-offending family members.

### Hospice of WF Building Bridges

4909 Johnson Rd (940)691-0982  
Monday – Friday 8 to 5pm  
Provides grief support groups. Free Service

## Miscellaneous

### Inheritance Adoptions

1007 11<sup>th</sup> St (940)322-3678

Offers alternatives to abortion.

Assists with adoptions for unplanned pregnancies. Also medical, counseling, housing, and transportation.

### Child Care, Inc.

1000 Lamar St #432

(940)766-4332

Charges based on income and size of family. Assist with finding daycare for children ages 3 months to 5 years. Parents must be Working or in job training or attending school.

### **Centers Listed Below:**

#### Zale Center

403 Lamar (940)723-8018

#### Martin Luther King Center

1100 Smith St (940)322-7152

#### Huey Learning Center

1416 N 5<sup>th</sup> St (940)766-6719

#### Ben Donnell Day Care

211 E Wichita (940)766-4323

#### The ARC

3115 Buchanan (940)692-2303

Special Needs Daycare

#### Early Head Start

500A Flood St

(940)687-5437

Free childcare provided to low-income families: birth-3years old

### SAFB – Airman & Family Readiness Ctr

(940)676-4358 Monday – Thursday 7:30 to 5  
Friday 9 - 4:30pm. Free services Active/Retire  
military. Resume and Job Search Assistance

### SAFB – Advocacy Center

(940)676-2271 Monday -Friday 7:30 -4:30pm  
Offers counseling services, new parent  
support 0-3, assists Active/Retired/Dependent  
families.

### Child Support Enforcement

State Attorney General - 813 8<sup>th</sup> St

(940)322-2557 or 1-800-801-5437

[Childsupport.oag.state.tx.us](http://Childsupport.oag.state.tx.us)

[www.supportkids.com](http://www.supportkids.com)

### Legal Services:Legal Aid of Northwest TX

710 Lamar St Suite 300 in Energy Center

(940)723-5542 or 1-800-926-5542

### Workforce Resource Child Care

4309 Jacksboro Hwy Suite 230

(940)723-8774

Assistance with finding and subsidizing  
childcare. Must have Proof of Employment or  
Income. Must meet criteria. Teen parents are  
priority.

### YMCA Child Care

2600 Spur 325

(940)855-2301

### Boys & Girls Clubs/After School Childcare

Central (940)322-6908

Northeast (940)322-7151

Northwest (940)855-6001

Rosewood (940)322-3601

Southeast (940)322-7769

Southwest (940)692-3951



# INFORMATION GAPS



# Information Gaps

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- 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 Community Hospital 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 Wichita 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 combined county-level perspective.
  - Links included for sources were accurate when data was collected.



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# ABOUT COMMUNITY HOSPITAL CONSULTING

# About Community Hospital Consulting

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- 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.chc.com](http://www.chc.com)



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# APPENDIX

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



# 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/table/ACSDP5Y2019.DP02?q=DP02&g=010XX00US\\_040XX00US31\\_050XX00US31111](https://data.census.gov/table/ACSDP5Y2019.DP02?q=DP02&g=010XX00US_040XX00US31_050XX00US31111).
- This study also used data collected by the **Small Area Income and Poverty Estimates (SAIPE)**, that provides Supplemental Nutrition Assistance Program (SNAP) Benefits as well as poverty estimates by county and state: [https://www.census.gov/data-tools/demo/saipe/#/?map\\_geoSelector=aa\\_c](https://www.census.gov/data-tools/demo/saipe/#/?map_geoSelector=aa_c) and <https://www.census.gov/data/datasets/time-series/demo/saipe/model-tables.html>.
- **Economic Policy Institute, Family Budget Map** provides a break down of estimates monthly costs in specific categories for Wichita County, TX; <https://www.epi.org/resources/budget/budget-map/>.
- **Data USA** provides access to industry workforce categories and transportation data at the county and state level: <https://datausa.io/>.
- This study utilizes data from the **Economic Innovation Group**, which provides distressed community index scores by county and state: <https://eig.org/dci/interactive-map?path=state/>.
- **Texas Education Agency** provides PEIMS Student Enrollment Data by Academic Year: <https://rptsvr1.tea.texas.gov/adhocrpt/adste.html>.

- **Health Data**

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

# Summary of Data Sources

- **Health Data (continued)**

- This study utilizes a state level data from **Center for Disease Control and Prevention, Chronic Disease Indicators**, filtered for Texas; <https://www.cdc.gov/cdi/>.
- This study utilizes a county level data from **Center for Disease Control and Prevention, PLACES: Local Data for Better Health**, County Data 2022 Release, filtered for Wichita County, TX; [https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2022-releas/xyst-f73f/about\\_data](https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2022-releas/xyst-f73f/about_data).
- This study utilizes a county level data from **Center for Disease Control and Prevention, PLACES: Local Data for Better Health**, County Data 2023 Release, filtered for Wichita County, TX; [https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2023-releas/7cmc-7y5g/about\\_data](https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2023-releas/7cmc-7y5g/about_data).
- This study utilizes a county level data from **Center for Disease Control and Prevention, PLACES: Local Data for Better Health**, County Data 2024 Release, filtered for Wichita County, TX; [https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2024-releas/i46a-9kgh/about\\_data](https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2024-releas/i46a-9kgh/about_data).
- 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/>.
- The **U.S. Census Bureau's Small Area Health Insurance Estimates** program produces the only source of data for single-year estimates of health insurance coverage status for all counties in the U.S. by selected economic and demographic characteristics. Data can be accessed at <https://www.census.gov/data-tools/demo/sahie/index.html>.
- The **Centers for Medicare & Medicaid Services, Office of Minority Health** provides public tools to better understand disparities in chronic diseases. Data can be accessed at: <https://data.cms.gov/mapping-medicare-disparities>.
- The **U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA)** provides Medically Underserved Area / Population and Health Professional Shortage Area scores, and can be accessed at: <https://datawarehouse.hrsa.gov/tools/analyzers.aspx>.
- The **Texas Cancer Registry** is a statewide, population-based registry that serves as the foundation for measuring the cancer burden in Texas. Data can be accessed at: <https://www.cancer-rates.info/tx/>.

- **Phone Interviews**

- CHC Consulting conducted interviews on behalf of United Regional from February 24, 2025 – March 25, 2025.
- Interviews were conducted and summarized by Alex Campbell, Senior Planning Analyst.



# DATA REFERENCES

# Distressed Communities Index

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

# 2025 Poverty Guidelines

2025 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA	
Persons in family/household	Poverty guideline
1	\$15,650
2	\$21,150
3	\$26,650
4	\$32,150
5	\$37,650
6	\$43,150
7	\$48,650
8	\$54,150
For families/households with more than 8 persons, add \$5,500 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 March 6, 2025.

**County Health Rankings**

Indicator		Geographic Location			Timeframe
		Wichita	Similar rurality	TX	
Population Health and Well-being - Length of Life	Premature Death	11,100	9,600	8,200	2020-2022
	Poor Physical Health Days	4.5	4.3	3.8	2022
Population Health and Well-being - Quality of Life	Low Birth Weight	8%	8%	9%	2017-2023
	Poor Mental Health Days	5.9	5.7	5.1	2022
	Poor or Fair Health	21%	19%	20%	2022
	Flu Vaccinations	43%	47%	45%	2022
Community Conditions - Health Infrastructure	Access to Exercise Opportunities	71%	72%	82%	2024, 2022 & 2020
	Food Environment Index	6.5	7.7	5.7	2019 & 2022
	Primary Care Physicians	1,200:1	1,810:1	1,660:1	2021
	Mental Health Providers	450:1	490:1	590:1	2024
	Dentists	1,240:1	1,760:1	1,590:1	2022
	Preventable Hospital Stays	3,674	2,749	2,968	2022
	Mammography Screening	41%	46%	41%	2022
	Uninsured	17%	9%	19%	2022
	Community Conditions - Physical environment	Severe Housing Problems	14%	13%	18%
Driving Alone to Work		73%	79%	73%	2019-2023
Long Commute - Driving Alone		8%	29%	39%	2019-2023
Air Pollution: Particulate Matter		8.1	7.8	8.1	2020
Drinking Water Violations		No	N/A		2023
Broadband Access		87%	87%	90%	2019-2023
Library Access		1	2	1	2022
Community Conditions - Social and economic factors	Some College	59%	61%	65%	2019-2023
	High School Completion	88%	91%	86%	2019-2023
	Unemployment	3.9%	3.4%	3.9%	2023
	Income Inequality	4.6	4.4	4.8	2019-2023
	Children in Poverty	24%	17%	18%	2023 & 2019-2023
	Injury Deaths	86	89	66	2018-2022
	Social Associations	10.1	10.4	7.4	2022
	Child Care Cost Burden	22%	28%	24%	2024 & 2023

Source: County Health Rankings & Roadmaps, Health Indicator Report: filtered for Wichita County, TX; www.countyhealthrankings.org; data accessed June 11, 2025.  
 Similar Rurality Definition: counties in metro areas of fewer than 250,000 population



# HPSA AND MUA/P INFORMATION

# Health Professional Shortage Areas

## *Background*

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

# 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.

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
Dental Health	6488765103	James V. Allred Unit	Correctional Facility	Texas	Wichita County, TX	0.95	3	NA	Designated	Non-Rural	10/02/2019	10/02/2019
		<b>Site Name</b>	<b>Site Address</b>	<b>Site City</b>	<b>Site State</b>	<b>Site ZIP Code</b>		<b>County</b>		<b>Rural Status</b>		
		James V. Allred Unit	2101 Fm 369 N	Iowa Park	TX	76367-6568		Wichita		Non-Rural		
Mental Health	7488174472	CF - James V. Allred Unit	Correctional Facility	Texas	Wichita County, TX	0.55	18	NA	Designated	Non-Rural	08/24/2018	08/06/2021
		<b>Site Name</b>	<b>Site Address</b>	<b>Site City</b>	<b>Site State</b>	<b>Site ZIP Code</b>		<b>County</b>		<b>Rural Status</b>		
		CF - James V. Allred Unit	2101 Fm 369 N	Iowa Park	TX	76367-6568		Wichita		Non-Rural		
Mental Health	7484327736	Wichita County	High Needs Geographic HPSA	Texas	Wichita County, TX	3.145	14	NA	Designated	Partially Rural	02/28/2020	08/25/2021
		<b>Component State Name</b>	<b>Component County Name</b>	<b>Component Name</b>	<b>Component Type</b>	<b>Component GEOID</b>		<b>Component Rural Status</b>				
		Texas	Wichita	Wichita	Single County	48485		Partially Rural				
Dental Health	6486086024	LI - Wichita County	Low Income Population HPSA	Texas	Wichita County, TX	7.863	17	NA	Designated	Partially Rural	07/10/2019	08/30/2021
		<b>Component State Name</b>	<b>Component County Name</b>	<b>Component Name</b>	<b>Component Type</b>	<b>Component GEOID</b>		<b>Component Rural Status</b>				
		Texas	Wichita	Wichita	Single County	48485		Partially Rural				
Primary Care	1488078183	LI - Wichita County	Low Income Population HPSA	Texas	Wichita County, TX	5.723	13	16	Designated	Partially Rural	01/30/2001	09/10/2021
		<b>Component State Name</b>	<b>Component County Name</b>	<b>Component Name</b>	<b>Component Type</b>	<b>Component GEOID</b>		<b>Component Rural Status</b>				
		Texas	Wichita	Wichita	Single County	48485		Partially Rural				
Primary Care	148999485W	NORTH CENTRAL TEXAS COMMUNITY HEALTH CARE CENTER	Federally Qualified Health Center	Texas	Wichita County, TX		17	19	Designated	Non-Rural	12/02/2003	09/11/2021

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
		<b>Site Name</b>	<b>Site Address</b>	<b>Site City</b>	<b>Site State</b>	<b>Site ZIP Code</b>			<b>County</b>	<b>Rural Status</b>		
		CHC at Wilbarger General	920 Hillcrest Dr	Vernon	TX	76384-3132			Wilbarger	Rural		
		Club Health Center of Vernon	2015 Yamparika St	Vernon	TX	76384-6179			Wilbarger	Rural		
		Community Healthcare Center - Denver Campus	804 Denver St	Wichita Falls	TX	76301-4139			Wichita	Non-Rural		
		Community Healthcare Center - Juarez Medical Clinic	1000 Juarez St BLDG A	Wichita Falls	TX	76301-6905			Wichita	Non-Rural		
		Community Healthcare Center - Phyllis Hiraki Dental Clinic	110 Lee St	Wichita Falls	TX	76301-1128			Wichita	Non-Rural		
		Community Healthcare Center at Vernon College Wichita Falls	4105 Maplewood Ave STE 1000	Wichita Falls	TX	76308-2934			Wichita	Non-Rural		
		Community Healthcare Center at Wilbarger General	4301 College Dr RM 600	Vernon	TX	76384-3169			Wilbarger	Rural		
		Community Healthcare Center at Zundy	2412 Avenue H	Wichita Falls	TX	76309-3225			Wichita	Non-Rural		
		Family Health Center on Virginia	1620 W Virginia St	Mckinney	TX	75069			Collin	Non-Rural		
		NORTH CENTRAL TX COMMUNITY HEALTH CARE CENTER, INC.	200 Mlk Jr Blvd	Wichita Falls	TX	76301-1152			Wichita	Non-Rural		
		Pediatric Associates	4420 Kimbell Dr	Wichita Falls	TX	76302-3006			Wichita	Non-Rural		
		Pediatric Associates 10th Street	1718 10th St	Wichita Falls	TX	76301-5053			Wichita	Non-Rural		
		Well's Fargo 1	2301 Kell Blvd STE 220	Wichita Falls	TX	76308-1042			Wichita	Non-Rural		
		Well's Fargo 2	2301 Kell Blvd STE 221	Wichita Falls	TX	76308-1007			Wichita	Non-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
		Women's Health Center of McKinney 4510 Medical Center Dr STE 201	McKinney	TX		75069-1605			Collin		Non-Rural	
		Women's Health Center of Plano 3713 W 15th St STE 401	Plano	TX		75075-7754			Collin		Non-Rural	
Mental Health	748999482N	NORTH CENTRAL TEXAS COMMUNITY HEALTH CARE CENTER	Federally Qualified Health Center	Texas	Wichita County, TX		19	NA	Designated	Non-Rural	12/03/2003	09/11/2021

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
		<b>Site Name</b>	<b>Site Address</b>	<b>Site City</b>	<b>Site State</b>	<b>Site ZIP Code</b>			<b>County</b>	<b>Rural Status</b>		
		CHC at Wilbarger General	920 Hillcrest Dr	Vernon	TX	76384-3132			Wilbarger	Rural		
		Club Health Center of Vernon	2015 Yamparika St	Vernon	TX	76384-6179			Wilbarger	Rural		
		Community Healthcare Center - Denver Campus	804 Denver St	Wichita Falls	TX	76301-4139			Wichita	Non-Rural		
		Community Healthcare Center - Juarez Medical Clinic	1000 Juarez St BLDG A	Wichita Falls	TX	76301-6905			Wichita	Non-Rural		
		Community Healthcare Center - Phyllis Hiraki Dental Clinic	110 Lee St	Wichita Falls	TX	76301-1128			Wichita	Non-Rural		
		Community Healthcare Center at Vernon College Wichita Falls	4105 Maplewood Ave STE 1000	Wichita Falls	TX	76308-2934			Wichita	Non-Rural		
		Community Healthcare Center at Wilbarger General	4301 College Dr RM 600	Vernon	TX	76384-3169			Wilbarger	Rural		
		Community Healthcare Center at Zundy	2412 Avenue H	Wichita Falls	TX	76309-3225			Wichita	Non-Rural		
		Family Health Center on Virginia	1620 W Virginia St	Mckinney	TX	75069			Collin	Non-Rural		
		NORTH CENTRAL TX COMMUNITY HEALTH CARE CENTER, INC.	200 Mlk Jr Blvd	Wichita Falls	TX	76301-1152			Wichita	Non-Rural		
		Pediatric Associates	4420 Kimbell Dr	Wichita Falls	TX	76302-3006			Wichita	Non-Rural		
		Pediatric Associates 10th Street	1718 10th St	Wichita Falls	TX	76301-5053			Wichita	Non-Rural		
		Well's Fargo 1	2301 Kell Blvd STE 220	Wichita Falls	TX	76308-1042			Wichita	Non-Rural		
		Well's Fargo 2	2301 Kell Blvd STE 221	Wichita Falls	TX	76308-1007			Wichita	Non-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
		Women's Health Center of McKinney 4510 Medical Center Dr STE 201	McKinney	TX		75069-1605			Collin		Non-Rural	
		Women's Health Center of Plano 3713 W 15th St STE 401	Plano	TX		75075-7754			Collin		Non-Rural	
Dental Health	64899948B5	NORTH CENTRAL TEXAS COMMUNITY HEALTH CARE CENTER	Federally Qualified Health Center	Texas	Wichita County, TX		25	NA	Designated	Non-Rural	12/03/2003	09/11/2021

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
		<b>Site Name</b>	<b>Site Address</b>	<b>Site City</b>	<b>Site State</b>	<b>Site ZIP Code</b>	<b>County</b>	<b>Rural Status</b>				
		CHC at Wilbarger General	920 Hillcrest Dr	Vernon	TX	76384-3132	Wilbarger	Rural				
		Club Health Center of Vernon	2015 Yamparika St	Vernon	TX	76384-6179	Wilbarger	Rural				
		Community Healthcare Center - Denver Campus	804 Denver St	Wichita Falls	TX	76301-4139	Wichita	Non-Rural				
		Community Healthcare Center - Juarez Medical Clinic	1000 Juarez St BLDG A	Wichita Falls	TX	76301-6905	Wichita	Non-Rural				
		Community Healthcare Center - Phyllis Hiraki Dental Clinic	110 Lee St	Wichita Falls	TX	76301-1128	Wichita	Non-Rural				
		Community Healthcare Center at Vernon College Wichita Falls	4105 Maplewood Ave STE 1000	Wichita Falls	TX	76308-2934	Wichita	Non-Rural				
		Community Healthcare Center at Wilbarger General	4301 College Dr RM 600	Vernon	TX	76384-3169	Wilbarger	Rural				
		Community Healthcare Center at Zundy	2412 Avenue H	Wichita Falls	TX	76309-3225	Wichita	Non-Rural				
		Family Health Center on Virginia	1620 W Virginia St	Mckinney	TX	75069	Collin	Non-Rural				
		NORTH CENTRAL TX COMMUNITY HEALTH CARE CENTER, INC.	200 Mlk Jr Blvd	Wichita Falls	TX	76301-1152	Wichita	Non-Rural				
		Pediatric Associates	4420 Kimbell Dr	Wichita Falls	TX	76302-3006	Wichita	Non-Rural				
		Pediatric Associates 10th Street	1718 10th St	Wichita Falls	TX	76301-5053	Wichita	Non-Rural				
		Well's Fargo 1	2301 Kell Blvd STE 220	Wichita Falls	TX	76308-1042	Wichita	Non-Rural				
		Well's Fargo 2	2301 Kell Blvd STE 221	Wichita Falls	TX	76308-1007	Wichita	Non-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
	Women's Health Center of McKinney	4510 Medical Center Dr STE 201	McKinney	TX		75069-1605			Collin		Non-Rural	
	Women's Health Center of Plano	3713 W 15th St STE 401	Plano	TX		75075-7754			Collin		Non-Rural	
Primary Care	1482599014	CF - James V. Allred Unit	Correctional Facility	Texas	Wichita County, TX	1.54	12	0	Designated	Non-Rural	08/29/2018	06/02/2022
	<b>Site Name</b>	<b>Site Address</b>	<b>Site City</b>	<b>Site State</b>	<b>Site ZIP Code</b>	<b>County</b>			<b>Rural Status</b>			
	CF - James V. Allred Unit	2101 FM 369 N	Iowa Park	TX	76367-6568	Wichita			Non-Rural			
Primary Care	1488567048	ELECTRA MEDICAL CLINIC	Rural Health Clinic	Texas	Wichita County, TX		13	14	Designated	Rural	12/16/2022	12/16/2022
	<b>Site Name</b>	<b>Site Address</b>	<b>Site City</b>	<b>Site State</b>	<b>Site ZIP Code</b>	<b>County</b>			<b>Rural Status</b>			
	ELECTRA MEDICAL CLINIC	1207 S Bailey St	Electra	TX	76360-3221	Wichita			Rural			
Mental Health	7481273762	ELECTRA MEDICAL CLINIC	Rural Health Clinic	Texas	Wichita County, TX		14	NA	Designated	Rural	12/16/2022	12/16/2022
	<b>Site Name</b>	<b>Site Address</b>	<b>Site City</b>	<b>Site State</b>	<b>Site ZIP Code</b>	<b>County</b>			<b>Rural Status</b>			
	ELECTRA MEDICAL CLINIC	1207 S Bailey St	Electra	TX	76360-3221	Wichita			Rural			
Dental Health	6481044629	ELECTRA MEDICAL CLINIC	Rural Health Clinic	Texas	Wichita County, TX		17	NA	Designated	Rural	12/16/2022	12/16/2022
	<b>Site Name</b>	<b>Site Address</b>	<b>Site City</b>	<b>Site State</b>	<b>Site ZIP Code</b>	<b>County</b>			<b>Rural Status</b>			
	ELECTRA MEDICAL CLINIC	1207 S Bailey St	Electra	TX	76360-3221	Wichita			Rural			

# Medically Underserved Areas/Populations

## *Background*

- Medically Underserved Areas (MUAs) and Medically Underserved Populations (MUPs) are areas or populations designated by HRSA as having too few primary care providers, high infant mortality, high poverty or a high elderly population.
- MUAs have a shortage of primary care services for residents within a geographic area such as:
  - A whole county
  - A group of neighboring counties
  - A group of 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

# 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.





# INTERVIEWEE INFORMATION

## United Regional Community Health Needs Assessment Interviewee Information

Name	Title	Organization	Interview Date	County Served	Interviewer	IRS Category			Population Served
						A	B	C	
Charla Brown, RN	Director of Quality, Compliance and Education	Hospice of Wichita Falls	3/19/2025	Wichita County	Alex Campbell		X		Medically Complex
Dori Dockery	Senior Director - Health Improvement	United Regional Health Care System	2/28/2025	Multi-county area, including Wichita County	Alex Campbell		X		General Public
Amy Fagan	Director of Health	Wichita Falls - Wichita County Public Health Department	3/21/2025	Wichita County	Alex Campbell	X			General Public
Robert Forrester	Board Chair	United Regional Health Care System	2/28/2025	Multi-county area, including Wichita County	Alex Campbell		X		General Public
Allison Gray	Board Chair	United Regional Health Care System Foundation	2/24/2025	Wichita County	Alex Campbell		X		General Public
Scot Hafley	Assistant Superintendent of Operations	Wichita Falls Independent School District	3/25/2025	Wichita County	Alex Campbell		X		Youth
Jackie Hamm	Executive Director	Meals on Wheels	3/13/2025	Multi-county area, including Wichita County	Alex Campbell		X		Seniors, Elderly
Dr. Stacy Haynie	President	Midwestern State University	3/13/2025	Wichita County	Alex Campbell		X		Young Adults
Cara Herr-Sauceda	Director of Resource Development	Boys & Girls Club	3/21/2025	Wichita County	Alex Campbell		X		Youth
Ashley Honea	Chief Operating Officer	Electra Memorial Hospital	2/25/2025	Multi-county area, including Wichita County	Alex Campbell		X		General Public
Carol Marlar	Executive Director	United Way	3/20/2025	Wichita County	Alex Campbell		X		Underserved/Low Income, Un/Underinsured
Andy Martin	Associate Executive Director	Helen Farabee Centers	3/19/2025	Wichita County	Alex Campbell		X		General Public, Youth, Young Adults, Behavioral Health Patients
Rebecca McCain	Chief Executive Officer	Electra Memorial Hospital	2/25/2025	Multi-county area, including Wichita County	Alex Campbell		X		General Public
Jeff McKnight	Judge	30th District Court	2/28/2025	Wichita County	Alex Campbell			X	General Public
David O'Neil	Chief Executive Officer	Wichita Falls Area Food Bank	3/12/2025	Multi-county area, including Wichita County	Alex Campbell		X		General Public, Low Income, Un/Underinsured
Dr. Pruthvi Patel	Primary Care Physician	United Regional Physician Group	3/14/2025	Multi-county area, including Wichita County	Alex Campbell		X		General Public
Emily Payne	Director of Community Health	United Regional Health Care System	2/27/2025	Multi-county area, including Wichita County	Alex Campbell		X		General Public

## United Regional Community Health Needs Assessment Interviewee Information

Name	Title	Organization	Interview Date	County Served	Interviewer	IRS Category			Population Served
						A	B	C	
Mary Rivard, BSN, MSN, PhD	Director of Nursing	Vernon College	2/27/2025	Wichita County	Alex Campbell		X		Young Adults
Tim Short	Mayor	City of Wichita Falls	3/21/2025	Wichita County	Alex Campbell			X	General Public
Steve Sparks	Exec Director	Faith Mission/Faith Refuge	2/28/2025	Wichita County	Alex Campbell		X		Homeless, Behavioral Health (Addiction)
Paris Ward	Executive Director	Wichita Falls Housing Authority	2/28/2025	Wichita County	Alex Campbell		X		General Public, Low Income
Renee Williams	Director	Area Agency on Aging	3/11/2025	Multi-county area, including Wichita County	Alex Campbell		X		Seniors, Elderly
Dr. Mitch Wolfe	Primary Care Physician	United Regional Physician Group	3/10/2025	Multi-county area, including Wichita County	Alex Campbell		X		General Public
Michelle Wood	Director of Career & Technical Education	Wichita Falls Independent School District	2/28/2025	Wichita County	Alex Campbell		X		Youth

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: United Regional Community Health Needs Assessment Interviews conducted by Community Hospital Consulting; February 24, 2025 – March 25, 2025.

## **Section 2:**

# **Implementation Plan**

A comprehensive, six-step community health needs assessment (“CHNA”) was conducted for United Regional Health Care System by Community Hospital Consulting (CHC Consulting). This CHNA utilizes relevant health data and stakeholder input to identify the significant community health needs in Wichita County, Texas.

The CHNA Team, consisting of leadership from United Regional, reviewed the research findings and input from the July 2025 CHNA Health Summit to 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. In selecting the top priorities, leadership established overarching objectives that encompassed needs identified during the CHNA Health Summit and were elevated by participants as the most significant for improving community health.

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

- 1.) Access to Mental and Behavioral Health Care Services and Providers
- 2.) Access to Primary and Specialty Care Services and Providers
- 3.) Continued Emphasis on Healthcare Workforce Recruitment, Engagement and Retention
- 4.) Prevention, Education and Awareness of Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles
- 5.) Continued Emphasis on Addressing Social Determinants of Health to Reduce Health Disparities

The CHNA Team prioritized the community health needs through a roundtable discussion by considering three characteristics: size and prevalence of the issue, effectiveness of interventions, and their capacity to address the need. Once this prioritization process was complete, United Regional leadership decided to address all of the prioritized needs in various capacities through a hospital specific implementation plan.

Hospital leadership has developed an implementation plan to identify specific activities and services which directly address the 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 United Regional Board reviewed and adopted the 2025 Community Health Needs Assessment and Implementation Plan on October 27, 2025.

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

### ***Rationale***

Data suggests that Wichita County has a higher prevalence of mental and behavioral health issues compared to the state of Texas. A higher percentage of adults in Wichita County have depression and report experiencing frequent mental distress as compared to the state. Similarly, a greater percentage of Medicare beneficiaries in the county have depression. Lastly, intentional self-harm (suicide) is one of the leading causes of death in Wichita County.

Several interviewees discussed how the state funding for mental health is not increasing to meet the needs of the growing population. Interviewees noted several challenges with accessing mental health care, like the shortage of providers in the area, long wait times to be seen, a recent clinic closure in the community, as well as the lack of providers accepting Medicaid or offering a sliding fee scale. Telehealth was mentioned as improving access for patients who are in need of psychiatric medication. Interviewees also raised concerns surrounding substance and drug abuse as well as mental health issues in the community.

Interviewees discussed challenges across subpopulations, such as the lack of safe and supportive discharge options for homeless patients and the limited local access to inpatient care and services for adults and seniors. A few interviewees noted and appreciated the availability of services for the youth population regarding mental health, but mentioned the limited availability of school crisis counselors.

During the July 2025 CHNA Health Summit hosted by United Regional, participants ranked access to mental and behavioral health care services as the number one priority in the community.

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

Activity	Impact & Evaluation:	Current Status
<p><b>1.A. United Regional will help establish/coordinate a coalition of key stakeholders throughout the community to lead initiatives to improve access to mental and behavioral health care services and providers. Priorities for the coalition may include:</b></p> <ul style="list-style-type: none"> <li>• <b>Renew the Wichita County Chapter for the National Alliance on Mental Illness (NAMI).</b></li> <li>• <b>Address access and navigation issues including physical, insurance, hotline for self-harm, medications, and care coordination.</b></li> <li>• <b>Partner with local universities to build a pipeline of future mental health providers.</b></li> <li>• <b>Collaborate with legislators on multi-state compact/reciprocal licensure such as Oklahoma to Texas.</b></li> <li>• <b>Partner with organizations such as Red Door, Meals on Wheels, etc. to increase socialization opportunities.</b></li> <li>• <b>Reduce negative stigma through awareness and education.</b></li> </ul>		<b>ONGOING</b>
<p><b>1.B. United Regional will continue to provide case management services and appropriate referrals for patients who present to the hospital or emergency department with mental or behavioral health conditions as needed (e.g., North Texas State Hospital, Helen Farabee, Red River Hospital, etc.).</b></p>		<b>ONGOING</b>
<p><b>1.C. United Regional will continue to provide psychiatric telehealth services for applicable patients.</b></p>		<b>ONGOING</b>
<p><b>1.D. United Regional will continue to staff a SANE (Sexual Assault Nurse Examiner) that is trained specifically to treat sexually assaulted patients.</b></p>		<b>ONGOING</b>
<p><b>1.E. United Regional will continue to provide individual and family-guidance counseling for employees through a variety of resources including but not limited to the Employee Assistance Program.</b></p>		<b>ONGOING</b>

## **Priority 2: Access to Primary and Specialty Care Services and Providers**

### ***Rationale***

Data suggests that Wichita County has a higher percentage of households that do not have a motor vehicle compared to the state. Wichita County's rate of preventable hospital events is significantly higher than both the state of Texas and the nation.

Several interviewees discussed long wait times to get in to see a primary care provider for a routine appointment and how that is leading to some outmigration. Low cost options in the local area were mentioned, although long wait times persist. Several groups were called out specifically as having greater difficulty in seeking primary care services locally and those are: rural communities, providers not accepting certain patients, the un/underinsured, those with Medicare, Tricare and the low income/working poor. Telemedicine appointments for primary care were discussed as an option but some limitations still exist, particularly for the elderly. One interviewee noted that for some who are technologically challenged, it can be difficult for them to use this resource.

Interviewees appreciate the local specialty services in the area. Some individuals with complex diagnoses or advanced conditions were noted as traveling to other areas like Wise County, Dallas, Fort Worth, Oklahoma City and Houston. It was noted that the limited public awareness of existing specialty services contributes to the out of town travel and the challenge is communicating what services are available locally. Additionally, the local walk-in clinics were noted as having long wait times and limited availability.

It was noted by all interviewees that the wait time to see a specialist varies by specialty and it was also discussed that there is limited access to certain specialists based on a patient's insurance coverage and health status. Some specialists don't accept Medicaid patients or offer charity care. Lastly, specialties mentioned as needed due to long wait times or lack of coverage, include (in descending order of number of times mentioned and then alpha order): pediatric subspecialties (optometry, oncology, neonatology, pulmonology, urology and cardiology), neurology, dermatology, gastroenterology, pulmonology, mental health, OB/GYN, rheumatology, cardiology, endocrinology, neurosurgery, ophthalmology/optometry and orthopedics.

During the CHNA Health Summit, participants ranked access to healthcare among the top health priorities for Wichita County.

**Priority 2: Access to Primary and Specialty Care Services and Providers**

Activity	Impact & Evaluation:	Current Status
<p><b>2.A. United Regional will continue to expand primary and specialty care capacity by recruiting and employing additional primary and specialty care physicians to the community as outlined in its Physician Needs Assessment. Employed physicians under the United Regional Physician Group (URPG) will accept patients from all payer sources (including Tricare, Medicare, Medicaid, CHIP, etc.).</b></p>		<p><b>ONGOING</b></p>
<p><b>2.B. United Regional will explore partnership with a medical residency program to create a pipeline of future physicians and improve the quality of patient care through evidence-based practices.</b></p>		<p><b>ONGOING</b></p>
<p><b>2.C. United Regional will continue to offer the Future in the Falls program that stays in contact with medical students, interns, and residents from the Wichita Falls area to encourage them to return to practice in Wichita Falls once they graduate from residency. The program provides stipends and shadowing. Through the program, tell the story regarding the benefits of living in Wichita Falls (e.g., lower cost of living, wage comparisons, personal connections, etc.).</b></p>		<p><b>ONGOING</b></p>
<p><b>2.D. Via its employed physician group, United Regional will continue to operate a primary care walk-in clinic and virtual eCare visits, while constantly exploring alternative locations and models of care.</b></p>		<p><b>ONGOING</b></p>
<p><b>2.E. United Regional will continue to improve access to primary care, specialty care and wellness care through the exploration of partnerships, technology and consumer engagement strategies to meet a broad spectrum of consumer needs/expectations in both the PSA and SSA.</b></p>		<p><b>ONGOING</b></p>
<p><b>2.F. United Regional will continue to increase awareness of its primary and specialty service offerings in the community through billboard, direct mail, print advertisements, digital ads, social media outlets and updating the System's website(s), to name a few.</b></p> <p><i>Examples include but are not limited to:</i></p> <ul style="list-style-type: none"> <li>• <i>TV commercials</i></li> <li>• <i>Consumer emails</i></li> <li>• <i>Digital ads</i></li> <li>• <i>Social media ads</i></li> <li>• <i>Print ads</i></li> </ul>		<p><b>ONGOING</b></p>

<ul style="list-style-type: none"> <li>• <i>Direct mail</i></li> <li>• <i>Healthy You segments on KFDX</i></li> </ul>		
<p><b>2.G. United Regional will continue to coordinate the Community Partners Group. The group, which is comprised of individuals representing local healthcare providers, is to help ensure a smooth transition of patients between and among various health care entities within the community, providing appropriate care and communication throughout the care continuum.</b></p>		<p><b>ONGOING</b></p>
<p><b>2.H. United Regional will continue to provide a list of referral services for patients who come through the hospital or Emergency Department requiring specialty care services.</b></p>		<p><b>ONGOING</b></p>
<p><b>2.I. United Regional will continue to offer MyChart, which offers patients personalized and secure online access to portions of their medical records and enables them to securely use the Internet to help manage and receive information about their health.</b></p>		<p><b>ONGOING</b></p>
<p><b>2.J. United Regional will implement tools to increase price transparency on United Regional’s website and MyChart.</b></p>		<p><b>ONGOING</b></p>

### **Priority 3: Continued Emphasis on Healthcare Workforce Recruitment, Engagement and Retention**

#### ***Rationale***

Wichita County is designated as a Health Professional Shortage Area and a Medically Underserved Area and Medically Underserved Population as defined by the U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA).

When thinking about the healthcare workforce as a whole, interviewees were concerned about several workforce challenges, including: retention, staffing shortages and competitive salaries. A couple of interviewees discussed the difficulties attracting specialists due to geographic and rural classification challenges with one person noting: "We are a large, small town." Another interviewee stated: "Finding people to work is an issue. It's mostly on the clinical side but it's probably across the board. This is the quality of the workforce. You can hire people all day but that doesn't mean that they will stay."

During the CHNA Health Summit, participants ranked workforce recruitment and retention among the top health priorities for Wichita County.

**Priority 3: Continued Emphasis on Healthcare Workforce Recruitment, Engagement and Retention**

Activity	Impact & Evaluation:	Current Status
<p><b>3.A. Members of the Clinical Education Team provide continuing nursing education to employees, community nurses and emergency response personnel from the local and rural communities.</b></p>		<p><b>ONGOING</b></p>
<p><b>3.B United Regional offers a Leadership Scholarship Program which provides a scholarship of 80% of tuition, fees, and books to all leaders seeking a higher degree that will benefit their leadership position. United Regional offers Tuition Reimbursement to all full- and part-time employees working on their degree from an accredited University.</b></p>		<p><b>ONGOING</b></p>
<p><b>3.C. United Regional offers internal staff education for employees who want to grow to an RN position. The organization assists with tuition and book payments in exchange for a guaranteed work commitment (for a designated period) after they receive their degree through the School to Work program.</b></p>		<p><b>ONGOING</b></p>
<p><b>3.D. United Regional provides scholarships to medical professionals attending MSU Texas, and serves as a teaching facility to allow students pursuing health-related careers to rotate through the facility for various programs.</b></p>		<p><b>ONGOING</b></p>

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

### ***Rationale***

Wichita County has higher mortality rates than the state for several causes of death, including diseases of the heart, malignant neoplasms, COVID-19, accidents (unintentional injuries), chronic lower respiratory diseases, cerebrovascular diseases, diabetes mellitus, chronic liver diseases and cirrhosis, and intentional self-harm. Wichita County has higher incidence and mortality rates for breast cancer, lung and bronchus cancer, and colon and rectum cancer, and a higher incidence rate for prostate cancer.

Wichita County also has higher percentages of adults and Medicare beneficiaries with various chronic diseases and conditions. Compared to the state, the county has a higher percentage of Medicare beneficiaries with diabetes and hypertension, and a higher percentage of adults with asthma and arthritis. Additionally, a greater percentage of adults and the Medicare population in Wichita County have a disability.

Unhealthy lifestyle behaviors are more prevalent in the county. A higher percentage of adults in Wichita County have no leisure time for physical activity, binge drinking, and are current smokers. Wichita County has a lower percentage of Medicare beneficiaries who received flu and pneumonia vaccines as compared to the state.

Many interviewees expressed uncertainty about overall community health despite available resources and acknowledged there are programs like learning how to ride a bike or learning how to cook, but it seems like there is a lack of community engagement. Several interviewees discussed different types of barriers to accessing healthy lifestyle resources, with some of those being cost, location of the resource and a lack of awareness. Interviewees mentioned there is a need for more accessible healthy meal preparation and also nutrition education, as some areas of the community do not have the necessary information. Higher rates of chronic conditions in the youth population, like childhood obesity due to food deserts, were discussed by several interviewees. Lastly, the need for early, family-focused interventions was mentioned and use of social media to help educate people on healthy lifestyle management.

During the CHNA Health Summit, participants ranked healthy lifestyles (healthy eating/active living), education and lack of awareness services and chronic disease prevention and management among the top health priorities for Wichita County.

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

Activity	Impact & Evaluation:	Current Status
<p><b>4.A. United Regional will continue to increase educational opportunities for the public concerning wellness topics and health risk concerns, preventive care and healthy lifestyle choices through social media and traditional media outlets and hosting and/or participating in local health-related events. Partner with organizations and businesses to get information into the hands of the people who need it most.</b></p> <p><i>Examples include but are not limited to:</i></p> <ul style="list-style-type: none"> <li>• Educational topics like diabetes, mammography, cardiac disease, senior safe driving, fall prevention, stroke, and root causes of chronic diseases.</li> </ul>		ONGOING
<p><b>4.B. United Regional will continue to host various screenings and support groups for patients and the community.</b></p> <p><i>Examples include but are not limited to:</i></p> <ul style="list-style-type: none"> <li>• Screenings are provided free of charge and include blood pressure, peripheral artery disease, blood sugar, and pulmonary function testing</li> <li>• Wellness panel screening (cholesterol and full lipid panel)</li> <li>• Flu shots</li> </ul>		ONGOING
<p><b>4.C. United Regional will continue to offer Behavioral Health services, designed to assist patients who have chronic diseases to access the medical and emotional support needed to best manage their disease processes with a focus on relief of pain, stress and other debilitating symptoms of serious illness. The program helps patients with medication management, assistive equipment, counseling and referrals to other needed services to help ensure that they are getting the appropriate ongoing and long-term care they need to stay as functional as possible.</b></p>		ONGOING
<p><b>4.D. United Regional will continue to partner with local schools to provide free sports physicals for middle and high school students. Physicians attend local and regional sports events to ensure timely diagnosis and treatment of sports injuries.</b></p>		ONGOING
<p><b>4.E. United Regional will continue to support the Regional Advisory Council, which uses a hands-on approach to help prevent trauma, fatalities and injuries. The council provides injury prevention and trauma education across a 10-county region. The Injury Prevention Coalition plays a key role in education using a multi-disciplinary team from the area. Included in this</b></p>		ONGOING

<p><b>education are child passenger safety, bicycle safety, fall prevention and home safety, medication safety and many other issues promoting safe communities. In addition, the council hosts trauma education courses and provides continuing education and continuing medical education for area physicians, nurses and EMS professionals.</b></p>		
<p><b>4.F. United Regional will continue to support various groups in the community through sponsorship of programs and events that benefit the community, most of which have a health-related initiative behind their purpose.</b></p>		<p><b>ONGOING</b></p>
<p><b>4.G. United Regional will work with city leaders to launch initiatives and build momentum around city-wide challenges (e.g., group walks, bicycle rides, etc.) to build motivation.</b></p>		<p><b>ONGOING</b></p>
<p><b>4.H. United Regional will continue to host and participate in blood drives throughout the year.</b></p>		<p><b>ONGOING</b></p>

## **Priority 5: Continued Emphasis on Addressing Social Determinants of Health to Reduce Health Disparities**

### ***Rationale***

Wichita County has a slightly older median age, lower median household income and a lower percentage of residents with a bachelor's or advanced degree. Wichita County's economic distress score is in the "at-risk" category, indicating it is more distressed than other counties in the state and health care is the highest estimated monthly cost for residents.

A greater percentage of families and children in Wichita County live below the poverty line compared to the state. The county also has a higher percentage of food insecurity among its general population and among children, with a higher percentage of food-insecure residents in Latino, Black, and White Non-Hispanic subpopulations. The average meal cost is also higher in Wichita County than in the state.

The built environment and access to healthy food options contribute to these disparities. Wichita County has a higher rate of fast-food restaurants and a lower rate of grocery stores than both the state and the nation. This disparity has been a consistent trend. The financial strain is further evidenced by a higher percentage of residents receiving SNAP benefits and a higher percentage of public school students eligible for free or reduced-price lunch.

Several interviewees discussed frustration surrounding insurance coverage processes and limitations. Several things are impacting the overuse of the emergency room and patients delaying/foregoing care, such as limited understanding of appropriate health care settings, low health literacy, time/convenience, cultural habits, no upfront payments and lack of insurance coverage and cost differences. A few interviewees discussed the affordability challenges due to increasing cost of medications/services as well as insurance premiums. Lastly, interviewees discussed how insurance is limiting access to some medications and service options, specifically rehab facilities. One interview noted a patient might not be able to go to a rehab facility that was their first choice due to insurance. Interviewees also mentioned limitations of local healthcare capacity and that led to outmigration, delays in hospital admissions/care transitions, perceived premature discharges as well as the potential for readmissions.

Interviewees discussed transportation as an issue and how the lack of adequate transportation options is a barrier to accessing healthcare. A couple of interviewees expressed the desire to see a medical respite unit at the homeless shelter due to a lack of services for this population. Lastly, one person mentioned the water quality in the area, as well as drought, as a health concern.

When asked about which specific groups are at risk for inadequate care, interviewees spoke about the Eastern Wichita Falls residents, homeless, pediatric, teens/adolescents, racial/ethnic, low income, active military/veterans and the elderly population. Eastern Wichita Falls residents face limited access to grocery stores, food pantries, hospitals, specialty care, transportation, residing in significantly low-income, disadvantaged neighborhoods. Homeless individuals are a growing population experiencing difficulty accessing shelters due to organization policies, limited availability of homes/apartments, perceived barriers to healthcare access, drug misuse/abuse, mental health concerns, and transportation barriers. The pediatric population faces limited access to local specialty care (optometry, speech therapy, ICU, dental), while teens/adolescents are affected by limited affordable activities, vaping, tobacco, and substance use, generational education about healthcare, risky sexual behaviors, cirrhosis, mental health concerns, and low vaccination rates. With regards to the racial/ethnic group, interviewees noted fear and distrust of healthcare among African Americans, insurance coverage limitations and a lack of understanding regarding the importance of healthcare. Other significant barriers include the misuse of the emergency room, a pressing need for improved health literacy, transportation barriers, fear of deportation and language barriers, which disproportionately affect both African American and Hispanic individuals.

Low Income individuals face limited access to urgent care and freestanding emergency facilities, significant cost barriers to care, lack of insurance coverage, and a shortage of reasonably priced homes. They also experience limitations for hourly workers seeking care, transportation

barriers, and issues with education on healthcare, alongside age restrictions limiting access at local Federally Qualified Health Centers (FQHCs), and dental providers not accepting certain insurances. Active Military/Veterans encounter limited mental health services, lack of a local VA hospital, long wait times, cost barriers to care and homelessness. There's also a need for additional education on VA benefits, a desire for more coordination between the VA and local providers, transportation barriers, and a lack of dental care. Lastly, the elderly population is at risk due to transportation barriers, long wait lists for local nursing homes or assisted living facilities, and cost barriers to care. Alzheimer's/dementia is a specific concern, as are insurance coverage barriers (Medicare Advantage, Medicare, Medicaid), provider insurance acceptance issues, and the need for more rehab facilities and long-term/after care options.

**Priority 5: Continued Emphasis on Addressing Social Determinants of Health to Reduce Health Disparities**

Activity	Impact & Evaluation:	Current Status
<p><b>5.A. United Regional will continue to provide medical care to all patients in need, regardless of their ability to pay. In addition to its internally provided charity program, United Regional is a health care provider under the State of Texas Medicaid Program and a mandated provider under the Wichita County Indigent Program.</b></p>		<p><b>ONGOING</b></p>
<p><b>5.B. United Regional will continue to work to encourage physicians new to the community to accept all payer classes.</b></p>		<p><b>ONGOING</b></p>
<p><b>5.C. United Regional will continue to provide office space for Texas Department of Health and Human Services staff members and 50% of their monthly operating cost to assist families with qualification for Medicaid services.</b></p>		<p><b>ONGOING</b></p>
<p><b>5.D. United Regional employs a staff member to find financial coverage for specialty drugs necessary for certain patient care, which in turn lowers costs borne within the community.</b></p>		<p><b>ONGOING</b></p>
<p><b>5.E. United Regional will continue to provide and promote its <a href="https://healthycommunity.findhelp.com/">https://healthycommunity.findhelp.com/</a> domain, which is specific to Wichita Falls. This resource allows individuals to search for resources by zip code and highlights local, state and national programs that are available within certain areas. Individuals are also able to search by zip code for resources/services in the community by category (food, housing, goods, transit, etc.). The partnership with findhelp.org allows United Regional to get analytics back to show what people in the area are searching for most frequently, which allows them to identify opportunities and focus on those frequently searched items.</b></p>		<p><b>ONGOING</b></p>
<p><b>5.F. Every other year, United Regional employees can donate to the Compassion Fund through the annual employee-giving program Spirit of Giving. Proceeds from the Compassion Fund go towards helping patients and family members in a variety of ways including helping to pay for meals and nights at Rathgeber Hospitality House, that they would otherwise not be able to afford.</b></p>		<p><b>ONGOING</b></p>
<p><b>5.G. United Regional will continue to provide a Language Line to provide translation and interpretation services, as needed. Additionally, United Regional will continue to provide internet-based webcam access to certified interpreters for our hearing-impaired patients on an as needed basis. This web cam-based sign language service is available 24/7 anywhere in the hospital through our wireless network.</b></p>		<p><b>ONGOING</b></p>
<p><b>5.H. United Regional will continue to provide mammograms through charity care for females who qualify.</b></p>		<p><b>ONGOING</b></p>
<p><b>5.I. United Regional will continue to offer a transition clinic to provide care coordination activities to various at-risk patient populations, discharging from the acute care setting back to</b></p>		<p><b>ONGOING</b></p>

<p><b>the community. The Transition clinic provides temporary coverage for patients with Heart Failure, Diabetes, Pneumonia, COPD, Sepsis, Surgical Site Infection follow up and a wide array of other patients until they can be aligned with a primary medical home for on-going care or appropriate community resources. Food Insecurity, transportation and medication assistance are identified during clinic appointments and services are aligned to provide the patients with these resources.</b></p>		
<p><b>5.J. In conjunction with the Wichita Falls Area Food Bank, United Regional works to provide healthy food boxes for patients participating in Diabetes Education, Heart Failure Clinic, and Outpatient Infusion and post-operative patients who are food insecure. Community Care Fund at United Regional Foundation provides these boxes, which contain a variety of nonperishable food items.</b></p>		<p><b>ONGOING</b></p>
<p><b>5.K. United Regional will continue to sponsor fundraising events that benefit the Kitchen. The Kitchen provides food for seniors and the local Meals on Wheels program.</b></p>		<p><b>ONGOING</b></p>
<p><b>5.L. United Regional will consider providing healthy cooking classes where participants leave with a base of ingredients that would allow them to prepare the meal at home.</b></p>		<p><b>ONGOING</b></p>
<p><b>5.M. In conjunction with the Wichita Falls Area Food Bank, United Regional offers a mobile food pantry at a variety of locations to have a hunger-free community. United Regional also sends a nurse to each mobile pantry distribution site to offer free, voluntary blood pressure and blood sugar checks. Free information about Body Mass Index (BMI) and its impact on overall health is also offered.</b></p>		<p><b>ONGOING</b></p>

## **Section 3:**

# **Feedback, Comments and Paper Copies**



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# **INPUT REGARDING THE HOSPITAL'S CURRENT CHNA**



# CHNA Feedback Invitation

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- United Regional invites all community members to provide feedback on its previous and existing CHNA and Implementation Plan.
- To provide input on this CHNA please see details at the end of this report or respond via direct mail or email to the hospital. The physical address and email address can be found directly on the hospital's website at the site of this download.



# Feedback, Questions or Comments?

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

## **United Regional**

ATTN: January Cadotte, Marketing & Public Relations Manager

1600 Eleventh Street

Wichita Falls, Texas 76301

Email: [jcadotte@unitedregional.org](mailto:jcadotte@unitedregional.org)

Please find the most up to date contact information on the United Regional website under “Community Resources: Community Services” → “Community Health Needs Assessment”:

<https://unitedregional.org/community-health-needs-assessment/>



# Thank you!

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