



# Community Health Needs Assessment

2025-2028



**GUTHRIE**  
Corning Hospital

[www.Guthrie.org](http://www.Guthrie.org)



# Preface

The goal of this Community Health Needs Assessment report is to provide a thorough overview and understanding of the process of identifying the most significant health needs across Guthrie Corning Hospital's primary service area as well as to provide insights into the thorough planning efforts to address the identified prioritized needs. Special attention has been given to the needs of individuals and communities that are most vulnerable, having unmet needs or gaps in services as well as input gathered from key community stakeholder partners and members of the community. Findings discussed in this report will be used to identify, develop, and focus Guthrie Corning Hospital's collaborative partnership within the overall Guthrie Clinic health system, and community initiatives and programming to better serve the preventive health, chronic disease management and overall wellness needs of the community.

Hospital legal name: Guthrie Corning Hospital

Hospital address: 1 Guthrie Drive, Corning, NY 14830

Hospital website: [Guthrie Corning Hospital | Guthrie](#)

Hospital phone number: (607) 937-7200

Hospital EIN/Tax ID: 160393490

The 2025 Community Health Needs Assessment report was approved by the Board of Directors of Guthrie Corning Hospital on June 18, 2025 (2024 tax year) and applies to the following three-year cycle: June 2025 to June 2028. This report, as well as the previous report can be found on the Guthrie Clinic website.

We value the community's thoughts and welcome feedback on this report. Please visit our public website ([Community Health Needs Assessment | Guthrie](#)) to submit your comments.



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## Acknowledgements

This three-year comprehensive Community Health Needs Assessment (CHNA) reflects the collaborative partnership process between Guthrie Corning Hospital, key community organizations and residents. The CHNA demonstrates Guthrie Corning Hospital current and future commitment both clinically and financially to improve the community's health status by fulfilling its vision to improve health through clinical excellence and compassion, every patient, every time. Guthrie Corning Hospital is committed to making its community a stronger, healthier place to live and is thankful to the many community organizations and individuals who shared their insights, knowledge, expertise, and experiences with us.

We would also like to take this opportunity to thank you for your interest and commitment to improving the health and wellbeing of members of the community. The Guthrie Corning Hospital's service area, including Chemung, Schuyler, and Steuben Counties within New York, will be referenced as the Greater Corning Region throughout the body of this report. (e.g.: people living in Chemung, Schuyler, and Steuben Counties will be referred to as residents of the Greater Corning Region).

# Executive Summary

The Community Health Needs Assessment, which is guided by community input, serves as a systematic tool in the approach to retrieving, examining, and using data to identify the key health priorities within the community. This CHNA report serves as the key foundation for improving the health, wellness, and quality of life for residents of Chemung, Schuyler, and Steuben Counties.

## Purpose of CHNA

As part of the Patient Protection and Affordable Care Act (the ACA) which was enacted in 2010, all not-for-profit hospitals are required to conduct a Community Health Needs Assessment every three years and to adopt an implementation strategy every three years to meet the community health needs. This report will take into account the input from the community members and key stakeholders who represent the broad interests of the community served by the hospital, including those with special knowledge of or expertise in public health.<sup>1</sup>

## Community Served

The Guthrie Clinic is an integrated health system comprising a service area which encompasses a 29-county region in New York and Pennsylvania. Guthrie has 76 regional offices located across 10,000 square miles, providing primary and specialty care and testing to its patients, close to where they live. Guthrie Corning Hospital is one of the Guthrie Clinic's health systems serving the Greater Corning Region and surrounding areas. Guthrie Corning Hospital has defined its community served as Chemung, Schuyler, and Steuben Counties within New York for the 2025-2028 CHNA. The Greater Corning Region encompassing these three previously named counties was selected as Guthrie Corning Hospital's community service area because it is where the majority of hospital patients reside, and it is also the community partners' primary service area.

## Data Analysis Methodology

The 2025 CHNA research was conducted from January 2025 to May 2025, and incorporated data from both primary and secondary sources. Primary data sources included information gathered from groups and individuals, including but not limited to community residents, healthcare consumers, health care professionals, community stakeholders, multi-sector representatives and partnering organizations. Special attention was given to the needs of individuals and communities who are more

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<sup>1</sup> Source: [Community health needs assessment for charitable hospital organizations - Section 501\(r\)\(3\) | Internal Revenue Service](#)

vulnerable and evidence of unmet health needs or gaps in service delivery. Community input included in-depth interviews (IDI's) with 10 key stakeholders, as well as 2 focus groups which included 12 community members across various insurance types (commercial, Medicaid, Medicare) as well as uninsured population segments. Additionally, 291 community members completed an on-line survey. Secondary data was compiled and reviewed to understand the overall status of the community members. Measures reviewed included chronic disease, social and economic factors, the healthcare access, and utilization trends in the community gathered from reputable and reliable sources, all of which are appropriately and thoroughly noted within this document.

## Community Needs

Guthrie Corning Hospital, with contracted assistance from Research & Marketing Strategies, Inc. (RMS Healthcare), followed a thorough, rigorous, and comprehensive process to determine the most critical needs for community stakeholders to address. RMS Healthcare works with healthcare delivery systems to conduct community health needs assessments, community health assessments, provide targeted healthcare consulting focused on enhancing patient-centered care delivery, establish and monitor quality improvement measures and other initiatives to help systems advance improvements in community population health, and measure satisfaction of the various stakeholder groups.

The CHNA and implementation plan are dynamic operative documents to be used throughout the multi-year community engagement process and drive informed decision-making with the goal of measurably improving community health outcomes. RMS Healthcare worked closely with members of the community and the Guthrie Clinic's CHNA workgroup to conduct and compare the findings of the assessment. This CHNA is comprised of primary and secondary research (which included quantitative and qualitative analysis) conducted by RMS Healthcare to serve as a guide for the Guthrie Corning Hospital CHNA for 2025-2028.

In collaboration with community partners, Guthrie Corning Hospital used a multi phased prioritization approach to determine the significant needs of the community.

Guthrie Corning Hospital used a process based upon the American Hospital Association (AHA) Community Health Improvement (ACHI)<sup>2</sup> key components for prioritizing community health needs and assets on which the hospital would focus priorities. The CHNA steering committee stakeholders, in collaboration with senior leadership, applied the following criteria in identifying the significant needs: (1) The magnitude of the

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<sup>2</sup> Source: [Step 5: Prioritize Community Health Needs and Assets | ACHI](#)



problem or asset; (2) The severity of the problem where failure to act or address will exacerbate the issue significantly; (3) Community's capacity and willingness to act on the issue; (4) Ability to have a measurable impact on the issue; (5) Availability of hospital and community resources (multiple hospital and health system departments have vested interest in the outcome); (6) Existing interventions focused on the issue (the community perceives the healthcare need to be significant); (7) The issue is a root cause of other problems (the community perceives the healthcare need to be significant); (8) The priority the community places on the problem; (9) Activities selected can be evidence-based and in alignment with the Prevention Agenda action plan; and (10) Addressing the healthcare need falls within the scope of Guthrie Corning Hospital's mission, vision, values and strategic plan for the 2025-2028 CHNA cycle.

Guthrie Corning Hospital leveraged analysis to define "prioritized needs" as the significant needs which have been identified by the hospital to be addressed through the three-year CHNA Implementation Plan.

Based upon the process described above, the prioritized health needs were identified for the Greater Corning Region. The significant needs identified are as follows:

- Diabetes
- Heart disease and stroke

As strategies are developed, significant consideration will be placed on various aspects of Social Determinants of Health, the Medically Indigent, Homeless and Vulnerable populations, Equity as well as quality of life, clinical care, and systemic issues and demonstration of evidence-based interventions that respond to the identified need themes.

## About Guthrie

Guthrie Clinic (Guthrie) is dedicated to providing high-quality and accessible healthcare that meets the needs of the entire family in New York (NY) and Pennsylvania (PA). As a non-profit healthcare organization, Guthrie, its physicians, and caregivers are focused on improving the health and well-being of the communities it serves. Guthrie's mission, vision and values statement articulate the principles on which the organization was founded and exists today.

### **MISSION**

Guthrie works with communities we serve to help each person attain optimal, life-long health and well-being. We will do so by providing integrated, clinically advanced services that prevent, diagnose, and treat disease with an environment of compassion, learning, and discovery.

### **VISION**

Improving Health Through Clinical Excellence and Compassion; Every Patient. Every Time.

### **VALUES**

Patient-Centeredness

Teamwork

Excellence

## Strategic Plan

In 2024, Guthrie launched a new five-year strategic plan: All in – Guthrie 2027, designed to catapult our health system to the forefront of care in our region by focusing on five distinct pillars.

### **Pillar 1: INcredible Care – Deliver Exceptional Care and Experience Consistently Across Our System**

Delivering the highest quality care will always be Guthrie's core focus.

### **Pillar 2: INspired Caregivers – Be the Best Place to Work and Build a Career**

Recognizing that healthcare is a very competitive market, with staffing concerns prevalent nationwide, we want to ensure we're providing the ideal environment to recruit and retain exceptional talent to serve our communities

### **Pillar 3: INTensified Growth – Expand to Meet the Evolving Needs of Those We Serve**

Recent acquisition of services has allowed us to add new dimensions to our services including the acquisition of Twin Tiers Eye Care and most notably the acquisition of Our Lady of Lourdes Memorial Hospital that welcomed nearly 3,000 skilled caregivers into the Guthrie's network and allow us to reach our goal of serving 50% more patients earlier than anticipated – a truly remarkable accomplishment stated by the President &CEO, Edmund Sabanegh, MD, MBA.

#### **Pillar 4: INnovative Delivery – Implement New Models of Care to Improve Access**

Innovations ensure that caregivers have virtual access to instant support and skilled partners at all times. Technological innovations are allowing us to spend more time at the bedside, interacting meaningfully with patients and their families. We know that the personal attention to patients cannot be replicated or compromised.

#### **Pillar 5: INvestment in Our Future – promote Healthcare Affordability and Operational Efficiency**

In our drive to reduce contract labor, we poured resources into recruiting and retaining talented caregivers with great potential to serve Guthrie communities for years to come. We have also invested in digital patient journeys, delivering personalized experiences in several areas, including maternity care, and many exciting investments are on the horizon.

## About the CHNA

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 CHNA

A CHNA is “a process for determining the needs in a particular community or population through systematic, comprehensive data collection and analysis, and leveraging results to spur community change. A CHNA involves exploring both quantitative and qualitative data and can be broad, examining a community at large and has long been best practices within the field of public health and promotes those working to improve community health to consider local conditions-both community needs and assets-which lead to more targeted, effective community-change work. 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.”<sup>3</sup> 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 Guthrie Corning Hospital’s commitment to offer programs designed to address the health needs of a community, with special attention to people who are underserved and vulnerable.

### IRS 501 (c)(3) and form 990, Schedule H Compliance

The CHNA serves to achieve 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), 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:

[www.guthrie.org/community-health-needs-assessment](http://www.guthrie.org/community-health-needs-assessment)

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<sup>3</sup> Source: [An Introduction to Community Health Needs Assessment \(CHNA\) - Community Commons](#)



# Community Served/Demographics

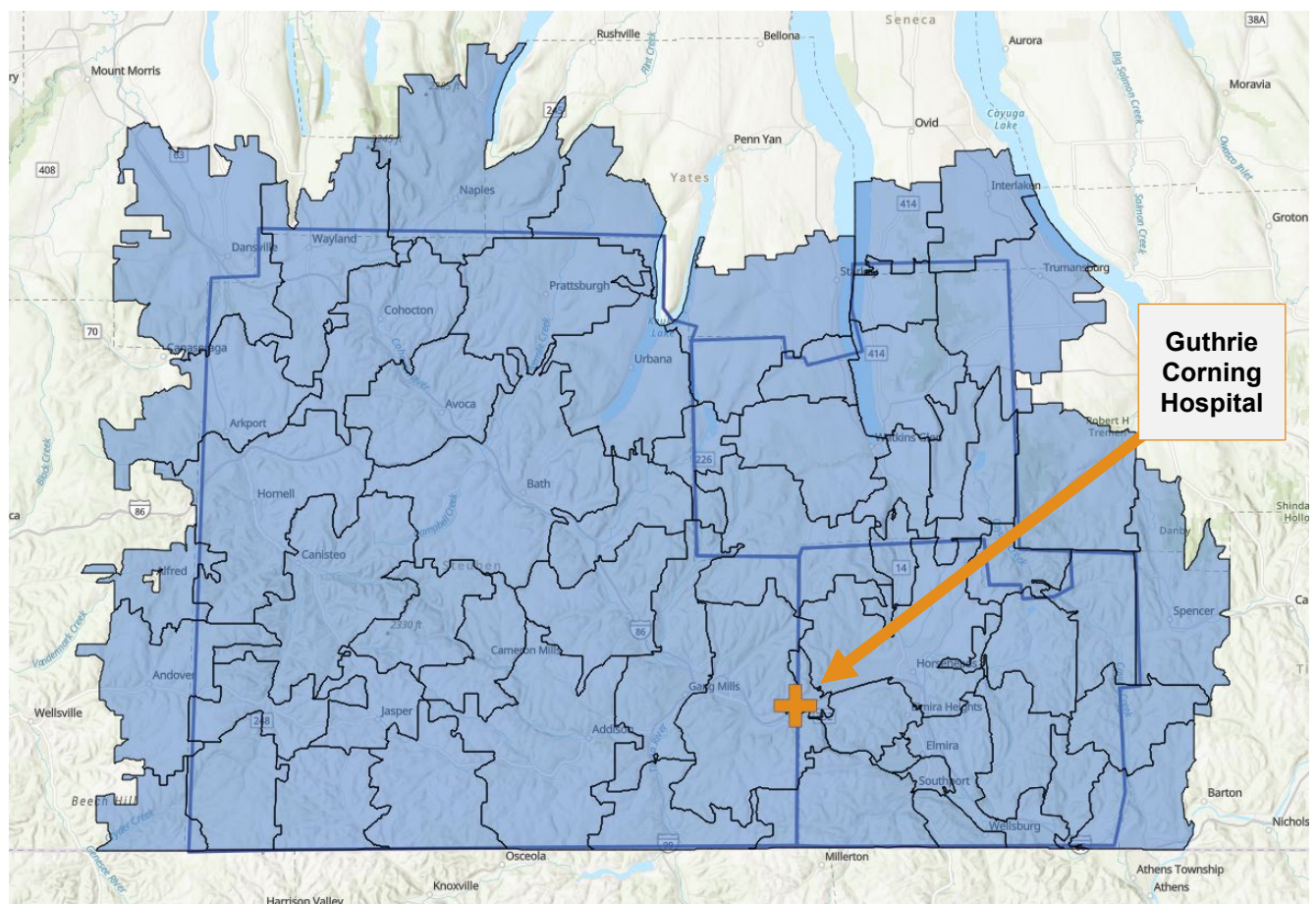
The initial step in the assessment process is to define the geography within which the assessment occurs and understanding the community demographics.

## Community Served

For the purpose of the 2025 CHNA, Guthrie Corning Hospital has defined its community served as Chemung, Schuyler, and Steuben Counties within New York State. Although Guthrie Corning Hospital serves the Greater Corning Region and surrounding areas, the “community served” was defined as such because (a) most of our service area is in each 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.

The map below provides a geographic display of the Guthrie Corning Hospital service area. The Guthrie Corning Hospital location is depicted as an orange plus sign on the map below.

**Figure 1. Map of Guthrie Corning Hospital Service Area**



Chemung, Schuyler, and Steuben Counties comprise over 2,000 square miles of land area, while Steuben County is the 7<sup>th</sup> largest county in the state (by land area in square miles). The Guthrie Corning Hospital service area is primarily rural and comprised of over 2,000 farms. Within the Greater Corning Region, there are three cities: Corning, Elmira, and Hornell. There are nearly 4,000 total employer establishments across the service area with the main industry being educational services, healthcare, and social assistance followed by manufacturing.

## Demographic Data

Located in the Southern Tier of New York State, the Guthrie Corning Hospital service area has a population of 193,588 residents of which over 60% of the population reside in a census-defined rural area, or a low population density area (less than 2,000 housing units and less than 5,000 people). Below are demographic data highlights for the Greater Corning Region:

- 20.3% of the residents are 65 or older, compared to 18.6% in New York State.
  - The service area is slightly older than the state (44.1 median age for the service area, 40.2 median age for New York).
- The Greater Corning Region is primarily White, Non-Hispanic.
  - 97.4% of residents are non-Hispanic while only 2.6% are Hispanic or Latino (any race).
  - 89.6% of residents are White; 1.5% are Asian; and 3.4% are Black or African American.
- The median household income is below the state median income (\$64,611 for the service area; \$81,600 for New York State).
- The percentage of all ages of people in poverty was slightly less than the state (10.1% for the service area; 14.2% for New York State).
- The uninsured rate for the Greater Corning Region is better than that of the state (4.5% for the service area; 6.0% for New York State).

**Table 1. Demographic Highlights of Community**

Demographic Highlights		
Indicator	Guthrie Corning Hospital Service Area	New York State
<b>Population</b>		
% Living in rural communities	61.9%	11.8%
% Below 18 years of age	21.2%	20.2%
% 65 and older	20.3%	18.6%

% Hispanic	2.6%	19.8%
% Asian	1.5%	9.7%
% Non-Hispanic Black	3.4%	17.7%
% Non-Hispanic White	89.6%	68.5%
Median Age	44.1 years	40.2 years
<b>Social and Community Context</b>		
English Proficiency ( <i>Proportion of community members that speak English “less than well”</i> )	0.6%	13.1%
Median Household Income	\$64,611	\$82,095
% of Children (< 18 years) in Poverty	18.9%	19.0%
% of Uninsured / no health insurance coverage	4.5%	6.0%
% of Educational Attainment ( <i>% of adults ages 25 and over with a high school diploma or equivalent</i> )	91.3%	88.0%
% of Unemployment	3.6%	4.2%
% of Veterans	8.4%	3.6%
% of Population Living with a Disability	15.5%	13.0%

To view Community Demographic Data in its entirety, see Appendix B (pages 42–49).

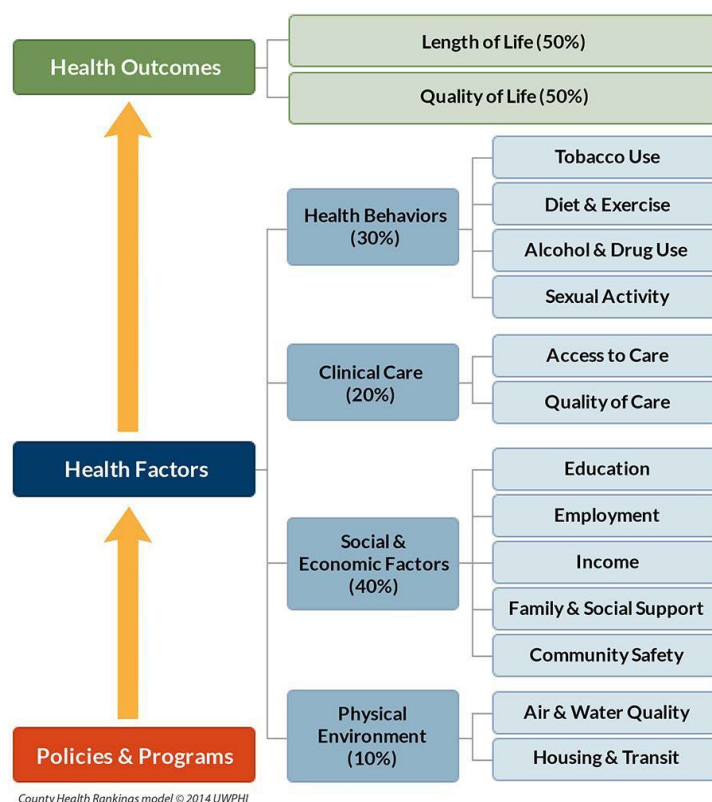
## Process and Methods Used

The Guthrie Clinic is committed to using the national best-practices in conducting the CHNA. Health needs for the Greater Corning Region were determined using a combination of data collection and analysis for both primary and secondary data, as well as community input on the identified and prioritization of the significant needs identified.

Guthrie Corning Hospital's 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.<sup>4</sup>

Guthrie Clinic applied the County Health Rankings and Roadmaps' Take Action Cycle<sup>5</sup> for community health improvement, which included the following steps:

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



<sup>4</sup> Source: [County Health Rankings & Roadmaps](#)

<sup>5</sup> Source: [Take Action Cycle | County Health Rankings & Roadmaps](#)



Effective execution of the [Take Action Cycle](#) requires communication and collaboration with a shared vision and commitment to improve health among all key community stakeholders.

## Collaborators and/or Consultants

With the contracted assistance of RMS Healthcare, Guthrie Corning Hospital completed its 2025 CHNA in collaboration with the following key community stakeholders:

- AspireHope NY Inc.
- CareFirst NY
- Catholic Charities of Steuben & Livingston Counties
- Corning Community Food Pantry
- Family Services Society
- Food Bank of the Southern Tier
- Pivotal Public Health Partnership
- Steuben County Office for the Aging
- Steuben County Public Health Department
- The Institute for Human Services, Inc. – Steuben Rural Health Network



*"I think Guthrie is doing a good job by bringing in more services to this rural community."*

Guthrie Corning Hospital understands that community collaboration is essential and integral to improving the health status of the residents of Chemung, Schuyler, and Steuben Counties. Key community stakeholder organizations served an integral role in providing relevant information and insights regarding the health needs of the community. Additionally, these community-based organizations provide the necessary programs and services to address and respond to health disparities and inequities within the Greater Corning Region.

## Data Collection Methodology

In collaboration and partnership with various community stakeholders Guthrie Corning Hospital gathered and analyzed primary and secondary data for the Greater Corning Region 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 providers that represent the broad interest of the Greater Corning Region.

A concerted effort was made to ensure that the individuals and organizations represented the needs and perspectives of (1) public health standards and research; (2) individuals who are medically underserved, vulnerable, 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 an online survey, in-depth interviews with key community stakeholders, and community focus groups.

These methods provided additional perspectives on how to identify and address top health issues facing the region. A summary of the process and results is outlined below.

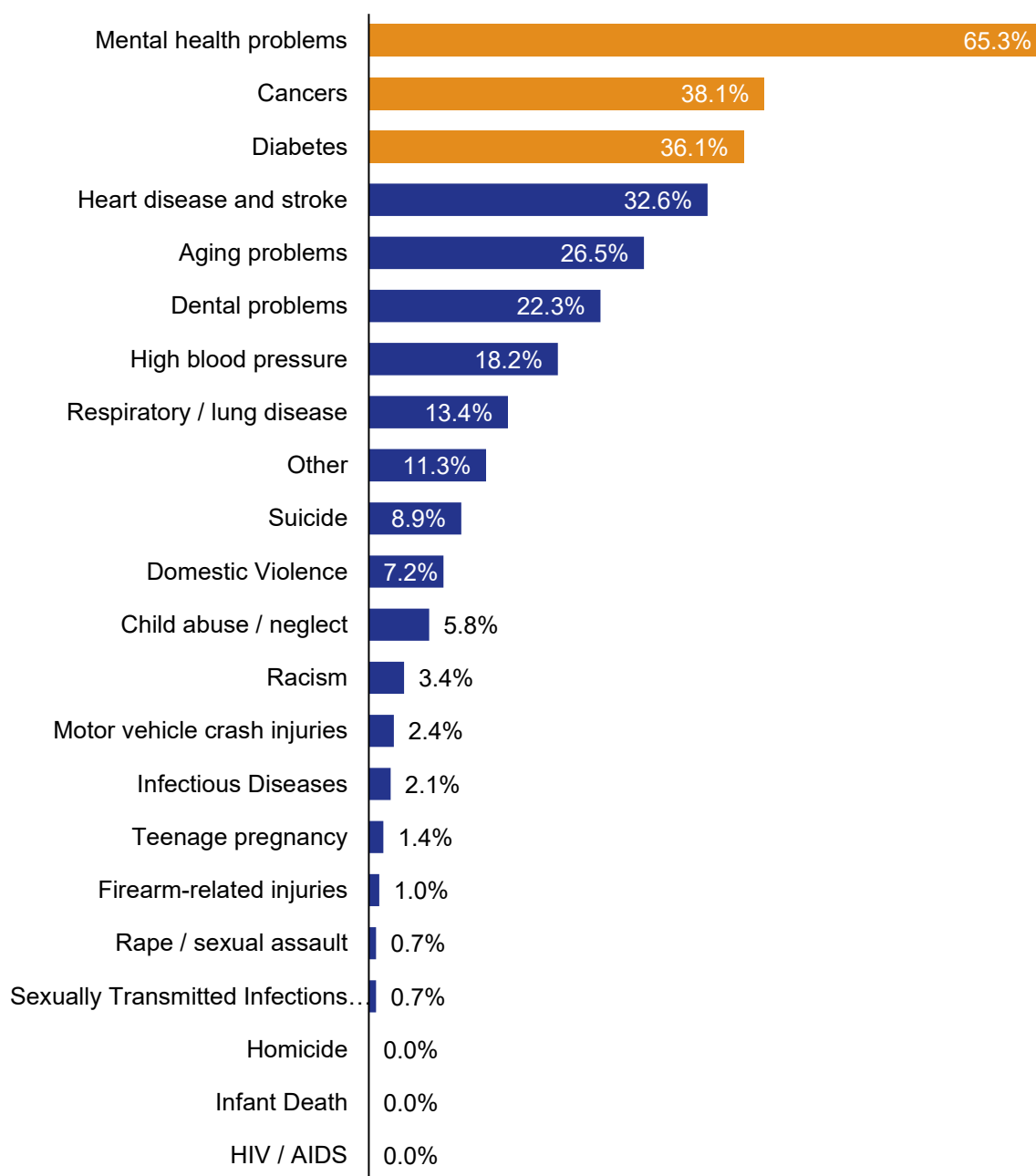
## On-Line Survey

An on-line survey was conducted by RMS Healthcare in partnership with Guthrie Clinic 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 Corning Region. In total, 291 individuals participated in the on-line survey, held between February 2025 and April 2025. The data gathered and analyzed provides valuable insight into health issues of importance to the community. The survey contained 33 questions and was distributed by the Guthrie Corning Hospital leadership team to over 25 various key community stakeholders, community partners and agencies through a promotional flyer containing a QR code which allowed easy access to open a direct link to complete the survey. A hyperlink was also sent to community members to ensure participation for community members that are not fully acquainted with the use of QR codes.

Based on the survey responses, Guthrie Corning Hospital service area residents feel their community is overall “somewhat healthy” compared to other communities and actually rated their community’s overall health as the best out of the entire Guthrie

service area. The top three biggest healthcare issues facing their community today include: (1) Mental health problems, (2) Cancers, (3), and Diabetes. Other issues facing the Greater Corning Region include heart disease and stroke as well as aging problems (e.g., arthritis, hearing/vision loss, etc.).

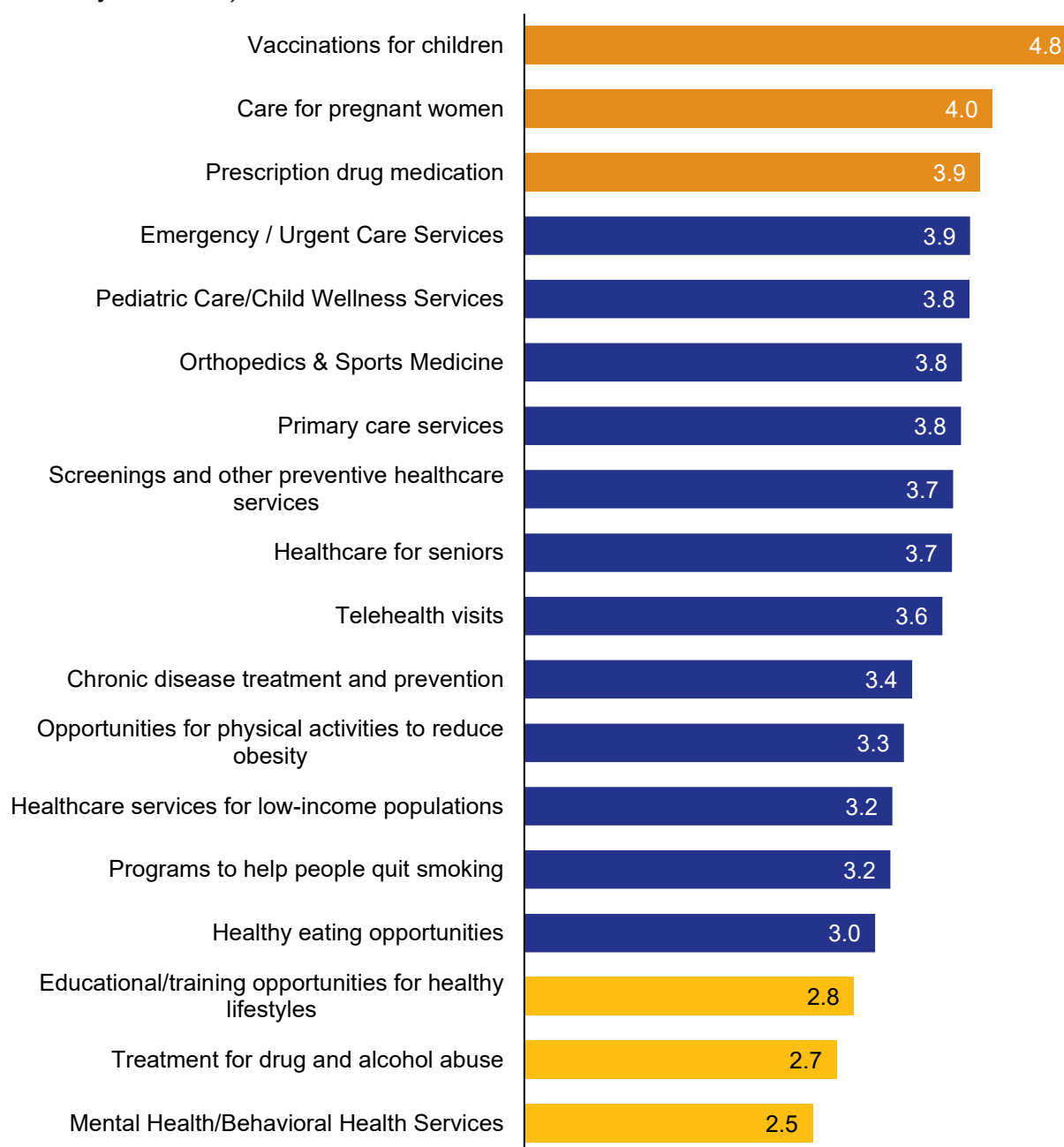
**Figure 2. Biggest Healthcare Issues Facing Guthrie Corning Hospital Service Area** (participants were required to select three issues)



Residents feel the most widely available healthcare services include: (1) Vaccinations for children (other than COVID-19 vaccine), (2) Care for pregnant women, and (3)

Prescription drug medication. The least available healthcare services in the Greater Corning Region include: (1) Mental health / behavioral health services, (2) Treatment for drug and alcohol abuse, and (3) Educational / training opportunities for healthy lifestyles.

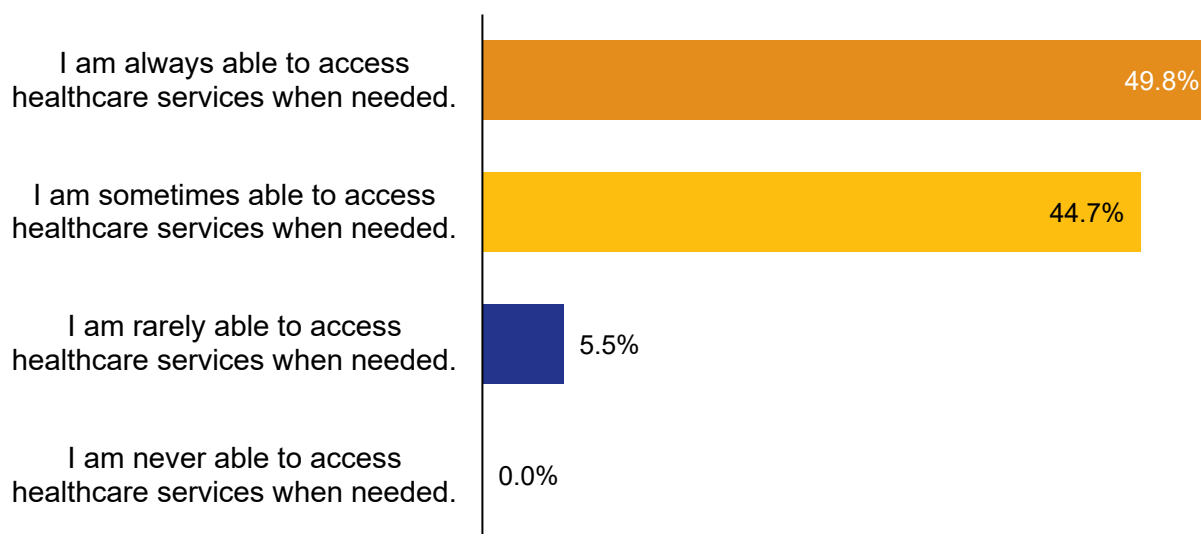
**Figure 3. Availability of Healthcare Services in Guthrie Corning Hospital Service Area** (on a scale of 1 to 5 where 1=not at all available and 5=widely available)



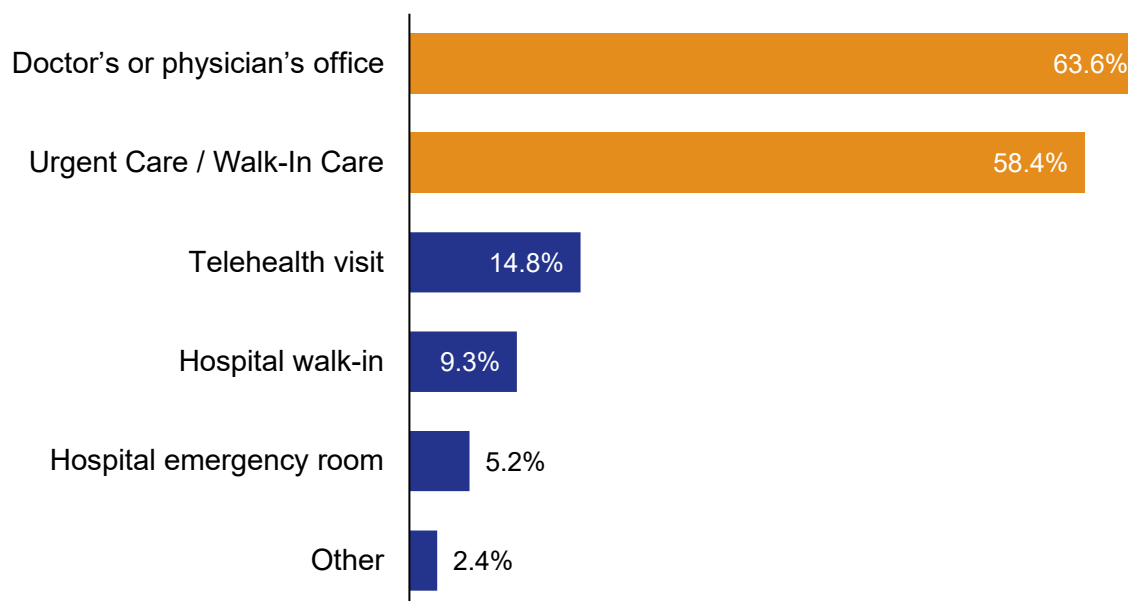


The majority of residents are able to access healthcare services in the Greater Corning Region when needed – most of which go to their doctor's / provider's office or Urgent Care / Walk-In Care for non-emergent medical attention.

**Figure 4. Accessibility of Healthcare Services in Guthrie Corning Hospital Service Area** (Participants could select one option)



**Figure 5. Where Residents of Guthrie Corning Hospital Service Area Go for Non-Emergent Medical Attention** (participants could select all that apply)



To view primary data from the On-Line survey in its entirety, see Appendix C (pages 50–6).

## Key-Stakeholder Interviews

A series of 10 one-on-one interviews were conducted by RMS Healthcare on behalf of Guthrie Corning Hospital to gather feedback from key stakeholders on the health needs and assets of the Greater Corning Region. The interviews included 10 representatives from 10 different organizations and agencies, held between February 2025 and March 2025.

Each in-depth interview discussion was robust with the participants being actively engaged. In the Appendix of this report, one can read the various participant comments and responses to the discussion prompted by 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.

**Table 2. In-Depth Interviews: Key Themes and Summary**

Key Themes and Summary	
Overall Health of Guthrie Corning Hospital Service Area	Availability of Healthcare Services
<ul style="list-style-type: none"> <li>➤ Mean Overall Health Score of 3.0 / 5.0 (where 5=very healthy)</li> <li>➤ The Greater Corning Region is a safe community in which to raise children and offers sufficient community services, but there is a need for improved crisis networks and it is a region lacking in economic opportunities. Stakeholders also felt it was <i>not</i> a good place to grow old.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Healthcare services, including Primary, Emergency, and Urgent Care, are available in the Greater Corning Region.</li> <li>➤ But other specialties are lacking or limited, including: <ul style="list-style-type: none"> <li>○ Dental care</li> <li>○ Dermatology</li> <li>○ Mental and behavioral health</li> <li>○ Neurology</li> <li>○ OB/GYN</li> <li>○ Pediatrics</li> <li>○ Other specialty care for which residents need to travel outside the area.</li> </ul> </li> </ul>
Barriers to Accessing Healthcare	Vulnerable Populations
<ul style="list-style-type: none"> <li>➤ A lack of providers in the area</li> <li>➤ Cost or affordability</li> <li>➤ Food insecurity or a lack of healthy foods being available</li> <li>➤ Insurance coverage and acceptance</li> <li>➤ Lack of childcare services</li> <li>➤ Long wait times / lengthy appointment wait lists</li> <li>➤ Lower health education and literacy including lower educational attainment levels</li> <li>➤ Rurality and isolation</li> </ul>	<ul style="list-style-type: none"> <li>➤ Certain demographic groups of the population may be medically underserved, including: <ul style="list-style-type: none"> <li>○ Elderly or aging adults</li> <li>○ Low-income</li> <li>○ Rural / Isolated persons</li> <li>○ Those struggling with mental health issues</li> </ul> </li> </ul>

<ul style="list-style-type: none"> <li>➤ Stigma tied to receiving care or asking for help</li> <li>➤ Transportation</li> </ul>	<ul style="list-style-type: none"> <li>○ Unhoused / homeless population</li> <li>○ Uninsured or under-insured</li> </ul>
<b>Ideas and Suggestions for Guthrie</b>	
<ul style="list-style-type: none"> <li>➤ Implementing a mobile health unit that goes out into the community and partner organizations for preventive well-checks and screenings</li> <li>➤ Provide more health education / healthy lifestyle trainings for the general public free of charge (such as a webinar series) <ul style="list-style-type: none"> <li>○ An example could be a free webinar series hosted at the library once a month or once a quarter on topics tied to preventive medicine.</li> </ul> </li> <li>➤ Promote the current services available, especially telehealth to reach the rural, more isolated populations</li> <li>➤ Improve mental / behavioral health resources and services here</li> <li>➤ Bring more primary care, pediatricians, and dental providers to the area</li> </ul>	

To view primary data from the In-Depth Interviews in its entirety, see Appendix C (pages 68–80).

## Community Focus Groups

A series of two focus groups were conducted by RMS Healthcare on behalf of Guthrie Corning Hospital to gather feedback from the community on the health needs and assets of the Greater Corning Region. Twelve (12) individuals participated in the focus groups, held between March 18, 2025, and March 25, 2025. Populations represented by participants included a mix of ages, living settings (rural, suburban, urban), and payor types, including those with no health insurance.

**Table 3. Community Focus Groups: Key Themes and Summary**

<b>Key Themes and Summary</b>	
<b>Availability</b>	<b>Accessibility</b>
<ul style="list-style-type: none"> <li>➤ Mean Availability Score of 3.5 / 5.0 (<i>where 5=very available</i>)</li> <li>➤ Quality of healthcare available in the area is “adequate” and “good but not excellent.”</li> </ul>	<ul style="list-style-type: none"> <li>➤ Mean Accessibility Score of 3.5 / 5.0 (<i>where 5=very accessible</i>)</li> <li>➤ Many participants stated they do not have a problem accessing the healthcare system if and when they are an established patient.</li> </ul>
<b>Healthcare Services That Are Missing or Lacking</b>	<b>Barriers to Accessing Healthcare</b>
<ul style="list-style-type: none"> <li>➤ Specialty care is lacking in the area, especially in the following areas:</li> </ul>	<ul style="list-style-type: none"> <li>➤ After-hours availability</li> <li>➤ High out-of-pocket costs</li> </ul>

<ul style="list-style-type: none"> <li>○ Dental care</li> <li>○ Geriatrics / Aging services</li> <li>○ Mental health</li> <li>○ OB/GYN</li> <li>○ Oncology</li> <li>○ Pediatrics</li> <li>➤ Many participants leave the area for more highly specialized care.</li> </ul>	<ul style="list-style-type: none"> <li>➤ High turnover of providers / no consistency in who you see</li> <li>➤ Insurance acceptance</li> <li>➤ Long wait times / lengthy appointment wait lists</li> <li>➤ Patient education about what is available and how to access the health system</li> <li>➤ Transportation</li> </ul>
<b>Health Needs to be Addressed</b>	
<ul style="list-style-type: none"> <li>➤ Increasing mental and behavioral health services</li> <li>➤ Increasing access to providers by expanding hours, bringing on more providers, and offering more timely appointments</li> <li>➤ Reducing healthcare costs to prevent people from receiving care</li> <li>➤ Decreasing obesity in children and adults</li> <li>➤ Increasing services for substance abuse</li> </ul>	

To view primary data from the Focus Groups in its entirety, see Appendix C (pages 78–83).

## 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 U.S. Census Bureau data; New York State Prevention Agenda; and 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

Overall, the Guthrie Corning Hospital service area is fairing **about the same** as the average county in New York State but **better** than the average county in the U.S.

To view secondary data and sources in its entirety, see Appendix D (pages 93–101).



## Community Input on Previous CHNA and Implementation Strategy

Guthrie Clinic's previous CHNA and implementation strategy were made available to the public and open for public comment via the website: [Community Health Needs Assessment | Guthrie](#)

Guthrie Corning Hospital 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 Corning Region. This constraint limits the ability to fully assess all the community's needs.

For this assessment, three types of limitations were identified:

1. 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.
2. Secondary data is limited in a number of ways, including timeliness, reach and descriptive ability with groups as identified above.
3. Acute community concern(s) may significantly impact on Guthrie's ability to conduct portions of the CHNA assessment. An acute community concern is defined by Guthrie Clinic 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 2025 CHNA, the following acute community concerns were identified:
  - Diabetes
  - Heart disease and stroke

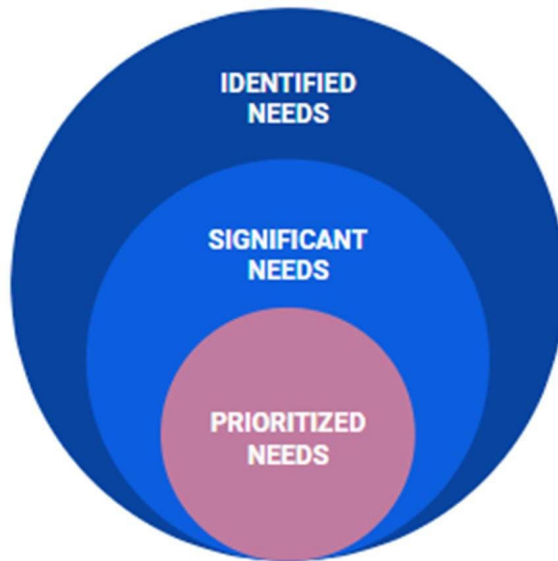
Despite the data limitations, Guthrie Clinic is confident of the overarching themes and health needs represented through the assessment data. This is because the data collection included multiple methods, both qualitative and quantitative, and engaged the hospital as well as participants from the community.

# Community Needs

Guthrie Corning Hospital, with contracted assistance from RMS Healthcare analyzed secondary data of over 20 indicators and gathered community input through key stakeholders and community member input to identify the needs within the Greater Corning Region. In collaboration with community partners, Guthrie Corning Hospital used a multi-phased prioritization approach to identify health 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, Guthrie Corning Hospital 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 reporting. The Image shown also describes the relationship between the needs categories.



## Identified Needs

Guthrie Corning Hospital has defined “identified needs” as the health outcomes or related conditions (e.g., social determinants of health; health equity) impacting the health status of the Greater Corning Region. 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. According to the World Health Organization, research shows that social

determinants can be more important than healthcare or lifestyle choices in influencing health. Addressing social determinants of health appropriately is fundamental for improving health and reducing longstanding inequities in health, which requires action by all sectors and civil society.<sup>6</sup>

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<sup>6</sup> Source: World Health Organization: [Social determinants of health](#)

## Significant Needs

In collaboration with various key community-based partners, Guthrie Corning Hospital synthesized findings from both primary and secondary research to identify significant needs of the community by reviewing demographic, sociographic, and key health-related measures to obtain a clear understanding of the health status and health disparities of the populations served.

In this prioritization process, Guthrie Corning Hospital was focused in recognizing and understanding that to achieve improved health, wellness and quality of life, collaboration and engagement of community-based organizations “partners” is paramount to identifying 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 Guthrie Corning Hospital’s mission to help each person attain optimal, life-long health and well-being. We will do so by providing integrated, clinically advanced services that prevent, diagnose, and treat disease, within an environment of compassion, learning, and discovery.

According to the CDC, health equity is the state in which everyone has a fair and just opportunity to attain their highest level of health.<sup>7</sup> Health equity science provides a conceptual framework for scientific endeavors that are designed and conducted to advance health equity.<sup>8</sup> As defined by the U.S. Department of Health and Human Services, health equity is the attainment of the highest level of health for all people. Further, the World Health Organization, “Health equity is defined as the absence of unfair and avoidable or remediable differences in health among population groups defined socially, economically, demographically or geographically.”<sup>9</sup> Research shows that population-level factors, such as the physical, build, social, and policy environments, can have a greater impact on health outcomes than individual-level factors.<sup>10</sup> 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.<sup>11</sup>

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<sup>7</sup> Source: [What is Health Equity? | Health Equity | CDC](#)

<sup>8</sup> Source: Bunnell R, Ryan J, Kent C; CDC Office of Science, CDC Excellence in Science Committee. Toward a new strategic public health science for policy, practice, impact, and health equity. *Am J Public Health*. 2021;111(8):1489-1496.

<sup>9</sup> Source: [Social determinants of health](#)

<sup>10</sup> Source: [Paving the Road to Health Equity | Health Equity | CDC](#)

<sup>11</sup> Source: Centers for Disease Control and Prevention (<https://www.cdc.gov/chronicdisease/healthequity/index.htm>)

Through the prioritization process for the 2025 CHNA, the significant needs are as follows:

- Diabetes
- Heart disease and stroke

To view healthcare facilities and community resources available to address the significant needs, please see Appendix E (pages 102-103).

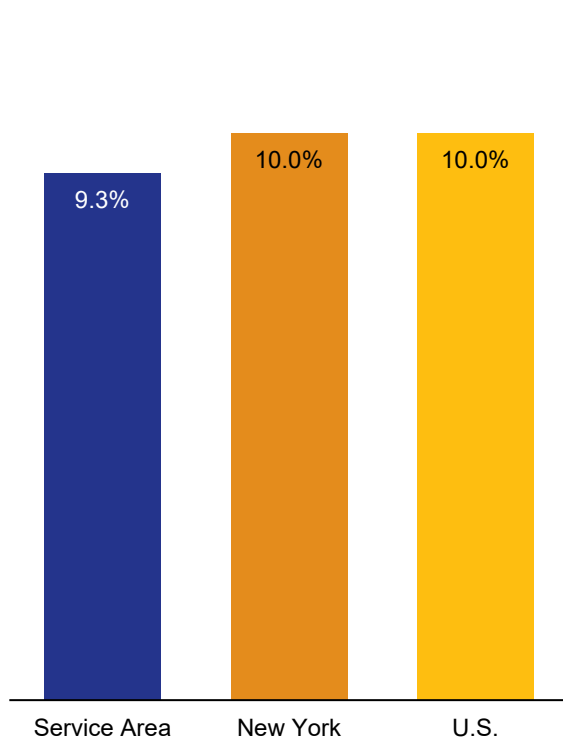
Descriptions (including data highlights, community challenges and perceptions, and local assets and resources) of the significant needs are displayed in the following tables and figures.

**Table 4. Need Theme #1: Diabetes**

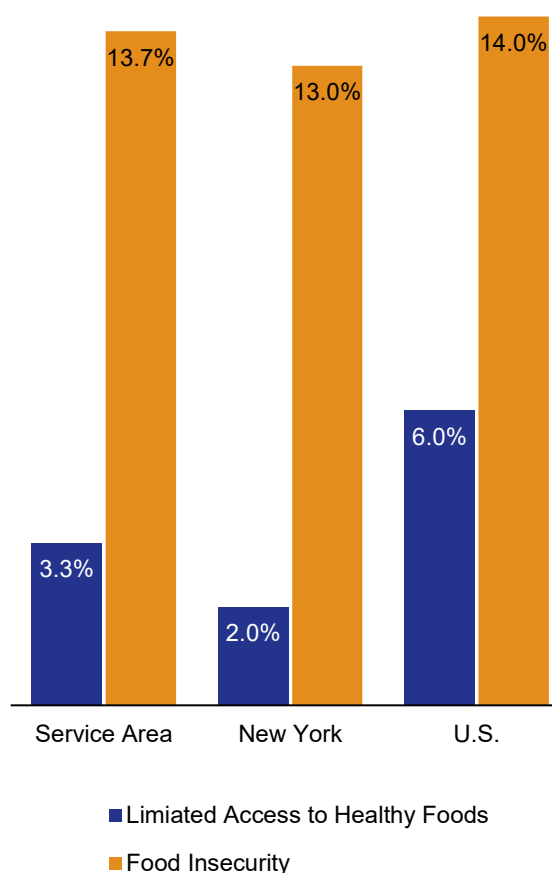
Diabetes	
Why is it important?	Data Highlights
<ul style="list-style-type: none"> <li>➤ Primary research indicates that there is a need for improved focus on diabetes prevention and management with a focus on enhanced education and knowledge about prevention and wellness as well as interventions focused on effective diabetes management.</li> </ul>	<ul style="list-style-type: none"> <li>➤ The service area has slightly less prevalence of Diabetes than New York or the country. But, 1 in 11 people are living with Diabetes in the service area. <i>Source: County Health Rankings, 2025. Reference Figure 6 on the following page.</i></li> <li>➤ The service area has more limited access to healthy foods and faces more food insecurity than the state. <i>Source: County Health Rankings, 2025. Reference Figure 7 on the following page.</i></li> <li>➤ There are fewer primary care providers in the service area than the current state or federal provider ratios. <i>Source: County Health Rankings, 2025. Reference Figure 8 on the following page.</i></li> </ul>
Local Assets & Resources	
<ul style="list-style-type: none"> <li>➤ Guthrie Corning Diabetes Center</li> <li>➤ HealthWorks Wellness and Fitness Center</li> <li>➤ Corning Family YMCA</li> <li>➤ 211 Finger Lakes Region</li> </ul> <p><i>Additional resources can be found in Appendix E: Healthcare Facilities and Community Resources.</i></p>	
Community Challenges & Perceptions	Individuals Who Are More Vulnerable
<ul style="list-style-type: none"> <li>➤ Diabetes was identified as the #3 healthcare issue facing the service area in the primary data collected.</li> <li>➤ Many area residents also mentioned there are not enough primary care providers in the region and would like to see more focus on preventive</li> </ul>	<ul style="list-style-type: none"> <li>➤ Over a third of adults living in the service area are obese, and nearly 1 in 6 people are living with a disability. These comorbidities further impact on</li> <li>➤ the aging population in the service area.</li> <li>➤ Through the qualitative primary data collected, it was revealed that there is</li> </ul>

<p>medicine and wellness options, such as nutrition.</p> <p>➤ Transportation, high out-of-pocket costs, insurance coverage and acceptance, and food insecurity were identified as barriers limiting residents' access to healthcare services.</p>	<p>significant food insecurity and limited healthy food options available in the more rural parts of the service area.</p> <p>➤ Older adults who are more rurally isolated were also identified to be more vulnerable and medically underserved in this service area.</p>
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**Figure 6. Diabetes Prevalence Among Adults**

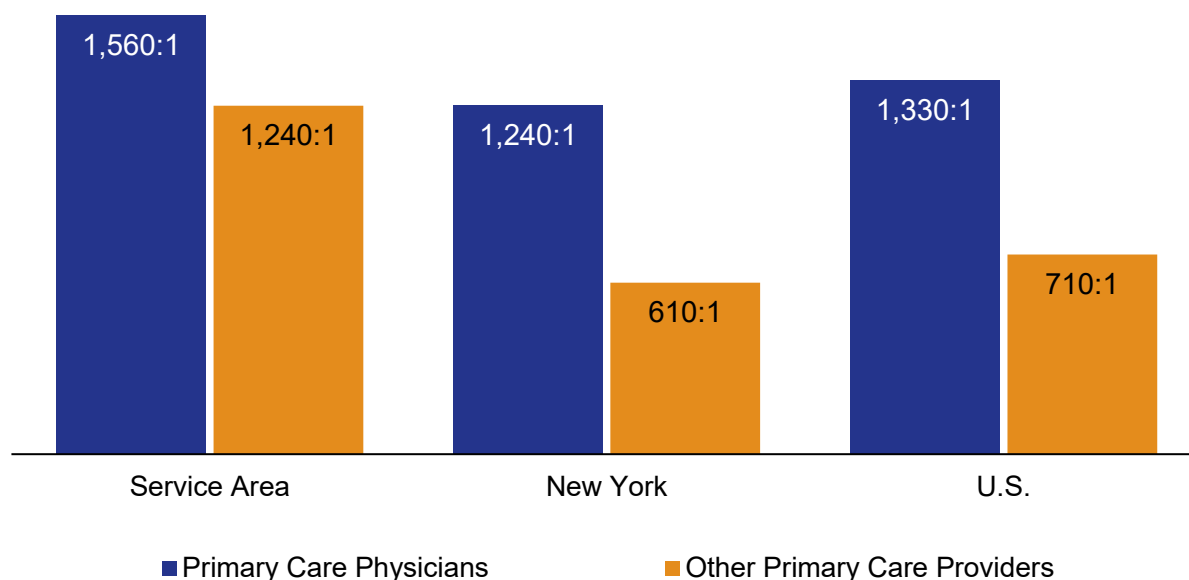


**Figure 7. Limited Access to Healthy Foods & Food Insecurity**





**Figure 8. Primary Care Provider Ratios** (100,000 population: provider)

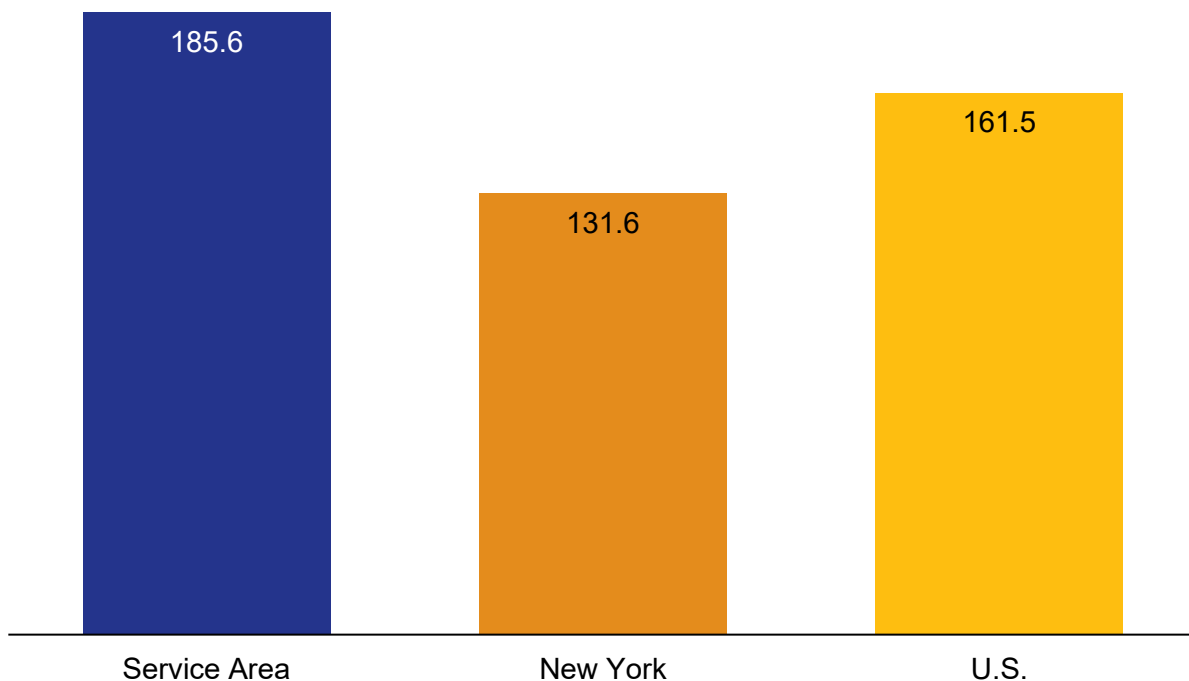


**Table 5. Need Theme #2: Heart Disease and Stroke**

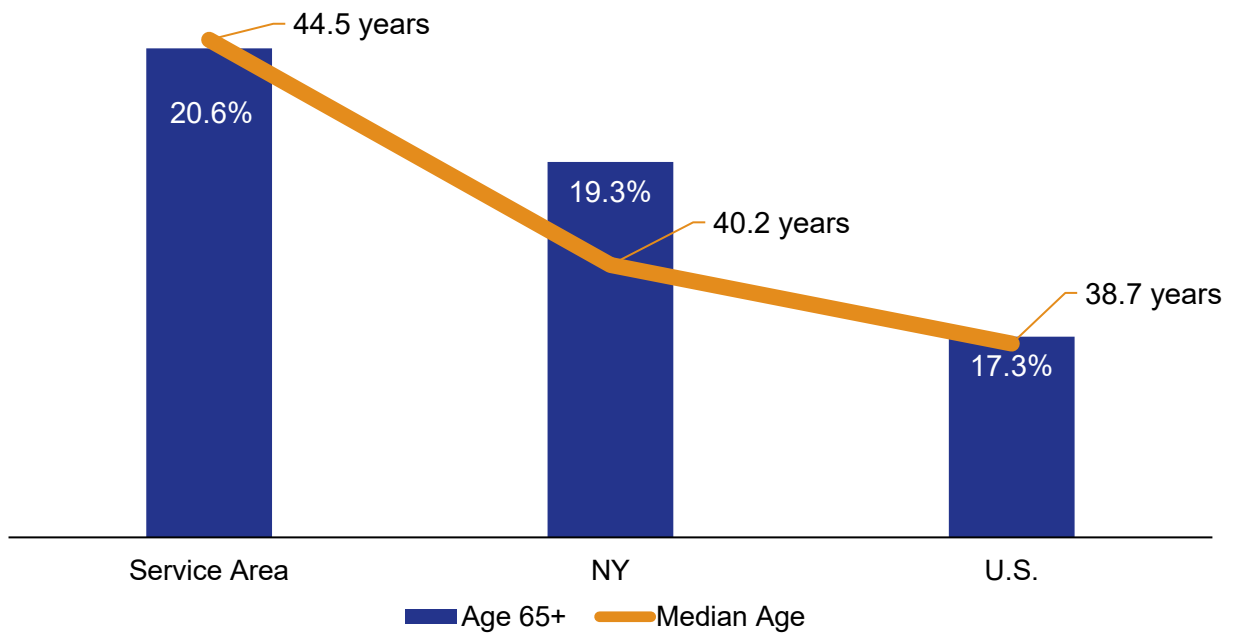
Heart Disease and Stroke	
Why is it important?	Data Highlights
<ul style="list-style-type: none"> <li>➤ Primary research suggests a need for improved focus on heart disease and stroke prevention with attention on enhanced education and knowledge about prevention and wellness.</li> </ul>	<ul style="list-style-type: none"> <li>➤ The service area has a significantly higher mortality rate due to coronary heart disease than NY. <i>Source: Healthy People, 2030. Reference Figure 9 on the following page.</i></li> <li>➤ The service area has a large proportion of its population over the age of 65 – those who are more likely to be diagnosed with cardiovascular disease. <i>Source: U.S. Census Bureau, 2023. Reference Figure 10 on the following page.</i></li> <li>➤ The service area also has less access to exercise opportunities and sees less frequent physical activity. <i>Source: County Health Rankings, 2025. Reference Figure 11 on the following page.</i></li> <li>➤ Heart disease has consistently been the leading cause of death in NY over the past</li> </ul>
Local Assets & Resources	
<ul style="list-style-type: none"> <li>➤ Food Bank of Southern Tier</li> <li>➤ Corning Community Food Pantry</li> <li>➤ American Heart Association</li> <li>➤ Corning Family YMCA</li> <li>➤ 211 Finger Lakes Region</li> </ul> <p><i>Additional resources can be found in Appendix E: Healthcare Facilities and</i></p>	

Community Resources.	five years.
Community Challenges & Perceptions	Individuals Who Are More Vulnerable
<ul style="list-style-type: none"> <li>➤ Heart disease and stroke were identified as one of the top 5 healthcare issues facing the service area, coming in at #4.</li> <li>➤ Cardiology was frequently mentioned as a specialty for which residents need to leave the area due to lengthy appointment waitlists and a lack of cardiologists in the region.</li> <li>➤ Transportation, food insecurity, and rurality / isolation were identified as barriers limiting residents' access to cardiology and wellness services.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Rural, more isolated population, especially the aging population, and those facing transportation barriers were identified to be medically underserved and more vulnerable in the service area.</li> <li>➤ The service area is slightly older and faces a higher rate of disabilities and obesity than NY.</li> </ul>

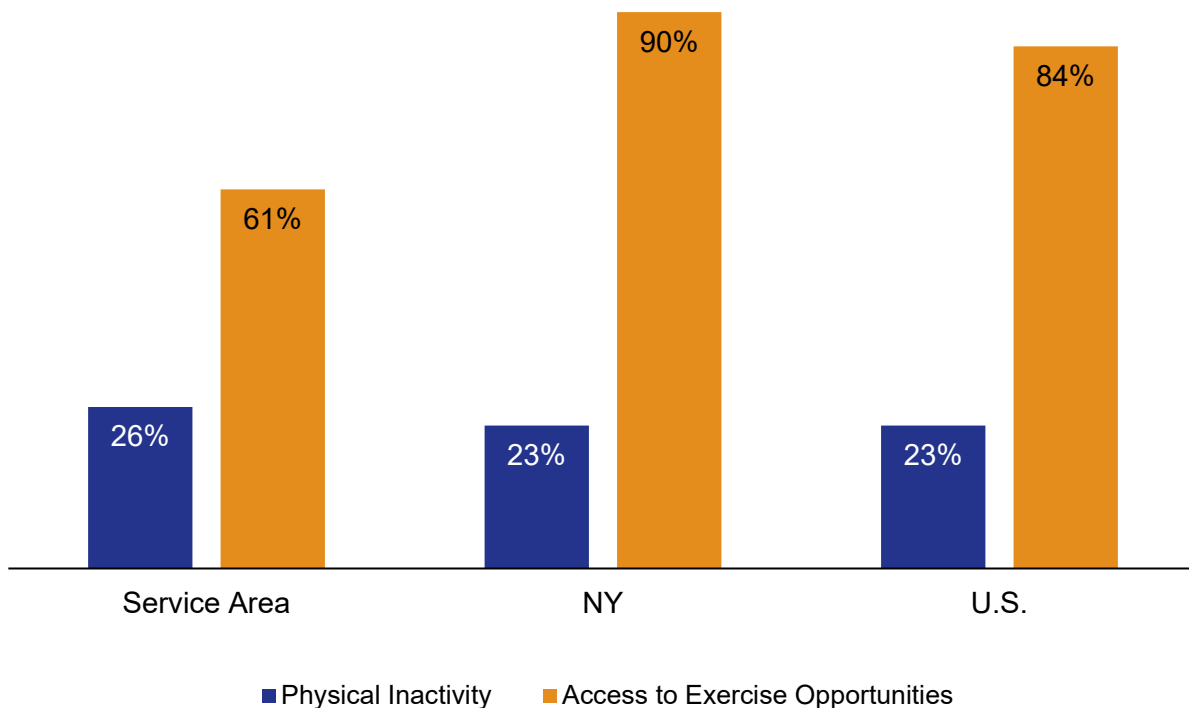
**Figure 9. Coronary Heart Disease Mortality Rate per 100,000**



**Figure 10. Proportion of Population Age 65 and Older**



**Figure 11. Access to Exercise Opportunities and Physical Inactivity Levels**



## Prioritized Needs

Guthrie Corning Hospital used a process based upon the American Hospital Association (AHA) Community Health Improvement (ACHI)<sup>12</sup> key components for prioritizing community health needs and assets on which the hospital would focus priorities. The CHNA steering committee stakeholders, in collaboration with senior leadership, applied the following criteria in identifying the significant needs: (1) The magnitude of the problem or asset; (2) The severity of the problem where failure to act or address will exacerbate the issue significantly; (3) Community's capacity and willingness to act on the issue; (4) Ability to have a measurable impact on the issue; (5) Availability of hospital and community resources (multiple hospital and health system departments have vested interest in the outcome); (6) Existing interventions focused on the issue (the community perceives the healthcare need to be significant); (7) The issue is a root cause of other problems (the community perceives the healthcare need to be significant); (8) The priority the community places on the problem; (9) Activities selected can be evidence-based and in alignment with the Prevention Agenda Action Plan; and (10) Addressing the healthcare need falls within the scope of Guthrie Corning Hospital's mission, vision, values, and strategic plan for the 2025-2028 CHNA cycle.

Guthrie Corning Hospital leveraged analysis to define "prioritized needs" as the significant needs which have been identified by the hospital to be addressed through the three-year CHNA Implementation Plan. The following are the prioritized needs.

Prioritized Needs	Rationale
Diabetes	This need was selected because diabetes is the eighth leading cause of death in the United States. <sup>13</sup> Among the U.S. population overall, it is estimated that 11.6% of the US population has diabetes, representing 38.4 million people of all ages. <sup>14</sup> While diabetes was selected as an identified need, the overall percentage of residents in the Guthrie Corning Hospital service area is slightly lower than that of the NY and of the US. Food insecurities in the region were also higher than those of NY which can be considered a key contributor to diabetes diagnosis and overall management of the disease.
Heart Disease and Stroke	This need was selected because heart disease is the leading cause of death in the United States, and stroke is

<sup>12</sup> Source: [Step 5: Prioritize Community Health Needs and Assets | ACHI](#)

<sup>13</sup> Source: [FastStats - Deaths and Mortality](#)

<sup>14</sup> Source: [National Diabetes Statistics Report | Diabetes | CDC](#)

	<p>the fifth leading cause.<sup>1516</sup> Heart disease and stroke can result in poor quality of life, disability, and death. The coronary heart disease mortality rate in the Guthrie Corning Hospital service area is 185.6 meaning that for every 100,000 people in the population, over 185 people die from heart disease or stroke in the Guthrie Corning Hospital Service area. The rate is significantly higher than that for NY of 131.6 and higher than the US goal of 71.1. Primary research conducted also identified that physical activity is lower in the Guthrie Corning Hospital service area in comparison to that of NY and US, and access to exercise opportunities in the region is significantly less than that of NY and that of the US overall.</p>
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<sup>15</sup> Source: Murphy, S.L., Xu, J.Q., Kochanek, K.D., & Arias, E. (2018). Mortality in the United States, 2017. Retrieved from <https://www.cdc.gov/nchs/data/databriefs/db328-h.pdf>

<sup>16</sup> Source: Benjamin, E.J., et al. (2019). Heart Disease and Stroke Statistics — 2019 Update: A Report from the American Heart Association. *Circulation*, 139(10), e56-e528. <https://www.ahajournals.org/doi/10.1161/CIR.0000000000000659>



# Summary of Impact from Previous CHNA Implementation Strategy

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

Highlights from Guthrie Corning Hospitals previous implementation strategy include:

- Prevent Chronic Disease
  - Healthy Eating and Food Security
- Promote Wellbeing & Prevent Mental Health & Substance Use Disorder
  - Mental and Substance Use Disorder Prevention

Written input received from the community and a full evaluation of our efforts to address the significant health needs identified in the 2022 CHNA can be found in Appendix F (pages xxx-xxx). Prior CHIPS will be added after CHNA is approved by the Board.

## Approval by Guthrie Corning Hospital's Board of Directors

To ensure the Guthrie Corning Hospital's efforts meet the needs of the community and have a lasting and meaningful impact, the 2025 CHNA was presented to the Board of Directors for approval and adoption on June 18, 2025. 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.

## Conclusion

The purpose of the CHNA process is to develop and document key information on the health and wellbeing of the communities Guthrie Corning Hospital serves. This report will be used by internal stakeholders, non-profit community-based organizations (CBOs), government agencies, and other community partners of Guthrie Corning Hospital to guide the implementation strategies and community health improvement efforts as required by the Affordable Care Act. The 2025 CHNA will also be made available to the broader community as a useful resource for further community health improvement efforts.

Guthrie Corning Hospital hopes this report offers a meaningful and comprehensive understanding of the most significant needs for residents of the Greater Corning Region. Guthrie Corning Hospital is dedicated to providing high-quality and accessible healthcare that meets the needs of the entire family. Our mission is to improve the health and well-being of the people we serve. We treat all patients with warmth, respect and dignity and provide care that is both necessary and appropriate. We do not discriminate in the care or services that we provide. Specifically, we do not discriminate based upon education, age, sex, gender, disability, race, color, religion, income or who will pay their bill, gender identity or expression, affectional or sexual orientation, national origin or ancestry, marital status, civil union status, domestic partnership status, veteran status, culture, language, or any other basis prohibited by law.

The hospital values the community's voice and welcomes feedback on this report. Please visit this public website ([Community Health Needs Assessment | Guthrie](#)) to submit your comments.

# Appendices

## **Table of Contents**

Appendix A: Definitions and Terms

Appendix B: Community Demographic Data and Sources

Appendix C: Community Input Data and Sources

Appendix D: Secondary Data and Sources

Appendix E: Healthcare Facilities and Community Resources

Appendix F: Evaluation of Impact From Previous CHNA Implementation Strategy

## **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 events 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 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 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 Appendix C for a list of key stakeholders.*

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

## **Social Determinants of Health (SDOH)**

The social determinants of health are the non-medical factors that influence health outcomes. They are conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. Social determinants of health which can influence health equity in positive and negative ways include income and social protection, education, unemployment, and job insecurity, working life conditions, food insecurity, housing, basic amenities and the environment, early childhood development, social inclusion and non-discrimination, structural conflict, and access to affordable health services of decent quality.

Source: World Health Organization - Social determinants of health

## **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 and Data Sources

Guthrie Corning Hospital 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, Guthrie Corning Hospital understands these factors will play a vital role on the population as it relates to health status and health outcomes.

The tables below provide a description of the community's demographics and socioeconomic factors. The description of the importance of the data are largely drawn from the [U.S. Census Bureau](#) as well as the [County Health Rankings and Roadmaps website](#).

### **Population by Sex**

Why it is important: The composition of a population, including related trends, is important for understanding the community context and informing community planning. Within the Guthrie Corning Hospital service area, the gender distribution is nearly even between males and females with slightly more females in the population.

**Table B1. Population by Sex of Guthrie Corning Hospital Service Area**

Population by Sex	Chemung County		Schuyler County		Steuben County		Guthrie Corning Hospital Service Area	
	#	%	#	%	#	%	#	%
Total population	82,805	-	17,749	-	93,034	-	193,588	-
Male	41,061	49.6%	8,908	50.2%	46,618	50.1%	96,587	49.9%
Female	41,744	50.4%	8,841	49.8%	46,416	49.9%	97,001	50.1%
Sex ratio (males per 100 females)	98.4	-	100.8	-	100.4	-	99.9	-
Data Sources: U.S. Census Bureau, 2023 American Community Survey 5-Year Estimates								

### **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 educational needs and childcare needs, while an older population may have greater healthcare needs. The Guthrie Corning Hospital service area has an older population with the largest age bracket being those age 65 to 74 years-old with a median age 8.8% higher than New York.

**Table B2. Population by Age of Guthrie Corning Hospital Service Area**

Population by Age	Chemung County		Schuyler County		Steuben County		Guthrie Corning Hospital Service Area	
	#	%	#	%	#	%	#	%
Under 5 years	4,336	5.2%	845	4.8%	5,080	5.5%	10,261	5.3%
5 to 9 years	4,726	5.7%	824	4.6%	5,296	5.7%	10,846	5.6%
10 to 14 years	5,327	6.4%	1,067	6.0%	6,159	6.6%	12,553	6.5%
15 to 19 years	5,301	6.4%	978	5.5%	5,407	5.8%	11,686	6.0%
20 to 24 years	4,663	5.6%	796	4.5%	4,896	5.3%	10,355	5.3%
25 to 34 years	10,108	12.2%	1,859	10.5%	11,008	11.8%	22,975	11.9%
35 to 44 years	9,908	12.0%	2,030	11.4%	10,840	11.7%	22,778	11.8%
45 to 54 years	10,034	12.1%	2,401	13.5%	11,460	12.3%	23,895	12.3%
55 to 59 years	5,868	7.1%	1,408	7.9%	6,669	7.2%	13,945	7.2%
60 to 64 years	6,038	7.3%	1,546	8.7%	7,324	7.9%	14,908	7.7%
65 to 74 years	9,711	11.7%	2,489	14.0%	11,148	12.0%	23,348	12.1%
75 to 84 years	4,633	5.6%	1,016	5.7%	5,473	5.9%	11,122	5.7%
85 years and over	2,152	2.6%	490	2.8%	2,274	2.4%	4,916	2.5%
Under 18 years	17,532	21.2%	3,374	19.0%	20,100	21.6%	41,006	21.2%
18 years and over	65,273	78.8%	14,375	81.0%	72,934	78.4%	152,582	78.8%
65 years and over	16,496	19.9%	3,995	22.5%	18,895	20.3%	39,386	20.3%
Median age (years)	41.9	-	47.4	-	43.1	-	44.1	-
Data Sources: U.S. Census Bureau, 2023 American Community Survey 5-Year Estimates								

## **Race & 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. The Guthrie Corning Hospital service area is primarily White, Non-Hispanic.

**Table B3. Race & Ethnicity of Guthrie Corning Hospital Service Area**

Race & Ethnicity	Chemung County		Schuyler County		Steuben County		Guthrie Corning Hospital Service Area	
	#	%	#	%	#	%	#	%
White	71,013	85.8%	16,600	93.5%	85,865	92.3%	173,478	89.6%
Black or African American	4,913	5.9%	190	1.1%	1,537	1.7%	6,640	3.4%
American Indian and Alaska Native	276	0.3%	27	0.2%	93	0.1%	396	0.2%
Asian	1,263	1.5%	119	0.7%	1,481	1.6%	2,863	1.5%
Native Hawaiian and Other Pacific Islander	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Some Other Race	819	1.0%	65	0.4%	754	0.8%	1,638	0.8%
Two or More Races	4,521	5.5%	748	4.2%	3,304	3.6%	8,573	4.4%
Hispanic or Latino (of any race)	2,982	3.6%	350	2.0%	1,754	1.9%	5,086	2.6%
Not Hispanic or Latino	79,823	96.4%	17,399	98.0%	91,280	98.1%	188,502	97.4%
Data Sources: U.S. Census Bureau, 2023 American Community Survey 5-Year Estimates								

## **Income Levels**

Why it is important: People with higher incomes tend to live longer than people with lower incomes. In addition to 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. The Guthrie Corning Hospital service area is a slightly more impoverished region with over two-thirds of residents with a household income level below \$100,000.

**Table B4. Income Levels of Guthrie Corning Hospital Service Area**

Income Levels	Chemung County	Schuyler County	Steuben County	Guthrie Corning
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							Hospital Service Area	
	#	%	#	%	#	%	#	%
Less than \$10,000	2,177	6.2%	366	4.9%	2,099	5.4%	4,642	5.7%
\$10,000 to \$14,999	1,616	4.6%	362	4.9%	1,494	3.8%	3,472	4.3%
\$15,000 to \$24,999	2,848	8.2%	709	9.6%	2,859	7.3%	6,416	7.9%
\$25,000 to \$34,999	2,803	8.0%	562	7.6%	3,888	10.0%	7,253	8.9%
\$35,000 to \$49,999	4,155	11.9%	835	11.3%	4,910	12.6%	9,900	12.2%
\$50,000 to \$74,999	6,591	18.9%	1,224	16.5%	6,584	16.9%	14,399	17.7%
\$75,000 to \$99,999	4,494	12.9%	1,121	15.1%	5,105	13.1%	10,720	13.2%
\$100,000 to \$149,999	6,134	17.6%	1,263	17.1%	6,458	16.6%	13,855	17.1%
\$150,000 to \$199,999	2,251	6.4%	546	7.4%	3,048	7.8%	5,845	7.2%
\$200,000 or more	1,847	5.3%	417	5.6%	2,471	6.3%	4,735	5.8%
Median household income	\$63,469	-	\$65,625	-	\$64,740	-	\$64,611	-
Mean household income	\$83,801	-	\$83,763	-	\$86,589	-	\$84,718	-
Data Source: U.S. Census Bureau, 2023 American Community Survey 5-Year Estimates								

## **Educational Attainment**

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, a safe work environment) and social support, help create opportunities for healthier choices. Within the Guthrie Corning Hospital service area, more than half of the population has no higher education degree.

**Table B5. Educational Attainment of Guthrie Corning Hospital Service Area**

Educational Attainment	Chemung County	Schuyler County	Steuben County	Guthrie Corning
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							Hospital Service Area	
	#	%	#	%	#	%	#	%
Less than 9th grade	1,354	2.3%	355	2.7%	1,814	2.7%	3,523	2.6%
9th to 12th grade, no diploma	3,974	6.8%	864	6.5%	3,619	5.5%	8,457	6.1%
High school graduate (includes equivalency)	19,255	32.9%	4,425	33.4%	23,124	34.9%	46,804	33.9%
Some college, no degree	10,218	17.5%	2,472	18.7%	10,956	16.6%	23,646	17.1%
Associate's degree	7,936	13.6%	1,765	13.3%	9,458	14.3%	19,159	13.9%
Bachelor's degree	8,778	15.0%	1,570	11.9%	8,704	13.1%	19,052	13.8%
Graduate or professional degree	6,937	11.9%	1,788	13.5%	8,521	12.9%	17,246	12.5%
High school graduate or higher	53,124	90.9%	12,020	90.8%	60,763	91.8%	125,907	91.3%
Bachelor's degree or higher	15,715	26.9%	3,358	25.4%	17,225	26.0%	36,298	26.3%
Data Source: U.S. Census Bureau, 2023 American Community Survey 5-Year Estimates								

## **Health Insurance Coverage**

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. The health insurance coverage of residents within the Guthrie Corning Hospital service area is extensive. However, there are over 8,000 residents in this region who have no health insurance coverage.

**Table B6. Health Insurance Coverage of Guthrie Corning Hospital Service Area**

Health Insurance Coverage	Chemung County		Schuyler County		Steuben County		Guthrie Corning Hospital Service Area	
	#	%	#	%	#	%	#	%
With health insurance coverage	77,100	95.7%	16,940	95.9%	87,795	95.3%	181,835	95.5%
With private health insurance	52,355	65.0%	11,286	63.9%	60,565	65.7%	124,206	65.2%
With public coverage	37,883	47.0%	8,754	49.5%	42,020	45.6%	88,657	46.6%
No health insurance coverage	3,489	4.3%	728	4.1%	4,328	4.7%	8,545	4.5%
Data Source: U.S. Census Bureau, 2023 American Community Survey 5-Year Estimates								

## **Disability Status**

Why it is important: A person's disability status can greatly impact their quality of life and ability to access health services equitably. Often, those living with a disability also have other comorbidities that increase one's need to access appropriate healthcare services. Nearly 1 out of 7 people residing in the Guthrie Corning Hospital service area are living with a disability.

**Table B7. Disability Statuses of Guthrie Corning Hospital Service Area**

Disability Status	Chemung County		Schuyler County		Steuben County		Guthrie Corning Hospital Service Area	
	#	%	#	%	#	%	#	%
With a disability	12,821	15.9%	2,671	15.1%	14,087	15.3%	29,579	15.5%
Under 18 years, with a disability	1,008	5.8%	182	5.4%	968	4.8%	2,158	1.1%
18 to 64 years, with a disability	6,368	13.5%	1,156	11.2%	7,041	13.1%	14,565	7.7%

65 years and over, with a disability	5,445	34.0%	1,333	33.4%	6,078	33.3%	12,856	6.8%
<i>Data Source: U.S. Census Bureau, 2023 American Community Survey 5-Year Estimates</i>								

## **Socioeconomic Characteristics**

Why it is important: The percentage of children and families living in poverty, which can compromise physical and mental health, are well-recognized indicators of health. Other social determinants of health, such as language, urban vs. rural areas, transportation access, stable employment, and public assistance program eligibility, directly play a part in a person's overall health status. Understanding these complex social and economic factors can help reduce barriers to accessing appropriate and necessary healthcare. The majority of residents in the Guthrie Corning Hospital service area are living in a rural area with nearly 1 in 8 households receiving food stamp benefits in the past year. There are also over 7,000 households without a vehicle, and transportation has been identified as a barrier to accessing necessary healthcare services in the Greater Corning Region.

***Table B8. Socioeconomic Characteristics of Guthrie Corning Hospital Service Area***

Socioeconomic Characteristics	Chemung County		Schuyler County		Steuben County		Guthrie Corning Hospital Service Area	
	#	%	#	%	#	%	#	%
Households with Food Stamp/SNAP benefits in the past 12 months	5,766	16.5%	1,187	16.0%	4,605	11.8%	11,558	14.2%
Occupied housing units with no vehicles	3,342	9.6%	465	6.3%	3,847	9.9%	7,654	9.4%
Percentage of children (under age 18) living in poverty	-	21.1%	-	18.1%	-	17.5%	-	18.9%
Percentage of families and people whose income in the past 12 months is below the poverty level	-	11.7%	-	10.3%	-	8.4%	-	10.1%

Population 16 years and over who are unemployed	2,475	3.7%	541	3.6%	2,595	3.4%	5,611	3.6%
Population aged 5 and over who speak English less than well (not proficient)	496	0.6%	93	0.5%	573	0.6%	1,162	0.6%
Population living in a census-defined rural area	21,800	25.9%	17,898	100.0%	55,942	59.8%	95,640	61.9%
<i>Data Sources: U.S. Census Bureau, 2023 American Community Survey 5-Year Estimates; County Health Rankings, 2020 – 2024</i>								

## Appendix C: Community Input and Sources

### Online Survey Findings & Results

The following section provides a question-by-question analysis of the responses to the community online survey – a primary research methodology to support the Guthrie Corning Hospital CHNA. The online survey was administered between February and April 2025. 291 total respondents participated in this online survey. RMS Healthcare cleaned and ensured all responses were verified and then analyzed the data by calculating descriptive statistics (percentages and means) with the final dataset. In some cases, crosstabs were calculated to highlight experiences among sub-groups or to show differences in the needs, desires, or expectations among the variety of the community residents.

**Table C9. Survey Participants' Age Group**

S2. Age Group	#	%
18 to 24	11	3.8%
25 to 34	29	10.0%
35 to 44	54	18.6%
45 to 54	81	27.8%
55 to 64	62	21.3%
65 to 74	35	12.0%
75 or older	19	6.5%
Prefer not to answer	0	0.0%
Average Age of Participants = 45 to 54 years		

**Table C10. Survey Participants' Gender**

S4. Gender	#	%
Male	42	14.4%
Female	239	82.1%
Non-Binary	1	0.3%
Other	0	0.0%
Prefer not to answer	9	3.1%

Survey participants were asked to share their perceptions of their community's general health, on a 5-point scale from *very unhealthy* (1) to *very healthy* (5). Residents provided a mean score of 2.9 out of 5.0 for Guthrie Corning Hospital. This is higher when compared to the overall mean score for the entire Guthrie Clinic system of 2.8 out of 5.0. Of note, the Greater Corning Region residents rated their community's general health the highest out of the entire Guthrie service area.

**Table C3. General Health of Community**

Q1. Community's General Health	#	%
Very Unhealthy	4	2.1%
Unhealthy	67	29.8%
Neutral	169	54.3%
Healthy	47	12.7%
Very Healthy	4	1.1%
<b>Average Overall Health = 2.9 / 5.0</b>		

Individuals were also asked to share their top three health concerns in their community. Residents within the Guthrie Corning Hospital service area shared the top three concerns as (1) mental health problems, (2) cancers, and (3) Diabetes.

**Table C4. Residents' Biggest Healthcare Issues in Their Community**

Q2. Top 3 Biggest Healthcare Issues	#	%
Aging problems (arthritis, hearing/vision loss, etc.)	77	26.5%
Cancers	111	38.1%
Child abuse/neglect	17	5.8%
Dental problems	65	22.3%
Diabetes	105	36.1%
Domestic violence	21	7.2%
Firearm-related injuries	3	1.0%
Heart disease and stroke	95	32.6%
High blood pressure	53	18.2%
HIV/AIDS	0	0.0%
Homicide	0	0.0%
Infant death	0	0.0%
Infectious disease (hepatitis, TB, etc.)	6	2.1%
Mental health problems	190	65.3%
Motor vehicle crash injuries	7	2.4%
Rape/sexual assault	2	3.4%
Respiratory/lung disease	39	0.7%
Sexually transmitted infections (STIs)	2	13.4%
Suicide	26	0.7%
Teenage pregnancy	4	8.9%
Racism	10	1.4%
Other	33	11.3%

If residents selected “other” healthcare issues are faced in their community in Q2 of the community online survey, they were provided the opportunity to type their response. “Other” healthcare issues faced in the Guthrie Corning Hospital service area include (n=33):



Q2a. If other, please specify: *(the following comments are verbatim)*

- “Addiction” (n=2)
- “Addiction to drugs and alcohol”
- “Adequate housing”
- “Chronic illness”
- “Drug addiction”
- “Drug addiction and effective treatment and harm reduction measures for drug addiction. This is 100% the largest issue facing my community in Elmira, NY. My friends are dying.”
- “Drug overdoses”
- “Drug use”
- “Fewer doctors and length of time to see doctor”
- “Financial struggles”
- “Gerontologist for our aging population”
- “Lack of pediatrics in general, parents need to travel at least 2 hours for anything but basic care all”
- “Obesity” (n=13)
- “Obesity (childhood), homelessness and drug abuse”
- “Obesity related diseases”
- “Obesity, lack of affordable health insurance, MAGA idiots with guns.”
- “Substance abuse” (n=3)
- “Transphobia”

Individuals were asked how available certain healthcare services are in their community on a scale of 1 (not available) to 5 (widely available). Residents within the Guthrie Corning Hospital service area shared the most widely available services include (1) vaccinations for children (excluding the COVID-19 vaccine), (2) care for pregnant women, and (3) prescription drug medication, while the least available services include (1) mental/behavioral health services, (2) treatment for drug and alcohol use, and (3) educational/training opportunities for healthy lifestyle.

**Table C5. Perceptions of Availability of Services (Means)**

Q3-20. Availability of Healthcare Services	Means
Care for pregnant women	4.0
Chronic disease treatment & prevention	3.4
Educational/training opportunities for healthy lifestyle	2.8
Emergency/urgent care services	3.9
Healthcare for low-income populations	3.7
Healthcare for seniors	3.2
Healthy eating opportunities	3.0
Mental/behavioral health services	2.5
Opportunities for physical activities to reduce obesity	3.3
Orthopedics & Sports medicine	3.8
Pediatric care/Child wellness services	3.8

Prescription drug medication	3.9
Primary care services	3.8
Programs to help people quit smoking	3.2
Screenings & other preventive healthcare services	3.7
Telemedicine	3.6
Treatment for drug & alcohol use	2.7
Vaccinations for children	4.8

Individuals were asked if they have gone to someone for preventive care (i.e., annual physical exam, health check) in the past 12 to 24 months. The majority of the Guthrie Corning Hospital service area residents have gone to someone for preventive health in the past 2 years.

**Table C6. Preventive Care in the Last 2 Years?**

Q21. Preventive Care	#	%
Yes	267	91.8%
No	24	8.2%

Individuals were asked if they have participated in a telehealth visit in the past year. The majority of the Guthrie Corning Hospital service area residents have not utilized telemedicine within the past year.

**Table C7. Telehealth Visit in the Past Year?**

Q22. Telehealth Visit	#	%
Yes	111	34.3%
No	180	65.7%

If individuals indicated they have participated in a telehealth visit in the past year, they were then asked if they had any concerns about using telehealth. The majority of the Guthrie Corning Hospital service area residents are not concerned about utilizing telemedicine.

**Table C8. Telehealth Concerns**

Q23. Telehealth Concerns	#	%
Yes	25	22.5%
No	86	77.5%

If individuals indicated they have participated in a telehealth visit in the past year, they were then asked if they had any concerns about using telehealth. The majority of Guthrie Corning Hospital service area residents who are concerned about utilizing telemedicine believe that it offers “lower quality of care” compared to in-person visits. They also have issues with connectivity and reliable Internet as well as concerns with privacy and security.

**Table C9. Telehealth Issues**

Q23a. Telehealth Issues	#	%
Connectivity & reliable Internet	11	44.0%
Concerns with privacy & security	5	20.0%
Do not understand how to use telehealth technology	1	4.0%
Belief that telehealth offers “lower quality of care”	18	72.0%
Other	6	24.0%

If residents selected “other” telehealth issues in Q23a of the community online survey, they were provided the opportunity to type their response. “Other” telehealth issues faced in the Guthrie Corning Hospital service area include (n=6):

Q23b. If other, please specify: *(the following comments are verbatim)*

- “I dislike not being able to be seen by providers based on my location in the USA. Guthrie Healthcare Telemedicine serves no purpose if I have to drive into PA to see my provider. Want a regional provider system? Get these providers licensed in NY and PA. Then telemedicine will work for me.”
- “I do not like virtual appointments for myself”
- “I prefer face to face in person.”
- “No actual hands-on assessment by provider”
- “Telehealth... they should call my phone number or i call them. Logging into a computer system feels like a work meeting/task”
- “That the provider cannot actually “touch” the patient”

Individuals were asked which statement best applies to them in terms of accessing healthcare services when needed. The majority of Guthrie Corning Hospital service area residents feel they are always or sometimes able to access healthcare services when needed. Very few residents feel they are rarely or never able to access healthcare services when needed.

**Table C10. Ability to Access Healthcare Services**

Q24. Ability to Access Healthcare Services	#	%
I am <u>always</u> able to access healthcare services when needed.	145	49.8%
I am <u>sometimes</u> able to access healthcare services when needed.	130	44.7%
I am <u>rarely</u> able to access healthcare services when needed.	16	5.5%
I am <u>never</u> able to access.	0	0.0%

If individuals indicated they are rarely or never able to access healthcare services when needed, they were asked a follow-up question about why. Guthrie Corning Hospital service area residents can rarely or never access healthcare services when needed due to (1) a lack of providers, (2) not being able to get an appointment, and (3) too much time to wait before getting an appointment.

**Table C11. Ability to Access Healthcare Services**

Q25. Why aren't you able to access healthcare services when needed?	#	%
I have no insurance.	0	0.0%
Too expensive/ cannot afford	7	43.8%
Could not get appointment(s)	9	56.3%
Lack of transportation	1	6.3%
Too much time to wait before an appointment	9	56.3%
Doctor is too far away	3	18.8%
Services are not available	8	50.0%
Do not accept my insurance	4	25.0%
Lack of providers	10	62.5%
Other	1	6.3%

If residents selected “other” reasons as to why they cannot access healthcare services when needed in Q25 of the community online survey, they were provided the opportunity to type their response. “Other” reasons residents cannot access healthcare services in the Guthrie Corning Hospital service area include (n=1):

Q25a. If other, please specify: *(the following comment is verbatim)*

- “Difficulty leaving work to go to an appointment”

Individuals were asked where they go to receive medical attention for illness that is not an emergency. The Guthrie Corning Hospital service area residents most commonly go to the following facilities for medical attention: (1) their doctor's / provider's office, (2) urgent care / walk-in care, and (3) telehealth visits.

**Table C12. Where Do You Go to Receive Medical Attention**

Q26. Where do you go to receive non-emergent medical attention?	#	%
Urgent Care / Walk-In Care	170	58.4%
Hospital Emergency Room	15	5.2%
Doctor's / Provider's Office	185	63.6%
Hospital Walk-In	27	9.3%
Telehealth Visit	43	14.8%
Other	7	2.4%

If residents selected “other” medical facilities for which they go to when they are in need of medical attention in Q26 of the community online survey, they were provided the opportunity to type their response. “Other” medical facilities in the Guthrie Corning Hospital service area include (n=7):

Q26a. If other, please specify: *(the following comments are verbatim)*

- “Avoid going”
- “I just suffer and pray”
- “I use the VA hospital for the majority of my care”
- “Stay home” (n=2)
- “Stay home and wait to feel better”
- “Try to make appointment with PCP”

Individuals were asked to share the extent to which they agree with several statements regarding their community on a scale of 1 (strongly disagree) to 5 (strongly agree). The Guthrie Corning Hospital service area residents feel their community is: (1) a good place to raise children, (2) a safe place to live, and (3) a good place to grow old.

**Table C13. Agreement with Community Statements (Means)**

Q27. Community Statements	Means
My community is a good place to raise children.	3.6
My community is a good place to grow old.	3.3
My community has economic opportunity.	2.6
My community is a safe place to live.	3.4
My community has networks of support for families/individuals during a crisis.	2.7
My community offers sufficient community services.	2.7
My community has a sense of civic engagement and pride.	3.0

Individuals were asked if they have any suggestions or recommendations for improving healthcare services in their community. The majority of Guthrie Corning Hospital service area residents did not offer any suggestions or recommendations for improvements but nearly half provided some sort of recommendation.

**Table C14. Suggestions or Recommendations for Improving Healthcare Services in Your Community?**

Q28. Suggestions or Recommendations	#	%
Yes	132	45.4%
No	159	54.6%

If residents indicated yes, they do have a suggestion or recommendation to improve healthcare services in their community in Q28 of the community online survey, they were provided the opportunity to type their response. Overall, the comments express a desire for more affordable, accessible, and comprehensive healthcare, with particular emphasis on improving mental health, dental care, and aging services. “Other” suggestions and recommendations for improving healthcare services in the Guthrie Corning Hospital service area include (n=132):

Q28a. If other, please specify: *(the following comments are verbatim)*

- “A walk in that does more than just flu/cold/covid.”

- *“Access to healthcare is limited by biases against women, poverty, and lack of trust from community members. Many of the providers I have seen in the last few years aren’t residents in the region and have no vested stake in the community, its success, health, or knowledge of the local cultural ecosystem. I have found that there is less investment in health outcomes. The pressure on keeping appointments extremely short limits real conversations around personal health and the tests that correlate. In one of my last appointments with a Guthrie service provider, I was in chronic pain and barely able to get out of bed. I exercised daily and had cleaned up my diet tremendously but continued to gain weight. I was told my problems were due to depression and obesity and, essentially, told to buck it up and let’s do blood tests. They claimed that there was nothing wrong. After a visit with a new physician, the same tests were done and ALL of the markers on the blood tests were examined - I had adrenal fatigue, multiple vitamin deficiencies despite taking daily multi-vitamins, my Hashimoto’s antibodies were over 1000, and when the new physician took the time to refer me to a mental health specialist, I was diagnosed with chronic PTSD. That provider helped me with foods and exercises to fight inflammation. She was a community member I knew and actually invested in my health and success, which I didn’t feel once while under care at Guthrie.”*
- *“Access to timely primary care services remains a challenge. There are very few same day sick patient visits available for pediatrics and general internal medicine. This results in over utilization of walk in care, that has a limited scope of practice, or worse yet, drives people into unnecessary ED visits. We need a more aggressive community approach by our elected officials to advocate for better loan forgiveness programs, rural health funding programs, etc. The FQHC model is also not helping much in this way, so some level of program reform that would enable Guthrie to leverage federal/ state funding without the constraints of the federal model would be helpful.”*
- *“Accessibility/more choice of providers.”*
- *“Add behavioral services.”*
- *“As PA is working to become a compact state and RN and NP are able to do telehealth visits I think it is a modality we could use and incorporate if we could get buy in on the preventative side with insurance companies like WellCare, Fidelis, UHC to agree to approving the costs for this service would be a way to do preventative community outreach and assist the lower income population obtain PCP, as they frequently use the ER for care as a high percentage do not have primary care physicians.”*
- *“Assistance for seniors or others who are not on Medicaid to obtain affordable dental care, since this is so important to prevent so many other diseases and is so cost prohibitive especially for those on a fixed income.”*
- *“Assistance with transportation to/from offices; better access to dental care for low-income patients.”*
- *“Attract dental providers with clinics structured for urgent visits. Arrangements for pediatric and adolescent mental health during crisis and for follow-up, Advocate for less social media and phone time for adolescents to improve mental health. Encourage phones away at school and at night! Support and assistance with future planning for families caring for elderly in home setting so they don’t come to the ED for respite or act surprised when 98 year old grandpa starts getting weaker.”*
- *“Bath is lacking areas of service for routine medical care. People have a hard time getting to Corning or Big Flats for these services. This is due to low income and lack of transportation and knowledge and tools to do virtual visits. It would be nice if we could have a primary care mobile vehicle a few days a week to service this area.”*
- *“Better access to primary care. Measure the disconnect between when doctor tells you to get an appointment and when you are actually given an appointment, it’s atrocious. Do more to avoid using er as primary care. Do more to encourage getting kids and adults active and off their phones. Talk to each other. The mental health crisis is real. Contributing are financial insecurities including housing, food, transportation. People can’t do what they are told to because they cannot afford it. Make the job more attractive to trained physicians to be PCPs. Quality isn’t delivered by midlevels when they are the only ones that see the patient.”*

- *"Better dental insurance coverage. Many dentist offices are no longer taking widely provided insurance. Better community walking trails or access to low-cost activities like swimming, biking etc., indoors during winter."*
- *"Better Gyms, parks."*
- *"Better public transportation for healthcare for low-income people."*
- *"Cancer patients end up with insurance thousand roof dollars and Guthrie wants it now which is not possible."*
- *"Care for mental health issues, both emergency and preventative, should be more widely available in rural areas. I am fortunate I have the resources and ability to travel to a city for care when I need it, but not everyone does."*
- *"Changing the time it takes to see a PCP. Not enough primary care appointment slots."*
- *"Could use more walk in / urgent care, more orthopedic walk in availability for splinting, casting, x-rays, and more mental health availability."*
- *"Dental care for those that do not have Medicaid/Medicare/Insurance. More dermatologist so you do not need to wait a year to get an appointment."*
- *"Dental services for Medicaid and low-income people are sorely lacking. I was traveling over an hour from Corning to an office I didn't really care for and then the office closed without notice. I pay out of pocket now for a local non-Medicaid provider but have cut back on care. Either places are not taking new patients, or the waiting lists are very long. The same goes for mental healthcare. The places that take Medicaid are staffed with inexperienced therapists or those with poor skills. One thing I would like to see is a place for people to walk indoors in the winter in Corning, as the YMCA is \$60+ a month and scholarships are limited. Some drop-in exercise classes are \$10 each, too much for many people."*
- *"Dental surgery."*
- *"Expand hospital- add more available PCP to offer care to alleviate the stress of the Emergency Department."*
- *"Expanding EMS service and scope."*
- *"Expansion of EMS."*
- *"Fix the emergency room. Extremely slow, overcrowded and I'm sure understaffed. Clearly the space isn't big enough for the need. Last 2 times i had to go there, i was treated in a hallway inside the department."*
- *"Focused recruitment and enhanced compensation for primary care providers."*
- *"Free indoor walking during the winter months for seniors. Better access to primary care offices. Guided swim at one of the high schools for exercise."*
- *"Give more to seniors citizens. Retire you lose eye hearing and dental care."*
- *"Growing specialty services."*
- *"Have more Physician available as opposed to PAs."*
- *"Have preventative health options. For example, I had called the Guthrie Weight Loss Center to discuss preventative health advice (to speak with a nutritionist to set up a nutrition plan), but the staff at the Weight Loss Center said they don't do that. This would be an ideal service to offer."*
- *"Having more primary care doctors. My age group wants a Dr. that knows you as a person."*
- *"Health survey focusing on cancer from three-mile island radiation in 1979."*
- *"Hire more doctors and not just PA and NP."*
- *"Hire more physicians so that people do not have to wait several months to a year to schedule an appointment for services, especially physicians and appointments needed to diagnose or treat cancers. Offer more community services to educate and inspire healthy eating and exercise, contribute to community spaces for people to engage in activity year-round."*
- *"Hire some actual MD doctors. I don't want NP or PA. Hire GP's that are good, who take new patients. Do more preventive care. Hire doctors who will see patients in sickness and in health. I can't get consistent care. The good doctors leave Guthrie. My portal contains fiction about me. The care here is getting dangerous in that way."*
- *"I always have problems finding transportation to healthcare facilities. Specifically rides to the hospital and back after surgery like a colonoscopy."*



- *"I don't have insurance for dental or eye care and wish there was help with this so not so costly because I don't go due to cost."*
- *"I feel it is very difficult to see your primary care MD. I will use walk in if I am ill but would prefer to see my MD. I hate having to go through my history with multiple people. I would rather see only my PCP. It seems to be an issue."*
- *"I have a complicated health history and would prefer to see my own PCP for a sick visit. We need to work on retention of local specialists like dermatologists."*
- *"I love the Guthrie providers I use, but access to them is an issue. There is no way to talk to individual offices and dealing with a receptionist in Sayre is not easy or always successful. Information on the portal is usually good, but even though there is supposedly Messaging there, nobody answers the messages online! There seems to be a lack of ophthalmologists as well as other specialists. It takes months to get in to see someone. I was not happy dealing with an optometrist last time and won't go back there."*
- *"I think our community severely lacks resources related to domestic violence, sexual assault/rape, and mental health issues. We have great healthcare for the typical healthcare needs, but all three of these issues are too prevalent locally with no organization clearly working to combat the issues."*
- *"I think that healthcare should move beyond the traditional allopathic medical model which emphasizes sick care, emergency care, and chronic disease management to embrace and integrate functional medicine, holistic root cause medicine. In my recent healthcare interactions over the past 6 years living in this region, after receiving traditional medical treatment I also sought out what is deemed as "alternative complementary" medicine such as: Medical marijuana and acupuncture for pain relief after a back injury alongside epidural injections, massage, Chiropractic and physical therapy; I sought out a Naturopathic Medicine Doctor to help me adjust supplements when I weaned off of antidepressants with the support of my psychiatrist and therapist; When experiencing weight gain due to perimenopause symptoms, I hired a nutrition coach specializing in female hormones to assist me with creating a lifestyle and wellness plan as well as seeking advice from my PCP (this was only useful to get labs ordered, but they provided outdated nutrition advice that I did not find useful. But they did refer me to a local compounding pharmacy that specialized in hormone treatment to assist and referred me to a menopause specialist.) When I was recently sick with a GI bug vomiting and diarrhea, I knew it wasn't severe enough to warrant an emergency room visit but I still needed hydration and didn't want to wait 4-6 hours, I made an easy appointment with a local IV hydration clinic and was able to get hydrated and immediately felt better within 1 hour. And when I recently experienced an upper respiratory sinus illness, I sought out herbal remedies from a local herbalist for a Fire Cider tonic that gave me relief within a day. Within the walls of the hospital, the food that is served is not healthy. Artificial ingredients, and highly processed foods are not what helps one to get well. I think healthcare does not occur just within the walls of the hospital or doctor's office. We should embrace those wellness experts that have not traditionally been acknowledged by the medical community. In my lived experience, I have blended both holistic and traditional medicine to optimize my health. I just wish I didn't have to travel 1-2 hours away to visit a holistic/biologic dentist, naturopath, or another alternative complementary provider."*
- *"I think that this area has a large need for pediatric services. It is great that there are doctors for wellness checkups and sick visits but if your child needs any sort of specialty care you have to drive hours away to get any kind of care. It is truly a disadvantage to anyone that works and has children to not have access to things like that here in the community."*
- *"Improve public transportation to more areas and times. Open a YMCA in the Bath area. Bring in more farmers market vendors and host an indoor one that is accessible to all the community with extended hours so those that work during the day can attend."*
- *"In our direct community there is no urgent care in the evening or weekends. If you are someone who doesn't have transportation to go outside the county, you utilize the local ER. This costs everyone way too much money. If you have good health insurance and transportation you have better options. This county needs after hours and weekend medical care centers besides an ER."*
- *"Increase education and promote heart healthy living. Obesity prevention."*

- *"Increased community fairs with screenings available."*
- *"Increased mental health services and accessibility."*
- *"Increasing mental health resources and co-locating those with primary care."*
- *"Inpatient psychiatric care."*
- *"Integrate mental healthcare into primary care offices."*
- *"Local endocrinology doctor, local ENT doctor, neurologist specialist vs travel across state."*
- *"Longer office hours for PCP."*
- *"Low cost nutrition education and exercise options and education by trained professionals. The options available by trained/certified individuals are not affordable to the majority of community members."*
- *"Make it affordable for the lower income population in the community and elderly."*
- *"Make it easier to access records like x rays and imaging in eGuthrie."*
- *"Mental health"*
- *"Mental Health and Drug treatment facilities are greatly needed. It has become unbelievable in the past 10 years. Leads to crime increases and homelessness."*
- *"Mental health and substance abuse programs for low income and uninsured persons needs to be expanded greatly! People suffering from addiction and/or mental health issues frequently are unable to complete paperwork to get Medicaid and or to make and keep appointments. There is also a lack of providers for people on Medicaid and the care is substandard. People with mental health and /or substance abuse problems who are in outpatient treatment are kicked out of the programs / classes if they have a dirty drug test or if they miss or are late to sessions / classes. How can we expect them to improve, if the very programs that are supposed to be helping them kick them out when they exhibit the behaviors of the problem for which they are supposed to be getting treatment/counseling?? Also there aren't enough providers, by a long shot, to care for the many hundreds of local residents who desperately need help in this area of their lives."*
- *"Mental health services are desperately needed. Long wait times to get in. Low-income people need more dentists that take Medicaid, or use sliding fee scale. Mobile dental clinic for schools is absolutely necessary. At Stewart Park apartments, where I live, toddlers and school children have terrible teeth. There is ONE dentist who takes Medicaid in our area, and he's not taking new patients. People have to travel an hour or more... Few have access to transportation or can take time off work. Help."*
- *"Mental Health Services at Corning Hospital. Dermatology. Psychiatry, dental care for Medicaid recipients."*
- *"Mobile maternity since there are no maternity services in Bath. Increase mental health visits by supplementing county MH services with a health system through telemedicine."*
- *"More advertisement of things that are available - if community is not aware, they do not know."*
- *"More alternatives to AA meetings. More mental health training for Corning police officers and increased community engagement by officers. Higher quality mental health services (More alternatives to Steuben County Community Mental Health Center). More awareness and community discussion about child abuse and sexual abuse (especially of children). Always taboo. Increased awareness about patient advocacy roles. Contact info and awareness of this availability seem lacking."*
- *"More and easier access to mental health services. More access to drug and alcohol rehabilitation."*
- *"More care for pregnant women closer to where I live specifically. The closest delivery center near me is Noyes Memorial in Dansville NY and that's for women who use U of R for their OBGYN. Opportunities for low income families or families without insurance to get annual checkups and sick visits."*
- *"More coverage in all medical fields by providers. Someone for dental that takes all insurances."*
- *"More clinics for Medicaid patients"*
- *"More dental offices should be opened at more locations."*
- *"More dentists, and eye doctors that take Medicare and Humana Medicare."*

- *"More education regarding nutrition, more community exercise programs/fitness parks, more education on DEI, more opportunity and programs to raise out of poverty/stop the cycle of poverty."*
- *"More health promotion including mental health. Increase access to healthy dining options and fewer fast-food restaurants. Tobacco stores and dispensaries need close."*
- *"More healthcare opportunities for those who cannot receive Medicaid but cannot afford insurance."*
- *"More mental health services available to all, regardless of income or home address."*
- *"More mental health services for all ages. Transportation services for Medicare and the elderly, not just Fidelis and Medicaid."*
- *"More mental health doctors. Even televisits where nice. Since my mental health provider left several years ago, i have not had proper mental health treatment. It is expensive and hard to get into anywhere."*
- *"More outpatient mental health services, closer f/u from hospital stay for stroke, COPD, cardiac and diabetes diagnosis."*
- *"More providers for Psychiatric care, More providers for dermatology, NICU care other than Arnot."*
- *"More providers for specialty areas. The phone system is horrible - no way to get thru. Mental Health is a huge issue with no good resources. Homeless and drug dependency needs better resources. Aging are left in a nursing facility. More programs for teens and young adults needed in this area."*
- *"More providers in all departments are needed."*
- *"More services and outreach for addiction and substance abuse."*
- *"More specialties...of ANY kind. The wait for any specialty services is in excess of a year. Pediatric ABA therapy is a 3-5 YEAR wait."*
- *"More walk-in clinics so families are not tempted to overcrowd hospital emergency rooms with "emergencies" like mild stomach aches, cuts and scrapes, sprained ankles, etc. Our ER is extremely overcrowded with unnecessary visits."*
- *"Need accessibility to more specialties (i.e. podiatry, chiropractors, endocrinology) and mental health practitioners Also more FREE educational and social opportunities for Health eating/cooking/classes etc. would be great to help people become healthier eaters."*
- *"Need better dental care and availability of dental care for mid/low/fixed income. Health starts at the mouth and that is the most neglected due to cost and low availability."*
- *"Need for fewer referrals and more action by primary doctor."*
- *"Need more Dermatologists and Permanent Primary Care Physicians."*
- *"Need more doctors especially specialists like glaucoma specialists and cancer specialists."*
- *"Need more healthcare providers in specialties, acceptability is poor wait time forever."*
- *"Need more LPN's, RN's, NP's, PA's, doctors, aides...please stop substituting aides for nurses. Need more help in the medical field in all areas but especially in the ER. Need more help for the mentally ill. Need more specialists. Need more local help for those that are lower income and can't afford to drive long distances. Need to improve collaboration with the big teaching hospitals. Need more natural or holistic providers."*
- *"Need more mental health and drug/alcohol abuse services. Need more solutions/opportunities for those in need to help them get back on their feet. However, without money, this is not possible."*
- *"Outpatient mental health services for counseling services is so full it takes months to get an appointment. When you have someone struggling with their mental health, waiting 12 weeks for an appt to just talk to a professional is not acceptable."*
- *"Paratransit urgently needed. Taxis. Public transportation that runs past 5 pm. We are a century behind here."*
- *"Please add Menopause Specialists to the GYN or Family Practice Group."*
- *"Please address the lack of affordable dental care for all ages. I have a friend who has waited 6 months for appt. D/t insurance. We pay for sex-change operations but not dental care. More healthy food in school cafeterias... pizza is not a health food. Lower the cost of cancer treatment...mobile screening vans for all level of schools to address, diabetes, dental care, mental health, etc... To identify and address problems early."*

- *"PLEASE, PLEASE add functional and integrative medicine doctors to your staff. This is the medicine of the future, and at the present time one has to travel hundreds of miles or across country in order to find one. This is the type of medicine that works, is healthier and has science to back it up. I myself prefer it and seek it out, as do thousands of others. Since access to this type of physician is so limited I would think that it would draw people from many locations to your facilities and benefit everyone."*
- *"Provide Behavioral Health Services in a Steuben County Clinic. Also need to partner with your enemy to provide appropriate behavioral healthcare. You have a large campus at the Guthrie Corning campus to build a behavioral health clinic to serve the dire needs. People are dying and Guthrie needs to step up! Your stigma suggests everyone with mental illness is a drug addict needing to go to CASA TRINITY is a fine example. (Yes it is in last smart Steuben public health report. I have also read it in the Guthrie Foundation goals and funding.)"*
- *"Providing care that is inclusive and open to all is so important especially in the current environment. No matter the person the care should be equal and provide additional support and more expansive support those in mental crisis, addiction or those who fall anywhere within the gender and sexual spectrums. Those communities begin targeting should know that their health system supports them no matter what outside factors are saying or attempting to limit that."*
- *"Recently a mobile unit has been added for maternity care. If something like that could be done and coordinated with area food pantries for other healthcare needs that would allow people who have transportation issues leaving local area a chance to get routine healthcare/screenings."*
- *"Services for elderly to remain at home longer. Particularly those with Alzheimer's dementia. Services with house cleaning or adult day care etc."*
- *"Since we live in such a rural area, it really needs to be looked into for people in the areas outside of Corning, Elmira, etc. that they have access to healthcare, whether or not they have access to reliable transportation. Everyone deserves quality healthcare no matter what. We really need expanded facilities for rural areas somehow to reach the areas that people can get to easily, that might not be making their health a priority right now because it is a burden to get there."*
- *"Single payer healthcare"*
- *"Steuben County Mental health is overwhelmed so patients needing help go to the area Emergency depts where they have to wait for BH care or then wait to be transferred to a facility miles away from home. Transportation to and from healthcare services for people without Medicaid is almost nonexistent and costly to utilize taxi services to go across several miles in Steuben County. Lastly, long term care beds in skilled nursing (not rehab) are very few and generally patients have to be referred to an area 50 miles outside of their address."*
- *"The care provided in the area currently is subpar to what you would receive in a larger city, Rochester for example. Waiting to get a dermatology appointment for a year and a half is absurd."*
- *"The need for more doctors available in the clinic setting would be a great asset to the community. When you can't get to a primary care provider for months, then people tend to use the ER for the non-emergent issues."*
- *"The only way to promote better health styles is education. Unfortunately, the education/resources aren't there. School health class is more of a joke class at this point. Bedside nurses don't have time to educate and the bedside educators are gone. The lack of education in our area on health topics is severely lacking. Mix that with lack of actual resources like dentists that can't see you for a year, or therapists that can't see you for 6 months. And the health decline is rapid."*
- *"The people in this region are very poor. Doctors come and leave very quickly. It is difficult for patients to establish a trusting relationship with a provider who only stays for 24 months."*
- *"There are no dedicated full memory care facilities in my community, only "units" in nursing homes."*
- *"There are people trained in healthcare related fields especially with nutrition who could be resources to children and adults. Pediatric services should be more accessible to young families. Behavioral services need more marketing if they are in fact available."*

- *"There is a need to bring more doctors in all specialties to this area. There is sometimes too much of a wait to be seen."*
- *"There needs to be more available doctors. Doctors that aren't scheduled so tightly that they can't treat their patients. Guthrie puts too much pressure on them to get people in and out. The quality of care has decreased in Owego and Ithaca because of this."*
- *"There needs to be more providers that are willing to establish care. Guthrie has a revolving door that makes it difficult."*
- *"There should be a walk-in in Elmira and more opportunities for Healthworks gyms outside of Painted Post/Corning."*
- *"Transportation is a huge barrier for people without a car - and Medicaid transport is imperfect and only available for medical and mental health appointments. Access to affordable internet service and/or a phone is also a big problem that interferes with people's ability to do telehealth."*
- *"Transportation is a huge barrier to access. Limited transportation services especially for low income. There is just a severe lack of mental health services in this area. Our insurance covers limited providers and I can only imagine what low income or other people with less means are able to do. Obesity is rampant. There are little to no programs focused on weight loss without Ozempic. I feel that Guthrie owes it to our community, which includes areas outside of Sayre, to take a more active part in improving the health of the community. I could go on for days on our PCMH model and the lack of appropriate resources or the limited dieticians."*
- *"Traveling labs and PT"*
- *"Trying to retain doctors and NPs that don't move on as soon as their residency is over. Somehow keeping them here so you have personalized more consistent care."*
- *"Universal healthcare, universal healthcare, universal healthcare."*
- *"Urgent care or extended services for walk-in care. Too many people go to ED for non-emergent things because they cannot get in to see primary doctor."*
- *"Waiting for Cataract appointment has almost a 9 month lead. Need more eye surgeons."*
- *"We have such limited access to many different providers but a large amt of no show or last minute cancelations that patients should at least be charged a small fee even if it's their co pay. That will teach them that our time as providers are important and others will have sooner access instead of wasting open slots. There should be at least a 24hr notice so others can get into these open slots. We also NEED for mental health availability."*
- *"We need a healthcare office closer in our community."*
- *"We need an urgent care facility in Bath NY that is open evenings and weekends."*
- *"We need dental surgeons that can work with insurance providers for patients better health. Also, dentists locally."*
- *"We need more availability for PCP, not everyone is comfortable with a resident clinic. Maybe more health fairs screenings. For the younger ladies there used to be a clinic for birth control and paps that was free. There was a lady named Linda Carpenter who ran it. 40 years ago this was huge for our community maybe it would help the younger generation with awareness, safety and the ability to prevent under age pregnancies and allow them to be children before having to raise one. How about a children's youth center with some sporting activities to keep them busy and give them programs and activities they can be a part of instead of a phone for a babysitter. Not every child is a superstar it doesn't mean they shouldn't be able to participate just for exercise, friendship, and fun."*
- *"We need more in patient services for mental health people. Our patients often sit in the Emergency department for a few days while waiting to get accepted at other facilities which often are 2-3 hours away."*
- *"We need more Mental Health outpatient services, especially outpatient psychiatry and counseling services."*
- *"We need more mental health services."*
- *"We need more mental health services, both outpatient and inpatient. From social workers to psychiatric care."*
- *"We need more services for mental health and disabled individuals."*

- *“When I try to make a well visit with my primary you can never get in, and when you do they don't spend much time with you, even specialist, everyone is always in a rush to get to the next patient, because they need to meet quota, or make their money, I know a lot of doctors left Guthrie to go work at other clinic because of the political views, and how they are not taking patient care as #1. I think the elderly get mistreated and no one takes care of them.”*

## **Survey Demographics**

**Table C15. What is your employment status?**

Q29. Employment Status	#	%
Employed full-time	221	75.9%
Employed part-time	16	5.5%
Retired	49	16.8%
Unemployed	3	1.0%
Disabled	6	2.1%
Student	5	1.7%
Military	0	0.0%
Other	3	1.0%
Prefer not to answer.	4	1.4%

If residents selected “other” employment status in Q29 of the community online survey, they were provided the opportunity to type their response. “Other” employment statuses in the Guthrie Corning Hospital service area include (n=3):

Q29a. If other, please specify: *(the following comments are verbatim)*

- *“+ 2 per diem jobs”*
- *“2 part time jobs”*
- *“Gig economy. Make and sell things”*

**Table C16. What type of healthcare insurance coverage do you have?**

Q30. Insurance Coverage	#	%
Commercial or private (through employer)	228	78.4%
Medicaid	18	6.2%
Medicare	45	15.5%
Military	6	2.1%
Public	8	2.7%
Other	13	4.5%
None / Uninsured	2	0.7%
Prefer not to answer.	5	1.7%

If residents selected “other” health insurance in Q30 of the community online survey, they were provided the opportunity to type their response. “Other” health insurances in the Guthrie Corning Hospital service area include (n=13):

Q30a. If other, please specify: *(the following comments are verbatim)*

- “Blue Cross/Blue Shield Secondary”
- “Covered under husband’s work insurance”
- “Excellus”
- “Fidelis” (n=2)
- “Guthrie health ins”
- “Humana”
- “Parent”
- “Supplemental”
- “Through my husband’s retirement.”
- “Through my spouse’s insurance plan”
- “Through New York State.”
- “Thru NY State of health”

**Table C17. Which of the following best describes your race/ethnicity?**

Q31. Race / Ethnicity	#	%
Asian	3	1.0%
Black or African American	5	1.7%
Hispanic or Latino	5	1.7%
Middle Eastern or North African	0	0.0%
Multiracial or Biracial	0	0.0%
Native American or Alaskan Native	1	0.3%
Native Hawaiian or Pacific Islander	1	0.3%
White or Caucasian	266	91.4%
Prefer not to answer.	15	5.2%

**Table C18. Do you have children under the age of 18 living in your home?**

Q32. Children in the Home	#	%	Average Age of Children	Median Age of Children	Mode Age of Children
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Yes	238	26.8%	9.2 years	10 years	14 years
No	513	73.2%			

**Table C19. What is your annual household income?**

Q33. Annual Household Income	#	%
Less than \$25,000	10	3.4%
\$25,000-\$49,999	48	16.5%
\$50,000-\$74,999	66	22.7%
\$75,000-\$99,999	31	10.7%
\$100,000-\$124,999	40	13.7%
\$125,000-\$149,999	17	5.8%
\$150,000-\$199,999	24	8.2%
\$200,000 or more	26	8.9%
Prefer not to answer.	29	10.0%
<b>Average Annual Household Income = \$100,000-\$124,999</b>		

## **In-Depth Interview Findings & Results**

The RMS team conducted qualitative in-depth interviews (IDIs) with designated community leaders and local officials serving the Greater Corning Region. A total of 10 IDIs were conducted between February 2025 and April 2025. 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 about their perceptions of general healthcare services to identify 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 Guthrie Corning Hospital team and then were contacted to set up a convenient time for the interview. Each IDI lasted between 30 to 45 minutes and was conducted over the ZOOM web-based video platform. The professionally trained RMS staff used an interview script that was pre-approved by the Guthrie Corning Hospital team. The Interviewees are listed in the table that follows.

Name	Title	Organization
Loretta Maldonado and Jeannine Struble	Family Support Program Coordinator and Executive Director	AspireHope NY
Phoebe Reynolds	Interim Chief Executive Officer & Chief Financial Officer	CareFirst NY

Sally Ressue	Director of Emergency Services	Catholic Charities of Steuben & Livingston County
Mary Caruso	Executive Director	Corning Community Food Pantry
Dr. Cynthia Gee	Executive Director	Family Services Society
Morgan Akins	Community Health & Nutrition Coordinator	Food Bank of the Southern Tier
Michele Foster	Executive Director	Pivotal Public Health Partnership
Gabe Smalt	Director	Steuben County Office for the Aging
Mealea VanDenburg	Public Health Educator & Education Coordinator	Steuben County Public Health Department
Laurie Mault	Steuben Rural Health Network Manager	The Institute for Human Services, Inc.

### ***In-Depth Interview Responses (Question-by-Question)***

Q1. 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 (Insert Hospital Name Here) service area?

1 – Limited Availability	2	3	4	5	6	7	8	9	10 - High Availability
0	1, 10%	0	0	3, 30%	2, 20%	3, 30%	0	1, 10%	0
<b>Mean score for availability of healthcare services = 5.9 / 10.0</b>									

Q1a. Why did you rate it that way? *(the following comments are verbatim)*

- *“Behavioral health services are lacking. Overall, there are not a lot of options for changing providers, long wait lists, providers who are not accepting new patients.”*
- *“Everybody is so overloaded, the healthcare system as a whole is not available because we are a healthcare provider shortage area and it is months to be seen by even primary care providers.”*
- *“I feel that there is definitely a lot of places to go to and not a shortage. There definitely could be more services. Services are also spread out. If services were more equally distributed would be more easily accessed.”*
- *“I think there are services offered at Corning hospital, its maybe because of limitations of being in rural area, not having all of the specialists that a urban hospital would have.”*
- *“In Corning, there's a lot, but in the more rural parts of the service area, you have to drive sometimes into PA.”*
- *“Pretty available”*
- *“Schuyler County is more rural, Steuben and Chemung Counties are larger.”*

- *"We are predominantly rural county. We have hospital systems but centrally located and in the more rural outer parts of the county, they have trouble accessing health centers in cases. Must travel up to 40 minutes to access healthcare services."*
- *"We have a lot of rural areas but within Corning, the services are available."*

Q2. What types of healthcare services are easy to access in your community? (the following comments are verbatim)

- *"Easiest to access is emergency and urgent care because they are 24/7, but there such long wait times even here."*
- *"I think U of R has expanded into this area with primary care & specialty practices. Most everything is available here."*
- *"I would say lab services; radiology services; emergency services; surgery (for what can be performed). No other departments included. Maybe labor and delivery."*
- *"I would say pediatric offices close by."*
- *"Primary care but not super easy unless you live in and around Corning or Elmira."*
- *"Primary care is available. Opioid and drug partnerships with area organizations are improving."*
- *"Primary care, pediatrics, sports medicine, PT, are readily available."*
- *"Urgent or walk in care - we have the most of these. We are growing in some preventive services but could always use more."*
- *"We have emergency rooms, urgent cares (growing), primary care is a little less accessible (we need some more)."*
- *"Within the city of Corning, most healthcare services are very easy to access. But in the more rural parts of this service area, these are harder to access, especially specialty services."*

Q3. What types of healthcare services are limited or not available in your community? (the following comments are verbatim)

- *"All of them in the more rural parts of the service area."*
- *"Any mental health services, dental health."*
- *"Behavioral health, primary care, PT/OT, crisis intervention."*
- *"Dental coverage. Very hard to find. Nothing other than what is mentioned was brought up after probing."*
- *"ER wait times, psych, primary care, specialty care appts are months out. Basically everything is a lengthy wait to be seen."*
- *"It's quite a distance to get from the outskirts of the counties to the hospital in Corning. You have to travel if you do not live in Corning."*
- *"Mental health for youth but also for adults, too. I know personally we have clients who need this service."*
- *"Mental health services - very few far and in between. We do some programming to support here but still lack of providers. You have to drive outside this area to access."*
- *"Mental health, any type of specialty care, primary care/preventive medicine, dental."*

- *“OBGYN services are harder to find, and that accept all types of insurance. Insurance coverage could be a barrier.”*
- *“Orthopedic care, renal/kidney care, respiratory care - must go through hospital to obtain these, not standalone practices but these are available.”*
- *“Pediatric cardiology; breast care services.”*
- *“Specialist services, e.g.: difficult to go to one place within a few miles that would have a pediatric cardiologist; dermatology; neurology; urology; gyn urology; specialist with women’s health issues. Imaging for breast health follow-up; psychiatry services. People have to travel for services.”*
- *“Specialty care.”*
- *“Specialty care - you have to travel or wait months to be seen.”*

Q4. Among those services you mentioned are limited or not available, which one should be the highest priority to act upon in the short term (less than 3 years)? (the following comments are verbatim)

- *“Behavioral health / addiction services.”*
- *“Between OBGYN and Dental, OBGYN is most important. As a woman this is an important service that is also linked to preventive screening services.”*
- *“I know Guthrie has mental health services but not sure how much is here in Corning. I don’t think the hospital has a psych dept?”*
- *“Mental health services for youth and adults. But just talking about mental health and educating everyone on the importance of mental health.”*
- *“No I don’t think they need to bring any new services here.”*
- *“Pediatric cardiology”*
- *“Preventive and primary care, followed by mental health / substance abuse.”*
- *“There is such a need across the board.”*

Q5. Do you think the availability of healthcare service offerings for local area residents has gotten better or worse over the past three years?

Better	Remained the Same	Worse
3, 30%	4, 40%	3, 30%
Most IDI participants feel that healthcare service offerings have remained the same over the past three years.		

Q5a. Why? (the following comments are verbatim)

- *“About the same but we experienced a lot of turnover from covid and many HC workers are leaving the area to work in more urban areas and leaving rural.”*
- *“Between Arnot and Guthrie, there are a lot of services here.”*
- *“Especially in the rural areas, transportation issues arise. Older adults especially run into this transportation problem.”*
- *“Seems about the same to me.”*
- *“Guthrie Corning is a very accessible location, a lot of urgent cares have opened up recently. But we need more primary care.”*
- *“I think they (Guthrie) are doing a good job of getting more services here.”*

- *“Long wait to see specialists; long wait times to be seen.”*
- *“Not many new services have come into this area recently but what we have is sufficient.”*
- *“Providers have moved out of certain locations, satellite offices have closed, the primary providers in the rural areas are full.”*

Q6. Are there any specific groups of people in the service area that may be particularly vulnerable or in need of specific attention when it comes to healthcare services offerings? *(the following comments are verbatim)*

- *“All of them and the underlying issue with all groups is the size of the county and the lack of accessible transportation. Low-income families not having vehicle; older adults not having a car; not being able to afford transportation.”*
- *“Caregivers of older adults”*
- *“Ethnic minorities, low-income, very rural population (outside of Corning).”*
- *“Groups that we see who have chronic/persistent mental illness and comorbid addiction issues.”*
- *“Low income; uninsured or no health insurance.”*
- *“Low-income - this population typically does not have a primary care provider and thus are not accessing the healthcare system besides going to urgent cares when they need it.”*
- *“Maternal morbidity and infant mortality are extra high in Steuben - hospitals are spread out. Mennonite and Amish population.”*
- *“Our homeless are underserved here.”*
- *“Our low-income community are affected. We have a lot of farmers in Steuben County so that comprises an aging population who often do not want to or have the means to.”*
- *“Rural folks who are low-income. There are food deserts here so there might be “medical deserts” too for this population.”*

Q7. What are the major barriers to accessing healthcare services for these groups? *(the following comments are verbatim)*

- *“Having adequate financial resources, transportation, choice of providers, health education, physical wellness opportunities.”*
- *“Location (we have some rural areas) and timeliness of the healthcare services (wait time to be seen).”*
- *“Not having enough medical transport; no vehicle; not having the money; lave of accessibility to transportation; lack of technology understanding to set up transportation, such as portals.”*
- *“Social Determinants of Health as it relates to transportation, housing insecurity, food insecurity.”*
- *“Skepticism about needing healthcare. So health education about preventive health to help this population. We focus on healthy eating so this is a piece of health education for this rural population. Focus on exercise for this population is not a priority. Money is always going to be an issue. This population doesn't want to always disclose their information (proper immigration status, uneducated population). I think education is key.”*

- *“Transportation - we only have bus services that service a small portion of our county. We do not have broadband internet access throughout our county - around 15% does not have internet access so telehealth is limited. Our literacy level is pretty low for our county, average reading level is 3rd grade so difficult for some providers to communicate with the community residents.”*
- *“Transportation is a big issue. There is no transportation to get to services; low income and no health insurance; uninsured impacts ability to get needed services.”*
- *“Transportation, lack of wanting or the stigma around getting care, not being able to care for themselves long-term, comorbid issues like drug use and mental health.”*
- *“Transportation, understanding where to go, stigma of mental health and understanding it is okay to go to a doctor.”*
- *“Transportation. Poverty.”*

Q8. How would you rate the general health of people in your community?

Very Unhealthy	Unhealthy	Neutral	Healthy	Very Healthy
0	4, 40%	2, 20%	4, 40%	0
<b>Most IDI participants feel that their community is AVERAGE when it comes to overall health.</b>				

Q9. Why did you rate it that way? What would make you give a higher rating? (the following comments are verbatim)

- *“Availability to timely healthcare would help - more time with a primary care, more providers, better utilization of the providers we have. Utilizing telehealth could help overcome some of these long wait times to be seen.”*
- *“I definitely see that there is not access to healthy foods. Anyone can visit a food pantry. If pantry does not have healthy food then options are not available and if individuals grow up in an unhealthy eating, they will carry habits to adulthood. Providing access to healthy foods in food pantries would help. Educating about balance in eating choices to take message into community. Community individuals being somewhat of ambassadors of spreading the word on healthy eating.”*
- *“I think people tend to be very healthy, they want information to become healthier.”*
- *“I think they need to improve the obesity and cancer prevalence. Tobacco usage.”*
- *“I think when we are out working with families, we see a lot of stress in our families. Stress affects both mental and physical health. We also see a lot of obesity, chronic health issues, and issues accessing healthy nutrition. Most of these rural towns have dollar generals with no fresh produce and fresh. We need more access to healthy options.”*
- *“I've seen an improvement but nutritional awareness is not there. People are not knowledgeable of what is healthy for them.”*
- *“Outside of Corning, Elmira, Hornell - once you get into rural areas, folks have difficulty accessing care and are not necessarily as healthy. The health education*

*and awareness is lacking, people of lower income are typically less healthy than higher income but that is across the country. The patient education & outreach should be more well-known. Look at smoking cessation ad campaign that NYS currently has - those graphic commercials are powerful.”*

- *“There's a diverse mixture here. A lot of smoking, rural people who do not prioritize their health. Might be more healthy than unhealthy but middle of the road. Better health education would help.”*
- *“We definitely have a lot of work to do with preventive care. We have a lot of chronic disease (CVD, cancer, diabetes) so getting people in earlier and more routinely can help. We do not have a lot of food deserts but the options for healthy eating is not as robust. We do have a lot of obesity, especially childhood obesity. We are not really a walkable community.”*
- *“We have a population that are doing well and are following health recommendations and have an active effort in their health. others lack barriers to engage in healthy behaviors. To improve overall health, we need accessibility and transportation; access to healthy food, strong education campaign on health and decrease in wait times and affordable healthcare.”*

Q10. On a scale of 1 to 5, where 1 is strongly disagree and 5 is strongly agree, how much do you agree with the following statements:

Statements	1 – Strongly Disagree	2	3	4	5 – Strongly Agree
a) Our community is a good place to raise children.	0	0	3, 30%	5, 50%	2, 20%
<b>Mean score = 3.9 out of 5.0</b>					

Q10a. Tell me more why you selected a score of [response to 10a]: *(the following comments are verbatim)*

- *“Corning has a 20% poverty rate among children (lower than Elmira, Binghamton, etc. but still high). Especially high considering our educated workforce.”*
- *“I grew in the area and there is a lot of drug activity. Would not let daughter play in front yard. There is an increase in violence in the community, specifically in Corning (and Elmira area).”*
- *“I think it is a safer place than larger cities.”*
- *“I think more services available to kids - it is very remote. Dental, childcare, healthy food deserts, food insecurity.”*
- *“It depends on the area - Corning vs. Woodhull - the outcomes are different. Urban vs. rural. Some areas are more safe than others.”*
- *“It's not horrible, but not wonderful either. There are a lot of things to do here culturally but there is a lot of poverty still.”*
- *“The drug use in our communities - there is a lot.”*
- *“We have a lot of communities that are very tight nit and tied together. We have good in-home care for new parents. Have services for all ages. a lot that we benefit from.”*



Statements	1 – Strongly Disagree	2	3	4	5 – Strongly Agree
b) Our community is a good place to grow old.	0	2, 20%	4, 40%	4, 40%	0
<b>Mean score = 3.2 out of 5.0</b>					

Q10b. Tell me more why you selected a score of [response to 10b]: *(the following comments are verbatim)*

- *“I do know that the population of nursing homes and health facilities for seniors is numerous.”*
- *“I have seen an increase in costs for services (i.e.: mortgage, rent) which could make it difficult for older individuals. (Morgan did not tie anything else to limited income.)”*
- *“In Corning, it is fine, but outside of Corning and in the more rural areas, there are not many senior resources - not like there are in big cities.”*
- *“It is really hard to find services for seniors. The aging in place, transportation services, internet service, and in-home care check-ins is not available. These are very isolating for the aging population.”*
- *“Not enough senior programming available, transportation for seniors is nonexistent (besides personal vehicles).”*
- *“Older people having access to specialty care that they need. Some are not choosing to age in place so it makes it harder.”*
- *“The services that our office provides are pretty robust compared to other counties across NYS.”*
- *“There are not enough high-level specialty care here for aging population who has these conditions. You have to drive to get any high level, chronic disease management. I drive to Sayre, others go to Rochester.”*
- *“Transportation issues - when you get older, you lose the ability to drive. I also don't think that we have a lot of social groups for this population. We have a senior center in Corning which is active but outside of Corning, it is more limited.”*
- *“With the population aging, more health issues come with that and there is a higher need for routine and specialist care. There are quite a few barriers that make it difficult to access care. Better access would equate to better health.”*

Statements	1 – Strongly Disagree	2	3	4	5 – Strongly Agree
c) Our community has economic opportunity.	1, 10%	1, 10%	4, 40%	3, 30%	1, 10%
<b>Mean score = 3.2 out of 5.0</b>					

Q10c. Tell me more why you selected a score of [response to 10c (*the following comments are verbatim*)

- *"I think we are seeing a downturn for hiring and jobs that has impacted the community. There is impact from the federal level. It is an uncertain time financially."*
- *"It depends on the part of the county - larger towns have more opportunity. The more rural areas not so much."*
- *"It is hard to find any job that pays above minimum wage in Steuben County."*
- *"Not doing well in terms of growth, not many new businesses coming here."*
- *"There is an increase of positions/availability across all employment sectors."*
- *"We can do better. But we are similar to other regions in this aspect I feel like."*
- *"We have a relatively highly educated population with professional careers here."*

Statements	1 – Strongly Disagree	2	3	4	5 – Strongly Agree
d) Our community is a safe place to live.	0	0	2, 20%	4, 40%	4, 40%
<b>Mean score = 4.2 out of 5.0</b>					

Q10d. Tell me more why you selected a score of [response to 10d (*the following comments are verbatim*)

- *"A lot of violence and crime anywhere you go but we are okay."*
- *"Truthfully there is increased violence and drugs in the community. Doesn't feel safe even going to grocery store. Sees a lot online that prompts concern of being out alone in the community. Feels comfortable during day and not in evening."*
- *"We have some tight knit communities where people look out for one another. Low crime rates."*

Statements	1 – Strongly Disagree	2	3	4	5 – Strongly Agree
e) Our community has networks of support for families/individuals during a crisis.	0	4, 40%	1, 10%	4, 40%	1, 10%
<b>Mean score = 3.2 out of 5.0</b>					

Q10e. Tell me more why you selected a score of [response to 10e]: (*the following comments are verbatim*)

- *"Lack of services and knowledge/education of where to go for that. 211 is around but not completely updated."*
- *"Mental health services are lacking especially during times of crisis."*
- *"Not really sure but I do know we have these agencies here."*
- *"Really depends upon what the crisis is. For mental health crisis our county struggles. Valiant efforts being made but still a struggle. for medical crisis, there could be access to emergency medicine, but in rural areas could not have as good of an outcome."*
- *"Support service wait lists are long, counties can't seem to maintain consistent mobile crisis policies, they do a poor job of educating the public about these crisis services. We have more access to these as an organization but the counties I feel do a poor job of promoting these services to the public. Another resource is respite which is hard to come by for families."*
- *"There is a lot of room for improvement. We have ERs available, but they don't know how to respond to Mental Health crises."*
- *"We have pretty good crisis networks but always room for improvement."*
- *"While there are services, I don't feel like it is advertised. My knowledge is based upon the work that I do."*

Statements	1 – Strongly Disagree	2	3	4	5 – Strongly Agree
f) Our community offers sufficient community services.	0	1, 10%	3, 30%	6, 60%	0
<b>Mean score = 3.5 out of 5.0</b>					

Q10f. Tell me more why you selected a score of [response to 10f]: *(the following comments are verbatim)*

- *"I am not as familiar with these but I know they are presently available."*
- *"I know how many services we have but I don't know how aware that people are and there is always opportunity to offer more."*
- *"Sufficient - not at all."*
- *"The funding is lacking for these services."*
- *"Trying but room for improvement. They are not funded properly."*
- *"We have some programs in place, but in need of more."*
- *"Well-rounded here but just educating people about these resources. We also have 211 helpline under IHS so I think that there are enough community services but people don't know they are available and don't want to get stigmatized for using said resources."*
- *"While there are services, I don't feel like it is advertised. My knowledge is based upon the work that I do. There needs to be more promotion of services."*
- *"Yes if you know where to go. It comes back to a lack of outreach about what is available here."*

Q11. What is the biggest challenge the local community faces in improving the community's health? *(the following comments are verbatim)*

- *"Access - pertaining to healthcare services."*
- *"Access to primary / preventive care. Making sure those services extend into the more rural areas that need it the most. Continue mental health work, addiction services."*
- *"Accessing - not enough providers, long wait times, transportation to and from appts, the healthcare system as a whole."*
- *"Addiction support - removing respite services for children was a huge mistake as it attributes to greater stress on families and out of home placement for youth. Wellness and education / training and access to more healthier food option. Reinstating practitioners at some of the satellite offices."*
- *"Getting the word out about primary care, the importance of routine screenings. I think these services are available, but people are not educated about the importance of this."*
- *"Health needs to be comprehensive - I'm not sure all providers work together to improve the whole person. You have different specialists who don't work together, a very siloed approach but this is how the health system is set up."*
- *"Lack of access to places where assistance can be provided for healthcare services."*
- *"Mental health - such a big issue, especially post covid. We are in a mental health crisis right now and there are 4-6mo waiting lists to see therapists. Healthy eating and obesity are problems here too - so expensive to eat healthy."*
- *"The knowledge, availability of healthy foods."*
- *"The rural nature of the region."*

Q12. What is the biggest barrier the local community faces in overcoming these challenges? *(the following comments are verbatim)*

- *"Cost limitations, timeliness (very busy working families). It is easier to cook unhealthy foods."*
- *"Health education for general population on how to self-advocate for themselves as a patients. Patients are rushed with their providers, they need to self-advocate and ask questions of their providers so they can better understand their health in a way they can understand."*
- *"Health education. Bringing the medical services to them (mobile health units)."*
- *"Health literacy, transportation."*
- *"I think there needs to be more collaboration, more education. There are things in place, and there are networks in place but I think there is still a lot siloing."*
- *"It takes time to add providers to the area, make the referrals, expand programming. I think Guthrie does a good job with specialized services, but it comes back to educating people on what is available. Funding to help support mental health public programming (first aid) to be able to expand and support services available already would be great. Potentially add this specialty to Guthrie Corning? We need more providers in general in this area (especially mental health)."*
- *"Navigating insurance, transportation, the EMR systems not communicating with each other and creating discontinuity of care."*

- *"There are not a lot of people that want to improve their health. There is a lack of "wanting" to do it."*
- *"Transportation and having sufficient providers to serve the communities."*
- *"Transportation! More providers, caseloads are so large."*

Q13. As Guthrie Corning Hospital looks to improve community health and well-being for residents in the service area, what key activity should be prioritized? (the following comments are verbatim)

- *"Access to specialty care (telehealth or additional providers)."*
- *"Health Expos - bring all the providers & specialists together in one spot so that people can see what is available in this area."*
- *"Hiring more medical staff! I know they share a lot of providers (specialists) with Sayre (Robert Packer). I am a huge supporter of centralized communication - whether it's a website or coordinated email list, to share community-based services with the hospital social workers to get these programs/services to patients in need. For community providers to post about opportunities and communicate these with the hospital system."*
- *"Increasing mental health services - whatever way they are able to do that within reason. Mental health awareness and access. Public health education for general public would be beneficial - offer free courses to the public."*
- *"Mental health - if we can address mental health for all age levels, the SDOHs will be addressed too. There are a lot of repeat offenders when it comes to substance use, mental health problems that it becomes a revolving door for these folks. And I know with older adults, a lot of them are isolated and have mental health issues but no one to talk to because of a lack of providers in this specialty."*
- *"Mental health needs to be a focus here. We are seeing fewer clients come into our Bath location and I'm not sure if that is because of stigma or a lack of providers but there is a lot of homeless population here who are not being treated. The waitlist for a mental health provider is extremely long, so if Guthrie can bring in more providers that would be great."*
- *"Mobile health units - educating about the importance of primary care but also making it easier to access these. I think the biggest barrier is knowing how important preventive medicine and chronic disease management is. I'm not quite sure besides the health education piece. Guthrie could partner with other community organizations (such as food pantries, Meals on Wheels) for health education for the more rural parts of this area. The Food Bank of the Southern Tier could be a great partner here because they know all the local pantries and could help connect Guthrie to the more rural areas within the service area."*
- *"Primary care, Mental health."*
- *"Transportation remains a big barrier. We can also improve on improving food pantries. There is not an income requirement for food pantries. (i.e.: fewer social media advertising - clientele doesn't have phones) more fliers, outreach and stepping away from social media and really being hands on and in the community, (e.g.: community health fairs, information at libraries, outside restaurants (fast foods), dr's offices, schools). There needs to be a way for parents to find out directly and not through kids to parents (e.g.: don't put in backpacks)."*

- *“Use data to drive the decision-making. Sometimes the hospital chooses a priority without the data to back it up. Mental health, obesity, smoking, and maternal health should be priorities because that's what the data says.”*

Q14. Do you have any other thoughts/comments? Anything that you thought we might cover today that was not asked? *(the following comments are verbatim)*

- *“Guthrie should do tabling events to make staff aware of community resources - a health fair for the staff. We have done this with Arnot on an annual basis - we are more than happy to come do this at Guthrie (I'm not sure if they do this already or not).”*
- *“No questions or comments.” (n=3)*
- *“Thank you for this opportunity to provide some feedback about our community's health. I hope the hospital listens to it and does some good with the results of this all.”*

## **Focus Group Findings & Results**

The RMS team conducted qualitative focus groups to engage the community and learn what they perceive as the key healthcare needs. A total of two focus group sessions were held with community residents in and around the Greater Corning Region in late March 2025. 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 the ZOOM web-based video platform. The moderator used a Moderator's Guide that was pre-approved by the Guthrie Corning Hospital team. Focus group participants were asked to complete a Participation Packet to prepare them for the topics that were discussed.

A total of 12 community residents participated in the focus groups. The focus groups were conducted over a two-day period, with two being held during lunchtime hours. The specific schedule is listed in the table below.

Date	Time	Location
Tuesday March 18 <sup>th</sup> , 2025	12:00 – 1:30 PM	ZOOM
Tuesday March 25 <sup>th</sup> , 2025	12:00 – 1:30 PM	ZOOM

## **Quality & Availability of Healthcare Services**

Focus Group participants began the discussion by rating the overall quality of healthcare services. In the Guthrie Corning Hospital service area, the quality was rated as 3.5 out of 5.0 (where 5 indicates very good).

- Words used to describe the quality of healthcare services included: *(the following comments are verbatim)*
  - “Decent”
  - “Decent, dependent by system”
  - “Decreasing, has potential”
  - “Fair, urban”
  - “Good”
  - “Good, choices”
  - “Mediocre”
  - “Okay depending on practice type. Adequate, hanging by a thread”
  - “Satisfactory”
  - “Sufficient, mixed quality”
  - “Very good, broad-based, accessible, professional”
- Participants feel the following services are missing in their community: *(the following comments are verbatim)*
  - “Children’s specialty care; senior health supports.”
  - “During cold/flu season, social media claims everything is packed and it takes a long time, ER and urgent care.”
  - “Local rural services.”
  - “Mental health, pediatrics, preventative / wellness outreach.”
  - “Missing more available urgent care (walk-in) especially nights and weekends. Specialists for pediatrics and adults.”
  - “No specialist oncology in leukemia (CLL), not enough dermatology, Long waits for MRI, longer waits for some ultrasounds, Doctors do not know how to view my medical records from Arnot. Doctors do not have time to talk to one another to coordinate care for one patient. I am sure there are other areas that are lacking, I just have not had to use them yet! Wait times in the ER are unsafe. Staff in the ER are unkind, in my experience. Doctors are great, once you get in with one. No one focuses on Wellness! There are no diabetes people who helped me when I needed it.”
  - “Not that they are completely missing, but I think mental health and rehabilitation services are lacking. Better options for old age care are also lacking.”
  - “Timely access for PCP and dermatology (from personal experience), specialty services can require traveling and may not be located near each other.”
  - “We need general mental health services for ordinary mental health conditions like depression, anxiety, bipolar. EVERYTHING HERE IS FOCUSED ON ADDICTION!!! Not everyone comes to behavioral health conditions because of drug and alcohol conditions. We are also lacking gerontology providers! This is essential for our aging population! The regionalization of the Guthrie healthcare system is requiring older people to travel further distances for what used to be basic care.”
- Nearly three-quarters of participants indicated that they do need to travel outside of the area to obtain certain services, including: *(the following comments are verbatim)*
  - “Endocrinology, behavioral healthcare, specialty services”
  - “ENT, Shoulder surgery”
  - “It depends on what you mean by “outside the area,” but I have had to travel to Guthrie Sayre for some surgeries. Other than that, no...I have not had to leave the area for healthcare.”
  - “Mental health, pediatric cancer”

- *“Pediatrics and neurosurgeon”*
- *“Pediatric neurology, Lyme Disease and all the co-infections – Infectious Disease. Headaches, TMJ dental, Vision Training to fix binocular vision, helpful physical therapy. Diabetes training to count carbs and manage blood sugar successfully. Other dietician help for a sick child.”*
- *“Rochester for genetic testing”*
- *“Yes, hematology/oncology- the referral process from my system to the other was really well done and timely. Overall, great experience between both. This was for a very rare condition.”*

## **Accessibility of Healthcare Services**

Focus Group participants rated the overall accessibility of healthcare services in the Guthrie Corning Hospital service area as 3.5 out of 5.0 (where 5 indicates very good).

- Words used to describe the quality of healthcare services included: *(the following comments are verbatim)*
  - *“Decent”*
  - *“Difficult and complicated”*
  - *“Easy to see a provider! Not timely to see the right provider”*
  - *“Excellent, easy (for most services), convenient”*
  - *“Fair”*
  - *“Fair, challenging for many”*
  - *“Good”*
  - *“Good for me personally - fair for general population”*
  - *“My access is good because I don’t stop until I find answers for my questions/problems.”*
  - *“Only say good access if the type of healthcare services are provided. There are many not provided therefore not accessible.”*
  - *“Reasonable, again dependent on system”*
- Some barriers to accessing healthcare services in this community include: *(the following comments are verbatim)*
  - *“Age, knowledge, advocacy partnership”*
  - *“Distance, transportation”*
  - *“Finances (low cost and free services - particularly for substance use disorders and mental health), availability of care, internet access”*
  - *“Financial, socioeconomic. Capacity issues with availability. Transportation in rural area.”*
  - *“It can be hard to find quality mental health and rehabilitation services, as well as good and affordable facilities for the elderly.”*
  - *“Location of services, services appear to be too busy.”*
  - *“Location, availability of services”*
  - *“There are not enough actual doctors. When one leaves, they are replaced with NP’s or PA’s. There is not enough information about each doctor, to know what their philosophy is and special interests. And the good doctors are never taking new patients.”*
  - *“Transportation is a barrier for some people. Insurance is another barrier - finding a provider that accepts your form of insurance; you may not have any insurance at all and then cost is a factor.”*



- *“Transportation to regional healthcare. As I get older and realize that I will be living on my own into my 70’s and 80’s I haven’t a clue as to how I will get to Sayre, Owego, Cortland... Sure we have Guthrie Centerway and place by the hospital but all provider types aren’t covered between the two locations. I love telemedicine until I find out the Sayre PA Guthrie provider isn’t licensed in NYS. You are a boundary state provider who needs to be able to have providers dually licensed. Insurance Providers are a huge problem for everyone. More and more providers don’t accept many insurances and we have the issue of some providers in Guthrie accept a particular insurance and others do not.....resulting in billing fiascos! Additionally Medicaid patients being transported across state lines is creating billing hardships to patients and lord knows what for Guthrie not getting paid. KEEP NYS PEOPLE IN NYS and KEEP PA PEOPLE IN PA!!!! Stop straddling!”*
- Participants voiced their frustrations with the healthcare system and services available in their area and indicated the following pain points when trying to access healthcare services: *(the following comments are verbatim)*
  - *“Cost, availability - wait times.”*
  - *“Far too long wait times to see specialists”*
  - *“Getting to see the right provider!”*
  - *“Lack of real doctors and no one who knows the doctors can help you pick one, based on the characteristics of those few doctors. So basically there is little choice.”*
  - *“Location for services pertinent to my healthcare needs and those of my child.”*
  - *“Need to go to the ER to get IV fluids/Zofran, cannot get that at urgent cares.”*
  - *“No pharmacies or healthcare providers near home.”*
  - *“Specialists stay in their own lane and lack a whole-person, holistic approach. The knowledge that a “patient advocate” exists - what are they, what do they do?”*
  - *“Transportation to regional healthcare. As I get older and realize that I will be living on my own into my 70’s and 80’s I haven’t a clue as to how I will get to Sayre, Owego, Cortland... Sure we have Guthrie Centerway and place by the hospital but all provider types aren’t covered between the two locations. I love telemedicine until I find out the Sayre PA Guthrie provider isn’t licensed in NYS. You are a boundary state provider who needs to be able to have providers dually licensed. I seriously had to drive to the PA border from Corning to “see” a provider - dumbest thing ever!! Insurance Providers are a huge problem for everyone. More and more providers don’t accept many insurances and we have the issue of some providers in Guthrie accept a particular insurance and others do not.....resulting in billing fiascos! Personally impacted by insurance providers.”*
  - *“Wait times for appointments; doctors’ lack of knowledge or reluctances to question elderly patients’ awareness and cognitive abilities in understanding their care and following through on recommendations/action steps.”*
- The majority of participants have utilized telemedicine services before and feel that this is an effective way to access medical providers. Some of their frustrations with this service, however, include technological issues or lack of broadband Internet coverage. However, the majority of participants prefer to be seen in-person.

- Many participants have heard of care coordinators, but several did not have personal experience with these healthcare professionals and were interested in learning more about these positions.

## Healthcare Need Themes

Focus Group participants were asked to identify healthcare need themes in their communities and rate the importance of each.

Need Theme Description	Need?	Importance Rating
<ul style="list-style-type: none"> <li>• Increase services for <b>mental &amp; behavioral health</b>.</li> </ul>	100.0% of participants said “Yes” this is a need in their community.	4.5 out of 5.0
<ul style="list-style-type: none"> <li>• Increase services for <b>substance abuse</b>.</li> </ul>	90.9% of participants said “Yes” this is a need in their community.	4.2 out of 5.0
<ul style="list-style-type: none"> <li>• Increase <b>specialty care services</b> within the area</li> </ul>	81.8% of participants said “Yes” this is a need in their community.	4.1 out of 5.0
<ul style="list-style-type: none"> <li>• Increase <b>dental care services</b>.</li> </ul>	81.8% of participants said “Yes” this is a need in their community.	3.6 out of 5.0
<ul style="list-style-type: none"> <li>• Increase <b>eldercare/ senior</b> services (65+).</li> </ul>	90.9% of participants said “Yes” this is a need in their community.	4.0 out of 5.0
<ul style="list-style-type: none"> <li>• Increase <b>wellness/ exercise</b> services.</li> </ul>	72.7% of participants said “Yes” this is a need in their community.	3.2 out of 5.0
<ul style="list-style-type: none"> <li>• Decrease <b>obesity</b> in children/adults.</li> </ul>	81.8% of participants said “Yes” this is a need in their community.	3.4 out of 5.0
<ul style="list-style-type: none"> <li>• Focus on <b>the poor and vulnerable</b>.</li> </ul>	81.8% of participants said “Yes” this is a need in their community.	3.8 out of 5.0
<ul style="list-style-type: none"> <li>• <b>Fall prevention</b> among seniors</li> </ul>	72.7% of participants said “Yes” this is a need in their community.	3.1 out of 5.0
<ul style="list-style-type: none"> <li>• <b>Healthcare costs</b> prevent receiving care.</li> </ul>	90.9% of participants said “Yes” this is a need in their community.	4.2 out of 5.0
<ul style="list-style-type: none"> <li>• Reduce <b>adolescent pregnancies</b></li> </ul>	63.6% of participants said “Yes” this is a need in their community.	2.6 out of 5.0
<ul style="list-style-type: none"> <li>• <b>Diabetes management</b> programs</li> </ul>	81.8% of participants said “Yes” this is a need in their community.	3.3 out of 5.0
<ul style="list-style-type: none"> <li>• <b>Increase preventive</b> care programs.</li> </ul>	90.9% of participants said “Yes” this is a need in their community.	4.2 out of 5.0
<ul style="list-style-type: none"> <li>• Increase <b>access to healthcare providers</b> – expand hours, timely appointments, # of physicians.</li> </ul>	90.9% of participants said “Yes” this is a need in their community.	4.6 out of 5.0

Out of these need theme rankings and ratings, focus group participants identified the following health needs as the more important for Guthrie Corning Hospital to focus on over the next three years:

- **Increasing mental & behavioral health services (4.6 / 5.0)**
- **Increasing access to providers by expanding hours, bringing on more providers, and offering more timely appointments (4.5 / 5.0)**
- **Reducing healthcare costs to prevent people from receiving needed care (4.2 / 5.0)**
- **Decreasing obesity in children and adults (4.2 / 5.0)**
- **Increasing services for substance abuse (4.2 / 5.0)**

## Appendix D: Secondary Data and Sources

### Part I – County Health Rankings and Roadmaps

The tables below are based on data vetted, compiled and made available on the [County Health Rankings and Roadmaps \(CHRR\) website](#). 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 sites 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 2025 publication. It is important to understand that reliable data is generally two to three years behind due to the importance of careful analysis.

#### **Population Health & Well-being**

Population health and well-being is something we create as a society, not something an individual can attain in a clinic or be responsible for alone. Health is more than being free from disease and pain; health is the ability to thrive. Well-being covers both quality of life and the ability of people and communities to contribute to the world. Population health involves optimal physical, mental, spiritual, and social well-being. The Guthrie Corning Hospital service area has an average life expectancy of 75.9 years, which is younger than both the New York and national average. The service area also has a higher premature age-adjusted mortality rate than New York and the United States, including the infant mortality rate. The service area has a higher child mortality rate than New York, but a better child mortality rate than the country.

***Table D1. Length of Life of Guthrie Corning Hospital Service Area***














Length of Life						
Indicators	Description	Chemung County	Schuyler County	Steuben County	NY State	U.S.
<b>Premature Death</b>	<i>Years of potential life lost before age 75 per 100,000 population (age-adjusted)</i>	9,852 ↓	7,969 ↓	8,363 ↓	6,637	8,352
<b>Life Expectancy</b>	<i>Average number of years people are expected to live</i>	75.0 ↓	76.5 ↓	76.3 ↓	79.4	77.1

<b>Premature Age-Adjusted Mortality</b>	Number of deaths among residents under age 75 per 100,000 population (age-adjusted)	480 ↓	400 ↓	440 ↓	340	410
<b>Child Mortality</b>	Number of deaths among residents under age 20 per 100,000 population	50 ↓	-	40	40	50
<b>Infant Mortality</b>	Number of infant deaths (within 1 year) per 1,000 live births	6 ↓	-	6 ↓	4	6
Data Source: County Health Rankings, 2020 – 2025 <b>NOTE:</b> County indicators that are better than the state level are displayed with a <b>GREEN UP ARROW</b> while county objectives that are worse than the state level are displayed with a <b>RED DOWN ARROW</b> . County indicators that are the same as the state level are displayed with no arrow.						

The Guthrie Corning Hospital service area has a lower percentage of low birth weights, lower HIV prevalence, and lower Diabetes prevalence than the New York and the national incidence rates. However, the service area is faring worse than the state and country when it comes to physical health, mental health, obesity, and suicides.

**Table D2. Quality of Life of Guthrie Corning Hospital Service Area**

Quality of Life						
Indicators	Description	Chemung County	Schuyler County	Steuben County	NY State	U.S.
<b>Poor Physical Health Days</b>	Average number of physically unhealthy days reported in past 30 days (age-adjusted)	4.3 ↓	4.3 ↓	4.1 ↓	3.9	3.9
<b>Low Birth Weight</b>	Percentage of live births with low birth weight (< 2,500 grams or 5.5 pounds)	8%	5% ↑	7% ↑	8%	8%
<b>Poor Mental Health Days</b>	Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	5.5 ↓	6.1 ↓	5.7 ↓	4.9	5.1
<b>Poor Or Fair Health</b>	Percentage of adults reporting fair or poor health (age-adjusted)	17% ↓	18% ↓	15% ↑	16%	17%
<b>Frequent Physical Distress</b>	Percentage of adults reporting 14 or more days of poor physical health per month (age-adjusted)	13% ↓	14% ↓	12%	12%	12%

<b>Diabetes Prevalence</b>	Percentage of adults aged 18 and above with diagnosed diabetes (age-adjusted)	10%	9% 	9% 	10%	10%
<b>HIV Prevalence</b>	Number of people aged 13 years and older living with a diagnosis of human immunodeficiency virus (HIV) infection per 100,000 population	252 	-	108 	742	387
<b>Adult Obesity</b>	Percentage of the adult population (age 18 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m2 (age-adjusted)	34% 	38% 	37% 	30%	34%
<b>Frequent Mental Distress</b>	Percentage of adults reporting 14 or more days of poor mental health per month (age-adjusted)	18% 	20% 	19% 	16%	16%
<b>Suicides</b>	Number of deaths due to suicide per 100,000 population (age-adjusted)	16 	16 	13 	8	14
Data Source: County Health Rankings, 2020 – 2025 <b>NOTE:</b> County indicators that are better than the state level are displayed with a <b>GREEN UP ARROW</b> while county objectives that are worse than the state level are displayed with a <b>RED DOWN ARROW</b> . County indicators that are the same as the state level are displayed with no arrow.						

## **Community Conditions**

Community conditions include the social and economic factors, physical environment, and health infrastructure in which people are born, live, learn, work, play, worship, and age. Community conditions are also referred to as the social determinants of health. The Guthrie Corning Hospital service area has fewer sexually transmitted infections, has a higher mammography screening rate, and equal or better insurance coverage than New York and the country, respectively. However, the service area is faring worse than the state and the country in the following categories: (1) access to exercise opportunities, (2) percentage of adults who smoke, (3) alcohol-impaired driving deaths, (4) excessive / binge drinking alcohol, (5) flu vaccinations, (6) access to healthy foods, (7) physical inactivity, (8) preventable hospital stays, (9) provider ratios for primary care physicians, dentists, mental health providers, and other primary care providers, and (10) teen births. The service area also has more drug overdose deaths and a higher amount of food insecurity than New York.

**Table D3. Health Infrastructure of Guthrie Corning Hospital Service Area**

Health Infrastructure						
Indicators	Description	Chemung County	Schuyler County	Steuben County	NY State	U.S.
<b>Flu Vaccinations</b>	Percentage of fee-for-service (FFS) Medicare enrollees who had an annual flu vaccination	49% ↓	47% ↓	46% ↓	51%	48%
<b>Access To Exercise Opportunities</b>	Percentage of population with adequate access to locations for physical activity	82% ↓	49% ↓	52% ↓	93%	84%
<b>Food Environment Index</b>	Index of factors that contribute to a healthy food environment, from 0 (worst) to 10 (best)	7.9 ↓	8.4 ↓	8.1 ↓	8.7	7.4
<b>Primary Care Physicians</b>	Ratio of population to primary care physicians	1,280:1 ↓	1,610:1 ↓	1,790:1 ↓	1,240:1	1,330:1
<b>Mental Health Providers</b>	Ratio of population to mental health providers	290:1 ↓	430:1 ↓	400:1 ↓	260:1	300:1
<b>Dentists</b>	Ratio of population to dentists	1,540:1 ↓	3,530:1 ↓	2,810:1 ↓	1,200:1	1,360:1
<b>Preventable Hospital Stays</b>	Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees	4,187 ↓	2,648 ↓	2,206 ↑	2,595	2,666
<b>Mammography Screening</b>	Percentage of female Medicare enrollees ages 65-74 who received an annual mammography screening	51% ↑	50% ↑	50% ↑	44%	44%
<b>Uninsured</b>	Percentage of population under age 65 without health insurance	5% ↑	6%	5% ↑	6%	10%
<b>Limited Access To Healthy Foods</b>	Percentage of population who are low-income and do not live close to a grocery store	6% ↓	0% ↑	4% ↓	2%	6%
<b>Food Insecurity</b>	Percentage of population who lack adequate access to food	14% ↓	14% ↓	13%	13%	14%
<b>Insufficient Sleep</b>	Percentage of adults who report fewer than 7 hours of sleep on average (age-adjusted)	36% ↑	40% ↓	39%	39%	37%







<b>Teen Births</b>	<i>Number of births per 1,000 female population ages 15-19</i>	21 ↓	13 ↓	17 ↓	10	16
<b>Sexually Transmitted Infections</b>	<i>Number of newly diagnosed chlamydia cases per 100,000 population</i>	563.7 ↓	243.6 ↑	209.5 ↑	526.9	495.0
<b>Excessive Drinking</b>	<i>Percentage of adults reporting binge or heavy drinking (age-adjusted)</i>	22% ↓	23% ↓	22% ↓	20%	19%
<b>Alcohol-Impaired Driving Deaths</b>	<i>Percentage of driving deaths with alcohol involvement</i>	28% ↓	33% ↓	28% ↓	22%	26%
<b>Drug Overdose Deaths</b>	<i>Number of drug poisoning deaths per 100,000 population</i>	40 ↓	24 ↑	24 ↑	29	31
<b>Adult Smoking</b>	<i>Percentage of adults who are current smokers (age-adjusted)</i>	16% ↓	20% ↓	17% ↓	12%	13%
<b>Physical Inactivity</b>	<i>Percentage of adults age 18 and over reporting no leisure-time physical activity (age-adjusted)</i>	27% ↓	26% ↓	24% ↑	25%	23%
<b>Uninsured Adults</b>	<i>Percentage of adults under age 65 without health insurance</i>	6% ↑	6% ↑	5% ↑	7%	11%
<b>Uninsured Children</b>	<i>Percentage of children under age 19 without health insurance</i>	2% ↑	4% ↓	3%	3%	5%
<b>Other Primary Care Providers</b>	<i>Ratio of population to primary care providers other than physicians</i>	560:1 ↑	1,590:1 ↓	930:1 ↓	610:1	710:1
<i>Data Source: County Health Rankings, 2020 – 2025</i> <b>NOTE:</b> County indicators that are better than the state level are displayed with a <b>GREEN UP ARROW</b> while county objectives that are worse than the state level are displayed with a <b>RED DOWN ARROW</b> . County indicators that are the same as the state level are displayed with no arrow.						

The Guthrie Corning Hospital service area has fewer households facing severe housing problems and cost burdens than New York and the rest of the country. The service area also has more homeownership as well as cleaner air than the state or country. However, the service area has less broadband Internet access as well as less access to parks than in the state or country.









**Table D4. Physical Environment of Guthrie Corning Hospital Service Area**

Physical Environment						
Indicators	Description	Chemung County	Schuyler County	Steuben County	NY State	U.S.
<b>Severe Housing Problems</b>	Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities	13% ↑	12% ↑	11% ↑	23%	17%
<b>Driving Alone To Work</b>	Percentage of the workforce that drives alone to work	79% ↓	77% ↓	78% ↓	50%	70%
<b>Long Commute – Driving Alone</b>	Among workers who commute in their car alone, the percentage that commute more than 30 minutes	18% ↑	39% ↓	28% ↑	39%	37%
<b>Air Pollution: Particulate Matter</b>	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5)	6.8 ↑	6.6 ↑	5.7 ↑	6.9	7.3
<b>Drinking Water Violations</b>	Indicator of the presence of health-related drinking water violations; 'Yes' indicates the presence of a violation while 'No' indicates no violation	No	No	Yes	-	-
<b>Broadband Access</b>	Percentage of households with broadband internet connection	87% ↓	85% ↓	86% ↓	90%	90%
<b>Library Access</b>	Library visits per person living within the library service area per year	1 ↓	2 ↓	2 ↓	3	2
<b>Traffic Volume</b>	Average traffic volume per meter of major roadways in the country	81 ↑	15 ↑	46 ↑	438	108
<b>Homeownership</b>	Percentage of owner-occupied housing units	70% ↑	78% ↑	74% ↑	54%	65%
<b>Severe Housing Cost Burden</b>	Percentage of households that spend 50% or more of their household income on housing	15% ↑	11% ↑	11% ↑	19%	15%
<b>Access To Parks</b>	Percentage of population living within a half mile of a park	48% ↓	36% ↓	30% ↓	63%	51%

<b>Adverse Climate Events</b>	Indicator of thresholds met for the following adverse climate and weather-related event categories: extreme heat (300 or more days above 90F), moderate or greater drought (65 or more weeks), and disaster (2 or more presidential disaster declarations) over the five-year period	0	0	0	-	-
<b>Census Participations</b>	Percentage of all households that self-responded to the 2020 census (by internet, paper questionnaire or telephone)	67.9% 	56.9% 	61.2% 	-	65.2%
<b>Voter Turnout</b>	Percentage of citizen population aged 18 or older who voted in the 2020 U.S. Presidential election	61.2% 	68.4% 	63.2% 	62.9%	67.9%
Data Source: County Health Rankings, 2020 – 2025 <b>NOTE:</b> County indicators that are better than the state level are displayed with a <b>GREEN UP ARROW</b> while county objectives that are worse than the state level are displayed with a <b>RED DOWN ARROW</b> . County indicators that are the same as the state level are displayed with no arrow.						

The Guthrie Corning Hospital service area has better high school graduation and completion rates than the state and country. It also has fewer children eligible for free/reduced-price lunch. However, the service area is faring worse than the state and national rates in the following categories: (1) childcare cost burden, (2) children in poverty, (3) disconnected youth, (4) injury deaths, (5) median household income, and (6) population who have attended some college. The Guthrie Corning Hospital service area is faring worse than New York (but better or equal to the country) in the following categories: (1) firearm fatalities, (2) gender pay gap, and (3) motor vehicle crash deaths.

**Table D5. Social & Economic Factors of Guthrie Corning Hospital Service Area**

Social & Economic Factors						
Indicators	Description	Chemung County	Schuyler County	Steuben County	NY State	U.S.
<b>Some College</b>	Percentage of adults ages 25 and over with a high school diploma or equivalent	60% 	62% 	64% 	71%	68%
<b>High School Completion</b>	Percentage of adults ages 25 and over with a high school diploma or equivalent	91% 	91% 	92% 	88%	89%

<b>Unemployment</b>	<i>Percentage of population ages 16 and older unemployed but seeking work</i>	4.0% ↑	3.9% ↑	4.0% ↑	4.2%	3.6%
<b>Income Inequality</b>	<i>Ratio of household income at the 80th percentile to income at the 20th percentile</i>	4.6 ↑	4.9 ↑	4.5 ↑	5.8	4.9
<b>Children In Poverty</b>	<i>Percentage of people under age 18 in poverty</i>	22% ↓	19%	19%	19%	16%
<b>Injury Deaths</b>	<i>Number of deaths due to injury per 100,000 population</i>	95 ↓	65 ↓	72 ↓	60	84
<b>Social Associations</b>	<i>Number of membership associations per 10,000 population</i>	11.2 ↑	6.2 ↓	11.1 ↑	7.9	9.1
<b>Childcare Cost Burden</b>	<i>Child care costs for a household with two children as a percent of median household income</i>	41% ↓	38%	38%	38%	28%
<b>High School Graduation</b>	<i>Percentage of ninth-grade cohort that graduates in four years</i>	83% ↓	91% ↑	91% ↑	87%	87%
<b>School Segregation</b>	<i>The extent to which students within different race and ethnicity groups are unevenly distributed across schools when compared with the racial and ethnic composition of the local population. The index ranges from 0 to 1 with lower values representing a school composition that approximates race and ethnicity distributions in the student populations within the county, and higher values representing more segregation</i>	0.07 ↓	0.04 ↓	0.08 ↓	0.33	0.24
<b>School Funding Adequacy</b>	<i>The average gap in dollars between actual and required spending per pupil among public school districts. Required spending is an estimate of dollars needed to achieve U.S. average test scores in each district</i>	\$9,909 ↑	\$11,955 ↑	\$12,721 ↑	\$12,745	\$1,411
<b>Children Eligible For Free / Reduced-Price Lunch</b>	<i>Percentage of children enrolled in public schools that are eligible for free or reduced price lunch</i>	53% ↑	43% ↑	50% ↑	57%	55%

<b>Gender Pay Gap</b>	<i>Ratio of women's median earnings to men's median earnings for all full-time, year-round workers, presented as "cents on the dollar"</i>	0.85 ↓	0.76 ↓	0.83 ↓	0.88	0.81
<b>Median Household Income</b>	<i>The income where half of households in a county earn more and half of households earn less</i>	\$60,500 ↓	\$65,200 ↓	\$64,300 ↓	\$82,100	\$77,700
<b>Living Wage</b>	<i>The hourly wage needed to cover basic household expenses plus all relevant taxes for a household of one adult and two children</i>	\$50.73 ↓	\$49.95 ↓	\$49.08 ↓	\$61.75	-
<b>Childcare Centers</b>	<i>Number of child care centers per 1,000 population under 5 years old</i>	6	5 ↓	8 ↑	6	7
<b>Residential Segregation – Black/White</b>	<i>Index of dissimilarity where higher values indicate greater residential segregation between Black and White county residents</i>	56 ↑	39 ↑	56 ↑	75	63
<b>Motor Vehicle Crash Deaths</b>	<i>Number of motor vehicle crash deaths per 100,000 population</i>	10 ↓	-	8 ↓	6	12
<b>Firearm Fatalities</b>	<i>Number of deaths due to firearms per 100,000 population</i>	8 ↓	-	10 ↓	5	13
<b>Disconnected Youth</b>	<i>Percentage of teens and young adults ages 16-19 who are neither working nor in school</i>	11% ↓	-	9% ↓	7%	7%
<p><i>Data Source: County Health Rankings, 2020 – 2025</i></p> <p><b>NOTE:</b> County indicators that are better than the state level are displayed with a <b>GREEN UP ARROW</b> while county objectives that are worse than the state level are displayed with a <b>RED DOWN ARROW</b>. County indicators that are the same as the state level are displayed with no arrow.</p>						

## Appendix D: Secondary Data and Sources

### Part II – New York State Prevention Agenda

In addition to the description of the County Health Rankings and Roadmaps (CHRR), Guthrie Corning Hospital also reviewed data provided from the New York State Department of Health (NYSDOH) Prevention Agenda website ([Prevention Agenda 2025-2030: New York State's Health Improvement Plan](#) 2025-2030 dashboard).

The 2025-2030 NYSDOH Prevention Agenda has adopted a broader perspective, emphasizing factors that influence health beyond traditional health outcomes, prevention strategies, medical care, and public health systems. The 2025-2030 Prevention Agenda outlines 24 key priorities to address health conditions, behaviors, and systemic issues such as poverty, education, housing, and access to quality healthcare. The 24 key priorities are grouped into 5 domains based upon the Healthy People 2030's Social Determinants of Health and include: (1) Economic Stability, (2) Social and Community Context, (3) Neighborhood and Built Environment, (4) Healthcare Access and Quality, and (5) Education Access and Quality. It is the vision of the 2025-2030 Prevention Agenda that *Every Individual in New York State has the opportunity, regardless of background or circumstances, to attain their highest level of health across the lifespan.*<sup>17</sup>

Guthrie Corning Hospital recognizes that to attain alignment with the New York State (and/or Pennsylvania specific priorities) Prevention Agenda identified priorities and domains that this will require a thorough understanding of key issues that affect an individual's ability to access quality healthcare is a key issue that is crucial to reducing health disparities. Guthrie Corning Hospital understands the critical need to identify and prioritize the health needs of the community. Guthrie Corning Hospital 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.

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<sup>17</sup> Source: [Prevention Agenda 2025-2030: New York State's Health Improvement Plan](#)

The Guthrie Corning Hospital service area is meeting the NY Prevention Agenda Objectives for premature deaths and potentially preventable hospitalizations. However, the service area is faring worse in terms of premature deaths and potentially preventable hospitalizations among minorities. There are also fewer adults who have an established provider and health insurance in the service area.

**Table D6. Improve Health Status & Reduce Health Disparities - Indicators for Guthrie Corning Hospital Service Area**

Improve Health Status & Reduce Health Disparities				
Indicator	Chemung County	Schuyler County	Stueben County	NY State Objective
<b>% of Deaths That Are Premature</b> <i>(before age 65 years)</i>	24.7% ↓	20.8% ↑	20.0% ↑	22.8%
<b>Premature Deaths, Difference in % Between Black Non-Hispanics &amp; White Non-Hispanics</b> <i>(before age 65 years)</i>	14.5% ↑	20.6% ↑	22.4% ↓	17.3%
<b>Premature Deaths, Difference in % Between Hispanics &amp; White Non-Hispanics</b> <i>(before age 65 years)</i>	35.6% ↓	29.4% ↓	8.9% ↑	16.2%
<b>Potentially Preventable Hospitalizations Among Adults</b> <i>(age-adjusted rate per 10,000)</i>	112.0 ↑	68.7 ↑	76.1 ↑	115.0
<b>Potentially Preventable Hospitalizations Among Adults, Difference in Rates Between Black Non-Hispanics &amp; White Non-Hispanics</b> <i>(age-adjusted rate per 10,000)</i>	139.3 ↓	68.5 ↑	73.2 ↑	94.0
<b>Potentially Preventable Hospitalizations Among Adults, Difference in Rates Between Hispanics &amp; White Non-Hispanics</b> <i>(age-adjusted rate per 10,000)</i>	30.5 ↓	68.5 ↑	-	23.9
<b>% of Adults with Health Insurance</b> <i>(aged 18-64 years)</i>	94.3% ↓	93.9% ↓	94.6% ↓	97.0%
<b>Adults Who Have a Regular Healthcare Provider</b> <i>(age-adjusted %)</i>	89.5% ↑	82.4% ↓	85.5% ↓	86.7%
Data Sources: NYS Prevention Agenda, 2024 <b>NOTE:</b> County indicators that are above the state objective are displayed with a <b>GREEN UP ARROW</b> while county objectives that are below the state objective are displayed with a <b>RED DOWN ARROW</b> . County indicators that are at the state objective are displayed with no arrow.				

The Guthrie Corning Hospital service area is meeting the NY Prevention Agenda Objectives for asthma emergency department visits, adults managing their hypertension with medication, and the number of adults with chronic conditions who have taken a course or class to learn how to manage their condition. However, the service area is faring worse in the following categories: (1) obesity, (2) low-income households with healthcare issues, (3) physical activity, (4) cigarette smoking, and (5) colorectal cancer screenings.

**Table D7. Prevent Chronic Diseases - Indicators for Guthrie Corning Hospital Service Area**

Prevent Chronic Diseases				
Indicator	Chemung County	Schuyler County	Stueben County	NY State Objective
<b>% of Children with Obesity</b> <i>(aged 2-4 years participating in the WIC program)</i>	13.2% ↓	14.5% ↓	15.1% ↓	13.0%
<b>% of Children &amp; Adolescents with Obesity</b> <i>(New York State outside New York City)</i>	25.4% ↓	21.2% ↓	24.6% ↓	16.4%
<b>% of Adults with Obesity</b>	33.8% ↓	30.4% ↓	30.8% ↓	24.2%
<b>% of Adults with an Annual Household Income &lt;\$25,000 with Obesity</b>	31.2% ↓	26.9% ↑	34.4% ↓	29.0%
<b>% of Adults with an Annual Household Income &lt;\$25,000 who Consume 1+ Sugary Drinks/Day</b>	25.5% ↑	-	20.5% ↑	28.5%
<b>% of Adults with an Annual Household Income &lt;\$25,000 with Perceived Food Security</b>	50.3% ↓	-	49.1% ↓	61.4%
<b>% of Adults Who Participate in Leisure-Time Physical Activity</b>	73.4% ↓	77.8% ↑	76.7% ↓	77.4%
<b>% of Adults with Disabilities Who Participate in Leisure-Time Physical Activity</b>	60.1% ↓	56.5% ↓	58.5% ↓	61.8%
<b>% of Adults Who Participate in Leisure-Time Physical Activity</b> <i>(Aged 65+ Years)</i>	62.9% ↓	67.2% ↓	68.1% ↓	75.9%
<b>Prevalence of Cigarette Smoking Among Adults</b>	24.0% ↓	13.2% ↓	16.1% ↓	11.0%
<b>% Of Adults Who Smoke Cigarettes Among Adults with Income &lt;\$25,000</b>	38.1% ↓	39.3% ↓	30.5% ↓	15.3%



<b>% Of Adults Who Receive Colorectal Cancer Screening Based on the Most Recent Guidelines</b> <i>(Aged 50-64 Years)</i>	70.8% ↑	61.3% ↓	63.5% ↓	66.3%
<b>% of Adults Who Had a Test for High Blood Sugar or Diabetes Within the Past 3 Years</b> <i>(Aged 45+ Years)</i>	66.9% ↓	62.9% ↓	59.4% ↓	71.7%
<b>% Of Adults with An Annual Household Income Less Than \$25,000 Who Had a Test for High Blood Sugar or Diabetes Within the Past Three Years</b> <i>(Aged 45+ Years)</i>	-	-	-	67.4%
<b>Asthma Emergency Department Visits</b> <i>(Rate per 10,000, Aged 0-17 Years)</i>	42.4 ↑	-	30.7 ↑	131.1
<b>% Of Medicaid Managed Care Members with Persistent Asthma Having an Asthma Medication Ratio Of 0.50 Or Greater</b> <i>(Aged 5-18)</i>	76.6% ↑	-	78.6% ↑	69.0%
<b>% Of Adults with Hypertension Who Are Currently Taking Medicine to Manage Their High Blood Pressure</b>	78.4% ↓	87.4% ↑	81.7% ↑	80.7%
<b>% Of Adults with Chronic Conditions Who Have Taken a Course or Class to Learn How to Manage Their Condition</b> <i>(Arthritis, Asthma, CVD, Diabetes, CKD, Cancer)</i>	9.1% ↓	15.1% ↑	9.7% ↓	10.6%
<i>Data Sources: NYS Prevention Agenda, 2024</i> <b>NOTE:</b> County indicators that are above the state objective are displayed with a <b>GREEN UP ARROW</b> while county objectives that are below the state objective are displayed with a <b>RED DOWN ARROW</b> . County indicators that are at the state objective are displayed with no arrow.				

The Guthrie Corning Hospital service area is meeting the NY Prevention Agenda Objectives for hospitalizations due to falls, assaults, and firearms as well as crash-related pedestrian fatalities. However, the service area sees more work-related emergency department visits.



**Table D8. Promote a Healthy & Safe Environment - Indicators for Guthrie Corning Hospital Service Area**

Promote a Healthy & Safe Environment				
Indicator	Chemung County	Schuyler County	Steuben County	NY State Objective
<b>Hospitalizations Due to Falls Among Adults</b> (Rate per 10,000 population, aged 65+ years)	168.7 ↑	152.5 ↑	136.9 ↑	173.7
<b>Assault-Related Hospitalizations</b> (Rate per 10,000 population)	1.8 ↑	-	0.7 ↑	3.0
<b>Assault-Related Hospitalizations</b> (Ratio of rates between Black Non-Hispanics & White Non-Hispanics)	-	-	-	5.5
<b>Assault-Related Hospitalizations</b> (Ratio of Rates between Hispanics & White Non-Hispanics)	0.0 ↑	-	-	2.5
<b>Assault-Related Hospitalizations</b> (Ratio of rates between low-income & Non-low-income ZIP Codes)	-	-	-	2.7
<b>Firearm Assault-Related Hospitalizations</b> (Rate per 10,000 population)	-	0.0 ↑	0.0 ↑	0.4
<b>Work-Related Emergency Department (ED) Visits</b> (Ratio of rates between Black Non-Hispanics & White Non-Hispanics)	2.24 ↓	-	1.76 ↓	1.30
<b>Crash-Related Pedestrian Fatalities</b> (Rate per 100,000 population)	0.00 ↑	0.00 ↑	2.10 ↓	1.43
<b>% of Population Living in a Certified Climate Smart Community</b>	100.0% ↑	34.4% ↑	0.0% ↓	8.6%
<b>% of People Who Commute to Work Using Alternate Modes of Transportation or Who Telecommute</b> (Public Transportation, Carpool, Bike/Walk, etc.)	17.5% ↓	23.7% ↓	19.7% ↓	47.9%
<b>% of Registered Cooling Towers in Compliance with 10 NYCRR Subpart 4-1</b>	57.9% ↓	43.8% ↓	70.3% ↓	93.0%
Data Sources: NYS Prevention Agenda, 2024 <b>NOTE:</b> County indicators that are above the state objective are displayed with a <b>GREEN UP ARROW</b> while county objectives that are below the state objective are displayed with a <b>RED DOWN ARROW</b> . County indicators that are at the state objective are displayed with no arrow.				

The Guthrie Corning Hospital service area is meeting the NY Prevention Agenda Objectives for breastfeeding and older women going to their preventive medical visits. However, the service area is faring worse in terms of maternal and infant mortality rates as well as births that are pre-term. Younger women in the service area are also not receiving preventive medical visits as frequently. Finally, the youth suicide mortality rate in the service area is higher as well.

**Table D9. Promote Healthy Women, Infants, & Children - Indicators for Guthrie Corning Hospital Service Area**

Promote Healthy Women, Infants, & Children				
Indicator	Chemung County	Schuyler County	Steuben County	NY State Objective
% of Women with a Preventive Medical Visit in The Past Year (Aged 18-44 Years)	-	-	77.9% ↓	80.6%
% of Women with a Preventive Medical Visit in the Past Year (Aged 45+ Years)	87.4% ↑	78.9% ↓	94.6% ↑	85.0%
% of Women Who Report Ever Talking with a Healthcare Provider About Ways to Prepare for a Healthy Pregnancy (Aged 18-44 Years)	-	-	-	38.1%
Maternal Mortality (Rate per 100,000 Live Births)	41.2 ↓	211.0 ↓	34.5 ↓	16.0
Infant Mortality (Rate per 1,000 Live Births)	5.0 ↓	0.0 ↑	7.1 ↓	4.0
% of Births That Are Preterm	10.4% ↓	9.4% ↓	7.8% ↑	8.3%
Newborns with Neonatal Withdrawal Syndrome &/or Affected by Maternal Use of Opioid or Other Substance (Crude Rate per 1,000 Newborn Discharges)	11.2 ↓	-	12.1 ↓	9.1
% of Infants Who Are Exclusively Breastfed in the Hospital Among All Infants	65.3% ↑	75.9% ↑	65.1% ↑	51.7%
% of Infants Who Are Exclusively Breastfed in the Hospital Among Hispanic Infants	-	-	-	37.4%
% of Infants Who Are Exclusively Breastfed in the Hospital Among Black Non-Hispanic Infants	-	-	-	38.4%

<b>% of Infants Supplemented with Formula in the Hospital Among Breastfed Infants</b>	<b>18.8% ↑</b>	<b>17.5% ↑</b>	<b>21.6% ↑</b>	<b>41.9%</b>
<b>% of WIC-Enrolled Infants Who Are Breastfed At 6 Months</b>	<b>20.4% ↓</b>	<b>-</b>	<b>28.6% ↓</b>	<b>45.5%</b>
<b>Suicide Mortality Among Youth</b> (Rate per 100,000, aged 15-19 Years)	<b>6.6 ↓</b>	<b>0.0 ↑</b>	<b>11.9 ↓</b>	<b>4.7</b>
<b>% of Families Participating in Early Intervention Program Who Meet NY State Standard on NY Impact on Family Scale</b>	<b>93.2% ↑</b>	<b>100.0% ↑</b>	<b>100.0% ↑</b>	<b>73.9%</b>
<b>% of Residents Served by Community Water Systems That Have Optimally Fluoridated Water</b>	<b>85.3% ↑</b>	<b>0.0% ↓</b>	<b>28.5% ↓</b>	<b>77.5%</b>
Data Sources: NYS Prevention Agenda, 2024 <b>NOTE:</b> County indicators that are above the state objective are displayed with a <b>GREEN UP ARROW</b> while county objectives that are below the state objective are displayed with a <b>RED DOWN ARROW</b> . County indicators that are at the state objective are displayed with no arrow.				

The Guthrie Corning Hospital service area is meeting the NY Prevention Agenda Objectives for buprenorphine medication management for substance use disorder. However, the service area is faring worse in the following categories: (1) binge drinking, (2) opioid overdose deaths, (3) emergency department visits involving opioid overdoses, (4) adverse childhood experiences, (5) child abuse and maltreatment, and (6) suicide mortality.

**Table D10. Promote Well-Being & Prevent Mental & Substance Use Disorders - Indicators for Guthrie Corning Hospital Service Area**

<b>Promote Well-Being &amp; Prevent Mental &amp; Substance Use Disorders</b>				
<b>Indicator</b>	<b>Chemung County</b>	<b>Schuyler County</b>	<b>Steuben County</b>	<b>NY State Objective</b>
<b>Opportunity Index Score</b> (At the state level, the Opportunity Index is made up of 20 indicators across 4 dimensions (Economy, Education, Health & Community). In each dimension, the rescaled values for indicators are averaged to create dimension-level Opportunity Scores, also ranging from 1-100. Because data for some indicators are not available at the county level, the county Opportunity Index is made up of 17 indicators. As with states, indicators in each dimension are averaged to create dimension-level Opportunity Scores ranging from 0-100.)	<b>50.5% ↓</b>	<b>54.4% ↓</b>	<b>53.8% ↓</b>	<b>59.2%</b>

<b>Frequent Mental Distress During the Past Month Among Adults</b> (Age-adjusted percentage)	23.5% ↓	12.3% ↓	14.8% ↓	10.7%
<b>Economy Score</b> (The Economy Score is compiled from 5 data points: income inequality, access to banking services, affordable housing, & broadband internet subscription.)	58.9% ↑	60.0% ↑	61.4% ↑	52.3%
<b>Community Score</b> (The Community Score is compiled from 7 data sources: volunteering, voter registration, youth disconnection, violent crime, access to primary healthcare, access to healthy food & incarceration.)	44.3% ↓	42.3% ↓	43.6% ↓	61.3%
<b>Binge Drinking During the Past Month Among Adults</b> (Age-adjusted %)	20.8% ↓	25.5% ↓	18.6% ↓	16.4%
<b>Overdose Deaths Involving Any Opioids</b> (Age-adjusted rate per 100,000 population)	40.9 ↓	21.4 ↓	30.7 ↓	14.3
<b>Patients Who Received At Least One Buprenorphine Prescription for Opioid Use Disorder</b> (Age-adjusted rate per 100,000 population)	1090.6 ↑	764.9 ↑	1093.7 ↑	415.6
<b>Opioid Analgesic Prescription</b> (Age-adjusted rate per 100,000 population)	393.4 ↓	363.6 ↓	369.3 ↓	350.0
<b>Emergency Department Visits (Including Outpatients &amp; Admitted Patients) Involving Any Opioid Overdose</b> (Age-adjusted rate per 100,000 population)	100.1 ↓	-	59.0 ↓	53.3
<b>% of Adults Who Have Experienced 2+ Adverse Childhood Experiences (ACEs)</b>	40.9% ↓	49.8% ↓	36.5% ↓	33.8%
<b>Indicated Reports of Abuse/Maltreatment</b> (Rate per 1,000 children, aged 0-17 years)	44.5 ↓	24.2 ↓	19.1 ↓	15.6
<b>Suicide Mortality</b> (Age-adjusted rate per 100,000 population)	17.5 ↓	15.6 ↓	14.2 ↓	7.0
Data Sources: NYS Prevention Agenda, 2024 <b>NOTE:</b> County indicators that are above the state objective are displayed with a <b>GREEN UP ARROW</b> while county objectives that are below the state objective are displayed with a <b>RED DOWN ARROW</b> . County indicators that are at the state objective are displayed with no arrow.				

The Guthrie Corning Hospital service area is meeting the NY Prevention Agenda Objectives for several communicable diseases, including HIV, gonorrhea, chlamydia, and syphilis. However, the service area has lower vaccination rates among children and adolescents.

**Table D11. Prevent Communicable Diseases - Indicators of Guthrie Corning Hospital Service Area**

Prevent Communicable Diseases				
Indicator	Chemung County	Schuyler County	Stueben County	NY State Objective
% of 24-35-month-old Children with the 4:3:1:3:3:1:4 Immunization Series	76.0% ↑	53.2% ↓	73.4% ↑	70.5%
% of 13-year-old Adolescents with a Complete HPV Vaccine Series	28.2% ↓	30.1% ↓	20.8% ↓	37.4%
Newly Diagnosed HIV Cases (rate per 100,000)	3.6 ↑	-	1.4 ↑	5.2
Gonorrhea Diagnoses (age-adjusted rate per 100,000 population)	365.2 ↓	96.4 ↑	105.3 ↑	242.6
Chlamydia Diagnoses (age-adjusted rate per 100,000 population)	643.2 ↑	325.8 ↑	253.0 ↑	676.9
Early Syphilis Diagnoses (age-adjusted rate per 100,000 population)	32.1 ↑	33.6 ↑	4.0 ↑	79.6
Data Sources: NYS Prevention Agenda, 2024 <b>NOTE:</b> County indicators that are above the state objective are displayed with a <b>GREEN UP ARROW</b> while county objectives that are below the state objective are displayed with a <b>RED DOWN ARROW</b> . County indicators that are at the state objective are displayed with no arrow.				

## Appendix E: Healthcare Facilities and Community Resources

As part of the CHNA process, Guthrie Corning Hospital has identified and cataloged resources which are available in the Greater Corning Region 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 in reference to each identified health need is not intended to be exhaustive.

Community Resources			
Identified Health Need	Organization Name	Phone	Website
<b>Heart Disease and Stroke</b>	AIM Independent Living Center	607.962.8225	<a href="#">AIM Independent Living Center - AIM Independent Living Center</a>
<b>Diabetes</b>	American Diabetes Association	585.458.3040	<a href="#">Program American Diabetes Association Upstate NY Chapter:</a>
<b>Heart Disease and Stroke</b>	American Heart Association	607.937.1009	<a href="#">New York   American Heart Association</a>
<b>Diabetes / Heart Disease and Stroke</b>	Catholic Charities Steuben/ Livingston	Steuben County 607.776.8085  Livingston County 585.658.4466	<a href="#">Catholic Charities Steuben / Livingston   Stronger Together</a>
<b>Diabetes / Heart Disease and Stroke</b>	Corning Community Food Pantry	607.962.6750	<a href="#">Corning Community Food Pantry</a>
<b>Diabetes / Heart Disease and Stroke</b>	Corning Family YMCA	607.936.4638	<a href="#">Corning Family YMCA   YMCA of Greater Rochester</a>
<b>Diabetes / Heart Disease and Stroke</b>	Food Bank of Southern Tier	607.796.6061	<a href="#">Welcome to the Food Bank of the Southern Tier - NY</a>
<b>Diabetes</b>	Guthrie Corning Diabetes Center	866.488.4743	<a href="#">Diabetes Center   Guthrie</a>
<b>Diabetes</b>	HealthWorks Wellness and Fitness Center	607.937.4800	<a href="#">Diabetes Center   Guthrie</a>

<b>Heart Disease and Stroke</b>	The Institute for Human Services, Inc.	607.776.9467	<a href="#"><u>The Institute of Human Services, Inc. – Fostering Communication &amp; Collaboration for Nonprofit Professionals</u></a>
<b>Heart Disease and Stroke</b>	211 Finger Lakes Region	Dial 211 or 800.346.2211	<a href="#"><u>211 Helpline for Allegany, Chemung, Schuyler, Steuben, and Yates Counties in New York   Free and confidential link to health and human services</u></a>



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

- Detailed summary of activities in CHIP for each hospital.