2025 Community Health Needs Assessment

Report adopted by Hospital Advisory Board May 2025

St. Joseph Health™

A member of CommonSpirit

Table of Contents

Community Health Needs Assessment – At a Glance

St. Joseph Health - Grimes Hospital

Data Analysis Overview

Secondary Data
Topic score of 1.50 or higher

Listening Sessions
Frequency topic was discussed during interviews

Community Partner Survey
Selected by 20% or more of respondents as a priority health issue

Secondary data, or numerical health indicators, from HCI's 200+ community indicator database, were analyzed and scored based on their values.

Listening Sessions were conducted with **over 60 community groups , organizations, and hospital leaders** that represent the broad demographics or underserved populations in the community.

The Community Partner Survey was distributed across the region to gather quantitative data regarding community-serving organizations and their views on the health needs within the service area.

Prioritized Significant Health Needs

Cancer

Health Care Access & Quality

Heart Disease & Stroke

Mental Health

Respiratory Diseases

Weight Status

Women's Health

*Topic scores reflect the relative severity of issues based on standardized data; a score of 1.50 or higher indicates a higher-than-average concern compared to state or national benchmarks.

Executive Summary

Introduction & Purpose

The purpose of this community health needs assessment (CHNA) is to identify and prioritize significant health needs in the community served by St. Joseph Health-Grimes Hospital. The priorities identified in this report guide the hospital's community health improvement programs, community benefit activities, and collaborative efforts with other organizations sharing the mission to improve community health. This CHNA meets the requirements of the Patient Protection and Affordable Care Act, mandating not-for-profit hospitals to conduct a CHNA at least every three years.

CommonSpirit Health Commitment and Mission Statement

The hospital's commitment to engaging with the community, assessing priority needs, and helping to address them with community partners is in keeping with its mission.

Our Mission

As a member of CommonSpirit Health, we make the healing presence of God known in our world by improving the health of the people we serve, especially those who are vulnerable, while we advance social justice for all.

Our Vision

A healthier future for all—inspired by faith, driven by innovation, and powered by our humanity.

Our Values

- **Compassion**: Care with listening, empathy, and love; accompany and comfort those in need of healing.
- **Inclusion**: Celebrate each person's gifts and voice; respect the dignity of all.
- **Integrity**: Inspire trust through honesty; demonstrate courage in the face of inequity.
- **Excellence**: Serve with fullest passion, creativity, and stewardship; exceed expectations of others and ourselves.
- **Collaboration**: Commit to the power of working together; build and nurture meaningful relationships.

CHNA Collaborators

St. Joseph Health-Grimes Hospital collaborated with various community organizations, local health departments, and healthcare providers. Conduent Healthy Communities Institute (HCI) was contracted to facilitate data collection, analysis, and community engagement efforts.

Community Definition

The community served by St. Joseph Health Grimes Hospital encompasses the primarily rural region of Grimes County, located in the eastern portion of the Brazos Valley. This service area includes the zip codes with the greatest inpatient and outpatient utilization of Grimes Hospital services, ensuring that the CHNA reflects the core population engaging with local healthcare systems

Process and Criteria to Identify and Prioritize Significant Health Needs

Health needs were prioritized based on magnitude and community impact, considering secondary data indicators, stakeholder input, and collaborative discussions. The process involved a comprehensive review of the available data, alongside surveys and input from key stakeholders, including healthcare professionals, community leaders, and residents. This collaborative approach ensured that diverse perspectives were considered, leading to a well-rounded understanding of the community's most pressing health concerns.

Upon identifying the significant health needs, the team categorized them into themes such as chronic disease prevention, mental health support, access to healthcare services, and health education. Each category was then evaluated to determine its potential impact on the community's overall well-being and its alignment with the hospital's mission and resources.

The prioritization process also considered the feasibility of addressing these needs, considering available resources, potential partnerships, and existing community initiatives. By aligning efforts with ongoing programs and leveraging partnerships, St. Joseph Health Grimes Hospital aims to maximize the effectiveness of its community health improvement strategies.

As a result, the prioritized health needs will guide the development of targeted interventions and programs designed to address gaps in care and improve health outcomes for all community members, particularly those who are most vulnerable. These efforts are intended to foster a healthier, more resilient community, where everyone has the opportunity to thrive.

List of Prioritized Significant Health Needs

Health needs were ranked based on their significance and potential impact on the community. This prioritization process incorporated a comprehensive review of secondary data indicators, insights gathered through stakeholder interviews and focus groups, and collaborative discussions with community partners. The resulting list of prioritized needs reflects both the prevalence and urgency of issues affecting the population.

The identified priority health needs include:

Cancer | Health Care Access & Quality | Heart Disease & Stroke | Mental Health | Respiratory Diseases | Weight Status | Women's Health

Each of these areas represent a significant concern that affects health outcomes and quality of life for residents across the defined community. More detailed data, justification for prioritization, and summaries of community input are provided in subsequent sections of this report. Additional data tables, methodology details, and community input documentation are available in the appendices.

Resources Potentially Available

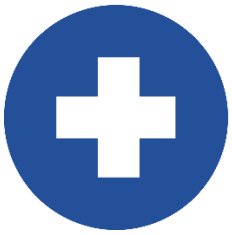
Resources potentially available to address these needs include existing community programs, local nonprofit partnerships, healthcare infrastructure investments, and ongoing collaborations with community-based organizations targeting the identified significant health needs within the service area.

Report Adoption, Availability and Comments

This CHNA report was adopted by the St. Joseph Health Grimes Hospital advisory board in June 2025. The report is widely available to the public on the hospital's website, and a paper copy is available for inspection upon request at the hospital's Mission and Spiritual Care Office. Written comments on this report can be submitted to the Mission and Spiritual Care Office, 210 S Judson St, Navasota, TX 77868 or by e-mail to fawn.preuss@commonspirit.org.

Looking Back: Evaluation of Progress since prior CHNA

Since the completion of the 2022 Community Health Needs Assessment, St. Joseph Health Grimes Hospital has implemented a comprehensive set of initiatives to expand access to care, reduce barriers, address chronic disease, support mental health, and promote community wellness. These efforts were guided by the goals outlined in the previous Implementation Strategy and reflect the hospital's continued commitment to advancing health equity in Grimes County.



Access to Care Initiatives

- Provided Medicaid/CHIP enrollment counseling to 565+ individuals and assisted 150+ more during health fairs
- Offered $996,447 in charity care and financial assistance to uninsured and underinsured patients
- Operated the Grimes Health Resource Center, offering case management, referrals, transportation, and senior meals
- Assisted 79 residents with transportation services and supported over 108 seniors with meal programs
- Contributed 816 hours of EMS standby support at local events
- Awarded a $6,468 Community Health Improvement Grant for a community garden and healthy food education

Chronic Disease Management

- Hosted Wellness for Diabetes classes for 100+ residents annually and provided free A1C testing and referrals
- Offered affordable cardiac rehab through the HeartSmart Program
- Delivered health coaching for patients managing diabetes and obesity

Mental Health Initiatives

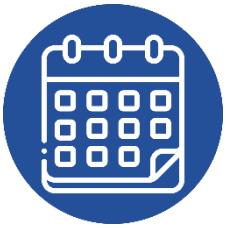
- Provided Senior Renewal mental health services in collaboration with nearby hospitals

Preventive Health & Outreach

- Hosted the Grimes Health First Health Fair with 95 attendees and distributed flu shots, screenings, and wellness education

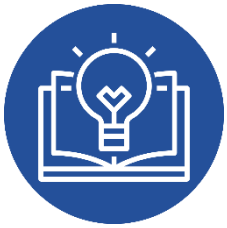
- Conducted 54 telehealth counseling sessions for rural residents
- Integrated depression screenings into hospital and community events

- Provided 141 flu vaccinations at community events
- Organized a Back-to-School Drive serving 400 children with supplies and resources
- Offered senior outreach education on fall prevention, nutrition, and medication safety
- Certified 89 community members in CPR & First Aid



Community Contributions & Events

- Donated blood drive resources benefiting 25 people
- Sponsored food banks, clothing drives, and emergency utility assistance
- Supplied meals for first responders during emergencies and disaster responses



Health Professions Education

- Supported clinical training for medical, nursing, pharmacy, EMT, and radiology students through Texas A&M and other academic partners.

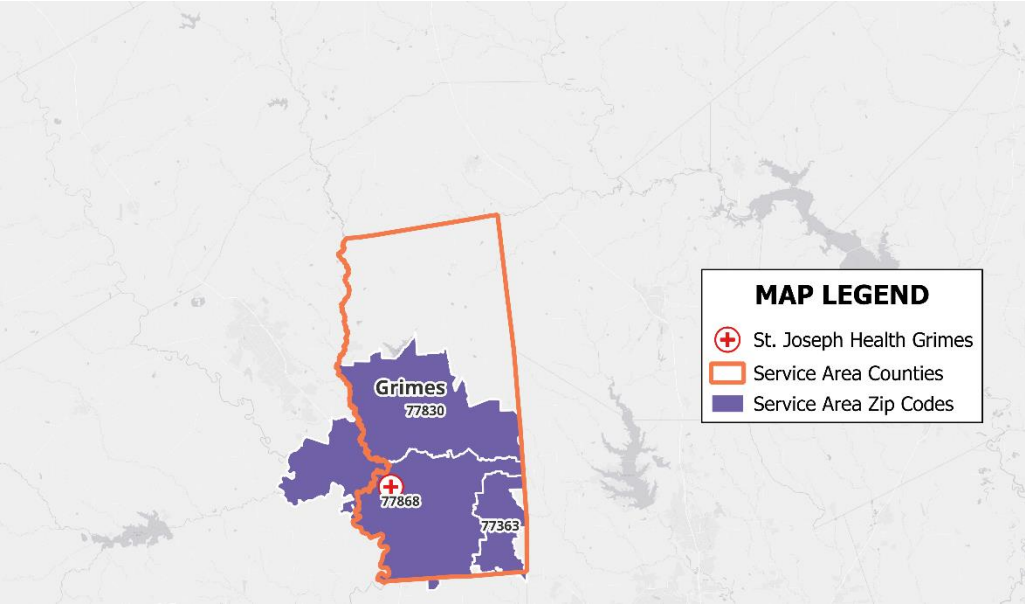
Defining the Community

Grimes County is home to approximately 24,352 residents according to Claritas 2024 estimates. The county is characterized by a large rural population with limited access to specialty care and public transportation. The racial and ethnic composition of the community includes 58.6% White, 21.7% Hispanic or Latino, and 15.1% Black or African American residents. The area also has a significant aging population and elevated rates of chronic disease.

The community includes small towns such as Navasota, Anderson, and Iola, each reflecting a mix of cultural and economic diversity. The healthcare needs of this population are amplified by geographic distance from larger urban hospitals, requiring a strong focus on local access to primary care, maternal and child health, behavioral health services, and chronic disease management.

A detailed map of the Grimes County service area is provided in Figure 1 and demographic profiles including age distribution, poverty levels, racial and ethnic composition, and insurance status are summarized in the Core Demographics section of this report.

FIGURE 1. GRIMES HOSPITAL SERVICE AREA



Demographic Profile

Geography and Data sources

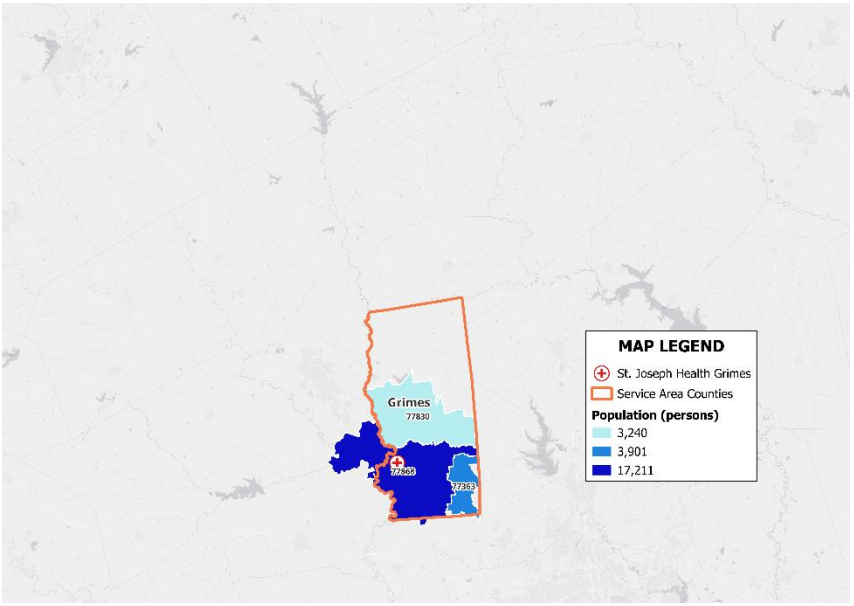
The following section explores the demographic profile of the Grimes primary service area, which includes 3 zip codes in and around Grimes County. A community's demographics significantly impact its health profile. Different racial/ethnic, age, and socioeconomic groups may have unique needs and require varied approaches to health improvement efforts.

Unless otherwise indicated, all demographic estimates are sourced from Claritas® (2024 population estimates). Claritas demographic estimates are primarily based on U.S. Census and American Community Survey (ACS) data. Claritas uses proprietary formulas and methodologies to calculate estimates for the current calendar year.

Population

The Grimes primary service area has an estimated population of 24,352 persons. Figure 2 shows the population breakdown for the service area by zip code.

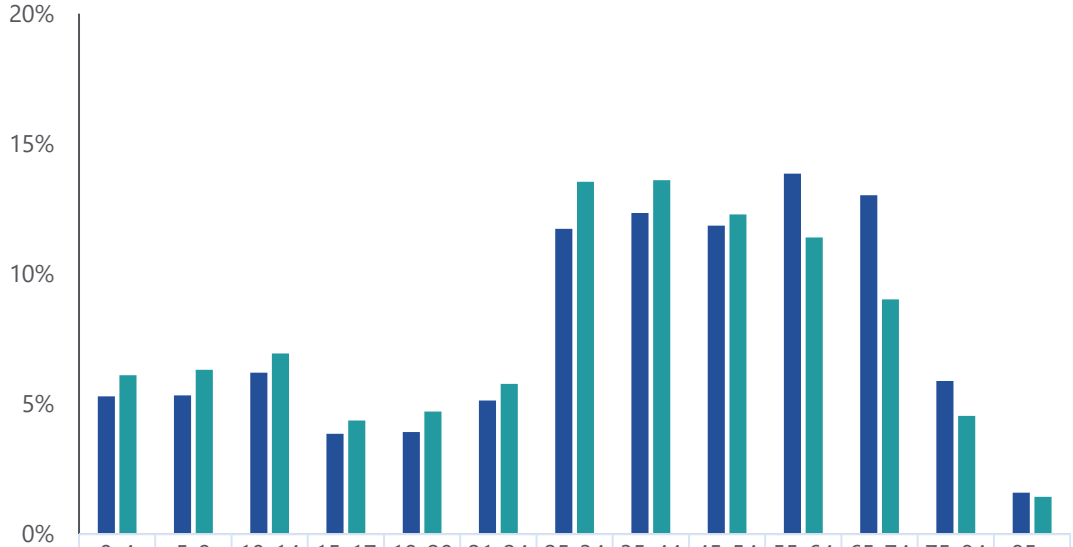
FIGURE 2. GRIMES HOSPITAL PRIMARY SERVICE AREA POPULATION DISTRIBUTION BY ZIP CODE



Age

Figure 3 shows the population of Grimes's primary service area broken down by age group, with comparisons to the state-wide Texas population. Overall, the age distribution of Grimes is older than the state-wide Texas population. Most of the population is between 25 and 74 years old.

FIGURE 3. POPULATION BY AGE: REGIONAL HOSPITAL SERVICE AREA

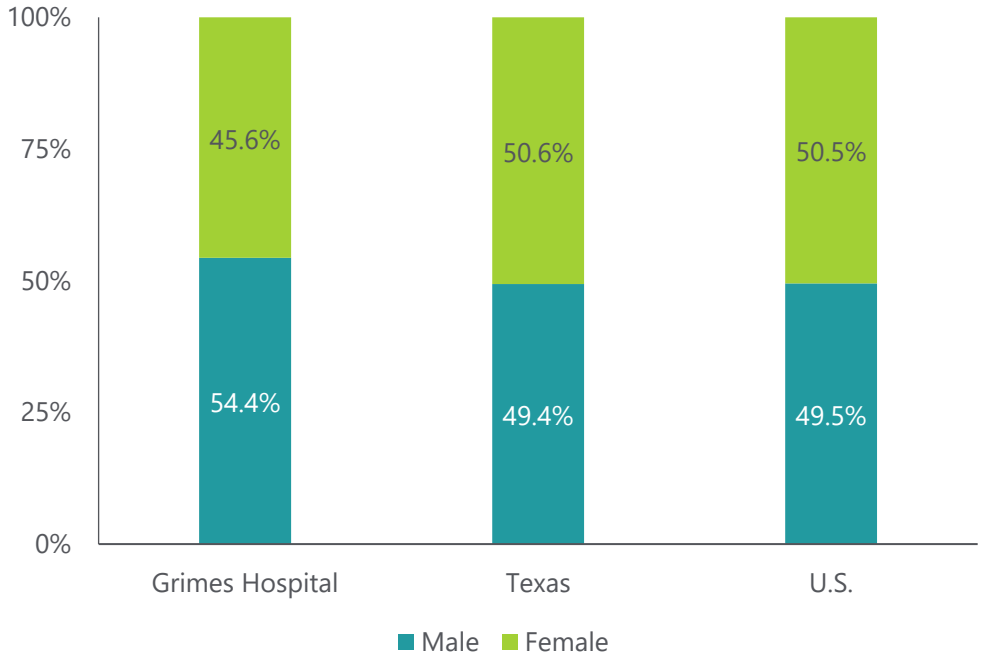


	0-4	5-9	10-14	15-17	18-20	21-24	25-34	35-44	45-54	55-64	65-74	75-84	85+
Grimes Hospital	5.3%	5.3%	6.2%	3.9%	3.9%	5.1%	11.7%	12.3%	11.9%	13.9%	13.0%	5.9%	1.6%
Texas	6.1%	6.3%	6.9%	4.4%	4.7%	5.8%	13.5%	13.6%	12.3%	11.4%	9.0%	4.5%	1.4%

Sex

As seen in Figure 4, 45.6% of the Grimes population is female, which is slightly lower than both state and national populations (50.6% and 50.5%, respectively).

FIGURE 4. POPULATION BY SEX: COUNTY, STATE, AND U.S. COMPARISONS



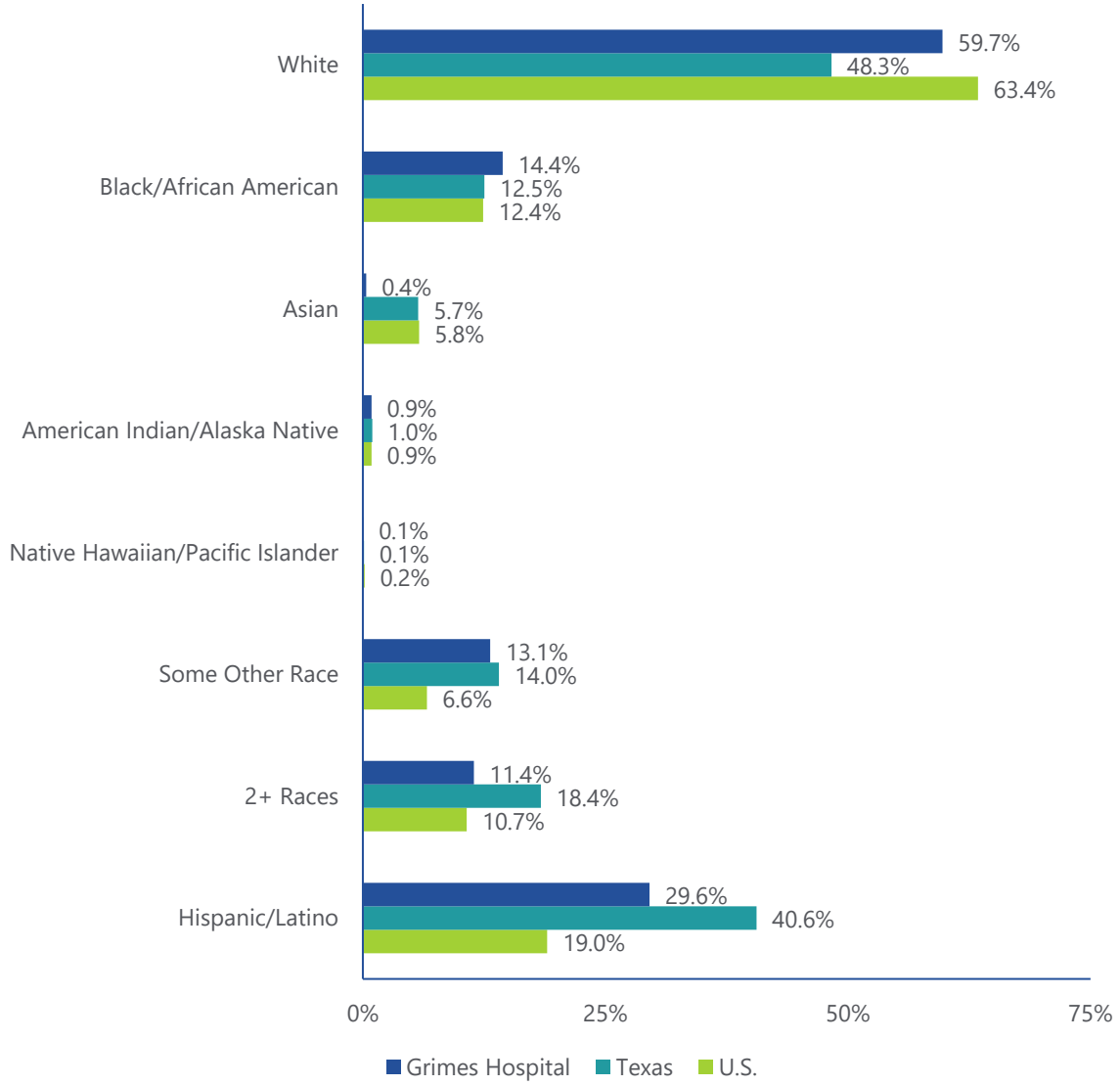
U.S. value taken from American Community Survey (2019-2023)

Race and Ethnicity

Considering the racial and ethnic composition of a population is important in planning for future community needs, particularly for schools, businesses, community centers, health care, and childcare. Analysis of health and social determinants of health data by race/ethnicity can also help identify disparities in housing, employment, income, and poverty.

The majority of the population in the Grimes service area identifies as White (59.7%). BSLMC has a higher percentage of Black/African American residents than both statewide or nationwide populations (14.4% vs. 12.5% and 12.4%, respectively).

FIGURE 5. POPULATION BY RACE AND ETHNICITY

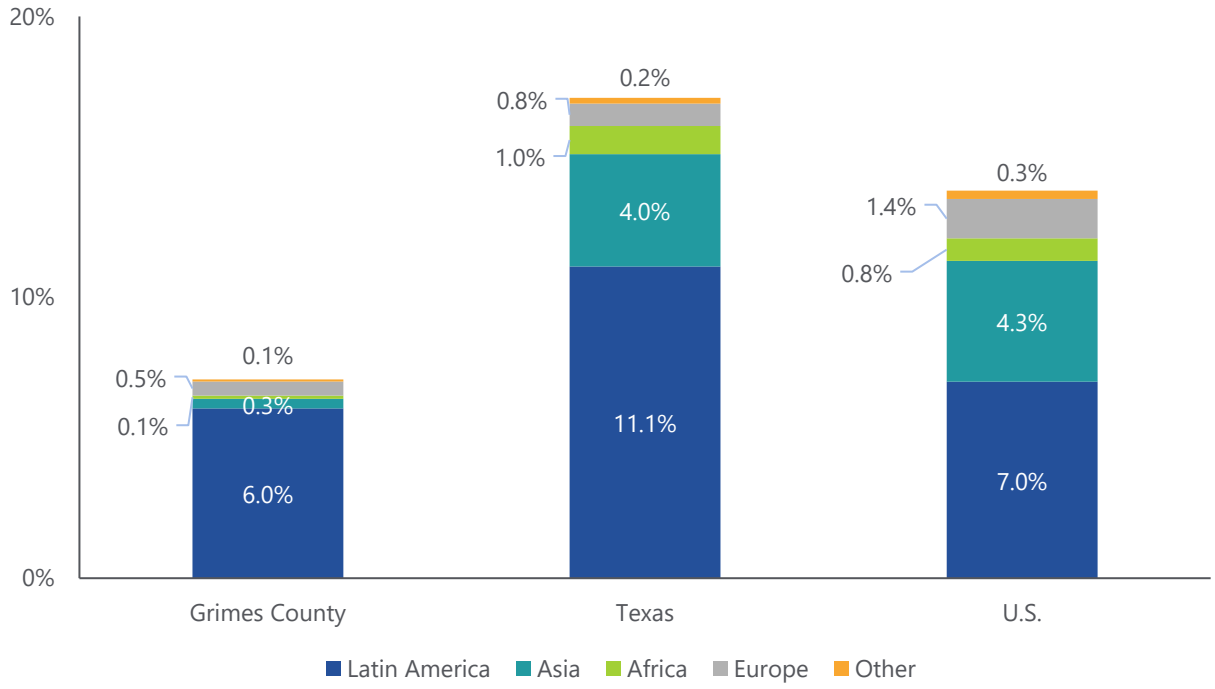


U.S. value taken from American Community Survey (2019-2023)

Language and Immigration

Understanding countries of origin and difficulty in speaking language can help inform the cultural and linguistic context. According to the American Community Survey, 7.0% of residents in Grimes County are born outside the U.S., which is lower than the state value (17.2%) and national value (13.9%). Figure 6 provides a breakdown of region of birth for any persons born outside the country.

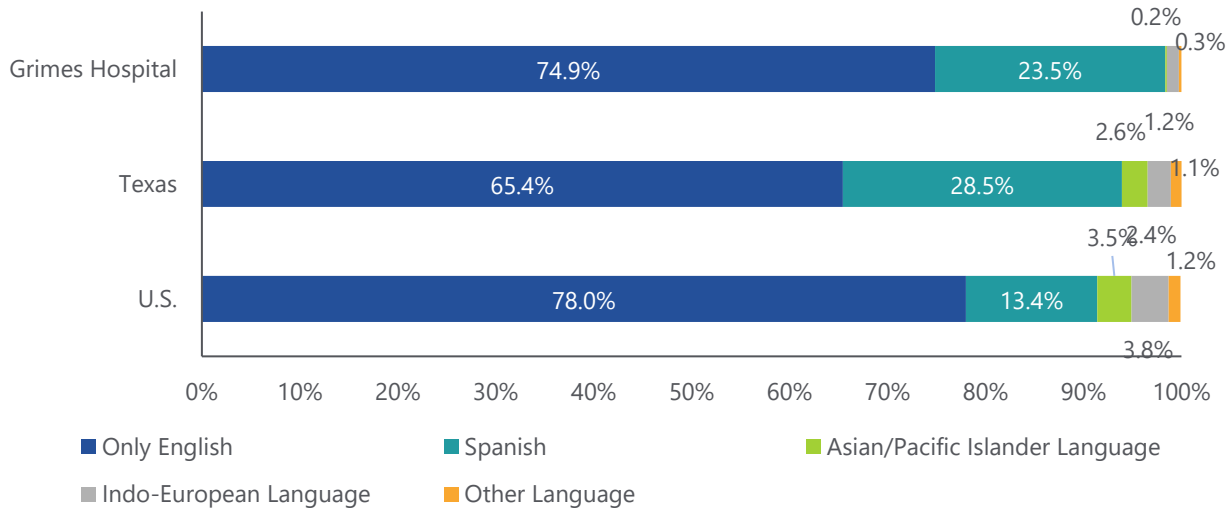
FIGURE 6. REGION OF BIRTH FOR ANY PERSONS BORN OUTSIDE THE COUNTRY



County, state, and U.S.. values taken from American Community Survey (2019-2023)

As shown in Figure 7, the majority of the Grimes Hospital service area population speak only English at home (74.9%). The Grimes population is more likely than the nation-wide population to speak Spanish (23.5% vs. 13.4%).

FIGURE 7. POPULATION AGE 5+ BY LANGUAGE SPOKEN AT HOME

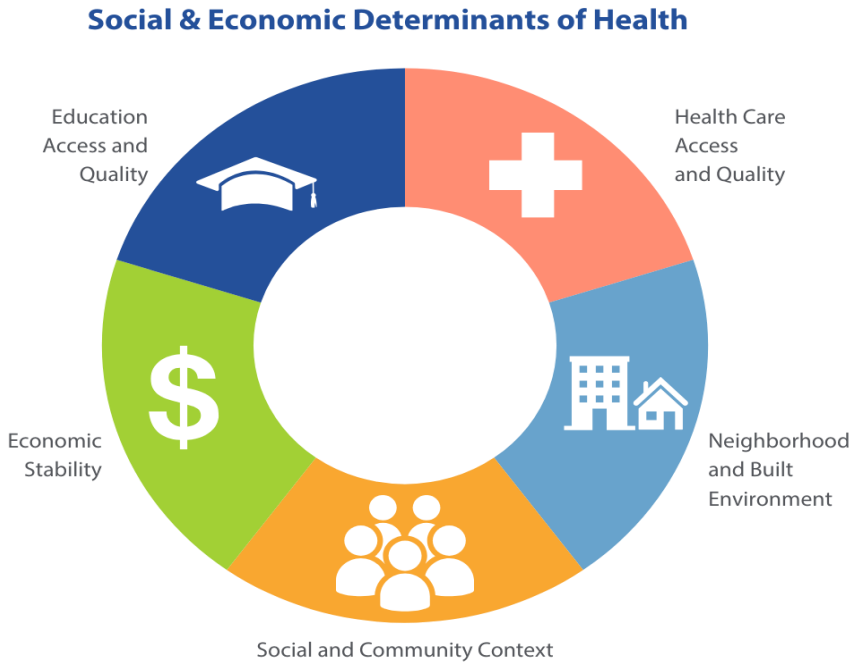


U.S. value taken from American Community Survey (2019-2023)

Social & Economic Determinants of Health

This section explores the economic, environmental, and social determinants of health impacting the Grimes primary service area. Social Determinants of Health (SDOH) are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. The SDOH can be grouped into five domains. Figure 8 shows the Healthy People 2030 Social Determinants of Health domains (Healthy People 2030, 2022).

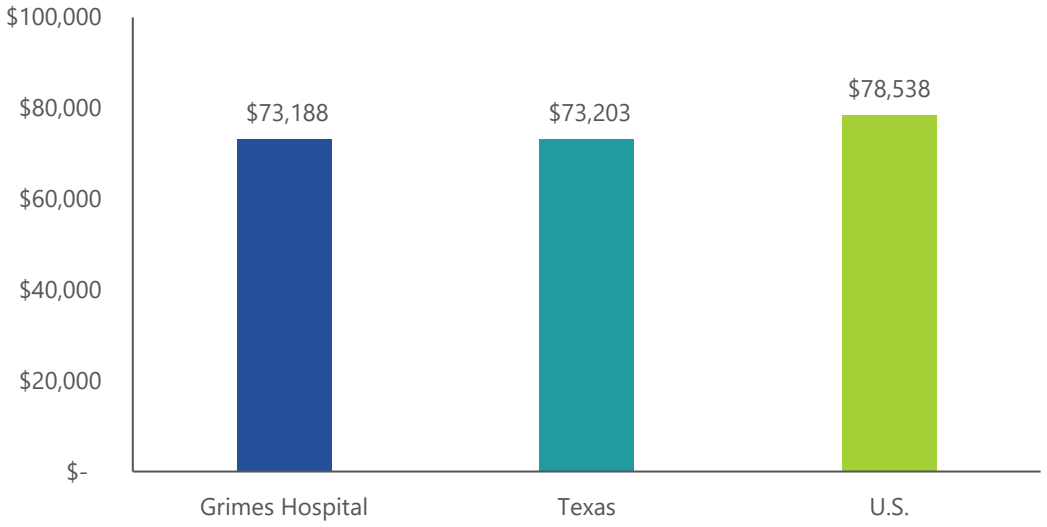
FIGURE 8. HEALTHY PEOPLE 2030 SOCIAL DETERMINANTS OF HEALTH



Income

Income has been shown to be strongly associated with morbidity and mortality, influencing health through various clinical, behavioral, social, and environmental factors. Those with greater wealth are more likely to have higher life expectancy and reduced risk of a range of health conditions including heart disease, diabetes, obesity, and stroke. Poor health can also contribute to reduced income by limiting one's ability to work. Figure 9 provides the median household income in the service area, compared to the state and nation.

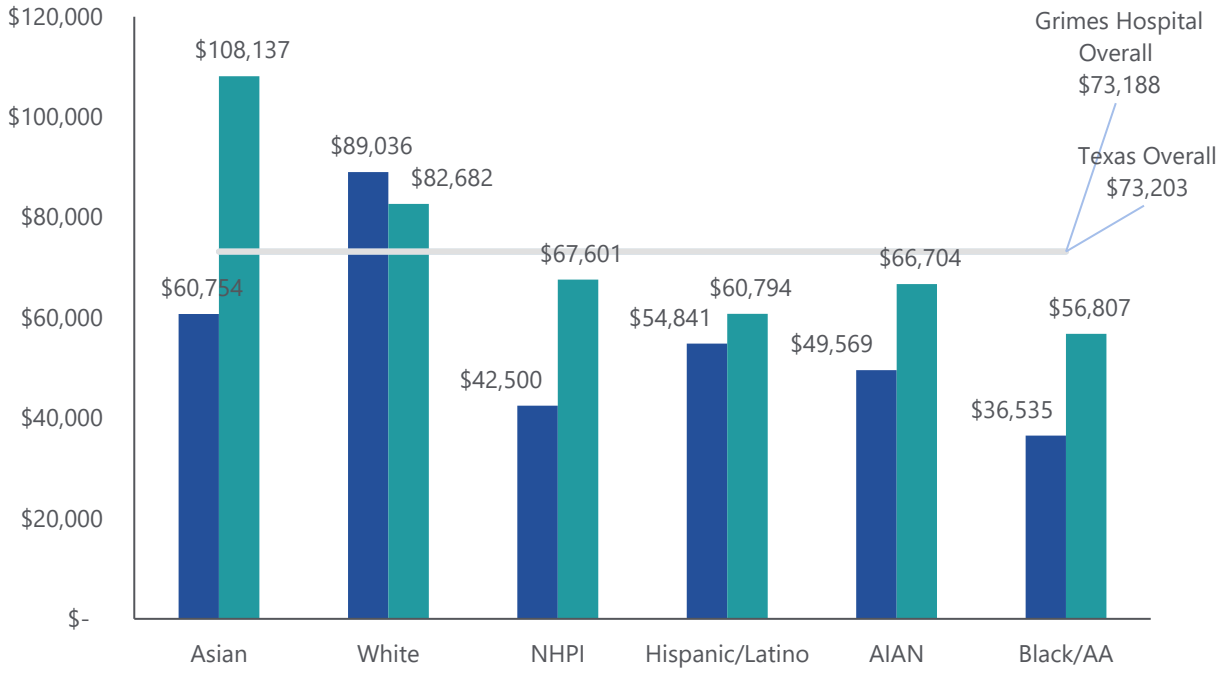
FIGURE 9. MEDIAN HOUSEHOLD INCOME BY: COUNTY, STATE AND U.S. COMPARISONS



U.S. value taken from American Community Survey (2019-2023)

Disparities in median household income exist between racial and ethnic groups within the county. As shown in Figure 10, the Asian, Native Hawaiian/Pacific Islander, Black/African American, American Indian/Alaska Native, and Hispanic/Latino communities of the Grimes service area all have a lower median income than the overall service area median income. For example, the Native Hawaiian/Pacific Islander median income is more than $30,000 lower than the overall median income ($42,500 vs. $73,188).

FIGURE 10. MEDIAN HOUSEHOLD INCOME BY RACE & ETHNICITY

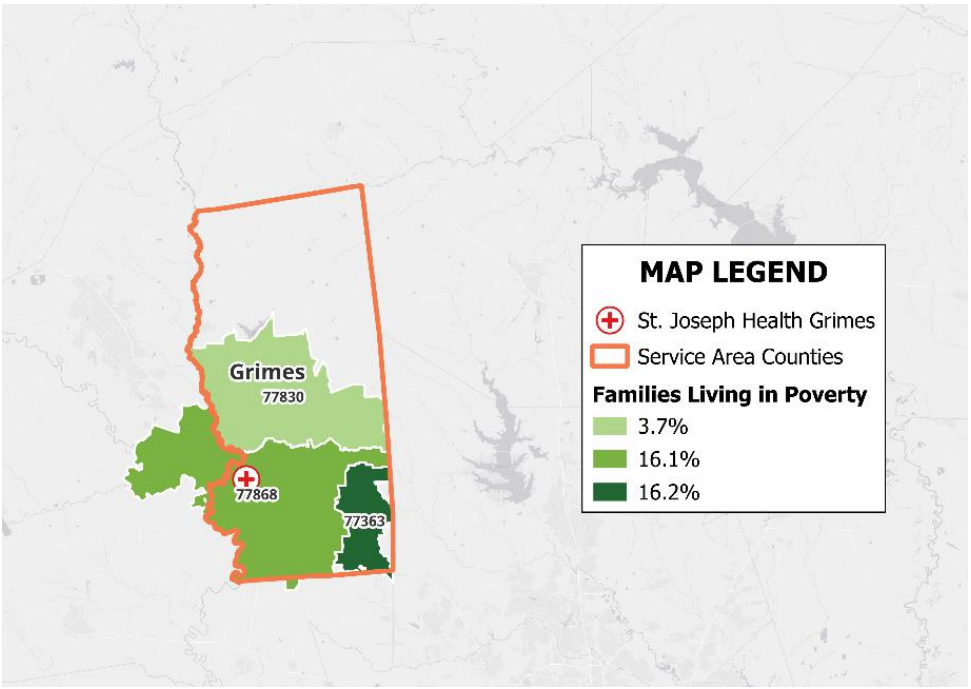


Poverty

Federal poverty thresholds are set every year by the Census Bureau and vary by size of family and ages of family members. People living in poverty are less likely to have access to health care, healthy food, stable housing, and opportunities for physical activity. These disparities mean people living in poverty are more likely to experience poorer health outcomes and premature death from preventable diseases.[1]

Overall, 12.1% of families in the Grimes primary service area live below the poverty level, which is higher than the state value of 11.0% and the national value of 8.7%. The map in Figure 11 shows the percentage of families living below the poverty level by zip code. The darker green colors represent a higher percentage of families living below the poverty level.

FIGURE 11. PERCENT OF FAMILIES LIVING BELOW POVERTY LEVEL BY ZIP CODE



[1] U.S. Department of Health and Human Services, Healthy People 2030. https://health.gov/healthypeople/objectives-anddata/browse-objectives/economic-stability/reduce-proportion-people-living-poverty-sdoh-01

The percentage of families living below poverty for each zip code in the service area is provided in Table 1. The zip codes 77363 and 77868 have a concentration of poverty than 77830.

TABLE 1. FAMILIES LIVING IN POVERTY: GRIMES PRIMARY SERVICE AREA

Zip Code	% Families in Poverty
77363	16.2%
77868	16.1%
77830	3.7%

Employment

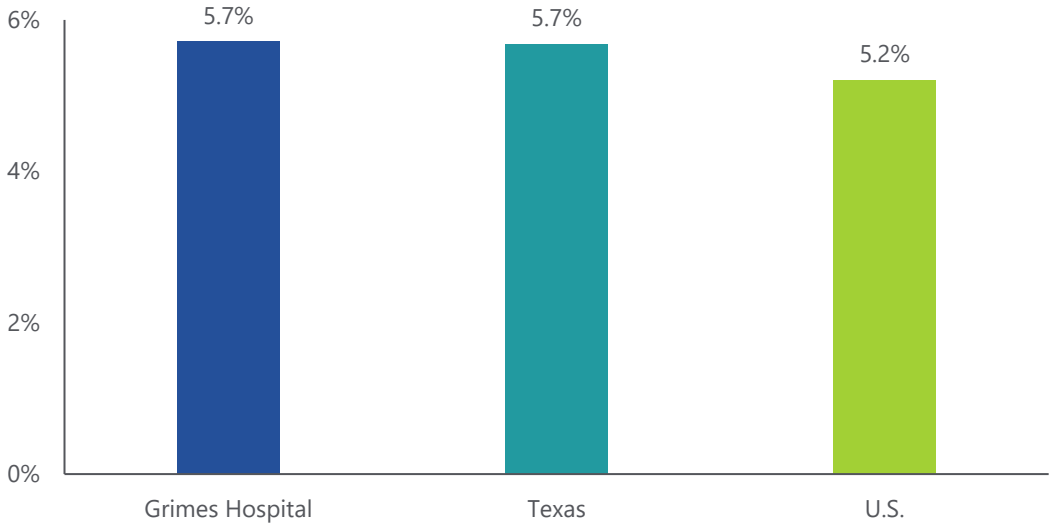
A community's employment rate is a key indicator of the local economy. An individual's type and level of employment impacts access to health care, work environment, health behaviors and health outcomes. Stable employment can help provide benefits and conditions for maintaining good health. In contrast, poor or unstable work and working conditions are linked to poor physical and mental health outcomes.[2]

Unemployment and underemployment can limit access to health insurance coverage and preventive care services. Underemployment is described as involuntary part-time employment, poverty-wage employment, and insecure employment.[2] Type of employment and working conditions can also have significant impacts on health. Work-related stress, injury, and exposure to harmful chemicals are examples of ways employment can lead to poorer health.[2]

Figure 12 shows the population aged 16 and over who are unemployed. The unemployment rate for the Grimes primary service area is 5.7%, which is similar to both the state-wide and nation-wide unemployment rates (5.7% and 5.2%, respectively).

[2] U.S. Department of Health and Human Services, Healthy People 2030. https://health.gov/healthypeople/objectives-anddata/social-determinants-health/literature-summaries/employment

FIGURE 12. POPULATION 16+ UNEMPLOYED: COUNTY, STATE, AND U.S



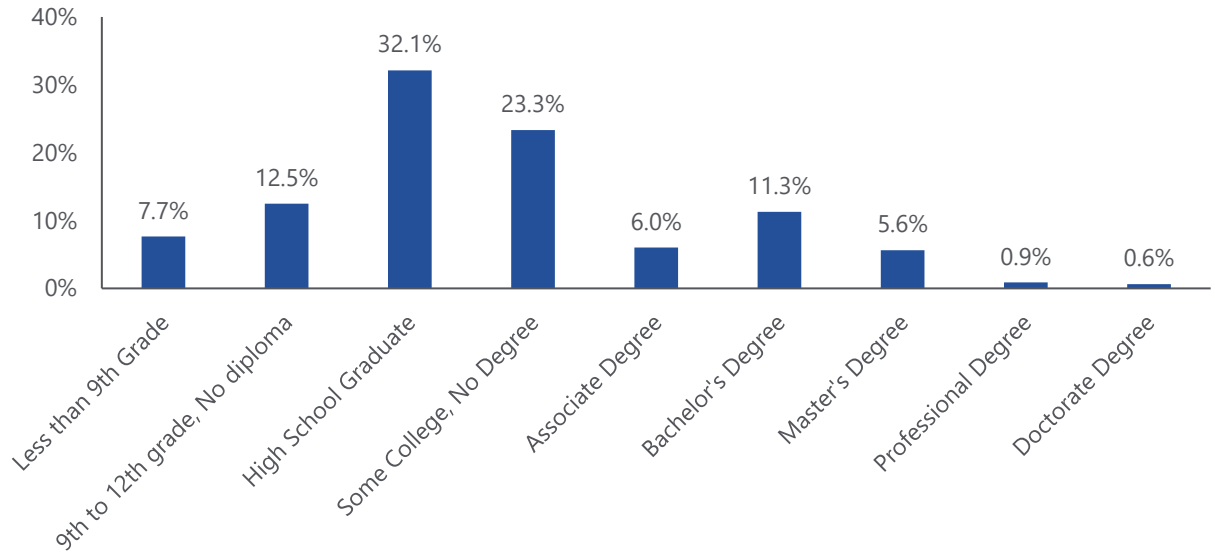
U.S. value taken from American Community Survey (2019-2023)

Education

Education is an important indicator for health and wellbeing across the lifespan. Education can lead to improved health by increasing health knowledge, providing better job opportunities and higher income, and improving social and psychological factors linked to health. A high school diploma in particular is a requirement for many employment opportunities, and for higher education. Not graduating high school is linked to a variety of negative health impacts, including limited employment prospects, low wages, and poverty.[3] Further, people with higher levels of education are likely to live longer, to experience better health outcomes, and practice health-promoting behaviors.[4]

Figure 13 shows the detailed breakdown of the Grimes primary service area by educational attainment, among those aged 25 and up. As shown in Figure 14, most of the Grimes population has a high school diploma or higher (79.8%), although this is somewhat lower than both the state-wide and nation-wide rates (85.1% and 89.4%, respectively).

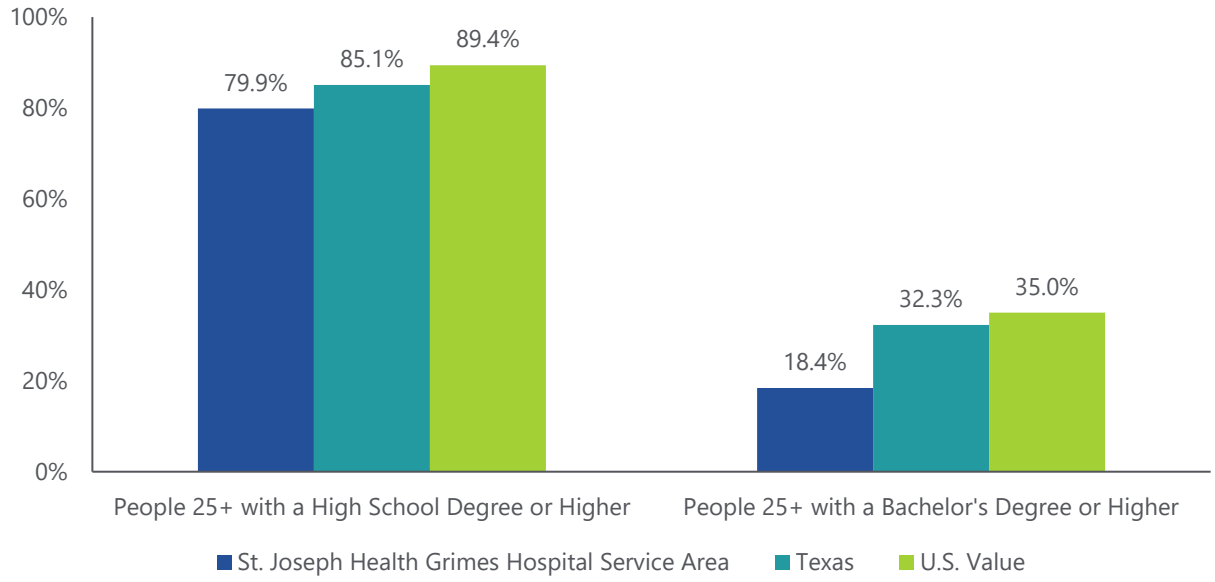
FIGURE 13. GRIMES HOSPITAL PRIMARY SERVICE AREA POPULATION BY EDUCATIONAL ATTAINMENT, AGE 25+



[3] U.S. Department of Health and Human Services, Healthy People 2030. https://health.gov/healthypeople/priority-areas/social-determinants-health

[4] Robert Wood Johnson Foundation, Education and Health. https://www.rwjf.org/en/library/research/2011/05/educationmatters-for-health.html

FIGURE 14. POPULATION 25+ BY EDUCATIONAL ATTAINMENT



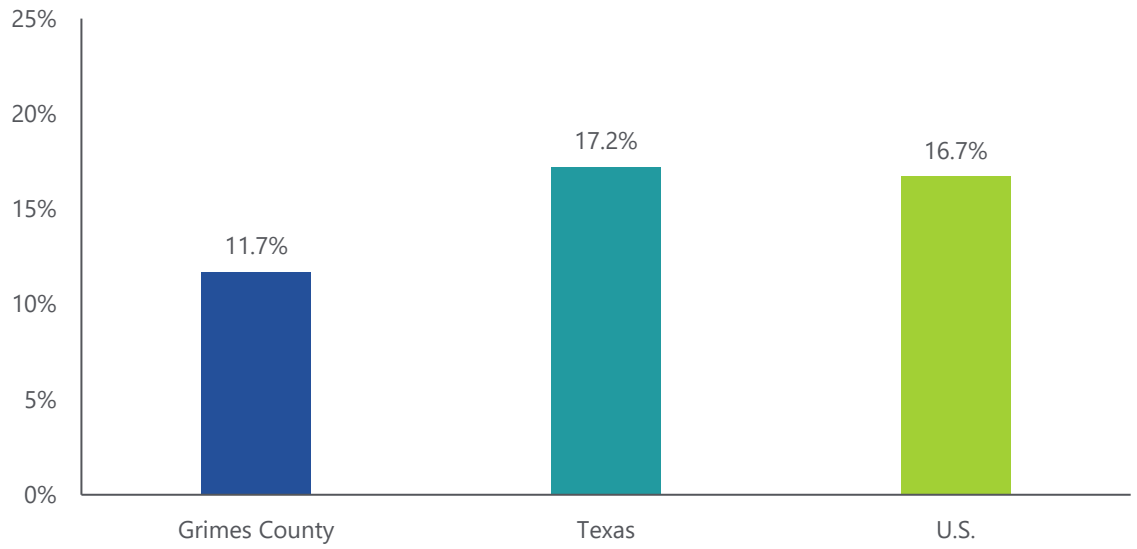
U.S. value taken from American Community Survey (2019-2023)

Housing

Safe, stable, and affordable housing provides a critical foundation for health and wellbeing. Exposure to health hazards and toxins in the home can cause significant damage to an individual or family's health.[5]

As shown in Figure 15, 11.7% of households in Grimes County have severe housing problems, indicating that they have at least one of the following problems: overcrowding, high housing costs, lack of kitchen, or lack of plumbing facilities. This is lower than both the state-wide and nation-wide rates (17.2% and 16.7%, respectively).

FIGURE 15. HOUSEHOLDS WITH SEVERE HOUSING PROBLEMS



County, State, and U.S. values taken from County Health Rankings (2016-2020)

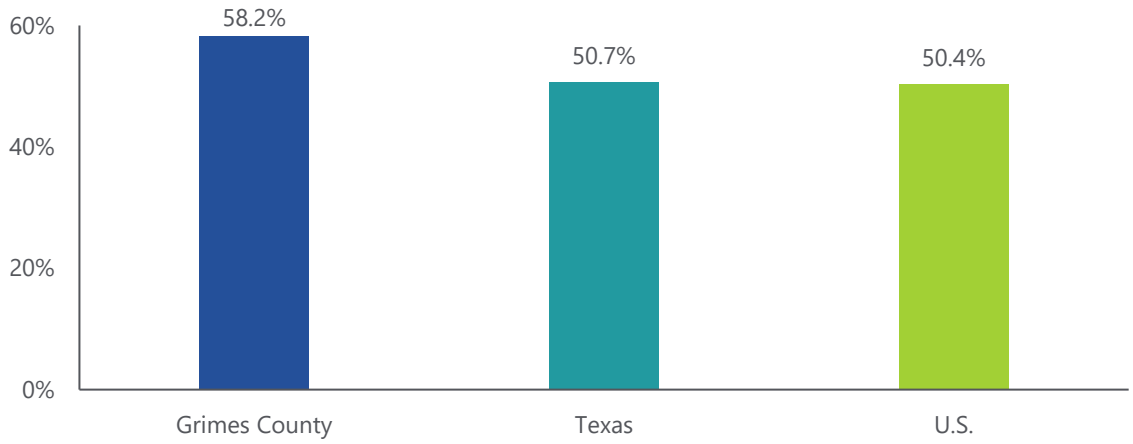
When families must spend a large portion of their income on housing, they may not have enough money to pay for things like healthy foods or health care. This is linked to increased stress, mental health problems, and an increased risk of disease.[6]

[5] County Health Rankings, Housing and Transit. https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model/health-factors/physical-environment/housing-and-transit

[6] U.S. Department of Health and Human Services, Healthy People 2030. https://health.gov/healthypeople/objectives-and-data/browse-objectives/housing-and-homes/reduce-proportion-families-spend-more-30-percent-income-housing-sdoh-04

Figure 16 shows the percentage of renters who are spending 30% or more of their household income on rent. The value in Grimes County (58.2%) is higher than both the state value (50.7%) and the national value (50.4%).

FIGURE 16. RENTERS SPENDING 30% OR MORE OF HOUSEHOLD INCOME ON RENT: COUNTY, STATE, AND U.S. COMPARISONS



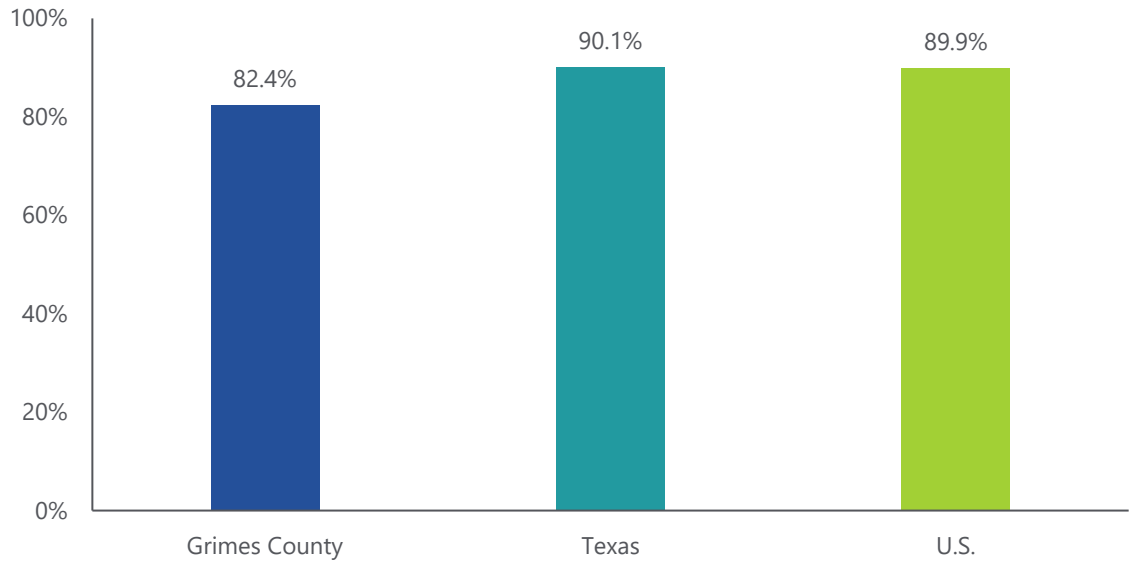
County, State, and U.S. values taken from American Community Survey (2019-2023)

Neighborhood and Built Environment

Internet access is essential for basic health care access, including making appointments with providers, getting test results, and accessing medical records. Access to the internet also helps expand healthcare access through home-based telemedicine services, which has been particularly critical during the COVID-19 pandemic.[7] Internet access may also help individuals seek employment opportunities, conduct remote work, and participate in online educational activities.[7]

Figure 17 shows the percentage of households that have an internet subscription. The rate in Grimes County (82.4%) is lower than both the state value (90.1%) and the national value (89.9%).

FIGURE 17. HOUSEHOLDS WITH AN INTERNET SUBSCRIPTION



County, State, and U.S. values taken from American Community Survey (2019-2023)

[7] U.S. Department of Health and Human Services, Healthy People 2030. https://health.gov/healthypeople/objectives-and-data/browse-objectives/neighborhood-and-built-environment/increase-proportion-adults-broadband-internet-hchit-05

Primary and Secondary Data Methodology and Key Findings

St. Joseph Health Grimes Hospital employed a mixed-methods approach that integrated both quantitative (secondary) data and qualitative (primary) input to create a comprehensive picture of health needs, disparities, and opportunities for community improvement. This approach ensures that health priorities are informed not only by statistical trends but also by the lived experiences and perspectives of the community.

Quantitative Data: Secondary Sources
Secondary data analysis provided measurable insights into health status, social determinants of health, and system performance across the community. Sources included national, state, and local public health databases, as well as internal hospital data. The Healthy Communities Institute database was leveraged with over 200 indicators in both health and quality of life topic areas for the Secondary Data Analysis of the Health Service Area. Key Indicators analyzed include:

 **Quality of Life**	 **Health**	
Community	Adolescent Health	Men's Health
Economy	Alcohol & Drug Use	Mental Health & Mental Disorders
Education	Cancer	Older Adults
Environment	Children's Health	Oral Health
Transportation	Diabetes	Prevention & Safety
	Disabilities	Physical Activity
	Environmental Health	Respiratory Diseases
	Family Planning	Tobacco Use
	Health Care Access and Quality	Women's Health
	Heart Disease & Stroke	Wellness & Lifestyle
	Immunizations and Infectious Diseases	Weight Status
	Maternal, Fetal & Infant Health	

*All data were scored using a standardized index to assess severity and disparities across zip codes.

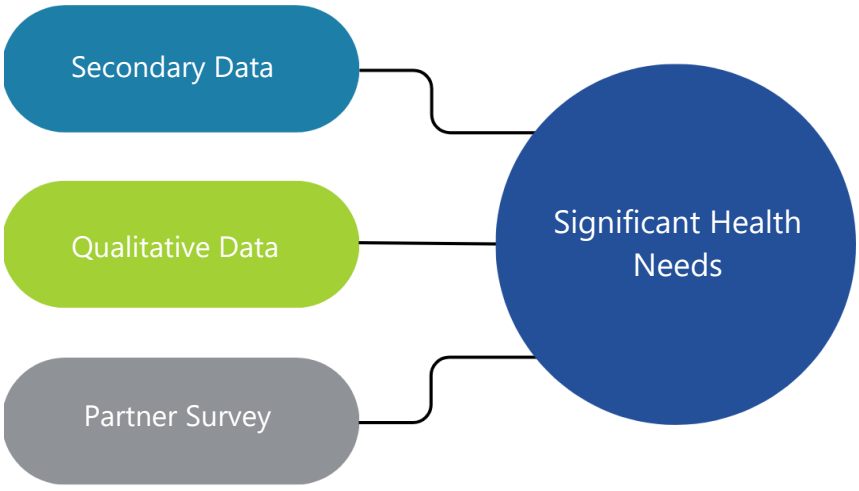
Qualitative Data: Primary Sources
Primary data were collected through community engagement activities designed to elevate voices from across the hospital's defined service area. These activities included:

Partner Survey
An online survey was distributed to over 60 organizational partners and stakeholders, including representatives from public health departments, healthcare providers, social service agencies, and nonprofit organizations. The survey captured perspectives on health priorities, gaps in care, barriers to service delivery, and populations most impacted by health inequities.

Key Informant Interviews and Listening Sessions
Conducted with dozens of individuals representing a range of sectors including public health, healthcare, housing, education, behavioral health, and community-based organizations. These participants included:

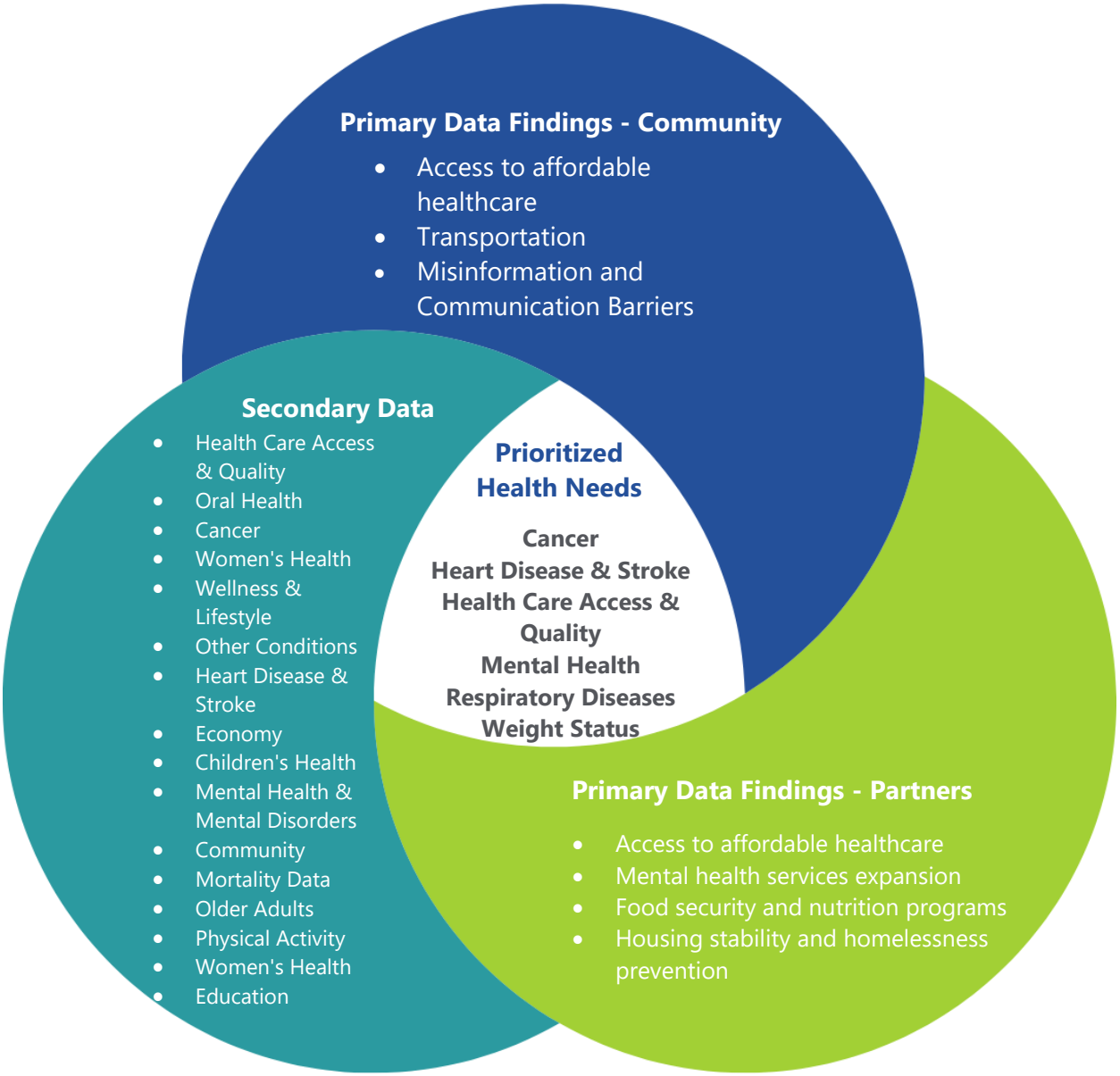
- Representatives of medically underserved, low-income, and minority populations
- Public health experts from local and regional agencies
- Community advocates and service providers with direct knowledge of vulnerable and marginalized groups.

Participants were asked to share their views on community strengths, emerging challenges, and opportunities for collaboration. Themes were identified in relation to access to care, behavioral health, transportation, and the lingering impacts of COVID-19 and natural disasters. A detailed summary of participating organizations, and input themes is available in the Appendix.



By combining data-driven analysis with community perspectives, the process ensures a comprehensive understanding of health needs and identifies priority areas for future intervention, collaboration, and investment.

Data Synthesis



Significant Health Needs

Through comprehensive data analysis and community input process, the following health needs have been identified as the most pressing in St. Joseph Health Grimes Hospital's service area:

Cancer | Health Care Access & Quality | Heart Disease & Stroke | Mental Health | Respiratory Diseases | Weight Status | Women's Health

Identification of Significant Health Needs

The criteria for identifying the most pressing health needs involve a three-pronged approach:

Secondary Data Topic Score: A score of 1.50 or higher is deemed significant. This threshold was chosen because it represents a midway point in the scoring system used, which ranges from 0 to 3. A score of 1.50 or above indicates that the health issue is notably worse than state and national benchmarks, signaling a substantial area of concern that requires attention.

Frequency of Discussion in Qualitative Sessions: These criteria involve analyzing how often a health issue is mentioned during community partner listening sessions. The frequency of discussion provides qualitative insights into the community's perception and experiences regarding specific health needs, enhancing the quantitative data by highlighting what is actively affecting the community.

Priority Selection by 20% or More of Partner Survey Respondents: This metric involves assessing the priority level assigned to health needs by respondents in the community partner survey. If 20% or more participants identify a health issue as a priority, it underscores its importance within the community. This helps to validate and contextualize the data, ensuring that the identified needs align with community priorities and concerns.

Together, these criteria offer a comprehensive approach: the quantitative scores highlight areas of statistical concern, while the qualitative and survey components ensure that the data is grounded in actual community experiences and priorities.

Cancer

From the secondary data scoring results, Cancer ranked 3rd in the data scoring of all topic areas with a score of 2.02. Further analysis was done to identify specific indicators of concern. Those indicators with high data scores (scoring at or above the threshold of 1.50) were categorized as indicators of concern and are listed in Table 2 below. See Appendix A for the full list of indicators categorized within this topic.

TABLE 2. GRIMES COUNTY DATA SCORING RESULTS: CANCER

SCORE	CANCER	UNITS	GRIMES COUNTY	HP2030	TX	U.S.	TX Counties	U.S. Counties	Trend
2.53	Mammography Screening: Medicare Population	*percent*	36.0		42.0	47.0			
2.12	Colon Cancer Screening: USPSTF Recommendation	*percent*	58.8			66.3			
2.00	Cancer: Medicare Population	*percent*	12.0		11.0	12.0			
1.94	All Cancer Incidence Rate	*cases/ 100,000 population*	442.0		412.2	442.3			
1.94	Cervical Cancer Screening: 21-65	*Percent*	77.1			82.8			
1.59	Mammogram in Past 2 Years: 50-74	*percent*	71.5	80.3		76.5			

In Grimes County, the most concerning cancer-related indicator is *Mammography Screening: Medicare Population*. In fact, Grimes county residents are less likely than the overall U.S. population to receive screenings for breast cancer (mammograms), colon cancer, and cervical cancer. For example, 36.0% of Grimes's Medicare recipients have received a mammogram, which is lower than the Texas and U.S. rates (42.0% and 47.0%, respectively).

Cancer, broadly, is particularly common in Grimes County. The county-wide *All Cancer Incidence Rate* in Grimes is 442.0 cases/ 100,000, which is higher than the Texas rate (412.2) and has also been significantly increasing. The rate of cancer among the Medicare population specifically is also higher in the county than in Texas overall (12.0% vs. 11.0%).

Residents face barriers to screening and early detection, especially for breast, cervical, and colorectal cancers. Local leaders noted a need for mobile screening, preventive outreach, and cancer navigation resources.

Health Care Access & Quality

From the secondary data scoring results, Health Care Access & Quality ranked 1st in the data scoring of all topic areas with a score of 2.22. Further analysis was done to identify specific indicators of concern. Those indicators with high data scores (scoring at or above the threshold of 1.50) were categorized as indicators of concern and are listed in Table 3 below. See Appendix A for the full list of indicators categorized within this topic.

TABLE 3. GRIMES COUNTY DATA SCORING RESULTS: HEALTH CARE ACCESS & QUALITY

SCORE	HEALTH CARE ACCESS & QUALITY	UNITS	GRIMES COUNTY	HP2030	TX	U.S.	TX Counties	U.S. Counties	Trend
3.00	Non-Physician Primary Care Provider Rate	*providers/ 100,000 population*	29.3		109.0	131.4			
2.82	Dentist Rate	*dentists/ 100,000 population*	19.5		62.9	73.5			
2.41	Mental Health Provider Rate	*providers/ 100,000 population*	19.5		156.7	313.9			
2.38	Primary Care Provider Rate	*providers/ 100,000 population*	26.4		60.3	74.9			
2.12	Adults who Visited a Dentist	*percent*	51.7			63.9			
2.12	Adults without Health Insurance	*percent*	16.7			10.8			
1.94	Adults who have had a Routine Checkup	*percent*	74.0			76.1			
1.88	Preventable Hospital Stays: Medicare Population	*discharges/ 100,000 Medicare enrollees*	3151.0		2980.0	2677.0			

In Grimes County, the four most concerning indicators related to health care access and quality were all related to provider availability. Compared to both Texas and the U.S. overall, Grimes county has a smaller *Non-Physician Primary Care Provider Rate* (29.3 providers per 100,000), *Dentist Rate* (19.5), *Mental Health Provider Rate* (19.5), and *Primary Care Provider Rate* (26.4). The county's *Non-Physician Primary Care Provider Rate* has also been significantly decreasing over time. Finally, adults in Grimes are more likely to be uninsured than the overall U.S. adult population (16.7% vs. 10.8%), and this is one of the highest county uninsured rates across all U.S. counties.

Lower rates of provider availability may be related to low rates of routine checkups and high rates of preventable hospital stays. Compared to the U.S. population, Grimes County has a lower rate of *Adults who Visited a Dentist* (51.7% vs. 63.9%) and *Adults who have had a Routine Checkup* (74.0% vs. 76.1%). Additionally, the county rate for *Preventable Hospital Stays: Medicare Population* is 3,151 discharges per 100,000, which is higher than the Texas rate (2,980).

Conduent's Community Health Index (CHI) uses socioeconomic data to estimate which zip codes are at greatest risk for poor health outcomes, such as preventable hospitalization or premature death. Each zip code is ranked based on its index value to identify relative levels of need. Table 4 provides the index values and local ranking for each zip code. The map in Figure 18 illustrates that the zip code with the highest level of socioeconomic need (as indicated by the darkest shade of blue) is 77868 with an index value of 89.3.

FIGURE 18. COMMUNITY HEALTH INDEX: GRIMES PRIMARY SERVICE AREA

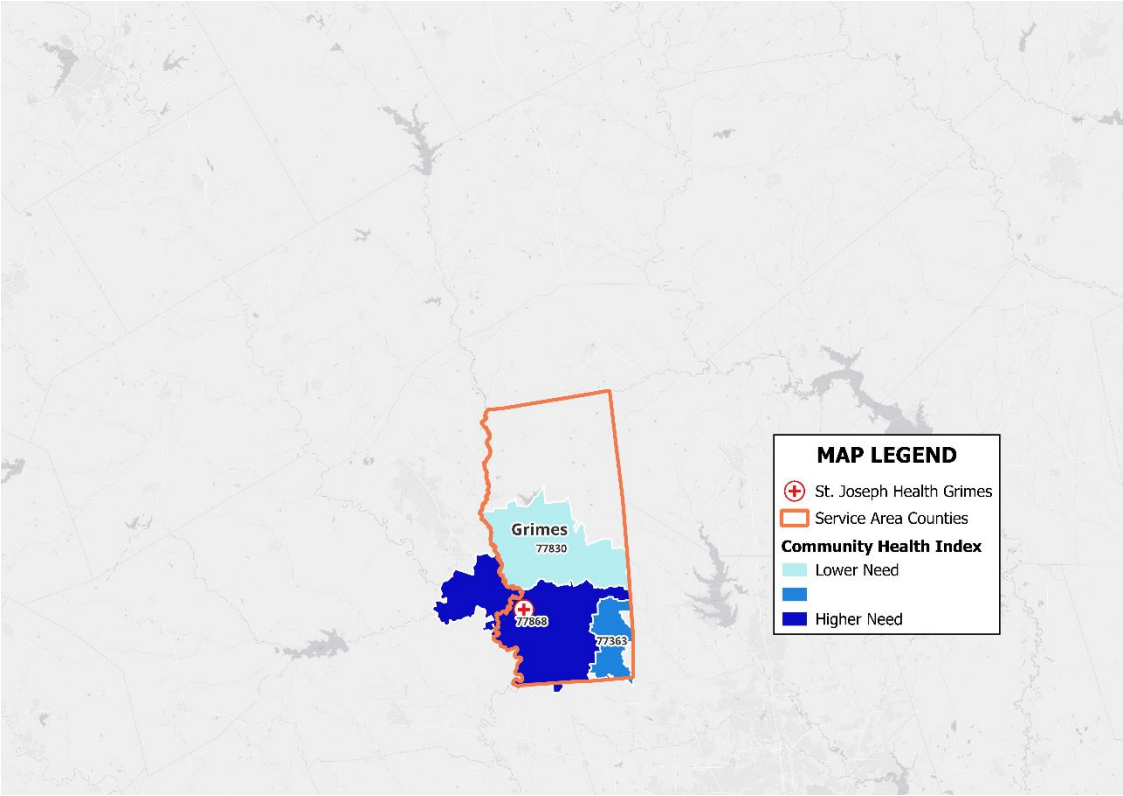


TABLE 4. COMMUNITY HEALTH INDEX: GRIMES PRIMARY SERVICE AREA

Zip Code	Value
77868	89.3
77363	86.3
77830	19.3

Grimes County scored the highest in the region on Health Care Access & Quality with a score of 2.22, indicating significant gaps in coverage, provider availability, and patient navigation. Stakeholders emphasized barriers like long wait times and difficulty accessing specialists. One participant shared, **"We have the programs, but people can't get to them; either they don't know they exist, or there's no transportation."**

Heart Disease & Stroke

From the secondary data scoring results, Heart Disease and Stroke ranked 7th in the data scoring of all topic areas with a score of 1.77. Further analysis was done to identify specific indicators of concern. Those indicators with high data scores (scoring at or above the threshold of 1.50) were categorized as indicators of concern and are listed in Table 5 below. See Appendix A for the full list of indicators categorized within this topic.

TABLE 5. GRIMES COUNTY DATA SCORING RESULTS: HEART DISEASE AND STROKE

SCORE	HEART DISEASE & STROKE	UNITS	GRIMES COUNTY	HP2030	TX	U.S.	TX Counties	U.S. Counties	Trend
2.24	Heart Failure: Medicare Population	*percent*	14.0		12.0	11.0			
2.00	Atrial Fibrillation: Medicare Population	*percent*	15.0		14.0	14.0			
2.00	Hyperlipidemia: Medicare Population	*percent*	66.0		65.0	65.0			
2.00	Hypertension: Medicare Population	*percent*	70.0		66.0	65.0			
1.94	Adults who Experienced a Stroke	*percent*	4.3			3.6			
1.94	Adults who Experienced Coronary Heart Disease	*percent*	8.5			6.8			
1.94	High Blood Pressure Prevalence	*percent*	39.5	41.9		32.7			
1.88	Ischemic Heart Disease: Medicare Population	*percent*	24.0		22.0	21.0			
1.76	Adults who Have Taken Medications for High Blood Pressure	*percent*	78.1			78.2			
1.76	Cholesterol Test History	*percent*	82.7			86.4			

In Grimes County, the most concerning indicator related to heart disease and stroke was *Heart Failure: Medicare Population*. The county rate for this indicator was 14.0%, which is among the top 25% of highest county rates across the country. Several other indicators of concern were related to Grimes County Medicare recipients, specifically. Among the county's Medicare population, the rates of atrial fibrillation (15.0%), hyperlipidemia (66.0%), hypertension (70.0%), and ischemic heart disease (24.0%) were all higher than both the Texas and U.S. rates. Additionally, the broader adult population of Grimes county was more likely than the overall U.S. population to experience a stroke (4.3% vs. 3.6%) and also more likely to experience coronary heart disease (8.5% vs. 6.8%).

Among the Grimes County population, the risk of hospitalization due to heart failure increases significantly with age. The risk for the population 85 and up is more than twice that of the 65-84 year-old population, which is nearly three times that of the 45-64 year-old population (400.5 vs. 148.7 vs. 52.4 hospitalizations per 10,000, respectively). We also found that the risk for hospitalization due to heart failure differed by race/ethnicity, even after accounting for age. The risk experienced by Grimes's Black/African American population is 96.7 hospitalizations per 10,000, which is greater than the county-wide risk of 51.7 hospitalizations per 10,000.

FIGURE 19. HOSPITALIZATION RATE DUE TO HEART FAILURE, BY AGE (HOSPITALIZATIONS PER 10,000 POPULATION)

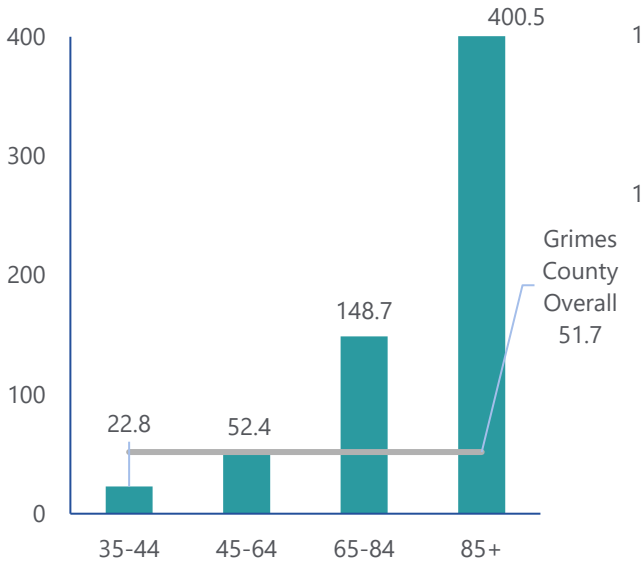
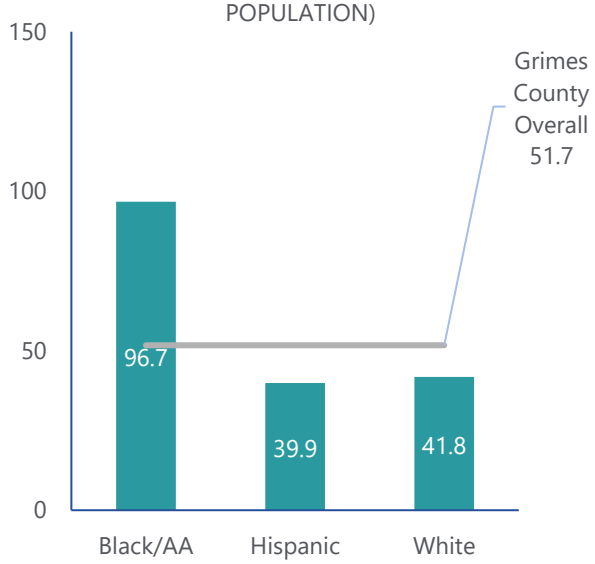


FIGURE 20. AGE-ADJUSTED HOSPITALIZATION RATE DUE TO HEART FAILURE, BY RACE/ETHNICITY (HOSPITALIZATIONS PER 10,000 POPULATION)



Heart Disease & Stroke scored high within secondary data, with elevated cardiovascular risk factors among older adults and residents without routine care access. The county lacks local cardiologists, making prevention and management dependent on referrals to neighboring counties.

Mental Health

From the secondary data scoring results, Mental Health & Mental Disorders ranked 10th in the data scoring of all topic areas with a score of 1.74. Further analysis was done to identify specific indicators of concern. Those indicators with high data scores (scoring at or above the threshold of 1.50) were categorized as indicators of concern and are listed in Table 6 below. See Appendix A for the full list of indicators categorized within this topic.

TABLE 6. GRIMES COUNTY DATA SCORING RESULTS: MENTAL HEALTH & MENTAL DISORDERS

SCORE	MENTAL HEALTH & MENTAL DISORDERS	UNITS	GRIMES COUNTY	HP2030	TX	U.S.	TX Counties	U.S. Counties	Trend
2.65	Poor Mental Health: Average Number of Days	*days*	5.6		4.6	4.8			
2.41	Mental Health Provider Rate	*providers/ 100,000 population*	19.5		156.7	313.9			
1.76	Poor Mental Health: 14+ Days	*percent*	18.3			15.8			
1.53	Depression: Medicare Population	*percent*	17.0		17.0	16.0			

In Grimes County, the most concerning indicator related to mental health and mental disorders is *Poor Mental Health: Average Number of Days*. On average, county residents report 5.6 days of poor mental health out of the last 30 days, which is higher than the state and national rates (4.6 and 4.8 days, respectively), and has also been significantly trending upward over time. Additionally, county residents are more likely than the overall U.S. population to report at least 14 days of poor mental health out of the last 30 (18.3% vs. 15.8%). Depression is also more common in Grimes County among the Medicare population, specifically (17.0% vs. 16.0% across the U.S.). Finally, the *Mental Health Provider Rate* in Grimes (19.5 providers per 100,000 population) is one of the lowest rates.

Conduent's Mental Health Index (MHI) uses socioeconomic data to estimate which zip codes are at greatest risk for poor mental health. Each zip code is ranked based on its index value to identify relative levels of need. Table 7 provides the index values and local ranking for each zip code. The map in Figure 21 illustrates that the zip code with the highest risk for poor mental health (as indicated by the darkest shade of purple) is zip codes 77868 with a score of 60.9.

FIGURE 21. MENTAL HEALTH INDEX: GRIMES PRIMARY SERVICE AREA

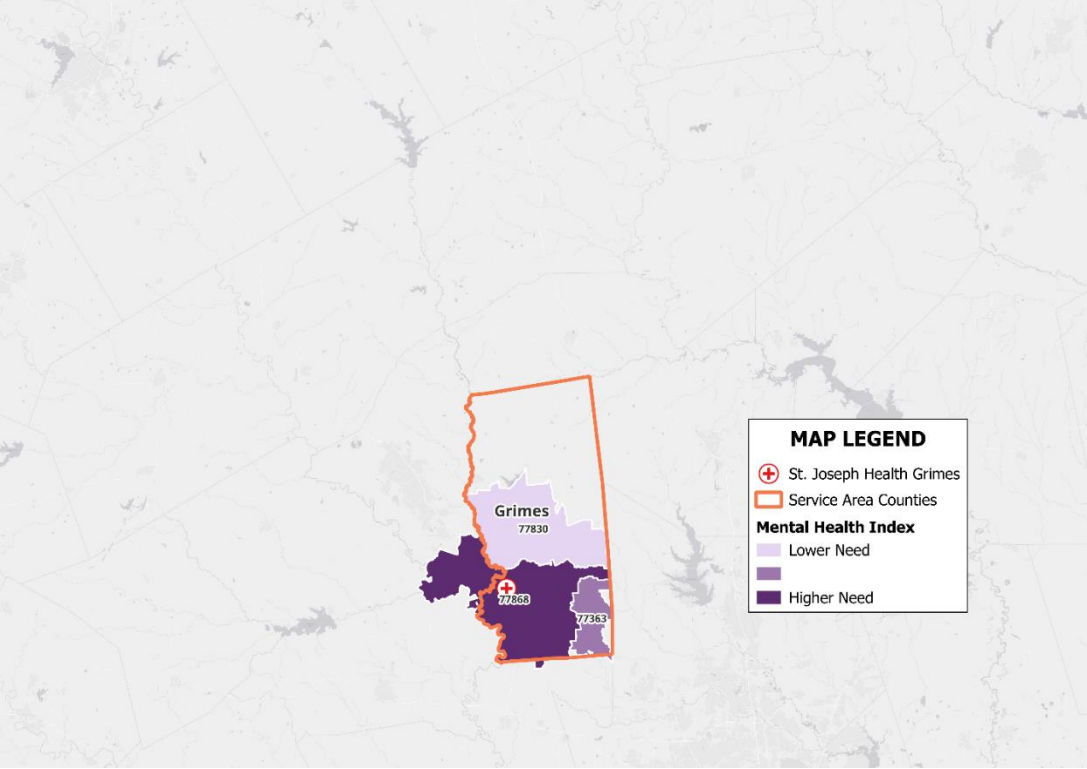


TABLE 7. MENTAL HEALTH INDEX: GRIMES PRIMARY SERVICE AREA

Zip Code	Value
77868	60.9
77363	33.2
77830	29.8

Mental Health & Mental Disorders was a recurring concern in listening sessions. There are few mental health providers, and stigma remains a major barrier. **"People are suffering in silence because they don't know where to go or they can't afford it,"** said one listening session participant.

Respiratory Diseases

From the secondary data scoring results, Respiratory Diseases ranked 18th in the data scoring of all topic areas with a score of 1.33. The three highest-scoring indicators are listed in Table 8 below. See Appendix A for the full list of indicators categorized within this topic.

TABLE 8. GRIMES DATA SCORING RESULTS: RESPIRATORY DISEASES

SCORE	RESPIRATORY DISEASES	UNITS	GRIMES COUNTY	HP2030	TX	U.S.	TX Counties	U.S. Counties	Trend
1.94	Adults who Smoke	*percent*	17.8	6.1		12.9			
1.94	Adults with COPD	*percent*	9.1			6.8			
1.41	Adults with Current Asthma	*percent*	10.0			9.9			

In Grimes County, the most concerning indicators related to respiratory diseases were *Adults who Smoke* and *Adults with COPD*. The county rate of *Adults who Smoke* is 17.8%, which is higher than the U.S. rate (12.9%) and more than twice that of the Healthy People 2030 target (6.1%). Additionally, the county rate of *Adults with COPD* (9.1%) is higher than the U.S. rate (6.8%). The Grimes county rate of *Adults with Current Asthma* is similar to that of the U.S. population (10.0% vs. 9.9%).

Respiratory diseases such as asthma and COPD remain prevalent, particularly in communities with limited environmental controls and healthcare access. Seasonal allergies, air quality issues, and delayed diagnosis contribute to ER visits and complications.

Weight Status

From the secondary data scoring results, not enough indicators were available to score the topic of Weight Status, however the topic of Physical Activity ranked 14th in the data scoring of all topic areas with a score of 1.51. Further analysis was done to identify specific indicators of concern. Those indicators with high data scores (scoring at or above the threshold of 1.50) were categorized as indicators of concern and are listed in Table 9 below. See Appendix A for the full list of indicators categorized within this topic.

TABLE 9. GRIMES COUNTY DATA SCORING RESULTS: OLDER ADULTS

SCORE	PHYSICAL ACTIVITY	UNITS	GRIMES COUNTY	HP2030	TX	U.S.	TX Counties	U.S. Counties	Trend
2.56	Access to Exercise Opportunities	*percent*	31.5		81.8	84.1			
1.76	Access to Parks	*percent*	13.1		52.6				
1.18	Adults 20+ Who Are Obese	*percent*	22.9	36.0					

The most concerning indicator related to physical activity is *Access to Exercise Opportunities*. Residents in Grimes County are less likely to have access to exercise opportunities than the Texas population (31.5% vs. 81.8%). The Grimes population is also less likely than the Texas population to have access to parks (13.1% vs. 52.6%). With regard to weight status, specifically, the Grimes rate for *Adults 20+ who are Obese* is 22.9%, which is lower than the Healthy People 2030 target (36.0%).

High scores reflect growing concern over obesity, sedentary lifestyles, and related chronic diseases like diabetes. Community members reported few safe spaces for physical activity, especially in more remote areas. Investment in parks, trails, and school-based fitness programming was seen as a solution.

Women's Health

From the secondary data scoring results, Women's Health ranked 4th in the data scoring of all topic areas with a score of 2.02. Further analysis was done to identify specific indicators of concern. Those indicators with high data scores (scoring at or above the threshold of 1.50) were categorized as indicators of concern and are listed in Table 10 below. See Appendix A for the full list of indicators categorized within this topic.

TABLE 10. GRIMES COUNTY DATA SCORING RESULTS: WOMEN'S HEALTH

SCORE	WOMEN'S HEALTH	UNITS	GRIMES COUNTY	HP2030	TX	U.S.	TX Counties	U.S. Counties	Trend
2.53	Mammography Screening: Medicare Population	*percent*	36.0		42.0	47.0			
1.94	Cervical Cancer Screening: 21-65	*Percent*	77.1			82.8			
1.59	Mammogram in Past 2 Years: 50-74	*percent*	71.5	80.3		76.5			

We found that two indicators of concern related to women's health were *Mammography Screening: Medicare Population* (36.0%) and *Mammogram in Past 2 Years: 50-74* (71.5%). Both of these county rates were lower than the U.S. population rate. Cervical cancer screenings were also less common in Grimes. The county rate for *Cervical Cancer Screening: 21-65* was 77.1%, which was lower than the U.S. rate (82.8%) and among the 25% of worst performing U.S. counties.

Women's health was a clear area of concern within the qualitative data. Access to OB/GYN care is limited, particularly for uninsured and low-income women. Stakeholders emphasized gaps in prenatal care and postpartum follow-up, especially for rural mothers.

Other Health Needs of Concern

In addition to the prioritized health needs identified in this assessment, several other topics emerged as significant areas of concern based on analysis of both secondary data indicators and community input. These topics reflect ongoing challenges and disparities that impact many residents across St. Joseph Health Grimes Hospital's service area.

While these issues were determined to be important, St. Joseph Health Grimes Hospital will not directly focus on them in its upcoming Implementation Strategy, due to limitations in resources, alignment with current strategic initiatives, or because other community partners are better positioned to lead these efforts. Each need is presented below in alphabetical order with a summary of findings and community insight.

Children's Health

From the secondary data scoring results, Children's Health ranked 9th in the data scoring of all topic areas, with a score of 1.74. A full list of indicators categorized within this topic can be found in Appendix A. The following were identified as indicators of concern in Grimes County:

- *Food Insecure Children Likely Ineligible for Assistance* (39.0%)
- *Child Mortality Rate: Under 20* (73.6 deaths per 100,000 population under 20)
- *Child Food Insecurity Rate* (23.7%)
- *Child Care Centers* (4.9 per 1,000 population under age 5)

Children's Health scored 1.74, with issues ranging from limited pediatric providers to growing behavioral health needs in schools. Prevention and early intervention programs remain underdeveloped, especially for families with limited income or insurance.

Nutrition and Healthy Eating

Conduent's Food Insecurity Index (FII) uses socioeconomic data to estimate which zip codes are at greatest for poor food access. The map in Figure 22 illustrates that the zip code with the highest risk of food insecurity is 77868 with an index score of 62.8.

FIGURE 22. FOOD INSECURITY INDEX: GRIMES PRIMARY SERVICE AREA

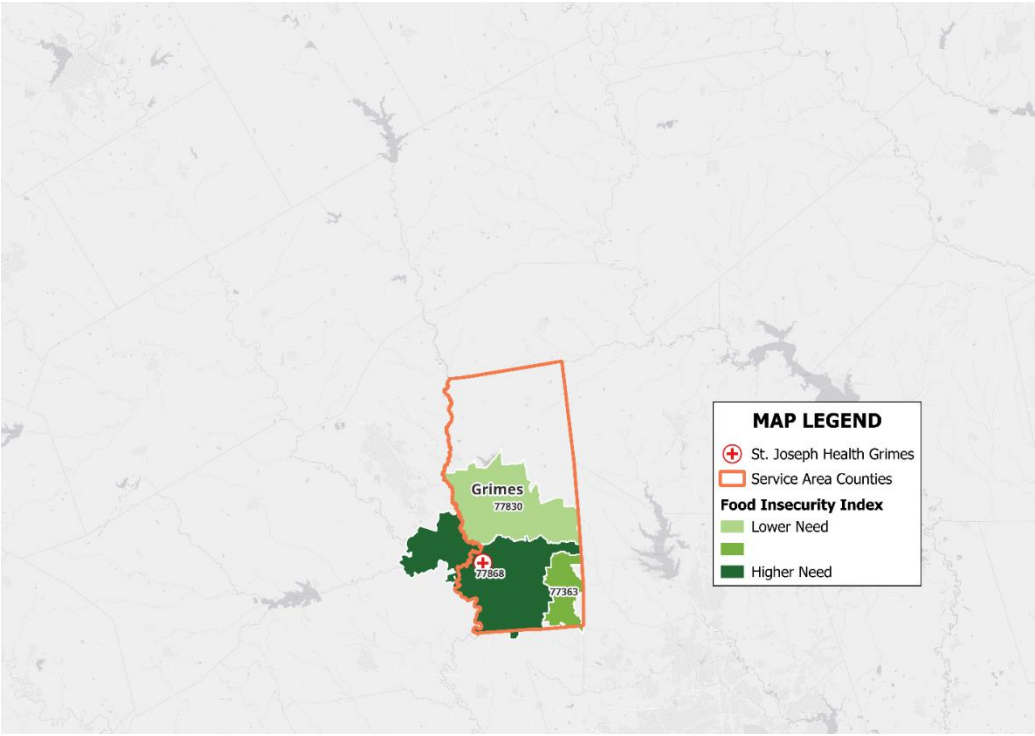


TABLE 11. FOOD INSECURITY INDEX: GRIMES PRIMARY SERVICE AREA

Zip Code	Value
77868	62.8
77363	32.6
77830	15.4

Nutrition and food access were significant challenges. Grimes scored 1.75 in Economy, suggesting economic instability that affects food affordability. Several zip codes also show elevated Food Insecurity Index scores. One community member noted, **"You can't talk about healthy eating when folks are trying to afford any meal at all."**

Older Adults

From the secondary data scoring results, Older Adults ranked 13th in the data scoring of all topic areas, with a score of 1.54. A full list of indicators categorized within this topic can be found in Appendix A. The following were identified as indicators of concern in Grimes County:

- *Mammography Screening: Medicare Population* (36.0%)
- *Chronic Kidney Disease: Medicare Population* (21.0%)
- *Heart Failure: Medicare Population* (14.0%)
- *Atrial Fibrillation: Medicare Population* (15.0%)
- *Cancer: Medicare Population* (12.0%)

- *Hyperlipidemia: Medicare Population* (66.0%)
- *Hypertension: Medicare Population* (70.0%)
- *Ischemic Heart Disease: Medicare Population* (24.0%)
- *Rheumatoid Arthritis or Osteoarthritis: Medicare Population* (36.0%)
- *People 65+ Living Alone (Count)* (1,324)
- *Adults 65+ with Total Tooth Loss* (14.4%)
- *Depression: Medicare Population* (17.0%)
- *Diabetes: Medicare Population* (26.0%)

Older Adults scored 1.54, reflecting concerns about aging in place, transportation to appointments, and access to specialists. Isolation and lack of caregiver support were also raised during interviews with community providers.

Oral Health

From the secondary data scoring results, Oral ranked 2nd in the data scoring of all topic areas, with a score of 2.18. A full list of indicators categorized within this topic can be found in Appendix A. The following were identified as indicators of concern in Grimes County:

- *Dentist Rate* (19.5 dentists per 100,000 population)
- *Adults who Visited a Dentist* (51.7%)
- *Adults 65+ with Total Tooth Loss* (14.4%)

Scoring 2.18, oral health was one of the highest indicators of concern for Grimes. A shortage of dental providers and lack of Medicaid-accepting dentists leave many residents especially adults with untreated issues that worsen over time.

Wellness and Lifestyle

From the secondary data scoring results, Wellness and Lifestyle ranked 5th in the data scoring of all topic areas, with a score of 1.89. A full list of indicators categorized within this topic can be found in Appendix A. The following were identified as indicators of concern in Brazos County:

- *Poor Physical Health: Average Number of Days* (4.2 days)
- *High Blood Pressure Prevalence* (39.5%)
- *Insufficient Sleep* (39.3%)
- *Poor Physical Health: 14+ Days* (15.2%)
- *Self-Reported General Health Assessment: Poor or Fair* (24.2%)
- *Life Expectancy* (74.9 years)

Wellness & Lifestyle scored 1.89, tied closely to community stress, economic insecurity, chronic disease, and lack of preventive education. Stakeholders called for culturally tailored wellness programs and support for youth and working adults.

Barriers to Care

Grimes County, a rural community, faces several long-standing and structural barriers to care that impact health access and outcomes especially for underserved, aging, and low-income populations.

Limited Access to Providers

The shortage of healthcare professionals, especially specialists, mental health providers, and dentists, creates delays in diagnosis and treatment. Residents often travel outside the county for basic and specialty services.

Transportation Challenges

Geographic distance and lack of public transit options make it difficult for residents particularly seniors and individuals with chronic conditions to reach medical appointments. While local services such as the Grimes Health Resource Center offer some support, demand exceeds capacity.

Health Insurance and Financial Hardship

A high uninsured rate and limited access to affordable coverage options deter individuals from seeking preventive and ongoing care. Residents caught in the "coverage gap" may delay treatment until conditions worsen.

Technology and Broadband Limitations

Although telehealth services expanded during the pandemic, many rural areas in Grimes County lack reliable internet or digital literacy support, limiting the effectiveness of virtual care. This challenge is particularly acute among older adults.

Health Literacy and Service Awareness

Many residents are unaware of available local resources or struggle to navigate enrollment processes for Medicaid, CHIP, or financial assistance programs. One community partner shared, *"We have good programs, but not enough people know how to use them or who to call."*

Behavioral Health Stigma and Gaps in Access

Mental health continues to be under-resourced, with long wait times and a lack of providers. Stigma around seeking help remains prevalent, especially among older adults and men in rural communities.

Conclusion

The 2025 Community Health Needs Assessment for St. Joseph Health Grimes Hospital reveals a clear picture of a rural county working to overcome complex, interrelated health challenges rooted in access, affordability, and infrastructure.

Seven health needs were prioritized for focused attention:
Health Care Access, Heart Disease & Stroke, Cancer, Women's Health, Respiratory Diseases, Weight Status, and Mental Health.

These needs reflect a community impacted by chronic disease, geographic isolation, economic vulnerability, and persistent gaps in care coordination and service availability.

Despite the challenges, Grimes County demonstrates strong community engagement, innovative partnerships, and a commitment to advancing local solutions such as the Grimes Health Resource Center, clinical education partnerships, and local prevention programs. The hospital's alignment with partners in public health, education, and social services offers a strong foundation for action.

As Grimes Hospital enters the next implementation cycle, this CHNA provides a data-informed roadmap for impact. Strategic priorities should continue to emphasize access, navigation, prevention, and mental health while fostering partnerships that reach the most vulnerable residents.

Appendices Summary

The following appendices provide supplemental data, documentation, and references supporting the findings and processes detailed in this Community Health Needs Assessment:

Data Sources and Methodology Details

Includes methodology overview, data scoring criteria and tables, and a summary of how qualitative and quantitative data were collected and analyzed. This section also includes any supplemental information from the previous CHNA to support comparison and context.

Stakeholder and Community Engagement Summary

Lists all organizations that contributed input through interviews, surveys, or listening sessions, including representatives of public health agencies, medically underserved, low-income, and minority populations. Also includes data collection tools such as survey instruments and discussion guides used during community engagement.

Community Partner List

Provides a structured list or table of community-based organizations, coalitions, and programs available to address each prioritized health need identified in the report.

References and Citations

A complete list of all data sources, literature, and tools used throughout the CHNA.