

Table of Contents

Introduction	3
Overview of Guthrie Health	4
The Guthrie Clinic.....	4
Troy Community Hospital	4
Purpose and Goals	5
The Community We Serve	5
Demographics	6
Population Served by TCH, by County	6
Population Served by TCH, by Age Group.....	7
Population Served by TCH, by Race	9
Population Served by TCH, by Ethnicity	9
Population Served by TCH, Changes in Race and Ethnicity	10
Population Served by TCH, by Education.....	11
Population Served by TCH, by Income	12
Poverty.....	13
Unemployment.....	13
Population with any disability.....	15
Veterans.....	16
Insurance Coverage	16
Evaluation of Immediately Preceding CHNA	18
Approach and Methods	19
Primary Data	19
Secondary Data	20
Methods.....	22
Resources Available to Address Needs	23
Data gaps Identified	23
Response to Findings	24
Mental Health	24
Obesity	25
Emergency Department Utilization	27
High Blood Pressure	28
Diabetes	29
Community Benefit Plan	30

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 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 (mental health and obesity). The assessment also includes projected changes in the community demographics and health care infrastructure for the 3-year program period. Based on the information from this CHNA, projects that meet the needs of the community will be selected and implemented.

Overview of Guthrie Health

The Guthrie Clinic

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

Troy Community Hospital

Troy Community Hospital (TCH) is a not-for-profit, 25-bed critical access hospital and a member of The Guthrie Clinic (TGC). TCH is located in Troy, PA and is a critical access hospital that serves a primary service area of Bradford County, PA. In Fiscal Year 2021, TCH had over 600 inpatient visits, more than 1,808 short procedures, 33 inpatient surgeries and 150 outpatient surgeries. The TCH Emergency Department had over 6,500 visits and managed over 12,000 outpatient visits.

In 2017, TCH was awarded full Trauma Center Accreditation as an Adult Level IV Trauma Center. TCH is also accredited by the American Osteopathic Association. The hospital has also received national awards for high quality patient care such as the Women's Choice Award[®] recognizing America's Best Hospitals for Emergency Care and National Committee for Quality Assurance (NCQA) Patient-Centered Medical Home (PCMH) Recognition for quality patient-centered care. TCH is a Regional Level IV Trauma Center, accredited by the Pennsylvania Trauma Systems Foundation and is equipped to stabilize injured patients to transfer them quickly to a higher-level trauma center. This is an important link in the trauma system, especially in remote areas like Troy where weather and distance play a critical factor in trauma patient survival. TCH offers a range of services, including emergency care, laboratory services, medical imaging, rehabilitation, sleep studies, sub-acute care, surgical care, a ventilator management program, and other supporting services.

Purpose and Goals

Troy Community Hospital (TCH) and The Guthrie Clinic (TGC) emphasize primary health care services, health promotion, and chronic disease prevention and management for the community we serve. TCH'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 limitations within TCH'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 TCH 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 the strategic organizational goals of TCH. 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

Troy Community Hospital (TCH) serves a rural population over the geographic area of Bradford County, Pennsylvania. The primary service area is defined as four contiguous ZIP codes from which we derive at least 75% of our inpatient population. From the American Community Survey (2015-2019), the four contiguous ZIP codes include 60,963 people, the majority of which are white, non-Hispanic and 65 years or older. In this geographic area, 50.8% of individuals aged 18 or older have at least a high school degree with 47.0% and 15.3% having some college and 18.7% bachelor's degree/higher. Twenty percent of the population in Bradford County is 65 years of age or older whereas in the United States this age group makes up only fifteen percent of the population (Community Commons, 2022). Please refer to the information below for a summary of the county).

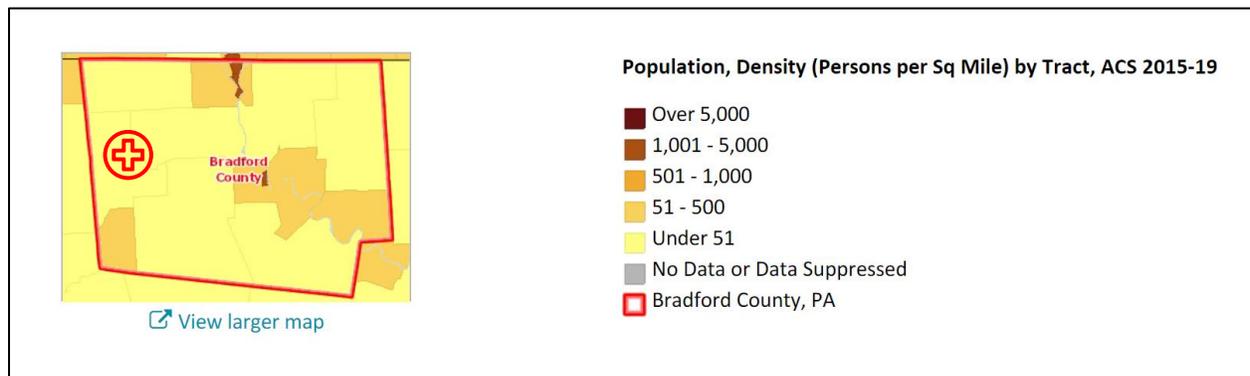
Demographics

*Data Sources: Community Commons

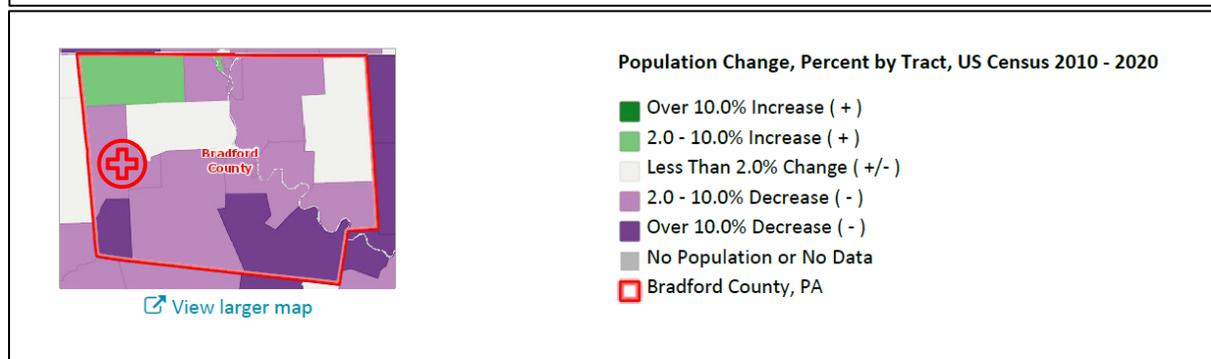
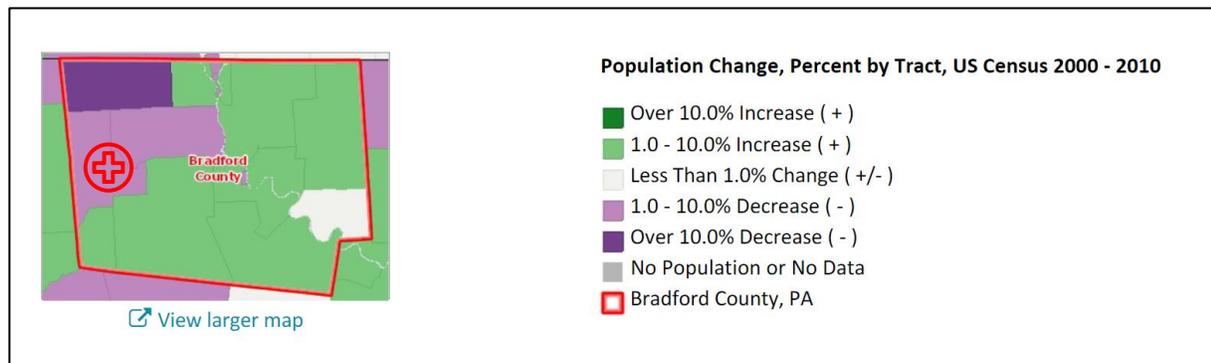
Population Served by TCH, by County:

Population Served by TCH, by County (2020)	
County	Total Population
Bradford County, PA	59,967

Data Source: US Census Bureau, Decennial Census. 2020. Source geography: Tract. Retrieved from Community Commons, Feb 5, 2022.



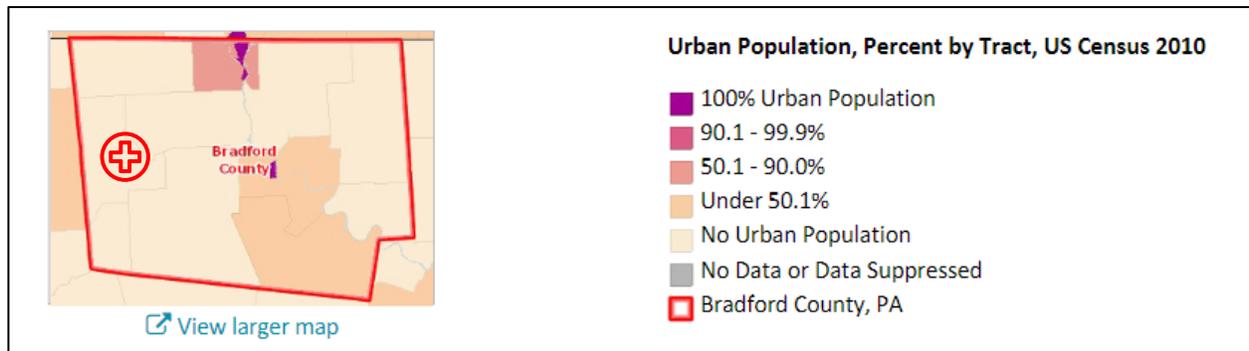
Data Source: US Census Bureau, American Community Survey. 2015-19. Source geography: Tract. Retrieved from Community Commons, Feb 5, 2022.



Data Source: US Census Bureau, Decennial Census. 2000 - 2010. Source geography: Tract. Retrieved from Community Commons, Feb 5, 2022.

According to the United States Census Bureau Decennial Census, between 2000 and 2010 the population in Bradford County fell by -140 persons, a change of -0.22%. During 2010-2020, the population fell by 2,655 persons, a change of -4.24%. A significant positive or negative shift in total population over time impacts healthcare providers and the utilization of community resources (Community Commons, 2022).

In Bradford County, 17,425 (27.83%) of the 62,622 population is classified as urban, while 45,197 (72.17%) of the 62,622 is classified as rural in the 2010 Census (Community Commons, 2022).



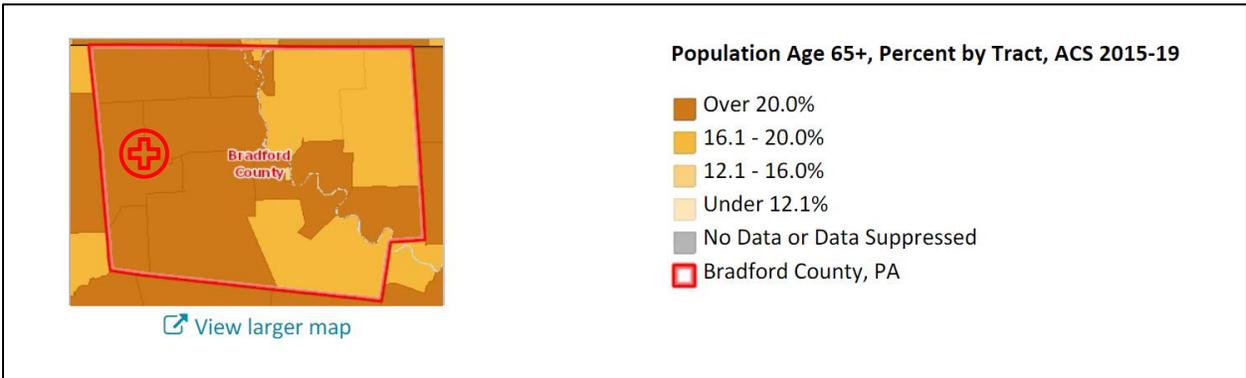
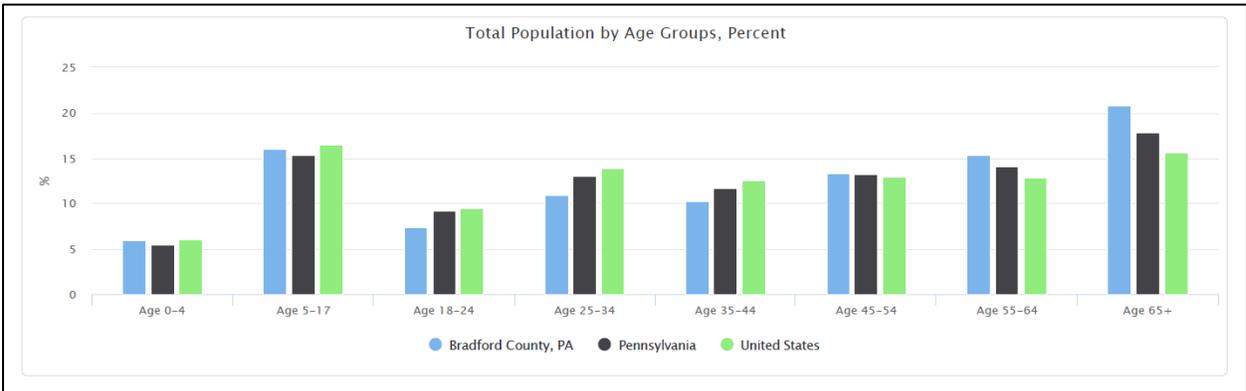
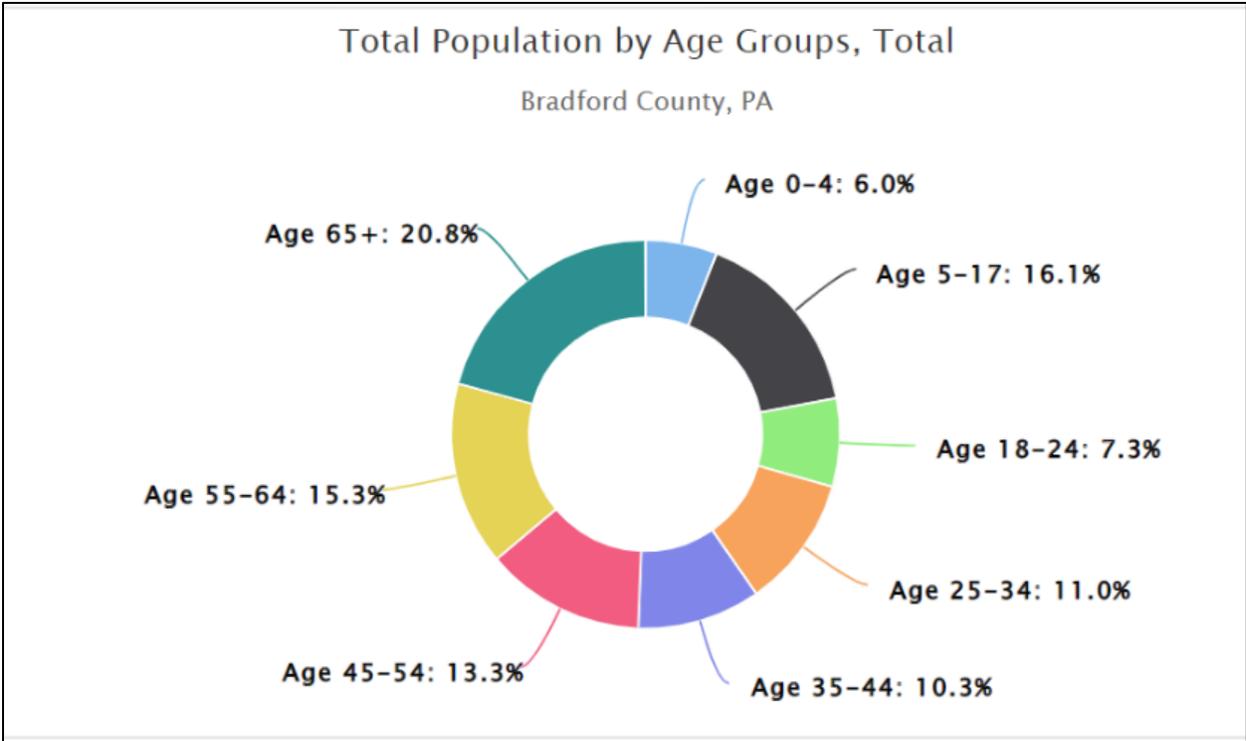
Data Source: US Census Bureau, Decennial Census. 2010. Source geography: Tract. Retrieved from Community Commons, Feb 5, 2022.

Population Served by TCH, by Age Group:

Bradford County has a larger percentage of adults over 65 than the United States or Pennsylvania and is experiencing an out-migration of young adults 20-29 years old (Community Commons, 2022).

Population Served by TCH, by Age Group (2019)		
Age Group	Total Population	% Total Population
0-4	3,642	5.97%
5-17	9,789	16.06%
18-24	4,473	7.34%
25-34	6,694	10.98%
35-44	6,256	10.26%
45-54	8,107	13.30%
55-64	9,331	15.31%
65+	12,671	20.78%

Data Source: US Census Bureau, American Community Survey. 2015-19. Source geography: Tract. Retrieved from Community Commons, Feb 5, 2022.

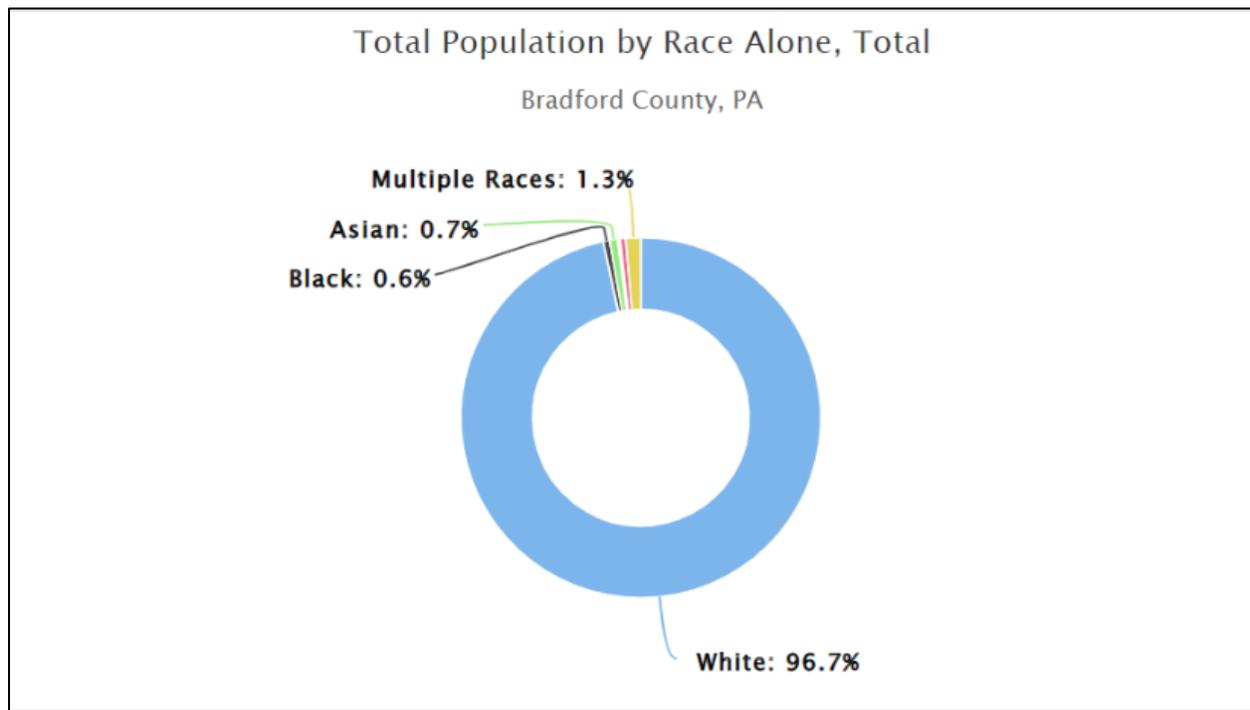


Data Source: US Census Bureau, American Community Survey. 2015-19. Source geography: Tract. Retrieved from Community Commons, Feb 5, 2022.

Population Served by TCH, by Race Alone:

Race	Total Population	Total Population %
White	58,934	96.7%
Black	337	0.55%
Asian	437	0.72%
Native American/Alaska Native	30	0.5%
Native Hawaiian/Pacific Islander	100	0.16%
Some Other Race	317	0.52%
Multiple Races	808	1.33%

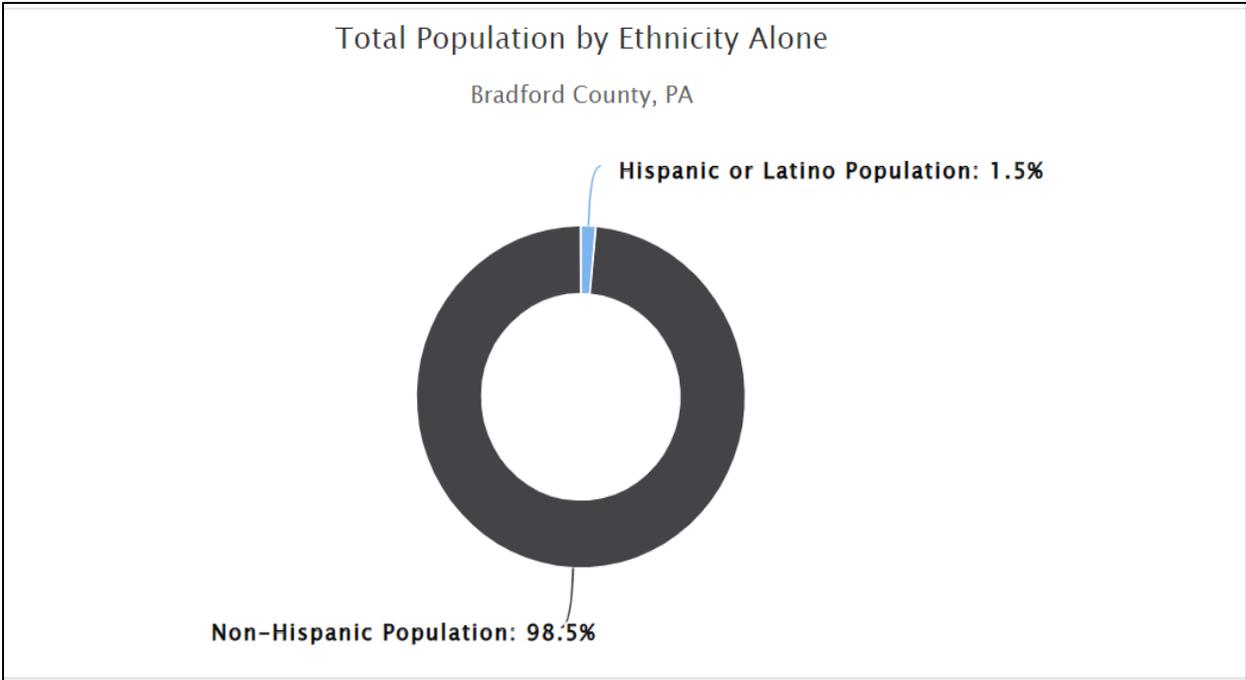
Data Source: US Census Bureau, American Community Survey. 2015-19. Source geography: Tract. Retrieved from Community Commons, Feb 5, 2022.



Population Served by TCH, by Ethnicity Alone:

Ethnicity	Total Population	Total Population %
Hispanic or Latino Population	901	1.48%
Non-Hispanic Population	60,062	98.52%

Data Source: US Census Bureau, American Community Survey. 2015-19. Source geography: Tract. Retrieved from Community Commons, Feb 5, 2022.



Population Served by TCH, Changes in Race and Ethnicity

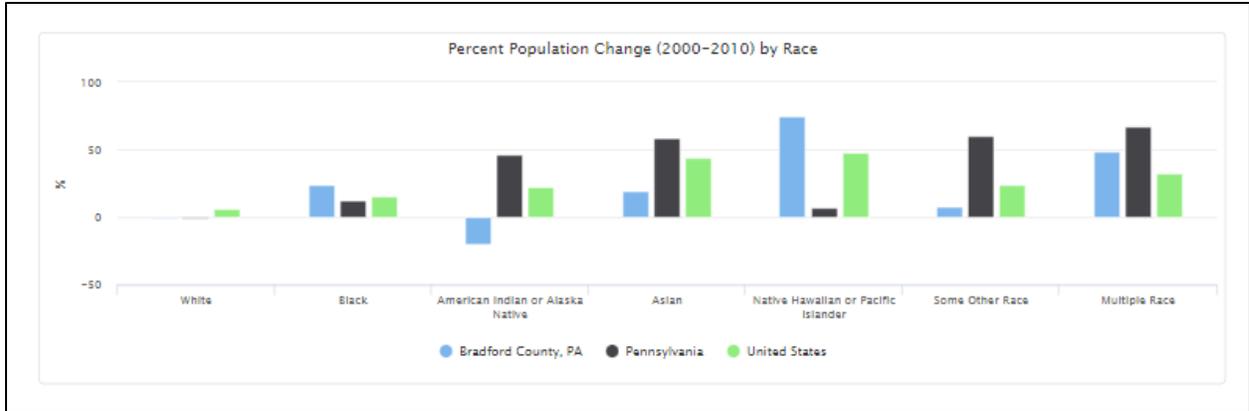
The population of Bradford County has declined during the last two census periods. Despite a decline in overall population, the population of Black, Asian, Some Other Race and, Multiple Race is increasing as seen in the chart below:

Total Population Change (2000-2010) by Race

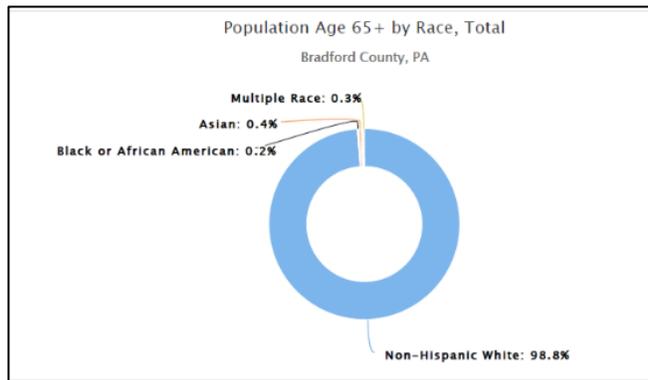
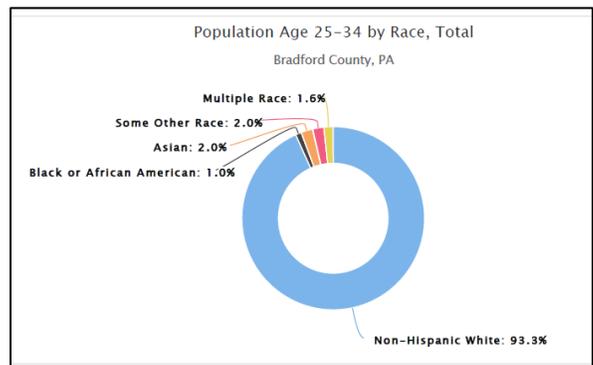
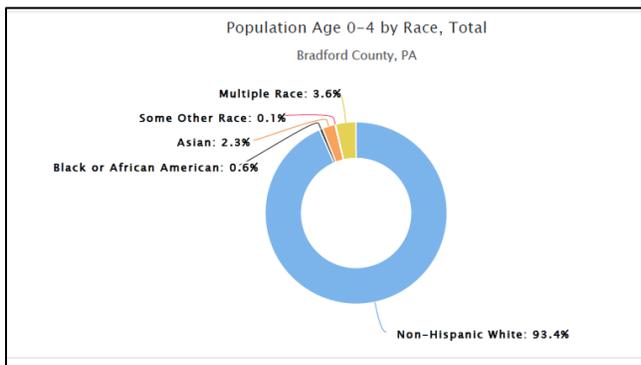
This indicator reports the total population change of the report area by race.

Report Area	White	Black	American Indian or Alaska Native	Asian	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race
Bradford County, PA	-437	60	-39	54	3	9	210
Pennsylvania	-77,908	153,077	8,495	129,275	236	112,546	95,612
United States	12,199,518	5,189,316	521,420	4,433,864	141,446	3,703,567	2,190,889

Data Source: US Census Bureau, Decennial Census. 2000 - 2010. Source geography: Tract. Retrieved from Community Commons, Feb 5, 2022.



The age group within the population of Bradford County with the highest racial diversity is infants and children 0-4 years old and individuals 25-34 years old. The age group with the least racial diversity is adults over 65 years of age.



Data Source: US Census Bureau, American Community Survey. 2015-19. Source geography: County. Retrieved from Community Commons, Mar 9, 2022.

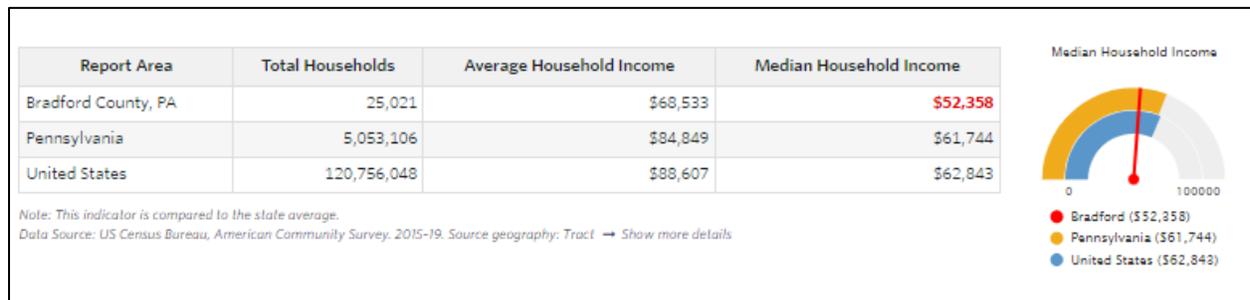
Population Served by TCH, by Education:

Population Served by TCH, by Education (2019)	
2019 Adult Education Level	% Population Age 18+
No High School Diploma	9.89%
High School Only	47.0%
Some College	15.3%
Assoc. Degree	9.0%
Bachelor's Degree	12.1%
Graduate or Professional Degree	6.6%

Data Source: US Census Bureau, American Community Survey. 2015-19. Source geography: County. Retrieved from Community Commons, Mar 9, 2022.

Population Served by TCH, by Income:

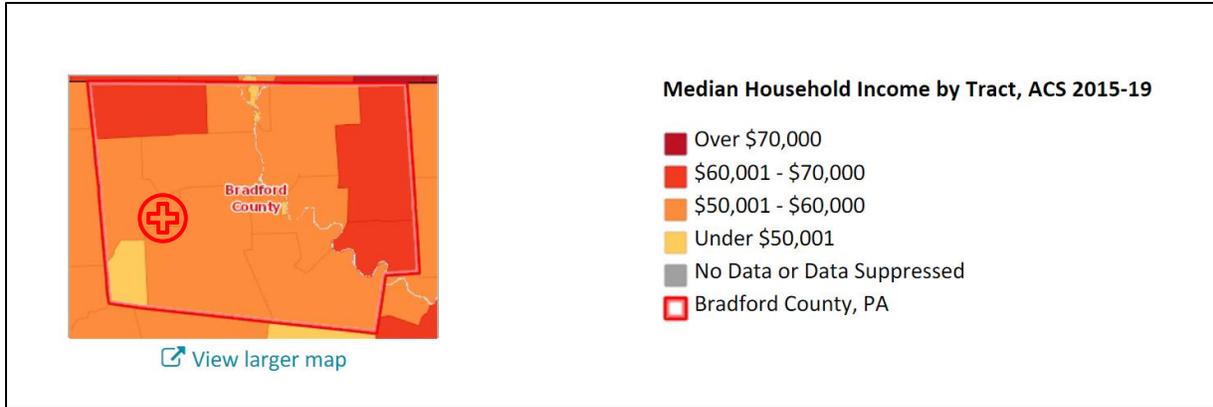
The 2019 average household income for the geographic area served by TCH was \$52,358. This is below the US average of \$62,843. The per capita income for the report area is \$28,391, which is below the US average of \$34,102. The per capita income is calculated by averaging the income for every man, women, and child in the specified area. Refer to the table below for household income distribution.



Median Household Income:

# Person Households	Bradford County	United States
1	\$26,804	\$32,008
2	\$57,768	\$70,231
3	\$71,742	\$81,087
4	\$80,417	\$93,831
5	\$71,944	\$86,817
6	\$64,500	\$83,852
7 or more	\$76,991	\$88,580

Data Source: US Census Bureau, American Community Survey. 2015-19. Source geography: Tract. Retrieved from Community Commons Mar 9, 2022



Median Household Income by Race/Ethnicity of Householder:

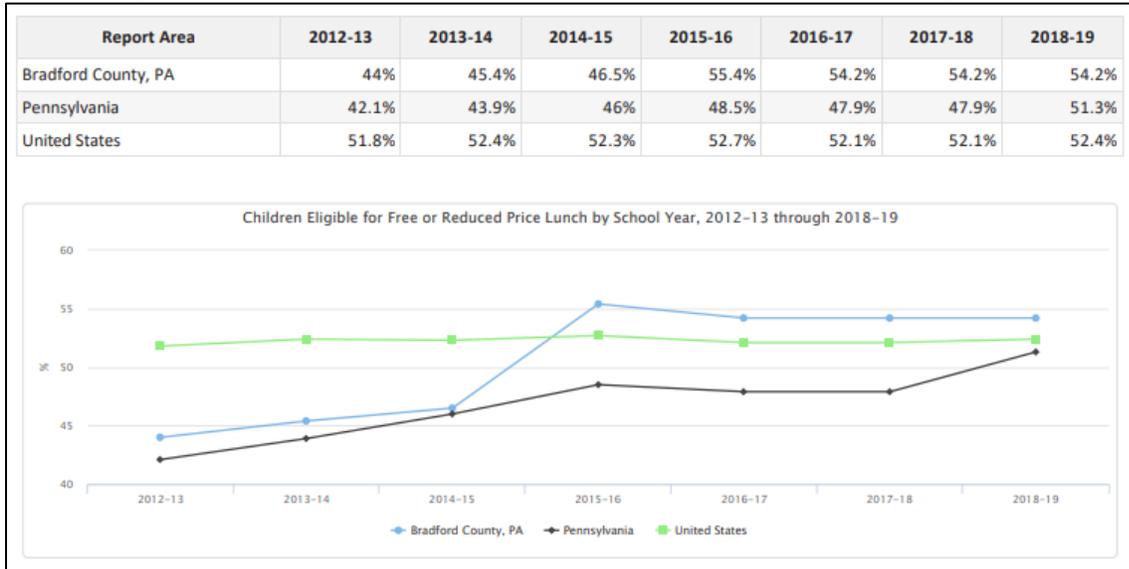
Race/Ethnicity	Bradford County	United States
Non-Hispanic White	\$52,934	\$68,785
Black	No data	\$41,935
Asian	\$50,824	\$88,204
American Indian or Alaska Native	\$29,375	\$43,825
Native Hawaiian or Pacific Islander	No data	\$63,613
Some Other Race	No data	\$49,221
Multiple Races	\$57,292	\$59,184
Hispanic or Latino	\$38,269	\$51,811

Data Source: US Census Bureau, American Community Survey. 2015-19. Source geography: Tract. Retrieved from Community Commons Mar 9, 2022

Poverty

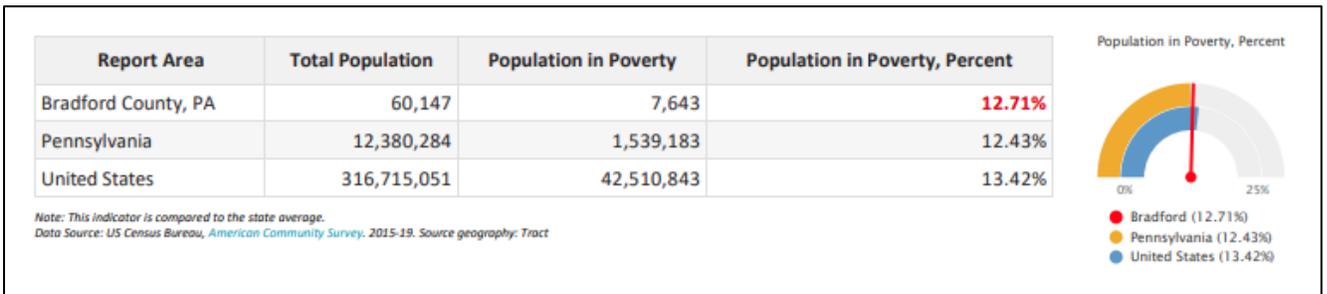
In Bradford County 18.85% of children under the age of 18 are living in households below the Federal Poverty Line (FPL). Out of the over 9,000 students in public schools, over 5,000 (56.4%) were eligible for Free/Reduced Price Lunch. This is an important statistic to consider as poverty creates numerous barriers to receiving health care (Community Commons, 2022).

Children Eligible for Free or Reduced-Price Lunch by School Year, 2012-13 through 2018-19

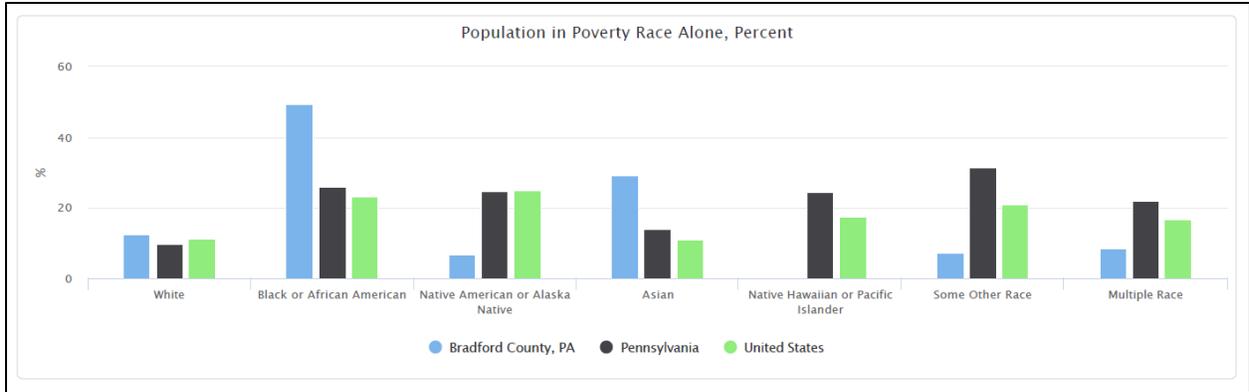


Data Source: National Center for Education Statistics, NCES - Common Core of Data. 2019-20. Source geography: Address Retrieved from Community Commons Mar 9, 2022

As a key driver of health status, it is important to note that over 7,600 individuals (12.71%) are living in households below the Federal Poverty level (FPL). That is higher than the state average.

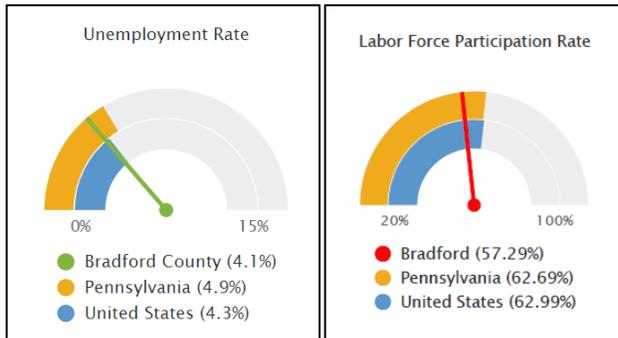


Data Source: US Census Bureau, American Community Survey. 2015-19. Source geography: Tract. Retrieved from Community Commons Mar 9, 2022



Unemployment

The national unemployment average is reported at 4.3%, and Pennsylvania reported at 4.9%. Bradford County averages at 4.1%, coming below both the national and state average (October 2021). Bradford County lags behind Pennsylvania and the United States in labor force participation rate (52.47%).

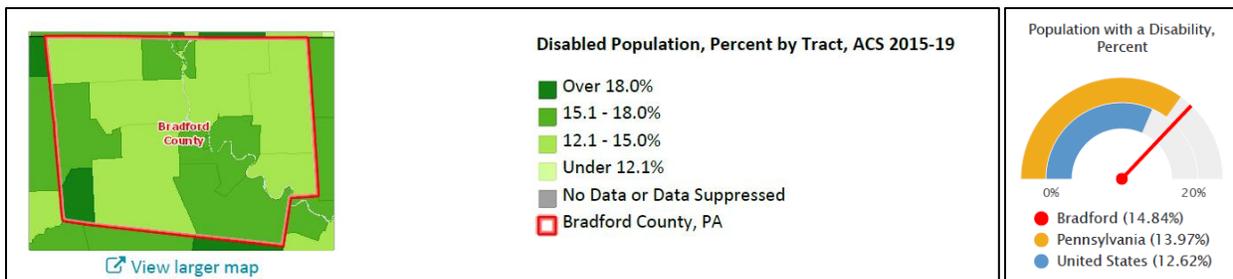


Unemployment Rate Data Source: US Department of Labor, Bureau of Labor Statistics. 2021 - October. Source geography: County Retrieved from Community Commons Mar 9, 2022

Labor Force Participation Rate Data Source US Census Bureau, American Community Survey. 2015-19. Source geography: Tract. Retrieved from Community Commons Mar 9, 2022

Population with Any Disability

In Bradford County, over 14% of civilian, non-institutionalized individuals have a disability. This is higher than Pennsylvania or the United States and indicates an increased prevalence of vulnerable populations that may need additional supportive services.



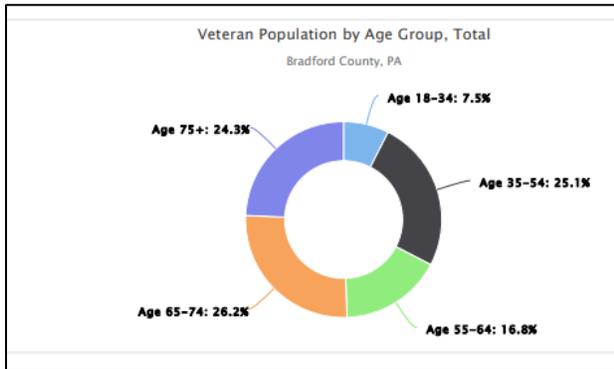
Data Source: US Census Bureau, American Community Survey. 2015-19. Source geography: Tract. Retrieved from Community Commons Mar 9, 2022

Veteran Population

Veterans represent a higher percentage of the population in Bradford County than across Pennsylvania or the United States overall with about half of veterans over age 65.

Report Area	Total Population Age 18+	Total Veterans	Veterans, Percent of Total Population
Bradford County, PA	47,525	5,539	11.65%
Pennsylvania	10,122,590	759,474	7.50%
United States	250,195,726	18,230,322	7.29%

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



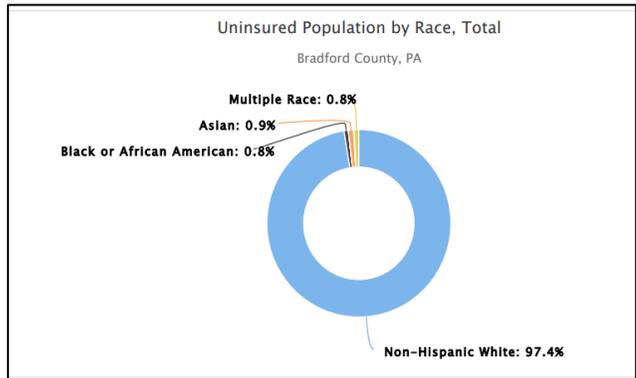
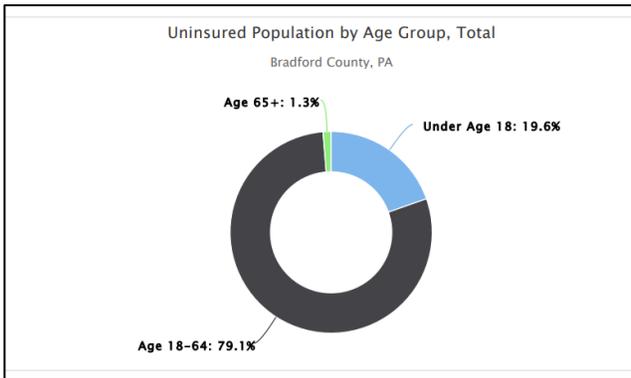
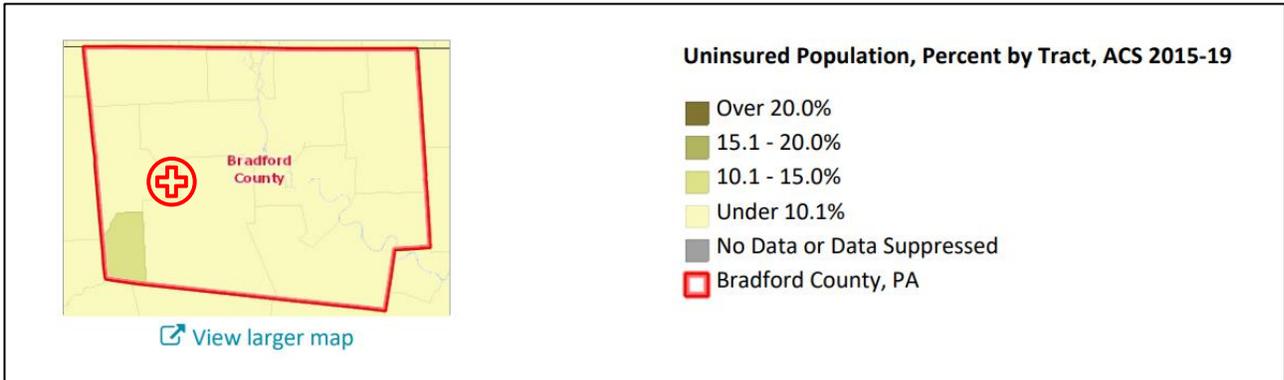
Data Source: US Census Bureau, American Community Survey, 2015-19. Source geography: Tract. Retrieved from Community Commons Mar 9, 2022

Insurance Coverage:

In FY21, almost half of the individuals seen through the inpatient setting at TCH were covered by Medicare (49.5%). Approximately 6.70% of the population in Bradford County, PA live without medical insurance, which is above the PA (5.68%) average, but below the national average. Almost 80% of the uninsured in Bradford County fall between the ages of 18 and 64 and almost 98% of the uninsured are non-Hispanic White.

Population Served by TCH, by Insurance Type (2019)	
Insurance Carrier	Population Percentage
Medicare	49.5%
Medicaid	18.1%
Blue Cross	18.5%
Commercial/Other	13.2%
Self-Pay	0.6%

Source: The Guthrie Clinic FY21 Financial Report Workbook SLT Diligent Board Copy



Data Source: US Census Bureau, American Community Survey. 2015-19. Source geography: Tract. Retrieved from Community Commons Mar 9, 2022

Demographics Summary/Key Points

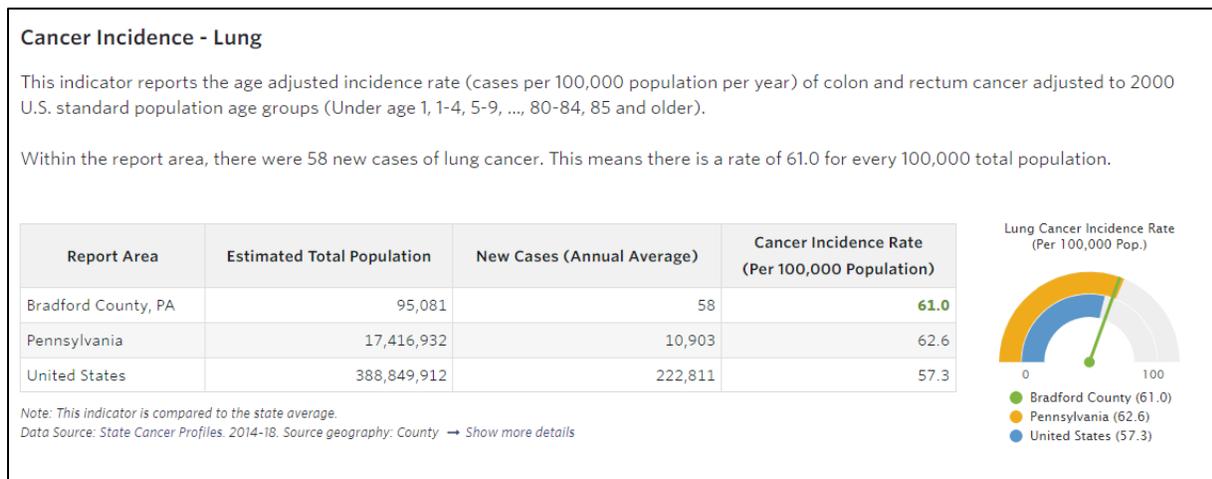
Bradford County saw an overall decrease in population during the 2000-2010 Census (-0.22%). Most of the report area's population is considered rural (>72%). The largest age group in Bradford County are individuals aged 65+ (>20%). White and non-Hispanic individuals collectively account for more than 97% of the total population. Most of the household incomes in Bradford County are below the national and state averages across all races and ethnicities. Almost 20% of children are living in households below the Federal Poverty Line (FPL), with almost 13% of the total population living below the FPL. Bradford County has a significant veteran population at almost 12%. About 7% of the population is uninsured, with the largest insurance provider being Medicare at just below 50%.



Evaluation of Immediately Preceding CHNA

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

Lung Cancer incidence in Bradford County is lower than Pennsylvania but remains higher than the national average. The annual lung cancer incidence rate per 100,000 people in Bradford County, Pennsylvania was 69.7 in 2010-2014, and has decreased to 61 per 100,000 population for 2014-2018 (Community Commons, 2022).



(Community Commons, Retrieved February 5, 2022)

Obesity, as well as mental health will be reviewed in the following discussion of this Community Health Needs Assessment, as needs in these areas persist in Bradford County.

Approach and Methodology

Primary Data

The Troy Community Hospital (TCH) community health needs assessment (CHNA) began with collecting primary data through a 20 question Community Stakeholder Survey from December 20, 2021-February 11, 2022. This Community Stakeholder Survey incorporated the feedback of individuals who represent

the broad interests of the community served by Troy Community Hospital including; individuals living in poverty and in need of emergency assistance or housing, individuals with mental health or substance use disorders, individuals with developmental disorders, older adults, children and youth. Troy Community Hospital has not received written comments on the last CHNA or implementation plan.

The Community Stakeholder Survey was conducted with outreach to forty-seven community stakeholders that provide services throughout Bradford County:

Survey responses were received from the following organizations:

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

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

Secondary Data

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

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

Category	Indicators	Data considered when ranking indicator
Clinical Care and Prevention	Hospitalizations	Hospitalizations- Preventable Conditions (Medicare)
	ED Utilization	Emergency Room Visits (Medicare)
	Wellness visits	Prevention- Annual Wellness Exam (Medicare)
	Cancer Screening	Cancer Screening- Mammogram (Adult) Cancer Screening- Pap Smear Test Cancer Screening- Sigmoidoscopy or Colonoscopy
	Dental Care	Dental Care Utilization
Health Behaviors	Drug and Alcohol Use	Alcohol-Heavy Alcohol Consumption Built Environment-Liquor Stores Mortality- Motor Vehicle Crash -Alcohol Involved Access to Care-Buprenorphine Providers Opioid Drug Claims
	Tobacco Use	Tobacco Use- Current Smokers Mortality- lung disease Chronic Conditions-Chronic Obstructive Pulmonary Disease (Medicare Population) Chronic Obstructive Pulmonary Disease (Adult)
	Physical Activity	Physical Inactivity- No Leisure Time Physical Activity Built Environment- Recreation & Fitness Facility Access Community Design- Park Access (CDC)
	Sleep	Insufficient Sleep
Health Outcomes	Diabetes	Chronic Conditions- Newly Diagnosed Diabetes
	Kidney Disease	Chronic Conditions- Kidney Disease (Adult)
	Heart Disease	Chronic Conditions-Heart Disease (Adult)
	High Blood Pressure	High Blood Pressure (Adult)
	Obesity	Obesity
	Cancer Incidence	Cancer Incidence- Breast Cancer Incidence-Colon and Rectum
	Motor Vehicle Mortality	Mortality- Motor Vehicle Crash
	Injuries	Mortality- Unintentional Injury (Accident)

	Mental Health	Poor Mental Health Poor Mental Health Days Access to Care- Mental Health Mortality-Suicide
COVID-19 (CDC 2021)	COVID-19	COVID-19 Confirmed Cases (Updated 1/15/2021) COVID-19 Fully Vaccinated Adults
Economic Stability	Employment	Employment-Labor Force Participation Rates Young People Not in School and Not Working
	Children in Poverty	Income-Families Earning over \$75,000 Income-Median Family Income Children below 100% FPL, 200% FPL Students Eligible for Free or Reduced-Price Lunch
	Poverty	Poverty- Population Below 100%-200% FPL Annual Income-Median Household Income Income- Per Capita Income
Education	Early Childhood	Population Age 3-4 Enrolled in School
	Educational Attainment	Attainment-No High School Diploma Attainment-Bachelor's Degree or Higher
Social & Community Context	Social & Community Context	Area Deprivation Index Social Capital Index Voter Participation Rate (Indicator for Civic Participation)
	Health Insurance	Insurance-Uninsured Population (ACS) Insurance- Uninsured Children
	Health Equity	Insurance- Uninsured by Race and Ethnicity Total Population Change (2010-2020) by Race
	Violent Crime	Violent Crime- Rape
	Teen Births	Teen Births
Neighborhood & Built Environment	Internet Access	Built Environment- Broadband Access Built Environment- Households with No Computer
	Transportation	Commuter Travel Patterns Driving Alone to Work Commuter Travel Patterns-Public Transportation

Methods

The Hanlon Method uses a two-step process to score indicators of health. The first step ensures that each need meets the PEARL test which includes: Propriety – is an intervention suitable?; Economics- does it make economic sense to address the need?; Acceptability- is the community open to addressing this need and will it accept the intervention?; Resources- are resources available?; Legality- is the intervention lawful?. The second step of the Hanlon Method includes assigning a score from 0-10 for

each need regarding the (1) size of the problem (2) seriousness of the problem and (3) effectiveness potential of an intervention. Using this methodology, the CHNA group scored each of the unmet needs from which several priority needs were identified for the primary service area of TCH. Once scored and weighted according to the Hanlon method, the results were shared with the CHNA group for discussion. The group was also given the opportunity to adjust any rankings. The Hanlon method prioritized five areas of unmet health care needs. The CHNA Committee integrated the results of the Stakeholder Survey taking into account their understanding of the resources available and experience in providing services. From their discussion and review, the committee identified, in sequential order (highest to lowest score) these priority needs: Mental Health, Obesity, Emergency Department Utilization, High Blood Pressure, and Diabetes. The CHNA committee assessed which of the top five priorities TCH has capacity to address in the next 3 fiscal years. Due to available resources, the following needs were identified as priorities for intervention over the next three years:

1. Obesity
2. Mental Health

Many of the chronic health conditions have the same risk factors, indicating the need for lifestyle changes that address the underlying risk factors (i.e. obesity) contributing to these conditions. Obesity was selected as a priority to address over the next three years. A prevention approach focusing on obesity would likely have a favorable impact on diabetes and high blood pressure, addressing a need that cascades into other pressing concerns.

Taking into consideration the community's prioritization of mental health, the committee selected mental health as the second priority area to address. Additionally, in reviewing resources to address ED utilization, the CHNA committee identified mental health concerns as one of the most pressing concerns related to emergency department utilization. Additionally, youth struggling with mental health challenges are being seen in the primary care setting and the emergency department, highlighting the need for a community response to address this unmet need. Addressing emergency department utilization for mental health needs and convening a community response to the rise in bullying will be focus areas of the mental health priority.

In addition to the priorities set by the CHNA group three 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: emergency department utilization, high blood pressure and diabetes

Resources Available to Address Needs

The Guthrie Clinic has designated resources to be utilized in addressing Community Health Needs Assessment priorities, through internal initiatives as well as through external community-based projects. The Guthrie Clinic has established a Community Benefit Grant Application process in which community based non-profit organizations can apply for grant funding to complete projects focused on CHNA priority areas within the Guthrie service area. Guthrie prioritizes projects focused on prevention and projects that incorporate a systemic approach with measurable goals to evaluate the impact of the intervention. This grant program provides opportunities to facilitate and fund community collaborations

to address the most pressing needs identified in the CHNA. Additionally, TCH benefits from being part of a large health system, providing access to system leadership on priorities like obesity and mental health with the ability to expand successful programs throughout the health system. Guthrie seeks to partner with community-based organizations in addressing these priority areas, valuing the skills and expertise present throughout the county.

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

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

Data Gaps Identified

The most current and up-to-date data was used to determine the community needs. However, data gaps still existed secondary to low survey response rates. Primarily, the gaps exist in the opioid data available, and data related to chronic pain and pain providers. The CHNA committee reviewed Guthrie rates of opioid overdose ED visits and PA Opioid dashboard estimates. The community assessment team also requested additional data on food stamps, healthy food availability, SSI and disability services, housing amenities and transportation barriers. Indicators capturing these social factors in Community Commons did not find that these problems were worse than state or national benchmarks. Guthrie data obtained from social determinants of health assessments were reviewed as well. The Committee was concerned that the data available for comparison with state and national averages did not accurately capture the difficulties experienced in a rural environment. Additionally, as Bradford County is a small county, scaling the data for comparison may present some limitations in evaluating the size and seriousness of the problem. The CHNA group also suggested that information related to the average wait times on services available would be valuable to consider. These gaps will be taken into consideration when preparing the next CHNA.

Response to Findings

Mental Health

Mental illness is experienced by 20% of the adult population in the United States according to the National Institute of Mental Health (2022). In Bradford County, 15% of adults report experiencing poor mental health on more than 14 of the last 30 days, higher than Pennsylvania or national averages (Community Commons, 2020). Bradford County also experiences higher age-adjusted rates of death by suicide compared with Pennsylvania and the United States (Community Commons, 2020). In combination, the rate of mental health providers per 100,000 people to treat these conditions is

considerably lower in Bradford County than in Pennsylvania or the United States (Community Commons, 2020). The prevalence of mental illness and a lack of supportive care raises concerns about the well-being of county residents. The CHNA revealed additional concerns around youth mental health in Bradford County. In an advisory from the U.S Surgeon General (2021), it is reported that before the pandemic, only half of 7.7 million children with treatable mental disorders received treatment in 2016. From 2011-2015, emergency department visits for youth with mental illness or behavioral challenges increased by 28% and suicide rates have increased 57% for youth ages 10-24 between 2007-2018 (Office of the Surgeon General, 2021, pg. 8). Mental health concerns have been increasing since the pandemic began including higher emergency room visits for suicide attempts (Office of the Surgeon General, 2021 page 9). Rural youth are one of the groups at higher risk for mental health challenges during the pandemic (Office of the Surgeon General, 2021 page 11). Recent results published in Youth Risk Behavior Surveillance Data Summary and Trends Report: 2009-2019 indicated that high school students reported a 40% increase in experiencing feelings like hopelessness or sadness so intense that it kept them from engaging in their typical activities (Centers for Disease Control and Prevention, 2020). These concerns are consistent with those reported by providers treating patients in Bradford County, highlighting that the resources available are not sufficient in meeting the needs of vulnerable youth.

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

Mortality - Suicide

This indicator reports the 2016-2020 five-year average rate of death due to intentional self-harm (suicide) per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummairized for report areas from county level data, only where data is available. This indicator is relevant because suicide is an indicator of poor mental health.

Within the report area, there are a total of 60 deaths due to suicide. This represents an age-adjusted death rate of 19.1 per every 100,000 total population.

Note: Data are suppressed for counties with fewer than 20 deaths in the time frame.

Report Area	Total Population, 2016-2020 Average	Five Year Total Deaths, 2016-2020 Total	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Bradford County, PA	60,600	60	19.8	19.1
Pennsylvania	12,796,413	9,604	15.0	14.2
United States	326,747,554	233,972	14.3	13.8

● Bradford County (19.1)
● Pennsylvania (14.2)
● United States (13.8)

Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2016-2020. Source geography: County
→ Show more details

(Community Commons, Retrieved February 5, 2022)

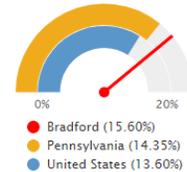
Poor Mental Health

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

Within the report area, there were 15.60% of adults 18 and older who reported poor mental health in the past month of the total population.

Report Area	Total Population (2019)	Adults with Poor Mental Health (Crude)	Adults with Poor Mental Health (Age-Adjusted)
Bradford County, PA	60,323	15.60%	17.10%
Pennsylvania	12,801,989	14.35%	14.97%
United States	328,239,523	13.60%	13.90%

Percentage of Adults with Poor Mental Health



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

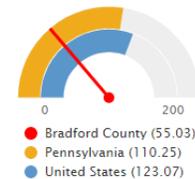
Access to Care - Mental Health Providers

This indicator reports the number of providers with a CMS National Provider Identifier (NPI) that specialize in mental health. Mental health providers include licensed clinical social workers and other credentialed professionals specializing in psychiatry, psychology, counselling, or child, adolescent, or adult mental health. The number of facilities that specialize in mental health are also listed (but are not included in the calculated rate). Data are from the latest Centers for Medicare and Medicaid Services (CMS) National Provider Identifier (NPI) downloadable file.

Within the report area there are 33 mental health providers with a CMS National Provider Identifier (NPI). This represents 55.03 providers per 100,000 total population.

Report Area	Total Population (2020)	Number of Facilities	Number of Providers	Providers, Rate per 100,000 Population
Bradford County, PA	59,967	10	33	55.03
Pennsylvania	13,002,700	2,042	14,335	110.25
United States	334,735,155	52,005	411,961	123.07

Mental Health Care Providers, Rate per 100,000 Population



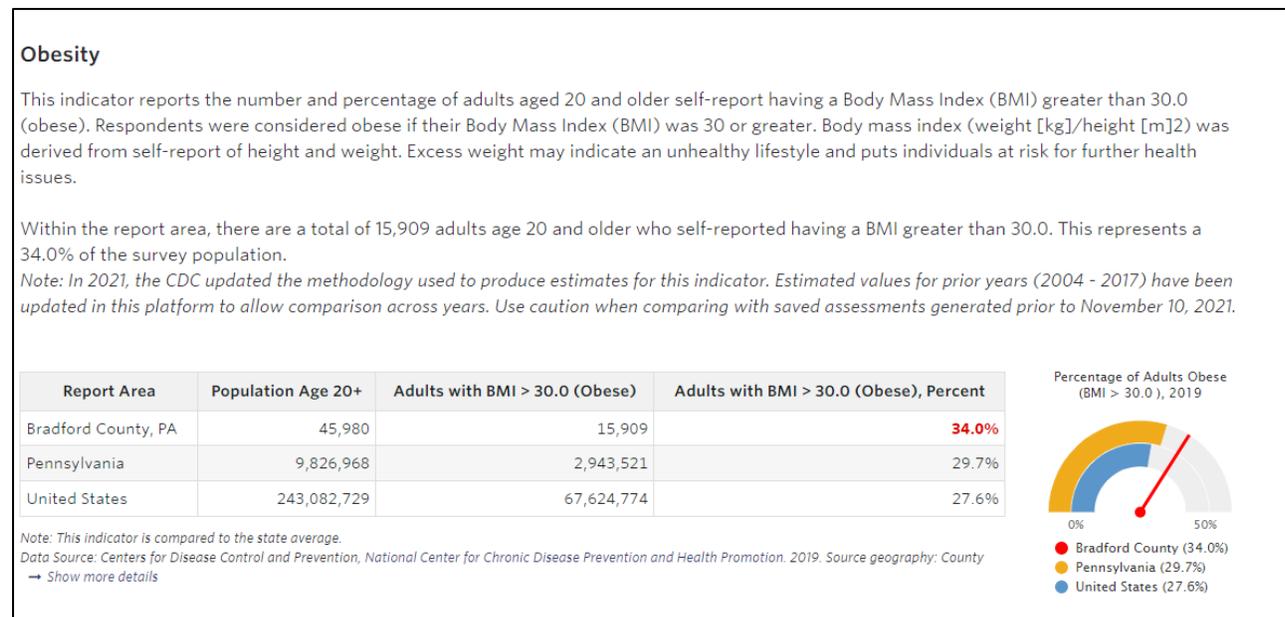
Note: This indicator is compared to the state average.
 Data Source: Centers for Medicare and Medicaid Services, CMS - National Plan and Provider Enumeration System (NPPES). May, 2021. Source geography: Address → Show more details

(Community Commons, Retrieved February 5, 2022)

Troy Community Hospital staff as well as Guthrie Internal and Family Medicine providers are concerned about the impact of bullying on youth mental health in Bradford County residents served by Troy Community Hospital. The CHNA committee has identified several community resources to approach in partnering together to address mental health concerns for youth. These resources include but are not limited to: Canton and Troy School Districts, Northern Tier Counseling, Finding New Hope, Main Link, Concern Counseling Center and Bradford County Courts. Troy Community Hospital will seek to function as a convener to begin community wide discussions related to mental health and bullying. Additionally, TCH will seek to improve referral pathways to community resources to strengthen the provision of mental health services for patients, seek additional telepsychiatry resources, and consider legislative advocacy opportunities to advocate for policy changes.

Obesity (Adults)

In the United States, the prevalence of obesity and severe obesity continue to rise, increasing risk for a multitude of other chronic health conditions that impact quality of life (CDC, Adult Obesity Facts, 2021). Obesity is a risk factor for many chronic conditions including heart disease, stroke, type 2 diabetes and certain cancers (CDC, Adult Obesity Facts, 2021). In the United States the medical costs for someone with obesity are significantly higher than the costs for those of someone with a healthy weight. The approximate cost of medical care associated with obesity was \$147 billion dollars in 2008 (CDC, Adult Obesity Facts, 2020). In the United States, 1 in 3 adults and 1 in 5 children struggle with obesity, and children who struggle with obesity are more likely to struggle with obesity as adults (CDC, Adult Obesity Facts, 2021). Food insecurity and lack of safe, affordable places for physical activity contribute to America’s obesity challenges. Nine out of ten children do not eat the recommended number of vegetables each day and only one in four adults meet the recommendations of physical activity. In Bradford County, 34% of adults are obese. Forty-eight percent of the population of Bradford County lives in census tracts with no healthy food outlet as seen in the Food Environment Map from Community Commons below (Community Commons, 2022). Twenty-seven percent of adults over 20 in Bradford County report no leisure time that includes physical activity like running, golf, gardening or walking for exercise (Community Commons, 2022).



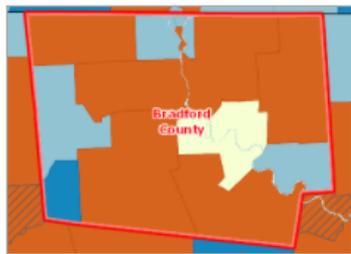
(Community Commons, Retrieved February 5, 2022)

Food Environment - Modified Retail Food Environment Index

This indicator reports the percentage of population living in census tracts with no or low access to healthy retail food stores. Figures are based on the CDC Modified Retail Food Environment Index. For this indicator, low food access tracts are considered those with index scores of 10.0 or less.

Report Area	Total Population	Percent Population in Tracts with No Food Outlet	Percent Population in Tracts with No Healthy Food Outlet	Percent Population in Tracts with Low Healthy Food Access	Percent Population in Tracts with Moderate Healthy Food Access	Percent Population in Tracts with High Healthy Food Access
Bradford County, PA	62,622	0.00%	48.32%	0.00%	44.86%	6.83%
Pennsylvania	12,702,386	1.70%	18.48%	24.53%	44.09%	11.20%
United States	308,741,655	1.00%	18.86%	31.27%	43.81%	5.08%

Data Source: Centers for Disease Control and Prevention, CDC - Division of Nutrition, Physical Activity, and Obesity, 2011. Source geography: Tract → Show more details



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

- Index Score Over 30 (High Access)
- Index Score 15 - 30 (Moderate Access)
- Index Score 5 - 15 (Low Access)
- Index Score Under 5 (Poor Access)
- No Healthy Retail Food Outlet (No Access)
- No Retail Food Outlets Present (Food Desert)
- Bradford County, PA

[View larger map](#)

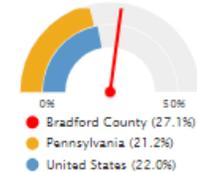
Physical Inactivity

Within the report area, 13,305 or 27.1% of adults aged 20 and older self-report no active leisure time, based on the question: "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?" This indicator is relevant because current behaviors are determinants of future health and this indicator may illustrate a cause of significant health issues, such as obesity and poor cardiovascular health.

Note: In 2021, the CDC updated the methodology used to produce estimates for this indicator. Estimated values for prior years (2004 - 2017) have been updated in this platform to allow comparison across years. Use caution when comparing with saved assessments generated prior to November 10, 2021.

Report Area	Population Age 20+	Adults with No Leisure Time Physical Activity	Adults with No Leisure Time Physical Activity, Percent
Bradford County, PA	46,038	13,305	27.1%
Pennsylvania	9,819,445	2,179,479	21.2%
United States	239,878,217	54,200,862	22.0%

Percentage of Adults with No Leisure-Time Physical Activity, 2019



Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2019. Source geography: County

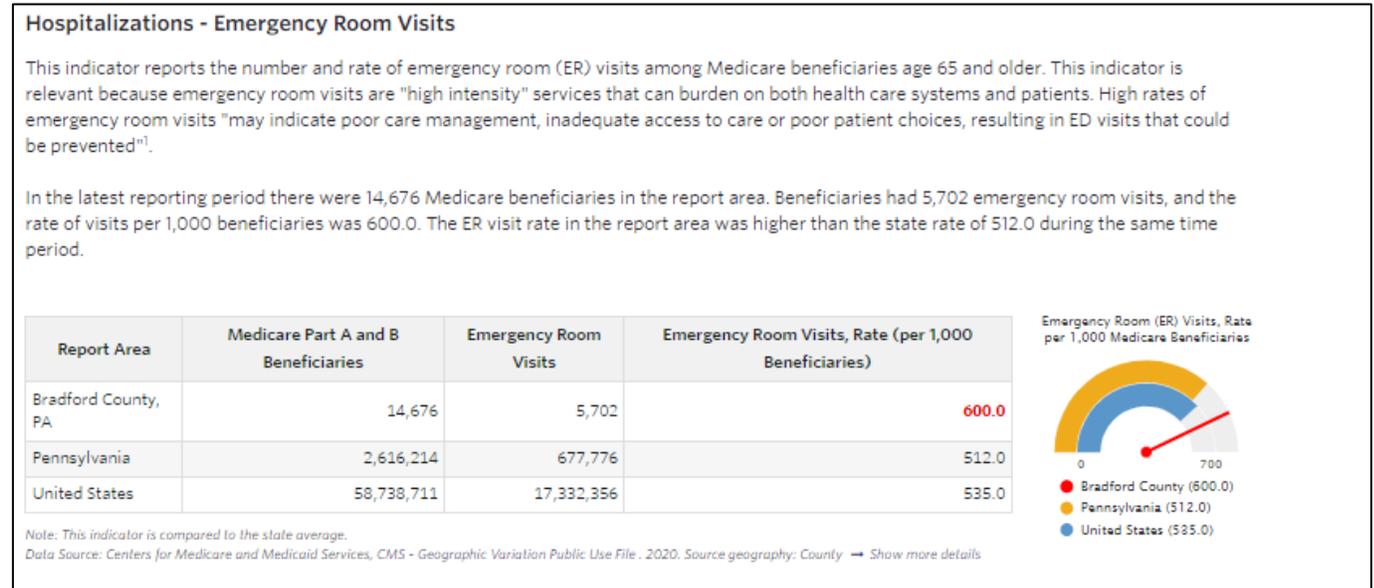
→ Show more details

(Community Commons, Retrieved February 5, 2022)

Emergency Department Utilization

The National Committee for Quality Assurance monitors rates of emergency department utilization because it is an important indicator for monitoring the success of preventative care management, access to primary care and the effective use of health care services. Emergency departments are created for urgent scenarios with high consequences and are expensive for health care systems and patients. Often, patients are seen in the emergency department for conditions that could have been prevented or

treated in a more cost-effective care setting with better outcomes for the patient (National Committee for Quality Assurance, 2022). Bradford County has more emergency room visits per 1,000 Medicare Beneficiaries than Pennsylvania or the United States. This may indicate that gaps exist in access to primary care settings or an increased need for more care management services (Community Commons, 2022).



(Community Commons, Retrieved February 5, 2022)

High Blood Pressure

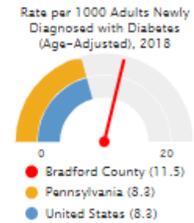
High Blood Pressure or Hypertensions is a chronic condition affecting 116 million people in the United States (Center for Disease Control, High Blood Pressure, 2021). High blood pressure increases risk for heart disease and stroke and only 24% of adults with hypertension have their blood pressure under control. In the United States, high blood pressure was a contributing cause of death for more than 500,000 people in 2019 (Center for Disease Control, High Blood Pressure, 2021). In Bradford County, 36% of adults over 18 reported being told by a health care professional that they have high blood pressure (Community Commons, 2022).

Chronic Conditions - Newly Diagnosed Diabetes (Adults)

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

Within the report area, 489 of adults age 20 and older have been newly diagnosed with diabetes. This represents 11.5 per 1000 total survey population.

Report Area	Population Age 20+	Adults Newly Diagnosed with Diabetes	Adults Newly Diagnosed with Diabetes, Age-Adjusted Rate per 1000
Bradford County, PA	39,756	489	11.5
Pennsylvania	8,770,252	78,959	8.3
United States	218,951,562	1,889,369	8.3



Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2018. Source geography: County
 → Show more details

(Community Commons, Retrieved February 5, 2022)

Diabetes

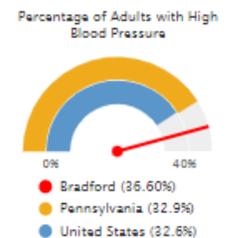
According to the Centers for Disease Control, 11.3% of people in the United States have diabetes (Centers for Disease Control, Diabetes, 2021). Diabetes puts individuals at risk of chronic kidney disease, nerve damage, vision and hearing loss and heart disease, highlighting the importance of identifying and managing diabetes early (Centers for Disease Control, Diabetes, 2021). In Bradford County, 11 out of 1,000 adults 20 and older were diagnosed with diabetes in the last year (Community Commons, 2022). More than one third of adults in the United States are pre-diabetic and most of those individuals do not know they are pre-diabetic.

Chronic Conditions - High Blood Pressure (Adult)

This indicator reports the percentage of adults age 18 who report ever having been told by a doctor, nurse, or other health professional that they have high blood pressure. Women who were told high blood pressure only during pregnancy and those who were told they had borderline hypertension were not included.

Within the report area, there were 36.60% of adults 18 and older who reported having high blood pressure of the total population.

Report Area	Total Population (2019)	Percentage of Adults with High Blood Pressure
Bradford County, PA	60,323	36.60%
Pennsylvania	12,801,989	32.9%
United States	328,239,523	32.6%



Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the 500 Cities Data Portal, 2019. → Show more details

(Community Commons, Retrieved February 5, 2022)

Community Benefit Plan

As the process to identify community needs continues to evolve within Troy Community Hospital (TCH), unmet needs will be evaluated, prioritized and incorporated as necessary. Moreover, new community partnerships will be formed, and public comments will be reviewed as received and incorporated when applicable. The community benefit plan along with the community needs assessment will continue to have the overall approach of documenting unmet community health needs, identifying strengths and assets within TCH, and targeting programs for implementation where these two areas intersect. Through the review of all relevant data sources the CHNA group identified two areas for community benefit to be addressed: obesity and mental health. These two areas were identified as priorities as they showed the greatest potential for improvement in the overall health status of the community TCH serves. The implementation strategy for TCH 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 2022 and 2023 with the S2AY Rural Health Network, East Central Division of the American Cancer Society, Tioga Partnership for Community Health, and the Bradford, Tioga, Chemung, Schuyler, and Steuben Health Departments for their review, input, and solicitation of written comments.

References

Office of the Surgeon General. (2021). Protecting Youth Mental Health. The U.S. Surgeon General's Advisory. Retrieved March 4, 2022 from: <https://www.hhs.gov/sites/default/files/surgeon-general-youth-mental-health-advisory.pdf>

Centers for Disease Control and Prevention. (2020, Oct 23). Youth Risk Behavior Surveillance Data Summary and Trends Report: 2009-2019. Retrieved March 4, 2022 from: https://www.cdc.gov/nchhstp/dear_colleague/2020/dcl-102320-YRBS-2009-2019-report.html

Center for Disease Control and Prevention. (2021, Sept 27). *High Blood Pressure*. Retrieved March 4, 2022 from <https://www.cdc.gov/bloodpressure/facts.htm>

Center for Disease Control and Prevention (2021, Sept 30). *Adult Obesity Facts*. Retrieved March 4, 2022 from: <https://www.cdc.gov/obesity/data/adult.html>

Center for Disease Control and Prevention (2021, Dec 17). *Diabetes*. Retrieved March 4, 2022 from <https://www.cdc.gov/diabetes/basics/quick-facts.html>

Community Commons. (2022, Feb 5). Retrieved February 28, 2022 from <https://www.communitycommons.org>

National Committee for Quality Assurance. (2022). Emergency Department Utilization. Retrieved March 4, 2022 from <https://www.ncqa.org/hedis/measures/emergency-department-utilization/>

National Institute of Mental Health. (2022). *Mental Illness*. Retrieved March 4, 2022, from <https://www.nimh.nih.gov/health/statistics/mental-illness>

