Community Health Needs Assessment

Lourdes

2022 - 2025

Lourdes

Acknowledgements

"City Church loves Binghamton and serving others! Participating in this CHNA confirms there are many, many practical physical, mental health and spiritual needs on the front lines. Twice every week we have an incredible team of volunteers who join together to prepare and serve meals, free of charge, to serve some of the most vulnerable in our aging and homeless population. We believe in the power of prayer and the wisdom that God gives health care providers. We are committed to sharing Hope and available resources to help make a positive impact in our community. "

Mark Anderson
Executive Pastor, City Church

It is important that health care providers understand the needs of the communities they serve. At CHOW, this is what we do every day in trying to understand and meet the needs of those who are food insecure. If it's important about food, it is certainly important about healthcare. The CHNA survey allows the community's voice to be heard so that their healthcare needs can be better understood and met."

Les Aylesworth
Director of CHOW®
Broome County Council of Churches

"I would like to thank Lourdes for reaching out to the Southern Tier AIDS Program when conducting its Community Health Needs Assessment. The people that STAP serves can be a challenge to treat within large health systems due to stigma and the complexity of their needs. It is clear to me that Lourdes wishes to serve the entire community, including our clients, and is taking on the challenges inherent in that process with dedicated resources and a firm commitment to change. They have become true partners with community based agencies like STAP and their willingness to collaborate has resulted in better health for some of the most disenfranchised members of our community."

John Barry, LMSW
Executive Director
Southern Tier AIDS Program

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Acknowledgements

"On behalf of Care Compass Network, I extend our appreciation to participate in Our Lady of Lourdes Memorial Hospital's Community Health Needs Assessment. Care Compass Network collaborates, convenes, and participates in innovative work with over 130 partner organizations who serve residents across the region who are also served by Lourdes. We appreciate the contributions many of these organizations have made to this Community Health Needs Assessment. Lourdes' leadership and commitment to community health and well-being is evident in the quality of this assessment. We offer our support to advance the collective Missions of organizations serving the region to improve health and well-being with a special attention to vulnerable populations. We remain committed to helping connect and convene cross-sector organizations to innovate and explore new ways to address social determinants of health, deliver care equitably, address the short and long term impact of the COVID-19 pandemic, and address health disparities."

Lisa Bobby
Director of Operations
Care Compass Network

"As a mid-size non-profit serving the communities served by Lourdes, and being identified by Lourdes as an agency they wanted to hear from; I was honored to be invited to have input on the CHNA. My agency and Lourdes have many of the same values and commitments to our communities and residing families – especially families and individuals who have great vulnerability and life challenges."

Sharon Chesna
Executive Director
Mothers and Babies Perinatal Network

"As a member of the Quality Committee on the Lourdes Board of Directors, I know how seriously Lourdes takes assessment as it endeavors to constantly improve its services to patients. The CHNA process is one of the many important assessment activities regularly undertaken by Lourdes where it collects valuable feedback from community stakeholders."

Kevin Drumm, PhD
President, SUNY-Broome Community College

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Acknowledgements

"There is significant value in a comprehensive Community Needs Assessment. The information that is gathered helps to steer us our efforts to protect the health of the community, prevent health disparities and promote activities and program that support healthy lifestyles."

Susan Medina
Director of Community Health
Broome County Health Department

"It is so important for hospital systems and community based organizations to work together to provide holistic health services to our community, and that includes assessing needs and services from a variety of perspectives. I appreciate the opportunity to provide input to Lourdes' CHNA process from a non-clinical point of view."

Mary L. Maruscak, MPA
Director, Community Health Education
Rural Health Network of South Central New York, Inc.

"As a local health insurance company and employer, we are pleased to participate in the Broome County Community Needs Assessment. Excellus BCBS recognizes the vitality of continuing to look at the needs of our community and identify strategies, goals and resources to provide our community with access to high quality, affordable healthcare to ensure our community members live their healthiest lives possible."

Jessica Renner
Regional President
Southern Tier Excellus BlueCross BlueShield

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Acknowledgements

"Research is increasingly demonstrating that housing — or lack therof — has a significant impact on patient and community health, in some cases even more so than the accessibility or availability of clinical care. I believe it is critical for any comprehensive health assessment to include a social determinate perspective and the Coalition very much appreciated the opportunity to be involved."

Rebecca Rathmell
Housing Specialist - Relocation Assistance Program
Coordinated Care Services, Inc.

"Broome County is fortunate to have many collaborators working together to support residents of our area. Thank you for including the Office for Aging in the Lourdes Community Needs Assessment. It is important that people of all ages, abilities and needs have an opportunity to offer a voice to improve services in our community."

Mary Whitcombe
Director
Broome County Office for Aging

"As Commissioner of the Broome County Department of Social Services and Mental Health, I appreciate the importance of partnering with our healthcare systems in the community in order to identify and address any and all health disparities."

Nancy J. Williams, LCSWR
Commissioner Broome County Department of Social Services
Broome County Department of Mental Health

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The goal of this report is to offer a meaningful understanding of the most significant health needs across Lourdes primary service area, as well as to inform planning efforts to address those needs. Special attention has been given to the needs of individuals and communities who are more vulnerable, have unmet health needs or gaps in services, and input gathered from the community. Findings from this report can be used to identify, develop, and focus hospital, health system, and community initiatives and programming to better serve the health and wellness needs of the community.

Our Lady of Lourdes Memorial Hospital, Inc.
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Binghamton, NY 13905
Tax ID: 150532221

Lourdes Hospital
Phone: 607.798.5111

The 2021-2024 Community Health Needs Assessment report was approved by the Board of Directors of Our Lady of Lourdes Hospital, Inc. (Lourdes) on May 20, 2022 (2021 tax year) and applies to the following three-year cycle: June 2021 to May 2024. This report, as well as the previous report, can be found at our public website.
We value the community's voice and welcome feedback on this report.

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Acknowledgements / Executive Statement

The 2021 Community Health Needs Assessment (CHNA) represents a true collaborative effort to gain a meaningful understanding of the most pressing health needs across Lourdes primary service area. Lourdes is exceedingly thankful to the many community organizations and individuals who shared their views, knowledge, expertise, and skills with us. A complete description of community partner contributions is included in this report. We look forward to our continued collaborative work to make this a better, healthier place for all people.

We would also like to thank you for reading this report, and your interest and commitment to improving the health of the Broome County and eastern Tioga County, also referred as the greater Broome County area throughout the body of this CHNA.

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Executive Summary

The goal of the 2021 CHNA report is to offer a meaningful understanding of the most significant health needs across Lourdes primary service area. Findings from this report can be used to identify, develop, and focus hospital, health system, and community initiatives and programming to better serve the health and wellness needs of the community.

Purpose of the CHNA

As part of the Patient Protection and Affordable Care Act of 2010, all not-for-profit hospitals are required to conduct a CHNA and adopt an implementation strategy every three years. The purpose of the CHNA is to understand the health needs and priorities of those who live and/or work in the communities served by the hospital, with the goal of addressing those needs through the development of an implementation strategy plan.

Community Served

Although Lourdes serves across the Southern Tier of New York State (NYS), Lourdes has defined its community served as Broome County and eastern Tioga County for the 2021 CHNA. The greater Broome County area was selected as Lourdes' community served because it is our primary service area as well as our partners' primary service area. Secondary data referenced throughout the report will reflect Broome County as community health data is readily available at the county level.

Data Analysis Methodology

The 2021 CHNA was conducted from October 2021 to May 2022, and incorporated data from both primary and secondary sources. Primary data sources included information provided by groups/individuals, e.g., community residents, health care consumers, healthcare professionals, community stakeholders, and multi-sector representatives. Special attention was given to the needs of individuals and communities who are more vulnerable, and to unmet health needs or gaps in services. Community input included in-depth interviews (IDI's) with 12 key stakeholders, as well as three focus groups which included 15 community members across insurance types (commercial, Medicaid, Medicare) as well as the uninsured population segments. Additionally, 955 community members completed an on-line survey. Secondary data was compiled and reviewed to understand the health status of the community. Measures reviewed included chronic disease, social and economic factors, and healthcare access and utilization trends in the community and were gathered from reputable and reliable sources.

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Community Needs

Lourdes, with contracted assistance from Research and Marketing Strategies, Inc. (RMS Healthcare), followed a thorough, rigorous, and comprehensive process to determine the most critical needs for community stakeholders to address. Relevant secondary data was reviewed and analyzed, as well as various forms of primary research forums were employed to identify the health needs of the greater Broome County area residents.

The process used to determine the health needs on which the hospital would focus was determined through a prioritization meeting. The Lourdes CHNA Steering Committee stakeholders convened for an interactive session with an expanded group of senior leadership from the hospital to engage in several activities based upon recommendations brought forward from community input through primary research which was conducted.

In collaboration with community partners, Lourdes used a phased prioritization approach to determine the most significant health needs for community stakeholders to address. The following criteria was considered in determining the themes: (1) the extent the health need theme issue is sensitive or political; (2) the estimated financial costs to make a positive impact; (3) evidence that there is attention or focus already underway to address the need by other organizations; (4) the extent that the need theme will impact multiple stakeholder groups; (5) multiple hospital departments have vested interest in the outcome; (6) failure to act or address the needs will exacerbate the issue significantly; (7) the community perceives the healthcare need to be significant; and, (8) addressing the healthcare need falls within the scope of hospital's capabilities.

Based on the process described above, the prioritized health needs were identified for the greater Broome County area. The significant needs identified are as follows:

- Improve access to specialty care providers, with specific attention to those specialists providing care to patients ages 60 and older.
- Improve availability and access of mental/behavioral health services, including substance use services, with focus on community collaboration.
- Improve access and infrastructure for health services in rural communities.
- Improve health outcomes by focusing on prevention and wellness.
- Address services needed for vulnerable populations, including the medically indigent and homeless populations, integrating social care with prevention and medical care for a more person-centered approach to care through community collaboration.

As strategies are developed, significant considerations will be placed on the social impacts of COVID-19, Social Determinants of Health, the Medically Indigent and Homeless Population, as well as Equity.

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About Ascension

As one of the leading non-profit and Catholic health systems in the United States, Ascension is committed to delivering compassionate, personalized care to all, with special attention to persons living in poverty and those most vulnerable.

Ascension

Ascension is a faith-based healthcare organization dedicated to transformation through innovation across the continuum of care. The national health system operates 2,600 sites of care – including 142 hospitals and more than 40 senior living facilities – in 19 states and the District of Columbia, while providing a variety of services including clinical and network services, venture capital investing, investment management, biomedical engineering, facilities management, risk management, and contracting through Ascension's own group purchasing organization.

Ascension's Mission provides a strong framework and guidance for the work done to meet the needs of the communities across the U.S. It is foundational to transform healthcare and express priorities when providing care and services, particularly to those most in need.

> **Mission:** Rooted in the loving ministry of Jesus as healer, we commit ourselves to serving all persons with special attention to those who are poor and vulnerable. Our Catholic health ministry is dedicated to spiritually centered, holistic care which sustains and improves the health of individuals and communities. We are advocates for a compassionate and just society through our actions and our words.

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As a Ministry of the Catholic Church, Lourdes is a non-profit hospital governed by a local board of trustees represented by residents, medical staff, and sister sponsorships, and has been providing medical care to Broome County and the Southern tier. Lourdes operates 1 hospital campus, 36 related healthcare facilities, and employs 244 primary and specialty care clinicians.

Serving New York State since 1925, Lourdes is continuing the long and valued tradition of addressing the health of the people in our community. The Mission, Vision, and Values are embodied in the organization's culture. These core tenants are foundational to the work aimed to transform healthcare and express identified priorities when providing care and services, particularly to those most in need.
communities. We are advocates for a compassionate and just society through our actions and our words.

Lourdes

About the Community Health Needs Assessment

A Community Health Needs Assessment, or CHNA, is essential for community building and health improvement efforts, and directing resources where they are most needed. CHNAs can be powerful tools that have the potential to be catalysts for immense community change.

Purpose of the CHNA

A CHNA is "a systematic process involving the community to identify and analyze community health needs and assets in order to prioritize, plan, and act upon unmet community health needs."[1] The process serves as a foundation for promoting the health and well-being of the community by identifying the most pressing needs, leveraging existing assets and resources, developing strategic plans, and mobilizing hospital programs and community partners to work together. This community-driven approach aligns with Lourdes' commitment to offer programs designed to address the health needs of a community, with special attention to persons who are underserved and vulnerable.

IRS 501(r)(3) and Form 990, Schedule H Compliance

The CHNA also serves to satisfy certain requirements of tax reporting, pursuant to provisions of the Patient Protection and Affordable Care Act of 2010, more commonly known as the Affordable Care Act (ACA). As part of the ACA, all not-for-profit hospitals are required to conduct a CHNA and adopt an implementation strategy every three years. Requirements for 501(c)(3) Hospitals Under the Affordable Care Act are described in Code Section 501(r)(3) and include making the CHNA report (current and previous) widely available to the public. In accordance with this requirement, electronic reports of both the CHNA and the implementation strategy can be found at https://healthcare.ascension.org/CHNA and paper versions can be requested at Lourdes.

[1] Catholic Health Association of the United States (https://www.chausa.org)

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Community Served and Demographics

A first step in the assessment process is clarifying the geography within which the assessment occurs and understanding the community demographics.

Community Served

For the purpose of the 2021 CHNA, Lourdes has defined its community served as Broome County and eastern Tioga County, which will be referenced as the greater Broome County area throughout this report. Although Lourdes serves Broome County and surrounding areas, the "community served" was defined as such because (a) most of our service area is in Broome County; (b) most of our assessment partners define their service area at the county level; and (c) most community health data is available at the county level.

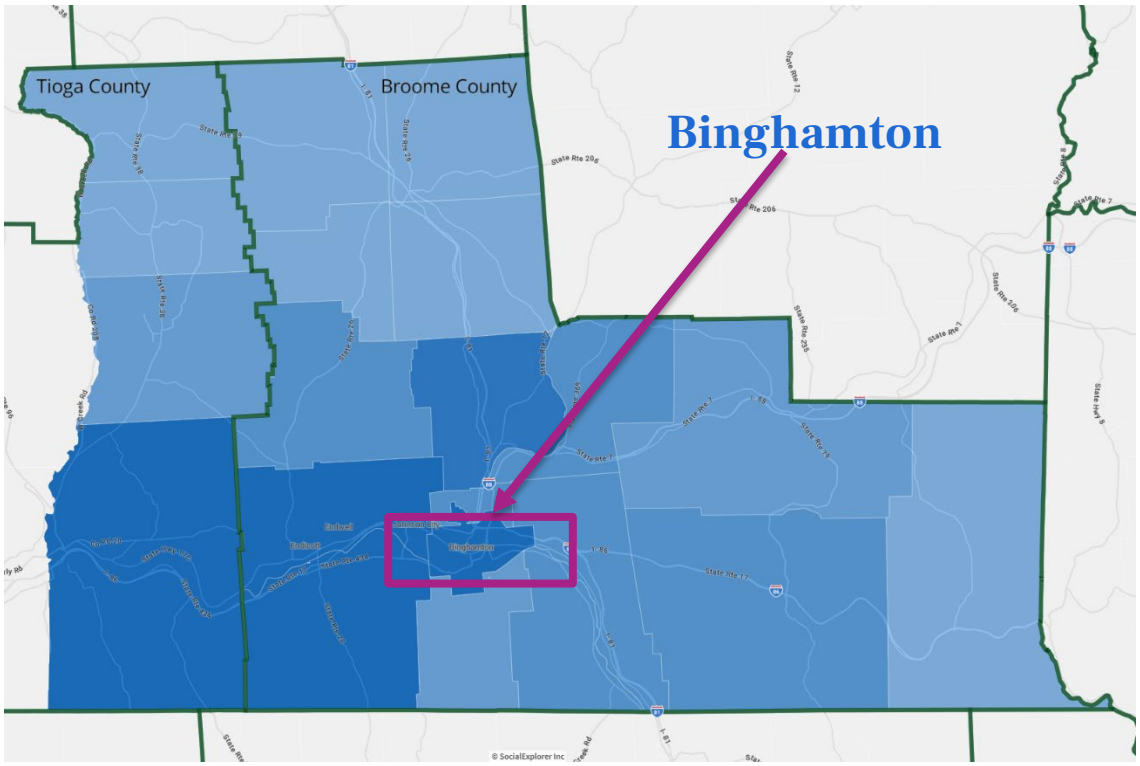

Image 1: Map of Community Served

Broome County is unique in the rural region commonly known as South Central New York. The main industries are agriculture and farming followed with educational services, utilities, and health care & social assistance.

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Demographic Data

Located in New York State, Broome County has a population of 198,683 and is the nineteenth-most populous county in the state, and eleventh fastest county to decline in population in the state. Below are demographic data highlights for Broome County, according to 2020 US Census Bureau.

- 19 percent of the residents of Broome County are 65 or older, compared to 16 percent in New York State
- 4 percent are Hispanic or Latino (any race)
- 86 percent of residents are White; 4 percent are Asian; 6 percent are Black or African American
- The total population increase from 2000 to 2010 was .04% percent overall, while there was a 9 percent decrease in population density among the American Indian or Alaska Native population
- The median household income is below the state median income ($49,586 for Broome County vs. $67,188 for New York State)
- The percent of all ages of people in poverty was significantly higher than the state (19 percent for Broome County; 17 percent for New York State)
- The uninsured rate for Broome County is lower than the state (4 percent for Broome County; 6 percent for New York State)

Table 1: Description of the Community

Demographic Highlights		
Indicator	**Broome County**	**Description**
Population		
% Living in rural communities	24%	Rural community is described as having no more than 200 people per square mile. Source: NYSDOH
% below 18 years of age	19%	
% 65 and older	19%	
% Hispanic	4%	
% Asian	4%	
% Non-Hispanic Black	6%	
% Non-Hispanic White	86%	
Social and Community Context		
English Proficiency	90%	Proportion of community members that speak English well.
Median Household Income	$49,586	Income where half of households in a county earn more and half of households earn less.
Percent of Children in Poverty	28%	Percentage of people under age 18 in poverty.
Percent of Uninsured	4%	Percentage of population under age 65 without health insurance.
Social and Community Context		
Percent of Educational Attainment	31%	Percentage of adults ages 25 and over with a high school diploma or equivalent.
Percent of Unemployment	4%	Percentage of population ages 16 and older unemployed but seeking work

To view Community Demographic Data in its entirety, see Appendix B – I, II *(pages 42-51).*

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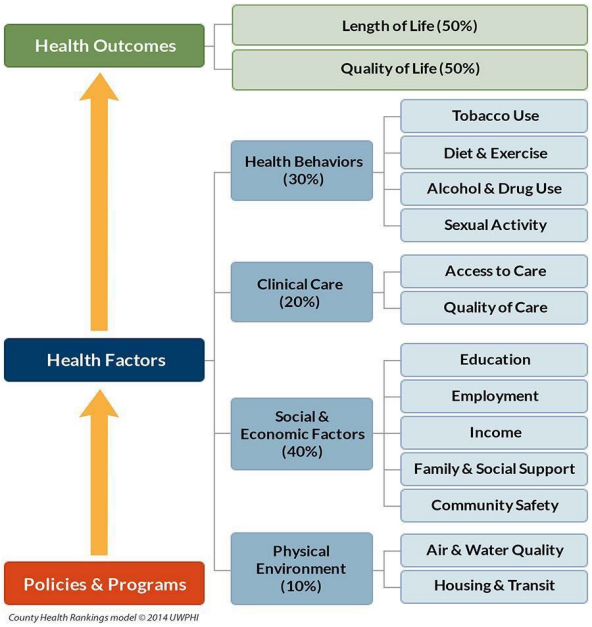
Process and Methods Used

Lourdes is committed to using national best practices in conducting the CHNA. Health needs and assets for the greater Broome County area were determined using a combination of data collection and analysis for both secondary and primary data, as well as community input on the identified and significant needs.

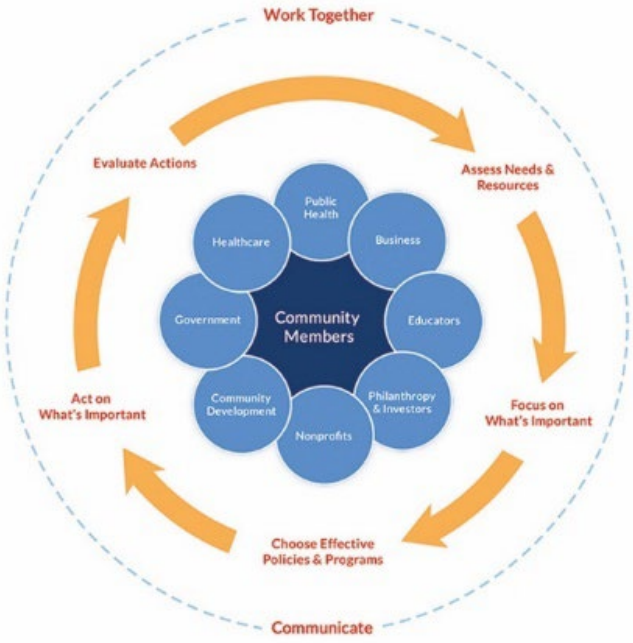
Lourdes approach relied on the model developed by the County Health Rankings and Roadmaps and the Robert Wood Johnson Foundation, utilizing the determinants of health model as the model for community health improvement.[2]



Community Health Improvement **Approach**

Lourdes also applied the County Health Rankings and Roadmaps' Take Action Cycle[3] for community health improvement, which includes the following steps:

- Gather information to assess needs and resources
- Set priorities, so you can focus on what's important
- Find the most effective approaches to address your priorities
- Get to work on acting on what's important
- Evaluating throughout the cycle to help improve strategies to ensure effectiveness and sustainability



Effective execution of the Take Action Cycle requires communication and collaboration with a shared vision and commitment to improve health among all key community stakeholder.

[2] Source: County Health Rankings Model | County Health Rankings & Roadmaps

[3] Source: Take Action Cycle | County Health Rankings & Roadmaps

Collaborators and/or Consultants

With the contracted assistance of RMS Healthcare, Lourdes completed its 2021 CHNA in collaboration with the following organizations and individuals.

- Broome County Council of Churches
- Broome County Department of Mental Health
- Broome County Health Department
- Broome County Office for Aging
- Care Compass Network
- City Church
- Mothers and Babies Prenatal Network
- Rural Health Network of South - Central New York, Inc.
- Southern Tier AIDS Program
- Southern Tier Excellus BlueCross BlueShield
- SUNY Broome Community College

Lourdes understands that community collaboration is an essential and integral to improving the health status of the residents of Broome County and eastern Tioga County. Key community stakeholder organizations served an integral role in providing relevant information and insights regarding the health needs of the community. Additionally, these organizations provide the necessary programs and services to address and respond to health disparities and inequities within Broome County.

Data Collection Methodology

In collaboration with various community partners, Lourdes collected and analyzed secondary and primary data for the greater Broome County area, as detailed below.

Summary of Community Input

Recognizing its vital importance in understanding the health needs and assets of the community, RMS Healthcare consulted with a range of public health and social service

"[The county needs to] address social barriers with substance use. It is a complicated, multi-faceted problem and the use of peer services is very important, so any opportunity to utilize this is key," In-Depth Interview Participant.

"I feel that availability of healthcare from primary care in the area is very good. However, it is not as good for specialty care. The community needs more mental health, cancer care, and pediatric subspecialties," Focus Group Participant.

"[We need] highly skilled health care workers: we are faced with "traveling staff," [and a] lack of consistent and trained health care professionals. As a result, staff leave the area when faced with serious issues (surgeries, cancers, etc.)," Online Survey Participant.

providers that represent the broad interest of the greater Broome County area.

A concerted effort was made to ensure that the individuals and organizations represented the needs and perspectives of 1) public health practice and research; 2) individuals who are medically underserved, are low-income, or considered among the minority populations served by the hospital; and 3) the broader community at large and those who represent the broad interests and needs of the community served.

Multiple methods were used to gather community input, including conducting community focus groups, an online survey, and in-depth interviews of community members and leaders. These methods provided additional perspectives on how to select and address top health issues facing the region. A summary of the process and results is outlined below.

Community Focus Groups

A series of three focus groups were conducted by RMS Healthcare on behalf of Lourdes to gather feedback from the community on the health needs and assets of Broome County and eastern Tioga County. Fifteen individuals participated in the focus groups, held between January 26th, 2022, and January 27th, 2022. Populations represented by participants included a mix of ages, living settings (rural, suburban, urban), and payor types, including those with no health insurance.

Community Focus Groups

Key Summary Points

- Overall, participants felt that the general availability of healthcare services in the greater Binghamton area was fair to good. All felt that the past 20 months of the COVID-19 pandemic has had a negative impact on the availability of healthcare services; both because practices limited their hours and in-person exposure, and many patients were uncomfortable visiting a healthcare provider in-person due to possible COVID-19 infection. Most participants hope to see more extended hours over the next several months once COVID-19 restrictions have loosened.
- Participants identified several barriers that prevent or stall an individual's healthcare access. The barriers identified are (1) cost of care, (2) transportation, (3) employment – might not be able to get away, (4) technology, (5) shortage of healthcare workers, (6) childcare, (7) housing insecurity, (8) cultural barriers, and (9) attitude of office staff.
- Overall telehealth was perceived favorably as a tool to help increase healthcare access. Most acknowledge that telehealth was a positive solution over the past twenty-two months of dealing with the COVID-19 pandemic. All felt that telehealth did not replace in-person provider visits and those would still be needed. Many stated that there were barriers associated with the use of telehealth. These include (1) user lack of technology knowledge, (2) the patient not being prepared to discuss their health issues; (3) having a poor Internet connection; (4) patients using a mobile device in a non-private space, and (5) patient fear that telehealth offers lower quality of care.

- Participants feel that the use of mobile healthcare units is an excellent way to help increase access and bring healthcare to the community. Some participants mentioned that Lourdes currently has a unit that travels the community and they have used it (e.g., mammography screening) They further felt that if mobile clinics could be set up at community centers or public libraries, which would be an additional way to increase health care access within the region.

Community Representation	Common Themes
● Three focus groups with community residents, in and around the greater Binghamton are in January 2022. ● Mix of ages, living settings (rural, suburban, urban), and payor types, including those with no health insurance. ● 15 individuals participated over a two-day period.	● Increase services for mental and behavioral health. ● Increase services for substance use. ● Increase specialty care services within the area. ● Reduce healthcare costs to improve access to care. ● Focus on the poor and vulnerable. ● Increase access to health provides (i.e., expand hours, timely appointments, number of physicians).

Meaningful Quotes

- "*It seems that there is more cooperation now in the area between the Lourdes, UHS and Guthrie healthcare systems and that is a good thing*."
- "*Transportation continues to be a barrier that affects access to health care. Outside of the Binghamton area there is not much available with regard to transportation and there is a large rural area to cover."*
- *"I'm concerned with the shortage of healthcare workers. In particular, there is a huge shortage of mental health and substance use workers within the area."*

Surveys

An on-line survey was conducted by RMS Healthcare on behalf of Lourdes to gather the perceptions, thoughts, opinions, and concerns of the community regarding health outcomes, health behaviors, social determinants of health, and clinical care for the greater Broome County area. In total, 955 individuals participated in the on-line survey, held between January 2022 and March 2022. The data gathered and analyzed provides valuable insight into the issues of importance to the community. The survey contained 50 questions and was distributed by the Lourdes Health System Team to over 25 various key community stakeholders, community partners and agencies through promotional flyer containing a QR code which allowed for easy access to open a direct link to complete the survey.

Surveys

Key Summary Points

- When individuals were asked where they went when sick or needed medical attention for illness, 40% responded their doctor's or physician's office, while 18% utilized telehealth services. However, over 20%

indicated they used either a hospital walk-in (13%) or emergency room (9%).
- The main reason that people say they are not always able to access health services when needed is due to "too much time to wait before an appointment" (20%) or "could not get appointments" (16%).
- On a scale from 1-5, individuals were asked to share how much COVID-19 has impacted access to healthcare services in the community, with 1 being not at all, and 5 greatly impacted. Overall, 49% provide a score of 4 or higher.
- Over half of the respondents (51%) shared they have felt socially isolated in the past year.
- 69% of respondents shared they would select Lourdes as their preferred hospital for care in the region.

Community Representation	Common Themes
• Most respondents lived in Broome or Eastern Tioga County for 10 years of more (85%). • Most respondents were white, female, and age 55 to 64.	• Desire for improved access to care. • Identified a need for more doctors in the region, particularly specialty services. • Shared difficulty obtaining mental health services and believe there is a need to increase the number of mental health service providers.

Meaningful Quotes

- *"Counseling/mental health services, especially for children, are very difficult to obtain. I also do not think we have enough geriatric specialty practitioners."*
- *"Mental health services are largely lacking, psychiatric and therapeutic. Addiction services are largely lacking."*
- *"The healthcare system is stretched too thin due to a number of issues. COVID-19 is definitely impacting this, but it is a systemic problem."*
- *"Need more M.D.s more and more difficult to get appointment with M.D. seems to be more assistants or nurse practitioners."*

Key stakeholder interviews

A series of 12 one-on-one interviews were conducted by RMS Healthcare on behalf of Lourdes to gather feedback from key stakeholders on the health needs and assets of the greater Broome County area. The interviews included 12 representatives from 12 different organizations and agencies, held between November 2021 and December 2021.

Key Stakeholder Interviews

Key Summary Points

- Almost all IDI participants indicated that the availability and accessibility of mental healthcare and substance use care services was lacking locally within the area.
- Participants believe that the region's rural areas have more significant barriers to accessing care than

those living in urban and suburban areas face.
- Transportation was cited as a predominant barrier (regardless of living setting) to receiving healthcare services in the area.
- Many IDI participants felt that there was a need to bring in additional sub-specialties such as urology, pulmonology, nephrology, neurosurgery, dermatology, specialized cancer care and psychiatry to the area.
- Providing needed services to the aging senior population was also identified as a general community-wide issue.
- More healthcare services need to be directed to the vulnerable populations within the community including those with unstable housing, no insurance and other poverty related situations.
- IDI participants spoke of the need to provide further community-wide education to build awareness of current available services.
- More coordination and integration have positively impacted care delivery within the area. Participants acknowledged that providers and healthcare systems are working more collaboratively.
- Chronic conditions such as obesity and diabetes were raised by several participants as problems within the community.
- Education efforts promoting wellness and prevention activities, encouraging overall wellbeing should be promoted to help the community move positively towards being healthier.
- Several participants recognized the considerable effort that Lourdes has made to address community healthcare needs, particularly given the COVID-19 pandemic stress.

Key Community Stakeholders	**Common Themes**
● A list of participants was provided to RMS Healthcare by the Lourdes team. ● The list included community stakeholders representing community leaders, health organization administrators, public health stakeholders, and social services personnel. ● 12 interviews were conducted.	● Individuals were asked a series of questions in which they were asked to rate the opioid prevention and training services in the area, smoking and vaping cessation services, and diabetes prevention and management services in the area now, compared to 12 months ago. For all three questions, individuals responded “about the same.” ● The COVID-19 pandemic has impacted the region in keys ways, exposing weaknesses already existing before the pandemic, this includes lack of specialty care, access to care (transportation), and combating social determinants of health. ● Many discussed the differences in access to services and providing quality services to those in rural areas.

Meaningful Quotes

- *“Rurality has had an impact on broad health education. There is not one method of reaching everyone. Very challenged with getting message to community what is available and how to access, and how they can benefit from it. Lacking coordination of services. County boundaries are very hard and don't cross over.”*
- *“Preventive education. Would rather "be in front of something". Benefits of living a healthy lifestyle.”*
- *“Answering in terms of unhoused residents in Broome County. We have seen limited availability of*

services, specific to mental and behavioral health. Engaged less with Lourdes and more with UHS in regard to service. We have had and continue to have individuals that are turned away for services (due to being homeless). As soon as staff realize that patients are homeless these changes how access to services are given. Housing is a significant issue and part of the healthcare availability challenge. There is a disconnection: stigma about individuals that are unhoused and not looking at social determinants that impact aftercare."

To view community input data in its entirety, see Appendix C (pages 52-84).

Summary of Secondary Data

Secondary data is data that has already been collected and published by another party. Both governmental and non-governmental agencies routinely collect secondary data reflective of the health status of the population at the state and county level through surveys and surveillance systems. Secondary data was compiled from various sources, including US Census data; Broome County data sources; County Health Rankings. All secondary data sources are referenced throughout the body of this document.

Health indicators in the following categories were reviewed:

- Health Outcomes
- Social and Economic Factors that impact health
- Health Behaviors
- Access to Healthcare
- Disparities

To view secondary data and sources in its entirety, see Appendix D (pages 84-100)

Summary of COVID-19 Impact on Broome County

The COVID-19 pandemic has had an impact on communities world-wide. In the United States, urban communities took the hardest hit for both COVID cases and death. Profound disparities emerged as the pandemic grew. Older Americans have the highest risk of death from COVID than any other age group with 81% of deaths from COVID to people over 65 years of age. There are significant disparities by race and ethnicity as well. Americans of color have higher risk of exposure, infection and death compared to non-Hispanic White Americans.[4]

Significant COVID-19 disparities include:

- Hispanic Persons at 2.3 times the risk of death
- non-Hispanic Black persons at 1.9 times the risk of death
- American Indian or Alaska Native at 2.4 times the risk of death

[4]Centers for Disease Control and Prevention (https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/racial-ethnic-disparities)

Some reasons for these differences include:

- Multigenerational families
- Living in crowded housing with close physical contact
- Working in environments in which social distancing is not possible
- Inadequate access to health care
- Higher rates of underlying conditions[5]

COVID-19 Impact on Broome County (as of March 30, 2021)			
Indicator	**Broome**	**New York**	**Description**
Total Cases	44,993	4,907,905	
Confirmed Cases per 100,000	14.5	10.6	Per 100,000 people
Total Deaths	510	67,299	Among confirmed cases
Deaths per 100,000	267	349	Per 100,000 people
Case Fatality Percentage	.1%	1.3%	Percent of total confirmed cases of individuals who died of COVID-19

Source: https://usafacts.org/visualizations/coronavirus-COVID-19-spread-map/state/new-york/county/broome-cour
CDC COVID-19 Data Tracker https://COVID-19.cdc.gov/COVID-19-datatracker/#trends_totalandratedeathstotalrate

Community Input on Previous CHNA and Implementation Strategy

Lourdes previous CHNA and implementation strategy were made available to the public and open for public comment via the website: https://healthcare.ascension.org/chna.

Lourdes did not receive any community-based comments or feedback on the prior CHNA report.

Data Limitations and Information Gaps

Although it is quite comprehensive, this assessment cannot measure all possible aspects of health and cannot represent every possible population within the greater Broome County area. This constraint limits the ability to fully assess all the community's needs.

For this assessment, three types of limitations were identified:

- Some groups of individuals may not have been adequately represented through the community input process. Those groups, for example, may include individuals who are transient, who speak a language other than English, or who are members of the lesbian/gay/bisexual/transgender+ community.

[5] Ibid

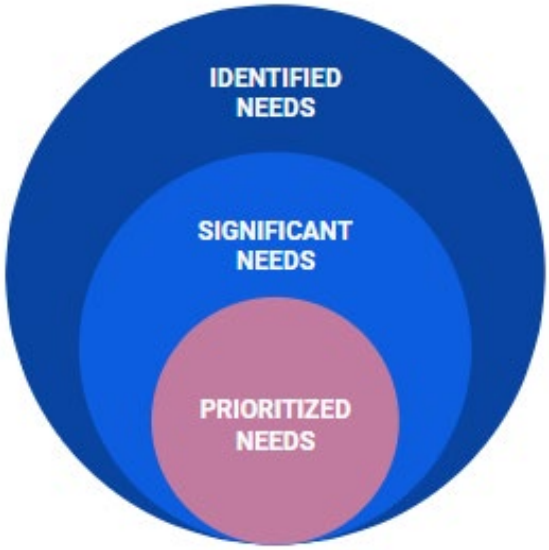
- Secondary data is limited in a number of ways, including timeliness, reach and descriptive ability with groups as identified above.
- An acute community concern may significantly impact a Ministry's ability to conduct portions of the CHNA assessment. An acute community concern is defined by Ascension as an event or situation which may be severe and sudden in onset or newly affects a community. These events may impact the ability to collect community input, may not be captured in secondary data, and/or can present in the middle of the three-year CHNA cycle. For the 2021 CHNA, the following acute community concerns were identified:
    - COVID-19
    - Opioid use
    - Health disparities and inequities

Despite the data limitations, Lourdes is confident of the overarching themes and health needs represented through the assessment data. This is because the data collection included multiple methods, both qualitative and quantitative, and engaged the hospital as well as participants from the community.

Lourdes

Community Needs

Lourdes, with contracted assistance from RMS Healthcare analyzed secondary data of over 20 indicators and gathered community input through key stakeholders to identify the needs within the greater Broome County area. In collaboration with community partners, Lourdes used a phased prioritization approach to identify the needs. The first step was to determine the broader set of **identified needs**. Identified needs were then narrowed to a set of **significant needs** which were determined most crucial for community stakeholders to address.



Following the completion of the CHNA assessment, Lourdes will select all, or a subset, of the significant needs as the hospital's **prioritized needs** to develop a three-year implementation strategy. Although the hospital may address many needs, the prioritized needs will be at the center of a formal CHNA implementation strategy and corresponding tracking and reporting. The Image shown also describes the relationship between the needs categories.

Identified Needs

Lourdes has defined "identified needs" as the health outcomes or related conditions (e.g., social determinants of health) impacting the health status of the greater Broome County area. The identified needs were categorized into groups such as health behaviors, social determinants of health, length of life, quality of life, clinical care, and systemic issues to better develop measures and evidence-based interventions that respond to the determined condition.

Significant Needs

In collaboration with various community partners, Lourdes synthesized findings from both primary and secondary research to identify significant needs of the community by looking at demographic, sociographic, and traditional health-related measures to obtain a clear understanding of the health status, and health disparities, of the populations served.

In this prioritization process, Lourdes remained focused in recognizing and understanding that to achieve improved health, wellness and quality of life, collaboration and engagement of community partners is paramount to identify the needs, as well as to influence behavioral change. It was also essential that health disparities and inequities within the community were identified as a significant priority, which aligned with Lourdes' mission to "commit to serving all persons with special attention to those who are poor and vulnerable." According to the CDC, health equity is achieved when every person has the opportunity to "attain his or her full

health potential" and no one is "disadvantaged from achieving this potential because of social position or other socially determined circumstances." Health inequities are reflected in differences in length of life; quality of life; rates of disease, disability, and death; severity of disease; and access to treatment.[6]

Through the prioritization process for the 2021 CHNA, the significant needs are as follows:

- Improve access to specialty care providers, with specific attention to those specialists providing care to patients ages 60 and older.
- Improve availability and access of mental/behavioral health services, including substance use services, with focus on community collaboration.
- Improve access and infrastructure for health services in rural communities.
- Improve health outcomes by focusing on prevention and wellness.
- Address services needed for vulnerable populations, including the medically indigent and homeless populations, integrating social care with prevention and medical care for a more person-centered approach to care through community collaboration.

To view health care facilities and community resources available to address the significant needs, please see Appendix E (page 100).

Descriptions (including data highlights, community challenges & perceptions, and local assets & resources) of the significant needs are on the following pages.

[6] Centers for Disease Control and Prevention (https://www.cdc.gov/chronicdisease/healthequity/index.htm)

Need Theme 1: Improve access to specialty care providers, with specific attention to those specialists providing care to patients ages 60 and older.[7]

Why is it Important?

Primary research conducted suggests that the 65+ population often leave Broome County to obtain specialized care.

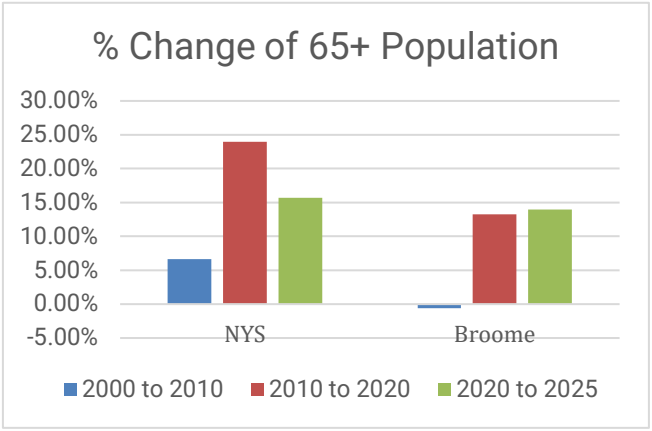
Local Assets & Resources

- Lourdes Walk-In Clinics (4 sites)
- Lourdes
- HIICAP Action for Older Persons
- Lourdes has 41 specialty groups with 1101 providers serving the patient care needs of the greater Broome County area.

Additional resources can be found in Appendix E: Health Care Facilities and Community Resources – Significant Need 1.

Data Highlights

21% of the population in Broome County is projected to be 65+ by 2025.



* Data collected from [eSite Analytics 2022]

Community Challenges & Perceptions

- Community members, specifically those ages 65+ must leave the area to seek care in other counties/cities.

Individuals Who Are More Vulnerable

Primary research conducted identified patients over 65 requiring specialty care are most vulnerable. Lourdes has made a commitment to adjust the age parameter to 60 and older.

[7] Lourdes is committed to improve access to care with a focus on patients, adjusting the age parameter to 60 and older.

Need Theme 2: Improve availability and access of mental/behavioral health services, including substance use services, with focus on community collaboration.

Why is it Important?

Mental health services are lacking in the community. Primary research indicated individuals and families struggled to find providers for mental health services and substance use support.

Local Assets & Resources

- Partnerships with community-based organizations and social service organizations
- UHS Comprehensive Psychiatric Emergency Program (CPEP)
- Social Work Collaborative Care Model in Primary Care
- Broome County Office of Mental Health
- Lourdes Center for Mental Health

Additional resources can be found in Appendix E: Health Care Facilities and Community Resources – Significant Need 2.

Data Highlights

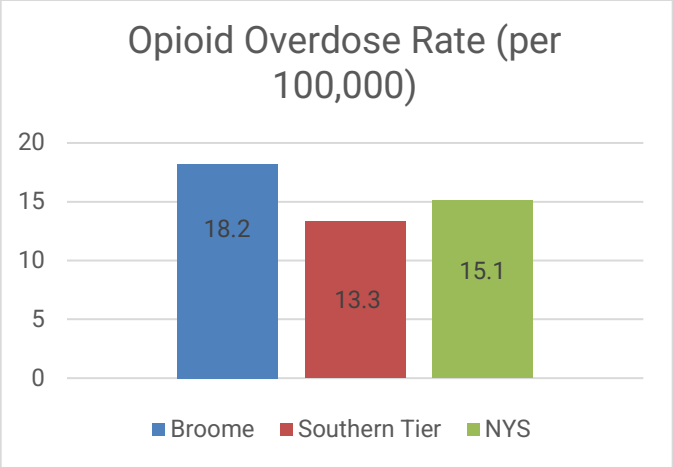
Broome County's patient to mental health provider ratio is significantly higher than NYS and other Top US Performers.

Broome County's suicide mortality rate is higher than NYS.

Broome County's newborn drug-related diagnosis rate is higher than NYS.

Broome County's self-inflicted injury hospitalization rate is higher than NYS.

Broome County's percentage of adults that binge drink is higher than NYS.



*Data collected from **NYS Department of Health 2022**

Need Theme 2, continued: Improve availability and access of mental/behavioral health services, including substance use services, with focus on community collaboration.	
Community Challenges & Perceptions	**Individuals Who Are More Vulnerable**
● Parents often cited difficulty in finding specialized care for their children and in some cases, problems receiving a diagnosis so child can qualify for services. ● Community members voiced that in some cases, by the time an individual can secure an appointment with a mental health provider, the crisis is over. Long wait times and lack of capacity were common themes in primary research. ● Substance use continues to be a crisis in the community, and more support and providers are needed for those with substance use disorders.	● Individuals/families seeking to obtain a diagnosis to qualify for services. ● Individuals/Families looking to obtain mental health services. ● Individuals seeking support to combat substance use or behavioral health disorders.

Need Theme 3: Improve access and infrastructure for health services in rural communities.

Why is it Important?

Primary research suggests that there are health equity and access issues in providing care to those in rural areas.

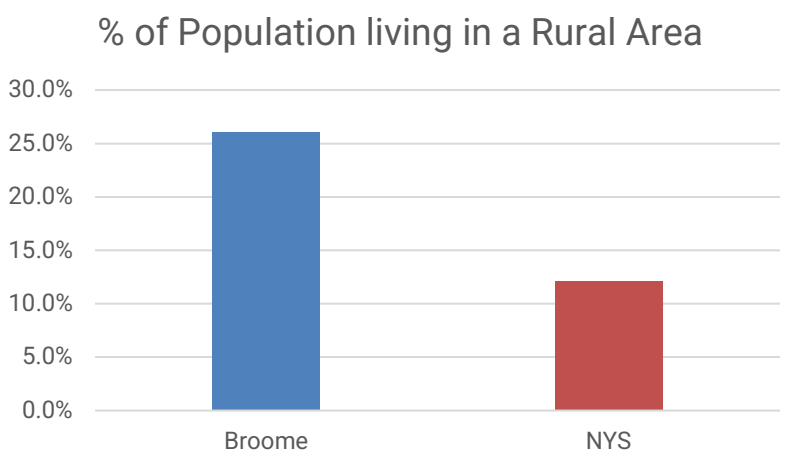
Local Assets & Resources

- Rural Health Network of SCNY
- Various Community-Based Organizations/foundations in rural towns and villages
- Town/village government offices
- Faith-based organizations
- Care Compass Network

Additional resources can be found in Appendix E: Health Care Facilities and Community Resources – Significant Need 3.

Data Highlights

Many individuals in the open-ended responses to the survey shared they felt that they live in rural areas, and accessing care is very challenging. Often, they leave the area for care and have long waits to see doctors and specialties.



*Data collected from **County Health Rankings & Roadmaps 2022**

Community Challenges & Perceptions

- Individuals living in rural areas often do not have the same access to care, particularly specialists and face long wait times or delayed care as they may have to travel to a facility outside their community for care.

Individuals Who Are More Vulnerable

Individuals and families living in rural areas requiring medical care.

Need Theme 4: Improve health outcomes by focusing on prevention and wellness.

Why is it Important?

Primary research suggests a need for improved education and knowledge about prevention and wellness. This also aligns with national research and goals of NYS Prevention Agenda.

Local Assets & Resources

- Community based organizations, faith-based organizations, social service providers programs that support prevention and wellness initiatives.
- Broome County Department of Health
- Rural Health Network of SCNY
- Care Compass Network

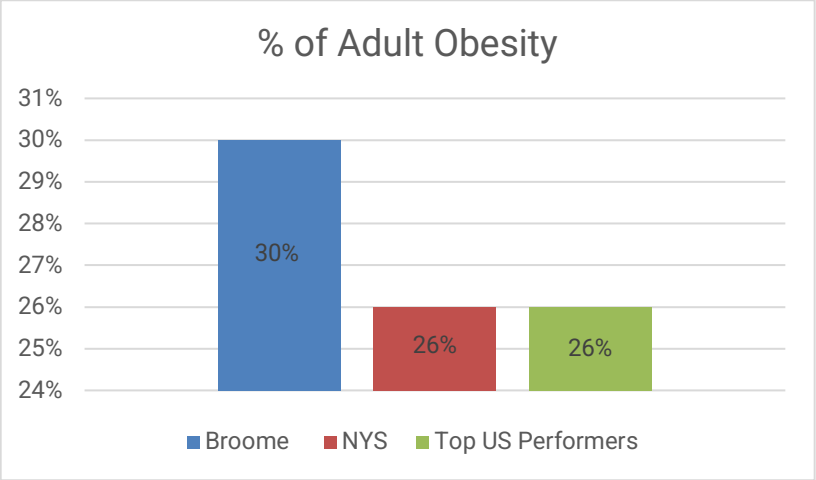
Additional resources can be found in Appendix E: Health Care Facilities and Community Resources – Significant Need 4.

Data Highlights

The % of adults who have had their cholesterol checked is lower in Broome County than NYS.

The percentage of adults overweight or obese is higher in Broome County than NYS.

The percentage of adults who smoke is higher in Broome County than NYS.



*Data collected from **County Health Rankings & Roadmaps 2022**

Community Challenges & Perceptions

- The community expressed some concerns about obtaining preventive screenings and supported the use of mobile clinics for mammography and other prevention tests.
- Some concerns were expressed of availability of primary care doctors and the wait time to obtain services, some expressed frustration they could not meet with their primary care doctor.

Individuals Who Are More Vulnerable

All Individuals, all ages, who are due for annual screenings or wellness visits, specifically individuals with one or more co-morbidities.

Need Theme 5: Address services needed for vulnerable populations, including the medically indigent and homeless populations, integrating social care with prevention and medical care for a more person-centered approach to care through community collaboration.

Why is it Important?

Vulnerable populations were disproportionately affected by the COVID-19 pandemic, which has exacerbated the fragile stability of this population.

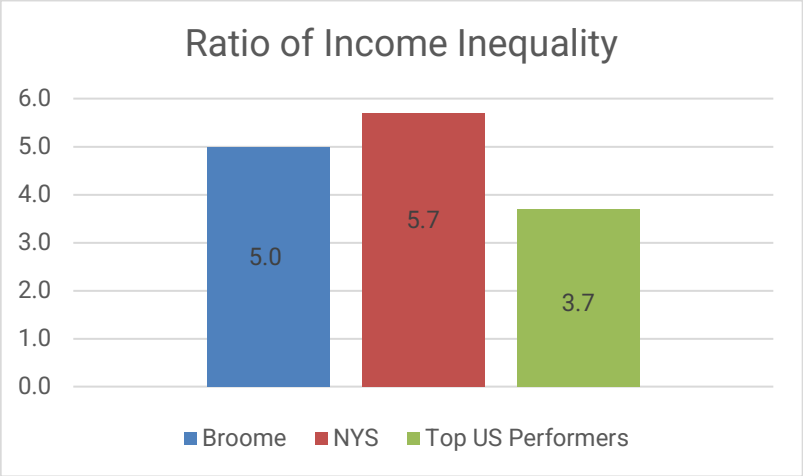
Local Assets & Resources

Southern Tier Homeless Coalition and various emergency shelters are located within the greater Broome County area. Many organizations offer rapid-rehousing, emergency homelessness services, and transitional housing support to individuals and families.

Additional resources can be found in Appendix E: Health Care Facilities and Community Resources – Significant Need 5.

Data Highlights

In the United States, 1 in 10 people live in poverty, [8] and many people can't afford healthy foods, health care, and housing. People with steady employment are less likely to live in poverty and more likely to be healthy, but many people have trouble finding and keeping jobs. Development of policies to help people pay for food, housing, health care, and education can reduce poverty and improve health and well-being.[9]



*Data collected from **County Health Rankings & Roadmaps 2022**

Community Challenges & Perceptions

- Housing and homelessness services can offer stability to both individuals and families to meet their basic needs, while integrating services to manage or diagnose mental and physical health conditions.
- Person-centered approaches can better articulate needs of an individual and align to a tailored service plan, identifying resources

Individuals Who Are More Vulnerable

Individuals and families who are housing vulnerable or homeless individuals and families who are chronically homeless, who may require additional care or services currently not receiving.

[8] Semega, J., Kollar, M., Creamer, J., Mohanty, A. (2019). Income and Poverty in the United States. Retrieved from https://www.census.gov/content/dam/Census/library/publications/2019/demo/p60-266.pdf

[9] Source: Economic Stability - Healthy People 2030 | health.gov

Need Theme 5, continued: Address services needed for vulnerable populations, including the medically indigent and homeless populations, integrating social care with prevention and medical care for a more person-centered approach to care through community collaboration.	
Community Challenges & Perceptions: continued	**Individuals Who Are More Vulnerable**
• and services to support an individual's path towards stable housing and removing barriers that make them more vulnerable to becoming homeless and not accessing medical care.	

Prioritized Needs

Lourdes used a process based upon the AHA Community Health Improvement (ACHI) key components for prioritizing community health issues to identify the needs on which the hospital would focus priorities. The Lourdes CHNA steering committee stakeholders, in collaboration with senior leadership, considered the following criteria in choosing the significant needs: (1) the extent the health need theme issue is sensitive or political, (2) the estimated financial costs to making a positive impact, (3) there is attention or focus already underway to address by other organizations/institutions, (4) the extent that the need theme will impact multiple stakeholder groups, (5) multiple hospital departments have vested interest in the outcome, (6) failure to act or address will exacerbate the issue significantly, (7) the community perceives the healthcare need to be significant, and (8) addressing the healthcare need falls within the scope of the Lourdes capabilities.

Lourdes defined "prioritized needs" as the significant needs which have been identified by the hospital to be addressed through the three-year CHNA Implementation Plan. Following are the prioritized needs:

Prioritized Needs	Rationale
Improve access to specialty care providers, with specific attention to those specialists providing care to patients ages 60 and older.	This need was selected because readily available access to specialty care providers is an essential element to provide comprehensive healthcare services specifically for the aging population of the greater Broome County area. By 2060, almost a quarter of the U.S.

	of the U.S. population will be 65 or older. [10], [11] Additionally, Broome County saw a significant increase in residents ages 65 years and older based upon the 2020 Census data from the last reported 2010 Census data (13.4% change). Through all forums of primary research, key stakeholders and community members cited that specialty care services are limited in the greater Broome County area. An increase in the 65 and older population coupled with residents being required to travel for specialty care services can have a correlation to poor compliance with chronic health conditions. Lourdes is committed to improve access to care with a focus on patients, adjusting the age parameter to 60 and older.
Improve availability and access of mental/behavioral health services, including substance use services, with focus on community collaboration.	This need was selected because mental health challenges are associated with increasing rates of substance use. According to Healthy People 2030, substance use disorders are linked to many health problems and can lead to overdose and death. Both nationally and within the greater Broome County area, there are rising concerns regarding the opioid epidemic, with a significant increase in opioid overdoses. The ratio of mental health providers in Broome County is 440:1, meaning that there is one mental health provider per 440 people. This rate is significantly higher than NYS with a ratio of 330:1 as well as top U.S. performers is 270:1. Lourdes is committed to improving the availability and access of mental/behavioral services for residents of the greater Broome County area and to ensure sustainable community collaboration to address this critical need.[12]
Improve access and infrastructure for health services in rural communities.	This need was selected because the greater Broome County area is uniquely in the rural region commonly known as South Central New York. At the heart of many rural-urban disparities is the lack of access to quality and equitable healthcare. Compared to those living in urban areas, rural residents have higher rates of mortality from heart disease, respiratory disease, cancer, stroke, and unintentional injuries which are the five leading causes of death in the US. Lourdes remains committed to ensure equitable access to healthcare services for residents residing in the rural communities.[13]
Improve health outcomes by focusing on prevention and wellness.	This need was selected because prevention is key to improved health outcomes. According to Healthy People 2030, receiving preventive care reduces the risk for chronic disease, disabilities, and death. Educating people about the importance of preventive care is making sure residents receive appropriate preventive care services, including screening services. Lourdes is committed to expand access to services focusing on prevention and wellness, including preventive screenings.[14]

[10] Mather, M., Jacobsen, L.A., & Pollard, K.M. (2015). Aging in the United States. Population Reference Bureau Population Bulletin [PDF file]. Retrieved from https://www.prb.org/wp-content/uploads/2016/01/aging-us-population-bulletin-1.pdf

[11] Source: Older Adults - Healthy People 2030 | health.gov

[12] Source: Addiction - Healthy People 2030 | health.gov

[13] Source: COGME Rural Health Policy Brief 1 (hrsa.gov)

[14] Source: Preventive Care - Healthy People 2030 | health.gov

Address services needed for vulnerable populations, including the medically indigent and homeless populations, integrating social care with prevention and medical care for a more person-centered approach to care through community collaboration.	This need was selected because expanding access to healthcare services is a key step towards reducing health disparities. Social determinants of health (SDOH) contribute to wide health disparities and inequities and have a major impact on people's health, well-being, and quality of life. SDOH that will be considered in the scope of this work will further address factors including safe housing, transportation, and neighborhoods; racism, discrimination, and violence; education, job opportunities, and income; access to nutritious foods and physical activity opportunities, among other. Lourdes will strive in its' mission with community partners to provide a person-centered approach to care through community collaboration. [15]

Summary of Impact from the Previous CHNA Implementation Strategy

An important piece of the three-year CHNA cycle is revisiting the progress made on priority needs set forth in the preceding CHNA. By reviewing the actions taken to address the significant needs and evaluating the impact those actions have made in the community, it is possible to better target resources and efforts during the next CHNA cycle.

Highlights from Lourdes' previous implementation strategy include:

- Improve access to healthcare services by ensuring timely appointments, extended hours, and greater number of physicians accepting new patients
- Greater emphasis on preventive care and education regarding "wellness."
- Improve communication and care coordination among providers across systems.

Written input received from the community and a full evaluation of our efforts to address the significant health needs identified in the 2019 CHNA can be found in Appendix F *(pages 104-110)*.

[15] Source: Social Determinants of Health - Healthy People 2030 | health.gov

Approval by Lourdes Board of Directors

To ensure the Lourdes's efforts meet the needs of the community and have a lasting and meaningful impact, the 2021 CHNA was presented to the Board of Directors for approval and adoption on May 20, 2022. Although an authorized body of the hospital must adopt the CHNA and implementation strategy reports to be compliant with the provisions in the Affordable Care Act, adoption of the CHNA also demonstrates that the board is aware of the findings from the Community Health Needs Assessment, endorses the priorities identified, and supports the strategy that has been developed to address prioritized needs.

Lourdes

Conclusion

The purpose of the CHNA process is to develop and document key information on the health and wellbeing of the communities Lourdes serves. This report will be used by internal stakeholders, non-profit organizations, government agencies, and other community partners of Lourdes to guide the implementation strategies and community health improvement efforts as required by the Affordable Care Act. The 2021 CHNA will also be made available to the broader community as a useful resource for further health improvement efforts.

Lourdes hopes this report offers a meaningful and comprehensive understanding of the most significant needs for residents of the greater Broome County area. As a Catholic health ministry, Lourdes is dedicated to spiritually centered, holistic care that sustains and improves the health of not only individuals, but the communities it serves. With special attention to those who are poor and vulnerable, we are advocates for a compassionate and just society through our actions and words. Lourdes is dedicated to serving patients with compassionate care and medical excellence, making a difference in every life we touch. The hospital values the community's voice and welcomes feedback on this report. Please visit this public website (https://healthcare.ascension.org/chna) to submit your comments.

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Appendices

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Lourdes

Appendix A: Definitions and Terms

Acute Community Concern
An event or situation which may be severe and sudden in onset, or newly affects a community. This could describe anything from a health crisis (e.g., COVID-19, water poisoning) or environmental events (e.g., hurricane, flood) or other event that suddenly impacts a community. The framework is a defined set of procedures to provide guidance on the impact (current or potential) of an acute community concern. Source: Ascension Acute Community Concern Assessment Framework

Collaborators
Third-party, external community partners who are working with the hospital to complete the assessment. Collaborators might help shape the process, identify key informants, set the timeline, contribute funds, etc.

Community Focus Groups
Group discussions with selected individuals. A skilled moderator is needed to lead focus group discussions. Members of a focus group can include internal staff, volunteers and the staff of human service and other community organizations, users of health services and members of minority or disadvantaged populations.
Source: CHA Assessing and Addressing Community Need, 2015 Edition II

Community Forums
Meetings that provide opportunities for community members to provide their thoughts on community problems and service needs. Community forums can be targeted towards priority populations. Community forums require a skilled facilitator.
Source: CHA Assessing and Addressing Community Need, 2015 Edition II

Community Served
A hospital facility may take into account all the relevant facts and circumstances in defining the community it serves. This includes: The geographic area served by the hospital facility; Target populations served, such as children, women, or the aged; and Principal functions, such as a focus on a particular specialty area or targeted disease.

Consultants
Third-party, external entities paid to complete specific deliverables on behalf of the hospital (or coalition/collaborators); alternatively referred to as vendors.

Demographics
Population characteristics of your community. Sources of information may include population size, age structure, racial and ethnic composition, population growth, and density.
Source: CHA Assessing and Addressing Community Need, 2015 Edition II

Identified Need
Health outcomes or related conditions (e.g., social determinants of health) impacting the health status of the community served

Key Stakeholder Interviews
A method of obtaining input from community leaders and public health experts one-on-one. Interviews can be conducted in person or over the telephone. In structured interviews, questions are prepared and standardized prior to the interview to ensure consistent information is solicited on specific topics. In less structured interviews, open-ended questions are asked to elicit a full range of responses. Key informants may include leaders of community organizations, service providers, and elected officials. Individuals with a special knowledge or expertise in public health may include representatives from your state or local health department, faculty from schools of public health, and providers with a background in public health. See Section V for a list of potential interviewees. Could also be referred to as Stakeholder Interviews.
Source: CHA Assessing and Addressing Community Need, 2015 Edition II

Medically Underserved Populations
Medically Underserved Populations include populations experiencing health disparities or that are at risk of not receiving adequate medical care because of being uninsured or underinsured, or due to geographic, language, financial, or other barriers. Populations with language barriers include those with limited English proficiency. Medically underserved populations also include those living within a hospital facility's service area but not receiving adequate medical care from the facility because of cost, transportation difficulties, stigma, or other barriers.
Source: https://www.irs.gov/charities-non-profits/community-health-needs-assessment-for-charitable-hospitalorganizations-section-501r3

Prioritized Need
Significant needs which have been selected by the hospital to address through the CHNA implementation strategy

Significant Need
Identified needs which have been deemed most significant to address based on established criteria and/or prioritization methods

Surveys
Used to collect information from community members, stakeholders, providers, and public health experts for the purpose of understanding community perception of needs. Surveys can be administered in person, over the telephone, or using a web-based program. Surveys can consist of both forced-choice and open-ended questions.
Source: CHA Assessing and Addressing Community Need, 2015 Edition II

Appendix B: Community Demographic Data and Sources

The tables below provide a description of the community's demographics. The description of the importance of the data are largely drawn from the County Health Rankings and Roadmaps website.

Population

Why it is important: The composition of a population, including related trends, is important for understanding the community context and informing community planning.

Population	Broome County	New York	U.S.
Total	193,822	19,778,059	325,719,178
Male	49%	49%	49%
Female	51%	51%	51%
Data source: American Community Survey - 2020			

Population by Race or Ethnicity

Why it is important: The race and ethnicity composition of a population is important in understanding the cultural context of a community. The information can also be used to better identify and understand health disparities.

Race or Ethnicity	Broome County	New York	U.S.
Asian	4%	9%	7%
Black / African American	6%	16%	13%
Hispanic / Latino	4%	19%	18%
Native American	0%	.4%	2%
White	86%	66%	75%
Data source: eSite Analytics; 2020 (Broome County level data); American Community Survey – 2020 (NYS and U.S)			

Population by Age

Why it is important: The age structure of a population is important in planning for the future of a community, particularly for schools, community centers, healthcare, and childcare. A population with more youths will have greater education needs and childcare needs, while an older population may have greater healthcare needs.

Age	Broome County	New York	U.S.
Median Age	40	39	38.5
Age 0-17	19%	21%	22%
Age 18-64	61%	62%	61%
Age 65+	16%	17%	16%

Data source: US Census Bureau - 2020
U.S. Census Bureau QuickFacts: Broome County, New York

Income

Why it is important: Median household income and the percentage of children living in poverty, which can compromise physical and mental health, are well-recognized indicators. People with higher incomes tend to live longer than people with lower incomes. In addition to affecting access to health insurance, income affects access to healthy choices, safe housing, safe neighborhoods, and quality schools. Chronic stress related to not having enough money can have an impact on mental and physical health. ALICE, an acronym for Asset Limited, Income Constrained, Employed, are households that earn more than the U.S. poverty level, but less than the basic cost of living for the county. Combined, the number of poverty and ALICE households equals the total population struggling to afford basic needs.

Income	Broome County	New York	U.S.
Median Household Income	$49,586	$67,844	$67,521
Per Capita Income	$28,508	$74,472	$63,416
People with incomes below the federal poverty guideline	17%	14%	11%
ALICE Households	27%	31%	29%

Data source: eSite Analytics 2020; American Community Survey – 2020; New York | UnitedForALICE

Education

Why is it important: There is a strong relationship between health, lifespan, and education. In general, as income increases, so does lifespan. The relationship between more schooling, higher income, job opportunities (e.g., pay, safe work environment) and social support, help create opportunities for healthier choices.

Income	Broome County	New York	U.S.
High School grad or higher	39,186	3,524,192	60,482,353
Bachelor's degree or higher	14%	21%	20%

Data source: American Community Survey; 2019
American Community Survey: Broome County, New York | pressconnects.com

Insured/Uninsured

Why it is important: Lack of health insurance can have serious health consequences due to lack of preventive care and delays in care that can lead to serious illness or other health problems.

Income	Broome County	New York	U.S.
Uninsured	4%	6%	9%
Medicaid Eligible	25.6%	X%	18%

Data source: American Community Survey; 2019 - American Community Survey: Broome County, New York | pressconnects.com
Dept of commerce – US Census Bureau - U.S. Census Bureau QuickFacts: Broome County, New York

Appendix B: Community Demographic Data and Sources – Binghamton County - Part II

In addition to the description of the community's demographics provided, Lourdes has provided further detailed analysis of the data using current census data coupled with 2025 projections for various aspects of demographic data. The data provided in the following charts provides a broader understanding of the overall demographic trends, giving opportunity for greater understanding of populations targeted for services within the greater Broome County area.

Lourdes understands that socioeconomic and demographic identifiers of a population are directly related to the consequential impact on the utilization of healthcare services, healthcare access, and health behaviors. In turn, Lourdes understands these factors will play a vital role on the population as it relates to health status and health outcomes.

Community Served

Broome County covers 284.23 square miles of the Southern Tier in NYS and has a population of 195,344 individuals (2020). Broome County has seen a steady decline in its population dating back to 2010 when it had 200,600 residents. Despite initial population decline, the 2025 projection indicates an increase to 196,061. Broome County consists of 16 townships (Barker, Binghamton, Chenango, Colesville, Conklin, Dickinson, Fenton, Kirkwood, Lisle, Maine, Nanticoke, Sanford, Triangle, Union, Vestal, and Windsor), 7 villages (Deposit, Endicott, Johnson City, Lisle, Port Dickinson, Whitney Point, and Windsor), and 1 city (Binghamton).

Demographic Characteristics

Population and Gender Trend – Broome County (2000-2025)

According to the U.S Census Bureau, Broome County has seen a decline (about 3%) in population from 2000-2017. The County's population is expected to see a small increase of 0.4% through 2025. Additionally, the County's gender distribution is nearly equal, with slightly more females than males.
Reference Chart: B.1

Population by Age – Broome County (2000-2025)

Within the County, the largest population of residents are individuals between the ages of 18-24, and those who are older than 85 years of age comprise the smallest age group. There is nearly equal distribution in the population across age groups for those between 25 and 74 years of age.
Reference Chart: B.2

Population by Race/Ethnicity – Broome County (2000-2025)

The most common racial population in Broome County is white (85%); followed by those who identify as black (6%). Population distribution by race is expected to remain relatively unchanged through 2025.
Reference Chart: B.3

Socio-economic

Per Capita Income – Broome County, Binghamton Metro, New York State (2000-2025)

The per capita income for Broome County has been consistently lower than that of New York State. This trend is expected to continue through 2025. However, the 13.4% increase in per capita income for Broome County is on par with the 13.4% increase in per capita income for Binghamton Metro, and the 13.7% increase in per capita income for New York State.
Reference Chart B.4

Population Living Below the Poverty Level – Broome County (2012-2019)

The overall poverty rate for all people in Broome County has seen a slight increase over the years (up to 18.8% from 17.4% in the prior CHNA). Currently, 12.7% of the County's families are living below the poverty line. The rate for children living below the poverty level has been increasing over the years (up to 27.9% from 20.0% in the prior CHNA).
Reference Chart: B.5

Employment Rate – Broome County, New York State, United States (2012-2019)

Approximately half of Broome County's population is employed (43%; 83,927), with only 2% (3,295) unemployed. An additional 36% (70,966) of the population is not active in the workforce. This is comparable to New York State, with 48% (9,611,029) of the population employed, 2% (445,165) unemployed, and 29% (5,810,342) inactive in the workforce.
Reference Chart: B.6

Health Insurance Coverage – Broome County, New York State (2012-2016)

In Broome County, approximately 94% of all individuals have some form of health insurance coverage. The implementation of the Affordable Care Act has made this increase the highest rate of insured individuals the County has ever seen. The uninsured rate for Broome County is lower than the overall New York State rate (across all age groups).
Reference Chart: B.7; focus group findings – Appendix C

Educational Attainment – Broome County (2000-2025)

Broome County has maintained a steady educational attainment rate over the past 10 years, with 91% of its population having earned at least a high school diploma. The educational statistics for the County are expected to remain unchanged through the year 2025.
Reference Chart: B.8

Vehicles Per Household – Broome County (2014-2019)

Transportation has been a long-standing barrier to health and healthcare services for some residents. Residents in the focus groups, in-depth interviews, and the community online survey stated that transportation is a barrier to residents in accessing health care. Transportation was also mentioned by some as one of the biggest challenges the community faces in improving community health, and a key activity that Lourdes should consider for improving access to care. Secondary data also supports this. In Broome County, 13.2% of residents do not have access to a home vehicle, while 37.5% have access to one vehicle and 33.6% have access to 2 vehicles. This is relatively unchanged from the prior CHNA.
Reference ChartB.9; focus group findings, in-depth interview findings, and online survey results – Appendix C

Chart B.1 Population and Gender Trend (2000-2025)

Population Trends - Broome County									
	2000 Population		**2010 Population**		**2020 Estimate**		**2025 Projection**		**2020 to 2025 Variance**
Total	200,528		200,600		195,344		196,061		0.4%
Male	96,679	48%	98,373	49%	96,067	49%	96,525	49%	0.5%
Female	103,849	52%	102,227	51%	99,277	51%	99,536	51%	0.3%

*Data collected from eSite Analytics

Chart B.2 Population by Age (2000-2025)

Population Age - Broome County									
Age	**2000 Census**		**2010 Census**		**2020 Estimate**		**2025 Projection**		**2020 to 2025 Variance**
0 to 4	11,310	6%	10,480	5%	10,235	5%	10,219	5%	-0.2%
5 to 14	26,930	13%	22,468	11%	20,794	11%	20,556	11%	-1.1%
15 to 19	15,234	8%	15,726	8%	34,415	18%	32,416	17%	-5.8%
20 to 24	14,433	7%	17,950	9%	22,151	11%	23,358	12%	5.4%
25 to 34	22,565	11%	22,984	11%	20,009	10%	20,260	10%	1.3%
35 to 44	31,385	16%	22,211	11%	22,606	12%	20,670	11%	-8.6%
45 to 54	26,963	13%	30,736	15%	27,941	14%	26,196	13%	-6.2%
55 to 64	18,680	9%	25,201	13%	19,737	10%	22,339	11%	13.2%
65 to 74*	16,368	8%	15,668	8%	11,446	6%	13,517	7%	18.1%
75 to 84*	12,175	6%	11,539	6%	6,010	3%	6,530	3%	8.7%
85+*	4,485	2%	5,637	3%	10,235	5%	10,219	5%	-0.2%

Data collected from eSite Analytics – At the time of this research, eSite Analytics had not updated its database for actual Census 2020 Data.

*The overall percentage of residents, ages 65+ in the above referenced table is based upon 2020 estimate data, versus the data point in Appendix B is actual 2020 data, therefore accounting for the slight variation in findings.

Chart B.3 Population by Race/Ethnicity (2000-2025)

Race/Ethnicity - Broome County									
	2000 Census		**2010 Census**		**2020 Estimate**		**2025 Projection**		**2020 to 2025 Variance**
White	183,526	92%	176,444	88%	166,070	85%	164,073	84%	-1.2%
Black or African American	6,691	3%	9,614	5%	11,547	6%	12,163	6%	5.3%
American Indian and Alaska Native	437	0%	396	0%	484	0%	495	0%	2.3%
Asian/Native Hawaiian/	5,316	3%	7,147	4%	8,599	4%	9,385	5%	9.1%
Some Other Race	1,455	1%	1,912	1%	2,333	1%	2,543	1%	9.0%
Two or More Races	3,103	2%	5,087	3%	6,311	3%	7,402	4%	17.3%
Hispanic	4,069	2%	6,778	3%	8,481	4%	9,344	5%	10.2%
Non-Hispanic	196,459	98%	193,822	97%	186,863	96%	186,717	96%	-0.1%

*Data collected from eSite Analytics

Chart B.4 Per Capita Income (2000-2025)

Per Capita Income			
Year	**Broome County**	**Binghamton Metro**	**New York State**
2000	$18,806	$18,753	$23,014
2010	$25,089	$24,882	$31,527
2020	$28,508	$28,766	$39,231
2025	$32,351	$32,635	$44,618
Percent Change (2020 – 2025)	13.4%	13.4%	13.7%

*Data collected from eSite Analytics

Chart B.5 Individuals Living Below Federal Poverty Level (2019)

Population Living Below the Poverty Level - Broome County	
Population	**Percent Below Poverty Level**
All Families	*12.7%*
With related children under 18 years	*25.4%*
With related children under 5 years only	*20.5%*
Married couple families	*4.6%*
With related children under 18 years	*10.5%*
With related children under 5 years only	*3.1%*
Families with female householder, no husband present	*40.0%*
With related children under 18 years	*48.1%*
With related children under 5 years only	*47.0%*
All People	*18.8%*
Under 18 Years	*28.4%*
Related children under 18 years	*27.9%*
Related children under 5 years	*34.4%*
Related children 5 to 17 years	*27.9%*
18 years and over	*15.7%*
18 to 64 years	*18.6%*
65 years and over	*9.9%*

*Data collected from 2019 American Community Survey (U.S. Census Bureau)

Chart B.6 Employment/Unemployment Rate (2019)

Employment Rates			
Employment	**Broome County**	**New York**	**United States**
In Labor Force	87,306	10,085,219	167,501,734
Employed	83,927	9,611,029	158,758,794
Unemployed	3,295	445,165	7,515,579
Not in Labor Force	70,966	5,810,342	96,032,427

*Data collected from 2019 American Community Survey (U.S. Census Bureau)

Chart B.7 Health Insurance Coverage (2019)

Health Insurance Coverage (2012-2016 ACS 5 Year Estimate)		
Health Insurance	**Broome County**	**NY State**
% of non-institutionalized civilian population without health insurance coverage	4.3%	5.2%
Uninsured by Age Group		
Under 18	2.7%	2.4%
Age 18 to 64	6.1%	7.5%
Age 65+	0.2%	0.8%

*Data collected from 2019 American Community Survey (U.S. Census Bureau)

Chart B.8 Education (2000-2025)

Educational Attainment (age unspecified) - Broome County								
Education	**2000 Census**		**2010 Census**		**2020 Estimate**		**2025 Projection**	**2020 to 2025 Variance**
Grade K - 8	5,590	4%	2,184	2%	2,169	2%	2,224	2.5%
Grade 9 - 11	14,706	11%	10,461	8%	9,313	7%	9,486	1.9%
High School Graduate	43,394	33%	44,225	33%	41,483	32%	42,322	2.0%
Some College, No Degree	24,306	18%	26,764	20%	23,862	18%	24,234	1.6%
Associates Degree	13,356	10%	16,662	12%	16,258	13%	16,619	2.2%
Bachelor's Degree	16,663	13%	18,091	14%	19,692	15%	20,291	3.0%
Graduate Degree	13,357	10%	14,353	11%	15,645	12%	16,163	3.3%
No Schooling Completed	1,165	1%	1,236	1%	1,478	1%	1,531	3.6%
Age 25+ Population	132,537		133,976		128,921		131,320	

*Data collected from eSite Analytics

Chart B.9 Vehicles Per Household (2000-2025)

Vehicles Per Household - Broome County		
	Estimate	**Percent**
Number of Vehicles Available		
0 Vehicles Available	10,432	13.2%
1 Vehicle Available	29,713	37.5%
2 Vehicles Available	26,611	33.6%
3 Vehicles Available	12,553	15.8%
Commuting to Work		
Car, truck, or van -- drove alone	66,149	81.1%
Car, truck, or van -- carpooled	6,770	8.3%
Public transportation	2,365	2.9%
Walked	2,773	3.4%
Other Means	1,142	1.4%
Worked at Home	2,365	2.9%
Mean travel time to work (minutes)	18.9	DATA NA

*Data collected from 2019 American Community Survey (U.S. Census Bureau)

Appendix C: Community Input Data and Sources

Key Stakeholder Interview Participants

Community input on the healthcare needs of the population was received through in-depth interviews conducted with 12 community stakeholders representing community leaders, health organization administrators, public health stakeholders, and social services personnel. Participants provided relevant information regarding the health needs of the community. Findings from the key stakeholders provided the Lourdes team with valuable insights and information which was used during the needs prioritization selection process.

Name	Title	Organization
Mark Anderson	Executive Pastor	City Church
Les Aylesworth	Director of CHOW	Broome County Council of Churches
John Barry	Executive Director	Southern Tier AIDS Program
Lisa Bobby	Director of Operations	Care Compass Network
Sharon Chesna	Executive Director	Mothers and Babies Perinatal Network
Kevin Drumm, PhD	President	SUNY-Broome Community College
Susan Medina	Director of Community Health	Broome County Health Department
Mary L. Maruscak	Director, Community Health Education	Rural Health Network of South Central New York, Inc.
Jessica Renner	Regional President	Southern Tier Excellus BlueCross BlueShield
Rebecca Rathmell	Housing Specialist – Relocation Assistance Program	Coordinated Care Services, Inc.
Mary Whitcombe	Director	Broome County Office for Aging
Nancy J. Williams	Commissioner Broome County Department of Social Services	Broome County Department of Mental Health

Data Reports

Full reports including purpose, methodology, data sources and information for consultants and partners can be found by selecting the hyperlinks below:

Lourdes CHNA Primary Research – In-Depth Interview Summary Report
Lourdes CHNA Primary Research – Focus Group Summary Report
Lourdes CHNA Primary Research – On-Line Survey Summary Report

Appendix C - Lourdes CHNA Primary Research
In-Depth Interview Summary REPORT
February 2022

Background and Methodology:

The RMS team conducted qualitative in-depth interviews (IDIs) with designated community leaders and local officials serving the Southern Tier. A total of 12 IDIs were conducted between November 2022 and December 2022. The purpose of this research was to learn from these individuals their perceptions related to the area's healthcare needs. IDI participants were asked a series of scripted questions from the impact of COVID-19 to their perceptions of general healthcare services to identifying the types of services that are limited or not available. The IDIs were conducted with community stakeholders representing community leaders, health organization administrators, public health stakeholders, and social services personnel.

The IDI participants were identified by the Lourdes team and then were contacted to set up a convenient time for the interview. Each IDI lasted between 35 to 45 minutes and was conducted over ZOOM video software, given the status of the COVID-19 pandemic. The professionally trained RMS staff used an interview script that was pre-approved by the Lourdes team. The IDIs took place from mid-November through early December.

The Interviewees are listed in the table that follows.

Name	Title	Organization
Mark Anderson	Executive Pastor	City Church
Les Aylesworth	Director of CHOW	Broome County Council of Churches
John Barry	Executive Director	Southern Tier AIDS Program
Lisa Bobby	Director of Operations	Care Compass Network
Sharon Chesna	Executive Director	Mothers and Babies Perinatal Network
Kevin Drumm, PhD	President	SUNY-Broome Community College
Susan Medina	Director of Community Health	Broome County Health Department
Mary L. Maruscak	Director, Community Health Education	Rural Health Network of South Central New York, Inc.
Jessica Renner	Regional President	Southern Tier Excellus BlueCross BlueShield
Rebecca Rathmell	Housing Specialist – Relocation Assistance Program	Coordinated Care Services, Inc.
Mary Whitcombe	Director	Broome County Office for Aging
Nancy J. Williams	Commissioner Broome County Department of Social Services	Broome County Department of Mental Health

Top Community Healthcare Need Areas Identified:

Each in-depth interview discussion was robust, with the participants being actively engaged. Throughout the remainder of this report one can read the various participant comments and responses to the discussion prompted IDI questions. What follows is a summary of the predominant healthcare need themes (offered in no particular order) that were uncovered through this qualitative research.

THEME #1: *Almost all the IDI participants indicated that the availability and accessibility of mental healthcare and substance use care services was lacking locally within the area.* Several added that they thought the demand for this type of care was going to increase, particularly given the stress brought on by the COVID-19 pandemic. On the other side, most agreed that there was ample access to primary care, walk-in care, and ancillary services such as laboratory.

THEME #2: *Participants believe that the region's rural areas have significant barriers to accessing care that those living in urban and suburban areas do not face.* These barriers range from lack of transportation, poor broad-band Wi-Fi, and excessive travel time to metropolitan areas to find healthcare. These barriers result in them receiving less care. One of the IDI participants called the problem "rurality."

THEME #3: *Transportation was cited as a predominant barrier (regardless of living setting) to receiving healthcare services in the area.* This was particularly touted with regard to the rural areas, but also surfaced as an issue throughout the entire region, and among those living with economic need and housing insecurity.

THEME #4: *Many IDI participants felt that there was a need to bring in additional sub-specialties such as urology, pulmonology, nephrology, neurosurgery, dermatology, specialized cancer care and psychiatry to the area.* A couple mentioned that if these types of specialists can be recruited to the area, they often do not stay long term. There seems to be a "revolving door" where providers come and go quickly.

THEME #5: *Providing needed services to the aging senior population was also identified as a general community-wide issue.* These services include both expected healthcare as well as other ancillary services such as caregiving, companionship, and housekeeping.

THEME #6: *More healthcare services need to be directed to the vulnerable populations within the community including those with unstable housing, no insurance and other poverty related situations.* Participants recognized the negative role those social determinants of health play in one's health status.

THEME #7: *IDI participants spoke of the need to provide further community-wide education to build awareness of current available services.* They spoke about the need for system navigation tools that can be used by community residents to assist in securing the care needed. One respondent stated that the area offers a lot of excellent resources, however there is little awareness of all that is available.

THEME #8: *More coordination and integration has positively impacted care delivery within the area. Participants acknowledged that providers and healthcare systems are working more collaboratively.* Several spoke of the coordination of care that has evolved over the past couple of years through the DSRIP program. This has been a positive influence on the area's health care delivery system.

THEME #9: *Chronic conditions such as obesity and diabetes were raised by several participants as problems within the community. These are considered big challenges to improving the overall community's health long term.* When asked specifically about diabetes, the aggregate rating indicated that most thought that diabetes prevention and management trended slightly worse today than 12 months ago.

THEME #10: *Education efforts promoting wellness and prevention activities, encouraging overall wellbeing should be promoted to help the community move positively towards being healthier.* Some spoke about developing a wellness center within the community.

THEME #11. *Several participants recognized the considerable effort that Lourdes has made to address community healthcare needs, particularly given the COVID-19 pandemic stress.* They acknowledge how stress filled the past years have been, yet Lourdes is able to sustain its commitments and quality care delivery.

In-depth Interview Responses (Question-by-Question)

1. *Using a scale of 1-10, where 10 indicates "high availability" and 1 indicates "limited availability", how would you rate the overall availability of healthcare services for residents of the Lourdes Hospital service area?*

Limited									Highest
1	2	3	4	5	6	7	8	9	10
		8.3%		8.3%	16.7%	16.7%	25%	16.7%	8.3%

MEAN Rating: **7.17**

- I'm hearing that it is difficult to get in to see PCPs within Lourdes network. Not COVID related.
- My rating is based on personal experience and feedback from people working for organizations that are trying to help residents access services and is based upon the encounters that individuals have had with front line staff at Lourdes and associated difficulty.
- Depends on how you define availability. To see specialists, you need to travel for availability.
- Services are readily available overall, however, **rural areas present availability challenges** with some issues, such as prescribing suboxone. Issues with **specialty care** in rural areas. General healthcare is very adequate, specific to **substance use treatment and mental healthcare** is more of a struggle.
- There are several locations of Primary Care facilities scattered around the community. No issues with getting to a PCP. Very accessible when services are needed.
- Ongoing challenge (and acutely aware) of care delivery in **rural areas**. **Transportation**; distances to facilities and **lack of telehealth** services.
    - Answering in terms of **unhoused residents** in Broome County. We have seen limited availability of services, specific to **mental and behavioral health**. Engaged less with Lourdes and more with UHS regarding service. We have had and continue to have individuals that are turned away for services (due to being homeless). As soon as staff realize that patients are homeless, this changes how access to services are given. **Housing** is a significant issue and part of the healthcare availability challenge. There is a disconnection: stigma about individuals that are unhoused and not looking at social determinants that impact aftercare.

    - **Covid has impacted**, depend on which service... for walk-in I rate it a 7... for some specialty service much lower.

- My scoring is based upon perception of what is seen on outside. Not based upon my personal experience.
- I think we have wide distribution of healthcare provider locations. There may be some **rural areas** where we don't have clinics. Specifically impact neighboring counties.

2. *Using a scale of 1-10, where 10 indicates "severe" and 1 indicates "insignificant", how would you rate the impact of the COVID-19 pandemic on access to healthcare services in the Lourdes Hospital service area?*

Limited									Highest
1	2	3	4	5	6	7	8	9	10
			8.3%	8.3%	8.3%	50.0%	25.0%		

MEAN Rating: **6.75**

- I'm not seeing that COVID is necessarily the reason for access issues with Lourdes.
- Rated that there was limited access in the beginning of the pandemic for elective services and from the perspective of access to services in rural locations. Also concerned with technology and skills proficiency of community members. Self-imposed concerns of accessing.
- At the peak period, there was an emphasis on the COVID patients unless there was a significant health issue.
- Initially everyone needed to understand COVID and understand the parameters of practicing medicine without transmitting it. Had some serious impact on staffing in healthcare. Impression that Lourdes has done a very good job in managing but it is a struggle. A lot of feedback in the community of being part of Ascension and impact on decision making at the local level. Rated in the middle because he is not aware of any barriers.
- Severity of impact was significant in the beginning of the pandemic and has lessened as time has gone on. Had staff complete survey on impact of survey. July of 2020 survey 1,378 responded and 40% indicated having COVID and 45% taking precaution. Will have access to data.
- Non-essential services were impacted. **Huge suppression of services** as well as severity of COVID put huge **strain on system**.
- The geographic isolation was even more significant with the pandemic impact. All waivers really were helpful and hope that there continues to be **advocacy for telehealth**. Access issues for high-speed internet and broad-band services is still limited. No one was ready for that level of impact.
- Particularly for unhoused residents and focus, our unhoused residents had limited access for unsheltered folks. No one was reaching out to this sector of the population. Don't know how access was limited, but for our **street folks, everything was cut** off for them.
- When governor had his mandates, no elective surgeries (waited a long time), this limited access.
- Based upon perception and not experience in accessing system.
- I would say that we have seen **a strain on the hospitals** on meeting needs for chronic health conditions. The pandemic pushed the scale. there has been a strain on the hospital and the community is confused on what to do and where to go. Telehealth has grown exponentially for those that are comfortable with technology but lack in other areas.

3. *Using the same scale, where 10 indicates "severe" and 1 indicates "insignificant", how would you rate the impact of the COVID-19 pandemic on <u>healthcare service delivery</u> in the Lourdes Hospital service area?*

Limited									Highest
1	2	3	4	5	6	7	8	9	10
		8.3%	8.3%	16.7%	25.0%	33.3%	8.3%		

MEAN Rating: **5.92**

- Not significantly impacted. Felt that hospital did a good job in keeping delivery moving.
- No access to data to understand delivery and impact of lack of delivery.
- Again, if you didn't need to go to the hospital, a lot of people were not going to the hospital. Services were available outside of the hospital.
- Systems of care needed to adjust. Personal protective equipment and delivery of care. Impression that they did a very good job.
- In the early stages of the pandemic non-essential care was delayed. Availability of services for COVID was there, but this put pressure on hospitals, specific for non-essential services.
- They did the best they could based upon the environment. Had huge presence with vaccination, yet, with suppression of services impact on system.
- Really not sure overall of the impact. Our healthcare systems were as stressed as we were. Concerns about who we serve, our community and staff and ability to serve people seamless as possible and to be safe in accessing services. Can't imagine the challenges on the stress of the system. Lack of knowledge could impact access.
- Our unhoused residents had limited access for unsheltered folks. No one was reaching out to this sector of the population. Don't know how access was limited, but for our street folks, everything was cut off for them. To that point, when everything shut down, there was no ability to be able to meet the unhoused in their area. Contact was reduced and there was no meeting of services.
- People concerned with going to the doctor, people delayed getting care (maybe no technology to do telehealth visit).
- There is access to care, but it is a bit more layered, making access difficult.
- I feel that they met the challenge the best they could, but it has been a challenge to keep to the care level that the hospital strives to be at.

4. ***For what types of healthcare services do the Broome and Eastern Tioga County areas have <u>wide availability</u> (no problems with availability within the area)?***

- **Laboratory** - no issues (hospital laboratory) **Lourdes at Home services** were not impacted X-Ray department - no issues. **Lourdes Walk-in sites** are doing a great job!
- Wouldn't say there is wide availability on any services.
- **Primary care, dental, vision**. Haven't used others. Wide availability of **orthopedic care**.
- For those with medical condition that is perceived as common, then easily available.
- **Primary care**
- **Primary care** is widely available; **perinatal services**; pediatric primary care is widely available
- Primary Care, orthopedics, oncology. Primary subspecialty.
- A lot of **services for seniors**, but there are challenges for access for that population. There are a wide range of services for children.

- I think anything related to **primary health care** and **orthopedics** is easily accessed.
- primary care.
- primary care; walk-in clinics
- Wide availability of primary care

5. *What types of healthcare <u>services are limited</u> in the Broome and Eastern Tioga County areas?*

- Focused on Broome County - Getting primary care services is very long. Hearing that there are issues with **discharge planning** (happening whether the family is ready or not). Lacking ability of getting services set up by discharge planning team. Lacking with coordination of care (inpatient-discharge with appropriate services). Limited services with **mental health** (discharged with mental health issues and not ready for discharge).
- Primary care; specialty care; pediatric care; OB care; all specialty areas (vision, dental, hearing)
- Again, I don't know based upon what family has needed in area. Can't tell you of the services with limited availability.
- Struggles with **mental health services** (therapeutic or meds). Significant issues in rural areas, such as **pulmonology** or **urology**.
- Specialist availability. **Nephrologist** care. (based upon personal issues with wife's health)
- Those that are required with a serious disability and or advanced chronic disease or cancer
- **Neurosurgery** across the region. Issue with attracting and retaining providers. Behavioral health is also impacted.
- **Substance use and mental health services**. Housing (safe and secure housing) all which impact health outcomes. Housing is a significant need.
- **Mental health** is the top one. Services, primarily across the board, in specific to acute crisis care to support for low-income households. Limited availability for unhoused individuals and those below poverty level. Mental/behavioral health and substance use disorders are tightly aligned. There is heavy stigmatization related to substance use.
- **lack of ENT services**, **dermatology** (hearing long waits), psychiatry, neurology, gerontology.
- **cancer treatments**; neurological services; **stroke treatment.**
- specialty care services (cancer and behavioral health) and trauma care.

6. *What types of healthcare services are <u>not available</u> in the Broome and Eastern Tioga County areas that you think should be available?*

- Specific to Broome County: Lourdes at Home could be better. Families need help that are not available. (e.g.: need for physical therapy; occupational therapy; therapies in home; aid services in home - housekeeping, food prep and pharmacy) Becomes an issue for healthcare all around.
- Basic services that meet the needs of the aging population (physical therapy; geriatric psychology; pharmacology management; aging in place; transportation issues; dental, vision and hearing. Feel that people could travel or remote visit for subspecialties.
- I don't really know; haven't needed services that are unusual or special.
- We can always use more **mental health care**. People are struggling with access to therapy or to see a psychiatrist for medications. Struggle with retaining and hiring staff.
- **Mental Health** (preventative) Specific attention to homeless
- Not sure anything is really missing
- I don't think that there are services that are not available. Do need to look at the makeup of the community, we struggle with retaining specialists in area.

- Need **more resources to navigate** through challenging systems that are related to social determinants of health. ego: Medicaid and Medicare programs; SNAP programs for food; Social Services. If we were able to offer people a "hand up" on navigating the systems. Stable foundations are needed to negate poor health outcomes. Address root causes to impact health outcomes.
- **Mental health/behavioral health**. Substance use treatment as well. Most always both.
- Trying to think of what I hear people go to Syracuse for. Specialty neurology. pediatric cardiology, neurology
- **Dental health** and behavioral health and trauma care

7. (IF SERVICES WERE LISTED FOR LACKING or NON-EXISTENT) *Among those services you mentioned are lacking or not available in the Broome and Eastern Tioga County area, which one should be the highest priority to act upon in the short term (less than 5 years)?*

- As for the older adults discharge planning is most important. If discharges occur with no needs being met, then patient will be back inpatient. A lot of concerns are not addressed in secure place where they have access and help need to be addressed.
- Anything that helps seniors or those that are aging and limited mobility (orthopedics; med management and emphasis on elderly; pain management and psychotherapy)
- With limited knowledge and personal perception - limited information on cancer treatment
- My bias is toward mental health care and substance use treatment. Urologist care is lacking and is of concern. Pulmonologist
- mental health
- Not sure that I can answer the question. Reason is that we have well intention and good providers. The providers don't have the same depth of experience.
- Behavioral Health and neurosurgery (how do we need it and how can we partner with centers of excellence.)
- More services to navigate through the challenging systems as detailed in previous question response. People need to be able to better understand how they can navigate for themselves thru the system. mental health - particularly for acute crisis. We have a crisis intervention team that only partners with police department, so law enforcement has to be engaged and it is detrimental to individual health. Not effective way to manage acute crisis care.
- ENT services
- neurological - TBI (Traumatic Brain Injury)
- behavioral health

8. For what healthcare services does <u>the local area</u> outperform other areas and regions with regards to availability of healthcare service offerings?

- Does not know only focuses on Broome County. However, this county does provide more services for mental health services
- orthopedics; urology (urologic related cancers) breast care (prevention screening as well as the surgery)
- Dental services? (a lot of services available in the region)
- I think we outperform in any area.
- Not sure on this question

- Delivery services outperform other surrounding areas. (Maternity and newborn care) Many counties do not have services or hospitals. Hospitals in outlying areas are much smaller.
- Honestly, I am not sure that I know the answer to the question.
- we do very well for services for seniors. there is a recognition of our rapidly aging population. Always talking about improving services. Have really good prenatal care services that work with single moms and moms on Medicaid and have support groups for single dads in the area. Also do a good job with HIV and AIDS, and a lot with chronic diseases (Diabetes and COPD). We don't do a great job on prevention
- have services but they don't perform well. Performance in regard to services, substance use/disorder support. More in Broome than elsewhere.
- cardiology (we have good selection of good doctors). primary care as well.
- cardiology
- Primary care

9. *For the next question I would like you to compare the availability of healthcare service offerings in the Lourdes Hospital service area to other areas, to the best of your knowledge. The local area's availability of healthcare service offerings is:*

Better the Same or Worse …than other surrounding counties healthcare service offerings

Better	The Same	Worse
63.7%	27.3%	9.0%

10. *Do you think the availability of healthcare service offerings for local area residents has gotten better or worse over the past three years?*

Better	The Same	Worse
42.0%	33.0%	25.0%

Why?

- We hear more that patients are being referred outside of area for services (Syracuse; Rochester; NYC) Broome County has lost credibility for specialized services (Urology; Cancer care, etc.)
- Part of me that wants to say that the depth of services is better. Greater capability and capacity of Lourdes in the community.
- Irrespective of COVID, the hospital focuses on quality metrics and to be more accessible. Don't hear types of complaints that were heard historically.
- Feedback from care managers about what folks need and access. Mental healthcare is significantly lacking
- In some situations, there have not been any advances in our community in regard to healthcare delivery and services. Sees billboards, but doesn't see other indications
- Healthcare systems have worked hard to expand availability and expanding beyond campus. striving hard to improve the quality of services and better promoting them. the expansion of the nursing and pharmacy program in Binghamton has built strength in the community.

- There has been some innovation across the hospital systems. There has been quite a bit of innovation with DSRIP initiatives that has really done a great job in the care delivery model and have shown great promise.
- One of the beneficial things as a result of the DSRIP initiative is creating more opportunities for collaboration between health systems and community-based organizations. By virtue of the way DSRIP worked, bring different sectors to the table about the value of services and collaboration has significant impact.
- Better in terms that there are more services. I think services have probably been the same in performance, but there are more. Mental health and substance use services are being provided. In their community-oriented services, they have a good finger on the pulse. There is **far more need than resources** to meet the need, ties back to housing numbers in Broome County.
- Losing providers, seems to be revolving door with providers. Happening more recently.
- Haven't seen any new services enter the market.
- The rural areas have had offices close (western part of county primary care office closed), so residents have to travel. Very limited access in norther part of county as well.

11. *Are there any specific groups of people in the service area that may be particularly vulnerable and in need of specific attention when it comes to healthcare service offerings? (PROBE: Older adults; low income; special needs; racial/ethnic groups*)

Yes	No
100%	0%

What groups?

- Older adults (with mobility issues)
- Farming community: elderly (especially those that are living alone), minority groups (have different health disparities (Medicaid and uninsured or underinsured) specific to dental and hearing and vision
- Large number of poor people in urban core, below poverty level. (No data to back up thoughts).
- seen an uptick with folks that are homeless.
- lower income. We deal with people that live along the river. there are some vulnerable people. There are also people struggling with mental health issues
- families and individuals in rural areas; low-income families; also have to help people understand primary and preventive care - an ongoing task. A lot of inequities. Some are hesitant to access care and can't afford it. Inequities: personal resources and types of insurances. We need more providers that can attend to cultural groups because there is a provider that does not speak their language. Language barriers remains an issue.
- Black and brown community and specific census tracks and refugees.
- Rural people. More rural closed in 2020 than ever before - based upon reading recently published article. there needs to be more recognition of rural access issues. There is an avoidance attitude. Building up education of needs for rural people. May not keep a hospital open but could create space.
- homeless, unsheltered individuals and low-income folks.
- the poor elderly living longer so spending their resources
- poor; elderly; (individuals with mental health diagnoses)

- low income and ethnic groups (middle eastern that have challenges with accessing care - uncertainty of where to go and language barriers for vaccines and appointments)

What are the major barriers to accessing healthcare services for these groups?

- **Transportation issues** are significant - never enough in the transportation realm. Need for curb-to-curb assistance.
- Knowledge and awareness; provider willingness to see patients; and patient trust in provider. don't think that transportation is as much of issue. competing priorities; availability (times to access care; financial barriers.
- Public transportation.
- Major barriers are feeling stigmatized when going into medical facilities.
- Lack of knowledge, lack of open door. Sometimes it is the individual's own choice. Lack of awareness of issues in community, such as mental health.
- Transportation (for rural and improvised population); availability of childcare; time; restriction of time; and lack of family structure. Language barriers; biases and discrimination.
- Transportation, internet availability, trust of the medical system overall to get initial access. Biggest issue is access to the system.
- Transportation; and even issues with accessing emergency services (e.g.: accidents) Rural EMS services are not supported at a level that is efficient. Broad band and high-speed WI-FI for telehealth visits. Initiatives to use technology.
- Major barrier is lack of access to stable housing. Broome County has the lowest housing in the state. Families are overcrowded. Condition of housing is low. External determinants such as instability of access is significant. Chronic stress and unhealthy coping mechanisms is issue with trying to keep roof overhead. biggest barrier is 80+% that have social determinants. Housing and stable housing should be included in healthcare services.
- I think transportation could be one, lack of support system (family moving out of area for jobs).
- More recently the steps to be seen in-person (questions prior to being able to be seen); transportation.
- A challenge of where they feel comfortable and availability of appointments for working parents and transportation.

12. *Using a scale from 1 to 10 with 1 being "poor" and 10 being "robust," how would you rate the adoption of telehealth within the Lourdes Hospital service area? Note that telehealth refers to using audio & video technologies and services (electronic telecommunications) to provide care and services at-a distance.*

Poor									Robust
1	2	3	4	5	6	7	8	9	10
		8.3%	16.7%	8.3%	8.3%	41.7%		8.3%	8.3%

MEAN Rating: **6.33**

Why did you rate that way?

- Been a life savor thru pandemic. Been extremely helpful, specific to rural areas
- because of feedback of organizations that service community. Lack of technology and lack of understanding and lack of internet. Not cross selling of feature for healthcare (no education and skepticism of what will be covered. (Conversely improved access for psychotherapy)
- Hard for me to know. Hear about it, but really don't know.
- Been pretty robust. Feedback from care managers about how it has helped people access treatment needed.
- Has not used it but is aware of it. Understands that people are more understanding and adaptable to new technology.
- Truly a benefit of COVID. before COVID availability was limited. issues related to people that limited or no internet access; providers are still getting used to it. Come a long way but have a way to go.
- Barriers in market had impact.
- Not sure how well they have done with telehealth. Does not use Lourdes for personal health services.
- No idea. From what I have heard from Lourdes I have heard that it is accessible, but not for the unhoused.
- Tried to help my elderly mother, it was challenging. Issues with the appt and tech issues.
- Some people would rather be seen in-person. Elderly don't have understanding and/or access to computers for virtual visits.
- There is availability of the service, but get the sense that people are not comfortable with it. (people are unfamiliar, and technology is confusing) There is a capacity issue - availability of providers connecting.

13. *Which statement best summarizes your expectation regarding the future of telehealth in the Lourdes Hospital service area?*
    a. ***In the future I expect telehealth adoption to grow.***
    b. ***In the future, I expect telehealth adoption to stay the same.***
    c. ***In the future, I expect telehealth adoption to decrease.***

Grow	Stay the Same	Decrease
91.7%	8.3%	0.0%

14. ***On a scale from 1 to 5, with 1 being "much worse" and 5 being "much better," how would you rate the opioid overdose prevention and training services in the area now, compared to 12 months ago?***
    a. ***1 – much worse***
    b. ***2 – somewhat worse***
    c. ***3 – about the same***
    d. ***4 – somewhat better***
    e. ***5 – much better***

1-Much Worse	2-Somewhat Worse	3-About the Same	4-Somewhat Better	5-Much Better
0.0%	8.3%	41.7%	25.0%	16.7%

MEAN Rating: **3.55**

- COVID has impacted. Needs to be brought back out and advertised and publicly addressed. Not been a big focus on older adults in opioid use.
- continue to offer them in different settings
- good question - don't know
- more education, who to contact. Where to call and where to call (e.g.: suicide prevention line) "If you see something...say something" instead of calling 911.
- I think we need more community awareness of resources, and we need more resources (availability of community-based services - counseling). Ongoing resources for counseling and care are lacking. There are long waiting times to get in to be seen - over capacity - could use more counselors
- I am not sure that I am close enough to be able to answer the question.
- We were going in a really good direction before the pandemic, but that has impacted momentum. We need more willingness to receive training (decision makers) on the way that we are looking at things. Our region overall is resistant (not specific to Lourdes). Priorities shifted.
- access to treatment services (we have good treatment services in Broome County), address social barriers those with substance use issue have. It is a complicated, multi-faceted problem (use of peer services is very important... so any opportunity to utilize this is key).
- For both user and provider: Don't really know.

15. *On a scale from 1 to 5, with 1 being "much worse" and 5 being "much better," how would you rate the smoking and vaping cessation services in the area now, compared to 12 months ago?*
    a. ***1 – much worse***
    b. ***2 – somewhat worse***
    c. ***3 – about the same***
    d. ***4 – somewhat better***
    e. ***5 – much better***

1-Much Worse	2-Somewhat Worse	3-About the Same	4-Somewhat Better	5-Much Better
0.0%	25.0%	58.3%%	0.0%	16.7%

MEAN Rating: **3.08**

- Had a really good program prior to COVID. Been pushed aside. Worry that there has been a lack of attention and potential for people to pick habits back up.
- Increase integration on education and in school systems at early ages and provisions for services in schools (prevention and education).
- Advertising and marketing.
- Don't see anything pushing vaping cessation. Not aware of any campaigns to stop using.
- More community education. (a lot of individuals don't think vaping is as bad as smoking - really need education on that.)Have program for pregnant women and those caring for infant.
- Our local groups do a great job with education and advocacy for smoking cessation and vaping, but because of pandemic it has held people back. the pandemic affected our society overall.
  Continue outreach to youth so it is not glamorized or minimized.
- See a lot more (younger individuals) vaping, but I don't really know from the services perspective.

- Vaping is the larger problem. Policy control and regulation is most effective. Should be more education.

16. *On a scale from 1 to 5, with 1 being "much worse" and 5 being "much better," how would you rate the diabetes prevention and management services in the area now, compared to 12 months ago??*
    a. ***1 – much worse***
    b. ***2 – somewhat worse***
    c. ***3 – about the same***
    d. ***4 – somewhat better***
    e. ***5 – much better***

1-Much Worse	2-Somewhat Worse	3-About the Same	4-Somewhat Better	5-Much Better
0.0%	25.0%	58.3%%	0.0%	16.7%

MEAN Rating: **2.91**

- Still information that has been circulating on social media. Seen commercials so still doing ok.
- Continue integrated approach to talking to individuals at every contact point
- advertising and marketing.
- Education. Really don't know. Have an obese population. Focus on healthy food choices.
- Community education and 1:1 education. In the rural health network, diabetes education program has been availability, however awareness and eligibility is not known.
- In person group health education has been halted because of pandemic. Our program does as much as they can with getting information out to residents through other mediums (social media) and getting information out as much as we can. Using whatever methods, we can get a message out.
- From my context, I see a lot of people relying on food pantries and community meals. There seems to be a disconnect on provisions for healthy foods. Work with organizations to improve food options.
- Impacted by COVID and people not going to doctor. There are a lot of good programs, health coaching is a great model (find way to make sustainable and virtual). Virtual education and support would go a long way.
- COVID is part of the equation. Group exercises would be helpful but really can't be done.
- The UHS program in mall closed - people don't know where to go. The UHS program has also not gone virtual which is an unknown for residents.

17. *What is the biggest challenge the local community faces in improving the community's health?*
    - The biggest issue with **older adults** is social **isolation**. Heard physicians say that isolation is similar to smoking 15 cigarettes a day.
    - Resident engagement in their own health; and ability to prioritize their own health
    - Getting the vaccination rate up. **Obesity**
    - Around substance use treatment and providers willing to provide suboxone.
    - **Preventive education**. Would rather "be in front of something". Benefits of living a healthy lifestyle.

- **Obesity** and aging population; addressing aging population and caring for the indigent and social determinant of housing.
- Struggle with people taking charge of their own health. Self-management, obesity, diabetes, smoking to medication adherence. Getting people to own their own health and adherence.
- **Rurality** has impact on broad health education. There is **no one method of reaching everyone**. Very challenged with getting message to community what is available and how to access, and how they can benefit from it. Lacking coordination of services. County boundaries are very hard and don't cross over.
- Lack of access for affordable housing.
- More focus on prevention and wellness. Start with children and youth. Obesity prevention, etc.
- COVID - affecting every aspect of everyone's lives. It "hangs over us" all of the time.
- The needs of the aging population and how it is reflected on our healthcare system from EMS to hospital care delivery (system).

18. *As Lourdes Hospital looks to improve community health and well-being for residents of the service area, what <u>key activity</u> should be considered/undertaken?*
    - More telehealth needs to be done and return in full capacity. Great way to get older adults to appointment and follow-up. There was a committee that was focused on discharge planning. Would like to see key community members back at the table. (How can we create a system of communication so that people are not going home with no food or electricity, etc.) Lack of services and impacting health.
    - More engagement in prevention type of work or sponsorship around health and wellbeing (whether it is going to church groups or speedy fest and sponsoring walks or runs) UHS use to sponsor community walks - actively engage community members in community work. Farm to table stuff - lifestyle work.
    - marketing - what they have.
    - More practitioners willing to prescribe suboxone.
    - Education in the schools; family education; promoting prevention. Key activities are school fairs; having presence at community events promoting healthy lifestyle; billboards.
    - Greater expansion/collaboration of community-based services that are addressing social issues: economic; food insecurities, etc. Value of supportive services and how they improve the health of the community.
    - Development of Wellness Center and integration of the health model on wellness and wellbeing. Getting people moving.
    - More coordination of evidence-based health education. lack of willingness to pay for services.
    - Housing navigators should be placed in ER. housing should be included in screening protocols. Partnerships with housing trust funds for access to affordable housing.
    - Provide more opportunities for overall wellness. Access to prevention... improved access to specialty services (not having to wait 6 months).
    - "In an environment where COVID is not a driver/concern/barrier", I don't really know. Little things: new clinics that are addressing other issues (TBI; cancer treatment); to hiring of staffing. I see more and more mid-level clinicians and not MDs. If Lourdes put in a cancer center that would make quite an impact on care delivery. Would love to see an intense speech therapy clinic. (Ability to spend several weeks) Impacted by TBI - wife had stroke 7 years ago.

- More refence on preventive care (on chronic disease prevention); Our EMS is very limited and hard time with recruitment and utilization of services - EMS is often misused by community members (missuses in rural areas - using as means for transportation for conditions that could have been treated as a walk-in at a walk-in clinic).

19. *Did you have any other thoughts/comments? Anything that you thought we might cover today that was not asked?*
    - I wish we could figure a better system for primary care offices. Offices seem completely overwhelmed. Not helpful for people that always must go to walk-ins. Would provide better coordination of care.
    - I would offer the power of the first encounter impressions with residents. So impactful on trust.
    - Nope, I guess not!
    - Sustainability about concerns of working with Ascension.
    - Appreciated opportunity. Recognizes that we are in area of higher needs which presents opportunities. Would like to be part of the answer - prevention.
    - I can't think of anything.
    - Can't think of anything.
    - No other questions or comments.
    - Partner with housing trust fund for improved institutional partnership for homeless services.
    - Focus on wellness, prevention, peer-coaching, ACCESS.
    - Don't think so. Think of Lourdes in a very positive light. Has a good reputation. I don't hear anything negative about Lourdes.
    - I think that as we talk about our aging population, we need to look at the life span of health needs (from very young to our senior citizens) and how we can work with people thru entire life span.

Appendix C - Lourdes CHNA Primary Research
Focus Group Summary Report
January 2022

Background and Methodology:

The RMS team conducted qualitative focus groups to engage the community and learn what they perceive as the key healthcare needs. A total of three focus group sessions were held with community residents in and around the greater Binghamton area in late January 2022. Participants were recruited to reflect a mix of ages, living settings (rural, suburban, urban), and insurance payor types, including those with no health insurance. Those selected to participate were paid $50 for their time and completion of the Participation Packet. Each group lasted approximately 90 minutes and was conducted over ZOOM video software, given the status of the COVID-19 pandemic. The moderator used a Moderator's Guide that was pre-approved by the Lourdes team. Focus group participants were asked to complete a Participation Packet to prepare them for the topics that were discussed.

A total of 15 people participated in the focus groups. The focus groups were conducted over a two-day period, with two being held in the evening and 1 being held during the lunchtime hour. The specific schedule is listed in the table below.

Date	Location	Time
Wednesday, January 26, 2022	ZOOM session	Group 1: 5:30 pm
Thursday, January 27, 2022	ZOOM session	Group 2: 12:30 pm Group 3: 5:30 pm

General Availability of Healthcare Services:

- Overall, participants felt that the general availability of healthcare services in the grater Binghamton area was fair to good. There was a general consensus that primary care services seemed to be most available with specialty care being more restrictive or missing all together. Some also felt that there was a lack of urgent and emergency care services.
- All felt that the past 20 months of the COVID-19 pandemic has had a negative impact on the availability of healthcare services; both because practices limited their hours and in-person exposure, and many patients were uncomfortable visiting a healthcare provider in-person due to possible COVID infection.
- It was agreed that currently for some specialties there is considerable wait times to visit with a provider. These are having a negative impact within the community.
- "Availability" overall received a **mean score of 3.3** on a 1-to-5-point scale with 1 being "very difficult" and 5 being "excellent." The 3.3 placed the rating between "satisfactory" and "good."
- Words used to describe the "availability" of healthcare services included: good (x6); fair; limited; specialized providers is poor; varies depending upon what you need; for me, very good; good variety.

- *"I feel that availability of healthcare from primary care in the area is very good. However, it is not as good for specialty care. The community needs more mental health, cancer care, and pediatric subspecialties."*
    - One in three participants did not feel that there were any missing healthcare services within the area. However, sixty seven percent of the participants stated that there were missing specialty services within the area.
    - Missing or limited provider services identified were (1) neurosurgery, (2) mental health care, (3) substance use care; (4) pediatric specialists; and (5) mental health providers who can prescribe medications.
    - Almost all participants had left the area to receive healthcare services. Some traveled as far away as 3 hours. Most felt that their unique health situation dictated the need to travel outside the area. Other than for mental health care, there was not an expectation that they would receive care in the Binghamton service area. Most recognized that the Binghamton marketplace was a smaller size and it made sense for them to have to travel to a larger metropolitan area to find specialists and sub-specialists. All stated that there were larger metropolitan cities within driving distance (e.g., NYC, Syracuse, Rochester, Buffalo) where they could see the appropriate specialists.
    - Specialty areas for which people left the area included: cardiac care, neurological care, mental healthcare, substance use treatment; pediatric neurological care, and cancer care.

Learning About Healthcare Providers:

- When asked how most participants have become aware of the availability of providers the primary resources are:
    - Word of mouth, particularly from family and friends; referral from their physician; and using insurance provided lists or websites.
    - Interestingly, a significant number of participants also conduct their own searches via the Internet (Google). Others are looking on social media and posting to various (Facebook) groups to garner insights and recommendations.
- Several stated that they conduct research on their own regarding area healthcare providers by visiting websites that provide quality ratings and satisfaction grades. Some go to healthcare system and local hospital websites to learn more about providers and their credentials. Overall, there were no "go to" sites offered by participants. However, there was consensus that this area of being able to learn more about a provider represents an opportunity for the community.

General Healthcare Availability Comments:

- Overall, participants were split when asked what their expectations are with regard to availability in the next two years. Most feel that "availability" will stay about the same or will be better.
- Most participants hope to see more extended hours over the next several months once COVID restrictions have loosened.

- Several stated that there are better affiliations now between the three area large healthcare systems, Lourdes, UHS, and Guthrie. Many are hopeful that this will improve the availability of health care providers in the Southern Tier.

"*It seems that there is more cooperation now in the area between the Lourdes, UHS and Guthrie healthcare systems and that is a good thing*."

General Access of Healthcare Services:

- Participants overall feel that general "access" to healthcare services is "fair to good" within the area. Most felt that COVID-19 has significantly impacted access over the past couple of years negatively. Not surprisingly, this was touted as one of the biggest factors impacting access.
- Words used to describe the area's access were a) good (x5), b) fine for my needs, c) could be better, d) poor, and e) varies by specialty. Overall, the words chosen were very similar to the words selected to describe "availability."
- "Access" overall received a **mean score of 3.3** on a 1-to-5-point scale with 1 being "very difficult" and 5 being "excellent." The 3.3 placed the aggregate "access" rating between "satisfactory" and "good."
- Many participants felt that the length of time to access a particular specialty and/or to obtain a timely appointment was a significant issue within the area. They further added that services that used to be available, such as walk-in clinics, have closed or reduced hours. Many felt that more should be done to shorten wait times and build more walk-in healthcare accessibility. They also suggested that office hours change to incorporate more evenings and weekends.
- Several participants stated insurance coverage has an impact on access. Many times, this is a negative impact. Participants acknowledged that health insurance determines (1) whether or not individuals seek care; (2) which providers individuals can see; and (3) what treatment options are available. They felt that more could be done to make insurance coverage less of a barrier. The insurance companies should try harder to provide coverage and obtain providers, particularly around mental health, and substance use. They can reduce the administrative requirements (e.g., referrals and/or prior authorization) to obtain procedural coverage.
- Participants identified several barriers that prevent or stall an individual's healthcare access. The barriers identified are (1) cost of care, (2) transportation, (3) employment – might not be able to get away, (4) technology, (5) shortage of healthcare workers, (6) childcare, (7) housing insecurity, (8) cultural barriers, and (9) attitude of office staff.
- Participants also indicated that long provider wait times to obtain appointments for care procedures are causing significant healthcare access barriers. There is an expectation that healthcare providers will work collaboratively to try and minimize wait times.
- A couple of participants indicated that they thought more could be done to educate the community on all the resources that are currently available to help individuals obtain healthcare. They stated that they find that many are unaware of what is available to help increase healthcare access. There could be greater education about all the services that are currently available locally.

Telehealth Perceptions:

- Overall telehealth was perceived favorably as a tool to help increase healthcare access. Most acknowledge that telehealth was a positive solution over the past twenty-two months of dealing with the COVID-19 pandemic.
- All felt that telehealth did not replace in-person provider visits and those would still be needed.
- Many stated that there were barriers associated with the use of telehealth. These include (1) user lack of technology knowledge, (2) the patient not being prepared to discuss their health issues; (3) having a poor Internet connection; (4) patients using a mobile device in a non-private space, and (5) patient fear that telehealth offers lower quality of care.
- Several participants stated that they have used telehealth and found that they liked it for their healthcare need. They stated that it was convenient and met their expectations. Their providers seemed well informed and knowledgeable about using it.
- Some said that they did not like telehealth and would always prefer an in-person visit.
- Overall, it was recognized that telehealth will likely have a role in the future of healthcare delivery. Many believed that it would be most applicable to provide care for people in rural areas. However, it was recognized that reliable Internet access is a key foundational component to make this mode of care viable.

Use of Advanced Practice Practitioners (APPs):

- Most participants had been seen by an Advance Practice Practitioner– nurse practitioner (NP) or physician assistant (PA) over the past several years.
- Most really enjoyed the experience and stated that they believed that the quality of care received was the same or even better than when they see their physician provider. They felt that the APPs took great time to listen to them and provided good patient care.
- Most agreed that using APPs is a good way to grow healthcare access.
- Participants wanted to be assured that the APP has access directly to a physician should they need to have a quick consultation. Further, patients want to know that everyone in the practice works collaboratively and has a common medical record.

Other Ideas Related to Increasing Access:

- Participants feel that the use of mobile healthcare units is an excellent way to help increase access and bring healthcare to the community. Some participants mentioned that Lourdes currently has a unit that travels the community and they have used it (e.g., mammography screening).
- They further felt that if mobile clinics could be set up at community centers or public libraries, which would be an additional way to increase health care access within the region.
- Some suggested that providers move back to making “home visits.” Participants feel that home visits could improve care.
- Others feel that healthcare delivery needs to embrace the convenience concept of “one stop shopping.” This means incorporating provider services, prescription drugs, lab, and physical therapy.

"Care Navigators" or "Case Managers":

- A very small number of participants were familiar with the healthcare role of "care navigator" or "case manager." Those that were familiar said that these individuals play a critical role in helping individuals maximize receiving the most appropriate level of healthcare. There was consensus that these individuals help increase healthcare accessibility.
- Those participants not familiar with care navigators or case managers, all liked the concept of having a personal, experienced advocate that they could turn to with healthcare delivery questions.

Community Health Care Needs:

Participants were charged with identifying and then ranking what they believed to be the top local healthcare needs within the area. Six overall need themes emerged. These are listed in the table, highlighted in blue, that follows:

Need Theme Description	Need?		Importance Rating					MEAN
1. Increase services for **mental & behavioral health**	Yes	No	1	2	3	4	5	**4.93**
Participant Responses:	100%	0%				7%	93%	
2. Increase services for **substance use**	Yes	No		2	3	4	5	**4.58**
Participant Responses:	100%	0%			14%	14%	72%	
3. Increase **specialty care services** within the area	Yes	No	1	2	3	4	5	**4.37**
Participant Responses:	79%	21%			18%	27%	55%	
4. **Healthcare costs** prevent receiving care	Yes	No	1	2	3	4	5	**4.43**
Participant Response:	93%	7%			13%	31%	56%	
5. Focus on **the poor and vulnerable**	Yes	No	1	2	3	4	5	**4.15**
Participant Response:	100%	0%			14%	57%	29%	
6. Increase **access to healthcare providers** – expand hours, timely appointments, # of physicians	Yes	No	1	2	3	4	5	**4.13**
Participant Response:	93%	7%		8%	21%	21%	50%	
Increase **dental care services**	Yes	No	1	2	3	4	5	**2.86**
Participant Responses:	64%	36%	11%	22%	44%	11%	11%	
Increase **eldercare/senior** services	Yes	No	1	2	3	4	5	**3.92**
Participant Responses:	57%	43%			50%	13%	38%	
Increase **wellness/exercise** services	Yes	No	1	2	3	4	5	**4.04**
Participant Response:	43%	57%			17%	67%	17%	
Decrease **obesity** in children/adults	Yes	No	1	2	3	4	5	**3.71**
Participant Response:	93%	7%		15%	23%	38%	24%	
Fall prevention among seniors	Yes	No	1	2	3	4	5	**3.87**
Participant Response:	50%	50%		14%	14%	43%	29%	
Reduce **adolescent pregnancies**	Yes	No	1	2	3	4	5	**3.20**
Participant Response:	36%	64%			80%	20%		
-------	Yes	No	1	2	3	4	5	**3.03**
Participant Response:	50%	50%		29%	43%	29%		

Increase preventive care programs	Yes	No	1	2	3	4	5	**2.10**
Participant Response:	79%	29%		20%	30%	30%	20%	

The needs listed above, highlighted in red, also surfaced as community needs however in the rating exercise they did not rate as high as the top six. Although not identified as a community need by the majority of participants, those who thought **increasing wellness and exercise services** as a need rate the priority of the need quite high, giving it a 4.04 on a 1 to 5 scale. Many also thought efforts to **reduce obesity** and provide **greater eldercare or senior care services** were important for the area.

- There was considerable discussion by participants about initiatives that are underway within the community such as addressing the opioid crisis and other substance use issues that are prevalent. Several participants felt that Lourdes was actively involved with this work.
- Participants also believed that social determinants of health such as poverty, lack of childcare, food insecurities and poverty had an impact on local healthcare delivery. Participants stated that a large number of residents are impacted and COVID has exacerbated the situation.
- The moderator specifically asked about smoking and vaping cessation services. Participants did not feel that this was a significant enough need at this time or that there were ample programs available to address the problem within the community.

"*It is very frustrating when you call your provider office to make an appointment and they give you a date that is weeks and/or sometimes months out*."

"*Transportation continues to be a barrier that affects access to health care. Outside of the Binghamton area there is not much available with regard to transportation and there is a large rural area to cover."*

"I am concerned with the shortage of healthcare workers. In particular, there is a huge shortage of mental health and substance use workers within the area."

Participants were appreciative of the opportunity to provide feedback through the focus groups.

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Appendix C - Lourdes CHNA Primary Research
ON-LINE SUMMARY REPORT – OPEN ENDED QUESTIONS
Questions, 4,5,6,7, and 40

Overview:
The following provides an overview of Questions 4,5,6,7, and 40 of the online Lourdes Survey to support the development of the Lourdes Community Health Needs Assessment. The online survey was administered between January 2022 and March 2022.The open-ended responses provide a first-hand account of the experiences of individuals living in Broome and Eastern Tioga County. RMS analyzed 3,308 open-ended responses. Individuals were asked:

- Q4: What is the biggest healthcare issue facing the Broome and Eastern Tioga County areas today?
- Q5: What is the greatest healthcare need in the Broome and Eastern Tioga County community?
- Q6: In terms of healthcare services in the Broome and Eastern Tioga County areas, which services come to mind that are easy to obtain for residents?
- Q7: Which healthcare services come to mind that are not easy to obtain in the Broome and Eastern Tioga County areas?
- Q40: Why do you travel outside of the area to access healthcare services?

The key findings indicate that within Broome and Eastern Tioga County, there is a:

- Lack of specialty care services and providers to meet demand.
- Lack of access to care for residents (i.e., providers, appointments, services, facilities), particularly for vulnerable populations and in rural settings.
- Lack of mental health programs and providers within the region.

However, more positively, individuals felt sufficient opportunities to obtain acute and primary care services. Individuals believed there are ample walk-in services for acute care, but some caution there are high utilizers of these services, and the county would benefit from more prevention initiatives and outreach. In addition, the data suggests that individuals often seek care outside of the county due to a lack of services, particularly specialty care providers.

COVID-19 was discussed throughout the open-ended responses of the online survey. The themes that emerged aligned with many of the challenges which have been persistent throughout the pandemic. This includes (a) improving vaccination rates, (b) increasing availability of testing sites and home kits, (c) combating COVID misinformation, (d) adjusting care due to staff shortages and healthcare workers facing burnout (e) delaying care or unable to obtain services in timely manner due to staff shortages.

These findings provide an overview of some of the challenges facing the county. Further, these insights are essential to community planners to make well-informed decisions around improvements for delivering healthcare in the region. The following sections explain key findings in further detail, breaking down responses for each question.

Findings:
RMS provides a synopsis of each question. Each section is accompanied by a table highlighting the key trends and findings.

What is the biggest healthcare issue facing the Broome and Eastern Tioga County areas today?

When asked what the biggest healthcare issue facing Broome and Eastern Tioga County are, most individuals discussed a desire for improved access to care, the need for more doctors and specialists. Table 1 provides an overview of responses, and a narrative description follows the table for the main themes identified.

Table 1. Biggest Healthcare Issues Facing Broome and Eastern Tioga County (n = 577)

Priority Area	Question 4	
	#	%
Mental health services needed	44	8%
More specialists needed	74	13%
Substance use awareness	9	2%
Quality of care	4	1%
Health promotions	8	1%
More doctors	103	18%
Substance use centers	11	2%
More professionals	0	0%
Affordable healthcare	17	3%
Preventative Healthcare	37	6%
Access	108	19%
All services	0	0%
Walk-in	50	9%
Primary Care	4	1%
Time/Wait to see provider	17	3%
Emergency Care	8	1%
COVID-19	62	11%
Chronic Care	4	1%
Elderly	0	0%
Excluded[1]	17	3%
Total	577	-

[1]Some items were excluded from analysis due to comprehension or discussing issues not related to medical experiences.

Theme 1: Desire for Improved Access to Care

The largest issue that respondents shared was access to care. For respondents, access was defined in many ways. Some referred to access as "access and availability of doctors/appointments; often need to drive into Broome County for services, long waits for appointments, it doesn't feel like doctors have enough time for personal care with patients, always seems rushed." Another respondent shared, "access to AFFORDABLE care for everyone." Many of those that responded were referencing other categories important to accessing services, such as sufficient mental health and specialty care providers.

One issue voiced by participants was the need to address rural health. Numerous individuals cited difficulty in obtaining what they perceived as quality care since they live in rural areas. Responses from the open-ended questions suggest that by improving access, more quality care will be received in the community. Some key quotes include:

- *Access to care and long waitlists.*
- *Access to care, especially behavioral health services.*
- *Emergency Rooms used for illness rather than emergency health issues.*
- *Getting timely access to PCPs & specialists - often scheduled out days/months & often rescheduled multiple times. Often need to resort to walk-in or cancel appointment completely. Also, hard to find long term PCPs to build a healthcare relationship with - most are here for a few years before moving on and the ones established are rarely able to take on new patients.*

Theme 2: More Doctors Needed

Another theme that emerged is the need for more doctors in the community. Responses often cited that there is "not enough qualified healthcare workers" or a "lack of providers." Many shared that they believe there is high turnover and that "doctors leave for other areas,' and one individual asked, "why must we travel to see good doctors, why don't we have good doctors here?" Overall, the responses suggest there is a demand for the community to see "high quality doctors," and believe that with more quality providers, issues like wait times, hours, and length to obtain an appointment will improve. Some key quotes include:

- *Staff shortage leading to burnout, leading to poor care/compassion fatigue. lack of education on patient's behalf to understand that the ER isn't a walk in and when to make an appt with PCP. Lack of education/resources on patient's behalf to understand how SDOH relate to chronic health conditions.*
- *Lack of proper referrals OUTSIDE of the hospital for hospital staff to get a breath of fresh air.*
- *Lack of regular, highly skilled health care workers: we are faced with "traveling staff," a lack of consistent and trained health care professionals, and as a result, need to leave the area when faced with serious issues (surgeries, cancers, etc.)*
- *Healthcare workforce.*

Theme 3: More Specialists

The final theme which emerged was the need for more specialist care. Many respondents mentioned the lack of pediatric care. One individual shared, "lack of pediatric care, no specialist and being forced to use In-Network providers due to high costs of copays out of network." Others mentioned the lack of specialists for cancer and cardiovascular care. Numerous people shared issues of specialists for those with disabilities, as one parent noted, "I have a deaf child who sees a lot of specialists and there are no deaf resources, and all of his specialists are at least an hour away."

What is the greatest healthcare need in the Broome and Eastern Tioga County community?

When individuals were asked about what the greatest healthcare need is within Broome and Eastern Tioga County, many shared mental health services, more doctors, and more specialists. Table 2 describes the coded responses, while the narrative provides further analysis.

Table 2. Greatest Healthcare need in Broome and Eastern Tioga County (n = 839)

Priority Area	Question 5	
	#	%
Mental health services needed	342	41%
More specialists needed	65	8%
Substance use awareness	9	1%
quality of care	6	1%
Health promotions	9	1%
More doctors	192	23%
Substance use centers	0	0%
More professionals	0	0%
Affordable healthcare	0	0%
Preventative Healthcare	27	3%
Access	28	3%
All services	3	0%
Walk-in	19	2%
Primary Care	7	1%
Time/Wait to see provider	4	0%
Emergency Care	5	1%
COVID-19	45	5%
Chronic Care	8	1%
Elderly	18	2%
Excluded[1]	52	6%
Total	839	-

[1]Some items were excluded from analysis due to comprehension or discussing issues not related to medical experiences.

Theme 1: Mental Health Services

Analysis of open-ended responses indicated that the greatest healthcare needs in Broome and Eastern Tioga County are mental healthcare services. Many individuals mentioned the need for "behavioral health services. As one individual shared, "there are not enough behavioral health services in the area and access to local outpatient behavioral health clinics is very limited and very challenging." Others added the need for crisis stabilization services and care coordination. Some key quotes include:

- *I really think we need more mental health providers to help people that need some assistance.*
- *Mental Health - not so much having access but having quicker availability. We have MH providers, but apparently not enough if a patient needs to wait 30-40 days to get it. By then their crisis is either over, and they think they don't need help any longer, or it is such a crisis, they end up at the Crisis Center.*

- *MENTAL HEALTH providers: Doctors, Therapists, clinics, help for families, help for recovery, help for mental health challenged individuals.*
- *We need better access to mental health services, more psychiatrist. I spent a very long time trying to get an appointment for a teenager with a psychiatrist and was unsuccessful.*

Theme 2: More Doctors

Many individuals commented on the need for more doctors in the community. In addition to the desire for more doctors, individuals elaborated sharing that they desired to see more "compassionate physicians" within their community. Others used words like "communication" and "comfort" to describe experiences with physicians. Some key quotes include:

- *Many good providers are leaving via retirement with no replacements.*
- *Need more Doctors able to deal with multiple health issues of elderly patients especially 80s and older that live in their homes.*
- *Need more M.D.s more and more difficult to get appointment with M.D. seems to be more assistants or nurse practitioners.*

Theme 3: More Specialists

Finally, like the previous question, another theme that surfaced was the desire for more specialists and easier access to care. In addition to more doctors, one individual shared, "doctors, NPs, PAs who will stay in the area long-term, well-trained specialists." Some identified specific areas, such as endocrinology and cardiology. Some examples include:

- *Greater access to full cardiology care at Lourdes in addition to UHS. I would prefer Lourdes care for all my needs. UHS is not up to the standards of Lourdes in my opinion.*
- *Hard to find some specialists without going to Syracuse. For example, my husband used to go to Dr. Trachtenberg for podiatry and once he retired, we haven't found a podiatrist in the area who could provide the same level of care & will likely have to go to Syracuse for orthotics, etc.*
- *In-depth specialists that can help the "customers - patients" special needs. Back surgery - heart surgery. Stop the bleeding from making "customers – patients" travel to Albany Med - Rochester Regional and New York City. All the good specialists followed the money when IBM closed."*
- *Pediatric dentists, my daughter has been on a waiting list for a long time and still has not gotten in, they used to go to the school, but I haven't gotten the paperwork in years. I don't drive and can't afford to go far. There are no dentists in Johnson City that take Fidelis insurance.*

In terms of healthcare services in the Broome and Eastern Tioga County areas, which services come to mind that are easy to obtain for residents?

When individuals were asked about what services that come to mind that are easy to obtain, residents cited walk-in and primary care services.

Table 4. Healthcare services easy to obtain in Broome and Eastern Tioga County (n = 784)

Priority Area	Question 6	
	#	%
Mental health services	5	1%
Specialist care	8	1%
Substance use services	34	4%
High quality of care	1	0%
Health promotions/education	1	0%
Accessing doctors	10	1%
Substance use centers	7	1%
Affordable healthcare	2	0%
Preventative Healthcare	34	4%
Access	47	6%
All services	23	3%
Walk-in	239	30%
Primary Care	224	29%
Emergency Care	71	9%
COVID-19	22	3%
Chronic Care	1	0%
Exclude[1]	55	7%
Total	784	-

[1]Some items were excluded from analysis due to comprehension or discussing issues not related to medical experiences.

Theme 1: Walk – In Services

Regarding walk-in services, Lourdes offers numerous cites to help address acute care issues. One resident noted, "Quick care options seem to be plentiful, like UHS / Lourdes walk ins." Another added that the "the number of walk-in clinics makes getting urgent care relatively easy - although it would be great if they could stagger hours for some to be open later and for some to be open earlier." Others referred to the walk-in clinics as "easy to access" and with numerous locations it's easy to stay in network. Finally, one individual commented, "There are several walk-ins available. With online scheduling it makes it easier to get appointments without waiting on the phone for a person."

Theme 2: Primary Care

The second area was primary care, one individual commented, "General wellness appointments, walk-in services, physical therapy, most diagnostic Imaging and lab services etc.," another added, "Primary care and walk-in services seem to be easy to obtain." One individual commented that although primary care and emergency care is easy to access, it does not always lead to the necessary services. There was some concern

about utilization of emergency rooms when individuals should be accessing their primary care doctor for chronic conditions to reduce utilization.

Which healthcare services come to mind that are <u>not easy to obtain</u> in the Broome and Eastern Tioga County areas?

When individuals were asked what services are not easy to obtain, respondents mostly cited mental health and specialty care, which aligns with previous findings regarding the greatest needs in the community (See Table 4).

Table 5. Healthcare Services <u>Not Easy to Obtain</u> in Broome and Eastern Tioga County (n = 838).

Priority Area	Question 7	
	#	%
Mental health services	171	20%
Specialist care	322	38%
Substance use services	10	1%
High quality of care	5	1%
Health promotions/education	0	0%
Accessing doctors	32	4%
Substance use centers	0	0%
Affordable healthcare	0	0%
Preventative Healthcare	16	2%
Access	47	6%
All services	6	1%
Walk-in	48	6%
Primary Care	53	6%
Emergency Care	22	3%
COVID-19	10	1%
Chronic Care	0	0%
Exclude[1]	96	11%
Total	838	-

[1]Some items were excluded from analysis due to comprehension or discussing issues not related to medical experiences.

<u>Theme 1: More Specialists</u>

Many individuals commented on the need for more specialty care in the community, and the difficulty they have faced with receiving care. Individuals commented that it is challenging for finding care for issues related to heart disease, cardiovascular care, cancer, dialysis, and neurology. Often mentioned was the need for more pediatric care as well. Another area provided was dental care. Some quotes include:

- *Advanced heart disease care and coronary health interventional surgeries*
- *Almost any specialty in which you are a new patient requiring care. Psychiatry, Mental Health, Cardiology, Gastroenterology, Neurology. There is a huge gap in care relating to addiction services, specifically, medication-assisted treatment for substance use disorder. Also, meth-induced psychoses is a very big issue for our area and these folks have no place to go, but to jail. Isn't there a better way to treat this disorder?*

- *Any cancer other than breast or prostate cancer. Major heart related issues. Were always sent to Syracuse, Rochester, or Buffalo.*
- *Dialysis is also very difficult to accommodate reasonably. Very few places for persons to obtain dialysis.*
- *Dental care needs to be expanded such as oral surgeon for wisdom extraction.*
- *Pediatric specific specialty care (i.e.: Cardiology; Endo) and mental health and substance use care for adult and children.*
- *There are very long delays in seeing specialists - in particular, a neurologist.*

Theme 2: Mental Health Services

In addition to specialty care, mental health came up as a leading issue and need within the community. Many individuals simply stated, "mental health," while others provided more specifics such as "appointments with EAP or other mental health facilities," another added, "behavioral health care, including behavioral health care crisis services (on-demand mental health care), substance use services, addiction services, eating disorder services." Some key quotes include:

- *Counseling/mental health services, especially for children, are very difficult to obtain. I also do not think we have enough geriatric specialty practitioners.*
- *Mental health services are largely lacking, psychiatric and therapeutic. Addiction services are largely lacking.*
- *Mental health, substance use, specialty care (long wait times for appointments, prior authorization from insurance or it not being covered at all), reproductive care, Trans care. Non-traditional forms of care such as acupuncture, water therapy, or massage therapy for pain treatment.*

Why do you travel outside of the area to access healthcare services?

Individuals were asked if they ever travel outside of the area for healthcare services. Many individuals cited they have and provided open-ended responses to describe the factors why. Overall, the reason aligns with the main needs in the community, a feeling of a lack of available services and limited specialist care. Several individuals did share personal preference or an existing relationship with a provider outside the community. However, the dominating factor was that the care they needed, was not available within their community. Table 6 provides additional information.

Table 6. Reasons Why Residents Seek Care Outside of Broome and Eastern Tioga County (n = 275).

Category	Question 40	
	#	%
Lack of services / specialty care	147	53%
Perceived better care elsewhere	96	35%
Existing relationships	19	7%
Other	13	5%
Total	275	-

Individuals clearly articulated the issues why they left the community for care. As one shared "because the local hospitals have poor ratings, and the medical staff deal with a smaller population and don't have the specialized experience that I prefer. I would never have major surgery in this area," another commented, "This area does

not offer much for pediatrics or mental health services. I feel more confident in the care I receive through the University of Rochester for yearly treatment/checkups than I do at Lourdes or UHS."

COVID-19 Impact

COVID-19 was discussed throughout the open-ended responses of the online survey. The themes that emerged aligned with many of the challenges which have been persistent throughout the pandemic. This includes (a) improving vaccination rates, (b) increasing availability of testing sites and home kits, (c) combating COVID misinformation, (d) adjusting care due to staff shortages and healthcare workers facing burnout (e) delaying care or unable to obtain services in a timely manner due to staff shortages. Some key quotes include:

- *Covid access for people who do not use the internet.*
- *Covid and testing facilities and or/availability of tests.*
- *Covid is interrupting a lot of preventive care.*
- *Lack of Covid-19 resources (testing/treatments).*
- *Outside of the illness/death and disruption Covid-19 has and is causing the biggest healthcare issue affecting many specific diseases is people being at an unhealthy weight and not in good physical condition.*
- *The healthcare system is stretched too thin due to a number of issues. COVID is definitely impacting this, but it is a systemic problem.*
- *With Covid, I really feel we have a looming crisis with mental health issues. Trying to find a provider has been challenging in the past and there are only going to be more issues from the pandemic.*
- *Due to Covid, Doctors' Offices and Pharmacies have shortened hours and/or fewer days of availability. Also, there is a shortage of staff.*
- *The availability to providers/appointments is an issue. It is often difficult to schedule appointments now due to the upsurge in Covid recently, which has been taking up the time of the healthcare professionals in this area.*
- *Everything is hard to obtain as of now & COVID is here to stay so adjustments need to be done to work/live with it. The country in a whole need to stop using COVID as an excuse, just like hearing short staffed, that is an excuse & patients suffer*

Conclusion:

The data represents a consistent picture of the strengths and needs for Broome and Eastern Tioga County. Overall, the community is lacking an effective number of providers to meet demands, particularly for specialty care services. Mental health was also noted as another area in need of more capacity. Individuals do feel there is adequate services for acute care, however, worry that the quality of care received is not sufficient for many. Most individuals are satisfied with access to their primary care doctor and noted some improvements in this area. However, they still feel as though getting an appointment with their doctor, and not a NP, can be challenging.

Appendix: Methodology:

For the qualitative open-ended data, RMS first reviewed all responses to "fully immerse" in the data. RMS used a process of in vivo coding as the initial coding scheme, and then focused on using a preordinate[16] scheme. The 18 codes used were developed to help organize the information and serve to group the data and quickly identify trends. Counts and percentages were then calculated based on the codes, and a written narrative followed of key trends by question. Codes were reviewed during the writing process as researchers looked for trends or additional unexpected findings.

[16] Source: PREORDINATE English Definition and Meaning | Lexico.com

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Appendix D: Secondary Data and Sources

The tables below are based on data vetted, compiled, and made available on the County Health Rankings and Roadmaps (CHRR) website (https://www.countyhealthrankings.org/). The site is maintained by the University of Wisconsin Population Health Institute, School of Medicine and Public Health, with funding from the Robert Wood Johnson Foundation. CHRR obtains and cites data from other public sources that are reliable. CHRR also shares trending data on some indicators.

CHRR compiles new data every year and shares with the public in March. The data below is from the 2019 publication. It is important to understand that reliable data is generally two to three years behind due to the importance of careful analysis. NOTE: Data in the charts does not reflect the effects that the COVID-19 pandemic has had on communities.

How To Read These Charts

Why they are important: Explains why we monitor and track these measures in a community and how it relates to health. The descriptions of 'why they are important' are largely drawn from the CHRR website as well.

County vs. State: Describes how the county's most recent data for the health issue compares to state.

Trending: CHRR provides a calculation for some measures to explain if a measure is worsening or improving.

- Red: The measure is worsening in this county.
- Green: The measure is improving in this county.
- Empty: There is no data trend to share, or the measure has remained the same.

Top US Counties: The best 10 percent of counties in the country. It is important to compare not just with New York State but important to know how the best counties are doing and how our county compares.

Description: Explains what the indicator measures, how it is measured, and who is included in the measure.

n/a: Not available or not applicable. There might not be available data for the community on every measure. Some measures will not be comparable.

Health Outcomes

Why they are important: Health outcomes reflect how healthy a county is right now. They reflect the physical and mental well-being of residents within a community.

Indicators	Trend	Broome County	New York	Top US Counties	Description
Length of Life					
Premature Death		7,200	5,400	5,400	Years of potential life lost before age 75 per 100,000 population (age-adjusted)
Life Expectancy		78.6	81.4	81.1	How long the average person should live.
Infant Mortality		6	5	4	Number of all infant deaths (within 1 year) per 1,000 live births.
Physical Health					
Poor or Fair Health		17%	16%	14%	Percent of adults reporting fair or poor health.
Poor Physical Health Days		4.1	3.6	3.4	Average number of physically unhealthy days reported in past 30 days (age-adjusted).
Frequent Physical Distress		12%	11%	10%	Percent of adults 14 or more days of poor physical health per month.
Low Birth Weight		8%	8%	6%	Percent of babies born too small (less than 2,500 grams).
Fall Fatalities 65+		X	43	X	Number of injury deaths due to falls among those 65 years of age and over per 100,000 population.
Mental Health					
Poor Mental Health Days		4.7	3.6	3.8	Average number of mentally unhealthy days reported in the past 30 days.
Frequent Mental Distress		14%	11%	12%	Percent of adults reporting 14 or more days of poor mental health per month.
Suicide		11	8	11	Number of deaths due to suicide per 100,000.
Morbidity					
Diabetes prevalence		11%	10%	8%	Percent of adults aged 20 and above with diagnosed diabetes.
Cancer Incidence		688.8	587.7	NA	Number of new cancer diagnoses per 100,000.
Communicable Disease					
HIV Prevalence		238	765	50	Number of people aged 13 years and over with a diagnosis of HIV per 100,000.

Indicators	Trend	Broome County	New York	Top US Counties	Description
Sexually Transmitted Infections		321.7	602.4	161.2	Number of newly diagnosed chlamydia cases per 100,000.
Source: https://www.countyhealthrankings.org/explore-health-rankings https://www.countyhealthrankings.org/app/new-york/2021/rankings/broome/county/outcomes/overall/snapshot					
Healthcare Access					
Uninsured		5%	6%	6%	Percentage of population under age 65 without health insurance.
Uninsured Adults		6%	8%	7%	Percentage of adults under age 65 without health insurance.
Uninsured children		2%	2%	3%	Percentage of children under age 19 without health insurance.
Primary Care Physicians		1,210:1	1,190:1	1,030:1	Ratio of population to primary care physicians.
Other Primary Care Providers		500:1	790:1	620:1	Ratio of the population to primary care providers other than physicians.
Mental Health Providers		440:1	330:1	270:1	Ratio of the population to mental health providers.
Hospital Utilization					
Preventable Hospital Stays		3,987	4,043	2,565	Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees.
Preventative Healthcare					
Flu Vaccinations		53%	50%	55%	Percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination.
Mammography Screenings		46%	42%	51%	Percentage of female Medicare enrollees ages 65-74 that received an annual mammography screening.
Source: https://www.countyhealthrankings.org/explore-health-rankings https://www.countyhealthrankings.org/app/new-york/2021/rankings/broome/county/outcomes/overall/snapshot *Cancer Incidence Data Source: https://webbi1.health.ny.gov/SASStoredProcess/guest?_program=%2FEBI%2FPHIG%2Fapps%2Fchir_dashboard%2Fchir_dashboard&p=ch&cos=3&ctop=1*					

Social and Economic Factors

Why they are important: These factors have a significant effect on our health. They affect our ability to make healthy decisions, afford medical care, afford housing and food, manage stress and more.

Indicators	Trend	Broome County	New York	Top US Counties	Description
Economic Stability					
Median Household Income		$52,200	$72,000	$72,900	Income where half of households in a county earn more and half of households earn less.
Unemployment		4.7%	4%	2.6%	Percentage of population ages 16 and older unemployed but seeking work.
Poverty		17.8%	13.1%	12.4%	Percentage of population living below the Federal Poverty Line.
Childhood Poverty		25%	18%	10%	Percentage of people under age 18 in poverty.
Educational Attainment					
High School Completion		91%	87%	94%	Percentage of ninth grade cohort that graduates in four years.
Some College		67%	69%	73%	Percentage of adults ages 25-44 with some post-secondary education.
Social/Community					
Children in single-parent homes		27%	27%	14%	Percentage of children that live in a household headed by a single parent.
Social Associations		11.5	8.1	18.2	Number of membership associations per 10,000 population.
Disconnected Youth		4%	6%	4%	Percentage of teens and young adults ages 16-19 who are neither working nor in school.
Juvenile Arrests		14	5	NA	Rate of delinquency cases per 1,000 juveniles.
Violent Crime		315	379	63	Number of reported violent crime offenses per 100,000 population.
Access to Healthy Foods					
Food Environment Index		8	9	8.7	Index of factors that contribute to a healthy food environment, 0-worst 10-best.
Food Insecurity		13%	11%	9%	Percent of the population who lack adequate access to food.
Limited Access to Healthy Foods		3%	2%	2%	Percent of the population who are low-income and do not live close to a grocery store.

Source: ***https://www.countyhealthrankings.org/explore-health-rankings***
https://www.countyhealthrankings.org/app/new-york/2021/rankings/broome/county/outcomes/overall/snapshot
Poverty data source: ***https://data.ers.usda.gov/reports.aspx?ID=17826***

Physical Environment

Why it is important: The physical environment is where people live, learn, work, and play. The physical environment impacts our air, water, housing, and transportation to work or school . Poor physical environment can affect our ability and that of our families and neighbors to live long and healthy lives.

Indicators	Trend	Broome County	New York	Top US Counties	Description
Physical Environment					
Severe housing cost burden		15%	20%	7%	Percentage of households that spend 50% or more of their household income on housing.
Severe Housing Problems		16%	24%	9%	Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities.
Air Pollution - Particulate Matter		7.4	6.6	5.2	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5).
Homeownership		65%	54%	81%	Percentage of occupied housing units that are owned.
Year Structure Built		37%	54%	17.5%	Percentage of housing units built prior to 1950.
Source: ***https://www.countyhealthrankings.org/explore-health-rankings*** ***https://www.countyhealthrankings.org/app/new-york/2021/rankings/broome/county/outcomes/overall/snapshot***					

Clinical Care

Why it is important: Access to affordable, quality care can help detect issues sooner and prevent disease. This can help individuals live longer and have healthier lives.

Indicators	Trend	Broome County	New York	Top US Counties	Description
Healthcare Access					
Uninsured		5%	6%	6%	Percentage of population under age 65 without health insurance.
Uninsured Adults		6%	8%	7%	Percentage of adults under age 65 without health insurance.
Uninsured children		2%	2%	3%	Percentage of children under age 19 without health insurance.
Primary Care Physicians		1,210:1	1,190:1	1,030:1	Ratio of population to primary care physicians.
Other Primary Care Providers		500:1	790:1	620:1	Ratio of the population to primary care providers other than physicians.
Mental Health Providers		440:1	330:1	270:1	Ratio of the population to mental health providers.
Hospital Utilization					
Preventable Hospital Stays		3,987	4,043	2,565	Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees.
Preventative Healthcare					
Flu Vaccinations		53%	50%	55%	Percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination.
Mammography Screenings		46%	42%	51%	Percentage of female Medicare enrollees ages 65-74 that received an annual mammography screening.
Source: ***https://www.countyhealthrankings.org/explore-health-rankings*** ***https://www.countyhealthrankings.org/app/new-york/2021/rankings/broome/county/outcomes/overall/snapshot***					

Health Behaviors

Why they are important: Health behaviors are actions individuals take that can affect their health. These actions can lead to positive health outcomes, or they can increase someone's risk of disease and premature death. It is important to understand that not all people have the same opportunities to engage in healthier behaviors.

Indicators	Trend	Broome County	New York	Top US Counties	Description
Healthy Life					
Adult Obesity		30%	26%	26%	Percentage of the adult population (age 20 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m2.
Physical Inactivity		23%	23%	19%	Percentage of adults aged 20 and over reporting no leisure-time physical activity.
Access to Exercise Opportunities		89%	93%	91%	Percentage of population with adequate access to locations for physical activity.
Insufficient Sleep		39%	39%	32%	Percentage of adults who report fewer than 7 hours of sleep on average.
Motor Vehicle Crash Deaths		6	6	9	Number of motor vehicle crash deaths per 100,000 population.
Substance Use and Misuse					
Adult Smoking		22%	13%	16%	Percentage of adults who are current smokers.
Excessive Drinking		22%	19%	15%	Percentage of adults reporting binge or heavy drinking.
Alcohol-Impaired Driving Deaths		34%	24%	11%	Percent of Alcohol-impaired driving deaths.
Opioid Hospital Visits		13.8	14.5	NA	Rate of opioid-related hospital visits per 100,000 population. NYS data excludes NYC. NA: represents data not available.
Sexual Health					
Teen Births		15	14	12	Number of births per 1,000 female population ages 15-19.
Sexually Transmitted Infections		321.7	602.4	161.2	Number of newly diagnosed chlamydia cases per 100,000 population.

Source: *https://www.countyhealthrankings.org/explore-health-rankings https://www.countyhealthrankings.org/app/new-york/2021/rankings/broome/county/outcomes/overall/snapshot*
Opioid data source: *https://www.health.ny.gov/statistics/opioid/data/pdf/nys_apr22.pdf*

Appendix D: Secondary Data and Sources – Broome County - Pari II

In addition to the description of the County Health Rankings and Roadmaps (CHRR), Lourdes also reviewed data provided from the New York State Department of Health (NYSDOH) Prevention Agenda website (New York State Prevention Agenda Dashboard (ny.gov))[17] 2019-2024 dashboard.

The NYSDOH Prevention Agenda dashboard is based on a comprehensive statewide assessment of health status and health disparities, changing demographics, and the underlying causes of death and diseases. The overarching strategy of the Prevention Agenda is to implement public health approaches that improve the health and well-being of entire populations and achieve health equity.[18]

The health of the community is defined as the mental, physical, social, and spiritual well-being of its residents. Understanding how different determinants affect health and finding ways to improve upon them is crucial in promoting and sustaining health within a community. Lourdes recognizes that conditions in the environments where people live, work, and play affect numerous health and quality of life outcomes. Lourdes understands the critical need to identify and prioritize the health needs of the community. Lourdes remains committed in transitioning its care model to support managing populations of patients, with specific attention to social determinants of health, recognizing that health and well-being are shaped not only by behavior choices of individuals, but also by complex factors that influence individual choices.

Health Risks & Behaviors Indicators – Broome County, Southern Tier, New York State (2021)
The prevalence of obesity amongst students and adults in Broome County continues to be of paramount concern. The percentage of adults and students in Broome County that are overweight or obese is higher than New York State. The same is true for the percentage of adults smoking cigarettes and binge drinking in Broome County. Broome County is among the lowest performing counties in New York State as it relates to the percentage of adults that binge drink. This is an area of opportunity in considering how to best meet the need of those residents within the Lourdes' Primary Market Area (PMA). However, the percentage of adults eating 5 or more servings of fruits and vegetables per day is higher than New York State as a whole.
Reference Chart: D.1

Substance Abuse/Injury/Mental Health Indicators – Broome County, Southern Tier, New York State (2022)
Broome County is among the **top performing** counties in New York State for motor vehicle mortality rate, and alcohol related motor vehicle injuries and deaths. Broome County is among the lowest performing counties in New York State as it relates to the: suicide mortality rate, self-inflicted injury hospitalization, unintentional injury mortality rate, poisoning hospitalization rate, falls hospitalization rate, non-motor vehicle mortality rate, traumatic brain injury hospitalization rate, drug-related hospitalization rate, and newborn drug-related diagnosis rate. When comparing Broome County to the Southern Tier, it slightly underperforms related to suicide mortality rate (15-19 years), self-inflicted injury hospitalization, unintentional injury mortality rate, unintentional injury hospitalization rate, poisoning hospitalization rate, falls hospitalization rate, non-motor vehicle mortality rate, and traumatic brain injury hospitalization rate. These are areas of opportunity in considering how to best meet the need of those residents within the Lourdes' PMA, which includes the greater Broome County area.
Reference Chart: D.2

[17] New York State Prevention Agenda Dashboard (ny.gov)
[18] New York State Prevention Agenda 2019-2024 (ny.gov)

Cardiovascular Disease and Stroke Indicators – Broome County, Southern Tier, New York State (2022)
Broome County is among the **top performing** counties in New York State when it comes to curbing and containing cardiovascular diseases in individuals. This fact can be supported with statistical data showing the County having rates that are lower than that of New York State; this includes rates for disease of the heart mortality rates, coronary heart disease mortality rates, and % of adults who have ever had cholesterol checked. Broome County is among the lowest performing counties in New York State as it relates to the hypertension hospitalization rates for those 18 and older, stroke mortality rates, congestive heart failure mortality rates, and k cardiovascular disease mortality rates. When comparing Broome County to the Southern Tier, it slightly underperforms as it relates to coronary heart disease mortality rates, congestive heart failure mortality rates, stroke mortality rates, and hypertension hospitalization rates (18 and older). These are areas of opportunity in considering how to best meet the need of those residents within the Lourdes' PMA, which includes the greater Broome County area.
Reference Chart: D.3

Hospitalization for Chronic Conditions Indicators – Broome County, Southern Tier, New York State (2022)
In terms of hospitalizations for chronic conditions, Broome County is performing well for most indicators. Broome County is among the **top performing** counties in New York State for asthma hospitalization rates, and chronic kidney disease hospitalization rates. Broome County is among the lowest performing counties in New York State as it relates to cirrhosis hospitalization rates, diabetes hospitalization rates – primary diagnosis, chronic lower respiratory disease hospitalization rates, and chronic kidney disease emergency rates. When comparing Broome County to the Southern Tier, it slightly underperforms on cirrhosis hospitalization rates, diabetes hospitalization rates – primary diagnosis, and chronic kidney disease emergency rates. These are areas of opportunity in considering how to best meet the need of those residents within the Lourdes' PMA.
Reference Chart: D.4

Child and Adolescent Health Indicators – Broome County, Southern Tier, New York State (2022)
Broome County is among the **top performing** counties in New York State when it comes to hospitalization rate of children 0-4 years for gastroenteritis. The County is among the lowest performing counties in NYS as it relates to all other categories. When comparing Broome County to the Southern Tier, it slightly underperforms on all measures except incidence of confirmed high blood lead level per 1,000 tested children aged <72 months. These are areas of opportunity in considering how to best meet the need of those residents within the Lourdes' PMA.
Reference Chart: D.5

Oral Health Risks and Behaviors Indicators – Broome County, Southern Tier, New York State (2022)
Broome County is among the **top performing** counties in New York State for all oral health risks and behaviors indicators. When comparing Broome County to the Southern Tier, it slightly underperforms related to oral cancer – age adjusted incidence rate per 100,000. These are areas of opportunity in considering how to best meet the need of those residents within the Lourdes' PMA.
Reference Chart: D.6

HIV/AIDS and STD's Indicators – Broome County, Southern Tier, New York State (2022)
Broome County is among the **top performing** counties in New York State for all measures. When comparing Broome County to the Southern Tier, it slightly underperforms on all measures except early syphilis rate per 100,000. These are areas of opportunity in considering how to best meet the need of those residents within the Lourdes' PMA.
Reference Chart: D.7

Pregnancy Indicators – Broome County, Southern Tier, New York State (2022)

Broome County is among the **top performing** counties in New York State for pregnancy rate per 1,000 (all pregnancies/female population 15-44 years). When comparing Broome County to the Southern Tier, it slightly underperforms on all measures. These are areas of opportunity in considering how to best meet the need of those residents within the Lourdes' PMA.

Reference Chart: D.8

Cancer Indicators – Broome County, Southern Tier, New York State (2022)

Broome County is among the **top performing** counties in New York State for prostate measure, % of women 18+ with pap smear in past 3 years, % of women 40+ with mammography screening in past 2 years. When comparing Broome County to the Southern Tier, it slightly underperforms for lip, oral cavity and pharynx, colon and rectum, lung and bronchus, breast-female, uterine cervix, ovarian, prostate, and melanoma (mortality per 100,000). These are areas of opportunity in considering how to best meet the need of those residents within the Lourdes' PMA.

Reference Chart: D.9

Leading Causes of Death – Broome County, Southern Tier, New York State (Vital Statistics, February 2022)

The leading causes of death in Broome County are heart disease and cancer. This mirrors the leading causes of death in the Southern Tier and New York State.

Reference Chart: D.10

Currently, Broome County is ranked 16 out of 62 counties in clinical care (upper-middle quartile), and 38 out of 62 counties for factors that influence the overall health of the County (table below). The County's rank for health outcomes has decreased (improved) from 53 in 2018 to 47 in 2022. In terms of health factors, Broome County experienced a slight decline from 34 in 2018 to 38 in 2022.

Ranking Category: Out of 62 NY Counties	Year 2018	Year 2019	Year 2020	Year 2021	Trend
Health Outcomes: based on mortality and morbidity	Rank: 53	Rank: 57	Rank: 52	Rank: 47	Improvement
Health Factors: based on behavioral, clinical, social, economic and environmental factors	Rank: 34	Rank: 33	Rank: 37	Rank: 38	Decline

Data source: County Health Rankings & Roadmaps, 2022, University of Wisconsin Population Health Institute; funded by the Robert Wood Johnson Foundation.

Chart D.1 Health Risks & Behaviors Indicators – Broome County, Southern Tier, New York State (2022)

Health Risks & Behaviors - Age Adjusted				
	2022 Incidence Rate			(Lowest) 4th Quartile
	Broome	Southern Tier	NYS	
% adults overweight or obese (BMI 25+)	30.7	NA	27.6	No
*% of students overweight or obese (85th percentile or higher)****	17.9	NA	17.3	No
% adults that did not participate in leisure time physical activity in last 30 days	77	NA	77.4	No
% adults smoking cigarettes (2013-2014)	18	19.7	12.8	No
% of adults living in homes where smoking is prohibited	79.3	NA	80.9	No
% of adults that binge drink (2013-2014)	17.9	19.8	17.5	Yes
% of adults eating 5 or more servings of fruit or vegetables daily	27.4	NA	27.1	No

**Data from NYS Department of Health; **Excluding NYC; ***Not Age Adjusted*

Chart D.2 Substance Abuse/Injury/Mental Health Indicators – Broome County, Southern Tier, New York State (2022)

Substance Abuse/Injury/Mental Health Indicators - Age Adjusted				
	2022 Incidence Rate			(Lowest) 4th Quartile
	Broome	Southern Tier	NYS	
Suicide Mortality Rate	11.1	12.8	8.7	No
*Suicide Mortality Rate- 15-19 Years***	11.2	8.5	6.0	No
Self-inflicted Injury Hospitalization	7.2	5.4	3.6	Yes
Unintentional Injury Mortality Rate	58.3	50.8	34.6	Yes
Unintentional Injury Hospitalization Rate	72.9	60.0	58.1	Yes
Poisoning Hospitalization Rate	9.2	6.8	8.0	No
Falls Hospitalization Rate	40.2	32.3	32.8	Yes
Motor Vehicle Mortality Rate	4.3	8.0	5.5	No
Non-Motor Vehicle Mortality Rate	55.8	45.1	32.5	Yes
Traumatic Brain Injury Hospitalization Rate	10.2	8.1	8.4	Yes
*Alcohol Related Motor Vehicle Injuries and Deaths***	25.1	28.4	28.9	No
Drug-related Hospitalization Rate	25.1	NA	23.7	No
*Newborn Drug-related Diagnosis Rate***	197.4	NA	103.5	Yes

*Data from NYS Department of Health; **Crude Rate

Chart D.3 Cardiovascular Disease and Stroke Indicators – Broome County, Southern Tier, New York State (2022)

Cardiovascular Disease and Stroke Indicators (Age Adjusted)				
	2022 Incidence Rate			(Lowest) 4th Quartile
	Broome	Southern Tier	NYS	
Cardiovascular Disease Mortality Rates	215.6	219.3	213.6	No
Disease of the Heart Mortality Rates	169.3	173.8	172.0	No
Coronary Heart Disease Mortality Rates	154.1	149.4	172.2	No
Congestive Heart Failure Mortality Rates	18.6	18.1	12.0	Yes
Stroke Mortality Rates	28.5	27.9	24.5	Yes
*Hypertension Hospitalization Rates (18 and Older)***	7.4	4.7	7.2	Yes
% of Adults who have ever had cholesterol checked	79.9	79.9	83.4	No

*Data from NYS Department of Health; **Crude Rate

Chart D.4 Hospitalization for Chronic Conditions Indicators – Broome County, Southern Tier, New York State (2022)

Hospitalizations for Chronic Conditions (Age Adjusted)				
	2022 Incidence Rate			(Lowest) 4th Quartile
	Broome	Southern Tier	NYS	
Cirrhosis Hospitalization Rates	4.9	3.3	3.2	Yes
Diabetes Hospitalization Rates – Primary Diagnosis	22.7	16.8	19.8	Yes
Chronic Lower Respiratory Disease Hospitalization Rates	41.7	43.0	28.3	No
Asthma Hospitalization Rates	6.8	4.5	10.8	No
Chronic Kidney Disease Hospitalization Rates	123.6	135.3	159.6	No
Chronic Kidney Disease Emergency Rates	143.6	100.4	130.1	Yes

*Data from NYS Department of Health

Chart D.5 Child and Adolescent Health Indicators – Broome County, Southern Tier, New York State (2022)

Child and Adolescent Health Indicators				
	2022			(Lowest) 4th Quartile
	Broome	Southern Tier	NYS	
% of children born in 2010 who received a lead screening test at 0-8 months (2012-2015)	0.6%	0.5%	1.4%	No
% of children born in 2010 who received a lead screening test at 9-17 months (2012-2015)	59.2%	65.5%	70.0%	No
% of children born in 2010 who received at least 2 lead screening tests by 36 months (2012-2015)	38.1%	46.1%	57.3%	No
Incidence of confirmed high blood lead level per 1,000 tested children aged <72 months	8.3	8.7	3.8	Yes
% of children in government sponsored insurance programs with recommended number of well child visits (2016)	61.9	63.8%	74.1%	No
Hospitalization rate of children 0-4 years for asthma	20.4	14.5	10.8	Yes
Hospitalization rate of children 0-4 years for gastroenteritis	7.9	5.1	10.4	No
Hospitalization rate of children 0-4 years for otitis media	3.6	1.9	2.0	Yes
Hospitalization rate of children 0-4 years for pneumonia	32.9	24.0	27.4	Yes

**Data from NYS Department of Health*

Chart D.6 Oral Health Risks and Behaviors Indicators – Broome County, Southern Tier, New York State (2022)

Oral Health Risks & Behaviors				
	2022			(Lowest) 4th Quartile
	Broome	Southern Tier	NYS	
% of 3rd Grade children with dental insurance	88.5%	84.9%	NA	No
% of 3rd Grade children with at least one dental visit on the past year	80.6%	80.5%	NA	No
% of 3rd Grade children with caries (tooth decay) experience	56.7%	52.8%	NA	Yes
Age-adjusted % of adults who had a dentist visit within the past year	71.4%	67.9%	69.6%	Yes
Oral Cancer – Age adjusted incidence rate per 100,000	15.9	14	11.4	Yes

**Data from NYS Department of Health*

Chart D.7 HIV/AIDS and STD's Indicators – Broome County, Southern Tier, New York State (2022)

HIV/AIDS and STDs				
	2022			(Lowest) 4th Quartile
	Broome	Southern Tier	NYS	
AIDS case rate per 100,000	5.2	5.0	13.2	No
HIV case rate per 100,000	5.2	5.0	13.2	No
Early Syphilis rate per 100,000	6.4	6.8	34.5	No
Gonorrhea rate per 100,000 (All Ages)	67.0	46.4	111.8	Yes
Chlamydia rate per 100,000 (Male, All Ages)	574.6	559.1	1175.1	No
Chlamydia rate per 100,000 (Female, All Ages)	1165.2	1030.7	1741.1	No
Pelvic Inflammatory Disease (PID) hospitalization rate per 10,000 women ages 15-44	2.1	1.7	2.5	No

**Data from NYS Department of Health*

Chart D.8 Pregnancy Indicators – Broome County, Southern Tier, New York State (2022)

Pregnancy Indicators				
	2022			(Lowest) 4th Quartile
	Broome	Southern Tier	NYS	
Pregnancy Rate Per 1,000 (all pregnancies/female population 15-44 years)	73.2	61.1	81.3	No
Teen Pregnancy Rate Per 1,000 10-14 Years	0.26	0.18	0.11	No
Teen Pregnancy Rate Per 1,000 15-17 Years	6.1	5.4	4.9	Yes
Teen Pregnancy Rate Per 1,000 15-19 Years	26.7	19.1	25.3	No

**Data from NYS Department of Health*

Chart D.9 Cancer Indicators – Broome County, Southern Tier, New York State (2022)

Cancer Indicators (Age Adjusted Rate/ 100,000)				
	2022			(Lowest) 4th Quartile
	Broome	Southern Tier	NYS	
Lip, Oral Cavity and Pharynx	15.9	14.0	11.4	No
Colon and Rectum	49.0	47.4	45.9	No
Lung and Bronchus	62.3	62.3	57.6	No
Breast-Female	146.4	141.3	133.8	Yes
Uterine Cervix	8.3	7.5	7.6	No
Ovarian	17.8	14.0	11.4	No
Prostate	122.0	111.4	129.4	No
Melanoma (mortality per 100,000)	2.4	1.8	1.6	No
% of Women 18+ with Pap Smear in past 3 years (2013-2014)	86.2	80.9	84.7	No
% of Women 40+ with Mammography screening in past 2 years (2013 – 2014)	86.7	81.5	82.1	No

**Data from NYS Department of Health*

Chart D.10 Leading Causes of Death – Broome County, Southern Tier, New York State (Vital Statistics, 2022)

Leading Causes of Death (All Ages)			
	Vital Statistics, 2022		
	Broome	**Southern Tier**	**NYS**
Heart Disease Rate per 100,000	265.1	253.2	224.4
Cancer Rate per 100,000	220.2	205.0	176.3
Chronic Lower Respiratory Disease per 100,000	63.9	61.7	36.2
Stroke Rate per 100,000	43.4	39.9	31.6
Unintentional Injury Rate per 100,000	61.5	53.2	38.0

**Data from NYS Department of Health*

Appendix E: Health Care Facilities and Community Resources

As part of the CHNA process, Lourdes has identified and cataloged resources which are available in greater Broome County area that address the significant "prioritized needs" identified in this CHNA. Resources include acute care facilities (hospitals), primary and specialty care clinics and practices, mental health providers, and other non-profit services. State and national resources can also provide information regarding programs that can better serve the needs of a person experiencing a specific problem.

The resources listed under each significant need heading is not intended to be exhaustive.

Significant Need 1: Improve access to specialty care providers, with specific attention to those specialists providing care to patients ages 60 and older.

Organization Name	Phone	Website
Lourdes	607-798-5111	https://healthcare/ascension.org/locations/new-york/nybin/binghamton-our-lady-of-lourdes-memorial-hospital/our-specialities
Broome County Medical Society	607-772-8493	https://www.medsocieties.org
Broome County - Office for Aging	607-778-2411	https://www.gobroomecounty.com/senior/healthed
AARP New York – Endicott Chapter #3077	607-201-9910	AARP New York – Endicott Chapter #3077 | 211 Susquehanna River Region (helpme211.org)
2-1-1 Susquehanna River Region: Health Care Resources – Broome County	Reference link for phone numbers	BC-HEALTH-CARE-10292021.pdf (helpme211.org)
Office for the Aging – Tioga Opportunities	607-687-47120	Tioga Opportunities, Inc. | Office for the Aging (ny.gov)

Significant Need 2: Improve availability and access of mental/behavioral health services, including substance use services, with focus on community collaboration.

Organization Name	Phone	Website
Care Compass Network	607-240-2545	Broome-County-Mental-Health-Wellness-Resource-Guide-v3.pdf (carecompassnetwork.org)
Helio Health	607-296-3072	https://www.helio.health/about/locations/binghamton/
Broome Opioid Awareness Council	855-963-5669- Text SPIKE	https://www.gobroomecounty.com/boac
AA Binghamton	607-722-5983	https://aabinghamton.org/contact.html
2-1-1 Susquehanna River Region: Substance & Alcohol Use Resources	Reference website for direct phone numbers for services.	BC-SUBSTANCE-ABUSE-06032021.pdf (helpme211.org)
• UHS[19] Outpatient Behavioral Health • UHS Addiction Crisis Line • UHS (CPEP)[20] Hotline	607-762-2340 607-762-2257 607-762-2302	New York Behavioral Health Center: Addition Treatments & Therapy (nyuhs.org)
Broome County Mental Health Department	607-778-2351	https://www.gobroomecounty.com/mh
Mental Health Association of the Southern Tier, Inc.	607-771-8888	The Mental Health Association of the Southern Tier (mhast.org)
CASA – TRINITY Center of Treatment Innovation (COTI_	607-223-4066	Center of Treatment Innovation - COTI (casa-trinity.org)
Tioga County Mental Hygiene	607-687-0200	https://www.tiogacountyny.com/departments/mental-hygiene/
Tioga County Open Door Mission and Red Door	607-687-1121	https://theopendoormission.com/

[19] United Health Services (UHS)
[20] Comprehensive Psychiatric Emergency Program (CPEP)

Significant Need 3: Improve access and infrastructure for health services in rural communities.

Organization Name	Phone	Website
Rural Health Network of SCNY	607-692-7669	https://rhnscny.org/
United Way of Broome County	607-240-2000	https://www.uwbroome.org/
Southern Tier 8	607-724-1194	https://southerntier8.org/
Tioga County Rural Ministry	607-687-3021	http://tcrm.org/
Tioga County Chamber of Commerce	607-787-2020	Family, Community & Civic Organizations QuickLink Category | Tioga County Chamber of Commerce (tiogachamber.com)

Significant Need 4: Improve health outcomes by focusing on prevention and wellness.

Organization Name	Phone	Website
Lourdes[21] (classes and events)	Reference website for direct phone numbers for services.	Classes and Events | Ascension
Broome County Health Department (health services guide)	607-778-2839	https://www.gobroomecounty.com/hd
NYS Health Insurance Marketplace	855-355-5777	https://nystateofhealth.ny.gov/
Cornerstone Family Healthcare (FQHC)	845-563-8000	https://cornerstonefamilyhealthcare.org/

[21] Lourdes provides a variety of wellness programs that can be found on website, including mobile mammography unit in various locations in community.

Significant Need 5: Address services needed for vulnerable populations, including the medically indigent and homeless populations, integrating social care with prevention and medical care for a more person-centered approach to care through community collaboration.

Organization Name	Phone	Website
Binghamton Rescue Mission	607-201-1030	Rescue Mission | Striving to End Hunger, Share Hope, and Put Love Into Action (rescuemissionalliance.org)
Volunteers of America	607-772-1156	Volunteers of America - Helping America's most vulnerable | Volunteers of America (voa.org)
Catholic Charities	607-729-9166	Catholic Charities | Food Pantry | Family, Residential, Disaster Services | Binghamton (catholiccharitiesbc.org)
2-1-1 Susquehanna River Region: Food Resources for Broome County Residents	Reference link for phone numbers for numerous services	BC-FOOD-04112022.pdf (helpme211.org)
2-1-1 Susquehanna River Region: Broome County Community Meals	Reference link for phone numbers for numerous services	DAILY-COMMUNITY-MEALS-11022021.pdf (helpme211.org)
2-1-1 Susquehanna River Region: Clothing Banks – Broome County/ Low-Cost Thrift Stores – Broome County	Reference link for phone numbers for numerous services	BC-CLOTHING-THRIFT-03022022.pdf (helpme211.org)
Tioga Opportunities, Inc.	607-687-4222	Family, Community & Civic Organizations QuickLink Category | Tioga County Chamber of Commerce (tiogaopp.org)

Appendix F: Evaluation of Impact from the Previous CHNA Implementation Strategy

Lourdes' previous CHNA implementation strategy was completed in June 2019 and addressed the following priority health needs: 1) Improve access to healthcare services by ensuring timely appointments, extended hours, and greater Number of physicians accepting new patients 2) Greater emphasis on preventive care and education regarding "wellness." and 3) Improve communication and care coordination among providers and across systems.

The table below describes the status of strategic actions taken during the 2019-2021CHNA cycle to address each priority need and indicators of completion. Note: At the time of the report publication in June 2022, the third year of the cycle has not been completed. Additionally, tasks that were identified as incomplete or not started were paused due to the COVID-19 pandemic. Lourdes maintains engagement to engage and address items which remain outstanding.

Lourdes

CHIP PM TASK LIST			
STRATEGY 1.1: Promote the use of online appointment scheduling tools (i.e. In-Quicker and Online Patient Portal), amongst our patient population, as alternatives to over-the-phone scheduling for primary care appointments.			
Task	***Target Due Date***	***Status***	***Notes/Next Steps***
Develop the architecture for an electronically automated process to collect Avaya System call data for each primary care practice.	Q4 2020	COMPLETE	We now are able to pull this data with the upgraded license.
Consistently disseminate monthly call volume, patient portal usage, and in-quicker usage statistics by site to all practice managers to discuss with front desk staff.- improve comm and assess how patients are trying to reach us. Improve access.	Q4 2021	COMPLETE	Kyle will get with Joe on this. Ask Morgan- is this something they still want. Burim can possibly do this. *Morgan is the super user. They will hold a meeting to formalize how this is reported out and distributed.
Develop a phone script for front desk staff fielding calls (specific to scheduling an appointment) that promotes the use of online scheduling tools available to patients.	Q3 2020	COMPLETE	There is onhold messaging. This will be revised and then all staff is recommending online scheduling.
Develop and execute marketing campaign to promote the use of In-Quicker and Patient Portal as alternative methods of scheduling appointments with providers.	Q4 2021	COMPLETE	All of our current marketing drives the consumer to GetLourdesCare.com which encourages online scheduling for primary care appointments. The portal is more a 1:1 at the office or the on hold messaging.
STRATEGY 1.2: Work to optimize provider schedules, increasing the availability of open appointment slots for acute and same-day appointment types.			
Task	***Target Due Date***	***Status***	***Notes / Action Items***
Add Third Next Available Appointment reporting discussions as a standing agenda item at each monthly Primary Care Access (PCA) meeting.	Q4 2021	COMPLETE	Report already exists. Shared at the Network Access Committee. Laura uses this report. Matt Stein creates this report.
Assemble a team to review and validate the Third Next Available Appointment Report produced in our Athena Scheduling System for accuracy.	Q3 2020	COMPLETE	Q1 already passed - We will begin assembling the work group to be ready by mid-Q3
Standardize a process for allocating open same-day primary care appointment slot types to align with the Third Next Available Appt report logic in Athena.	Q3 2020	COMPLETE	All PC has three acute slots every day. This is monitored constantly.
Work with operations managers for each primary care site to share primary care access reports with providers and discuss scheduling optimization strategies.	Q3 2020	COMPLETE	Their individual apts are shared with the providers. Scheduling opitmization strategies are being used.
STRATEGY 1.3: Address Major Social Determinants of Health (SDOH) for Individuals Within the Lourdes Primary Service Area (PSA).			
Task	***Target Due Date***	***Status***	***Notes / Action Items***
Recruit up to 150 patients in the 303 Main Street CHW Cohort project.	Q3 2020	COMPLETE	Continuing to build panel
Perform one Needs Assessment (NA) and one Patient Activation Measure (PAM) survey on every patient that enrolls in 303 Main Street CHW Cohort project.	Q3 2020	COMPLETE	

Assign each CHW Cohort project enrollee to an organization that will actively manage at least one (1) identified SDOH for that individual.	Q3 2020	COMPLETE	
Track and Report (once a month at partner meetings) ED visits, inpatients readmissions, and primary care visits for each enrolled member of the CHW Cohort project.	Q3 2020	COMPLETE	CHW project was extended to September, 2020 and data will be tracked throughout this period.
Redirect and expand the Lourdes Population Health Committee to identify the appropriate infrastructure and types of collaborative partnerships needed to effectively address SDOH issues within the community beyond the CHW project period.	Q3 2020	COMPLETE	
Begin promoting the use of Lourdes' EHR system as the primary, user-friendly data collection tool for patient SDOH data among front desk staff at weekly staff huddles.	Q3 2020	COMPLETE	Kelly will check with nursing staff and encourage the use of the tool.
STRATEGY 1.4: Increase Access to Primary and Specialty Care Services for an Increased Number of Patients/Residents from Baseline in Remote Locations of Broome County and the Surrounding Areas Through the New Mobile Health Primary Care Unit.			
Task	***Target Due Date***	***Status***	***Notes / Action Items***
Acquire the basic resources needed for the new mobile unit to clinically function (i.e. provider, driver, medical supplies, and IT equipment).	Q1 2020	COMPLETE	
Develop and institute a clinical schedule for the new primary care unit.	Q4 2020	In Progress/ delayed due to covid	Holding an internal meeting to develope strategy for all three vans.
Dispatch the new Mobile Health Unit to provide primary care and/or preventive screenings at monthly medical missions and other scheduled locations.	Q4 2021	COMPLETE	The van is being used currently for primary care services in Horseheads on a regular basis
Meet with identified community organizations that target rural, underserviced populations to discuss a potential partnership to bring mobile health services to that area.	Q4 2020	In Progress/ delayed due to covid	still discussing if this is an optimal use of the van services. Have been in talks with Breast Care office to utilize the van for screenings in out lying areas
Create direct-mail, email, and digital marketing campaigns around the new primary care unit to promote upcoming health and screening events.	Q4 2021	COMPLETE	
STRATEGY 2.1: Expand Prevention Efforts Around Type II Diabetes Within the Lourdes Primary Care Network through the Lourdes Diabetes Prevention Project (LDPP).			
Task	***Target Due Date***	***Status***	***Notes / Action Items***
Develop a standardized definition of the term "prediabetes" and a range of A1C values to identify patients who may be prediabetic within our primary care network.	Q4 2019	Completed	We continue to follow the ADA's standard of diagnosing prediabetes for patients who have an A1c between 5.7 and 6.4 (inclusive), who have not had an A1c above 6.4. We will continue to accept patients who have had 1 or more A1c's above 6.4 into the LDPP, as long as they are not consecutive. We have communicated this to our participating PCP's.

Standardize the definition of a “nudge” as an intervention specific to prediabetics that is light and ad libitum, utilizing the following types: Diabetes Education from Provider at Visit, Diabetic Medication Prescriptions, Self-Reported Physical Activity, Contact by Lourdes DPP Staff, Health Coach Interaction, Education at Lourdes Diabetes Center, Nutritional Counseling.	Q4 2019	Completed	As we have grown our LDPP patient population we have made changes to the way we offer support to both our Providers and patients. We no longer have a Health Coach engaging with our patients, and have minimal contact between our staff and individual patients. In place of these "interventions" or nudges, we have revised the prediabetes patient handouts to be more comprehensive while organizing the information in a way that allows for the Provider to provide customized education, through Cerner or as a handout from our Provider resource binder. We are no longer sending paperwork directly to patients in the form of newsletters or surveys. We are focusing on facilitating the dialogue between PCP and patient, which we strongly believe is the best way to analyze a patient's needs and appropriately adress them during each office visit. We are promoting Medical Nutrition Therapy classes at the Diabetes Center for patients with prediabetes who are interested in increasing their understanding about how to make lifestyle modifications that will help to prevent diabetes.
Provide guidance and/or outreach support for enrolling patients identified as prediabetics into the Lourdes DPP.	Q4 2021	Completed	We provide initial and ongoing education to our Providers about who qualifies for our program, and offer several ways that a Provider can request to have a patient enrolled.This information is relayed through in-person conversations, written Provider newsletters, and included in our Provider resource binders.
Bring new and existing providers into awareness of their attributed patients meeting the defined criteria for prediabetes, and alert them whenever those patients have upcoming appointments.	Q4 2020	Completed	We continue to do this by identifying eligible patients from daily lab reports, and then comunicating with Providers through Cerner message. We provide notifications in Cerner for every LDPP patient who has an upcoming appointment, with the message "Patient enrolled in the Lourdes Diabetes Prevention Project" displayed under "Reason For Visit". This is a reminder to the PCP to check in with their patient on how they are doing with managing their prediabetes. We also add the same message to the "Sticky Note" in each LDPP patient's EMR, (a tool used by healthcare staff in Primary Care offices) as a quick way to identify whether a qualifying patient has already been enrolled in the project.
Consistently collect data on the frequency and types of nudges received by patients enrolled in Lourdes DPP, as well as all relevant, real-time clinical data for these patients.	Q4 2021	Complete	We collect and analyze data from every time a patient interacts with our healthcare system, including SDOH, risk factors, BMI, labs, and interaction with a HCP. We routinely analyze this data and communicate relevant statistics and trends to our Providers.
Develop a clinically defined statistical model to measure the impact of the Lourdes DPP approach to preventing Diabetes.	Q4 2020	Complete	Working on developing multiple models. Anne Sill is the stastician working on this from St Agnus.
STRATEGY 2.2: Enhance Focus on Controlling Hemoglobin A1C Levels for Adults with Type II Diabetes within the Lourdes Primary Care Network.			
Task	***Target Due Date***	***Status***	***Notes / Action Items***
Work to convert canned diabetes tracking reports to real-time, digital data dashboards, improving our ability to provide timely interventions and coordinated services to type II diabetics served by the primary care network.	Q4 2020	Complete	Care Coordination Dashboard can provide Diabetes data real time. Will develope more detail around this. ***As of 1/27/2021, we are developing a process to connect diabetics with a community health worker as part of a CHW pilot program--these canned reports will play a role in identifying this targeted population.***
Work with primary care providers to discuss new, evidence-based strategies for improved Type II Diabetes management—to guide the development of a standard Care Pathway for the disease.	Q4 2021	Completed	Dr. Holland and other endo providers provide this support.

Develop and produce monthly outreach reports of patients (by provider) with uncontrolled A1C levels so they may be contacted by staff for follow-up.	Q4 2021	Completed	
Coordinate efforts to perform follow-up and outreach to all individuals with uncontrolled Type II Diabetes, prioritizing those with A1C levels of 9.0 or higher.	Q4 2021	Completed but Continuing	We have worked with several HCP's who routinely interact with this group of patients to consolidate the multiple lists which we work from into one list that has all of the relevant patient data as organized by most recent A1c (highest to lowest values), so we can prioritize our interventions. We have a "notes" section on this list where we can add a summary of each contact we have with a patient, which allows us to avoid unnecessary duplication and to build on each other's efforts.
STRATEGY 2.3: Develop a Consistent Way to Effectively Manage and Coordinate Community Outreach and Engagement Activities Across the Organization by 2021.			
Task	***Target Due Date***	***Status***	***Notes / Action Items***
Appoint/hire a community outreach coordinator to oversee all outreach activities throughout the hospital and practice locations.	Q1 2021	Complete	Kristina and Karen are doing this.
Open up access to monthly events calendar for various departments to record events they are hosting throughout the year. (creat one calendar for all departments can have access)	Q2 2021	delayed	Started but due to staffing transitions it was delayed.
Initiate a committee that will focus on planning, coordinating and executing outreach/engagement events.	Q4 2021	delayed	created a committee but then delayed due to COVID.
Identify 3-5 consistent metrics to begin tracking outreach activities across the organization (i.e. # of participants, resource utilization, # of marketing collaterals distributed, etc.)	Q2 2021	Complete but building on this.	Cancer outreach/ Promotion of New Berlin- partipation is tracked.
Work with Ascension Technologies (AT) Team to create an electronic data management tool for outreach activities.	Q2 2021	N/A	Google Suite allows everyone to do this though sheets.
STRATEGY 3.1: Transition to, and promote the usage of, the new Regional Health Information Organization (RHIO), HealtheConnections (HeC), and actively work to increase the number of RHIO patient consents.			
Task	***Target Due Date***	***Status***	***Notes / Action Items***
Complete the migration of current Continuity of Care Documentation (CCD) data from HealthLinkNY to HealtheConnections.	Q2 2020	Completed	
Validate CCD file volume to ensure data accuracy and migration process integrity.	Q3 2020	In Progress but delayed due to COVID	Delayed due to Tom Corino focus on Covid related work
Configure and deploy MyData analytics platform offered by HeC.	Q4 2020	In Progress, delayed due to delay in bi-directional feed	Debbie Blakeney is developing a use case for Smart Health members. She has also collected a list of members that will be grouped for this purpose
Develop and execute quarterly marketing and educational campaigns for the new health RHIO, with the intent to increase the number of patients who consent to share their patient data through the RHIO.	Q4 2021	Not Started	

Add educational information regarding RHIO to annual Lourdes Associate Reorientation (and New Associate Orientation) presentation content to increase internal awareness of RHIO.	Q4 2021	Not Started	
Hold formal trainings for new RHIO users (Lourdes Associates Only) on the last day of each month to include a basic overview of what a RHIO is, as well as how to access, navigate, and use the system.	Q4 2021	Not Started	Work to develop a training framework will commence once RHIO is fully instituted at Lourdes.
STRATEGY 3.2: Once Transition to HealtheConnections (HeC) is complete, Develop and Execute a Comprehensive Strategy to Establish Effective Bi-Directional Data Sharing Between the Lourdes EHR System and HeC.			
Task	***Target Due Date***	***Status***	***Notes / Action Items***
Execute new contract with Cerner to establish bi-directional Clinical Documentation Architecture (CDA) within the Cerner EHR system (for PAMI data only).	Q4 2020	Not Completed	Waiting on Quote
Work to develop and fully implement CDA framework within Cerner EHR system for bi-directional data flow.	Q3 2021	Not Started	
Hold meetings with Cerner and HealtheConnections teams to discuss HL7 V2 design and system requirements for implementing the Results Delivery product offered by HeC (starting with laboratory data).	Q4 2021	Not Started	
Develop a technical implementation strategy for the integration of the Results Delivery product.	Q4 2021	Not Started	
If applicable, develop and execute a new contract with Cerner for Results Delivery process, based on technical implementation strategy.	Q4 2021	Not Started	
Work to complete the implementation strategy, fully establishing Results Delivery data flow from RHIO to Cerner.	Q4 2021	Not Started	
STRATEGY 3.3: Develop Necessary Population Health Infrastructure Throughout the Lourdes Healthcare Network to Provide Appropriate and Comprehensive Care Coordination Services.			
Task	***Target Due Date***	***Status***	***Notes / Action Items***
Identify and acquire the resources needed (i.e. IT support, staffing, programming, etc.) to improve care coordination services for patients.	Q2 2021	COMPLETE	Pop Health Meetings address this needs. Still working on gaining a care management platform but this was delayed due to COVID.
Develop a standard method for risk stratification to screen and identify patients eligible for care coordination services – Define "Rising Risk" and "High Risk" patients and how to prioritize them appropriately.	Q4 2021	COMPLETE	Using Optum now but we are looking for better ways to identy patients. - Pop Health Platform. Upgrade dashboard to have risk stratifcation by disease cohorts, screenign measures and patient demographics.
Conduct outreach to patients identified as being eligible for care coordination services—as a means of recruitment.	Q4 2021	COMPLETE	Care Managers piloted outreach calls to patients with 2 or more chronic diseases during COVID.
Create and implement a data dashboard to support the management of patients engaged in care coordination, as well as predict adverse events.	Q3 2021	COMPLETE	Dashboard has been developed and rolled out to Nurse Navigators and Operations Managers for each primary care location. Ongoing updates occur routinely.

STRATEGY 3.4: Strategically identify and submit funding applications to diverse funding sources to help support the improvement of the population health infrastructure at Lourdes.			
Task	***Target Due Date***	***Status***	***Notes / Action Items***
Research applicable grant Requests for Proposals (RFP) via state and/or federal grant databases, Grants Gateway and Grants.gov, respectively, that could potentially cover the cost of population health infrastructure improvements	Q1 2021	Complete	
Research applicable payor foundation grant opportunities to potentially cover the cost of Population Health Infrastructure Improvements.	Q1 2021	Complete	Bob Cochran- Excellus is giving us $100,000 a year for 5 years for a population health person which is rare but we negotiated it into the commercial contract
Develop a detailed list of identified funding opportunities, including: organization contact info, applicant eligibility criteria, award amounts, funding period(s), application deadlines, and any applicable requirements.	Q2 2021	Complete	
Form a grant writing team to assess and discuss each grant opportunity for relevance and feasibility of applying.	Q2 2021	Complete	
Hold meetings with select major insurance payers to discuss possible value-based payment opportunities to help bolster population health improvement activities aimed at driving better health outcomes.	Q4 2021	Complete	Bob is currently meeting with payors on a regular basis to discuss VBP, metrics, and improvement opportunities