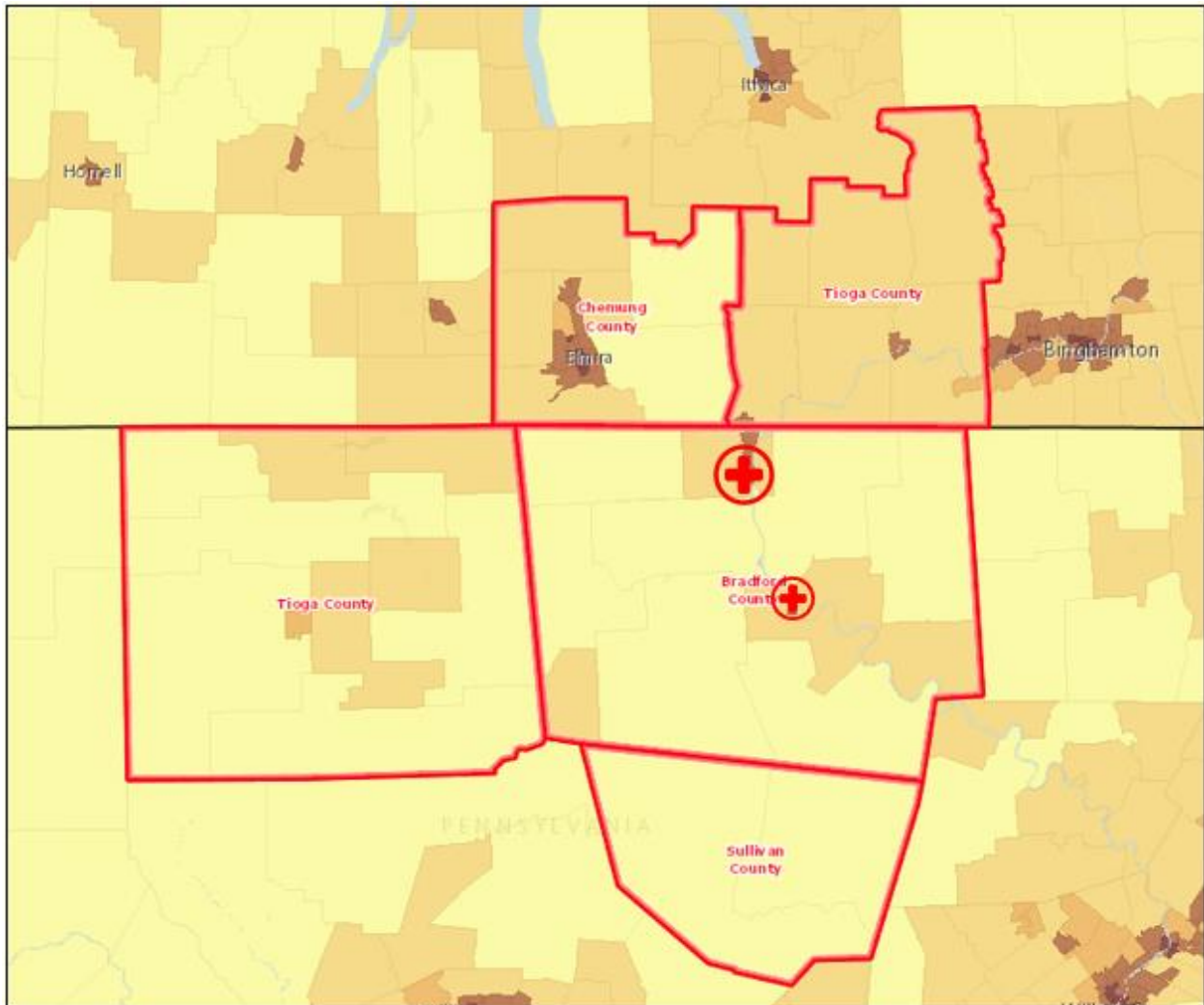# Community Health Needs Assessment for Robert Packer Hospital and Towanda Campus:

Bradford, PA, Tioga, PA, Sullivan, PA,

Chemung, NY, and Tioga, NY

March 2022

One Guthrie Square

Sayre, PA 18840

www.guthrie.org

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Introduction

In 2010, Congress enacted the Patient Protection and Affordable Care Act (PPACA), which put in place comprehensive health insurance reforms to enhance the quality of health care for all Americans. In an effort to enhance the quality of health care, the PPACA also requires non-profit hospitals to complete a community health needs assessment (CHNA) every three years. A CHNA is a systematic process, involving the community, to identify and analyze community health needs to plan and act upon priority community health needs. This initiative is in line with The Guthrie Clinic's vision to "improve health through clinical excellence and compassion; every patient, every time." The CHNA ensures that The Guthrie Clinic (TGC) has the information needed to provide community health benefits to support the prioritized needs of the community. Further, the CHNA allows TGC to improve coordination of hospital community benefits with the overall goal of improving community health.

This CHNA document contains a description and supporting data of the community and the existing community needs. This information is summarized into the following categories: (1) demographics of the primary service area (race/ethnicity, income, education, employment); (2) insurance coverage (commercial, Medicare/Medicaid, uninsured), healthcare infrastructure (number and types of health care providers and services); and (3) key health challenges (Primary Care Utilization/Hospitalization, Mental Health, and Cancer Screening). The assessment also includes projected changes in the community demographics and health care infrastructure for the 3-year program period. Based on the information from this CHNA, projects that meet the needs of the community will be selected and implemented.

Overview of Guthrie Health

The Guthrie Clinic

The Guthrie Clinic is a non-profit integrated health system located in north central Pennsylvania and upstate New York, serving patients from a twelve-county service area. The Guthrie Clinic (TGC) is comprised of a research institute, home care/hospice, hospitals in Sayre, Pa., Corning, N.Y., Towanda, Pa., Troy, Pa. and Cortland, N.Y., as well as a multi-specialty group practice of nearly 700 providers offering 47 specialties through a regional office network providing primary and specialty care in 22 communities in Pennsylvania and New York. TGC is dedicated to training the next generation of health care leaders, offering seven residencies and three fellowships. TGC manages more than 1,500,000 patient visits a year. Most of the patients seen within TGC originate from rural communities. TGC offers programs designed to enhance the health and well-being of those it serves. Similarly, the overall mission of TGC is to work with the surrounding communities to help each person attain optimal, life-long health and well-being. To do this, TGC provides integrated, clinically advanced services that prevent, diagnose, and treat disease, within an environment of compassion, learning, and discovery.

Robert Packer Hospital

Robert Packer Hospital (RPH) is a not-for-profit community teaching hospital, comprised of two campuses, and an entity under The Guthrie Clinic (TGC). RPH, located in Sayre, PA, is a 267-bed campus that serves the Southern Tier region of New York and the Northern Tier region of Pennsylvania. Formerly known as Towanda Memorial Hospital, the RPH Towanda Campus is a satellite campus of Guthrie Robert Packer Hospital, located 17 miles south of RPH in Towanda, Pa. The Towanda campus is a 21-bed facility serving Bradford and Sullivan counties and the surrounding communities. In addition to clinical services,

long-term care services are provided for patients with a skilled nursing unit and 94-bed personal care home.

In Fiscal Year 2021, RPH had over 14,640 inpatient visits, more than 1,900 outpatient surgeries, 16,000 short procedures and 4,220 inpatient surgeries. The RPH Emergency Department had over 29,800 visits. During the same time period, there were over 670 births and 93,000 outpatient visits. In Fiscal Year 2021, the Towanda Campus had over 300 inpatient visits, more than 130 outpatient surgeries and over 12,000 outpatient visits. The Towanda Campus Emergency Department had over 7,590 visits.

RPH has received numerous national awards for high quality patient care such as the Primary Stroke Center by the Joint Commission, the American Heart Association/American Stroke Association's Get With The Guidelines®-Stroke Silver Plus Quality Achievement Award and the Commission on Cancer Accreditation.

RPH is a Regional Level II Trauma Center, accredited by the Pennsylvania Trauma Systems Foundation and is served by Guthrie Air, a regional aero-medical helicopter program. RPH offers a full range of diagnostic, medical and surgical services including Guthrie Cardiac and Vascular Center, Guthrie RPH Chest Pain Center, Guthrie Cancer and Infusion Center, Guthrie Breast Care Center, Guthrie Behavioral Health Science Center and Guthrie Weight Loss Center. Guthrie RPH Medical Imaging provides a wide range of diagnostic and therapeutic imaging studies, including: computed tomography and magnetic resonance imaging, interventional radiology services, digital mammography with computer assisted detection, nuclear medicine including nuclear cardiology and single-photon emission computed tomography, Positron Emission Tomography/Computed Tomography, ultrasound including Vascular and Obstetric ultrasound, X-Ray and fluoroscopy.

Moreover, RPH also has teaching programs in Nursing, Radiology, Respiratory Therapy, Laboratory Sciences, General Surgery, Family Practice, Internal Medicine, Gastroenterology and Cardiovascular specialties. These teaching areas are supported by an active skills lab and research foundation

The table below summarizes the Guthrie licensed clinical staff working in the community served by RPH and Towanda Campus. Please note, most physicians are employed by Guthrie Medical Group (GMG).

Health occupations serving in the primary service areas of RPH and Towanda campus:	
Total Physicians	341
Internal Medicine Physician or Family practice Physicians	39
Physician Assistants/Nurse Practitioners	127
Registered Nurses	428
Other Health Professions	285

*Numbers derived from GMG and HRIS Data

*Examples of Other Health Professions include speech pathologist, physical therapists, occupational therapist

Robert Packer Hospital has a strong commitment to health profession education. Specifically, their Continuing Medical Education office offers symposiums open to unaffiliated professionals, sponsors Medical Grand Rounds weekly, and supports the Guthrie Scholars Program. The Scholars Program provides early acceptance to medical school for exceptional students from the surrounding communities. RPH further hosts three allied health-training programs in radiologic technology, respiratory therapy and medical technology/medical laboratory science. In affiliation with Mansfield

University RPH offers a baccalaureate degree in nursing program. Further, as a dedicated clinical campus of Geisinger Commonwealth School of Medicine RPH offers clinical rotations for medical students.

Purpose and Goals

Robert Packer Hospital (RPH) and The Guthrie Clinic (TGC) emphasize primary health care services, health promotion, and chronic disease prevention and management for the community we serve. RPH's overall approach to community benefit is to examine the intersection of documented unmet community needs and match these needs with organizational strengths. These unmet community needs can be defined as a discrepancy or gap between what is currently available and what the community desires. The overarching goals of this Community Health Needs Assessment (CHNA) are to (1) identify strengths and limitation within RPH's service area; (2) define the needs and assets associated with the community we serve; (3) describe resources such as health professionals, regional economics and communication networks whose goal is to maximize community health.

The identified needs will result in the formation of an implementation plan that will build upon the continuum of care currently offered at RPH by clearly linking our clinical services with our community-based services through this community benefit process. The implemented community benefit plan will be integrated into strategic organizational goals of RPH. The plan progress will be monitored to ensure timely implementation. Further collaborative partnerships will be integral to the success of the plan.

The Community We Serve

RPH serves mostly a rural population over a large geographic area from six counties covering the Twin Tier regions of New York and Pennsylvania. The primary service area of RPH for this report is defined as five counties (Bradford, Tioga and Sullivan in Pennsylvania and Tioga and Chemung in NY) from which over 75% of the inpatient population is derived. These five counties include 239,455 people (2020 Census), the majority of which are white, non-Hispanic, aged 65+. In this geographic area, 40.4% of individuals aged 25 plus, have at least a high school diploma, 17.6% have some college and 13.0%/8.8% have a bachelor's degree/higher, respectively. From 2010 until 2020 there was a 4.59% decrease in the overall population served by RPH. From 2000-2010, the population decreased by 1.01%. Refer to the information below for a summary by county.
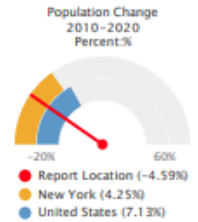
Demographics

*Data retrieved from Community Commons on March 17th, 2022.

Population Served by RPH, by County:

Total Population Change, 2010-2020

According to the United States Census Bureau Decennial Census, between 2010 and 2020 the population in the report area fell by -11,531 persons, a change of -4.59%. A significant positive or negative shift in total population over time impacts healthcare providers and the utilization of community resources.

Report Area	Total Population, 2010 Census	Total Population, 2020 Census	Population Change, 2010-2020	Population Change, 2010-2020, Percent
Report Location	250,986	239,455	-11,531	-4.59%
Chemung County, NY	88,830	84,148	-4,682	-5.27%
Tioga County, NY	51,126	48,455	-2,671	-5.22%
Bradford County, PA	62,622	59,967	-2,655	-4.24%
Sullivan County, PA	6,428	5,840	-588	-9.15%
Tioga County, PA	41,980	41,045	-935	-2.23%
New York	19,378,088	20,201,249	823,161	4.25%
Pennsylvania	12,702,385	13,002,700	300,315	2.36%
United States	312,471,161	334,735,155	22,263,994	7.13%

Population Change 2010-2020 Percent:%

- Report Location (-4.59%)
- New York (4.25%)
- United States (7.13%)

Population Change, Percent by Tract, US Census 2010 - 2020

- Over 10.0% Increase (+)
- 2.0 - 10.0% Increase (+)
- Less Than 2.0% Change (+/-)
- 2.0 - 10.0% Decrease (-)
- Over 10.0% Decrease (-)
- No Population or No Data
- Report Location

View larger map

Data Sources: US Census Bureau, Decennial Census. 2020. Source geography: Tract

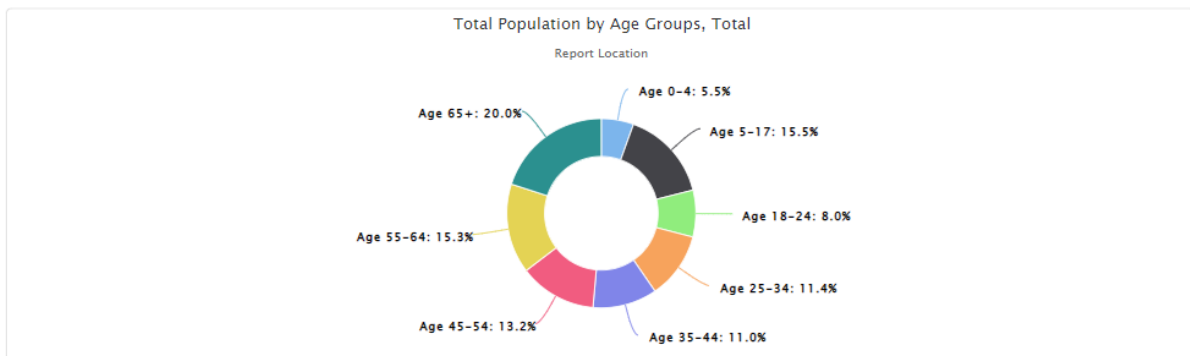Retrieved from Community Commons on March 17th, 2022

Population Served by RPH, by Age Group:

RPH and Towanda campuses serve a variety of ages, with the largest age group comprised of those aged 65 or older, followed by those aged 55-64. This is important to note as the age of the population served will influence current and future services offered. Most of the population is white and non-Hispanic.

Total Population by Age Groups, Total

This indicator reports the total population of the report area by age groups

Report Area	Age 0-4	Age 5-17	Age 18-24	Age 25-34	Age 35-44	Age 45-54	Age 55-64	Age 65+
Report Location	13,391	37,514	19,297	27,446	26,596	31,948	37,060	48,371
Chemung County, NY	4,938	13,389	6,964	10,492	9,982	11,115	12,401	15,614
Tioga County, NY	2,474	7,797	3,719	5,112	5,455	6,660	7,865	9,604
Bradford County, PA	3,642	9,789	4,473	6,694	6,256	8,107	9,331	12,671
Sullivan County, PA	195	525	496	584	599	831	1,209	1,696
Tioga County, PA	2,142	6,014	3,645	4,564	4,304	5,235	6,254	8,786
New York	1,154,201	2,954,298	1,831,883	2,865,950	2,433,007	2,613,081	2,573,593	3,146,306
Pennsylvania	706,563	1,955,828	1,174,907	1,680,907	1,493,904	1,692,870	1,804,831	2,281,720
United States	19,767,670	53,661,722	30,646,327	45,030,415	40,978,831	42,072,620	41,756,414	50,783,796

Total Population by Age Groups, Total
Report Location

Age 0-4: 5.5%
Age 5-17: 15.5%
Age 18-24: 8.0%
Age 25-34: 11.4%
Age 35-44: 11.0%
Age 45-54: 13.2%
Age 55-64: 15.3%
Age 65+: 20.0%

Data Sources: US Census Bureau, American Community Survey. 2015-19. Source geography: Tract. Retrieved from Community Commons on March 17th, 2022

Population Age 55-64

Of the estimated 241,623 total population in the report area, an estimated 37,060 persons are between the ages of 55 and 64, representing 15.34% of the population. These data are based on the latest U.S. Census Bureau American Community Survey 5-year estimates. The number of adults in the report area is relevant because this population has unique needs which should be considered separately from other age groups.

Report Area	Total Population	Population Age 55-64	Percent Population Age 55-64
Report Location	241,623	37,060	15.34%
Chemung County, NY	84,895	12,401	14.61%
Tioga County, NY	48,686	7,865	16.15%
Bradford County, PA	60,963	9,331	15.31%
Sullivan County, PA	6,135	1,209	19.71%
Tioga County, PA	40,944	6,254	15.27%
New York	19,572,319	2,573,593	13.15%
Pennsylvania	12,791,530	1,804,831	14.11%
United States	324,697,795	41,756,414	12.86%

Data Source: US Census Bureau, American Community Survey. 2015-19. Source geography: Tract
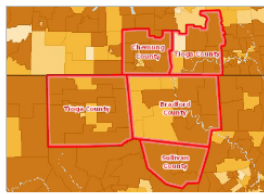
Population Age 55-64, Percent by Tract, ACS 2015-19

- Over 15.0%
- 13.1 - 15.0%
- 11.1 - 13.0%
- Under 11.1%
- No Data or Data Suppressed
- Report Location

View larger map

Population Age 65+

Of the estimated 241,623 total population in the report area, an estimated 48,371 persons are adults aged 65 and older, representing 20.02% of the population. These data are based on the latest U.S. Census Bureau American Community Survey 5-year estimates. The number of older adults in the report area is relevant because this population has unique needs which should be considered separately from other age groups.

Report Area	Total Population	Population Age 65+	Population Age 65+, Percent
Report Location	241,623	48,371	20.02%
Chemung County, NY	84,895	15,614	18.39%
Tioga County, NY	48,686	9,604	19.73%
Bradford County, PA	60,963	12,671	20.78%
Sullivan County, PA	6,135	1,696	27.64%
Tioga County, PA	40,944	8,786	21.46%
New York	19,572,319	3,146,306	16.08%
Pennsylvania	12,791,530	2,281,720	17.84%
United States	324,697,795	50,783,796	15.64%

Data Source: US Census Bureau, American Community Survey. 2015-19. Source geography: Tract

Population Age 65+, Percent by Tract, ACS 2015-19

- Over 20.0%
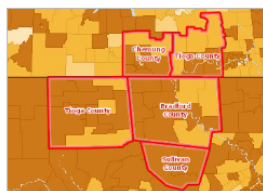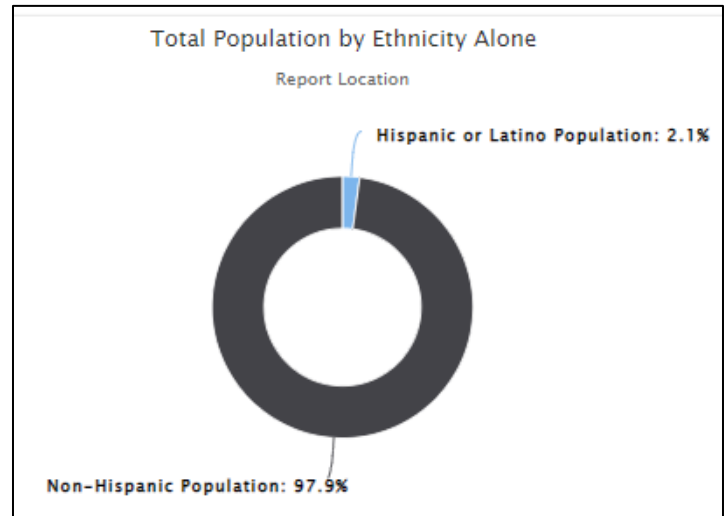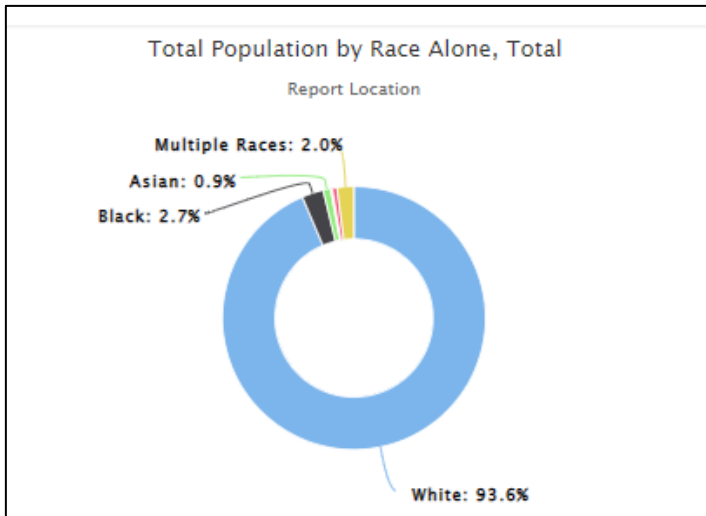- 16.1 - 20.0%
- 12.1 - 16.0%
- Under 12.1%
- No Data or Data Suppressed
- Report Location

View larger map

Data Sources: US Census Bureau, American Community Survey. 2015-19. Source geography: Tract. Retrieved from Community Commons on March 17th, 2022

Population Served by RPH, by Race and Ethnicity:

Total Population by Race Alone, Total — Report Location

- Multiple Races: 2.0%
- Asian: 0.9%
- Black: 2.7%
- White: 93.6%

Total Population by Ethnicity Alone — Report Location

- Hispanic or Latino Population: 2.1%
- Non-Hispanic Population: 97.9%

Data Sources: US Census Bureau, American Community Survey. 2015-19. Source geography: Tract. Retrieved from Community Commons on March 17th, 2022

Population Served by RPH, Urban and Rural Population by County

Urban and Rural Population

This indicator reports the percentage of population living in urban and rural areas. Urban areas are identified using population density, count, and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban. Of the report areas 250,986 population, 106,486 or 42.43% of the population is classified urban while 144,500 or 57.57% is rural.

Report Area	Total Population	Urban Population	Rural Population	Urban Population, Percent	Rural Population, Percent
Report Location	250,986	106,486	144,500	42.43%	57.57%
Chemung County, NY	88,830	67,352	21,478	75.82%	24.18%
Tioga County, NY	51,125	17,557	33,568	34.34%	65.66%
Bradford County, PA	62,622	17,425	45,197	27.83%	72.17%
Sullivan County, PA	6,428	0	6,428	0.00%	100.00%
Tioga County, PA	41,981	4,152	37,829	9.89%	90.11%
New York	19,378,102	17,028,105	2,349,997	87.87%	12.13%
Pennsylvania	12,702,379	9,991,287	2,711,092	78.66%	21.34%
United States	312,471,327	252,746,527	59,724,800	80.89%	19.11%

Data Source: US Census Bureau, Decennial Census. 2010. Source geography: Tract

View larger map

Urban Population, Percent by Tract, US Census 2010

- 100% Urban Population
- 90.1 - 99.9%
- 50.1 - 90.0%
- Under 50.1%
- No Urban Population
- No Data or Data Suppressed
- Report Location

Population with any Disability

Of the 236,761 total population, disability status has been determined for 36,885 or 15.58%. This population requires unique services that should be considered.
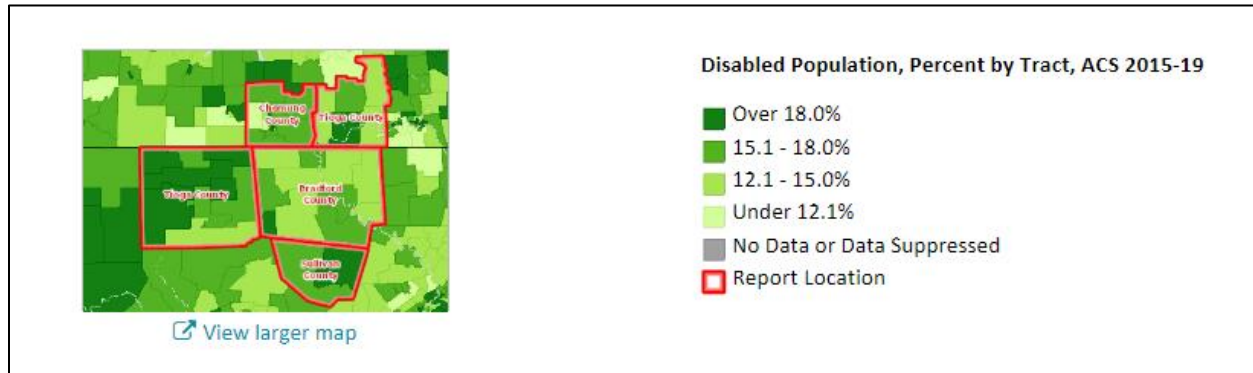
Data Source: US Census Bureau, American Community Survey. 2015-19. Source geography: Tract. Retrieved from Community Commons on March 17th, 2022.x
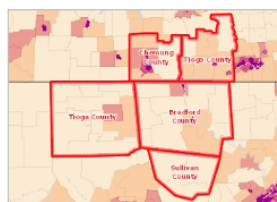
Veteran Population

This indicator reports the percentage of the population age 18 and older that have served in one of the branches of the military, even for a short time and are no longer on active duty. Of the report area population, 10.16% are veterans, with the largest age group of veterans being 65-74 years old.
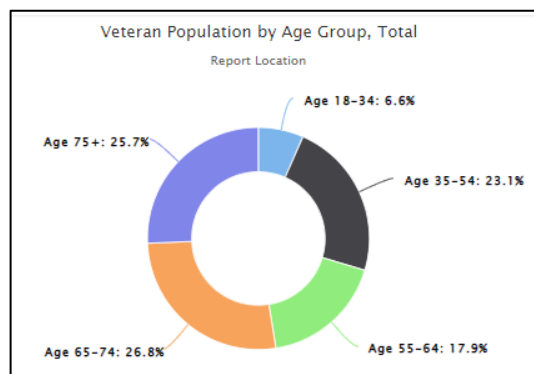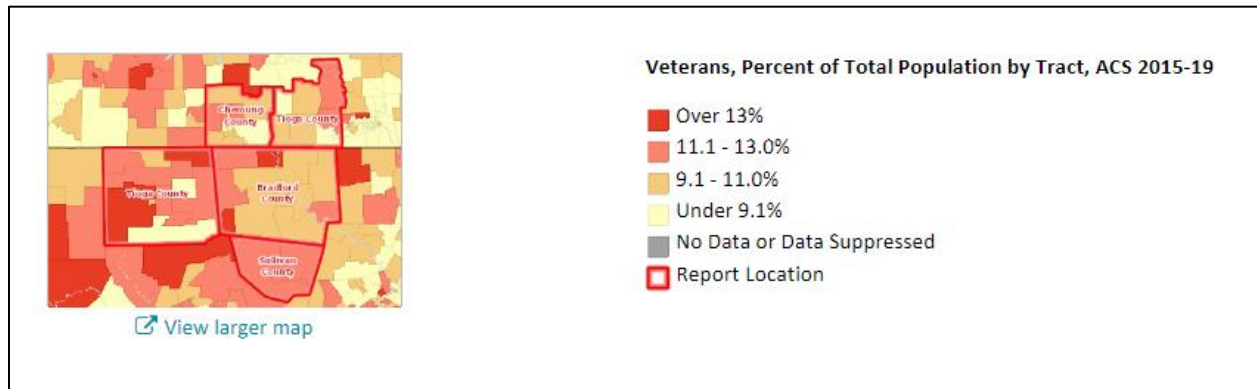
Data Source: US Census Bureau, American Community Survey. 2015-19. Sure geography: Tract. Retrieved from Community Commons on March 17th, 2022

Job Sectors

The chart below breaks down the largest job sectors by total employment in the total report area, Pennsylvania counties, and then the New York counties. In the total report area, manufacturing is the largest employer, with retail and healthcare following behind respectively.

| Area Name	Rank (Size)	Job Sector	Total Employment	Average Wage
Report Location	1	Manufacturing	14,584	$82,092
Report Location	2	Retail trade	13,851	$26,690
Report Location	3	Health care and social assistance	13,846	$57,771
New York	1	Health care and social assistance	1,840,125	$57,663
New York	2	Retail trade	1,077,835	$39,793
New York	3	Professional, scientific, and technical services	1,041,621	$91,522
Pennsylvania	1	Health care and social assistance	1,152,004	$58,423
Pennsylvania	2	Retail trade	748,812	$30,661
Pennsylvania	3	Manufacturing	605,213	$77,627

Data Source: US Department of Commerce, US Bureau of Economic Analysis. 2019. Source geography: County. Retrieved from Community Commons on March 17th, 2022.
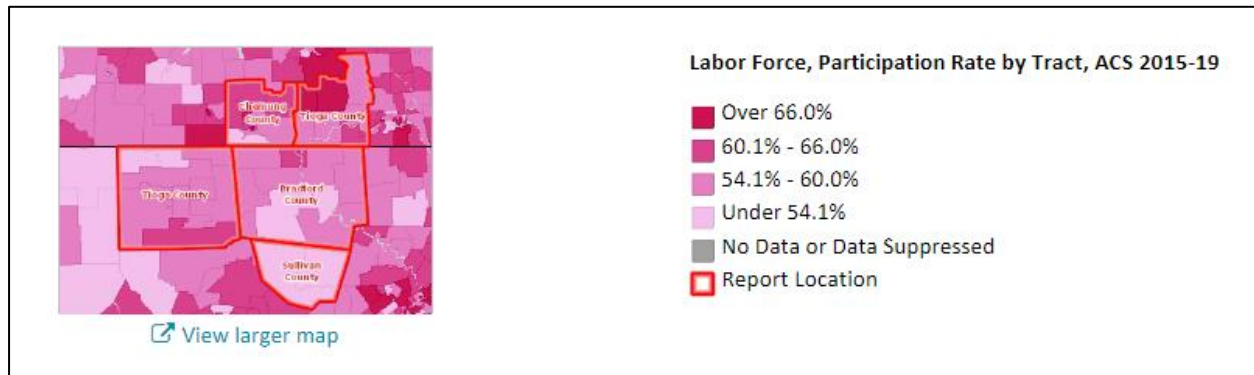
Data Source: US Census Bureau, American Community Survey. 2015-19. Source geography: County. Retrieved from Community Commons on March 17th, 2022.

Unemployment

The current unemployment rate for the month of February when this report was run was 3.9% (4,047 individuals) of the civilian non-institutionalized population age 16 and older (non-seasonally adjusted).
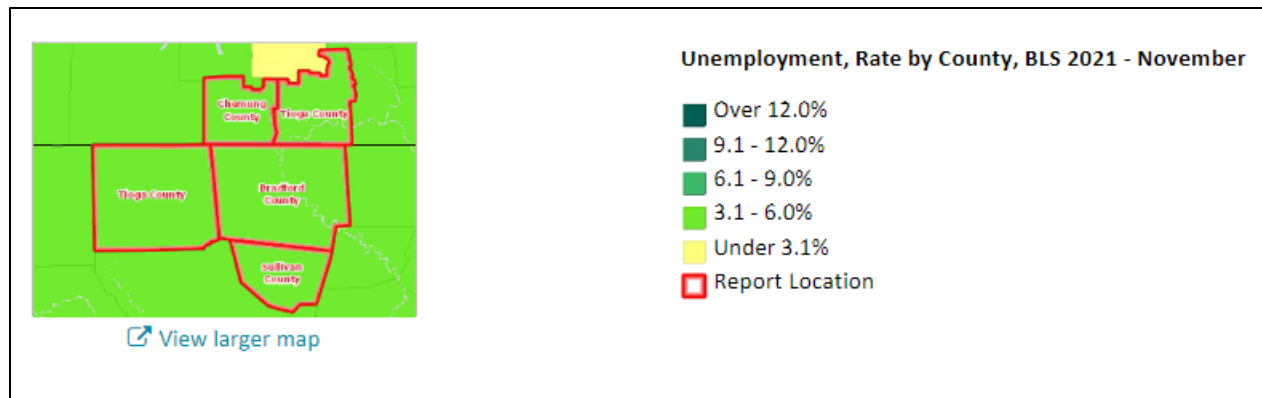
Data Source: US Department of Labor, Bureau of Labor Statistics, 2021-November. Source geography: County. Retrieved from Community Commons on March 17th, 2022.

Population Served by RPH, by Income

Income - Families Earning Over $75,000

In the report area, 44.18%, or 28,322 families report a total annual income of $75,000 or greater. Total income includes all reported income from wages and salaries as well as income from self-employment, interest or dividends, public assistance, retirement, and other sources. As defined by the US Census Bureau, a family household is any housing unit in which the householder is living with one or more individuals related to him or her by birth, marriage, or adoption. A non-family household is any household occupied by the householder alone, or by the householder and one or more unrelated individuals.
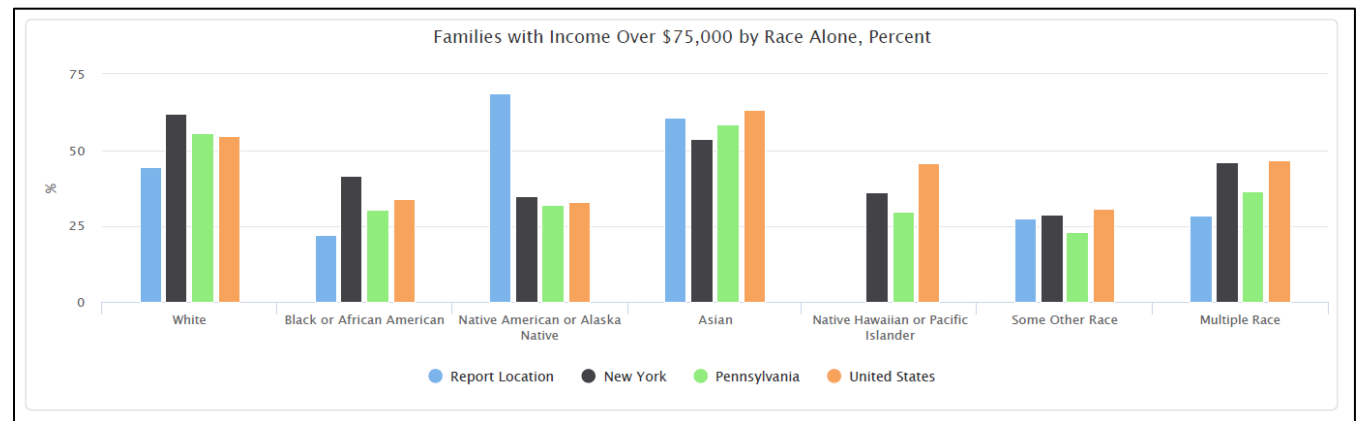
Report Area	Total Families	Families with Income Over $75,000	Percent Families with Income Over $75,000
Report Location	64,103	28,322	44.18%
Chemung County, NY	21,271	9,672	45.47%
Tioga County, NY	13,645	7,075	51.85%
Bradford County, PA	16,797	6,769	40.30%
Sullivan County, PA	1,590	670	42.14%
Tioga County, PA	10,800	4,136	38.30%
New York	4,632,289	2,556,597	55.19%
Pennsylvania	3,236,352	1,696,132	52.41%
United States	79,114,031	40,753,622	51.51%

Percent Families with Income Over $75,000
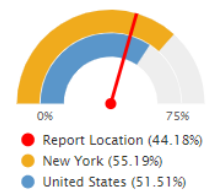
● Report Location (44.18%)
● New York (55.19%)
● United States (51.51%)

Note: This indicator is compared to the highest state average.
Data Source: US Census Bureau, American Community Survey. 2015-19. Source geography: Tract → Show more details

Families with Income Over $75,000 by Race Alone, Percent

● Report Location   ● New York   ● Pennsylvania   ● United States

Data Source: US Census Bureau, American Community Survey. 2015-19. Source geography: Tract. Retrieved from Community Commons on March 17th, 2022.

Household Income Levels

Report Area	Under $25,000	$25,000 - $49,999	$50,000 - $99,999	$100,000 - $199,999	$200,000+
Report Location	21.33%	24.48%	32.67%	18.56%	2.96%
Chemung County, NY	21.79%	23.87%	32.48%	18.76%	3.10%
Tioga County, NY	18.67%	21.46%	33.22%	22.97%	3.69%
Bradford County, PA	21.15%	26.82%	32.44%	16.66%	2.93%
Sullivan County, PA	25.41%	26.26%	28.98%	16.97%	2.39%
Tioga County, PA	23.23%	25.57%	33.39%	15.88%	1.94%
New York	19.84%	18.46%	27.18%	23.77%	10.74%
Pennsylvania	19.58%	21.51%	30.70%	21.57%	6.63%
United States	19.26%	21.21%	29.95%	21.91%	7.67%

Data Source: US Census Bureau, American Community Survey. 2015-19. Source geography: Tract. Retrieved from Community Commons on March 17th, 2022.

Per Capita Income by Tract, ACS 2015-19

- Over $30,000
- $25,001 - $30,000
- $20,001 - $25,000
- Under $20,001
- No Data or Data Suppressed
- Report Location

Per Capita Income ($)

10000   50000

- Report ($28,914)
- New York ($39,325)
- United States ($34,102)

Note: This indicator is compared to the highest state average

Data Source: US Census Bureau, American Community Survey. 2015-19. Source geography: Tract. Retrieved from Community Commons on March 17th, 2022.

Households with Public Assistance Income, Percent by Tract, ACS 2015-19

- Over 3.0%
- 2.1 - 3.0%
- 1.1 - 2.0%
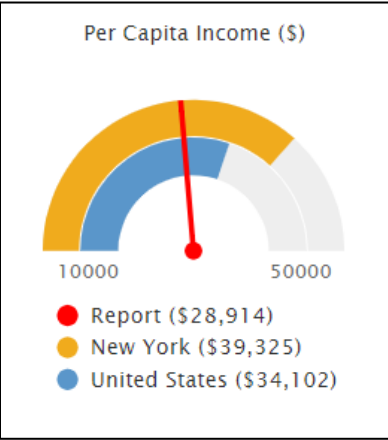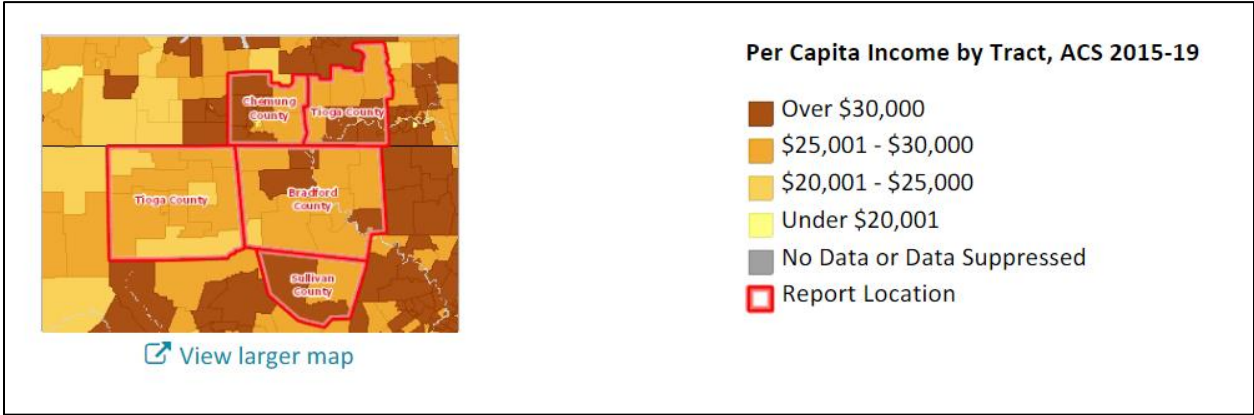- Under 1.1%
- No Data or Data Suppressed
- Report Location

Data Source: US Census Bureau, American Community Survey. 2015-19. Source geography: Tract. Retrieved from Community Commons on March 17th, 2022

Poverty

As a key driver of health status, it is important to note that over 29,800 individuals (12.68%) are living in households below the Federal Poverty level (FPL), a higher percentage than the state of Pennsylvania.

Population in Poverty, Percent

● Report Location (12.68%)
● Pennsylvania (12.43%)
● United States (13.42%)

Population in Poverty by Race, Total
Report Location

Multiple Race: 4.1%
Some Other Race: 0.8%
Asian: 0.9%
Black or African American: 5.1%
White: 88.8%

View larger map

Population Below the Poverty Level, Percent by Tract, ACS 2015-19

■ Over 20.0%
■ 15.1 - 20.0%
■ 10.1 - 15.0%
■ Under 10.1%
■ No Data or Data Suppressed
□ Report Location

Data Source: US Census Bureau, American Community Survey. 2015-19. Source geography: Tract. Retrieved from Community Commons on March 17th, 2022.
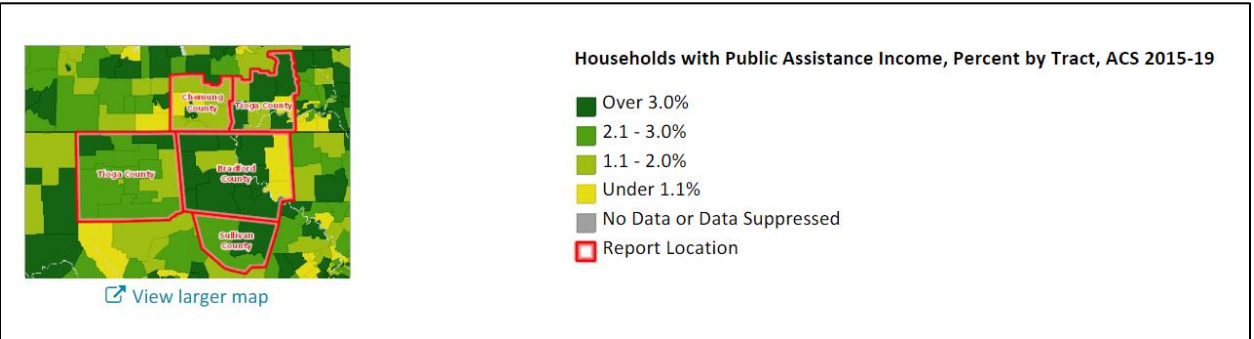
In the RPH service area, 42.1% of children under the age of 18 are living in households below 200% of the Federal Poverty Line (FPL). Out of the over 34,000 students in public schools, over 16,000 (49.4%) were eligible for Free/Reduced Price Lunch. This is an important statistic to consider as poverty creates numerous barriers to receiving health care (Community Commons, 2022).

Poverty - Children Below 200% FPL

In the report area 42.10% or 21,084 children are living in households with income below 200% of the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

Report Area	Total Population Under Age 18	Population Under Age 18 at or Below 200% FPL	Percent Population Under Age 18 at or Below 200% FPL
Report Location	50,082	21,084	42.10%
Chemung County, NY	17,937	7,983	44.51%
Tioga County, NY	10,191	3,483	34.18%
Bradford County, PA	13,238	5,853	44.21%
Sullivan County, PA	706	329	46.60%
Tioga County, PA	8,010	3,436	42.90%
New York	4,031,379	1,568,161	38.90%
Pennsylvania	2,613,746	966,243	36.97%
United States	72,235,700	28,929,639	40.05%

Percent Population Under Age 18 at or Below 200% FPL

- Report Location (42.10%)
- Pennsylvania (36.97%)
- United States (40.05%)

Note: This indicator is compared to the lowest state average.
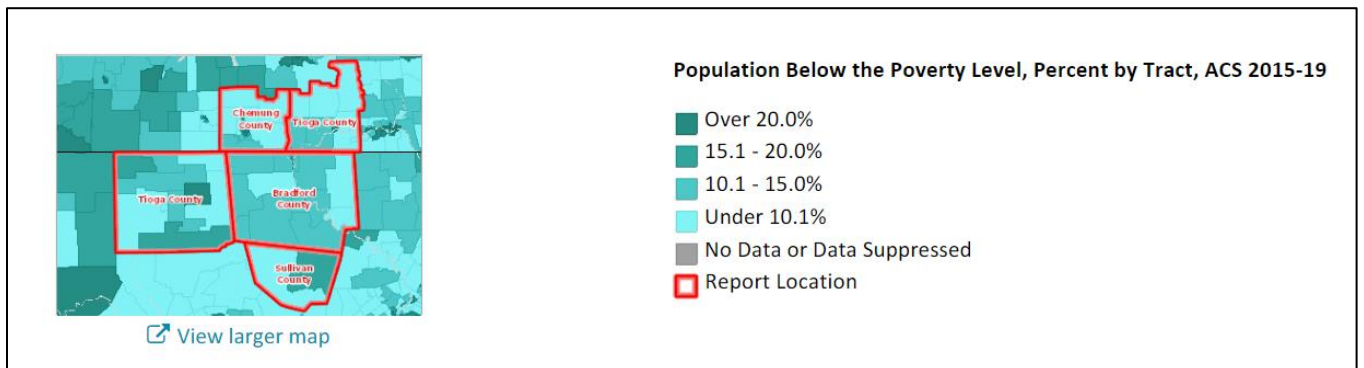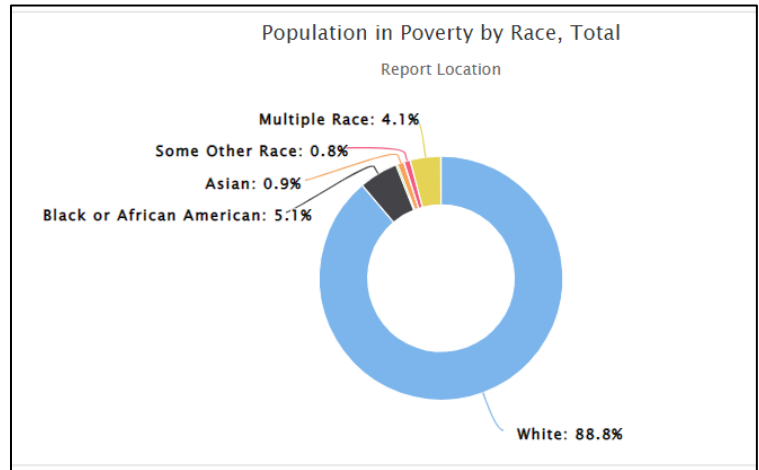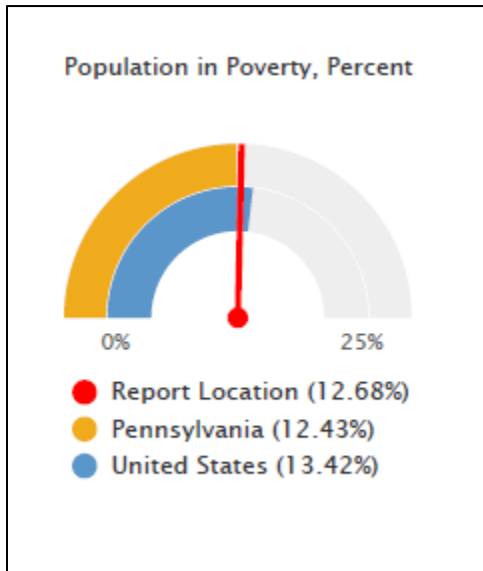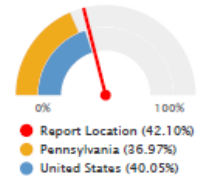*Data Source: US Census Bureau, American Community Survey. 2015-19. Source geography: Tract*

Data Source: US Census Bureau, American Community Survey, 2015-19. Source geography: Tract. Retrieved from Community Commons on March 17th, 2022.
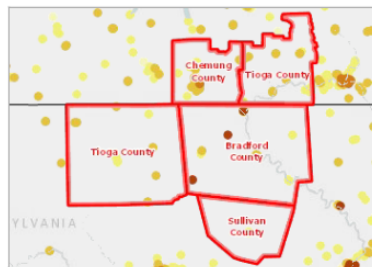
Students Eligible for Free or Reduced-Price Lunch, NCES CCD 2019-20

- Over 90.0%
- 75.1% - 90.0%
- 50.1% - 75.0%
- 20.1% - 50.0%
- Under 20.1%
- Not Reported
- Report Location

View larger map

Data Source: National center for Education Dtatistics, NCES- Common Core of Data. 2019-20. Source geography: Address. Retrieved from Community Commons on March 17th, 2022.

Children in Poverty by Race, Total
Report Location

Multiple Race: 8.2%
Some Other Race: 1.0%
Native Hawaiian or Pacific Islander: 0.0%
Asian: 1.0%
Black or African American: 6.1%
Non–Hispanic White: 83.6%

Data Source: US Census Bureau, American Community Survey. 2015-19. Source geography: Tract. Retrieved from Community Commons on March 17th, 2022.

Population Served by RPH, by Education

Attainment - Overview

Educational Attainment shows the distribution of the highest level of education achieved in the report area, and helps schools and businesses to understand the needs of adults, whether it be workforce training or the ability to develop science, technology, engineering, and mathematics opportunities. Educational attainment is calculated for persons over 25, and is an estimated average for the period from 2014 to 2019.

For the selected area, 13.0% have at least a college bachelor's degree, while 40.4% stopped their formal educational attainment after high school.

Report Area	No High School Diploma	High School Only	Some College	Associates Degree	Bachelors Degree	Graduate or Professional Degree
Report Location	**9.6%**	40.4%	17.6%	10.5%	13.0%	8.8%
Chemung County, NY	9.71%	35.3%	19.6%	12.1%	12.7%	10.6%
Tioga County, NY	8.83%	36.0%	17.7%	11.5%	16.0%	10.0%
Bradford County, PA	9.89%	47.0%	15.3%	9.0%	12.1%	6.6%
Sullivan County, PA	10.45%	47.7%	15.3%	9.4%	11.0%	6.2%
Tioga County, PA	9.58%	45.4%	17.3%	8.7%	11.9%	7.2%
New York	13.18%	26.0%	15.5%	8.7%	20.5%	16.0%
Pennsylvania	9.48%	34.7%	15.9%	8.5%	19.0%	12.4%
United States	12.00%	27.0%	20.4%	8.5%	19.8%	12.4%

Note: This indicator is compared to the lowest state average.
Data Source: US Census Bureau, American Community Survey. 2015-19. Source geography: County

Percent Population with No High School Diploma

● Report Location (9.6%)
● Pennsylvania (9.48%)
● United States (12.00%)

Attainment – Overview
Report Location

Graduate or Professional Degree: 8.8%
No High School Diploma: 9.6%
Bachelors Degree: 13.0%
Associates Degree: 10.5%
High School Only: 40.4%
Some College: 17.6%
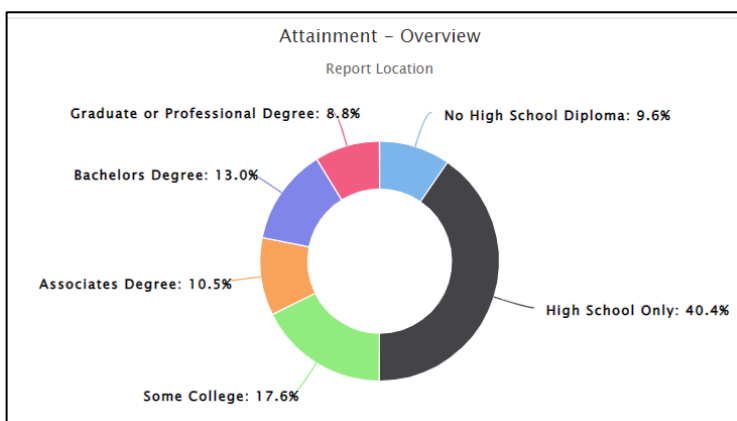
Data Source: US Census Bureau, American Community Survey. 2015-19. Source geography: County. Retrieved from Community Commons on March 17th, 2022.
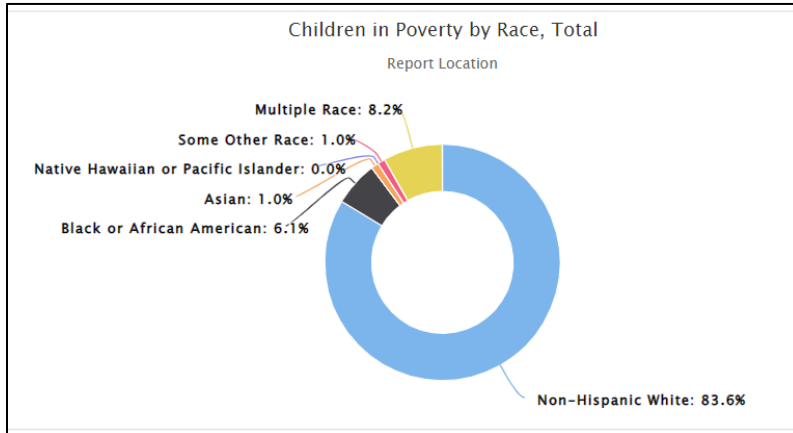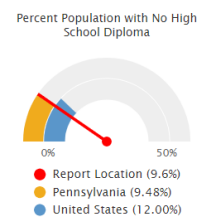
Insurance Coverage

The majority of RPH and RPH at Towanda's payer mix combined is comprised of Medicare recipients. The next highest contributor to the payer mix is Blue Cross Blue Shield. The uninsured population of the report area is reported to be 6.87% for all five counties for people aged 18-64 and 3.6% for childdren under age 19. The percentage of uninsured children is higher in Pennsylvania service areas than serice areas in New York.

RPH		RPH at Towanda	
Medicare	56.4%	**Medicare**	53.4%
Medicaid	12.6%	**Medicaid**	12.8%
Blue Cross	19.4%	**Blue Cross**	19.7%
Commercial/Other	10.8%	**Commercial/Other**	12.5%
Self-Pay	0.8%	**Self-Pay**	1.6%
Total	100%	Total	100%

Data Source: Centers for Medicare and Medicaid Services, CMS- Geographic Variation Public Use File. 2020. Source geography: County. Retrieved from Community Commons on March 17th, 2022.
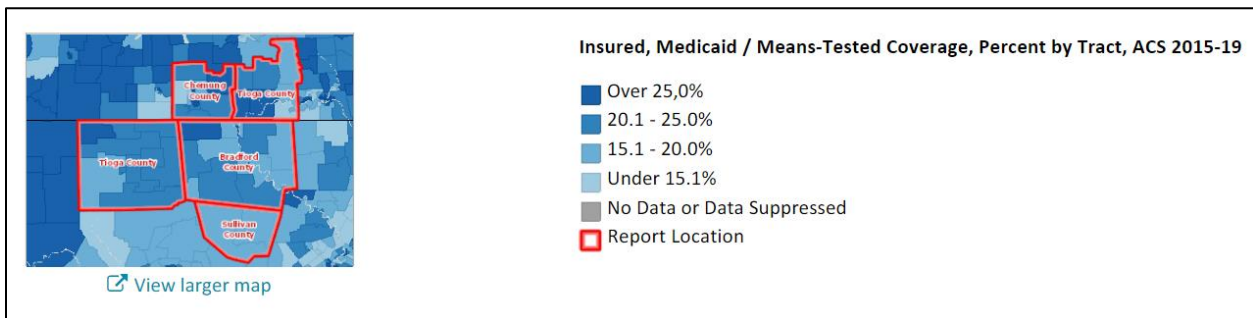

Data Source: US Census Bureau, American Community Survey. 2015-19. Source geography: Tract. Retrieved from Community Commons on March 17th, 2022
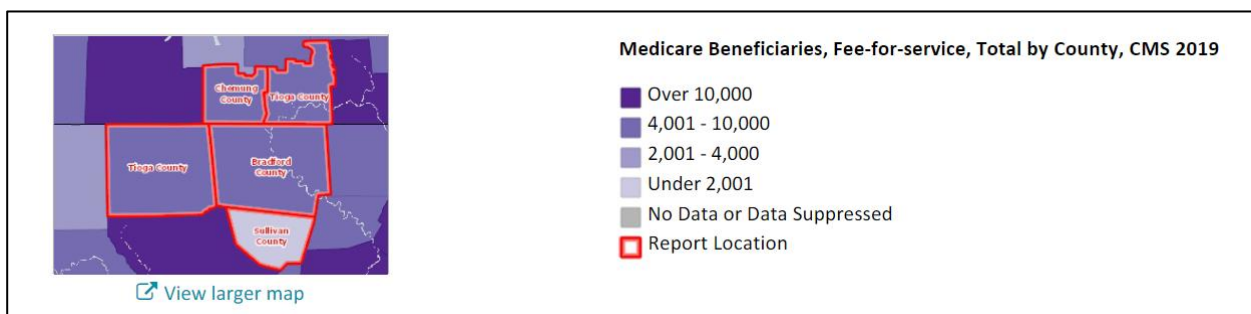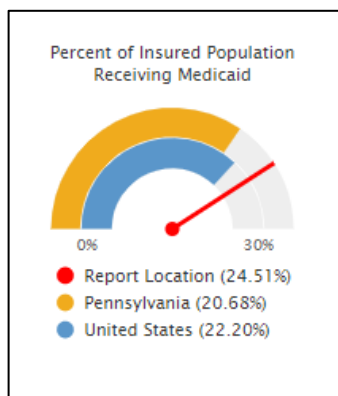
Uninsured Children (under age 19)

Report Area	Total Population Under Age 19	Population with Medical Insurance	Percent Population With Medical Insurance	Population Without Medical Insurance	Percent Population Without Medical Insurance
Report Location	51,026	49,190	96.40%	1,836	**3.60%**
Chemung County, NY	18,228	17,875	98.06%	353	1.94%
Tioga County, NY	10,334	10,117	97.90%	217	2.10%
Bradford County, PA	13,487	12,771	94.69%	716	5.31%
Sullivan County, PA	710	664	93.52%	46	6.48%
Tioga County, PA	8,267	7,763	93.90%	504	6.10%
New York	4,149,663	4,052,606	97.66%	97,057	2.34%
Pennsylvania	2,714,796	2,590,009	95.40%	124,787	4.60%
United States	75,374,000	71,137,899	94.38%	4,236,101	5.62%

Percent Population Under Age 19 Without Medical Insurance

- Report Location (3.60%)
- New York (2.34%)
- United States (5.62%)

Data Source: US Census Bureau, Small Area Health Insurance Estimates. 2019. Source geography: County. Retrieved from Community Commons March 23, 2022

Violent Crimes

Violent Crime - Rape

This indicator reports the rate of rape (reported by law enforcement) per 100,000 residents.

Within the report area, the 3 year total of reported rapes was 343, which equates to an annual rate of 43.50 rapes per 100,000 people, higher than the statewide rate of 30.70.
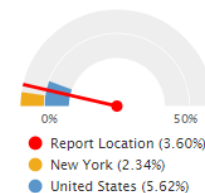
Report Area	Total Population	Rapes, 3-year Total	Rapes, Annual Rate (Per 100,000 Pop.)
Report Location	262,349	343	**43.50**
Chemung County, NY	96,943	95	32.60
Tioga County, NY	51,886	88	56.50
Bradford County, PA	63,302	125	65.80
Sullivan County, PA	6,820	7	34.20
Tioga County, PA	43,397	28	21.50
New York	60,110,802	55,438	30.70
Pennsylvania	13,442,380	13,189	32.70
United States	366,886,849	425,743	38.60

Rapes, Annual Rate (Per 100,000 Pop.)

- Report Location (43.50)
- New York (30.70)
- United States (38.60)
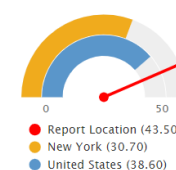
Note: This indicator is compared to the lowest state average.
Data Source: Federal Bureau of Investigation, FBI Uniform Crime Reports. Additional analysis by the National Archive of Criminal Justice Data. Accessed via the Inter-university Consortium for Political and Social Research. 2014; 2016. Source geography: County
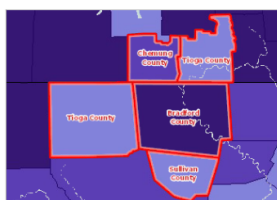
Rape, Rate (Per 100,000 Pop.) by County, FBI UCR 2014; 2016

- Over 40.0
- 25.1 - 40.0
- 10.1 - 25.0
- Under 10.1
- No Rape Reported
- No Data or Data Suppressed
- Report Location

View larger map

Data Source: Federal Bureau of Investigation, FBI Uniform Crime Reports. Additional analysis by the National Archive of Criminal Justice Data. Accessed via the Inter-university Consortium for Political and Social Research. 2014&201. Source geography: County

Broadband/Computer Access

Report Area	Total Households	Households with No Computer	Households with No Computer, Percent
Report Location	98,073	12,714	**12.96%**
Chemung County, NY	33,989	3,790	11.15%
Tioga County, NY	20,030	2,273	11.35%
Bradford County, PA	25,021	3,691	14.75%
Sullivan County, PA	2,723	456	16.75%
Tioga County, PA	16,310	2,504	15.35%
New York	7,343,234	761,741	10.37%
Pennsylvania	5,053,106	607,481	12.02%
United States	120,756,048	11,695,058	9.68%

Percentage of Households with No Computer

- Report Location (12.96%)
- New York (10.37%)
- United States (9.68%)

Note: This indicator is compared to the lowest state average.
Data Source: US Census Bureau, American Community Survey. 2015-19. Source geography: Tract

Households with No Computer, Percent by Tract, ACS 2015-19

- Over 35
- 25.1 - 35.0
- 15.1 - 25.0
- 5.1 - 15.0
- Under 5
- No Data or Data Suppressed
- Report Location

View larger map

Data Source: US Department of Agriculture, Economic Research Service, USDA- Food Access Research Atlas. 2019. Source geography: Tract. Retrieved from Community Commons on March 17th, 2022.

Food Environment

Food Environment - Low Food Access
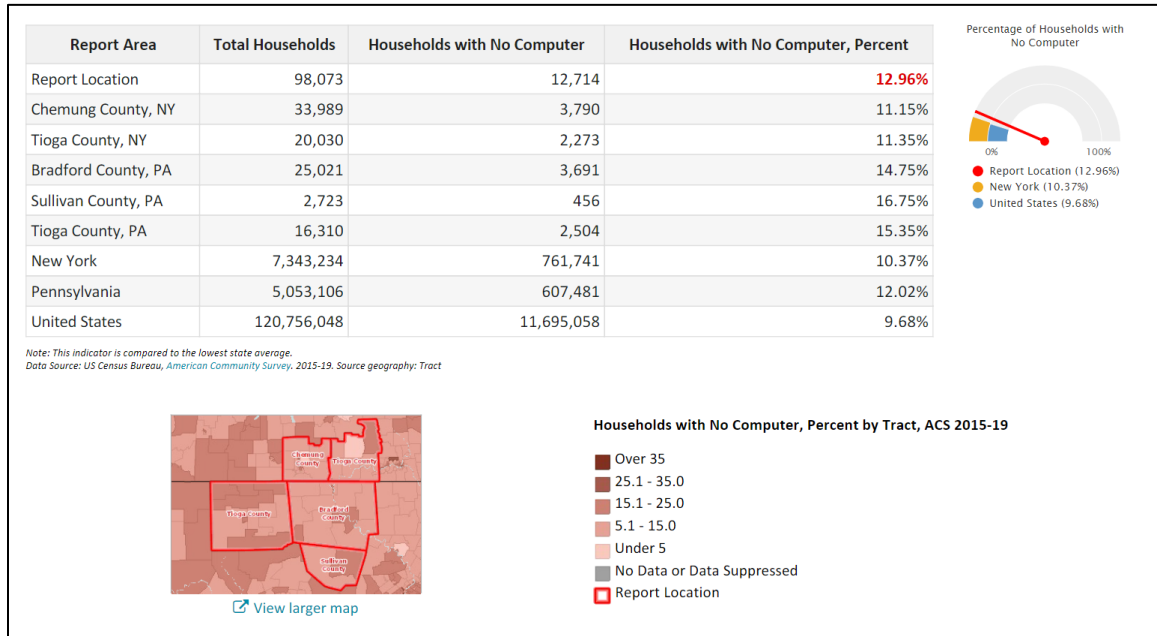
This indicator reports the percentage of the population with low food access. Low food access is defined as living more than ½ mile from the nearest supermarket, supercenter, or large grocery store. Data are from the April 2021 Food Access Research Atlas dataset. This indicator is relevant because it highlights populations and geographies facing food insecurity.

18.84% of the total population in the report area have low food access. The total population in the report area with low food access is 47,281.

Report Area	Total Population (2010)	Population with Low Food Access	Percent Population with Low Food Access
Report Location	250,986	47,281	**18.84%**
Chemung County, NY	88,830	22,119	24.90%
Tioga County, NY	51,125	4,248	8.31%
Bradford County, PA	62,622	8,889	14.19%
Sullivan County, PA	6,428	2,211	34.40%
Tioga County, PA	41,981	9,814	23.38%
New York	19,378,102	2,316,550	11.95%
Pennsylvania	12,702,379	2,713,203	21.36%
United States	308,745,538	68,611,398	22.22%

Percent Population with Low Food Access

- Report Location (18.84%)
- New York (11.95%)
- United States (22.22%)

Note: This indicator is compared to the lowest state average.
Data Source: US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas. 2019. Source geography: Tract

Population with Limited Food Access, Percent by Tract, USDA - FARA 2019

- Over 50.0%
- 20.1 - 50.0%
- 5.1 - 20.0%
- Under 5.1%
- No Low Food Access
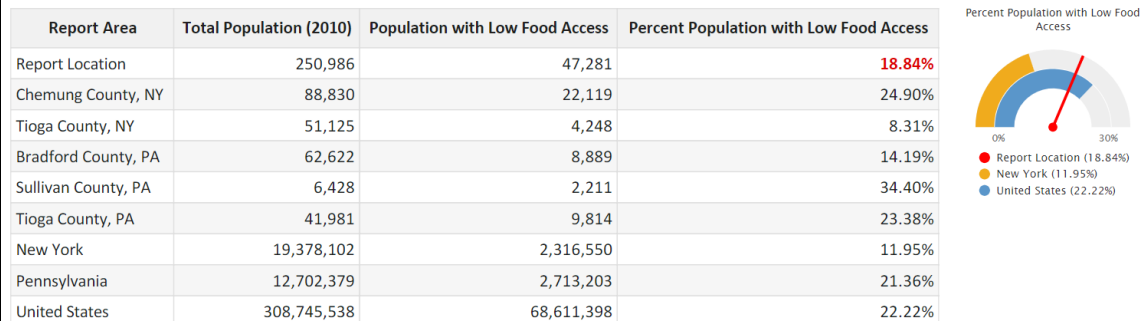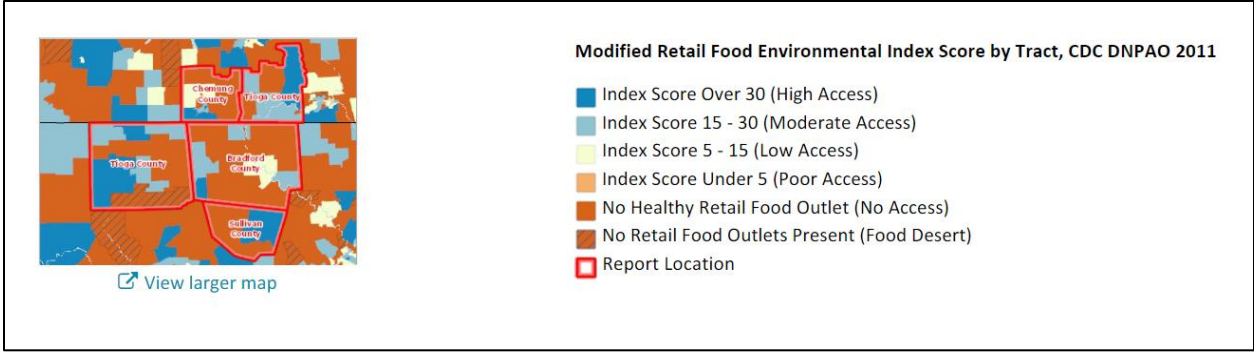- Report Location

View larger map

Data Source: US Department of Agriculture, Economic Research Service, USDA- Food Access Research Atlas. 2019. Source geography: Tract. Retrieved from Community Commons on March 17th , 2022.

Modified Retail Food Environmental Index Score by Tract, CDC DNPAO 2011

- Index Score Over 30 (High Access)
- Index Score 15 - 30 (Moderate Access)
- Index Score 5 - 15 (Low Access)
- Index Score Under 5 (Poor Access)
- No Healthy Retail Food Outlet (No Access)
- No Retail Food Outlets Present (Food Desert)
- Report Location

View larger map

Data Source: Centers for Disease Control and Prevention, CDC- Division of Nutrition, Physical Activity, and Obesity. 2011. Source geography: Tract. Retrieved from Community Commons on March 17th, 2022.
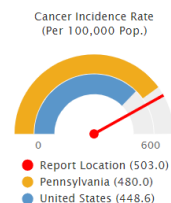
Cancer

Cancer Incidence - All Sites

This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of cancer (all sites) adjusted to 2000 U.S. standard population age groups (Under age 1, 1-4, 5-9, ..., 80-84, 85 and older).

Within the report area, there were 1,718 new cases of cancer reported. This means there is a rate of 503.0 for every 100,000 total population.
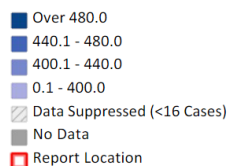
Report Area	Estimated Total Population	New Cases (Annual Average)	Cancer Incidence Rate (Per 100,000 Population)
Report Location	341,548	1,718	**503.0**
Chemung County, NY	113,323	609	537.4
Tioga County, NY	68,240	344	504.1
Bradford County, PA	87,829	420	478.2
Sullivan County, PA	11,568	52	449.5
Tioga County, PA	60,587	293	483.6
New York	23,632,167	114,167	483.1
Pennsylvania	16,620,208	79,777	480.0
United States	379,681,007	1,703,249	448.6

Note: This indicator is compared to the lowest state average.
Data Source: State Cancer Profiles. 2014-18. Source geography: County

Cancer Incidence Rate (Per 100,000 Pop.)

- Report Location (503.0)
- Pennsylvania (480.0)
- United States (448.6)

Cancer (All Sites), Incidence Rate (Per 100,000 Pop.) by County, State Cancer Profiles 2014-18

- Over 480.0
- 440.1 - 480.0
- 400.1 - 440.0
- 0.1 - 400.0
- Data Suppressed (<16 Cases)
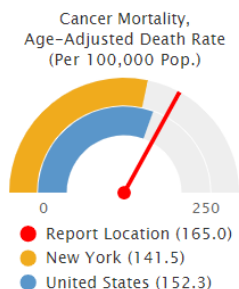- No Data
- Report Location

View larger map

Data Source: State Cancer Profiles. 2014-18. Source geography: County Retrieved from Community Commons March 5, 2022

Mortality - Cancer

This indicator reports the 2015-2019 five-year average rate of death due to malignant neoplasm (cancer) per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because cancer is a leading cause of death in the United States.
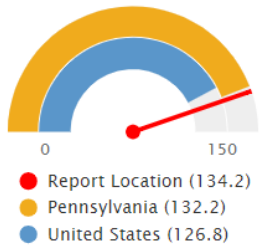
Within the report area, there are a total of 2,988 deaths due to cancer. This represents an age-adjusted death rate of 165.0 per every 100,000 total population.
Note: Data are suppressed for counties with fewer than 20 deaths in the time frame.

Cancer Mortality, Age–Adjusted Death Rate (Per 100,000 Pop.)

- Report Location (165.0)
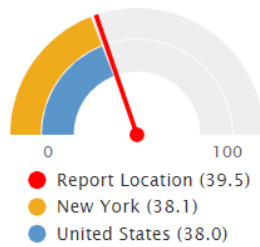- New York (141.5)
- United States (152.3)

Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2016-2020. Retrieved from Community Commons March 5, 2022
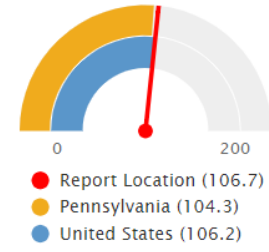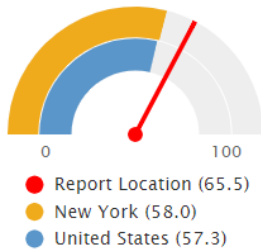
Breast Cancer Incidence Rate (Per 100,000 Pop.)

- Report Location (134.2)
- Pennsylvania (132.2)
- United States (126.8)

Colon and Rectum Cancer Incidence Rate (Per 100,000 Pop.)

- Report Location (39.5)
- New York (38.1)
- United States (38.0)

Prostate Cancer Incidence Rate (Per 100,000 Pop.)

- Report Location (106.7)
- Pennsylvania (104.3)
- United States (106.2)

Lung Cancer Incidence Rate (Per 100,000 Pop.)

- Report Location (65.5)
- New York (58.0)
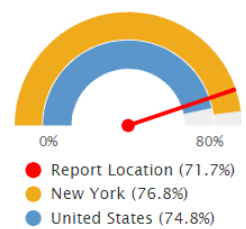- United States (57.3)

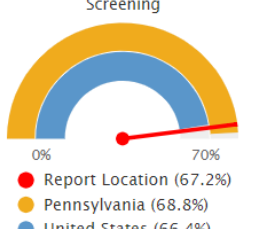Data Source: State Cancer Profiles. 2014-18. Source geography: County. Retrieved from Community Commons March 5, 2022.

**Percentage of Female Medicare Beneficiaries Age 35+ with Recent Mammogram**
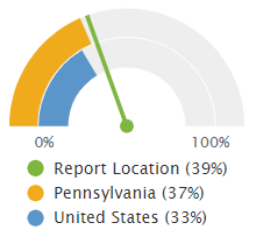
- Report Location (39%)
- Pennsylvania (37%)
- United States (33%)

Percentage of Females Age 50–74 with Mammogram in Past 2 Years

- Report Location (71.7%)
- New York (76.8%)
- United States (74.8%)

Percentage of Adults Age 50–75 with Recent Colorectal Cancer Screening

- Report Location (67.2%)
- Pennsylvania (68.8%)
- United States (66.4%)

Percentage of Females Age 21–64 with Pap Smear in Past 3 Years
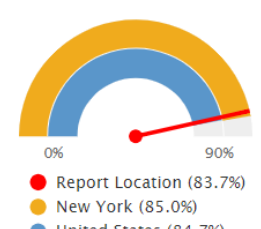
- Report Location (83.7%)
- New York (85.0%)
- United States (84.7%)

Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2019. Source geography: County. Retrieved from Community Commons March 5, 2022

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the 500 Cities Data Portal. 2018. Retrieved from Community Commons March 5, 2022

Hospitalizations

Hospitalizations - Emergency Room Visits

This indicator reports the number and rate of emergency room (ER) visits among Medicare beneficiaries age 65 and older. This indicator is relevant because emergency room visits are "high intensity" services that can burden on both health care systems and patients. High rates of emergency room visits "may indicate poor care management, inadequate access to care or poor patient choices, resulting in ED visits that could be prevented"[1].

In the latest reporting period there were 57,363 Medicare beneficiaries in the report area. Beneficiaries had 18,195 emergency room visits, and the rate of visits per 1,000 beneficiaries was 575.9. The ER visit rate in the report area was higher than the state rate of 494.0 during the same time period.

| Report Area	Medicare Part A and B Beneficiaries	Emergency Room Visits	Emergency Room Visits, Rate (per 1,000 Beneficiaries)
Report Location	57,363	18,195	**575.9**
Chemung County, NY	19,378	6,141	660.0
Tioga County, NY	10,977	2,595	490.0
Bradford County, PA	14,676	5,702	600.0
Sullivan County, PA	1,854	466	397.0
Tioga County, PA	10,478	3,291	521.0
New York	3,402,602	847,554	494.0
Pennsylvania	2,616,214	677,776	512.0
United States	58,738,711	17,332,356	535.0

Emergency Room (ER) Visits, Rate per 1,000 Medicare Beneficiaries
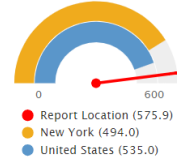
- Report Location (575.9)
- New York (494.0)
- United States (535.0)

Note: This indicator is compared to the lowest state average.
Data Source: Centers for Medicare and Medicaid Services, CMS - Geographic Variation Public Use File . 2020. Source geography: County
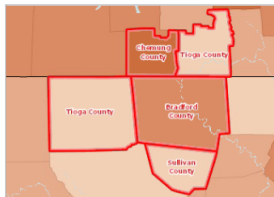
View larger map

Emergency Room Visits, ER Visits, Rate per 1,000 Beneficiaries by County, CMS 2019

- Over 800.0
- 700.1 - 800.0
- 600.1 - 700.0
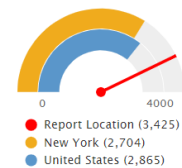- Under 600.1
- No Data or Data Suppressed
- Report Location

(Community Commons, Retrieved March 5, 2022)

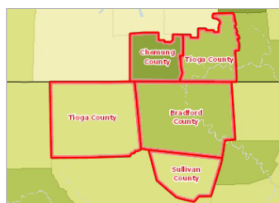## Hospitalizations - Preventable Conditions

This indicator reports the preventable hospitalization rate among Medicare beneficiaries for the latest reporting period. Preventable hospitalizations include hospital admissions for one or more of the following conditions: diabetes with short-term complications, diabetes with long-term complications, uncontrolled diabetes without complications, diabetes with lower-extremity amputation, chronic obstructive pulmonary disease, asthma, hypertension, heart failure, bacterial pneumonia, or urinary tract infection. Rates are presented per 100,000 beneficiaries. In the latest reporting period there were 56,554 Medicare beneficiaries in the report area. The preventable hospitalization rate was 3,425. The rate in the report area was higher than the state rate of 2,704 during the same time period.

Report Area	Medicare Beneficiaries	Preventable Hospitalizations, Rate per 100,000 Beneficiaries
Report Location	56,554	**3,425**
Chemung County, NY	19,244	3,935
Tioga County, NY	10,795	3,112
Bradford County, PA	14,482	3,416
Sullivan County, PA	1,823	2,979
Tioga County, PA	10,210	2,886
New York	3,332,147	2,704
Pennsylvania	2,570,358	2,999
United States	57,235,207	2,865

Preventable Hospital Events, Rate per 100,000 Beneficiaries

- Report Location (3,425)
- New York (2,704)
- United States (2,865)

Note: This indicator is compared to the lowest state average.
Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2020. Source geography: County

Preventable Hospitalization, Medicare Beneficiaries, Rate by County, CMS 2020

- Over 3600
- 3101 - 3600
- 2500 - 3100
- Under 2500
- No data or Data Suppressed
- Report Location

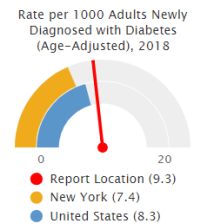(Community Commons, Retrieved March 5, 2022)

Chronic Conditions

Chronic Conditions - Newly Diagnosed Diabetes (Adults)

This indicator reports the number and rate (per 1000) of adults age 20 and older who have been diagnosed with diabetes in the last year, i.e., the difference between their age at the time of the CDC's Behavioral Risk Factor Surveillance System (BRFSS) survey and the age they provided to the question, "How old were you when you were told you have diabetes?" was less than one. If the difference was between one year and two years, the person was weighted as half a newly diagnosed case. This indicator is relevant because diabetes is a prevalent problem in the U.S.; it may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

Within the report area, 1,675 of adults age 20 and older have been newly diagnosed with diabetes. This represents 9.3 per 1000 total survey population.

Report Area	Population Age 20+	Adults Newly Diagnosed with Diabetes	Adults Newly Diagnosed with Diabetes, Age-Adjusted Rate per 1000
Report Location	162,349	1,675	9.3
Chemung County, NY	56,404	643	10.6
Tioga County, NY	33,068	291	7.6
Bradford County, PA	39,756	489	11.5
Sullivan County, PA	4,607	41	7.4
Tioga County, PA	28,514	211	6.2
New York	13,594,512	105,513	7.4
Pennsylvania	8,770,252	78,959	8.3
United States	218,951,562	1,889,369	8.3

Rate per 1000 Adults Newly Diagnosed with Diabetes (Age–Adjusted), 2018

- Report Location (9.3)
- New York (7.4)
- United States (8.3)

Note: This indicator is compared to the lowest state average.
Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2018. Source geography: County

Obesity

This indicator reports the number and percentage of adults aged 20 and older self-report having a Body Mass Index (BMI) greater than 30.0 (obese). Respondents were considered obese if their Body Mass Index (BMI) was 30 or greater. Body mass index (weight [kg]/height [m]2) was derived from self-report of height and weight. Excess weight may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

Within the report area, there are a total of 57,006 adults age 20 and older who self-reported having a BMI greater than 30.0. This represents a 30.6% of the survey population.
Note: In 2021, the CDC updated the methodology used to produce estimates for this indicator. Estimated values for prior years (2004 - 2017) have been updated in this platform to allow comparison across years. Use caution when comparing with saved assessments generated prior to November 10, 2021.

Report Area	Population Age 20+	Adults with BMI > 30.0 (Obese)	Adults with BMI > 30.0 (Obese), Percent
Report Location	183,676	57,006	30.6%
Chemung County, NY	63,799	19,714	30.7%
Tioga County, NY	37,212	10,903	28.8%
Bradford County, PA	45,980	15,909	34.0%
Sullivan County, PA	5,257	1,146	21.3%
Tioga County, PA	31,428	9,334	29.1%
New York	14,929,831	3,987,638	26.6%
Pennsylvania	9,826,968	2,943,521	29.7%
United States	243,082,729	67,624,774	27.6%
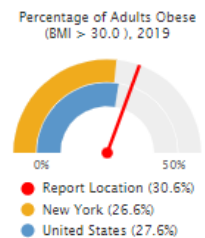
Percentage of Adults Obese (BMI > 30.0), 2019

- Report Location (30.6%)
- New York (26.6%)
- United States (27.6%)

Note: This indicator is compared to the lowest state average.
Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2019. Source geography: County
→ Show more details

(Community Commons, Retrieved March 5, 2022)
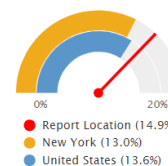
Mental Health

Poor Mental Health

This indicator reports the percentage of adults age 18 and older who report 14 or more days during the past 30 days during which their mental health was not good. Data were from the 2019 Behavioral Risk Factor Surveillance System (BRFSS) annual survey.

Within the report area, there were 14.9% of adults 18 and older who reported poor mental health in the past month of the total population.

Report Area	Total Population (2019)	Adults with Poor Mental Health (Crude)	Adults with Poor Mental Health (Age-Adjusted)
Report Location	238,639	**14.9%**	16.1%
Chemung County, NY	83,456	14.60%	15.50%
Tioga County, NY	48,203	14.10%	15.30%
Bradford County, PA	60,323	15.60%	17.10%
Sullivan County, PA	6,066	14.70%	16.60%
Tioga County, PA	40,591	15.50%	16.90%
New York	19,453,561	13.0%	13.3%
Pennsylvania	12,801,989	14.4%	15.0%
United States	328,239,523	13.6%	13.9%

Percentage of Adults with Poor Mental Health

● Report Location (14.9%)
● New York (13.0%)
● United States (13.6%)

Note: This indicator is compared to the lowest state average.
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the 500 Cities Data Portal. 2019.
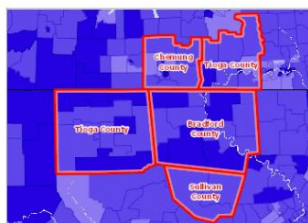
 View larger map

Poor Mental Health, Prevalence Among Adults Age 18+ by Tract, CDC BRFSS PLACES Project 2019

- Over 16.0%
- 13.1% - 16.0%
- 10.1% - 13.0%
- Under 10.1%
- No Data or Data Suppressed
- Report Location
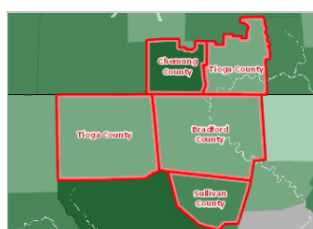
 View larger map

Mental Health and Substance Use , Medicare Beneficiaries, Percent of Medicare Beneficiaries by County, CMS 2019

- Over 36%
- 33 - 36%
- 30 - 32%
- Under 30%
- No Data or Data Suppressed
- Report Location

(Community Commons, Retrieved March 5, 2022)

Demographics Summary/Key Points

The report area, comprising of the five counties, saw an overall decrease in population during the 2010-2020 Census (-4.59%). Most of the report area's population is considered rural (57.57%). The largest age group are individuals aged 65+ (20%). White and non-Hispanic individuals collectively account for more than 96% of the total population. Most of the household incomes in the report area are below the national and state averages across all races and ethnicities. Almost 18% of children are living in households below the Federal Poverty Line (FPL), with almost 13% of the total population living below the FPL. The report area has a significant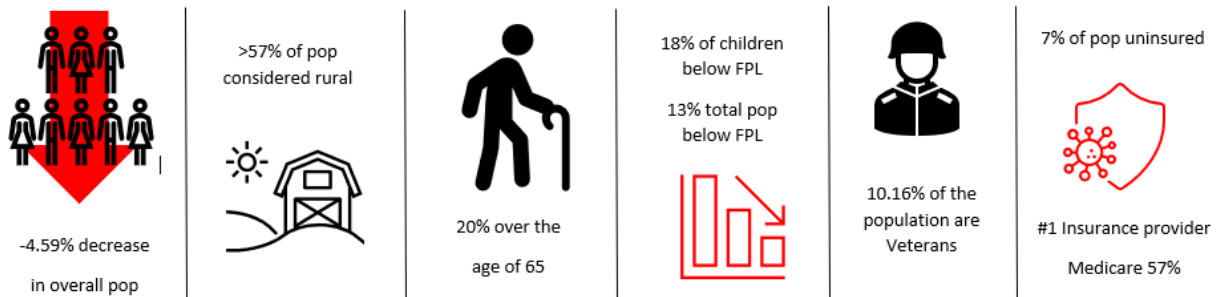 veteran population at almost 10.16%. About 7% of the population is uninsured, with the largest contributor to the payer mix at RPH being Medicare at 57%.

-4.59% decrease in overall pop

>57% of pop considered rural

20% over the age of 65

18% of children below FPL

13% total pop below FPL

10.16% of the population are Veterans

7% of pop uninsured

#1 Insurance provider Medicare 57%

Evaluation of Immediately Preceding CHNA

The previous CHNA completed in 2019 for implementation during fiscal years 2020-2022 has been significantly impacted by the COVID-19 pandemic. Despite the challenging environment that limited staff capacity, available responses and community events, Guthrie made efforts to address each area of need identified in the last CHNA. The priority areas selected for intervention were obesity, mental health with a focus on opioid usage and lung cancer incidence. To address obesity, RPH facilitated a community garden, previously partnered with GoNoodle® to offer physical activities in schools, worked to increase healthy food access in Guthrie cafeterias, facilitated community fitness activities, and provided education to primary care providers around treating obesity. In response to lung cancer incidence, Guthrie promoted lung cancer screening through direct mail campaigns, facilitated a lung cancer awareness event and offered tobacco cessation supports. Guthrie increased screening for depression in internal medicine and family practices, collaborated with CASA Trinity to promote substance use disorder treatment, offered training to providers around opiate prescribing, and provided opportunities for drug disposal to meet mental health needs with a focus on opioid usage.

Despite these efforts, obesity rates have increased since the previous CHNA in two of the five counties, and the rates of obesity in four of the five counties are worse than NY and PA state rates of obesity. Lung cancer incidence rates have decreased in four of the five counties since the previous needs assessment but remain higher than the more favorable state indicators. Similarly, mental health provider access has increased in all counties, but remains considerably lower than New York and Pennsylvania averages.

Approach and Methodology

Primary Data

The Robert Packer Hospital (RPH) community health needs assessment (CHNA) began with collecting primary data through a 20 question Community Stakeholder Survey from December 20, 2021-February 11, 2022. The Stakeholder Survey focused on Pennsylvania Stakeholders as New York State Chemung and Tioga Counties complete Community Health Needs Assessments as part of the NYS requirement and have community organizations participating in their prioritizing process. This Community Stakeholder Survey incorporated the feedback of individuals who represent the broad interests of the community served by Robert Packer Hospital including individuals living in poverty and in need of emergency assistance or housing, individuals with mental health or substance use disorders, individuals with developmental disorders, older adults, children, and youth. Robert Packer Hospital has not received written comments on the last CHNA or implementation plan.

The Community Stakeholder Survey was conducted with outreach to forty-seven community stakeholders that provide services throughout Bradford, Sullivan, and Tioga counties:

Survey responses were received from the following organizations:

- Abuse & Rape Crisis Center of Bradford County (services to eliminate interpersonal violence)
- Bradford County Public Health Department
- Bradford Tioga High School (high school students)
- Bradford, Sullivan, Susquehanna and Tioga Counties Area Agency on Aging (older adults)
- Canton K-12 Schools (children and youth)
- Endless Mountain Mission Center (temporary emergency assistance)
- Futures Community Support Services (services for individuals with emotional and/or developmental disabilities)
- Harbor Counseling (mental health and substance use disorder treatment)
- Martha Lloyd Community Services (services for people with intellectual disabilities and autism)
- North Penn Legal Services (free legal assistance)
- Salvation Army (emergency assistance)
- Sayre Public Library
- The Main Link (non-clinical consumer run services for mental health consumers)

Of these organizations, 5 provide services in Sullivan County, PA, 14 provide services in Bradford County, PA, and 7 provide services in Tioga County, PA.

Survey results ranked the biggest problems impacting Bradford, Tioga and Sullivan Counties in sequential order from highest to lowest as: mental health conditions, alcohol and other substance use disorders, poverty, COVID-19 and unemployment. When asked to identify what population experiences the poorest health outcomes in Bradford, Sullivan, and Tioga Counties, community stakeholders identified the top three populations as: individuals living with mental health conditions, individuals living at or near the federal poverty level and individuals in rural areas and individuals with substance use disorders. Stakeholders identified economic stability as the social factor with the most negative influence on the health of Bradford, Sullivan, and Tioga Counties including poverty, household food insecurity, high housing costs and poor housing quality.

Over 80 percent of inpatient admissions to Robert Packer Hospital come from five counties including: Bradford, PA, Tioga, NY, Chemung, NY, Steuben, NY and Tioga, PA. Steuben County was not included in this needs assessment, as Guthrie Corning Hospital is collaborating with Steuben County Health Department and S2AY Rural Health Network on their county-wide assessment. In collaboration with Bradford County Public Health Department, the decision was made to include Sullivan County, PA, as Sullivan County does not have a medical center and residents access services through Robert Packer Hospital and the Towanda Campus. During the CHNA process, collaboration with New York Health Departments and S2AY Rural Health Network in Chemung, Tioga and Steuben allowed for the sharing of priorities selected through county CHNA processes. This facilitated input from robust, community wide initiatives that incorporate the voices of community-based organizations in the prioritization of needs. Chemung County in NY has prioritized Prevent Chronic Disease (with a focus on health eating and food security and preventive care and management), and Women, Infants and Children with a focus on Perinatal and Infant Health. Tioga County in New York has selected the three the priority areas: Promote Health Women, Infants and Children, Prevent Chronic Diseases, and Promote Wellbeing and Prevent Mental Illness and Substance Use disorders.

Secondary Data

The secondary data sources used in the CHNA included data retrieved from Community Commons, data collected through the Strategic Marketing Department (demographic information, discharge data, etc.) and data compiled by Guthrie Medical Group when screening for social determinants of health. Recent indicators of health were collected from Community Commons and compared to state and national data. All information was assembled and a CHNA committee composed of community members, health care providers (physicians, nurses and social workers), administrators, and an individual with experience in public health were invited to review the findings.

The data retrieved from Community Commons was stratified into nine categories which included clinical care, health behaviors, health outcomes, COVID-19, healthcare access, economic stability, social and community context, education and neighborhood and built environment. Within the primary service area for RPH, thirty-five indicators of health were identified to be below the state, national, or Healthy People 2030 goal. Once the thirty-five indicators were identified, they were reviewed and ranked by each individual of the CHNA committee using the Hanlon Method. Indicators reviewed included:

Category	Indicators	Data to consider when ranking indicator
Clinical Care and Prevention	Cancer Screening	Mammogram (Adult)
		Pap Smear Test
		Sigmoidoscopy or Colonoscopy
	Dental Care Utilization	Adults w/ Recent Dental Visit
		Access to Dental Care
	Hospitalizations	Preventable Hospitalization (Medicare)
		Emergency Room Visits (Medicare)
		Heart Disease
		Stroke
		Readmissions-Pneumonia
	Primary Care Utilization	Annual Wellness Exam (Medicare)
		Cholesterol Screening
		Preventative Services for Men
		Poor or Fair Health
		Access to Primary Care
		Preventative Services for Women
Health Behaviors	Drugs and Alcohol	Heavy Alcohol Consumption
		Poisoning (including drug overdose)
		Suicide + Drug/Alcohol Poisoning
		Motor Vehicle Crash, Alcohol Involved
	Insufficient Sleep	Adults Sleeping Less Than 7 Hours
	Physical Inactivity	Adults w/ No Leisure Time Physical Activity
		Walking to Biking to Work
		Park Access (CDC)
	Tobacco Usage	Current Smokers
Health Outcomes	Cancer Incidence/Mortality	Cancer Incidence-All Sites
		Breast Cancer incidence
		Colon and Rectum Cancer Incidence
		Lung Cancer Incidence
		Prostate Cancer Incidence
		Cancer Mortality
	Diabetes	Newly Diagnosed Diabetes (Adults)
		Diabetes (Medicare Population)
	Firearm Mortality	Firearm Death Rate
	Heart Disease/HTN	Heart Disease (Adult)
		Heart Disease- Mortality

		High Blood Pressure (Adult)
	Infant Mortality	Infant Mortality (CDC)
	Mortality-Injuries	Unintentional Injury (Accident)
	Kidney Disease	Kidney Disease (Adult)
	Lung Disease	COPD (Medicare Population)
		COPD (Adult)
		Mortality- Lung Disease
	Mental Health	Poor Mental Health Days
		Suicide + Drug/Alcohol Poisoning
		Access- Mental Health
		Suicide
		Depression (Medicare)
	Motor Vehicle Mortality	Motor Vehicle Crash
	Obesity	Obesity
	Stroke- Mortality	Stroke- Mortality
COVID-19	COVID-19	Fully Vaccinated Adults
Healthcare Access	Insurance	Uninsured Children
	Health Equity	Uninsured- Race and Ethnicity
Economic Stability	Employment	Young People Not in School Working
		Labor Force Participation Rate
	Children in Poverty	Families Earning Over $75,000
		Children Below 200% FPL
		Children Eligible for Free/Reduced Price Lunch
	Poverty	Per Capita Income
		Population Below 100% -200% FPL
		Population Receiving Medicaid
Education	Attainment	Associate's Level Degree or Higher
		Bachelor's Degree or Higher
		No High School Diploma
	Early Childhood	Preschool Enrollment
Social and Community Context	Teen Births	Rate per 1,000 Female Pop Age 15-19
	Social and Community Context	Area Deprivation Index
		Voter Participation Rate
		Opportunity Index
	Disability	Disability
	Violent Crime	Rape
	Internet/Computer Access	Internet access
		Households with No Computer

Neighborhood and Built Environment	Food Environment	Grocery Stores
		Low Food Access
		Low Income & Low Food Access
	Transportation	Driving Alone to Work
		Public Transit Usage

Methods

The Hanlon Method uses a two-step process to score indicators of health. The first step ensures that each need meets the PEARL test which includes: Propriety – is an intervention suitable?; Economics- does it make economic sense to address the need?; Acceptability- is the community open to addressing this need and will it accept the intervention?; Resources- are resources available?; Legality- is the intervention lawful?. The second step of the Hanlon Method includes assigning a score from 0-10 for each need regarding the (1) size of the problem (2) seriousness of the problem and (3) effectiveness potential of an intervention. Using this methodology, the CHNA group scored each of the unmet needs from which several priority needs were identified for the primary service area of RPH. Once scored and weighted according to the Hanlon method, the results were shared with the CHNA group for discussion. The group was also given the opportunity to adjust any rankings. The Hanlon method prioritized five areas of unmet health care needs. The CHNA Committee integrated the results of the Stakeholder Survey taking into account their understanding of the resources available and experience in providing services. From their discussion and review, the committee identified, in sequential order (highest to lowest score) these priority needs: Primary Care Utilization/Hospitalization, Mental Health, Cancer Screening, Drugs and Alcohol, and Tobacco Use. The CHNA committee assessed which of the top five priorities RPH has capacity to address in the next 3 fiscal years. Due to available resources, the following needs were identified as priorities for intervention over the next three years:

1. Primary Care Utilization/Hospitalization
2. Mental Health
3. Cancer Screening

The committee selected primary care utilization/hospitalizations as the top priority area to address. High rates of hospitalization can be offset by focus on primary care. A prevention approach focusing on primary care utilization would likely have a favorable impact on diabetes and high blood pressure, addressing a need that cascades into other pressing concerns.

The second priority area selected was mental health based on reporting area statistics, physician input, and community survey feedback. Substance use disorders were also identified as an area of importance that can be addressed by treating the overarching issue (i.e. mental health) contributing to these disorders.

Cancer screening was the third need area identified as a priority item. This needs area was selected in consideration of demographic statistics and the hospital's capacity to impact this needs area.

In addition to the priorities set by the CHNA group two more unmet community needs were identified and will be described within this CHNA as areas for potential health improvement. However, due to available resources these needs will not be addressed through an implementation strategy in the subsequent fiscal years.

These needs include: Drugs and Alcohol and Tobacco Use

Resources Available to Address Needs

The Guthrie Clinic has designated resources to be utilized in addressing Community Health Needs Assessment priorities, through internal initiatives as well as through external community-based projects. The Guthrie Clinic has established a Community Benefit Grant Application process in which community based non-profit organizations can apply for grant funding to complete projects focused on CHNA priority areas within the Guthrie service area. Guthrie prioritizes projects focused on prevention and projects that incorporate a systemic approach with measurable goals to evaluate the impact of the intervention. This grant program provides opportunities to facilitate and fund community collaborations to address the most pressing needs identified in the CHNA. Additionally, RPH benefits from being part of a large health system, providing access to system leadership on priorities like primary care utilization, mental health, and cancer screening with the ability to expand successful programs throughout the health system. Guthrie seeks to partner with community-based organizations in addressing these priority areas, valuing the skills and expertise present throughout the counties served.

To facilitate building effective partnerships, Guthrie is exploring a social referral platform which will integrate into the medical record system and provide a closed- loop referral system to community-based resources. This referral system will strengthen ties to community organizations which are strong resources in addressing these needs. Increasing screening for social determinants of health will help to address community identified challenges that patients are facing including poverty, unemployment and alcohol and other substance use disorders. Guthrie will prioritize referring patients to community resources that specialize in addressing these needs.

With an effort to ensure equitable care for all patients of Guthrie, the Diversity, Equity, and Inclusion (DEI) Initiative was formed in July 2020. The DEI Initiative is comprised of three committees: Patient-Focused, Community-Focused, and Employee-Focused. DEI Initiative committees are dedicated to reviewing organizational practices, policies, and culture under the guidance of senior leadership to close gaps and serve as a resource for community initiatives.

The RPH Cancer Center has an outreach committee that plans education and screening events each year. The committee hosts cancer screening events that include walk-in mammography days with no appointments needed and skin screening events. 2022 plans include addition of a lung screening event. These education events are geared toward risk factors, prevention, and screenings.

The Guthrie Clinic is committed to minimizing the financial barriers to access medically necessary health care services for patients in its primary service area. Guthrie has increased pay to a new $15 minimum hourly wage - a 13.6% jump from the state's required minimum wage. In 2022, Guthrie made adjustments and improvements to the financial aid policy, increasing support for patients facing financial barriers to accessing treatment. Additionally, the hospital system no longer takes liens on patients' homes for medical debts.

Robert Packer Hospital has actively been addressing COVID-19 in navigating the ever-changing dynamics and requirements. This will continue to be a focus of clinical treatment as the need presents. The Pennsylvania and Bradford County Health Departments are addressing the prevention of COVID-19 with additional HERO mobile vaccine clinics.

Data Gaps Identified

The most current and up-to-date data was used to determine community needs. However, data gaps still existed secondary to low survey response rates. Primarily, the gaps exist in the data available related to the elderly population including barriers to accessing basic needs like healthcare, palliative care needs, and prescription drug coverage. The CHNA committee reviewed the percentage of households occupied by a single older adult (age 65+) to better understand this vulnerable population. The community assessment team also retrieved data on the availability of professional care workers, reports of need from Older Adult Protective Services Act and Area Agency on Aging, Medicare Part D beneficiaries' adherence to blood pressure medications, and strategies to reduce prescription drug costs for older adults. Adults over 65 make up the largest percent of RPH's reporting location population (20.02%), higher than the PA, NY, and national rates. Medicare annual wellness visits were considered when selecting primary care utilization/hospitalizations as a priority area for RPH and the committees plan to place a focus on issues facing the aging population within the other priority areas. Guthrie data obtained from social determinants of health assessments were reviewed as well. The Committee was concerned that the data available for comparison with state and national averages did not accurately capture the difficulties experienced in a rural environment. Additionally, as the RPH service area is a small area, scaling the data for comparison may present some limitations in evaluating the size and seriousness of the problem. The CHNA group also suggested that information related to the services and resources available for children with disabilities would be valuable to consider. These gaps will be taken into consideration when preparing the next CHNA.

Response to Findings

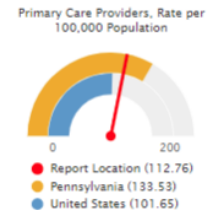### Primary Care Utilization/Hospitalizations

According to Healthy People 2020, patients with a usual source of care are more likely to receive recommended preventive services such as flu shots, blood pressure screenings, and cancer screenings. Disparities in access to primary health care exist, and many people face barriers that decrease access to services and increase the risk of poor health outcomes. Obstacles include lack of health insurance, language-related barriers, disabilities, geographic and transportation-related barriers, and shortages of primary care providers. Bradford, Tioga, and Sullivan counties, PA and Tioga and Chemung counties, NY have 112 primary care providers at a rate per 100,000 population, lower than the Pennsylvania rate of 133 (Community Commons, 2020). In the same reporting area, the percentage of Medicare beneficiaries who had one or more annual wellness visits in the most recent reporting year was 20%, lower than both the Pennsylvania and national averages (Community Commons 2020). The prevalence of preventable and chronic illnesses and a lack of supportive care raises concerns about the well-being of county residents. The CHNA revealed additional concerns around preventable hospitalizations in the counties served by RPH. Preventable hospitalizations include hospital admissions for one or more of the following conditions: diabetes with short-term complications, diabetes with long-term complications, uncontrolled diabetes without complications, diabetes with lower-extremity amputation, chronic obstructive pulmonary disease, asthma, hypertension, heart failure, bacterial pneumonia, or urinary tract infection. The rate in the report area (3.42%) was higher than the state rate of 2.70% during the same time period (Community Commons 2020). According to the Centers for Disease Control and Prevention (CDC), Rural Americans are more likely to die from heart disease, cancer, unintentional injury, chronic lower respiratory disease, and stroke than their urban counterparts (2017). These

challenges are consistent with those reported by providers treating patients in the RPH service area and highlight the need for better access to healthcare services.

Access to Care – Primary Care Providers

This indicator reports the number of providers with a CMS National Provider Identifier (NPI) that specialize in primary care. Primary health providers include practicing physicians specializing in general practice medicine, family medicine, internal medicine, and pediatrics. The number of facilities that specialize in primary health care are also listed (but are not included in the calculated rate). Data are from the latest Centers for Medicare and Medicaid Services (CMS) National Provider Identifier (NPI) downloadable file.

Report Area	Total Population (2020)	Number of Facilities	Number of Providers	Providers, Rate per 100,000 Population
Report Location	239,455	51	270	112.76
Tioga County, NY	48,455	6	19	39.21
Bradford County, PA	59,967	20	112	186.77
Tioga County, PA	41,045	7	34	82.84
Sullivan County, PA	5,840	1	5	85.62
Chemung County, NY	84,148	17	100	118.84
New York	20,201,249	6,551	21,988	108.84
Pennsylvania	13,002,700	5,047	17,363	133.53
United States	334,735,155	114,891	340,245	101.65

Primary Care Providers, Rate per 100,000 Population

● Report Location (112.76)
● Pennsylvania (133.53)
● United States (101.65)

Note: This indicator is compared to the highest state average.
Data Source: Centers for Medicare and Medicaid Services, CMS - National Plan and Provider Enumeration System (NPPES). May, 2021. Source geography: Address
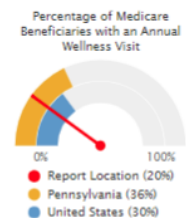
(Community Commons, Retrieved February 5, 2022)

The data tables below were retrieved from Community Commons and were indicators reviewed when considering the size, seriousness, and effectiveness of a potential intervention in Bradford County:

Prevention - Annual Wellness Exam (Medicare)

This indicator reports the percentage of Medicare beneficiaries who had one or more annual wellness visits in most recent reporting year. Annual wellness visits are visits to develop or update a personalized prevention plan and perform a health risk assessment. These services are fully covered once every 12 months. In the latest reporting period there were 56,554 Medicare beneficiaries in the report area, and 20% had an annual wellness visit. The rate in the report area was lower than the state rate of 34% during the same time period.

Report Area	Medicare Beneficiaries	Beneficiaries with Annual Wellness Visit, Percent
Report Location	56,554	20%
Chemung County, NY	19,244	14%
Tioga County, NY	10,795	26%
Bradford County, PA	14,482	23%
Sullivan County, PA	1,823	27%
Tioga County, PA	10,210	19%
New York	3,332,147	34%
Pennsylvania	2,570,358	36%
United States	57,235,207	30%

Percentage of Medicare Beneficiaries with an Annual Wellness Visit

● Report Location (20%)
● Pennsylvania (36%)
● United States (30%)

Note: This indicator is compared to the highest state average.
Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2019. Source geography: County
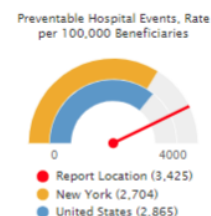
(Community Commons, Retrieved February 5, 2022)

Hospitalizations - Preventable Conditions

This indicator reports the preventable hospitalization rate among Medicare beneficiaries for the latest reporting period. Preventable hospitalizations include hospital admissions for one or more of the following conditions: diabetes with short-term complications, diabetes with long-term complications, uncontrolled diabetes without complications, diabetes with lower-extremity amputation, chronic

obstructive pulmonary disease, asthma, hypertension, heart failure, bacterial pneumonia, or urinary tract infection. Rates are presented per 100,000 beneficiaries. In the latest reporting period there were 56,554 Medicare beneficiaries in the report area. The preventable hospitalization rate was 3,425. The rate in the report area was higher than the state rate of 2,704 during the same time period.

| Report Area	Medicare Beneficiaries	Preventable Hospitalizations, Rate per 100,000 Beneficiaries
Report Location	56,554	3,425
Chemung County, NY	19,244	3,935
Tioga County, NY	10,795	3,112
Bradford County, PA	14,482	3,416
Sullivan County, PA	1,823	2,979
Tioga County, PA	10,210	2,886
New York	3,332,147	2,704
Pennsylvania	2,570,358	2,999
United States	57,235,207	2,865

Note: This indicator is compared to the lowest state average.
Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2020. Source geography: County

Preventable Hospital Events, Rate per 100,000 Beneficiaries

● Report Location (3,425)
● New York (2,704)
● United States (2,865)

(Community Commons, Retrieved February 5, 2022)

Percentage of Males Age 65 and older Up to Date on Core Preventative Services

● Report Location (29.7%)
● Pennsylvania (34.89%)
● United States (32.40%)
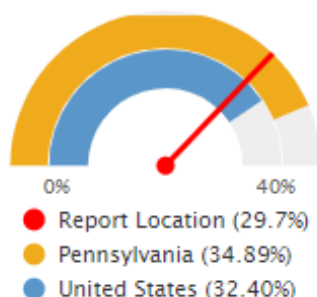
Percentage of Females Age 65 and older Up to Date on Core Preventative Services

● Report Location (27.5%)
● Pennsylvania (34.40%)
● United States (28.40%)
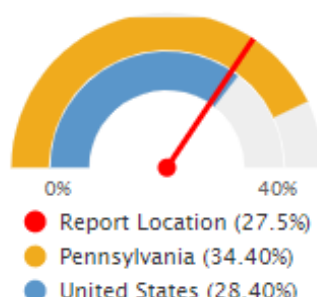
Percentage of Adults with Poor or Fair General Health
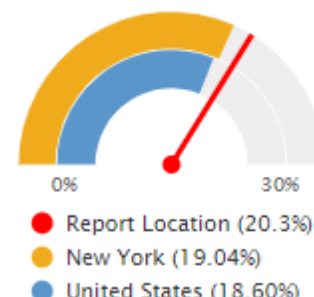
● Report Location (20.3%)
● New York (19.04%)
● United States (18.60%)

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the 500 Cities Data Portal. 2019. Source geography: Tract. Retrieved from Community Commons March 23., 2020

The CHNA committee has identified several community resources to approach in partnering together to address hospitalization concerns. These resources include but are not limited to: Bradford and Sullivan County Assistance offices, local Departments of Social Services, PACEnet medication assistance, and BeST Transit and county transportation services. Additionally, RPH will seek to improve referral pathways to community resources to strengthen the provision of health services for patients in response to needs identified by screening for social determinants of health.

Mental Health

Mental illness is experienced by 20% of the adult population in the United Sates according to the National Institute of Mental Health (2022). In Bradford, Tioga, and Sullivan, PA counties and Chemung and Tioga, NY Counties, 14.9% of adults report experiencing poor mental health on more than 14 of the last 30 days, higher than Pennsylvania, New York, or national averages (Community Commons, 2020).
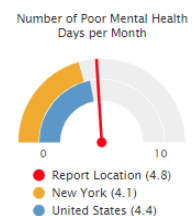
The reporting area also experiences higher age- adjusted rates of death by suicide compared with Pennsylvania, New York, and the United States (Community Commons, 2020). In combination, the rate of mental health providers per 100,000 people to treat these conditions is considerably lower in RPH's reporting area than in Pennsylvania, New York, or the United States (Community Commons, 2020). The prevalence of mental illness and a lack of supportive care raises concerns about the well-being of county residents. The CHNA revealed additional concerns around youth mental health in the service area. In an advisory from the U.S Surgeon General (2021), it is reported that before the pandemic, only half of 7.7 million children with treatable mental disorders received treatment in 2016. From 2011-2015, emergency department visits for youth with mental illness or behavioral challenges increased by 28% and suicide rates have increased 57% for youth ages 10-24 between 2007-2018 (Office of the Surgeon General, 2021, pg. 8). Mental health concerns have been increasing since the pandemic began including higher emergency room visits for suicide attempts (Office of the Surgeon General, 2021 page 9). Rural youth are one of the groups at higher risk for mental health challenges during the pandemic (Office of the Surgeon General, 2021 page 11). Recent results published in Youth Risk Behavior Surveillance Data Summary and Trends Report: 2009-2019 indicated that high school students reported a 40% increase in experiencing feelings like hopelessness or sadness so intense that it kept them from engaging in their typical activities (Centers for Disease Control and Prevention, 2020). These concerns are consistent with those reported by providers treating patients in Bradford, Tioga, and Sullivan, PA counties and Chemung and Tioga, NY Counties, highlighting that the resources available are not sufficient in meeting the needs of vulnerable youth.

Poor Mental Health - Days

This indicator reports the average number of self-reported mentally unhealthy days in past 30 days among adults (age-adjusted to the 2000 standard). Data were from the 2018 Behavioral Risk Factor Surveillance System (BRFSS) annual survey and are used for the 2021 County Health Rankings.

Of the 54,042 total adults in the report area, the average poor mental health days is 4.8 per month, which is greater than the state's monthly average of 4.1.

Report Area	Population Age 18+	Average Poor Mental Health Days per Month
Report Location	54,042	4.8
Chemung County, NY	20,474	4.6
Tioga County, NY	10,567	4.5
Bradford County, PA	12,950	5.1
Sullivan County, PA	1,183	5.1
Tioga County, PA	8,868	5.3
New York	5,298,957	4.1
Pennsylvania	3,174,811	4.9
United States	86,000,079	4.4

Number of Poor Mental Health Days per Month

- Report Location (4.8)
- New York (4.1)
- United States (4.4)

Note: This indicator is compared to the lowest state average.
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via County Health Rankings. 2018. Source geography: County
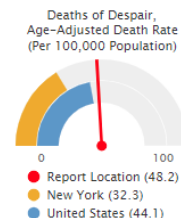
(Community Commons, Retrieved February 5, 2022)

Deaths of Despair (Suicide + Drug/Alcohol Poisoning)

This indicator reports average rate of death due to intentional self-harm (suicide), alcohol-related disease, and drug overdose, also known as "deaths of despair", per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because death of despair is an indicator of poor mental health.

Within the report area, there were 602 deaths of despair. This represents an age-adjusted death rate of 48.2 per every 100,000 total population.

Report Area	Total Population, 2015-2019 Average	Five Year Total Deaths, 2015-2019 Total	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Report Location	242,091	602	49.7	**48.2**
Chemung County, NY	85,332	239	56.0	53.6
Tioga County, NY	48,711	110	45.2	42.4
Bradford County, PA	60,812	157	51.6	49.5
Sullivan County, PA	6,138	15	48.9	No data
Tioga County, PA	41,098	81	39.4	41.8
New York	19,677,250	33,941	34.5	32.3
Pennsylvania	12,800,263	38,014	59.4	57.8
United States	325,134,494	754,015	46.4	44.1

Deaths of Despair, Age–Adjusted Death Rate (Per 100,000 Population)
- Report Location (48.2)
- New York (32.3)
- United States (44.1)

Note: This indicator is compared to the lowest state average.
Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2015-2019. Source geography: County
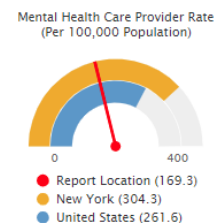
Access to Care - Mental Health

This indicator reports the number of mental health providers in the report area as a rate per 100,000 total area population. Mental health providers include psychiatrists, psychologists, clinical social workers, and counsellors that specialize in mental health care. Data from the 2020 Centers for Medicare and Medicaid Services (CMS) National Provider Identifier (NPI) downloadable file are used in the 2021 County Health Rankings.

Within the report area there are 404 mental health providers with a CMS National Provider Identifier (NPI). This represents 169.3 providers per 100,000 total population.
Note: Data are suppressed for counties with population greater than 1,000 and 0 mental health providers.

Report Area	Estimated Population	Number of Mental Health Providers	Ratio of Mental Health Providers to Population (1 Provider per x Persons)	Mental Health Care Provider Rate (Per 100,000 Population)
Report Location	238,639	404	590.7	**169.3**
Chemung County, NY	83,456	243	343.4	291.2
Tioga County, NY	48,203	69	698.6	143.1
Bradford County, PA	60,323	44	1,371	72.9
Sullivan County, PA	6,066	1	6,066	16.5
Tioga County, PA	40,591	47	863.6	115.8
New York	38,907,122	118,377	328.7	304.3
Pennsylvania	25,603,978	56,347	454.4	220.1
United States	655,362,202	1,714,472	382.3	261.6

Mental Health Care Provider Rate (Per 100,000 Population)
- Report Location (169.3)
- New York (304.3)
- United States (261.6)

Note: This indicator is compared to the highest state average.
Data Source: Centers for Medicare and Medicaid Services, CMS - National Plan and Provider Enumeration System (NPPES). Accessed via County Health Rankings. 2020. Source geography: County

(Community Commons, Retrieved February 5, 2022)

Cancer Screening

Most recent Centers for Disease Control and Prevention (CDC) reports show that 1,708,921 new cancer cases were reported and 599,265 people died of cancer in 2018. For every 100,000 people, 436 new cancer cases were reported and 149 people died of cancer (CDC 2018). The top cancers by rates of new cancer cases in the US are female breast, prostate, lung, and colorectal cancers (US Cancer Statistics 2018). RPH reporting area percentage of females aged 50-74 years who report having had a mammogram within the past two years is 71.7%, lower than the Pennsylvania, New York, and US rates (Community Commons 2020). Similarly, adults with adequate colorectal cancer screening in the RPH reporting area were lower than state and national averages (Community Commons 2020). The RPH Cancer Center outreach committee will serve as a resource for this priority area as well as additional hospital system resources.

Cancer Screening - Mammogram (Adult)

This indicator reports the percentage of females age 50-74 years who report having had a mammogram within the previous 2 years.

Within the report area there are 71.7% women who recently had a mammogram of the total population.

Report Area	Total Population (2018)	Females Age 50-74 with Recent Mammogram (Crude)	Females Age 50-74 with Recent Mammogram (Age-Adjusted)
Report Location	240,481	71.7%	71.5%
Chemung County, NY	84,254	74.20%	73.80%
Tioga County, NY	48,560	71.40%	71.20%
Bradford County, PA	60,833	70.40%	70.30%
Sullivan County, PA	6,071	70.40%	70.40%
Tioga County, PA	40,763	68.90%	68.90%
New York	19,542,209	76.8%	76.4%
Pennsylvania	12,807,060	73.5%	73.1%
United States	163,583,717	74.8%	77.8%

Percentage of Females Age 50–74 with Mammogram in Past 2 Years
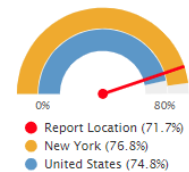
- Report Location (71.7%)
- New York (76.8%)
- United States (74.8%)

Note: This indicator is compared to the highest state average.
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the 500 Cities Data Portal. 2018.

(Community Commons, Retrieved February 5, 2022)

Cancer Screening - Sigmoidoscopy or Colonoscopy

Colorectal Cancer Screening

Report Area	Total Population (2018)	Adults with Adequate Colorectal Cancer Screening (Crude)	Adults with Adequate Colorectal Cancer Screening (Age-Adjusted)
Report Location	240,481	**67.2%**	65.3%
Chemung County, NY	84,254	66.00%	64.30%
Tioga County, NY	48,560	68.80%	67.00%
Bradford County, PA	60,833	67.70%	65.70%
Sullivan County, PA	6,071	68.00%	65.10%
Tioga County, PA	40,763	66.90%	64.70%
New York	19,542,209	65.2%	64.0%
Pennsylvania	12,807,060	68.8%	67.3%
United States	327,167,434	66.4%	65.0%

Percentage of Adults Age 50-75 with Recent Colorectal Cancer Screening

- Report Location (67.2%)
- Pennsylvania (68.8%)
- United States (66.4%)

Note: This indicator is compared to the highest state average.
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the 500 Cities Data Portal. 2018.
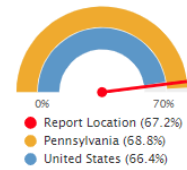
(Community Commons, Retrieved February 5, 2022)

Drugs and Alcohol

In the United States, 165 million people or 60.2% of Americans aged 12 years or older currently misuse prescribed medications or report disordered use of drugs, including alcohol and tobacco (National Center for Drug Abuse Statistics 2019). In 2019 it was reported that 139.8 million Americans aged 12 and over drink alcohol and 14.8 million or 10.6% of them have an alcohol use disorder. Additionally, nearly 92,000 persons in the U.S. died from drug-involved overdose in 2020, including illicit drugs and prescription opioids (National Institute of Health 2020). In Bradford, Tioga, and Sullivan Counties, PA and Chemung and Tioga Counties, NY 20.73% of adults report excessive drinking in the last 30 days, which is greater than the NY rate (19.17%) and PA rate (20.20%) (Community Commons 2020). In the same reporting area, there were 282 deaths due to poisoning (including drug overdose) from 2015-2019. Committee members recognize the seriousness of drug and alcohol use, and these health issues are to be a focus within the priority needs area of mental health.

Alcohol - Heavy Alcohol Consumption

In the report area, 49,863, or 20.73% adults self-report excessive drinking in the last 30 days, which is greater than the state rate of 19.17%. Data for this indicator were based on survey responses to the 2018 Behavioral Risk Factor Surveillance System (BRFSS) annual survey and are used for the 2021 County Health Rankings.

Excessive drinking is defined as the percentage of the population who report at least one binge drinking episode involving five or more drinks for men and four or more for women over the past 30 days, or heavy drinking involving more than two drinks per day for men and more than one per day for women, over the same time period. Alcohol use is a behavioral health issue that is also a risk factor for a number of negative health outcomes, including: physical injuries related to motor vehicle accidents, stroke, chronic diseases such as heart disease and cancer, and mental health conditions such as depression and suicide. There are a number of evidence-based interventions that may reduce excessive/binge drinking; examples include raising taxes on alcoholic beverages, restricting access to alcohol by limiting days and hours of retail sales, and screening and counseling for alcohol abuse (Centers for Disease Control and Prevention, Preventing Excessive Alcohol Use, 2020).

Report Area	Total Population (2018)	Adults Reporting Excessive Drinking	Percentage of Adults Reporting Excessive Drinking
Report Location	240,481	49,863	20.73%
Chemung County, NY	84,254	16,906	20.07%
Tioga County, NY	48,560	10,414	21.45%
Bradford County, PA	60,833	12,716	20.90%
Sullivan County, PA	6,071	1,293	21.31%
Tioga County, PA	40,763	8,531	20.93%
New York	19,542,209	3,747,140	19.17%
Pennsylvania	12,807,060	2,587,295	20.20%
United States	327,167,434	62,733,046	19.17%

Percentage of Adults Self-Reporting Excessive Drinking, 2018

- Report Location (20.73%)
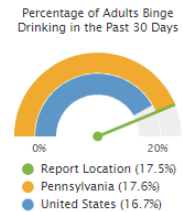- New York (19.17%)
- United States (19.17%)

Note: This indicator is compared to the lowest state average.
Data Source: University of Wisconsin Population Health Institute, County Health Rankings. 2018. Source geography: County

Alcohol - Binge Drinking

This indicator reports the percentage of adults age 18 and older who report having five or more drinks (men) or four or more drinks (women) on an occasion in the past 30 days.

Within the report area there are 17.5% adults who reported having four or more drinks in the last month of the total population.

Report Area	Total Population (2019)	Percentage of Adults Binge Drinking in the Past 30 Days
Report Location	238,639	17.5%
Chemung County, NY	83,456	18.30%
Tioga County, NY	48,203	18.60%
Bradford County, PA	60,323	16.40%
Sullivan County, PA	6,066	15.50%
Tioga County, PA	40,591	16.40%
New York	19,453,561	17.9%
Pennsylvania	12,801,989	17.6%
United States	328,239,523	16.7%

Percentage of Adults Binge Drinking in the Past 30 Days

- Report Location (17.5%)
- Pennsylvania (17.6%)
- United States (16.7%)

Note: This indicator is compared to the lowest state average.
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the 500 Cities Data Portal. 2019.

(Community Commons, Retrieved February 5, 2022)

Mortality - Poisoning

This indicator reports the 2015-2019 five-year average rate of death due to poisoning (including drug overdose) per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because poisoning deaths, especially from drug overdose, are a national public health emergency.

Within the report area, there are a total of 282 deaths due to poisoning. This represents an age-adjusted death rate of 26.0 per every 100,000 total population.
Note: Data are suppressed for counties with fewer than 20 deaths in the time frame.

Report Area	Total Population, 2015-2019 Average	Five Year Total Deaths, 2015-2019 Total	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Report Location	242,091	282	23.9	**26.0**
Chemung County, NY	85,332	126	29.5	30.7
Tioga County, NY	48,711	44	18.1	20.4
Bradford County, PA	60,812	71	23.4	25.0
Sullivan County, PA	6,138	No data	No data	No data
Tioga County, PA	41,098	41	19.9	24.4
New York	19,677,250	18,913	19.2	18.8
Pennsylvania	12,800,263	23,379	36.5	38.0
United States	325,134,494	350,184	21.5	21.6
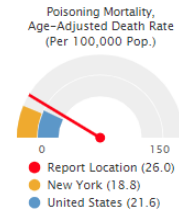
Note: This indicator is compared to the lowest state average.
Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2015-2019. Source geography: County

Mortality - Motor Vehicle Crash, Alcohol-Involved

Motor vehicle crash deaths are preventable and are a leading cause of death among young persons. This indicator reports the crude rate of persons killed in motor vehicle crashes involving alcohol as a rate per 100,000 population. Fatality counts are based on the location of the crash and not the decedent's residence.

Within the report area, there are a total of 35 deaths due to motor vehicle crash. This represents an age-adjusted death rate of 4.6 per every 100,000 total population.
Note: Fatality counts are based on the location of the crash and not the decedent's residence.

Report Area	Total Population (2010)	Alcohol-Involved Crash Deaths (2015-2019)	Alcohol-Involved Crash Deaths, Annual Rate per 100,000 Population
Report Location	250,986	35	**4.6**
Chemung County, NY	88,830	4	1.5
Tioga County, NY	51,125	4	2.6
Bradford County, PA	62,622	17	9.0
Sullivan County, PA	6,428	2	10.4
Tioga County, PA	41,981	8	6.4
New York	19,378,102	1,054	1.8
Pennsylvania	12,702,379	1,520	4.0
United States	312,443,997	49,522	5.3
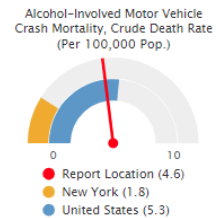
Note: This indicator is compared to the lowest state average.
Data Source: US Department of Transportation, National Highway Traffic Safety Administration, Fatality Analysis Reporting System. 2015-2019. Source geography: Address

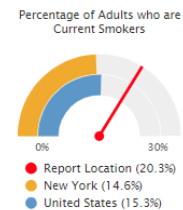(Community Commons, Retrieved February 5, 2022)

Tobacco Use

Tobacco use is the leading cause of preventable disease, disability, and death in the United States. An estimated 30.8 million U.S. adults smoke cigarettes, and about 4.7 million middle and high school students use at least one tobacco product, including e-cigarettes. Each year, half a million Americans die prematurely of smoking or exposure to secondhand smoke and another 16 million live with a serious illness caused by smoking (CDC 2022). In the RPH reporting area, 20.3% of adults have smoked or currently smoke. This percentage is higher than the Pennsylvania (18.6%), New York (14.6%), and national (15.3%) rates (Community Commons 2020). Patients accessing services through Guthrie will continue to be offered assistance to quit smoking during primary care visits and inpatient admissions, this will not be prioritized during this needs assessment period due to availability of resources to meet this need.

Tobacco Usage - Current Smokers

This indicator reports the percentage of adults age 18 and older who report having smoked at least 100 cigarettes in their lifetime and currently smoke every day or some days.

Within the report area there are 20.3% adults who have smoked or currently smoke of the total population.

Report Area	Total Population (2019)	Adult Current Smokers (Crude)	Adult Current Smokers (Age-Adjusted)
Report Location	238,639	**20.3%**	21.7%
Chemung County, NY	83,456	19.50%	20.50%
Tioga County, NY	48,203	18.60%	19.70%
Bradford County, PA	60,323	21.60%	23.20%
Sullivan County, PA	6,066	21.10%	23.60%
Tioga County, PA	40,591	21.90%	23.80%
New York	19,453,561	14.6%	15.0%
Pennsylvania	12,801,989	18.6%	19.4%
United States	328,239,523	15.3%	15.7%

Percentage of Adults who are Current Smokers

- Report Location (20.3%)
- New York (14.6%)
- United States (15.3%)

Note: This indicator is compared to the lowest state average.
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the 500 Cities Data Portal. 2019.

(Community Commons, Retrieved February 5, 2022)

Community Benefit Plan

As the process to identify community needs continues to evolve within Robert Packer Hospital (RPH), unmet needs will be evaluated, prioritized and incorporated as necessary. Moreover, new community partnerships will be formed, and public comments will be reviewed as received and incorporated when applicable. The community benefit plan along with the community needs assessment will continue to have the overall approach of documenting unmet community health needs, identifying strengths and assets within RPH, and targeting programs for implementation where these two areas intersect. Through the review of all relevant data sources the CHNA group identified three areas for community benefit to be addressed: Primary Care Utilization/Hospitalizations, Mental Health, and Cancer Screening. These three areas were identified as priorities as they showed the greatest potential for improvement in the overall health status of the community RPH serves. The implementation strategy for RPH will be presented in a separate document made available on the Guthrie website. In addition to the CHNA group, this report in its entirety will be shared during regular meetings throughout 2022 and 2023 with the S2AY Rural Health Network, East Central Division of the American Cancer Society, Tioga Partnership for Community Health, and the Bradford, Tioga, Chemung, Schuyler, and Steuben Health Departments for their review, input, and solicitation of written comments.

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