



GALLUP COMMUNITY HEALTH

COMMUNITY HEALTH NEEDS ASSESSMENT

SERVICE AREA

McKinley County, New Mexico

ASSESSMENT PERIOD

2026

MISSION

To provide excellent and accessible medical care to our community, regardless of ability to pay.

VISION

A community where each member achieves their optimal potential wellness.

BELIEFS

Healthcare is a fundamental human right. Health equity is a must. Our community is not healthy as long as any group is left behind.

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01 · EXECUTIVE SUMMARY

MCKINLEY COUNTY: A COMMUNITY CARRYING AN DISPROPORTIONATE BURDEN

All 22 ZIP codes in GCH's service area carry a federal Medically Underserved Area designation. One in three residents lives in poverty. 27.6% of the county population lives with severe housing problems. Rehoboth McKinley Christian Health Care Services (RMCHCS), a private hospital in Gallup, ended labor and delivery services in 2022. GIMC continues to provide L&D for enrolled Native American beneficiaries, but non-Native and non-IHS-eligible families now have no local birth option. Large provider deficits in primary care, behavioral health, and dental care mean patients struggle to access the basic care they need. Specialist shortages force patients to travel hours for cardiology, nephrology, dermatology, and basic OB/GYN care. This assessment documents those needs using PRAPARE screening data from 3,154 GCH patients, a 59-person community survey, and current public health data.

33%

IN POVERTY

vs. 13% U.S. avg · ACS
2024

#1

LARGEST PRIMARY
CARE DEFICIT IN NM

Needs 10+ more PCPs to
reach HRSA target ratio

1

L&D UNIT IN COUNTY

GIMC - Native American
beneficiaries only; none
for non-IHS eligible
patients

54%

TROUBLE FINDING
PROVIDER

Community survey 2026
(n=59)

68%

SAY SPECIALTY CARE
INACCESSIBLE

Survey respondents who
tried

29.3

SUICIDE RATE / 100K

2× national rate · NIMHD
2026

02 · SERVICE AREA & WHO WE SERVE

GALLUP COMMUNITY HEALTH

GCH is McKinley County's federally qualified health center, providing comprehensive primary, preventive, behavioral, dental, and maternal care to all patients regardless of ability to pay. GCH serves a patient mix of roughly 45% Native American and 45% Hispanic – reflecting the communities with the greatest unmet need in the county. Every ZIP code in the service area is federally designated as a Medically Underserved Area. McKinley County's population has declined 5.4% since 2020, a signal of economic stress and outmigration that makes retaining local health infrastructure even more critical.

HEALTH PROFESSIONAL SHORTAGE AREA SCORES

GCH carries near-maximum Health Professional Shortage Area (HPSA) scores, reflecting the severity of the county's provider deficit. On a scale of 0-25 for primary medical care and mental health, and 0-26 for dental: **GCH scores 22 for primary medical care, 21 for dental care, and 22 for mental health** (HRSA 2023). Higher scores indicate greater need. These scores confirm that McKinley County faces one of the most acute multi-specialty provider shortages in New Mexico.

5,456

SQUARE MILES

≈ size of Connecticut

68,945

TOTAL RESIDENTS

U.S. Census 2024
estimate

22

ZIP CODES SERVED

All MUA-designated

3,154

PRAPARE
SCREENINGS

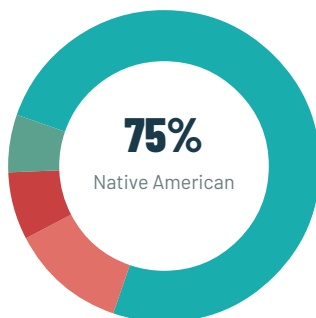
Aug 2025 – Aug 2026

03 · DEMOGRAPHICS & SOCIAL DETERMINANTS

WHO LIVES HERE - AND WHAT WORKS AGAINST THEIR HEALTH

RACE & ETHNICITY - MCKINLEY COUNTY

Source: U.S. Census Bureau QuickFacts 2026



- Native American - 75% (Navajo, Hopi, Zuni)
- Hispanic / Latino - 12%
- White (non-Hispanic) - 7%
- Other / Multiracial - 6%

POVERTY RATE

Source: U.S. Census SAIPE 2024; ACS 2020–2024



Native Americans account for 10% of NM's population but 19% of its homeless residents (Pew, 2025). NM homelessness rose 87% from 2017–2024, more than double the national increase, with northwest counties including McKinley particularly affected by overcrowding and lack of affordable alternatives.

MCKINLEY COUNTY HOUSING CRISIS - KEY INDICATORS

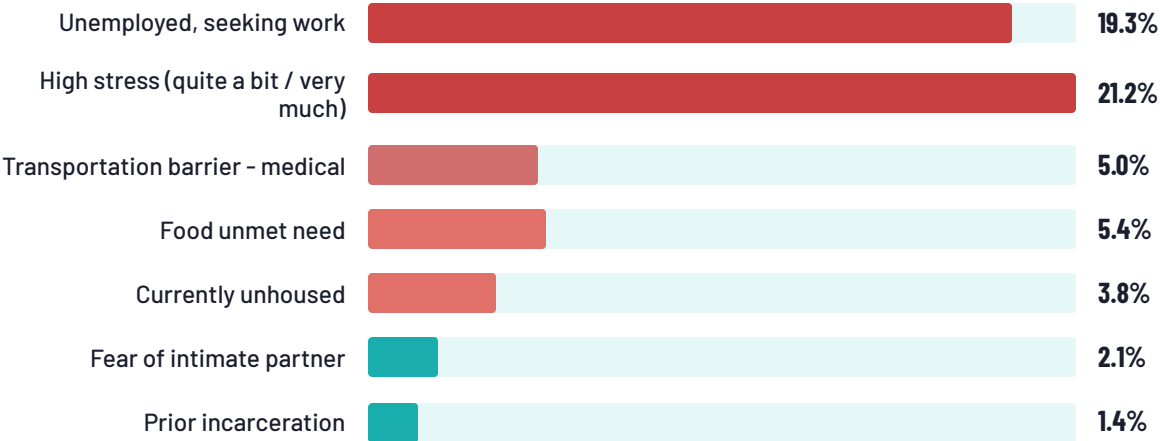
Sources: DataUSA 2025; Pew Charitable Trusts 2025; NM Legislature 2023



McKinley and Cibola counties have the highest overcrowding rates in NM, partly driven by a shortage of affordable alternatives. GCH's 814 homeless patients (2024 UDS) represent 10.6% of its patient panel. Housing instability directly drives higher rates of chronic disease, missed appointments, and behavioral health crises.

SOCIAL DETERMINANTS - GCH PATIENT SCREENING (PRAPARE)

Source: GCH eClinicalWorks PRAPARE, Aug 2025–Aug 2026 · n=3,154

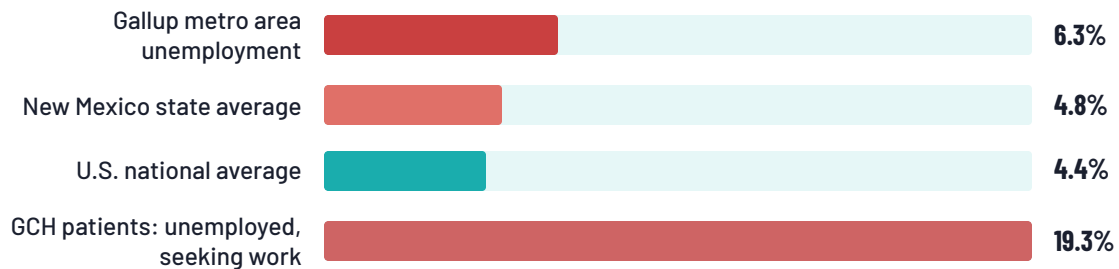


Community survey corroborates: 45.8% worried about food running out (n=59); 27.1% had transport prevent a healthcare appointment.

STRUCTURAL BARRIERS TO HEALTH AND ECONOMIC MOBILITY

UNEMPLOYMENT & WORKFORCE BARRIERS

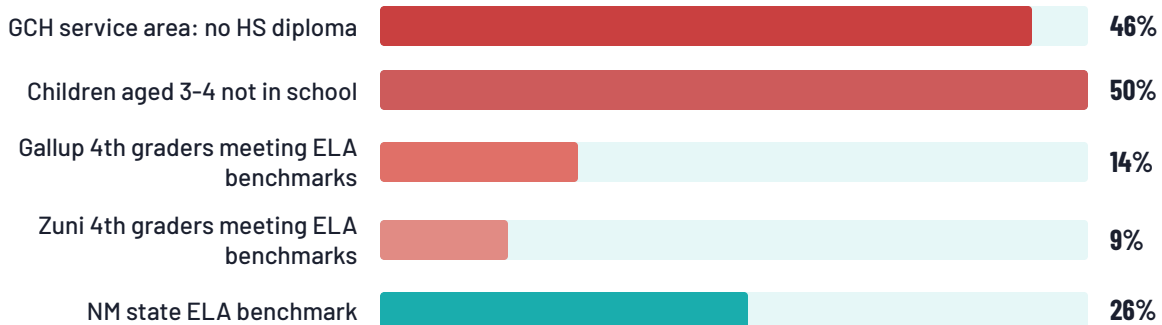
Sources: Bureau of Labor Statistics 2023; GCH PRAPARE 2025-2026



American Indian/Alaska Native workers consistently carry the highest unemployment rates of any racial group nationally. More than 22% of McKinley County families with children have no working parent in the household (NM: 13%). Native American and Latino workers are concentrated in frontline, low-wage service sectors with limited path to advancement.

EDUCATIONAL ATTAINMENT – MCKINLEY COUNTY & GCH SERVICE AREA

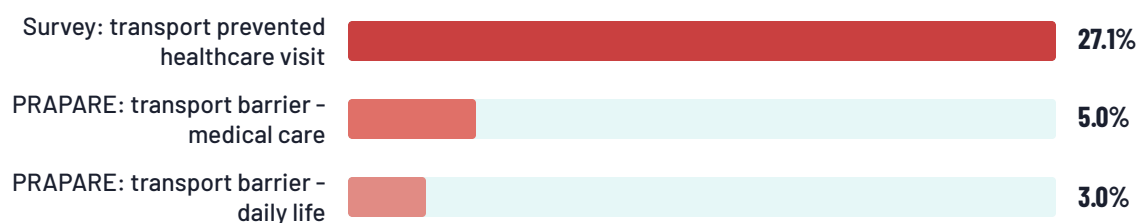
Sources: Census Reporter; National Center for Education Statistics; GCH 2023 CHNA



46% of GCH service area residents lack a high school diploma or equivalent – more than three times the national rate of 6%. High school graduation rates are 65% for Gallup and 61% for Zuni children compared to 72% statewide. Low educational attainment compounds unemployment, poverty, and health literacy gaps – all of which reduce engagement with preventive care and chronic disease management.

TRANSPORTATION BARRIERS TO HEALTHCARE

Sources: GCH PRAPARE 2025-2026; GCH Community Survey 2026; NM Dept of Transportation



Public transportation in Gallup is limited to the Gallup Express with routes that can require 90+ minutes one-way – a full half-day lost for a working parent. The wage cost of public transit travel disproportionately affects low-income hourly workers. Women face additional safety barriers using public transit, compounding access challenges for the county's most health-burdened population.

LANGUAGE & HEALTH LITERACY

Source: GCH UDS 2025

GCH patients with limited English proficiency  **4.5%**

Language and health literacy are directly linked to care avoidance, non-adherence, and worse chronic disease outcomes. Patients who cannot be served in their native language are less likely to understand diagnosis, follow treatment plans, or self-identify a need for primary care – resulting in longer duration of untreated conditions and preventable ER use. GCH's service area includes Navajo-speaking elders for whom English is a second or third language. A shortage of Spanish-speaking mental health providers further limits behavioral health access for Latino patients who do seek help.

04 • ACCESS TO CARE

PROVIDER SHORTAGES ARE THE DEFINING BARRIER – ESPECIALLY IN BEHAVIORAL HEALTH

McKinley County has one of the most severe primary care shortages in New Mexico, compounded by a near-total absence of independent behavioral health providers. Cost and provider availability top the list of barriers cited by community members – and the shortage extends well beyond primary care. 40.7% of survey respondents had difficulty accessing mental health services. GCH and IHS together form the county's safety net, but IHS serves enrolled Native American beneficiaries only, leaving a large share of the population without access to primary or behavioral health care.

BARRIERS TO HEALTHCARE – COMMUNITY SURVEY

Source: GCH Community Survey 2026, n=59 (deduplicated). Note: IHS serves enrolled Native American beneficiaries and is not captured here.





TYPES OF CARE THAT WERE DIFFICULT TO ACCESS

Source: GCH Community Survey 2026, n=59



BEHAVIORAL HEALTH ACCESS GAP

Mental health care was the second most difficult type of care to access, cited by 40.7% of respondents — just behind primary care. McKinley County has a near-total absence of independent outpatient behavioral health providers. The county's suicide rate is more than double the national average, alcohol-related deaths are the highest per capita in New Mexico, and 21.2% of GCH's own patients report significant stress. Yet community members consistently report that when they seek mental health care, there is simply no one to see. Long wait times — cited by 55.9% as a general barrier — are particularly acute in behavioral health. GCH's behavioral health expansion is not optional infrastructure; it is the primary response to the county's most urgent public health crisis.

05 · MATERNAL HEALTH & LABOR & DELIVERY

A COUNTY WITHOUT A BIRTH CENTER FOR ALL

Rehoboth McKinley Christian Health Care Services (RMCHCS), a private Gallup hospital, closed its labor and delivery unit in 2022 due to critical shortages of nurses and physicians — eliminating the only insurance-accepting L&D option for non-IHS-eligible patients. RMCHCS was delivering approximately 30 babies per month, with 90% of those families on Medicaid. The unit has not reopened. Gallup Indian Medical Center (GIMC), Gallup's Indian Health Service facility, continues to provide L&D services for enrolled Native American beneficiaries. However, GIMC is not open to the general public for routine obstetric care. Non-Native patients must now travel to Grants (about 60 miles) for the nearest L&D — or

face the uncertainty described by community members of delivering roadside or in emergency rooms not equipped for obstetric care.

PRENATAL CARE ACCESS & INFANT MORTALITY - NEW MEXICO RURAL VS. METRO

Sources: NM Pregnancy Risk Assessment Monitoring System 2021; NM Rural Health Plan; NM Dept of Health



GCH provided prenatal care to 136 patients in 2025 (UDS 2025). With no local L&D for non-Native patients, continuity of care is disrupted at the most critical moment. NM infant mortality was 6.3 per 1,000 live births, above the national average. NM's Maternal Mortality Review Committee found approximately 80% of maternal deaths were preventable.

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THE HUMAN COST

A 2026 GCH community survey respondent described it directly: *"No services for non-native beneficiaries L&D. I had to travel to Grants for care and then delivered at GIMC and was footed with the whole bill because they didn't accept insurance."* A community doula interviewed by KUNM in 2026 described families "forced to make difficult decisions," and noted a cultural dimension: *"There's a spiritual harm for our people who aren't able to deliver close to land and to the community."* Statewide, about one in every two Indigenous women went without prenatal care in her first trimester (NM PRAMS, 2021) – and 80% of NM maternal deaths were found preventable by the state's Maternal Mortality Review Committee.

1 L&D unit in McKinley County – GIMC, for Native American beneficiaries only	~30 Babies born/month at RMCHCS before closure – 90% on Medicaid	60 mi To nearest L&D (Grants) – no public transit	2× AI/AN women more likely to die from pregnancy complications than white women (CDC 2024)
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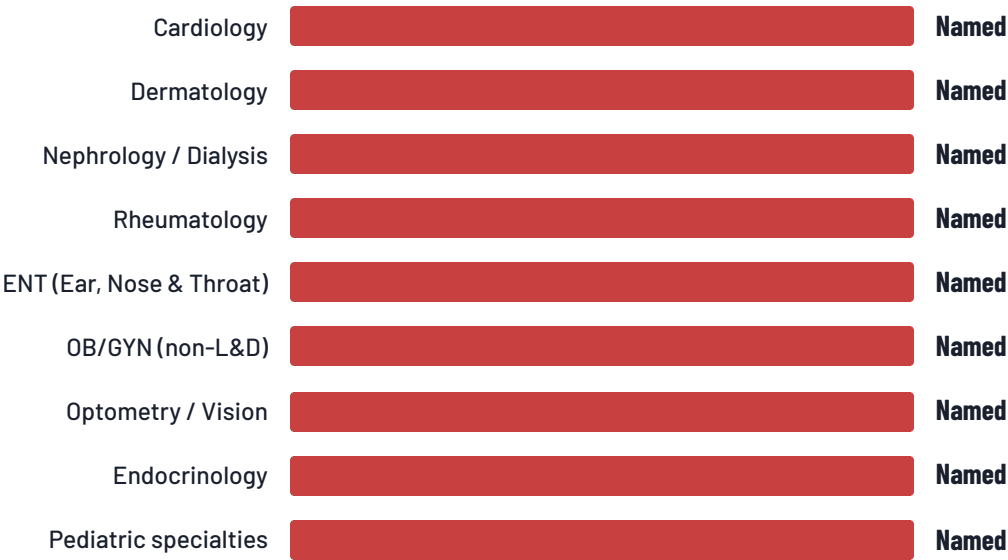
PRENATAL ACCESS GCH currently provides prenatal care. Building a coordinated maternal health system before, during, and after childbirth is a 2026–2029 strategic priority.	NO LOCAL BIRTH OPTION Non-IHS patients must travel out of county to deliver. Emergency deliveries risk occurring without appropriate care or on the road.	POSTPARTUM GAP With delivery out of county, continuity of postpartum care back to GCH is disrupted. Patients returning from Albuquerque or Farmington face gaps in follow-up care.
NATIVE AMERICAN MATERNAL MORTALITY AI/AN women face maternal mortality rates 2–3× higher than white women nationally (CDC). Local L&D access is a health equity imperative.		

PATIENTS ARE LEAVING THE COUNTY FOR CARE THEY CAN'T GET HERE

Specialty care was identified as a major gap by 35.6% of survey respondents who tried to access it – and community members named specific specialties missing from the county in their open-ended responses.

SPECIALTY CARE GAPS NAMED BY COMMUNITY MEMBERS

Source: GCH Community Survey 2026, open-text responses (Q18, Q24)



25 of 59 survey respondents (42%) reported difficulty accessing specialty care or named a missing specialty in open-text responses. GCH's on-site mammography was specifically praised by community members and is a model for expanding specialty services.

//

On-site mammography is particularly appreciated. Expanding specialty services – dermatology especially – would make a real difference.

Survey respondent · 87301

//

Host health fairs and collaborate with local specialists – optometry, dermatology – and see as many patients as possible. Other rural communities do this with huge success.

Survey respondent · 87301

//

Expand to include more services, especially specialized care. Bring in more doctors, including endocrinologist. Get a cardiologist.

Multiple respondents

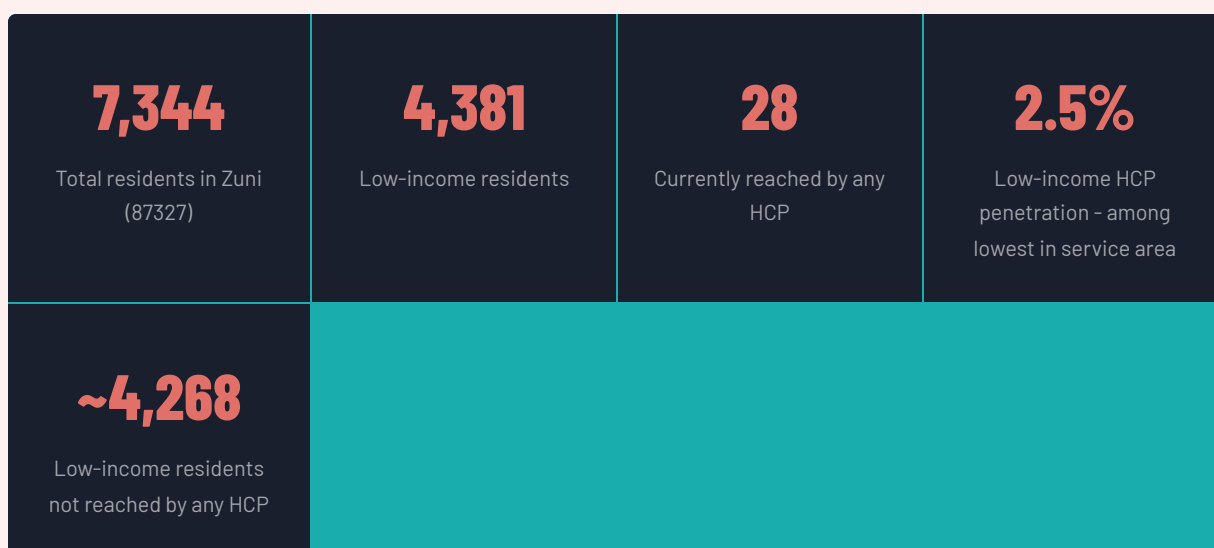
BUILDING ON WHAT WORKS

GCH's on-site mammography program demonstrates that bringing specialty services directly to patients works. Visiting specialist rotations in cardiology, dermatology, nephrology, and OB/GYN would follow the same model - and directly address the community's most-cited gaps.

07 · ZUNI SATELLITE CLINIC

THE MOST UNDERSERVED ZIP CODE IN THE SERVICE AREA

ZIP code 87327 - the Pueblo of Zuni - has among the lowest health center penetration of any ZIP in GCH's service area: GCH already serves 113 patients from 87327 who travel to Gallup - but with 4,381 low-income residents and only 2.5% low-income penetration across all health centers, the vast majority remain unserved. Presbyterian Medical Services also lists this ZIP, yet its reach is negligible. IHS serves Zuni tribal members, but non-beneficiaries and those seeking supplemental care have almost no local safety-net option. A GCH satellite clinic in Zuni would directly address the most acute access gap in the county.



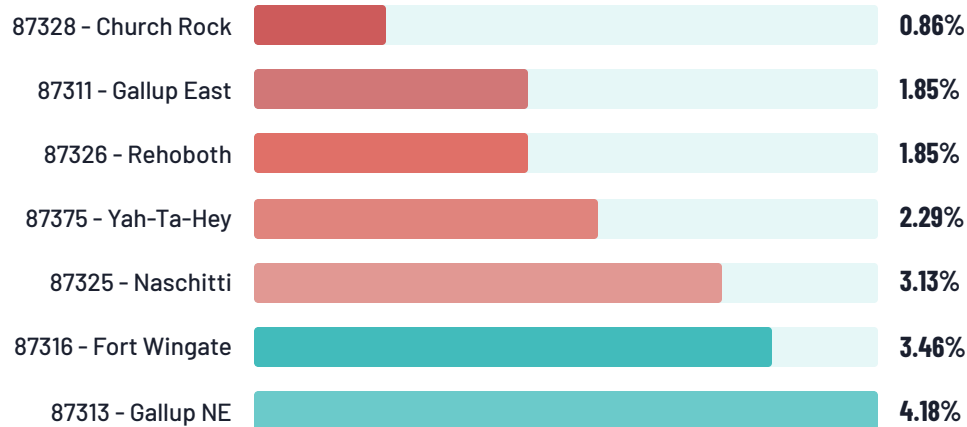
HCP PENETRATION BY ZIP CODE - BOTTOM 8 (LOWEST ACCESS)

Source: HRSA Health Center Program GeoCare Navigator, ZIP Code Analysis 2022 · Low-income population penetration rate shown

87327 - Zuni Pueblo



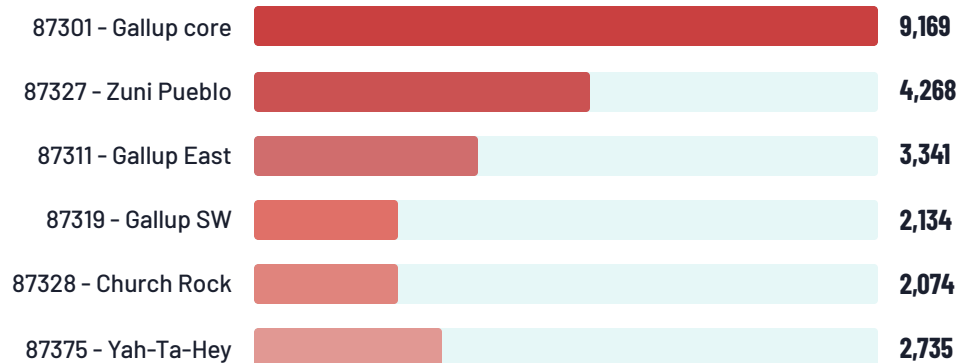
2.5%



The overall HCP penetration rate across the service area is 21.0% of low-income residents. Zuni's 2.5% reflects both the access barrier and the 113 GCH patients already traveling from 87327. ZIP 86508 has zero HCP penetration (384 low-income residents, no patients served).

UNSERVED LOW-INCOME RESIDENTS - TOP GAPS BY ZIP

Source: HRSA GeoCare Navigator ZIP Analysis 2022 · Unserved = low-income population minus HCP patients



Zuni has the second-largest pool of unserved low-income residents of any ZIP code outside of Gallup's urban core - despite being a distinct community 40 miles away with unique cultural and geographic access barriers. This is not a suburban overflow problem; it requires a dedicated access point.

DISTANCE & ISOLATION

Zuni Pueblo is approximately 40 miles south of Gallup on two-lane roads. No public transit connects the communities. For elderly, disabled, or uninsured residents, Gallup is effectively unreachable for routine care.

IHS STAFFING CRISIS

The Zuni Comprehensive Health Center serves enrolled tribal members only - but has also faced significant staffing losses over the past 12 months due to the 2025 HHS PAA-DER contract review bottleneck, which delayed provider contract renewals and locum staffing across New Mexico IHS facilities. Even tribal members now face reduced access, and non-beneficiaries

LOW HCP PENETRATION

2.5% low-income HCP penetration - among the lowest of any community ZIP in the service area. The service-area average is 21.0%. GCH serves 113 Zuni-area patients who travel to Gallup. The gap of ~4,268 unserved low-income residents represents the opportunity a satellite clinic would address.

have no local safety-net option at all.

COMMUNITY PARTNERSHIP

A Zuni satellite clinic would require formal consultation with Pueblo of Zuni leadership. GCH's Strategic Plan (Obj. 3.1) specifically commits to formalizing local partnerships to expand access in surrounding communities.

DATA LIMITATION

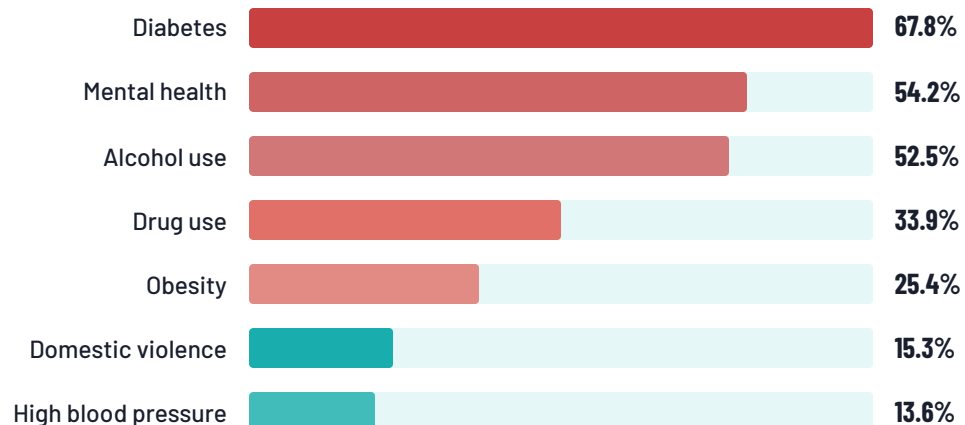
The HRSA ZIP code analysis reflects 2022 HCP patient data and 2017–2021 population figures. GCH should supplement this with current patient-origin data from its own UDS records to confirm how many existing GCH patients travel from 87327 – this will further strengthen the Zuni clinic case and meet HRSA's expectation that service area boundaries reflect where patients actually live.

08 • CHRONIC DISEASE BURDEN

DIABETES AND HYPERTENSION DOMINATE

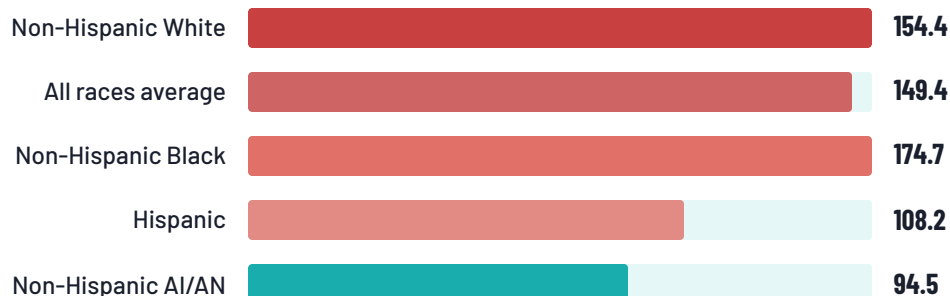
BIGGEST HEALTH CONCERNS - COMMUNITY SURVEY

Source: GCH Community Survey 2026, n=59 (select up to 3)



CANCER DEATH RATES BY RACE/ETHNICITY (PER 100,000)

Source: National Cancer Institute SEER data; GCH 2023 CHNA



While AI/AN cancer death rates appear lower overall, this reflects late-stage diagnosis and underreporting rather than lower incidence. Native American women are twice as likely to develop cervical cancer and four times as likely to die from it than white women – because it is frequently diagnosed at late stages when treatment is less effective. GCH's cervical cancer screening rate of 39.2% (2025 UDS) remains well below benchmarks, representing a significant quality improvement opportunity.

LIVER DISEASE - A HIDDEN CRISIS

Native Americans have a death rate from chronic liver disease and cirrhosis **4.6 times higher** than all other races – driven by the county's severe alcohol misuse burden. McKinley County recorded 624 alcohol-related deaths over a five-year span, accounting for more than 90% of all alcohol-related deaths in the county. The county has the highest alcohol-related death rates for Native Americans of any county in New Mexico (NM Substance Use Epidemiology Profile 2022).

DIABETES PREVALENCE COMPARISON

Source: CDC / NM DOH 2025–2026

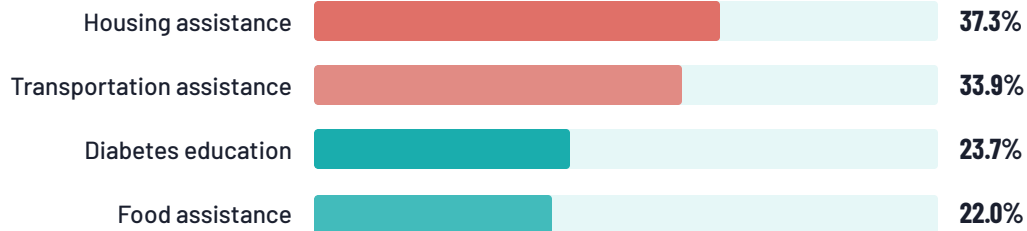


Native American patients face 3.2× higher diabetes mortality than white Americans (CDC). Given 75% of McKinley County residents are Native American, diabetes management is a health equity priority. Lack of local endocrinology compounds this gap.

SERVICES MOST WANTED - COMMUNITY SURVEY

Source: GCH Community Survey 2026, n=59 (select up to 3)





09 • BEHAVIORAL HEALTH & SUBSTANCE USE

A DUAL CRISIS - AND THE COMMUNITY KNOWS IT

29.3

SUICIDE RATE / 100K

2× U.S. avg of 13.9 • NIMHD 2026

#1

ALCOHOL DEATH RATE

Highest per capita in NM

21.2%

GCH PATIENTS: HIGH STRESS

Quite a bit / very much • PRAPARE

97%

SAY ALCOHOL IS COMMUNITY PROBLEM

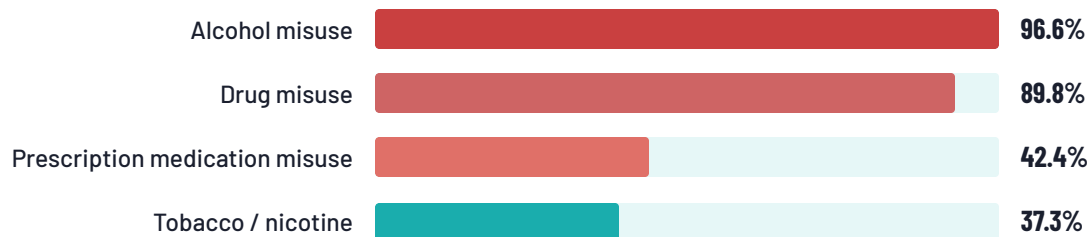
Community survey 2026

PROGRESS WORTH NOTING

McKinley County saw a 38% drop in alcohol-related deaths between 2021 and 2023 - one of the largest county-level declines in NM, and a sign that community interventions are working. New Mexico as a whole reported 1,896 alcohol-related deaths in 2023, down from a peak of 2,274 in 2021(NMDOH). The burden remains severe, but the trend demonstrates that expanded access to treatment and community-based interventions produce measurable results - making GCH's SUD and BH services more critical than ever to sustain and grow.

SUBSTANCE-RELATED CONCERNS - COMMUNITY SURVEY

Source: GCH Community Survey 2026, n=59



SUICIDE RATE COMPARISON (PER 100,000)

Source: NIMHD 2026; CDC National Vital Statistics



YOUTH CRISIS

American Indian/Alaska Native high school students had the highest rate of attempted suicide in New Mexico in 2023 (NM SUMHEP Dashboard, Sept 2025). Statewide, 8.4% of high school students attempted suicide in 2023. McKinley County's suicide rate of 29.3 per 100,000 – more than double the national rate – reflects both adult and youth crisis. GCH's behavioral health expansion directly addresses this population's greatest unmet need.

PRAPARE CORROBORATION

21.2% of GCH patients report significant stress; 7.8% have fewer than one meaningful social contact per week – both risk factors for depression and suicidality. 2.1% (66 patients) report fear of an intimate partner, requiring integrated behavioral health response.

10 • COMMUNITY VOICE

WHAT RESIDENTS ARE SAYING

59 community members completed GCH's 2026 survey (after deduplication of apparent submission errors). Key themes from open-text responses are reflected below.



The clinic has made a big difference in our community for medical care since you opened. Good job.

Retired respondent · 87301



Continue to offer excellent primary care and expand. More coordination.

Employed respondent · 87301



More primary doctors. More primary care doctors and mental health professionals. Better access is the biggest need.

Survey respondents · multiple ZIPs



Build more shelters for the homeless. Provide effective services to help people in need.

Respondent · 87301



Being trauma informed. At home visits to elders and postpartum mothers. Health fairs for the youth and elders.

Respondent · 87301



Keep growing. Expand to include more services, especially specialized care.

Respondent · 87301

PREVENTIVE CARE GAP

24.6% of survey respondents have never participated in routine preventive health screenings. Only 40.6% screen at least once a year. This points to a significant opportunity for GCH's school-based clinics and community outreach programs to shift care toward prevention.

11 · PRIORITY HEALTH NEEDS

WHAT THIS DATA DEMANDS GCH ADDRESS

Priorities are weighted by community burden, equity impact, geographic access gaps, and direct community and patient input.

#	PRIORITY NEED	SEVERITY	EVIDENCE
1	Behavioral Health & Substance Use	CRITICAL	Suicide 2× national rate; 97% say alcohol is a crisis; BH tied #1 most-wanted service (57.6%)
2	Social Determinants of Health (Housing, Food, Transport)	CRITICAL	3.8% unhoused; housing instability compounds chronic disease and behavioral health burden; 5.4% food need; 8% transport barrier; 19.3% unemployed seeking work; 45.8% worried about food running out (community survey)
3	Primary Care Access & Provider Shortage	CRITICAL	Largest primary care deficit in NM (HRSA); needs 10+ more PCPs; 54% of survey respondents had trouble finding a provider; all 22 ZIPs MUA
4	Maternal Health & Labor & Delivery Access	CRITICAL	No L&D for non-Native patients since RMCHCS closure 2022; GIMC serves enrolled beneficiaries only; AI/AN maternal mortality 2–3x national rate; 80% of NM maternal deaths preventable
5	Specialty Care Access	HIGH	35.6% can't access specialty care; cardiology, nephrology, OB/GYN, dermatology named repeatedly by community
6	Diabetes & Chronic Disease Management	HIGH	67.8% name diabetes as top concern; ~14% prevalence vs. 8% national; no local endocrinology
7	Satellite Clinic – Zuni Pueblo	HIGH	2.5% low-income HCP penetration (among lowest in service area); ~4,268 unserved; 40 miles from Gallup; IHS capacity declining
8	Preventive Care & Health Literacy	MODERATE	24.6% never screened; school-based and outreach opportunities identified by community

IHS - GALLUP INDIAN MEDICAL CENTER Primary care, cardiology, OB/GYN, psychiatry. Native American beneficiaries only. 516 E Nizhoni Blvd.	RMCHCS Private hospital. Discontinued L&D 2022. ER and limited inpatient services remain.	PRESBYTERIAN MEDICAL SERVICES Largest federally qualified health center in NM. Only 7.5% penetration among McKinley low-income residents.
NM WIC - MCKINLEY COUNTY Nutrition support for pregnant/postpartum women & children <5. (505) 722-2004.	THE COMMUNITY PANTRY Emergency food, fresh produce, mobile pantry. 1130 E Hasler Valley Rd. (505) 726-8068.	CATHOLIC CHARITIES OF GALLUP Emergency assistance, food. 503 W Hwy 66. (505) 722-4407.
FOUR CORNERS DETOX & RECOVERY Substance use detox and recovery services. NM Dept of Health-affiliated. Serving McKinley County and surrounding region.	ST. JOSEPH'S SHELTER Hot meals for unhoused residents. 400 N 5th St. (505) 722-5156.	NM WORKFORCE CONNECTION Career assessment, job placement, veteran services. (505) 863-8181.

13 · DATA SOURCES & METHODOLOGY

HOW THIS ASSESSMENT WAS BUILT

This CHNA integrates three primary data streams: (1) GCH PRAPARE patient screening data (n=3,154; Aug 2025–Aug 2026); (2) a GCH community survey (n=69 raw, 59 after deduplication; Jun–Aug 2026); and (3) secondary data from federal and state public health sources.

DATA SOURCES

- GCH eClinicalWorks PRAPARE export (primary)
- GCH Community Survey 2026 (primary)
- U.S. Census Bureau ACS 5-year / QuickFacts
- CDC WONDER / National Vital Statistics
- NM Department of Health
- HRSA Data Warehouse / UDS / HRSA GeoCare
- NIMHD Health Disparities Pulse 2026
- Robert Wood Johnson County Health Rankings
- NM Kids Count 2026
- NACHC Quick Guide, February 2026

- HRSA GeoCare Navigator ZIP Code Analysis (2024 HCP / 2019-2023 ACS)
- NM SUMHEP Dashboard (NMDOH, Sept 2025)
- UNM Zuni Health Initiative (PLOS ONE 2014, 2015)
- KUNM / Source NM / KRQE (RMCHCS L&D reporting, 2022-2026)
- March of Dimes NM Report Card 2025
- DataUSA - McKinley County 2024/2025
- NM Maternal Mortality Review Committee
- Pew Charitable Trusts - NM Housing (Jan 2025)
- Grantmakers in Health - AI/AN Maternal Health (Dec 2025)

NACHC COMPLIANCE NOTE

This assessment follows the NACHC February 2026 CHNA Quick Guide for health centers. Community voice is reflected through a 59-person community survey conducted June-August 2026 and PRAPARE screening data from 3,154 GCH patients.