Community Health Needs Assessment for Robert Packer Hospital: Bradford, PA, Tioga, PA, Chemung, NY, and Tioga, NY:

February 2019
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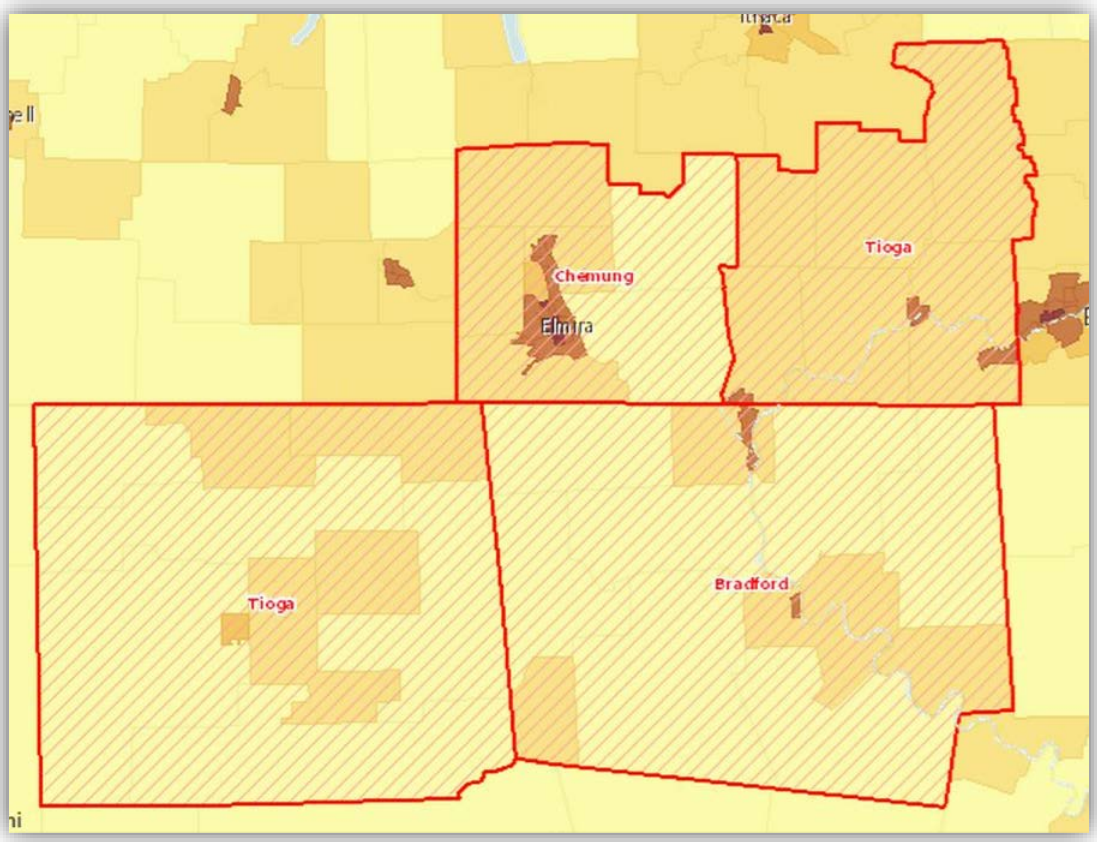

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Table of Contents

Introduction

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

This CHNA document contains a description and supporting data of the community and the existing community needs. This information is summarized into the following categories: (1) demographics of the primary service area (race/ethnicity, income, education, employment); (2) insurance coverage (commercial, Medicare/Medicaid, uninsured), healthcare infrastructure (number and types of health care providers and services); and (3) key health challenges (access to mental health providers, lung cancer incidence, obesity, preventable hospital events, and HIV screenings). The assessment also includes projected changes in the community demographics and health care infrastructure for the 3-year program period. Based on the information from this CHNA, projects that meet the needs of the community will be selected and implemented.

Overview of Guthrie Health

The Guthrie Clinic

The Guthrie Clinic (TGC) is a not-for-profit, integrated health care organization consisting of more than 301 primary care and specialty physicians and 230 mid-level healthcare providers. TGC is located across Northeastern Pennsylvania and the Southern Tier of New York State. TGC consists of five (5) hospitals and thirty-two (32) regional provider offices in 23 communities, home health and home care services, and a research foundation. TGC manages more than 1,200,000 patient visits a year. The majority of the patients seen within TGC originate from rural communities. TGC offers programs designed to enhance the health and well-being of those it serves. Similarly, the overall mission of TGC is to work with the surrounding communities to help each person attain optimal, life-long health and well-being. To do this, TGC provides integrated, clinically-advanced services that prevent, diagnose, and treat disease, within an environment of compassion, learning, and discovery.

Robert Packer Hospital

Robert Packer Hospital (RPH) is a not-for-profit community teaching hospital and an entity under The Guthrie Clinic (TGC). RPH is located in Sayre, PA and is a 254-bed tertiary care hospital that serves the Southern Tier region of New York and the Northern Tier region of Pennsylvania. The primary service area for RPH includes Bradford County, PA, Tioga County, PA, Chemung County, NY, and Tioga County, NY. In Fiscal Year 2018, RPH had over 16,950 inpatient visits, more than 14,980 outpatient surgeries, and 7,480 inpatient surgeries. The RPH Emergency Department had over 35,790 visits. Further, during the same time period, there were over 750 births and 86,512 outpatient visits.

RPH has received numerous national awards for high quality patient care such as the Primary Stroke Center by the Joint Commission and American Heart Association/American Stroke Association's Get With The Guidelines®-Stroke Silver Plus Quality Achievement Award, Commission on Cancer Accreditation, and was recognized as one of the nation's Most Wired hospitals, according to the results of the 2017 Most Wired Survey.

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

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

The table below summarizes the total staff employed by RPH listed by health occupation. Please note, most physicians are employed by Guthrie Medical Group (GMG).

Health Occupation who serve in the primary service area of RPH:	**Robert Packer Hospital**
Physicians	222
Internal Medicine Physicians, Family Practice Physicians and Hospitalist	49
Physician Assistants/Nurse Practitioners	168
Registered Nurses	420
Other Health Professions	236

*Numbers derived from GMG and HRIS Data
*Examples of Other Health Professions include speech pathologist, physical therapists, occupational therapist

Robert Packer Hospital has a strong commitment to health profession education. Specifically, their Continuing Medical Education office offers symposiums open to unaffiliated professionals, sponsors Medical Grand Rounds weekly, and supports the Guthrie Scholars Program. The Scholars Program provides early acceptance to medical

school for exceptional students from the surrounding communities. RPH further hosts three allied health-training programs in radiologic technology, respiratory therapy and medical technology/medical laboratory science. In affiliation with Mansfield University RPH offers a baccalaureate degree in nursing program. Further, as a dedicated clinical campus of Geisinger Commonwealth School of Medicine RPH offers clinical rotations for medical students.

Purpose and Goals

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

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

The Community We Serve

RPH serves mostly a rural population over a large geographic area from four counties covering the Twin Tier regions of New York and Pennsylvania. The primary service area of RPH is defined as 67 contiguous ZIP codes from which over 75% of the inpatient population is derived. The 67 contiguous ZIP codes include 233,813 people, the majority of which are white, non-Hispanic, between the ages of 35-54. In this geographic area,

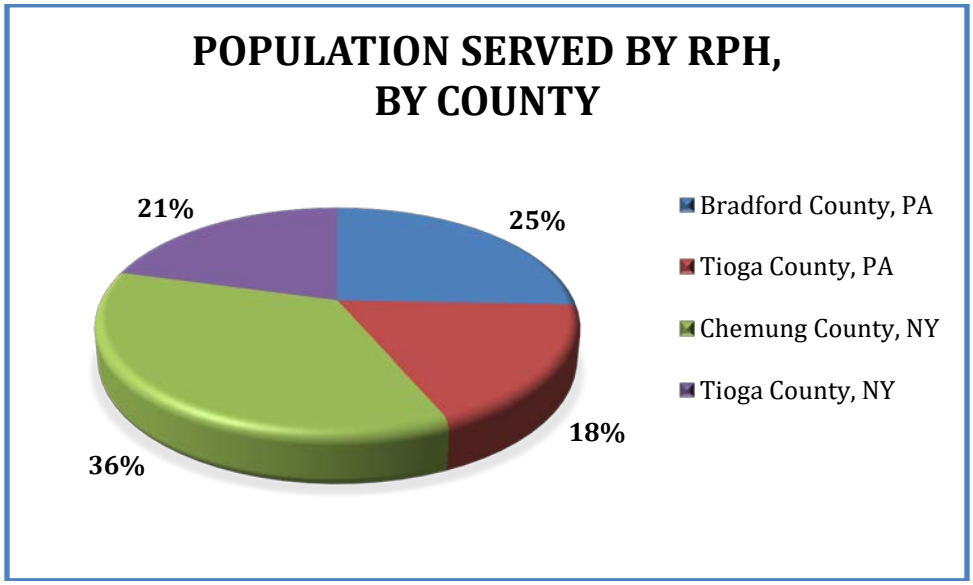
40.7% of individuals age 25 plus, have at least a high school degree with 27.5% and 21.6% having some college and bachelor's degree/higher, respectively. From 2010 until 2018 there was a 3.9% decrease in the overall population served by RPH. It is anticipated that between 2018 and 2023, a decrease of 1.8% will be observed in the overall population served by RPH. Refer to the information below for a summary by county.

Demographics

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

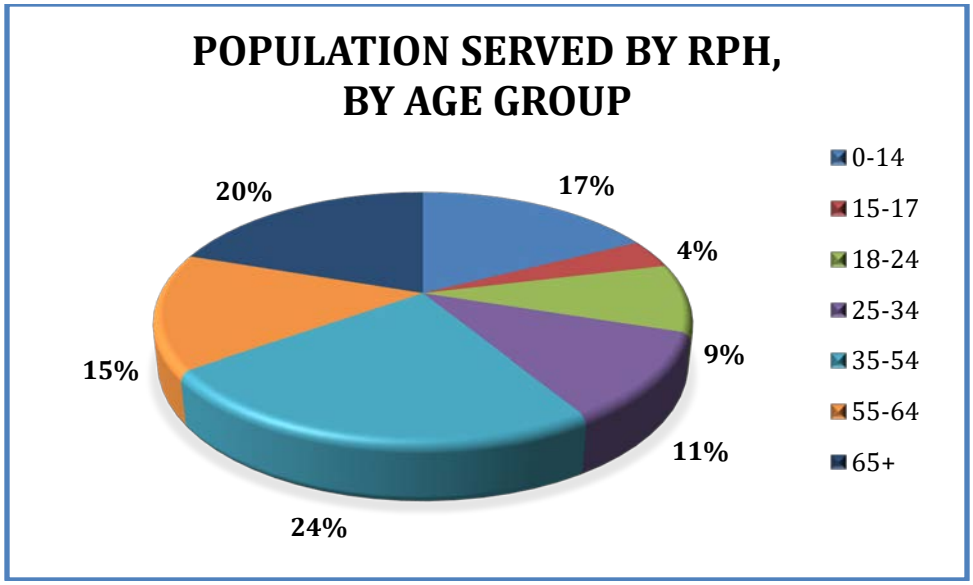
Population Served by RPH, by County:

Population Served by RPH, by County (2018)	
County	**Total Population**
Bradford County, PA	59,877
Tioga County, PA	41,871
Chemung County, NY	83,571
Tioga County, NY	48,494



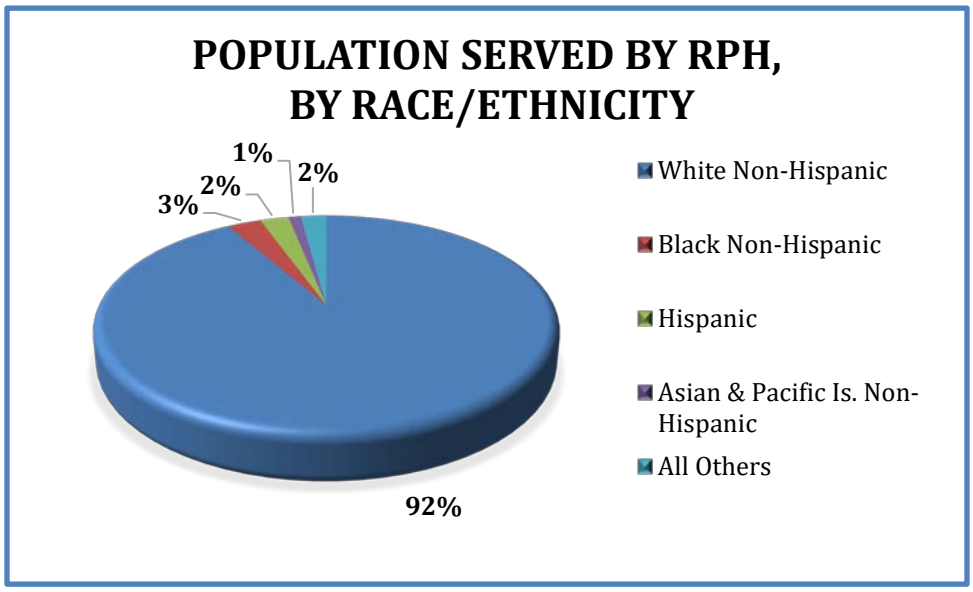
Population Served by RPH, by Age Group:

Population Served by RPH, by Age Group (2018)	
Age Group	**Total Population**
0-14	40,807
15-17	8,694
18-24	20,677
25-34	26,414
35-54	55,781
55-64	35,295
65+	46,145



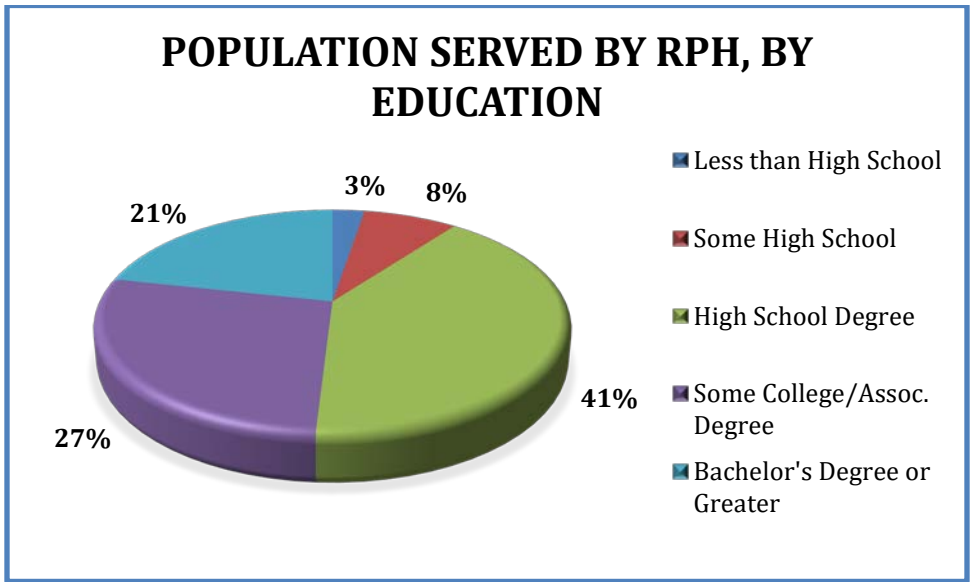
Population Served by RPH, by Race/Ethnicity:

Population Served by RPH, by Race/Ethnicity (2018)	
Race/Ethnicity	**Total Population**
White Non-Hispanic	214,348
Black Non-Hispanic	6,532
Hispanic	5,565
Asian & Pacific Is. Non-Hispanic	2,387
All Others	4,981



Population Served by RPH, by Education:

Population Served by RPH, by Education (2018)	
2018 Adult Education Level	**Population Age 25+**
Less than High School	4,264
Some High School	12,533
High School Degree	66,583
Some College/Assoc. Degree	44,943
Bachelor's Degree or Greater	35,312



Average Household Income

The 2018 average household income for the geographic area served by RPH was $71,465. This is below the US average of $86,278. The 2017 US average for individuals living below the poverty level is 13.4% of the population. All four counties are below the national average household income.

Population Served by RPH, by Income Distribution (2018)			
2018 Household Income	**HH Count**	**% of Total**	**USA % of Total**
<$15K	10,407	10.9%	10.9%
$15-25K	10,128	10.6%	9.5%
$25-50K	22,712	23.8%	22.1%
$50-75K	19,010	19.9%	17.1%
$75-100K	12,293	12.9%	12.3%
Over 100K	20,955	21.9%	28.2%

Unemployment

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

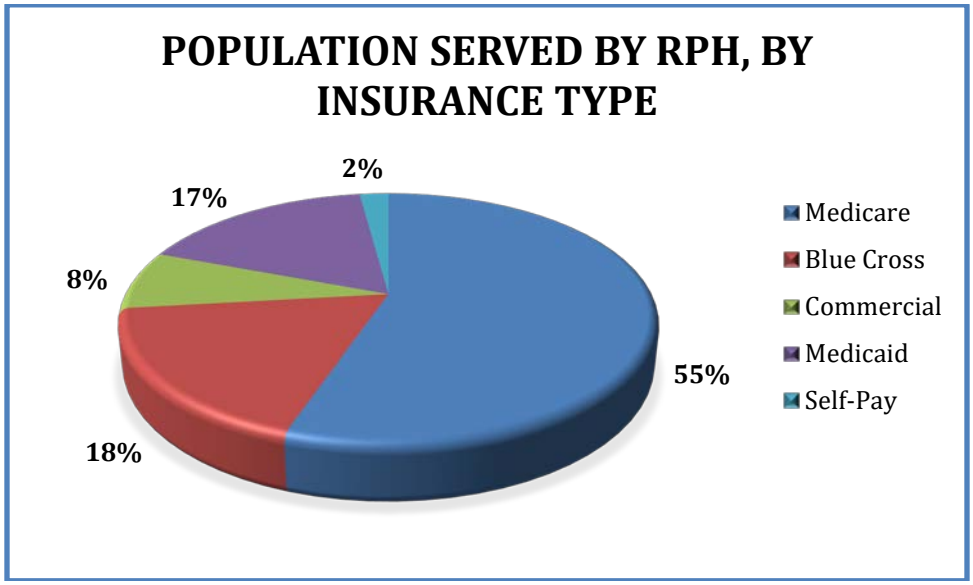
Population Served by RPH, Unemployment Statistics (2017)	
County	**Unemployment Rate**
Bradford County, PA	5.1%
Tioga County, PA	6.0%
Chemung County, NY	5.6%
Tioga County, NY	5.2%

*Annual 2017 Unemployment Rates by County, Not Seasonally Adjusted (Data Source: Bureau of Labor Statistics)

Insurance Coverage

In 2018, more than half of the individuals seen through the inpatient setting at RPH were covered by Medicare (55.2%). Approximately 5.31% of the population in Chemung County and 5.67% of the population in Tioga County, NY live without medical insurance, which is below the NY (8.63%) and national (12.08%) averages. Approximately 8.16% of the population in Bradford County, PA and 8.46% of Tioga County, PA live without medical insurance, which is above the PA (7.59%) average, but below the national average (US Census Bureau, 2016).

Population Served by RPH, by Insurance Type (2018)	
Insurance Carrier	**Population Percentage**
Medicare	55.2%
Blue Cross	17.9%
Commercial	7.6%
Medicaid	17.1%
Self-Pay	2.1%



Approach and Methodology

The RPH community health needs assessment began with a review of primary data sources, specifically survey and focus group data that had been collected throughout 2018 and early 2019. Due to the limitations surrounding health needs perceptions contained in this collected information from the four counties we primarily relied on secondary data sources for this assessment. The secondary data sources included the most recent County Health Rankings and data collected through the Strategic Marketing Department (demographic information, discharge data, etc.). Recent indicators of health were collected from Community Commons and compared to county, state, national and Healthy People 2020 reference data. All information was assembled and a CHNA group of community members, health care providers (physicians and nurses), administrators, and an individual with experience in public health was invited to review the findings. The

data was stratified into three categories which included clinical care, health behaviors and health outcomes. Within the four counties that comprise the primary service area for RPH thirty-seven indicators of health were identified to be below the state, national, or Healthy People 2020 goal. Once the thirty-seven indicators were identified, they were prioritized by each individual of the CHNA group using the Hanlon Method.

The Hanlon Method uses a two-step process to score indicators of health. The first step ensures that each need meets the PEARL test which includes: Propriety – is an intervention suitable?; Economics- does it make economic sense to address the need?; Acceptability- is the community open to addressing this need and will it accept the intervention?; Resources- are resources available?; Legality- is the intervention lawful?. The second step of the Hanlon Method includes assigning a score from 0-10 for each need based regarding the (1) size of the problem (2) seriousness of the problem and (3) effectiveness potential of an intervention. Using this methodology, the CHNA group scored each of the unmet needs from which several priority needs were identified for the primary service area of RPH. Further, once scored, the results were shared with the CHNA group for discussion. The group was also given the opportunity to adjust any rankings. This process of prioritization classified three areas of unmet health care needs. In sequential order (highest to lowest score) these priority needs included:

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

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

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

- Preventable Hospital Events
- HIV Screening

Data Gaps Identified

The most current and up-to-date data was used to determine the community needs. However, data gaps still existed primarily due to low survey response. Primarily, the gaps exist in the Health Behavior Category, including: Alcoholic Beverage Expenditures, Fruit/Vegetable Expenditures, and Soda Expenditures, for all four counties. Additional data gaps include Percentage of Adults with High Blood Pressure Not Taking Medication data for Tioga County, NY; Percentage of Mothers with Late or No Prenatal Care data for all four counties; Mortality due to Homicide data for all four counties, and Annual Cervical Cancer Incidence data for Tioga County, NY and Tioga County, PA. The CHNA group also suggested that additional information regarding community awareness of health information exchange, opioid use, and preventable hospital events are other areas which additional information should be gathered.

Response to Findings

Access to Mental Health Providers

The World Health Organization (WHO) reports that over 26% of Americans will be affected by mental or neurological disorders in a given year. In the US, 9.5% of Americans will be affected by depression, 2.6% of Americans will be affected by bipolar disorder, and 1% of Americans will be affected by schizophrenia. According to the WHO, approximately 800,000 people die as a result of suicide every year (one person every 40 seconds). Suicide is the 10th leading cause of death in the US and the 2nd leading cause of death for people 10 – 34. Approximately 25% of those living with a mental illness also has a co-occurring addiction disorder. In the service area for RPH, three counties (exception: Chemung County, NY) report lower than PA/NY State and national benchmarks for access to mental health providers (see table below).

County	Ratio of Mental Health Providers to Population (1 Provider per x Persons)	Mental Health Care Provider Rate (Per 100,000 Population)	New York	Pennsylvania	US
Chemung, NY	690.6	**229**	238.1	171.5	202.8
Tioga, NY	436.7	**130.3**	238.1	171.5	202.8
Bradford, PA	1,544.6	**64.7**	238.1	171.5	202.8
Tioga, PA	960.8	**104**	238.1	171.5	202.8

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

Additionally, three of the four counties (exception: Tioga County, PA) exhibit higher age-adjusted suicide rates than their respective State benchmark. One of the four are higher than the United States Benchmark (see table below.

County	Age-Adjusted Death Rate (Per 100,000 Population)	New York	Pennsylvania	US
Chemung, NY	**10.1**	8.1	13.55	13
Tioga, NY	**11.1**	8.1	13.55	13
Bradford, PA	**19.6**	8.1	13.55	13
Tioga, PA	**12.3**	8.1	13.55	13

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

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

Every day, over 130 people in the US die of an opioid overdose (NIH, 2019). Drug overdose is the leading cause of accidental death in the US, with opioids being the most common drug used (NCBI, 2018). In the four counties primarily served by RPH, all four counties were above their respective State benchmark for Accidental Deaths and three of the four counties were above the national benchmark of 41.9 deaths per 100,000 population (see table below).

County	Age-Adjusted Death Rate (Per 100,000 Population)	New York	Pennsylvania	US
Chemung, NY	**46.1**	29.46	50.1	41.9
Tioga, NY	**41.6**	29.46	50.1	41.9
Bradford, PA	**54.3**	29.46	50.1	41.9
Tioga, PA	**52.3**	29.46	50.1	41.9

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

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

Cancer Incidence - Lung

Lung cancer is the second most common cancer and the leading cause of cancer death among both men and women (ACS, 2019). Tobacco usage (smoking) remains a leading cause of most lung cancers. The counties that comprise the RPH core service area have a lung cancer incidence rate and a higher tobacco usage rate for former or current smokers than NY/PA state or US averages, respectively (refer to below summary tables).

County	Cancer Incidence Rate (Annual Incidence Rate Per 100,000 population)	New York	Pennsylvania	US
Chemung, NY	**73.3**	60.6	65.4	61.2
Tioga, NY	**65.1**	60.6	65.4	61.2
Bradford, PA	**69.7**	60.6	65.4	61.2
Tioga, PA	**66.8**	60.6	65.4	61.2

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

County	Percent Adults Ever Smoking 100 or More Cigarettes	New York	Pennsylvania	US
Chemung, NY	**42.75%**	42.69%	47.33%	44.16%
Tioga, NY	**50.10%**	42.69%	47.33%	44.16%
Bradford, PA	**48.18%**	42.69%	47.33%	44.16%
Tioga, PA	**47.80%**	42.69%	47.33%	44.16%

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

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

Obesity (Adults)

Over the past twenty years the rate of obese adults within the US population has more than doubled (DHHS, 2010). According to Medical News Today (2017), about 36% of American adults are currently obese (more than 1 in 3). The health risks associated with obesity, include hypertension, type 2 diabetes, stroke, heart disease, mental illness, etc. (MNT, 2017) The Centers for Disease Control (CDC) has used body mass index (BMI: weight in kilograms/(height in meters)^2) to define the level of excess weight. Obesity is defined as a BMI of greater than 30 and according to the World Health Organization (WHO), worldwide obesity has increased since 1980 to more than 1.4 billion adults.

Similar to the US population, the four counties that comprise the primary service area for RPH have experienced an increase in obesity rates. Four counties are greater than the percent obese US total of 27.5% and all four counties exceed the lower, NY state goal (refer to table below). The percent obese listed below include the percentage of adults age 20 or older who reported a BMI greater than 30. The percent overweight listed below include the percentage of adults aged 18 and older who reported a BMI between 25.0 and 30.0 (refer to table).

County	Population (20 years or older)	Adults with BMI > 30.0 (Obese)	Percent Adults with BMI > 30.0 (Obese)	New York	Pennsylvania	US
Chemung, NY	66,911	19,471	**28.7%**	24.3%	29%	27.5%
Tioga, NY	37,802	11,076	**28.8%**	24.3%	29%	27.5%
Bradford, PA	47,197	15,339	**32.2%**	24.3%	29%	27.5%
Tioga, PA	32,422	9,824	**30.1%**	24.3%	29%	27.5%

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

County	Population (18 years or older)	Total Adults Overweight	Percent Adults Overweight	New York	Pennsylvania	US
Chemung, NY	43,515	13,375	**30.7%**	36.4%	35.9%	35.8%
Tioga, NY	53,970	16,227	**30.1%**	36.4%	35.9%	35.8%
Bradford, PA	46,167	19,352	**41.9%**	36.4%	35.9%	35.8%
Tioga, PA	40,332	10,435	**25.9%**	36.4%	35.9%	35.8%

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

Preventable Hospital Events

Preventable hospital events include conditions such as pneumonia, dehydration, asthma, diabetes, etc. that could have potentially been preventable. Many of these conditions could be prevented if adequate primary care resources were available and accessible to those patients. This indicator is relevant, because analysis of ambulatory care sensitive (ACS) condition discharges allow organizations to determine if interventions are reducing admissions through better primary care resources (Community Commons, 2018). Each of the counties in the four-county area that comprises RPH's primary service area, have ACS condition discharge rates that exceed both NY/PA state averages and the US average (refer to table below).

County	Total Medicare Part A Enrollees	Ambulatory Care Sensitive Condition Hospital Discharges	Ambulatory Care Sensitive Condition Discharge Rate	New York	Pennsylvania	US
Chemung, NY	9,338	798	**85.5**	47.6	51.5	49.9
Tioga, NY	5,128	303	**59.2**	47.6	51.5	49.9
Bradford, PA	8,372	651	**77.8**	47.6	51.5	49.9
Tioga, PA	6,058	411	**67.9**	47.6	51.5	49.9

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

HIV Screening

An estimated 1.1 million people over age 13, live with HIV infection in the US, including approximately 162,500 (15%) people who are undiagnosed (CDC, 2015). This indicator reports the percentage of adults age 18 – 70 who self-report that they have never been screened for HIV. Engaging in preventative behaviors enables earlier detection and treatment of the condition. Additionally, this indicator addresses a potential lack of

preventative care, health knowledge, and/or social barriers preventing utilization of services (Community Commons, 2018). The percentage of adults never screened for HIV/AIDS in all four counties exceed both NY/PA state averages and the US average (refer to table below).

County	Survey Population (18 years or older)	Total Adults Never Screened for HIV/AIDS	Percentage of Adults Never Screened for HIV/AIDS	New York	Pennsylvania	US
Chemung, NY	43,475	30,906	**71.09%**	56.56%	67.92%	62.79%
Tioga, NY	50,504	41,898	**82.96%**	56.56%	67.92%	62.79%
Bradford, PA	45,861	35,797	**78.05%**	56.56%	67.92%	62.79%
Tioga, PA	39,399	28,509	**72.36%**	56.56%	67.92%	62.79%

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

Community Benefit Plan

As the process to identify community needs continues to evolve within Robert Packer Hospital (RPH), unmet needs will be evaluated, prioritized and incorporated as necessary. Moreover, new community partnerships will be formed, and public comments will be reviewed as received and incorporated when applicable. The community benefit plan along with the community needs assessment will continue to have the overall approach of documenting unmet community health needs, identifying strengths/assets within RPH, and targeting programs for implementation where these two areas intersect. Through the review of all relevant data sources the CHNA group identified three areas for community benefit to be addressed. These three areas were identified as priorities as they showed the greatest potential for improvement in the overall health status of the community RPH serves. The implementation strategy for RPH will be presented in a separate document.

In addition to the CHNA group, this report in its entirety will be shared during regular meetings throughout 2020 and 2021 with the S2AY Rural Health Network, East Central Division of the American Cancer Society, Tioga Partnership for Community Health, and the Chemung, Schuyler, and Steuben Health Departments for their review, input, and solicitation of written comments.