



MT. GRAHAM REGIONAL MEDICAL CENTER

2025 Community Health Needs Assessment

OVERVIEW

In the summer of 2025, Mount Graham Regional Medical Center (MGRMC) conducted a Community Health Needs Assessment (CHNA) for the residents of Graham and Greenlee counties.

The CHNA was conducted with assistance from Eide Bailly LLP, an accounting and consulting firm specializing in financial, operational, and strategic consulting with healthcare organizations.

A CHNA is a tool used to help communities assess their strengths as well as their weaknesses when it comes to the health of the community. It is also the foundation for improving and promoting the health of the community. The process helps to identify factors that affect a population's health and determines the availability of resources within the community to adequately address these factors and any additional health needs.



OVERVIEW

The CHNA process fulfills the requirements set forth by Internal Revenue Code 501(r)(3), a statute established within the Patient Protection and Affordable Care Act, which requires not-for-profit hospitals to conduct a CHNA every three years.

This report includes qualitative and quantitative information from local, state, and federal sources. In addition, input was received from persons that represented a broad range of interests in the community, persons with public health knowledge and expertise, and persons representing medically underserved and vulnerable populations.

Mount Graham Regional Medical Center did not receive any feedback or comments from the 2022 CHNA.

Mount Graham Regional Medical Center will create an implementation plan to clarify how it and other community resources will address the needs identified during the CHNA process.

MT. GRAHAM REGIONAL MEDICAL CENTER OVERVIEW

- Mt. Graham Regional Medical Center is a 25-bed non-profit facility in Safford, Arizona committed to providing quality healthcare close to home.
- Mt. Graham Regional Medical Center is the primary source of healthcare for both Graham and Greenlee Counties and opened its doors more than 51 years ago.
- Our medical center integrates a hospital, rural health clinic, multiple departments including ER, lab, imaging, orthopedic surgery, and ICU services.
- Mt. Graham employs 640 employees dedicated to providing quality healthcare services.
- **Our Mission:** We are caring people committed to improving community health.
- **Our Vision:** To be the Regional Medical Center of choice providing quality and compassionate care.

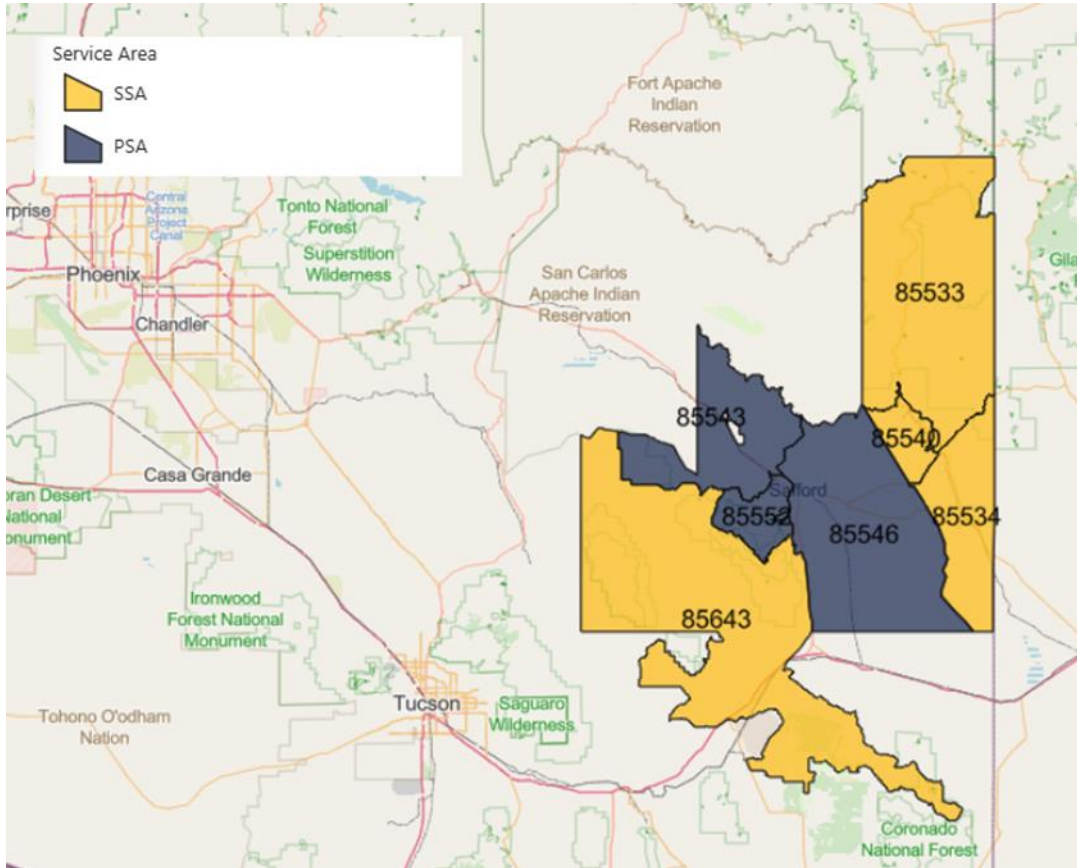


SERVICES OVERVIEW

Mount Graham Regional Medical Center provides the following services to the community:

- Emergency Room
- Surgery
- OBGYN
- Maternity
- Orthopaedics
- Roadrunner Rehab
- Spine & Pain
- Pulmonary Function Testing
- Sleep Center
- Canter Center
- ICU
- Gastro Intestinal
- Lab
- Primary Care
- Specialties
 - Endocrinology
 - Disability
 - High-Risk Maternity
 - Nephrology
 - Oncology
 - Pediatric Cardiology
 - Prosthetics and Orthotics
 - Urology
- Imaging
 - X-ray
 - CT Scans
 - MRI
 - Ultrasound
 - Mammography
 - PET Scans

COMMUNITY OVERVIEW



SOURCE: MGRMC Patient Discharges 2023 - 2025

- For this needs assessment, “community” is defined as the residents of Graham, Greenlee, and Cochise Counties in Arizona, specifically the zip codes in gray yellow on the map.
- Primary Service Area (PSA), highlighted in gray, accounts for 74% of all discharges from MGRMC; while the yellow zip codes make-up the Secondary Service Area (SSA) with 16% of discharges.
- All residents of these counties are considered members of the community, including low-income, medically underserved, and those of all races and ethnicities. MGRMC considers all residents part of the community regardless of their ability to pay or whether they are eligible for financial assistance.

COMMUNITY SERVED

Total Population	Est.	Est.	Proj.	2020 - 2025	2025 - 2030
Primary Service Area	2020	2025	2030		
85552	7,839	8,396	8,901	7.1%	6.0%
85543	4,422	4,685	4,921	5.9%	5.0%
85546	20,399	21,270	22,165	4.3%	4.2%
Total	32,660	34,351	35,987	5.2%	4.8%
Secondary Service Area					
85534	2,528	2,368	2,269	-6.3%	-4.2%
85643	8,250	8,097	7,920	-1.9%	-2.2%
85540	5,014	5,065	5,133	1.0%	1.3%
85533	1,977	1,895	1,847	-4.1%	-2.5%
Total	17,769	17,425	17,169	-1.9%	-1.5%
Community Total	50,429	51,776	53,156	2.7%	2.7%
State of Arizona	7,129,033	7,531,951	7,860,309	5.7%	4.4%
United States	331,449,280	337,643,652	345,735,800	1.9%	2.4%

Data Source: Environics

The Total Service Area is experiencing population growth, increasing by 2.7% from both 2020 to 2025 and 2025 to 2030. While this indicates some growth, it is far below Arizona's 5.7% (2020-2025) and 4.4% (2025-2030) growth rates, but higher than the U.S. growth of 1.9% and 2.4% in the same periods.

The PSA is driving the area's growth, increasing by 5.2% from 2020 – 2025 and a projected 4.8% from 2025 – 2030. While the SSA is experiencing population decline with a -1.9% and -1.5% in the same time periods.

COMMUNITY SERVED

Age 65+ Population	Est. 2020	Est. 2025	Proj. 2030	2020 - 2025	2025 - 2030
PSA	5,061	5,554	6,044	9.7%	8.8%
SSA	2,850	3,147	3,314	10.4%	5.3%
State of Arizona	1,339,152	1,498,222	1,696,835	11.9%	13.3%
United States	55792902	62675969	71605930	12.3%	14.2%

Data Source: Environics

Many rural parts of the U.S. are projected to have declining populations in the next five years, due to an increase in elderly populations with a decrease in working age individuals. The 65+ population in both the PSA and SSA is projected to grow steadily though 2030, with the PSA projected to see higher growth rates of 8.8% from 2025 – 2030 than the SSA, at 5.3%. Both the PSA and SSA are seeing slower growth rates than the state of Arizona and the United States for the 65+ population.

An aging population can impact need for health services, swing bed utilization, senior living, payer mix, etc.



COMMUNITY SERVED

Total Households	Est. 2025	Proj. 2030	2025-2030
PSA	11,566	12,185	5.4%
SSA	6,661	6,618	-0.6%
State of Arizona	2,867,581	3,006,182	4.8%
United States	129,687,390	133,186,726	2.7%

Median Household Income	Est. 2025	Proj. 2030	2025-2030
PSA	\$ 81,348	\$ 89,210	9.7%
SSA	\$ 58,843	\$ 62,230	5.8%
State of Arizona	\$ 67,027	\$ 73,324	9.4%
United States	\$ 71,986	\$ 78,125	8.5%

Data Source: Environics

The PSA's household growth is projected at 5.4% and the SSA is projected to decline -0.6% from 2025 to 2030. The PSA is seeing faster household growth than Arizona's at 4.8% and the US at 2.7%

The PSA's median household income is projected to grow 9.7% between 2025-2030, outpacing the state (9.4%) and national (8.5%) growth rates, while also having higher projected median income amounts.

The SSA is also expected to increase household incomes by 5.8% by 2030. However, it has significantly lower median household income at \$58,843, indicating lower economic stability



COMMUNITY SERVED

Estimated 2025 Household Income	Primary Service Area	%	Secondary Service Area	%	Arizona	%	United States	%
<\$15,000	1,023	8.8%	681	10.2%	225,216	7.9%	11,005,212	8.5%
\$15,000 - \$24,999	691	6.0%	371	5.6%	172,719	6.0%	8,587,566	6.6%
\$25,000 - \$34,999	703	6.1%	575	8.6%	192,125	6.7%	9,007,747	6.9%
\$35,000 - \$49,999	1,215	10.5%	748	11.2%	308,902	10.8%	13,486,254	10.4%
\$50,000 - \$74,999	2,209	19.1%	1,306	19.6%	478,453	16.7%	20,298,786	15.7%
\$75,000 - \$99,999	1,965	17.0%	1,039	15.6%	381,595	13.3%	16,229,108	12.5%
\$100,000 - \$124,999	1,361	11.8%	691	10.4%	303,221	10.6%	12,947,372	10.0%
\$125,000 - \$149,999	782	6.8%	453	6.8%	222,655	7.8%	9,640,220	7.4%
\$150,000 - \$199,999	874	7.6%	444	6.7%	251,587	8.8%	11,593,880	8.9%
\$200,000 - \$249,999	447	3.9%	160	2.4%	123,876	4.3%	5,578,230	4.3%
\$250,000 - \$499,999	238	2.1%	138	2.1%	137,110	4.8%	6,890,821	5.3%
\$500,000+	58	0.5%	55	0.8%	70,122	2.4%	4,352,194	3.4%
Total	11,566	100%	6,661	100%	2,867,581	100%	129,617,390	100%

Data Source: EnviroNics

In 2025, 20.9% of households in the PSA and 24.4% in the SSA earn less than \$35,000 annually, both higher than the statewide average of 20.6%. The PSA is lower than the national rates of 22.1%, with the SSA seeing a greater concentration of lower-income households than the national average.

36.1% of PSA households and 35.2% of SSA households fall within the \$50,000 - \$99,999 income range, which are higher than Arizona and the US at 30.0% and 28.2%, respectively. This indicates that the PSA and SSA have a higher proportion of middle-class households.

Only 14.0% of PSA households and 12.0% in the SSA earn \$150,000 or more in annual income, compared to 20.3% in Arizona and 21.9% nationally. This indicates that both service areas lag in higher-income households, which may influence local economic development opportunities.

COMMUNITY SERVED

Graham County has the highest poverty rate at 17.3% of the three service area counties, with Greenlee reporting the lowest poverty rate at 9.7%.

Greenlee is the only county in the PSA or SSA that is performing better than Arizona and national averages.

Region	% of Persons in Poverty
PSA	
Graham	17.3%
SSA	
Greenlee	9.7%
Cochise	16.3%
Arizona	12.6%
United States	12.5%
Source: St. Louis Federal Reserve	



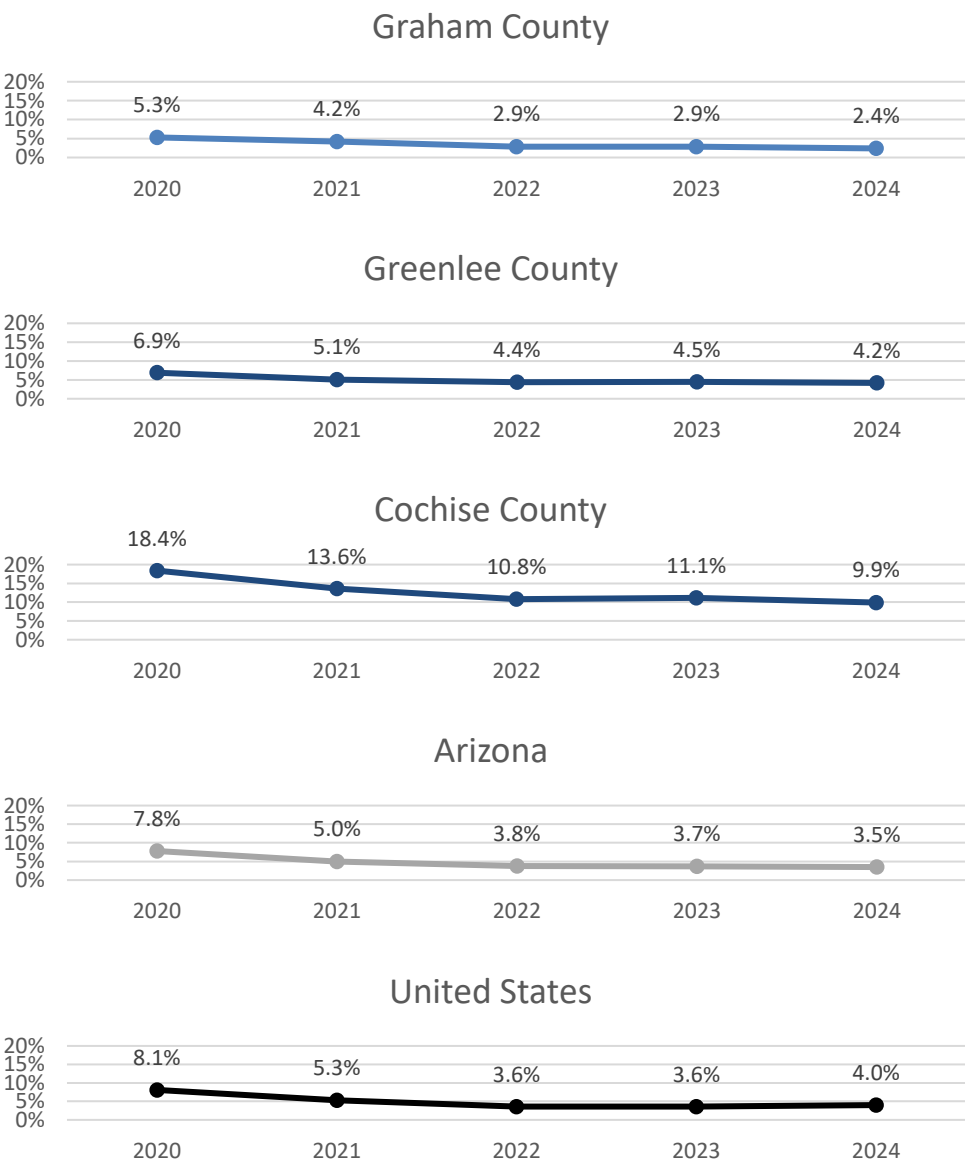
COMMUNITY SERVED

Unemployment Rates	2020	2021	2022	2023	2024
Graham County, AZ	5.3%	4.2%	2.9%	2.9%	2.4%
Greenlee County, AZ	6.9%	5.1%	4.4%	4.5%	4.2%
Cochise County, AZ	18.4%	13.6%	10.8%	11.1%	9.9%
Arizona	7.8%	5.0%	3.8%	3.7%	3.5%
United States	8.1%	5.3%	3.6%	3.6%	4.0%

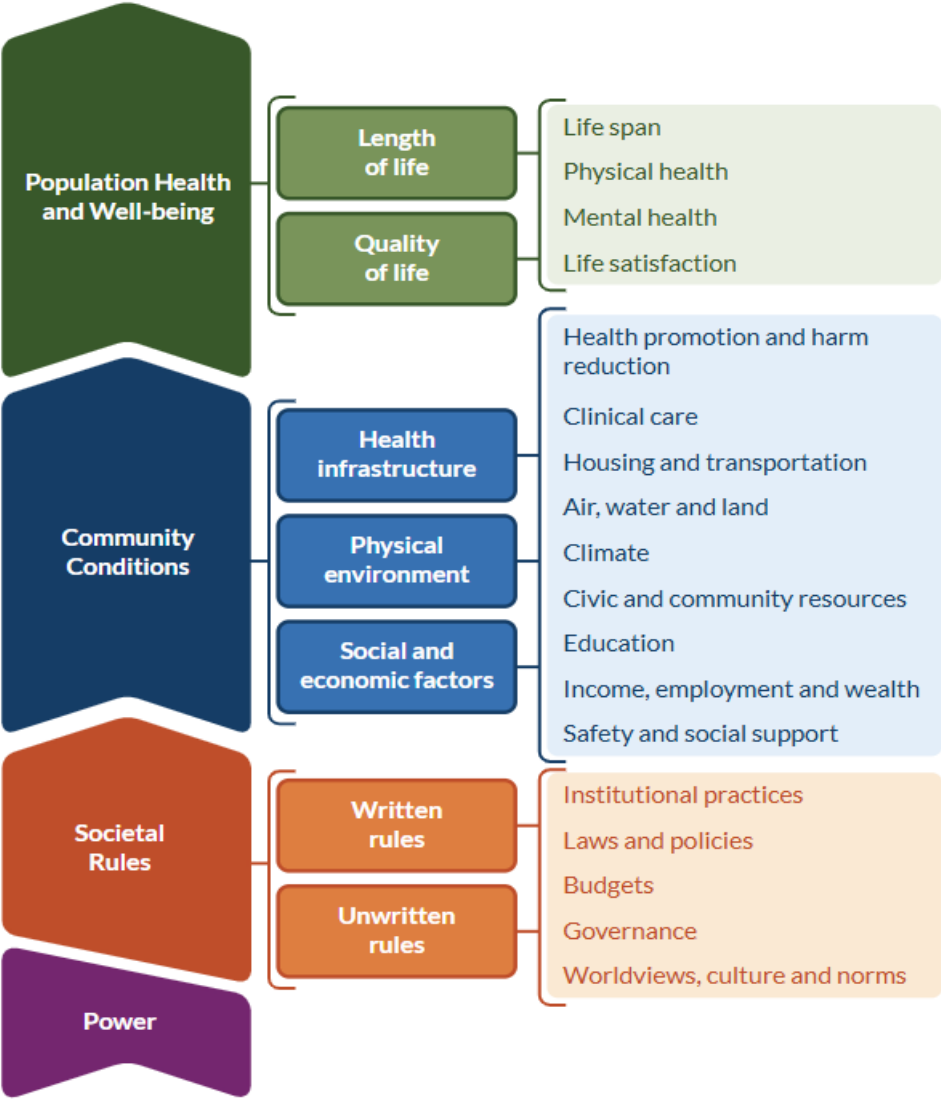
Source: Bureau of Labor Statistics - all rates are not seasonally adjusted

From 2020 – 2024, unemployment rates from across all three counties steadily declined from peak COVID levels, with Graham and Greenlee below national averages all five years. Only Graham County was below the Arizona average for all five years.

Cochise County saw the highest unemployment rate across all three counties. However, it did see steady declines year over year, reflecting progress towards state-wide levels.



COUNTY HEALTH RANKINGS



County Health
Rankings & Roadmaps
A Healthier Nation, County by County

The County Health Rankings are based on a model of community health that emphasizes the many factors that influence how long and how well we live.

The Rankings use more than 30 measures that help communities understand how healthy their residents are today (**Population Health and Well-being**) and what will impact their health in the future (**Community Conditions**).



COUNTY HEALTH RANKINGS

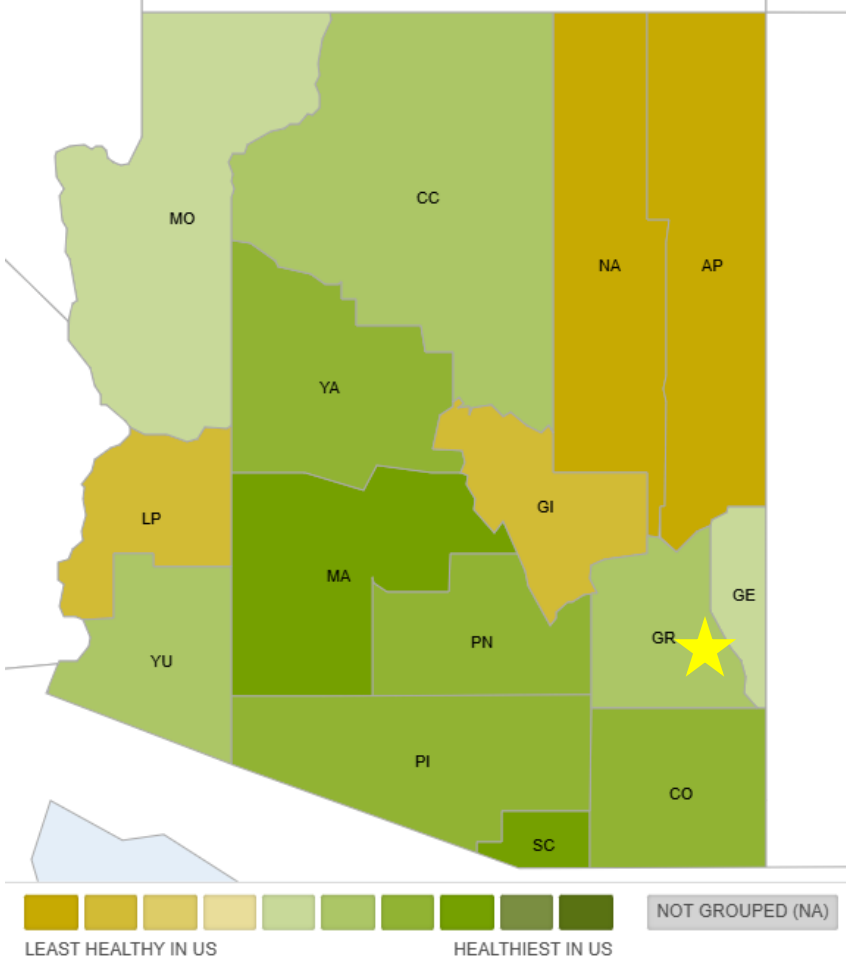
This *heat map* shows county health rankings for Population Health and Well-being in 2025 (the lower the better).

Population Health and Well-being tell us how long people live on average within a community, and how much physical and mental health people experience in a community where they live.

Rankings out of 15 Arizona Counties		
PSA		
Graham		9
SSA		
Greenlee		10
Cochise		5



2025 Population Health and Well-being - Arizona



COUNTY HEALTH RANKINGS

This *heat map* shows county health rankings for Community Conditions in 2025 (the lower the better).

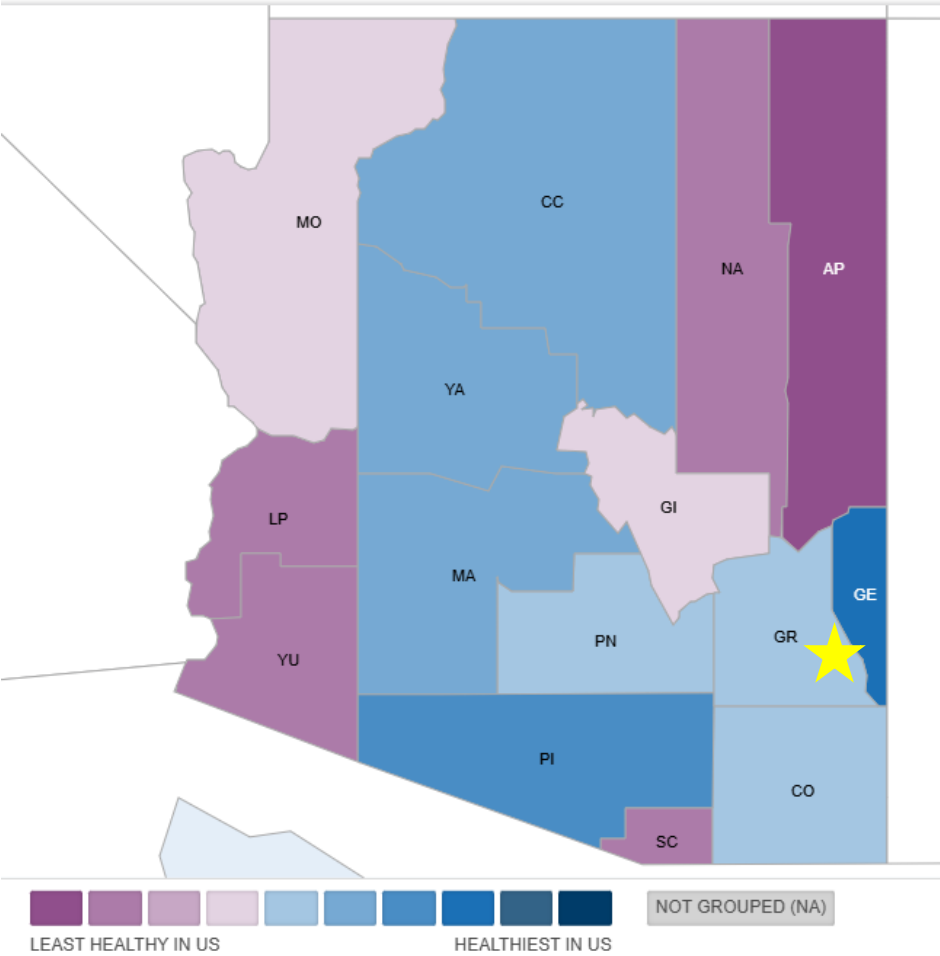
Community Conditions represent the things that influence how well and how long we live. These are things that we can improve to live a longer and healthier lives, and indicators of the future health of a community.

Rankings out of 15 Arizona Counties		
PSA		
Graham		7
SSA		
Greenlee	1	
Cochise	6	



County Health
Rankings & Roadmaps

2025 Community Conditions - Arizona



HEALTH DATASET RESULTS

County Health Rankings uses a variety of techniques to identify the health factors and conditions for each county that seem to have the greatest potential opportunity for improvement, or assets a community may want to build on while also accounting for the relative influence of each measure on health outcomes.

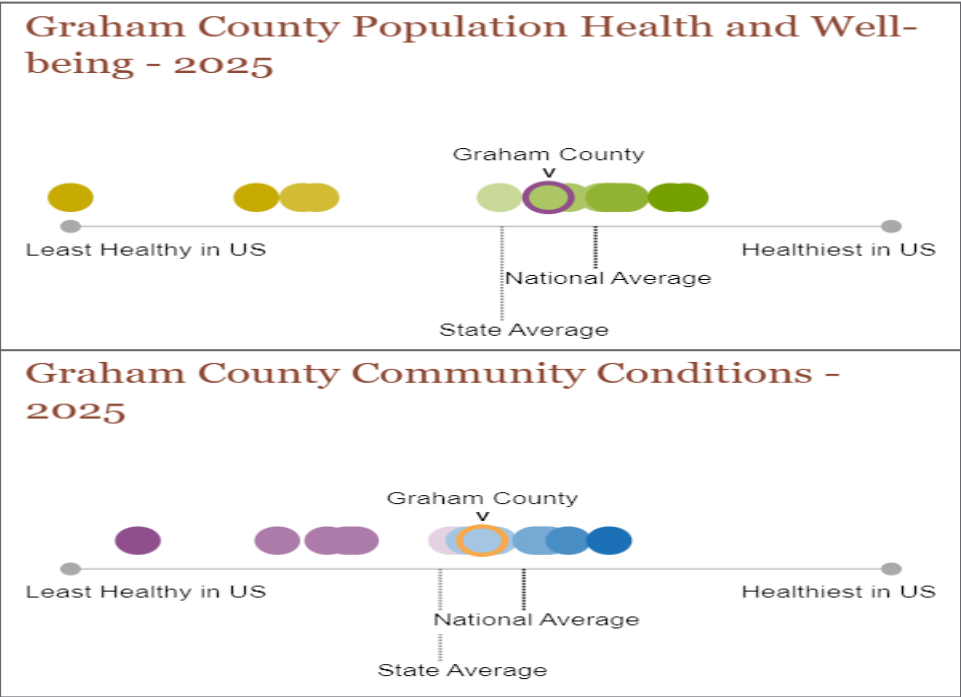
The County Health Rankings identify measures where there are meaningful differences in a county's values and either the state average, the national average, or the state average in the best state through the "Areas to Explore" and "Areas of Strengths".



HEALTH DATASET RESULTS - GRAHAM

Graham County is fairing slightly better the average county in Arizona for both Population Health and Well-being and Community Conditions. It is fairing about the same for Population Health and Well-being and slightly worse for Community Conditions, when comparing to national averages.

Graham County has three areas of strength, where it is performing meaningfully better than the state and national averages, with seven areas to explore for potential areas of opportunity or investment.

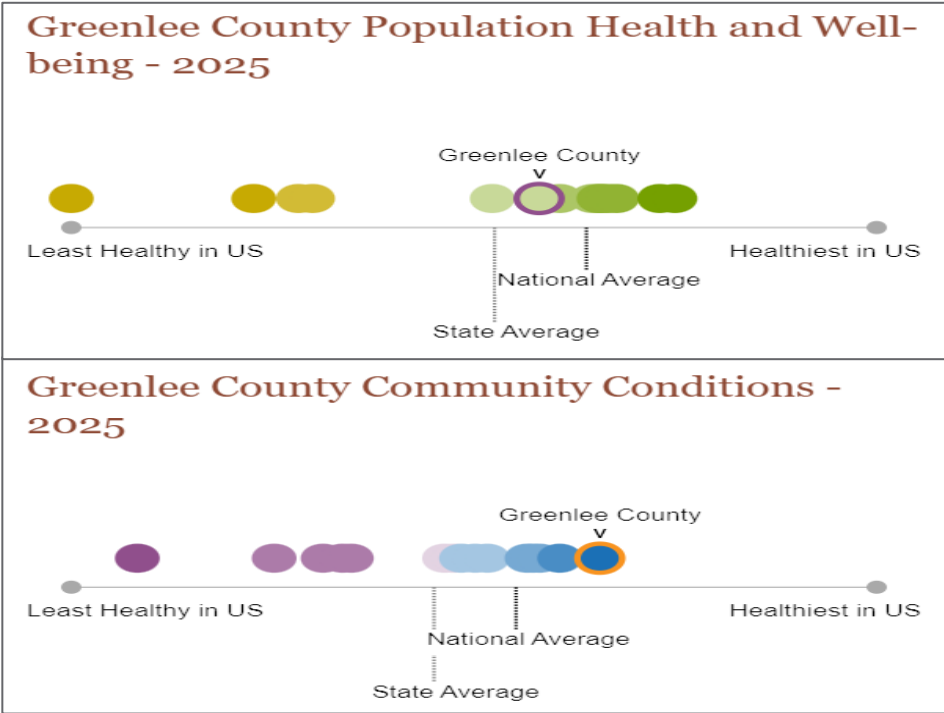


Graham County	
Areas of Strength	Areas to Explore
Air Pollution: Particulate Matter	Flu Vaccinations
Child Care Cost Burden	High School Completion
Preventable Hospital Stays	Mammography Screening
	Severe Housing Problems
	Social Associations
	Some College
	Uninsured

HEALTH DATASET RESULTS - GREENLEE

Greenlee County is fairing about the same as the average county in Arizona for Population Health and Well-being, and slightly worse than the average county in the nation. It is fairing better than the average county in Arizona and the nation for Community Conditions.

Greenless County has eight areas of strength, where it is performing meaningfully better than the state and national averages, with three areas to explore for potential areas of opportunity or investment.



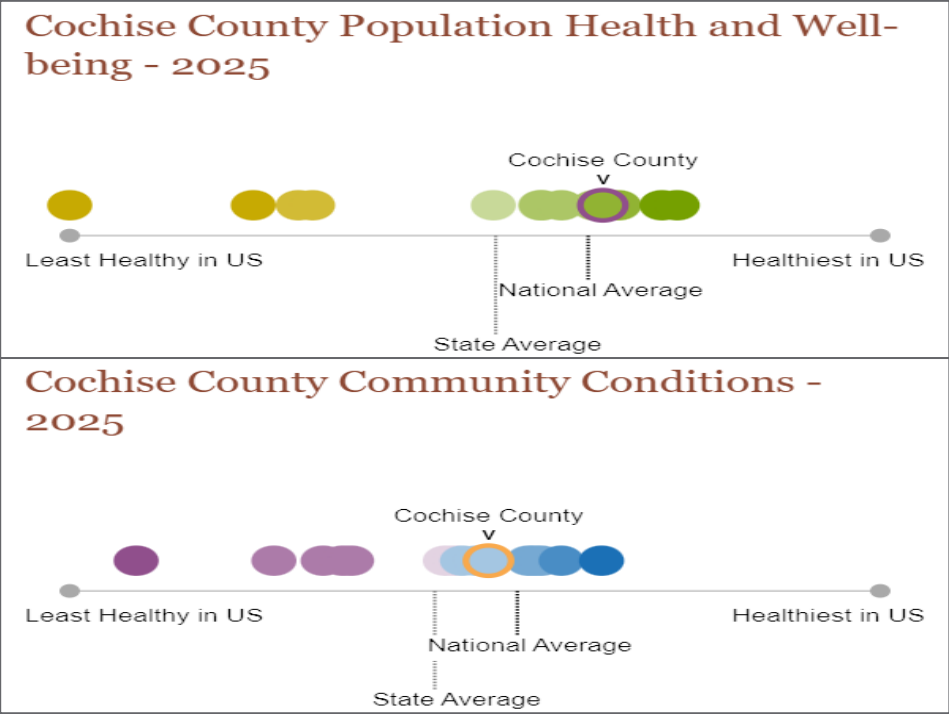
Greenlee County	
Areas of Strength	Areas to Explore
Child Care Cost Burden	Flu Vaccinations
Preventable Hospital Stays	Social Associations
Severe Housing Problems	Mammogaphy Screening
Uninsured	
Primary Care Physicians	
Library Access	
Unemployment	
Children in Poverty	



HEALTH DATASET RESULTS - COCHISE

Cochise County is fairing better than the average county in Arizona for Population Health and Well-Being, and slightly better than the average county in the nation. It is fairing slightly better than the average county in Arizona for Community Conditions, and slightly worse than the average county in the nation.

Greenless County has three areas of strength, where it is performing meaningfully better than the state and national averages, with five areas to explore for potential areas of opportunity or investment.



Cochise County	
Areas of Strength	Areas to Explore
Preventable Hospital Stays	Child Care Cost Burden
Air Pollution: Air Particulate Matter	Uninsured
Some College	Unemployment
	Flu Vaccinations
	Income Inequality

HEALTH DATASET RESULTS SUMMARY

Primary and Secondary Service Area

The following is a list of areas to explore for the combined PSA and SSA. The number is a count of the occurrences for that health area. For example, “Flu Vaccinations” came up as areas to explore across all the three counties.

	Primary Service Area	Secondary Service Area		
Areas to Explore	Graham	Greenlee	Cochise	Count
Flu Vaccinations	X	X	X	3
Uninsured	X		X	2
Social Associations	X	X		2
Mammography Screening	X			1
Severe Housing Problems	X			1
Some College	X			1
High School Completion	X			1
Unemployment			X	1
Income Inequality			X	1
Child Care Cost Burden			X	1
Mammography Screening		X		1
Grand Total	7	3	5	15



COMMUNITY FOCUS GROUPS

MGRMC held two focus groups with community stakeholders to facilitate discussion and get input around the health needs and resources in the community. These were held on September 11th, 2025. The invitees included over 30 individuals in the community including those from or representing medically underserved and low-income communities.

Individuals/organizations represented are as follows, noting that individuals may represent multiple community groups:

MGRMC	MGRMC Foundation	Gila Valley Women's Cancer Support Group
Mental Health Coordination of GCHD	University of Arizona Cooperative Extension	First Things First
City of Safford	Double R Communications	Chamber of Commerce
Mt. Graham Health Department	Freeport – McMoran Community Manager	Community Member
Graham County Board		



COMMUNITY FOCUS GROUPS

The community focus groups utilized the same 6 questions to ensure consistent data collection.

1. What do you like best about living in this community?
2. What are your biggest concerns living in the community?
3. What are the most serious health issues facing this community?
4. What issues are facing the underserved/low-income community?
5. What is your vision for a health community?
6. What are the most beneficial health resources or services in the community?

The following slides highlight the themes across the individual questions, identifying both strengths and opportunities within the community. As you will see, some areas of opportunity also emerge as strengths. For example, “Population Growth” was highlighted in both ways.

The answer themes were developed by categorizing the question responses into common groupings for analysis and comparison.

COMMUNITY FOCUS GROUPS

What do you like best about living in this community?

Theme	Strength	Opportunity	Total
Climate	3		3
School Systems	3		3
Supportive Community	3		3
Small Town Feel	2		2
Diverse Economy	2		2
Outdoor Recreation Opportunities	2		2
Search and Rescue	1		1
Strong Economy	1		1
EMT	1		1
Healthcare	1		1
Volunteer Firefighters	1		1
Job Opportunities	1		1
Youth Programming	1		1
Population Growth	1	1	2
Safety	1		1
Grand Total	24	1	25

Across both focus groups, “Climate”, “School Systems” and “Supportive Community” were noted as the biggest strengths within the community, each accounting for 12% of responses.

“Small Town Feel”; “Diverse Economy”, and “Outdoor Recreation Opportunities” were each noted twice, signaling areas of strength in the PSA and SSA.

What are your biggest concerns living in the community?

Theme	Opportunity
Inadequate Infrastructure for Population Growth	3
Substance Abuse	2
Mental Health Prevalence	2
Lack of Substance Abuse Treatment Facilities	2
Affordable Healthcare for Elderly	2
Recruitment Challenges	2
Elderly Financial Stability	2
Affordable Childcare	2
Youth and Infant Deaths	2
Lack of Adult Daycare	2
Road safety	1
Access to Healthy Food	1
Transportation	1
Lack of Assisted Living	1
Access to Water	1
Lack of Awareness on Substance Abuse Resources	1
Affordability of Mental Healthcare	1
Lack of Rental Housing	1
Increasing Crime	1
Affordable Housing	1
Community Feel	1
Grand Total	32

“Inadequate Infrastructure for Population Growth” was identified as the largest area of concern, with three counts, highlighting an area of concern within the community.

COMMUNITY FOCUS GROUPS

What are the most serious health issues facing this community?

Theme	Opportunity
Access to Affordable Healthy Food	4
Chronic Disease	3
Lack of Health Screenings/Preventative Care	3
Obesity	2
Substance Abuse (legal and illegal substances)	2
Smoking	2
Diabetes	2
Youth Vaping	2
Health Education	2
Physical Inactivity	2
Lack of Access to Specialty Care	2
Social Media Use	2
Mental Health Access	1
Healthcare Staffing	1
Lack of Ambulance Services	1
Substance Abuse Impacts on Healthcare	1
Affordable Transitional Care Post-Rehab	1
Affordable long-term care	1
Lack of Resource Awareness	1
Grand Total	35

“Access to Affordable Healthy Food” was identified as the largest health issue facing this community, accounting for almost 11% of all responses.

“Chronic Disease” and “Lack of Health Screenings/Preventive Care” were tied for the second largest health needs, each receiving almost 9% of answers.

What issues are facing the medical underserved/low-income community?

Theme	Strength	Opportunity	Total
Increases in Charity Care		2	2
Federal Programming Cuts		2	2
Lack of Transportation		2	2
Affordable Medications		1	1
Elderly Financial Stability		1	1
Access to Healthy Food		1	1
Mental Health		1	1
Dental Care Access		1	1
Access to Healthcare	1	1	2
Economic Stability		1	1
Grand Total	1	13	14

“Increases in Charity Care” and “Federal Programming Cuts” were the most frequently identified issues impacting the medically underserved/low-income community, each with over 14% of responses each.

COMMUNITY FOCUS GROUPS

What is your vision for a healthy community?

Theme	Opportunity
Community Engagement	3
Healthy Lifestyles	2
Community Support	2
Physical Exercise Opportunities	2
Affordable Healthcare	2
Access to Specialty Care	2
Youth Programming	1
Outdoor Recreation Opportunities	1
Affordable Prescriptions	1
Access to Healthy Food	1
Awareness of Community Resources	1
Access to Mental Healthcare	1
Health Education	1
Access to Healthcare	1
Community Gardens	1
Grand Total	22

“Community Engagement” was the highest ranked item for a vision of a healthy community, accounting for over 13% of responses.

“Healthy Lifestyles”, “Community Support”, Physical Exercise Opportunities”, Affordable Healthcare”, and “Access to Specialty Care” were all noted twice as items for a vision of a healthy community.

What are the most beneficial health resources or services in the community?

Resource
4H
CICAS
Clinic After Hours
Community Pool
Eastern Arizona College Senior Citizen Programming
Farmer's Market
Food Pantries
Health Department
Lee Rite-Way Market
Library
Local Newspaper
Meals on Wheels
Mt. Graham Hospital
Rosehill Wellness
Samaritan House
Senior Center
Silver Living Transition
Substance Abuse Coalition
Veterans Programming
Youth Sports Programming

Twenty different health resources were identified within the community, ranging from 4H to the local newspaper to Mt. Graham Regional Medical Center, highlighting the wide range of resources that impact the overall health of the community.

COMMUNITY FOCUS GROUPS

Theme	Opportunity
Affordable Healthy Food	7
Mental Health	6
Substance Abuse Treatment Facilities	5
Substance Abuse	5
Specialty Care	4
Physical Activity	4
Community Engagement	3
Infrastructure	3
Elderly Financial Stability	3
Chronic Disease	3
Transportation	3
Health Education	3
Health Screenings/Preventive Care	3
Smoking/Vaping	2
Youth and Infant Deaths	2
Community Support	2
Affordable Prescriptions	2
Recruitment	2
Affordable Childcare	2
Social Media	2
Federal Programming Cuts	2
Diabetes	2
Obesity	2
Affordable Housing	2
Youth Vaping	2
Healthcare Access	2
Affordable Healthcare	2
Adult Daycare	2
Increased Charity Care	2
Healthy Lifestyles	2
All Other	17
Grand Total	103

Over the six questions in the two focus groups, there were 47 areas of opportunity identified over the 103 inputs received. The table to the left represents the areas of opportunity that had more than one response.

Responses were grouped together by high-level theme, for example “Access to Healthy Food” and “Affordable Healthy Food Access” were condensed together into “Affordable Healthy Food”.

“Affordable Healthy Food” was the highest reported opportunity, accounting for over 6% of the responses, emphasizing a strong community concern around access to healthy food and the growing impact of the lack of healthy food options on overall health.

“Mental Health” was the next highest cited opportunity, with six responses. This response rate signals a community need around resources and increased prevalence within the community.

“Substance Abuse Treatment Facilities” and “Substance Abuse” were tied as the third most frequently mentioned community opportunity, noting that not only is there a concern with the amount of substance abuse occurring in the community but also a lack of treatment facilities to care for those in need.

COMMUNITY HEALTH SURVEY

MGRMC also conducted a 2025 Community Health Needs Assessment Community Survey, that was publicly available from August – October of 2025. It was available on MGRMC's website, social media platforms, and posted in registration and high-volume traffic areas. The survey was available in locations designed to specifically solicit feedback from medically underserved and low-income community members.

The survey was completed by 148 individuals and covered a variety of public health topics.

The subsequent slides detail the identified health needs and areas of concern from the survey.

COMMUNITY HEALTH SURVEY

How do you view the following topics in your community?

Response	I don't know	Not a Concern at all	Minor Concern	Crisis Level of Concern	Weighted Average
Drug use	2	2	36	55	2.89
Mental/behavioral health	1	5	34	55	2.86
Lack of specialty care	1	7	33	53	2.82
Homelessness/housing instability	2	6	45	42	2.81
Obesity/lack of physical activity/lack of access to exercise opportunities	0	11	39	45	2.77
Domestic violence/abuse	7	4	55	28	2.69
Smoking/tobacco/vaping	2	12	46	34	2.68
Poverty/unemployment	6	7	58	24	2.66
Alcohol use	5	9	45	36	2.65
Income/job opportunities	3	15	57	19	2.59
Care/programs for older adults	8	8	29	50	2.58
Children in poverty	11	5	43	36	2.55
Chronic disease	8	10	40	37	2.54
Uninsured/underinsured	12	5	38	40	2.52
Bullying	6	15	33	40	2.49
Access to nutritious food	3	20	41	31	2.48
Diabetes	11	8	40	35	2.48
Women's health	7	15	46	27	2.46
Healthcare workforce shortage	7	16	41	31	2.44
Violent crime	4	21	62	8	2.43
Availability of preventive care/health education/health literacy	6	21	38	30	2.37
Teen births	15	8	59	12	2.35
Pollution/water quality	10	22	44	19	2.22
Grand Total	137	252	1002	787	

“Drug use” was identified as the highest area of concern within the community, with a weighted average of 2.89.

“Mental/behavioral health” and “Lack of specialty care” followed closely behind at 2.86 and 2.82.

COMMUNITY SURVEY

How do you view the following healthcare topics in your community?

Response	Needs Improvement	Average	Above Average	I don't know	Weighted Average
Access to specialty services	66	19	8	1	2.60
Access to long term care	60	28	1	4	2.55
Access to urgent care services	61	20	9	3	2.49
Access to mental health services	54	32	1	6	2.44
Number of physicians/providers	42	33	16	2	2.24
Access to substance abuse treatment	53	22	6	13	2.22
Hours the physicians/provider offices are open	26	49	17	2	2.05
Quality of hospital/clinic care	25	39	29	1	1.94
Access to telehealth services	28	47	5	15	1.93
Access to dental services	20	50	21	3	1.93
Access to emergency care services	24	40	27	3	1.90
Closeness/convenience of services	17	49	27	0	1.89
Quality of physician/provider care	18	48	27	1	1.88
Access to optometry services	11	59	19	6	1.79
Grand Total	505	535	213	60	

Free Text Response	Count
Specialty Services	21
Urgent Care	15
Mental Health Resources	14
Provider Availability	7
Substance Abuse Treatment	6
Primary Care Access	5
Elferly Transportation	3
Long-Term Care	3
Patient Experience	3
Local Healthcare Pricing	2
Grand Total	79

“Access to specialty services” was identified as the highest area of concern within the community, with a weighted average of 2.60.

“Access to long term care” and “Access to urgent care services” followed closely behind at 2.55 and 2.49, indicating high need in the community.

For individuals that submitted free text responses, the table on the right summarizes the top areas that needed improvement, highlighting “Specialty Services” as the most cited area, followed by “Urgent Care” and “Mental Health Resources”

COMMUNITY SURVEY

In your opinion, what social determinants of health are unaddressed or inadequately address in our community?

(Check all that apply)

Answer Choices	Responses	Count
Transportation	65%	56
Safe housing & neighborhoods	44%	38
Job & income opportunities	44%	38
Food insecurity	44%	38
Physical activity opportunities	41%	35
Language and literacy skills	28%	24
Racism and/or discrimination	26%	22
Education	24%	21
Polluted air and water	21%	18
Other (please specify)	6%	5
Grand Total		295

Over 65% of respondents identified “Transportation” as the largest social determinant of health that is inadequately addressed in the community.

“Safe housing & neighborhoods”, “Job & income opportunities”, and “Food insecurity” followed closely each with 44% of responses.

What prevents you, if anything, from receiving healthcare services?

(Check all that apply)

Answer Choices	Responses	Count
It's hard to get an appointment or find a doctor.	33%	21
I've had a bad experience with care in my community.	30%	19
I have insurance, but it doesn't cover what I need.	29%	18
I have insurance, but can't afford the costs (copays/deductibles, etc.).	27%	17
Other (please specify)	16%	10
My family or I usually don't go to the doctor.	14%	9
I have trouble getting there (no ride, too far, or not convenient).	14%	9
I'm afraid to deal with a health issue.	10%	6
I've had a bad experience with care elsewhere.	10%	6
I can't find providers who understand or reflect my background.	10%	6
I'm not sure what care my family or I need.	5%	3
I don't know where to go for care.	5%	3
My cultural or religious beliefs	3%	2
Language barriers	2%	1
I don't have health insurance.	2%	1
I don't understand why I should see a doctor.	0%	0
Grand Total		131

One third of survey participants selected “It’s hard to get an appointment or find a doctor” as what prevents them from receiving healthcare services.

This is followed by “I’ve had a bad experience with care in my community” with 30% of respondents selecting this answer, highlight that access and patient experience post significant barriers within the community.

COMMUNITY SURVEY

Which of the following services, if any, are you accessing outside of MGRMC?
(Check all that apply)

Answer Choices	Responses	Count
Other (please specify)	46%	32
Surgery	33%	23
Urology	32%	22
Cancer Center	25%	17
Imaging	25%	17
Oncology	20%	14
Orthopedics	20%	14
Spine and Pain	17%	12
Laboratory	14%	10
Endocrinology Telehealth	14%	10
Gastro Intestinal	14%	10
Family Medicine	13%	9
OBGYN	10%	7
Emergency Room	10%	7
Disability	9%	6
Pediatric Cardiology	9%	6
TMC OB	9%	6
Intensive Care Unit	7%	5
Pulmonary Function Testing	7%	5
Maternity	6%	4
Sleep Center	6%	4
Rehabilitation	4%	3
Nephrology	3%	2
Prosthetics & Orthotics	3%	2
Immunizations	3%	2
Grand Total		249

Other Free Text Response	Count
Neurologist	9
Cardiologist	8
Rheumatologist	4
Pulmonologist	4
ENT	4
Sleep Center	3
Allergist	3
Ophthalmologist	3
Mental Health	3
Dermatologist	2
Radiation Oncology	2
Pediatric Specialists	2
Hormone Specialist	1
Endocrinologist	1
Vascular Surgery	1
Hepatology	1
Orthopedics	1
Naturopathic Medicine	1
Advanced Imaging	1
Neuropsychologist	1
Grand Total	55

Over 46% of participants selected “Other” for services that are being accessed outside of MGRMC. The table to the left highlights the “free text” responses from this section, with “Neurologist” receiving 9 responses followed closely by “Cardiologist” with 8 responses.

“Surgery” was the second highest selected service that is currently being accessed outside of MGRMC, with over 33% of responses. This is followed closely by “Urology” with 32% of responses.

COMMUNITY SURVEY

What other healthcare services would you like to see in our community?

(Free text)

Response	Count
Mental/Behavioral Health	16
Urgent Care/Emergent Care	11
Cardiology/Cardiologist	8
Urology/Urologist	8
Neurology/Neurologist	7
Oncology/Oncologist	7
ENT/Otolaryngology	7
Rehabilitation/Substance Abuse	6
Other Specialists	6
Pediatrics/Pediatrician	5
OB/GYN	5
Endocrinology/Endocrinologist	5
Pulmonology/Pulmonologist	5
Dental/Dentist	4
Cancer Center/Radiation	4
Community/Preventive Health	4
Primary Care/PCP	3
Imaging/MRI	3
Transportation/Access	3
Alternative/Holistic Medicine	3
Dermatology/Dermatologist	2
Rheumatology/Rheumatologist	2
Ophthalmology/Ophthalmologist	2
Hand Surgeon	2
Podiatrist	2
Dietitian/Nutrition	2
Grand Total	132

“Mental/Behavioral Health” was the most frequently requested service for Graham, Greenlee, and Cochise Counties, with over 16 free text responses. This was followed by “Urgent Care/Emergent Care” services, with 11 free text responses.

The frequent request for these two additional services, suggests that there is a gap of mental health and urgent care services within the community.

COMMUNITY SURVEY

What additional recommendations for addressing community health needs do you have for Mt. Graham Regional Medical Center, if any?
(Free text)

Response	Count
Quality of Care	9
Access to Urgent Care	8
Healthcare Affordability/Pricing	7
Access to Specialty Services	6
Community Engagement	4
Organizational Culture	3
Transportation	1
Grnd Total	38

“Quality of Care” was the highest recommendation for addressing community health needs, with Mt. Graham’s PSA and SSA, signaling the need for increased patient experience and patient satisfaction efforts.

“Access to Urgent Care” was the second highest recommendation, again indicating high need for this service in the community.

The comments also included positive feedback such as “In the last 20 years I’ve seen great improvements in the quality of care” and “thank you for your hard work in providing care for the community”.



COMMUNITY SURVEY SUMMARY

The table on the following slide highlights the top areas of need identified in the nine community survey questions.

In several questions, respondents could select multiple answers; therefore, the top five highest-ranked responses from each question are shown.

The top five answers from each question were given a weight from 1-5, with a weight of 5 indicating the highest need/priority within a question. If multiple answers had the same rank, all were included.

Additionally, high-level themes were created since survey respondents had the ability to enter free text responses, for example “Mental/Behavioral Health” and “Access to mental health services” were grouped together as “Mental Health”.

COMMUNITY SURVEY SUMMARY

Response	Number of Questions	Total Weight	Average Weight Across 9 Questions
Specialty Care	5	16	1.78
Urgent Care	4	15	1.67
Mental Health	4	14	1.56
Provider Availability	4	11	1.22
Access to Local Care	3	10	1.11
Cancer Care	3	7	0.78
Substance Abuse	3	7	0.78
Patient Experience	2	7	0.78
Urology	2	7	0.78
Transportation	2	6	0.67
Insurance Coverage	2	5	0.56
Surgery	1	5	0.56
Quality of Care	1	5	0.56
Lack of Physical Exercise Opportunities	2	4	0.44
Safe Housing	1	4	0.44
Job & Income Opportunities	1	4	0.44
Food Insecurity	1	4	0.44
Long-Term Care	1	4	0.44
Affordable Healthcare	1	3	0.33
Cardiology	1	3	0.33
Imaging	1	3	0.33
ENT	1	2	0.22
Neurology	1	2	0.22
Orthopedics	1	2	0.22
Affordable Housing	1	2	0.22
External Provider Relationship	1	2	0.22
Language and Literacy Skills	1	2	0.22
Spine & Pain	1	1	0.11
Community Engagement	1	1	0.11
Racism/Discrimination	1	1	0.11
Health Literacy	1	1	0.11
Grand Total	55	160	

“Specialty Care” was consistently ranked as the highest need in the community, appearing in five of the nine questions, with an average weighted score of 1.78, signaling a need for increased need for specialty services in the community.

“Urgent Care” followed closely behind with an average weighted score of 1.67, suggesting gaps in timely, accessible treatment options for non-emergency situations.

“Mental Health” was the third highest ranked need in the community, at 1.56, indicating a pressing need for an investment in services.

Lowered-ranked issues such as “Spine & Pain”, “Language and Literacy Skills”, and “Community Engagement” point to unmet needs in both specialty and general healthcare areas as well as overall community support and programming. Addressing these gaps could improve early detection and enhance health outcomes.

DATA TRIANGULATION PROCESS

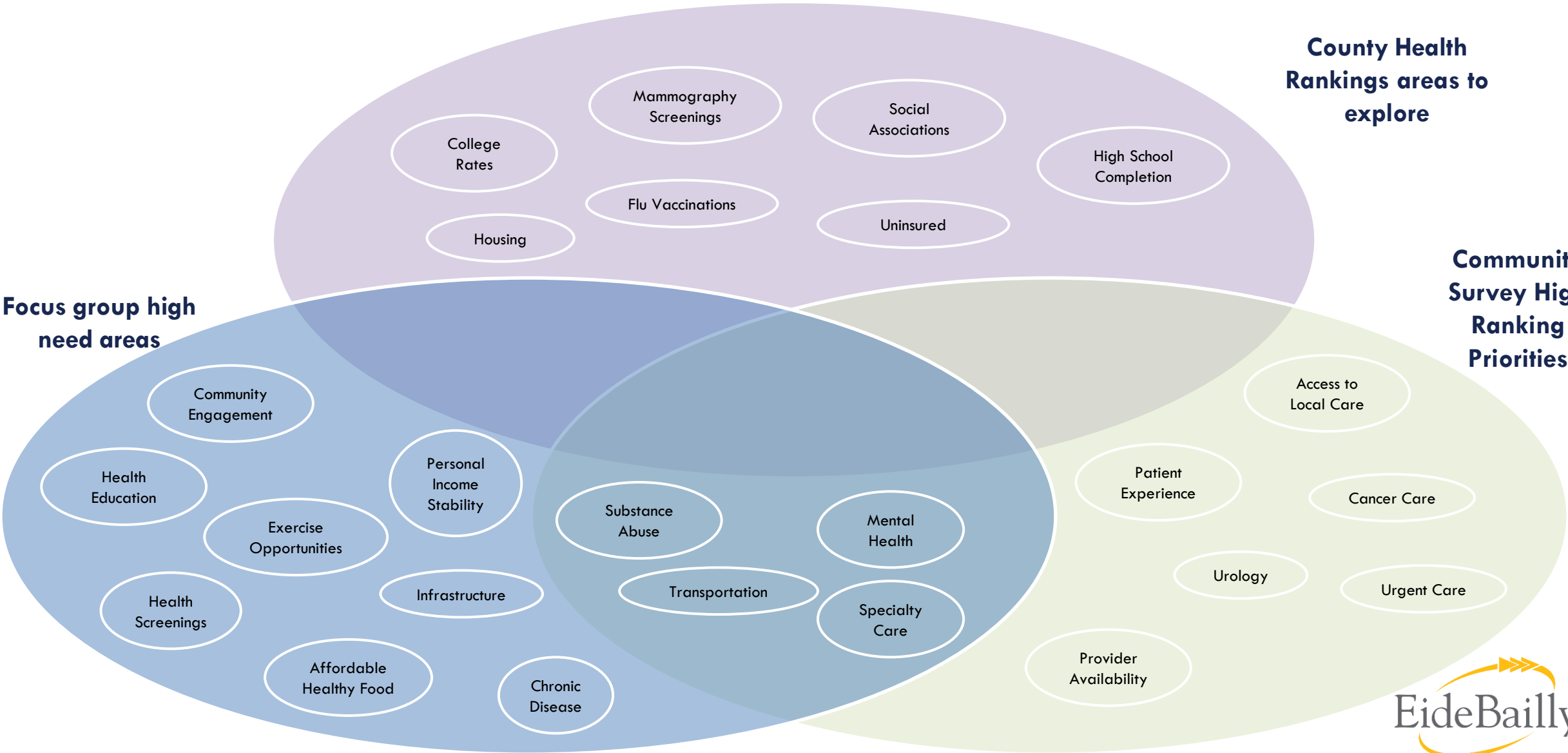
To identify areas of overlap and common themes between the three data sources: County Health Rankings, Focus Groups, and Community Survey responses, a crosswalk analysis was performed.

This crosswalk was necessary because the areas of opportunity, survey results, and focus group responses did not align on a one-to-one basis.

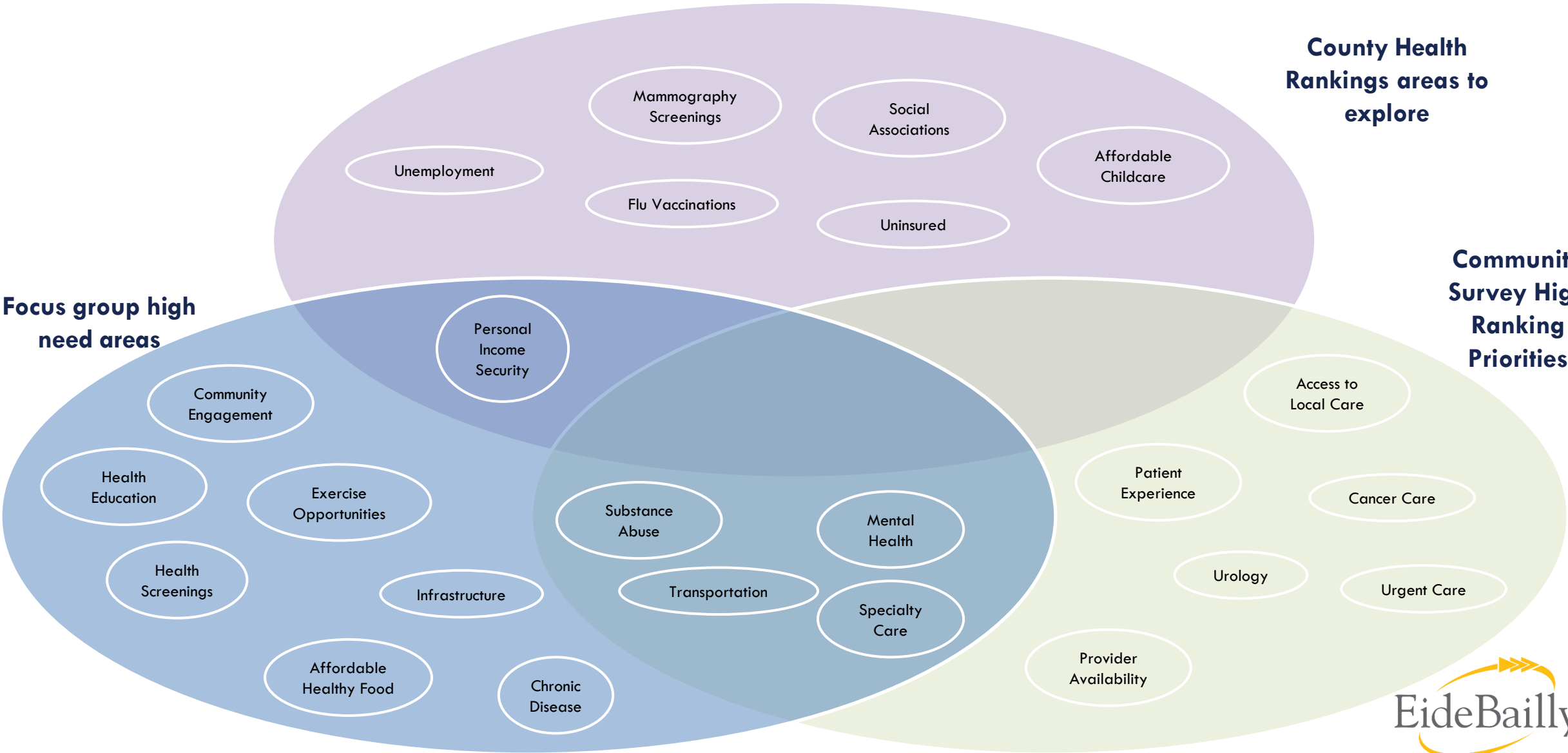
For instance, similar responses such as “Physical Activity” and “Lack of Physical Exercise Opportunities” were grouped into a single category of “Exercise Opportunities” to facilitate data triangulation. Similarly, for display purposes, names were shorted from “Access to Specialty Care” to “Specialty Care”.

The following slides display the overlapping themes across the top ten areas of opportunity within the three data sources for the PSA and SSA. If multiple responses had the same ranking within a dataset, all responses within that rank were included.

PSA HEALTH PRIORITIES ANALYSIS



SSA HEALTH PRIORITIES ANALYSIS



COMMUNITY RESOURCES

MGRMC has identified the following resources within the community to support and partner with to address the prioritized health needs.

• 4H	• CICAS	• Clinic After Hours	• Community Pool
• Eastern Arizona College Senior Citizen Programming	• Farmer’s Market	• Food Pantries	• Health Department
• Lee Rite-Way Market	• Staff City-Graham County Library	• Gila Herald Newspaper	• Meals on Wheels
• Mt. Graham Regional Medical Center	• Rosehill Wellness Center	• Samaritan House	• Senior Center
• Substance Abuse Coalition	• Veterans Programming	• Youth Sports Programming	• Health Department



PRIORITIZATION OF HEALTH NEEDS

The core CHNA work group was comprised of the following staff:

- Chief Executive Officer
- Chief Financial Officer
- Director of Clinic & Community Based Services
- Director of Quality, Safety, & Emergency Preparedness

This group met to review the needs identified through the community health needs assessment process. After analyzing input from the focus groups, survey, and community health data, they did a preliminary prioritization that identified needs based on potential impact on community health, the urgency of the need, and the ability to meet these needs. The following health areas are determined to be prioritized, in no particular order:

Prioritized items:

- Specialty Services
 - Urology
 - Additional Surgery Services
 - Oncology
 - Urgent care (solved by means of more clinics and providers)
- Mental Health
 - Continued expansion and support of mental health providers and resources
- Chronic Disease
 - Cardiology
 - Diabetes
 - Community engagement/education

Some identified health needs beyond the scope and/or abilities of Mount Graham Regional Medical Center are not prioritized at this time. More detail can be seen in our implementation plan.

EVALUATION OF IMPACT OF PRIOR CHNA

1. Mental Health (outpatient and inpatient)

Since the 2022 CHNA was completed, our primary care clinic continues to employ a Psychiatric Mental Health Nurse Practitioner to meet the high demand for mental health providers in our community. We continue to employ the second psychiatric mental health practitioner hired in 2023. In 2024, our family medicine clinic, Copper Mountain Clinic added another psychiatric mental health nurse practitioner to meet the patient load and demand. MGRMC continues to collaborate with a variety of providers of mental health services to offer in-person and telepsych services in the hospital and hospital clinics. The hospital's Employee Assistance Program provides easy access to mental health and related services to hospital employees and their families. MGRMC's Case Management partners with local programs that specialize in mental health to make sure all patients have access to the mental healthcare that they need. The hospital works closely with mental health providers both in the community and the Phoenix and Tucson metropolitan areas to ensure the appropriate referral of patients for needed care. MGRMC sponsors and promotes community mental health awareness events including 5k/10k walk/runs. Copper Mountain Clinic added another psychiatric mental health nurse practitioner to meet the patient load and demand.

2. Substance use/abuse resources

MGRMC continues to offer support to the Graham County Substance Abuse Coalition in its efforts to combat opioid abuse and response in the Gila Valley. The hospital purchased a local pain management clinic in the community to ensure the success of the clinic and continued availability for our community. MGRMC sponsors substance abuse prevention and recovery events and programs working with the Graham County Substance Abuse Coalition. MGRMC is diligent in ensuring appropriate referrals to substance abuse treatment services and includes such services in its employee benefits program.

3. Diabetes

MGRMC employs a dietician who oversees our Diabetes Family Support Group as well as our Diabetes education classes. These classes cover individual nutrition counseling, diabetes education, and how best to support family members who may have diabetes. Our dietician works on expanding diabetes knowledge through school visits and community health fairs. In 2024, MGRMC's dietician attended a local 4th grader day educating school-ages children on nutritional food.

EVALUATION OF IMPACT OF PRIOR CHNA

4. Wellness (Obesity/weight management, Nutrition)

The hospital's Copper Mountain Clinic, a federally designated rural health clinic, provides access to primary care services including wellness visits, immunizations, illness care, and health education. The hospital provides a financial incentive to employees for membership in fitness programs. The hospital also provides a wellness app for all employees who participate in our medical plan. This app encourages employees to cultivate good health habits, track daily step counts, fitness activities, nightly sleep, nutrition and water intake, wellness checkups, and participate in wellness challenges with co-workers. MGRMC is also part of the Gila Valley Food Coalition with local partners to provide nutritional food and items to underserved communities in food deserts across Graham and Greenlee Counties. The hospital continued to promote wellness community health fairs, sponsoring health-related community events, and working with local clubs, organizations, and wellness facilities to promote wellness activities. The hospital and its foundation also provide support for runs, golf outings and tournaments, and other sports and wellness-related activities.

5. Additional Specialty Services (Heart Disease-care and resources, Cancer- care and resources)

After acquiring MGRMC OB/GYN clinic as a new hospital-owned medical practice we added and continue to employ another OBGYN provider through 2024. In 2024 Mt. Graham OBGYN added another OBGYN Provider who also specializes in fertility and intrauterine insemination (IUI). MGRMC brought two more clinics, Mount Graham Spine and Pain, and Mt Graham Orthopedics substantially to ensure their continued operation in our community by adding new providers to those clinics as existing providers get closer to retirement. Mt. Graham added another Orthopedic Surgeon in 2024 to Mt. Graham Orthopaedics. MGRMC hosts many independent specialists on our campus, including a full-service cardiology group, OBGYN clinic, orthopedics, podiatry, dermatology, and physical therapy. Our Specialty Clinic leases space to visiting providers including oncology, urology, pediatrics, and nephrology. Additionally, some of the specialists offer telemedicine to increase their presence in the community.

NEXT STEPS

This Community Health Needs Assessment report was approved by the Mount Graham Regional Medical Center's Board of Directors at the meeting on December 9, 2025.

Mount Graham Regional Medical Center is required to adopt an organization-specific implementation strategy in response to the Community Health Needs Assessment report. This will be developed and approved by the board no later than May 15th, 2026.

The implementation strategy will be reviewed on an annual (or more frequent) basis. The CHNA process, public report, and implementation strategy will be repeated every three years, as required by Internal Revenue Code 501(r)(3).

CONTACT INFORMATION

Community members who would like to provide comments on the needs identified or provide input on the next CHNA process are encouraged to contact MGRMC with their inquiries, suggestions or comments.

Tia Astrain
Marketing Representative
Mount Graham Regional Medical Center
1600 S 20th Avenue
Safford, AZ, 85546
Tastrain@mtgraham.org

