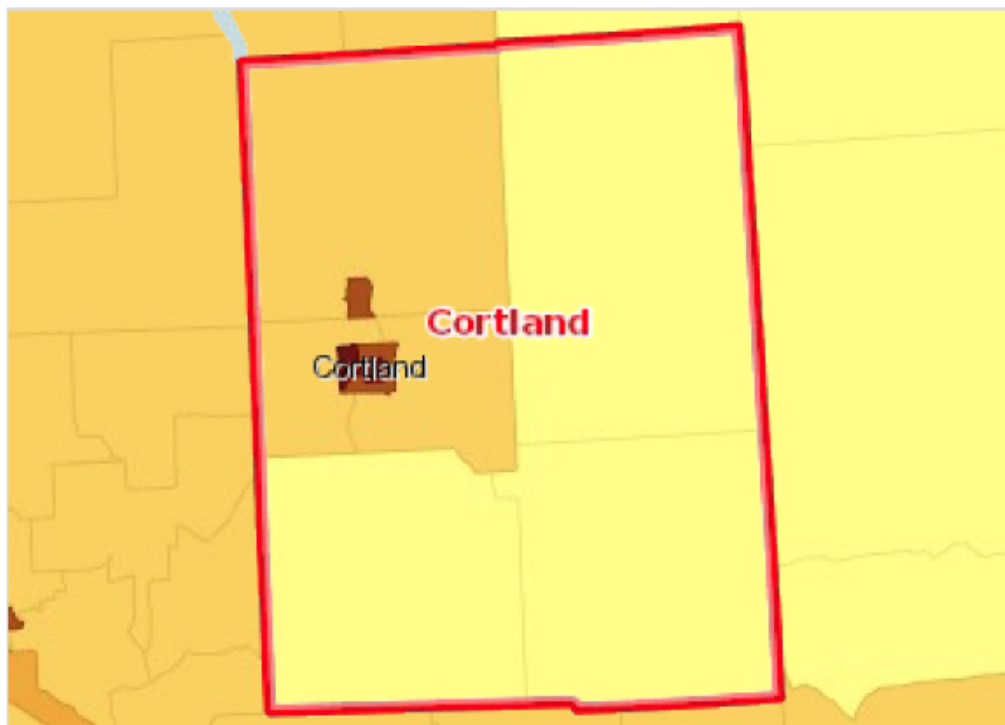


Community Health Needs Assessment for Guthrie Cortland Medical Center: Cortland, NY:

March 2019
Approved: May 28, 2019



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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 in order 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 in order 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 (access to mental health providers, lung cancer incidence, obesity, preventable hospital events, and HIV screenings). 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 (TGC) is a not-for-profit, integrated health care organization consisting of more than 301 primary care and specialty physicians and 230 mid-level healthcare providers. TGC is located across Northeastern Pennsylvania and the Southern Tier of New York State. TGC consists of five (5) hospitals and thirty-two (32) regional provider offices in 23 communities, home health and home care services, and a research foundation. TGC manages more than 1,200,000 patient visits a year. The majority 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.

Guthrie Cortland Medical Center

Guthrie Cortland Medical Center (GCMC) is a not-for-profit entity under The Guthrie Clinic (TGC). GCMC is located in Cortland, NY and is a 162-bed acute care facility with an attached 80-bed residential care facility that serves the community of Cortland, NY. The primary service area of GCMC includes Cortland County, NY. In Fiscal Year 2018, GCMC had over 4,400 inpatient visits, more than 98,850 outpatient visits, and 439 inpatient surgeries. The GCMC Emergency Department had over 30,950 visits. Further, during the same period of time, there were 383 births.

GCMC has received various awards and recognitions for quality care. In 2017, GCMC was ranked 1st in New York State by Medicare. GCMC ranked in the top ten for four consecutive years, having placed 9th in 2016 and 1st in 2015. GCMC is also recognized as a Blue Distinction Center+ for Maternity Care. In 2018, the New York Department of Public Health (NYSDOH) and the Public Health and Health Planning Council (PHHPC) approved the affiliation between The Guthrie Clinic and Cortland Regional Medical Center. GCMC became an entity under The Guthrie Clinic effective January 1, 2019.

GCMC has cared for the Cortland and surrounding communities for over 125 years. CMS offers a range of services, including acute and inpatient care, cancer care, digital mammography, emergency care, infusion services, maternity – labor and delivery care, laboratory services, imaging and radiology, mental health services, outpatient therapy services, respiratory services, and surgical services.

The table summarizes the total staff employed by GCMC listed by health occupation.

Health Occupation who serve in the primary service area of GCMC:	Cortland Medical Center
Physicians	16
Internal Medicine Physicians, Family Practice Physicians and Hospitalist	15
Physician Assistants/Nurse Practitioners	14
Registered Nurses	253
Other Health Professions	48

*Please note, most physicians are employed by the Guthrie Medical Group (GMG)

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

Purpose and Goals

Guthrie Cortland Medical Center (GCMC) and The Guthrie Clinic (TGC) emphasize primary health care services, health promotion, and chronic disease prevention and management for the community we serve. GCMC’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 GCMC’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 GCMC 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 GCMC. 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

GCMC serves a rural population over the geographic area of Cortland County, New York. The primary service area of GCMC is defined as 8 contiguous ZIP codes from which over 75% of the inpatient population is derived. The 8 contiguous ZIP codes include 47,596 people, the majority of which are white, Non-Hispanic, between the ages of 35-54. In this geographic area, 34.7% of individuals age 25 plus, have at least a high school degree with 31.5% and 23.7% having some college and bachelor’s degree/higher, respectively. From 2010 until 2018 there was a 3.3% decrease in the overall population served by GCMC. It is anticipated that between 2018 and 2023, a decrease of 1.3% will be observed in the overall population served by GCMC. Refer to information below for summary by county.

Demographics

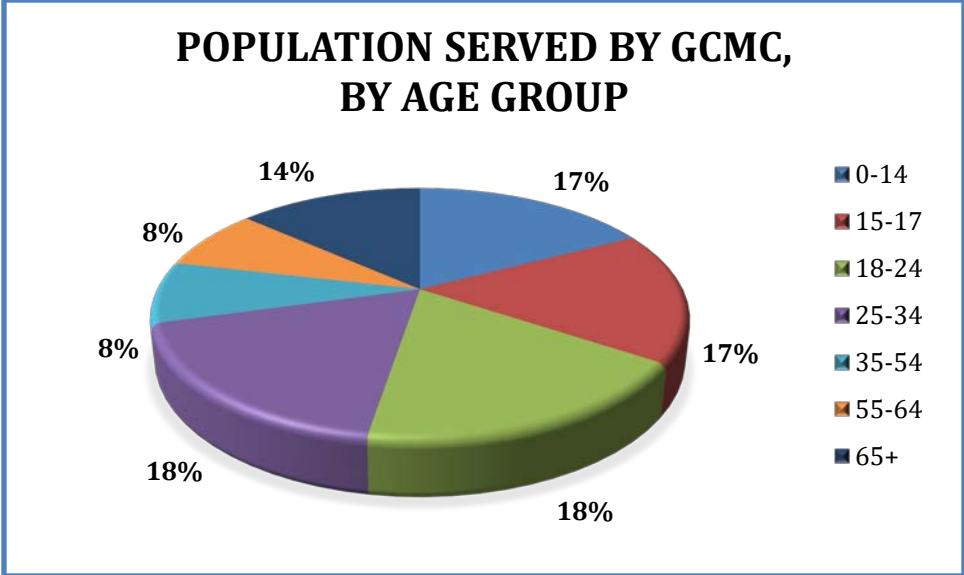
*Data Sources: © 2018 The Nielsen Company, © 2018 Truven Health Analytics Inc., © HANYS 2018, © 2018 The Claritas Company, © Copyright IBM Corporation 2018

Population Served by GCMC, by County:

Population Served by GCMC, by County (2018)	
County	Total Population
Cortland County, NY	47,596

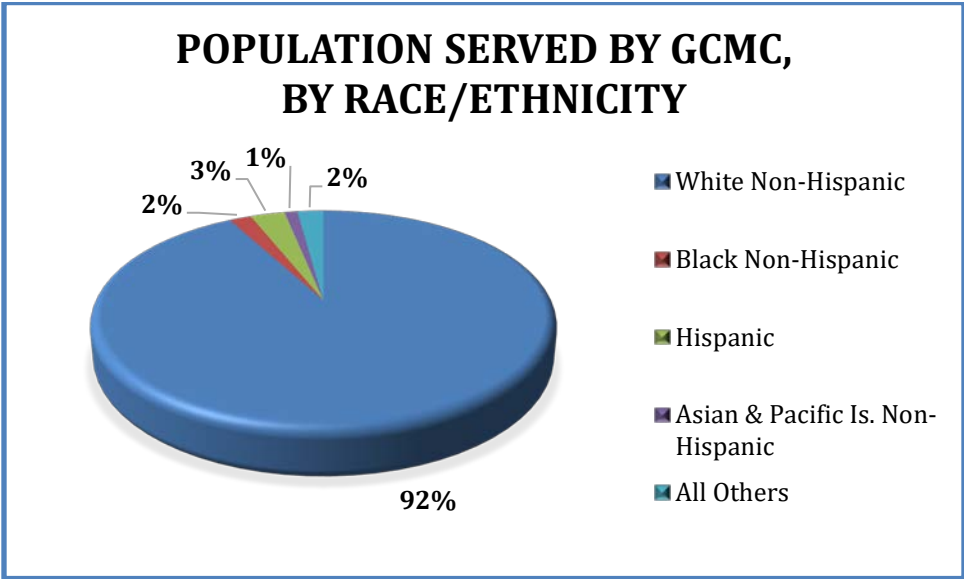
Population Served by GCMC, by Age Group:

Population Served by GCMC, by Age Group (2018)	
Age Group	Total Population
0-14	7,362
15-17	1,817
18-24	8,416
25-34	5,598
35-54	10,455
55-64	6,117
65+	7,831



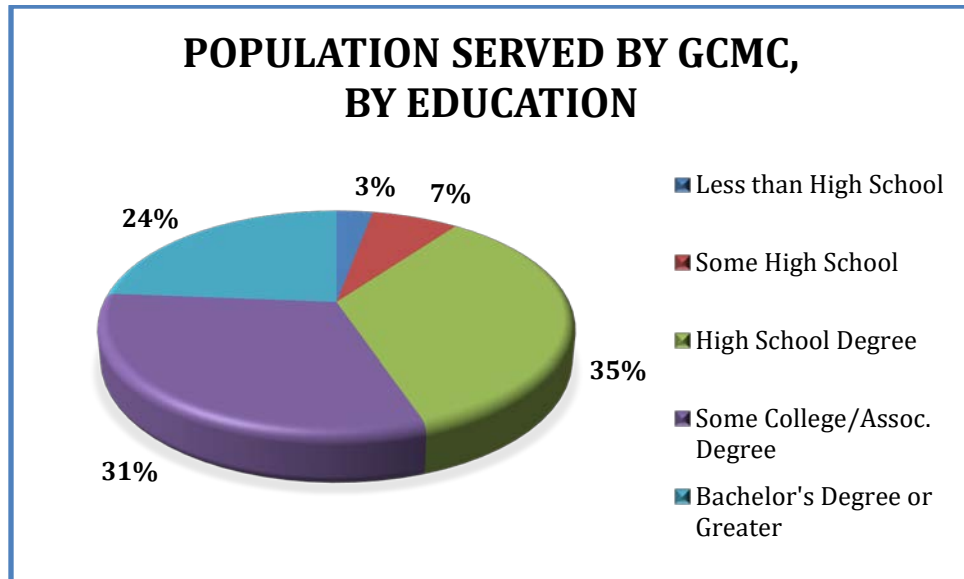
Population Served by GCMC, by Race:

Population Served by GCMC, by Race/Ethnicity (2018)	
Race/Ethnicity	Total Population
White Non-Hispanic	43,825
Black Non-Hispanic	870
Hispanic	1,366
Asian & Pacific Is. Non-Hispanic	504
All Others	1,031



Population Served by GCMC, by Education:

Population Served by GCMC, by Education (2018)	
2018 Adult Education Level	Population Age 25+
Less than High School	884
Some High School	2,122
High School Degree	10,424
Some College/Assoc. Degree	9,449
Bachelor's Degree or Greater	7,122



Average Household Income

The 2018 average household income for the geographic area served by GCMC was \$71,516. This is below the US average of \$86,278. The 2017 US average for individuals living below the poverty level is 13.4% of the population. Cortland County, NY is below the national average household income. Refer to the table below for household income distribution:

Population Served by GCMC, by Income Distribution (2018)			
2018 Household Income	HH Count	% of Total	USA % of Total
<\$15K	1,958	10.9%	10.9%
\$15-25K	1,914	10.6%	9.5%
\$25-50K	4,231	23.5%	22.1%
\$50-75K	3,541	19.7%	17.1%
\$75-100K	2,265	12.6%	12.3%
Over 100K	4,079	22.7%	28.2%

Unemployment

Local unemployment was impacted by the recession and still, rates remain above the national average (3.7% in November 2018). Please refer to the summary table below.

Population Served by GCMC, Unemployment Statistics (2018)	
County	Unemployment Rate
Cortland County, NY	4.9%

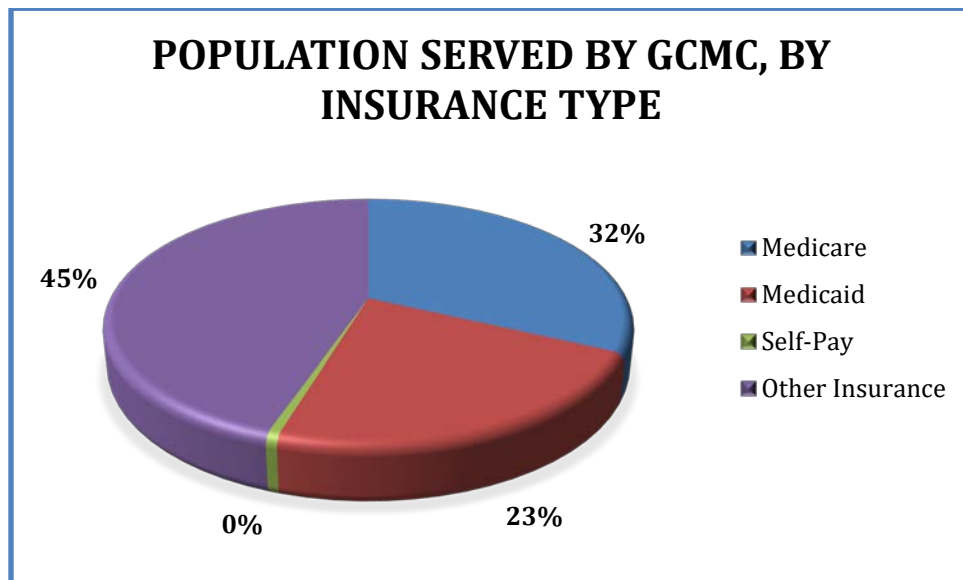
*Annual 2018 Unemployment Rates by County, Not Seasonally Adjusted (Data Source: Bureau of Labor Statistics)

Insurance Coverage

In 2018, more than half of the individuals seen at Guthrie Cortland Medical Center were covered by Medicare or Medicaid (54.7%). A large portion of the individuals seen at GCMC held commercial or Blue Cross coverage. Only about 5% of the Cortland County population is uninsured, which is below the New York (8%) average.

Population Served by GCMC, by Insurance Type (2018)	
Insurance Carrier	Population Percentage
Medicare	32.0%
Medicaid	22.7%
Self-Pay	0.6%
Other Insurance	44.7%

*Date Range: 1/1/18 – 12/31/18



Approach and Methodology

The GCMC community health needs assessment began with a review of primary data sources, specifically survey and focus group data that had been collected throughout 2018 and early 2019. Due to the limitations surrounding health needs perceptions contained in this collected information from the four counties we primarily relied on secondary data sources for this assessment. The secondary data sources included the most recent County Health Rankings and data collected through the Strategic Marketing Department (demographic information, discharge data, etc.). Recent indicators of health were collected from Community Commons and compared to county, state, national and Healthy People 2020 reference data. All information was assembled and a CHNA group of community members, health care providers (physicians and nurses), administrators, and an individual with experience in public health was invited to review the findings. The data was stratified into three categories which included clinical care, health behaviors and health outcomes. Within the primary service area for GCMC, twenty-eight indicators of health were identified to be below the state, national, or Healthy People 2020 goal. Once the twenty-eight indicators were identified, they were prioritized by each individual of the CHNA group using the Hanlon Method.

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 based 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 GCMC. Further, once scored, the results were shared with the CHNA group for discussion. The group was also given the opportunity to adjust any rankings. This process of prioritization classified three areas of unmet health care needs. In sequential order (highest to lowest score) these priority needs included:

- Access to Mental Health Providers (with a subset focus of opioid usage)
- Cancer Incidence – Lung (with a subset focus of tobacco usage)
- Obesity

* Note: Obesity was not originally ranked in the top three priority needs, however upon discussion it was determined to be a top priority need - rankings adjusted accordingly.

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:

- Preventable Hospital Events
- HIV Screening

Data Gaps Identified

The most current and up-to-date data was used to determine the community needs. However, data gaps still existed secondary to low survey response rates. Primarily, the gaps exist in the Health Behavior Category, including: Alcoholic Beverage Expenditures, Fruit/Vegetable Expenditures, and Tobacco Expenditures, and Soda Expenditures. Additional data gaps included Percentage of Mothers with Late or No Prenatal Care data. The CHNA group also suggested that additional information regarding community awareness of health information exchange, opioid use, and preventable hospital events are other areas which additional information should be gathered.

Response to Findings

Access to Mental Health Providers

The World Health Organization (WHO) reports that over 26% of Americans will be affected by mental or neurological disorders in a given year. In the US, 9.5% of Americans will be affected by depression, 2.6% of Americans will be affected by bipolar disorder, and 1% of Americans will be affected by schizophrenia. According to the WHO, approximately 800,000 people die as a result of suicide every year (one person every 40 seconds). Suicide is the 10th leading cause of death in the US and the 2nd leading cause of death for people 10 – 34. Approximately 25% of those living with a mental illness also has a co-occurring addiction disorder. In the service area for GCMC,

Cortland County reports marginally higher than NY State and national benchmarks for access to mental health providers (see table below):

County	Ratio of Mental Health Providers to Population (1 Provider per x Persons)	Mental Health Care Provider Rate (Per 100,000 Population)	New York	US
Cortland, NY	380	263.1	238.1	202.8

* Data Source: University of Wisconsin Population Health Institute, County Health Rankings. 2018. Source geography: County

However, Cortland County exhibits higher age-adjusted suicide rates than the New York State benchmark and only slightly lower than the US benchmark. Suicide is an indicator of poor mental health (see table below):

County	Age-Adjusted Death Rate (Per 100,000 Population)	New York	US
Cortland, NY	11.2	8.1	13

* Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2012-16. Source geography: County

Another concern in the community is opioid usage. The CHNA group expressed serious concern regarding the usage of opioids. The Centers for Disease Control report that in the US, in 2016, more than 11 million people abused prescription opioids and more than 40% of all US opioid deaths involved a prescription opioid. Nearly 64,000 Americans dies of drug overdoses in 2016, with two-thirds of those deaths due to opioids.

Every day, over 130 people in the US die of an opioid overdose (NIH, 2019). Drug overdose is the leading cause of accidental death in the US, with opioids being the most common drug used (NCBI, 2018). The service area for GCMC reports higher than New York and only slightly lower than the national benchmark for mortality from Unintentional/Accidental injury (see table below).

County	Age-Adjusted Death Rate (Per 100,000 Population)	New York	US
Cortland, NY	40.2	29.46	41.9

* Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2012-16. Source geography: County

A lack of mental health access and provision in the community creates an elevated risk for suicide as well as addiction. Establishing mental health programs to provide suicide screening, education and increased access to mental health providers will provide a community health service. Further, any success will be gauged by an overall increase in access to mental health providers, a decrease in accidental death and a decrease in the suicide rate.

Cancer Incidence - Lung

Lung cancer is the second most common cancer and the leading cause of cancer death among both men and women (ACS, 2019). Tobacco usage (smoking) remains a leading cause of most lung cancers. Cortland County, which comprises GCMC core service area has a lung cancer incidence rate higher than the NY State or US averages. The tobacco usage rate for former or current smokers is on the verge of exceeding NY/US averages (refer to below summary tables):

County	Cancer Incidence Rate (Annual Incidence Rate Per 100,000 population)	New York	US
Cortland, NY	75.1	60.6	61.2

* Data Source: State Cancer Profiles. 2010-14. Source geography: County

County	Percent Adults Ever Smoking 100 or More Cigarettes	New York	US
Cortland, NY	42.55%	42.69%	44.16%

* Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12. Source geography: County

The elevated smoking rate within the community translates to a high-risk cohort susceptible to developing lung cancer. Establishing programs to provide screening, education and smoking cessation counseling will provide a community health service. Further, any success will be gauged by an overall decrease in smoking rates and lung cancer incidence within the area.

Obesity (Adults)

Over the past twenty years the rate of obese adults within the US population has more than doubled (DHHS, 2010). According to Medical News Today (2017), about 36% of American adults are currently obese (more than 1 in 3). The health risks associated with obesity, include hypertension, type 2 diabetes, stroke, heart disease, mental illness, etc. (MNT, 2017) The Centers for Disease Control (CDC) has used body mass index (BMI: weight in kilograms/(height in meters)²) to define the level of excess weight. Obesity is defined as a BMI of greater than 30 and according to the World Health Organization (WHO), worldwide obesity has increased since 1980 to more than 1.4 billion adults. Cortland County, NY has experienced a similar increase in obesity rates and the percentage of obese adults in GCMC service area exceeds the state average (refer to below summary table). The percent obese listed below include the percentage of adults age 20 or older who reported a BMI greater than 30. The percent overweight listed below include the percentage of adults aged 18 and older who reported a BMI between 25.0 and 30.0. The percent overweight adults in Cortland County, NY exceeds both NY and US averages (refer to below summary table):

County	Population (20 years or older)	Adults with BMI > 30.0 (Obese)	Percent Adults with BMI > 30.0 (Obese)	New York	US
Cortland, NY	36,328	9,736	26.5%	24.3%	27.5%

* Data Source: CDC, National Center for Chronic Disease Prevention and Health Promotion, 2013

County	Population (18 years or older)	Total Adults Overweight	Percent Adults Overweight	New York	US
Cortland, NY	33,460	16,618	49.7%	36.4%	35.8%

* Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12. Source geography: County

Preventable Hospital Events

Preventable hospital events include conditions such as pneumonia, dehydration, asthma, diabetes, etc. that could have potentially been preventable. Many of these conditions could be prevented if adequate primary care resources were available and accessible to

those patients. This indicator is relevant, because analysis of ambulatory care sensitive (ACS) condition discharges allow organizations to determine if interventions are reducing admissions through better primary care resources (Community Commons, 2018). Cortland County’s ACS condition discharge rates moderately exceed both NY/US averages (refer to table below):

County	Total Medicare Part A Enrollees	Ambulatory Care Sensitive Condition Hospital Discharges	Ambulatory Care Sensitive Condition Discharge Rate	New York	US
Cortland, NY	5,117	348	68.1	47.6	49.9

* Data Source: Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care. 2014. Source geography: County

HIV Screening

An estimated 1.1 million people over age 13, live with HIV infection in the US, including approximately 162,500 (15%) people who are undiagnosed (CDC, 2015). This indicator reports the percentage of adults age 18 – 70 who self-report that they have never been screened for HIV. Engaging in preventative behaviors enables earlier detection and treatment of the condition. Additionally, this indicator addresses a potential lack of preventative care, health knowledge, and/or social barriers preventing utilization of services (Community Commons, 2018). The percentage of adults never screened for HIV/AIDS exceeds both New York and the US averages (refer to table below):

County	Survey Population (18 years or older)	Total Adults Never Screened for HIV/AIDS	Percentage of Adults Never Screened for HIV/AIDS	New York	US
Cortland, NY	35,355	27,708	78.37%	56.56%	62.79%

* Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12. Source geography: County

Community Benefit Plan

As the process to identify community needs continues to evolve within Guthrie Cortland Medical Center (GCMC), 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/assets within GCMC, 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. These three areas were identified as priorities as they showed the greatest potential for improvement in the overall health status of the community GCMC serves. The implementation strategy for GCMC will be presented in a separate document.

In addition to the CHNA group, this report in its entirety will be shared during regular meetings throughout 2020 and 2021 with the S2AY Rural Health Network, East Central Division of the American Cancer Society, Seven Valleys Health Coalition, and the Cortland County Health Department for their review, input, and solicitation of written comments.