



Community Health Needs Assessment

2025-2028



GUTHRIE
Cortland Medical Center

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 Cortland Medical Center'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 Cortland Medical Center'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 Cortland Medical Center

Hospital address: 134 Homer Avenue, Cortland, NY 13045

Hospital website: [Guthrie Cortland Medical Center | Guthrie](#)

Hospital phone number: (607) 756-3500

Hospital EIN/Tax ID: 150532079

The 2025 Community Health Needs Assessment report was approved by the Board of Directors of Guthrie Cortland Medical Center on June 24, 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.



Table of Contents



Acknowledgements	6
Executive Summary.....	7
Purpose of CHNA	7
Community Served	7
Data Analysis Methodology	7
Community Needs	8
About Guthrie.....	10
MISSION.....	10
VISION.....	10
VALUES.....	10
Strategic Plan	10
About the CHNA.....	12
Purpose of CHNA	12
IRS 501 (c)(3) and form 990, Schedule H Compliance.....	12
Community Served/Demographics.....	13
Community Served	13
Demographic Data.....	14

Process and Methods Used	17
Collaborators and/or Consultants	18
Data Collection Methodology	19
Summary of Community Input	19
On-Line Survey	19
Key-Stakeholder Interviews	23
Community Focus Groups	24
Summary of Secondary Data	25
Community Input on Previous CHNA and Implementation Strategy	26
Data Limitations and Information Gaps	26
Community Needs	27
Identified Needs	27
Significant Needs	28
Prioritized Needs	29
Summary of Impact from Previous CHNA Implementation Strategy ..	37
Approval by Guthrie Cortland Medical Center’s Board of Directors...	38
Conclusion	39
Appendices	40
<i>Table of Contents</i>	40
Appendix A: Definitions and Terms	41
Appendix B: Community Demographic and Data Sources	44
<i>Population by Sex</i>	44
<i>Population by Age</i>	44
<i>Race & Ethnicity</i>	45
<i>Income Levels</i>	46
<i>Educational Attainment</i>	48
<i>Health Insurance Coverage</i>	48
<i>Disability Status</i>	49
<i>Socioeconomic Characteristics</i>	50
Appendix C: Community Input and Sources	52

<i>Online Survey Findings & Results</i>	52
<i>In-Depth Interview Findings & Results</i>	67
<i>Focus Group Findings & Results</i>	80
Appendix D: Secondary Data and Sources Part I – County Health Rankings and Roadmaps	85
<i>Population Health & Well-being</i>	85
<i>Community Conditions</i>	87
Appendix D: Secondary Data and Sources Part II – New York State Prevention Agenda and Healthy People 2030	94
Appendix E: Healthcare Facilities and Community Resources	103
Appendix F: Evaluation of Impact from the Previous CHNA Implementation Strategy	105

Acknowledgements

This three-year comprehensive Community Health Needs Assessment (CHNA) reflects the collaborative partnership process between Guthrie Cortland Medical Center, key community organizations and residents. The CHNA demonstrates Guthrie Cortland Medical Center 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 Cortland Medical Center 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 Cortland Medical Center service area, including Cortland and Tompkins Counties within New York, will be referenced as the Greater Cortland Region throughout the body of this report. (e.g.: people living in Cortland and Tompkins Counties will be referred to as residents of the Greater Cortland 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 Cortland and Tompkins 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.¹

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 Cortland Medical Center is one of the Guthrie Clinic's health systems serving the Greater Cortland Region and surrounding areas. Guthrie Cortland Medical Center has defined its community served as Cortland and Tompkins Counties for the 2025-2028 CHNA. The Greater Cortland Region encompassing these two previously named counties was selected as Guthrie Cortland Medical Center'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

¹ 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 14 community members across various insurance types (commercial, Medicaid, Medicare) as well as uninsured population segments. Additionally, 294 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 Cortland Medical Center, 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 Cortland Medical Center CHNA for 2025-2028.

In collaboration with community partners, Guthrie Cortland Medical Center used a multi-phased prioritization approach to determine the significant needs of the community.

Guthrie Cortland Medical Center used a process based upon the American Hospital Association (AHA) Community Health Improvement (ACHI)² 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

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

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 Cortland Medical Center's mission, vision, values, and strategic plan for the 2025-2028 CHNA cycle.

Guthrie Cortland Medical Center 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 Cortland Region. The significant needs identified are as follows:

- Mental Health Problems
- 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.”³ 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 Cortland Medical Center’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

³ 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.

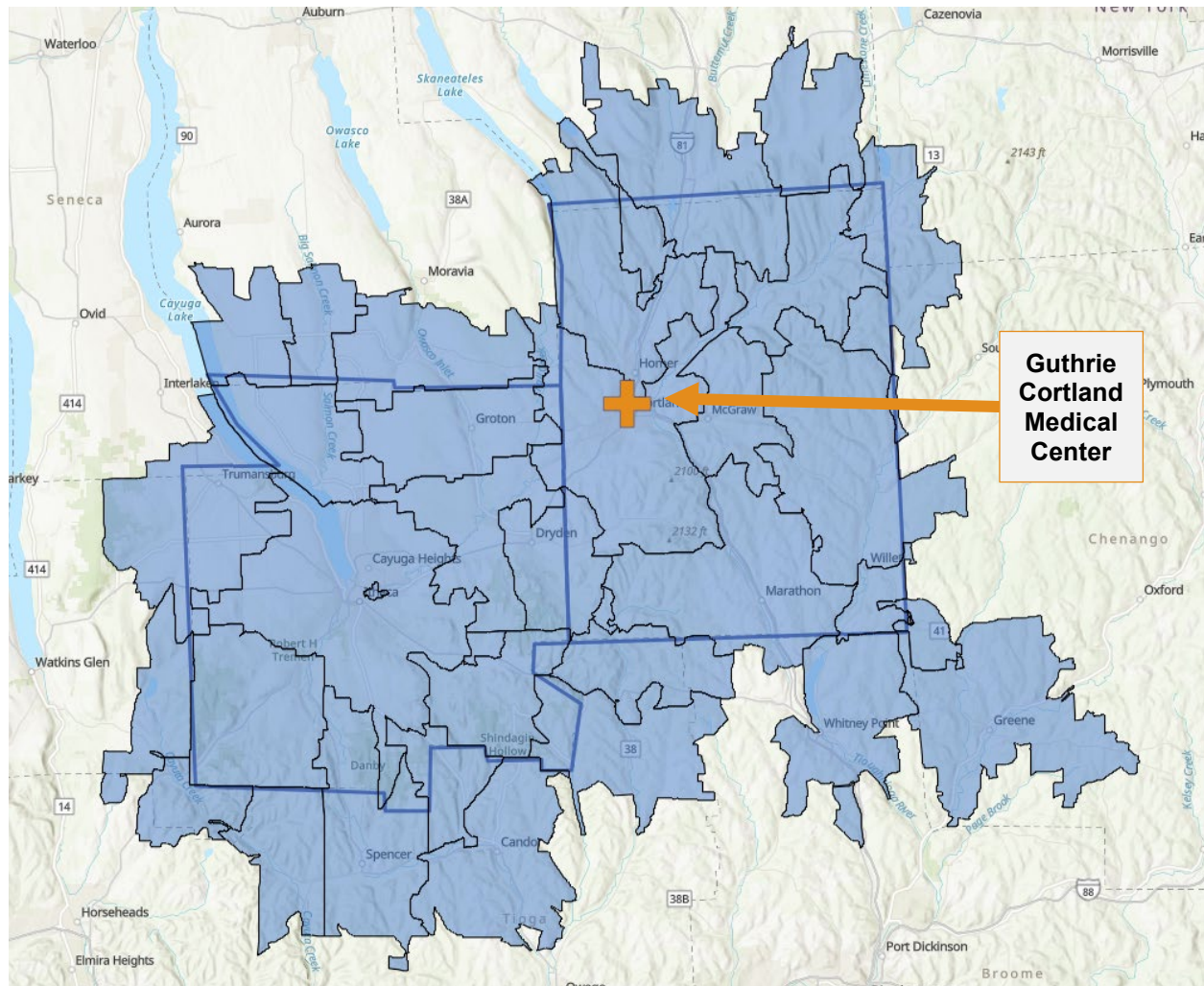
Community Served

For the purpose of the 2025 CHNA, Guthrie Cortland Medical Center has defined its community served as Cortland and Tompkins Counties. Although Guthrie Cortland Medical Center serves the Greater Cortland 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 on the following page provides a geographic display of the Guthrie Cortland Medical Center service area. The Guthrie Cortland Medical Center location is depicted as an orange plus sign on the map on the next page.

Cortland and Tompkins Counties within New York State comprise less than 1,000 square miles of land area – the smallest service area of the entire Guthrie Clinic system (by land area in square miles). The Guthrie Cortland Medical Center service area is primarily rural and comprised of over 1,000 farms, which is the most amount of farms per square mile within the entire Guthrie Clinic service area, i.e., it is a highly concentrated agricultural community. Within the Greater Cortland Region, there are two cities: Cortland (in Cortland County) and Ithaca (in Tompkins County). There are just over 1,300 total employer establishments across the service area with the main industry being Educational services, Healthcare, and Social assistance followed by professional, scientific, and management; administrative; waste management services as well as Arts, entertainment, and recreation; accommodation and food services.

Figure 1. Map of Guthrie Cortland Medical Center Service Area



Demographic Data

Located in the Central and Finger Lakes Regions of New York, the Guthrie Cortland Medical Center service area has a population of 149,280 residents of which nearly half 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 Cortland Region:

- 16.3% of the residents are 65 or older, compared to 18.6% in New York.
 - The service area is younger than the state (34.7 median age for the service area, 40.2 median age for New York).
- The Greater Cortland Region is primarily White, Non-Hispanic – although it is the most diverse service area in the entire Guthrie Clinic system.
 - 94.4% of residents are non-Hispanic while only 5.6% are Hispanic or Latino (any race).

- 81.7% of residents are White; 7.0% are Asian; and 3.4% are Black or African American.
- The median household income is below the state's median income (\$70,270 for the service area; \$81,600 for New York).
- The percentage of all ages of people in poverty is less than the state (6.4% for the service area; 14.2% for New York).
- The uninsured rate for the Greater Cortland Region is better than the state rate (3.9% for the service area; 6.0% for New York).

Table 1. Demographic Highlights of Community

Demographic Highlights		
Indicator	Guthrie Cortland Medical Center Service Area	New York
Population		
% Living in rural communities	45.5%	11.8%
% Below 18 years of age	15.9%	20.2%
% 65 and older	16.3%	18.6%
% Hispanic	5.6%	19.8%
% Asian	7.0%	9.7%
% Non-Hispanic Black	3.4%	17.7%
% Non-Hispanic White	81.1%	68.5%
Median Age	34.7	40.2 years
Social and Community Context		
English Proficiency (<i>Proportion of community members that speak English "less than well"</i>)	0.6%	13.1%
Median Household Income	\$70,270	\$82,095
% of Children (< 18 years) in Poverty	14.3%	19.0%
% of Uninsured / no health insurance coverage	3.9%	6.0%
% of Educational Attainment (<i>% of adults ages 25 and over with a high school diploma or equivalent</i>)	94.3%	88.0%
% of Unemployment	3.3%	4.2%

% of Veterans	4.8%	3.6%
% of Population Living with a Disability	12.7%	13.0%

To view Community Demographic Data in its entirety, see Appendix B (pages 44-51).

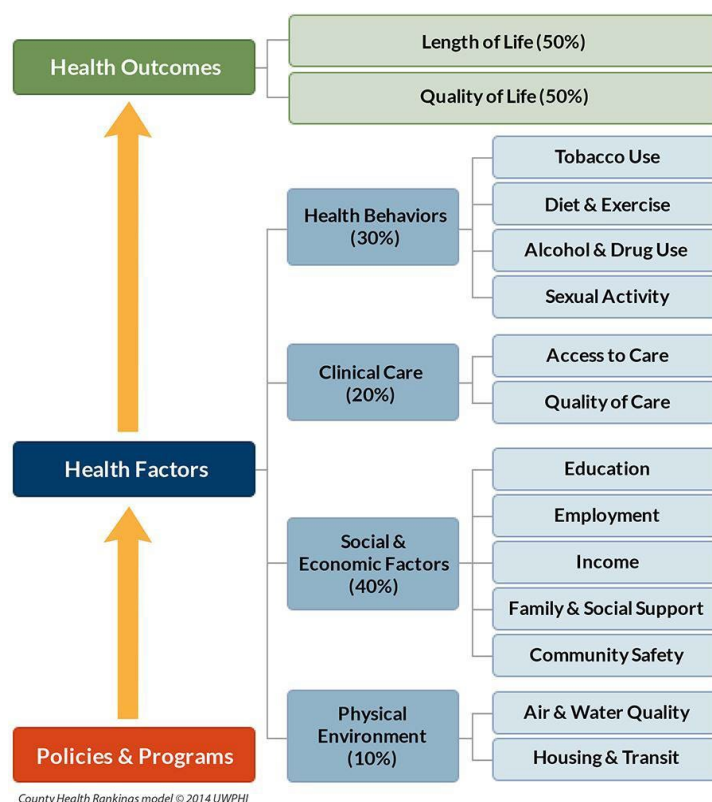
Process and Methods Used

The Guthrie Clinic is committed to using the national best-practices in conducting the CHNA. Health needs are assessed for the Greater Cortland 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 Cortland Medical Center 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.⁴

Guthrie Clinic applied the County Health Rankings and Roadmaps' Take Action Cycle⁵ 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



⁴ Source: [County Health Rankings & Roadmaps](#)

⁵ 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 Cortland Medical Center completed its 2025 CHNA in collaboration with the following key community stakeholders:

- Catholic Charities of Cortland County
- Cortland County Community Action Program
- Cortland County Mental Health Department
- Family & Children's Counseling Services
- Family Health Network of CNY
- JM Murray Center
- Racker
- Seven Valleys Health Coalition
- YMCA of Ithaca & Tompkins County
- YWCA Cortland



"Guthrie has brought some great providers to the area recently, and it is nice to see them investing in our community in this manner."

Guthrie Cortland Medical Center understands that community collaboration is essential and integral to improving the health status of the residents of Cortland and Tompkins 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 Cortland Region.

Data Collection Methodology

In collaboration and partnership with various community stakeholders Guthrie Cortland Medical Center gathered and analyzed primary and secondary data for the Greater Cortland 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 Cortland 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.

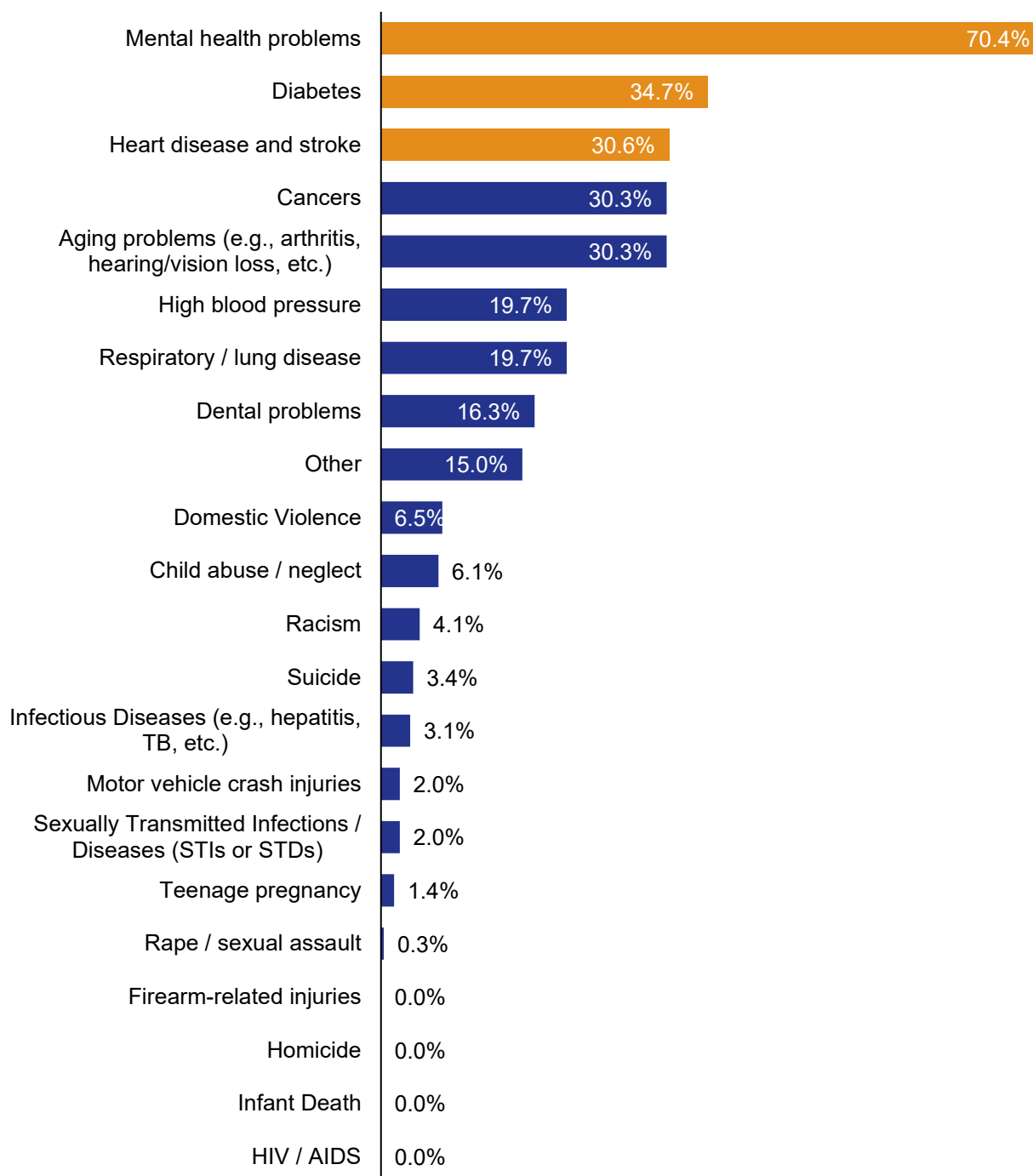
On-Line Survey

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 Cortland Region. In total, 294 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 Cortland Medical Center 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 Cortland Medical Center service area residents feel their community is overall “somewhat healthy” compared to other communities. The top three biggest healthcare issues facing their community today include: (1) Mental

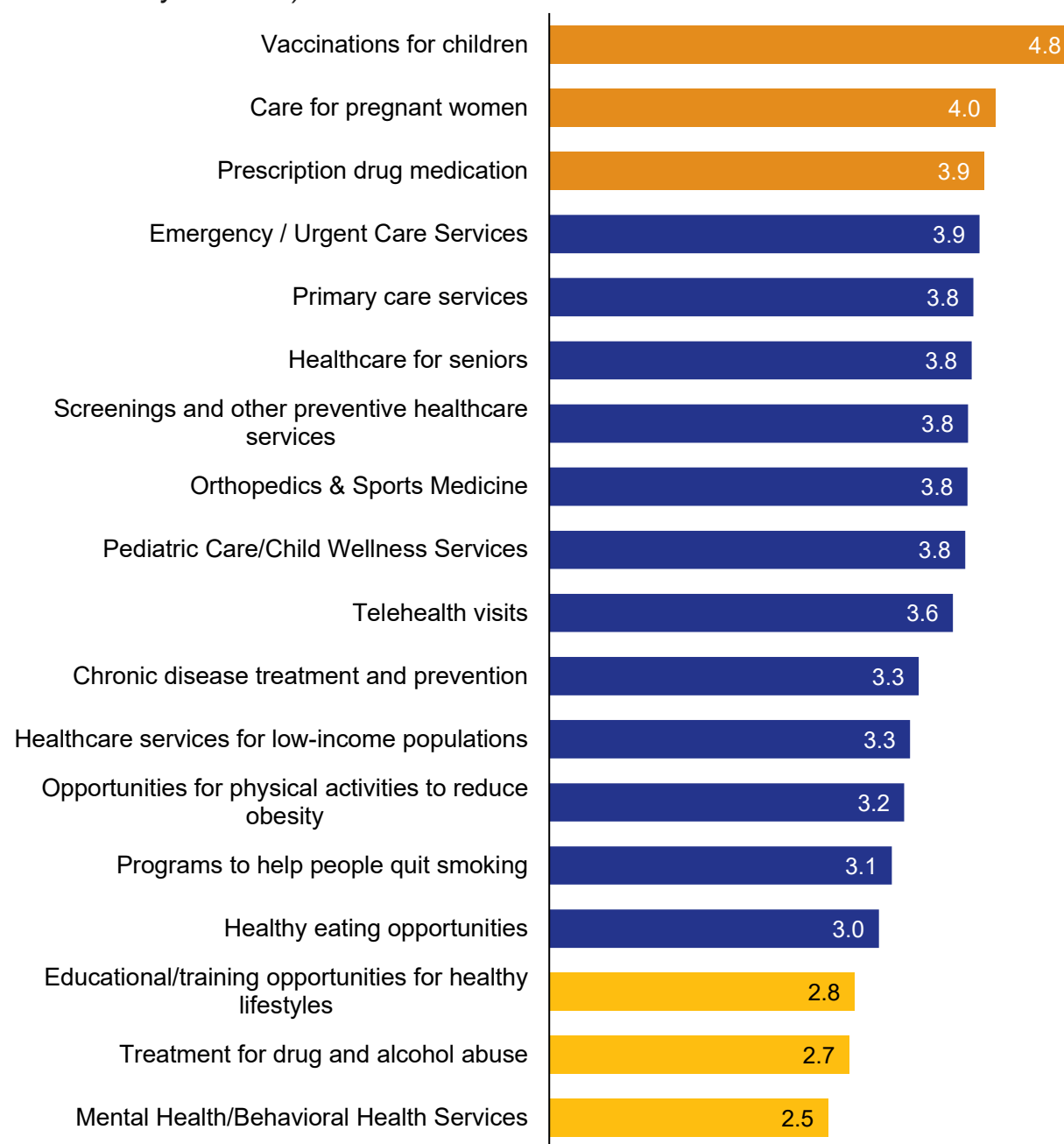
health problems, (2) Diabetes, (3), and Heart disease and stroke. Other issues facing the Greater Cortland Region include cancers as well as aging problems (e.g., arthritis, hearing/vision loss, etc.).

Figure 2. Biggest Healthcare Issues Facing Guthrie Cortland Medical Center 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 Cortland 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 Cortland Medical Center 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 Cortland 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 Cortland Medical Center Service Area (participants could select one option)

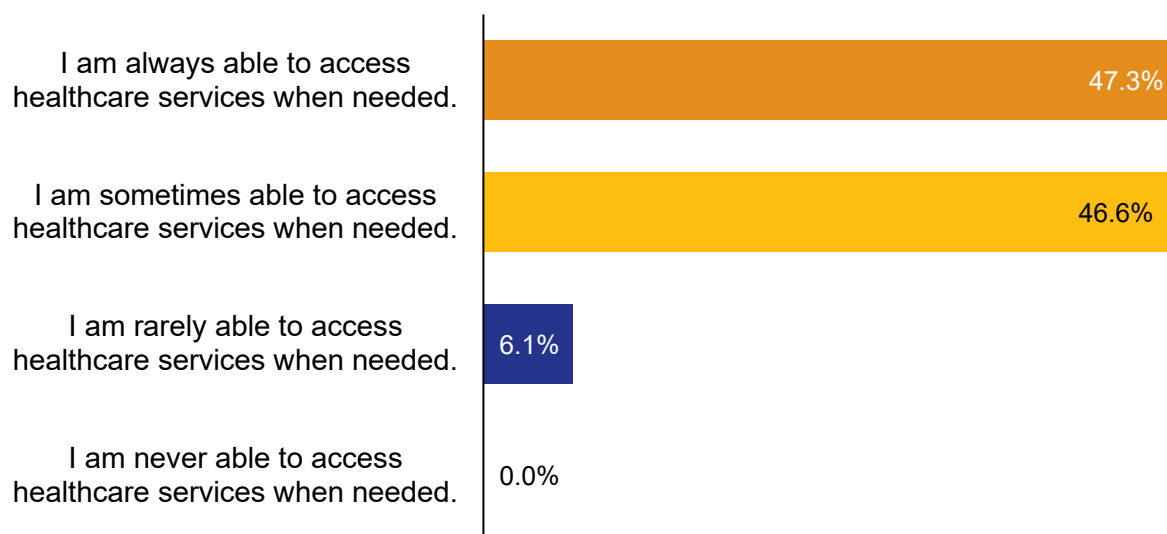
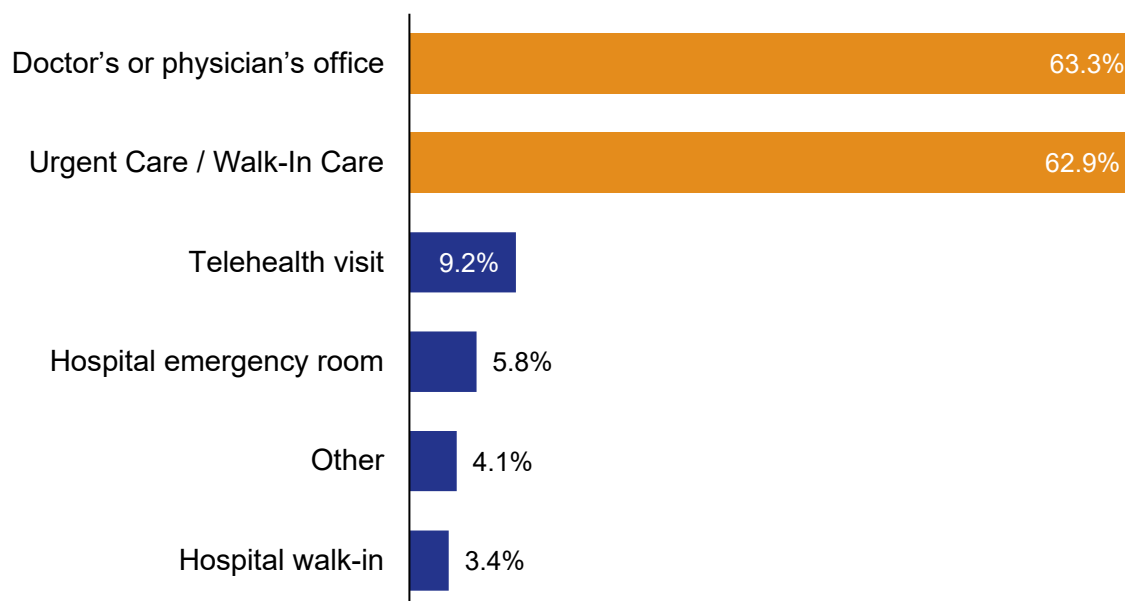


Figure 5. Where Residents of Guthrie Cortland Medical Center Service Area Go for Non-Emergent Medical Attention (participants could select all that apply)



To view primary data from the On-Line survey in its entirety, see Appendix C (52-64).

Key-Stakeholder Interviews

A series of 10 one-on-one interviews were conducted by RMS Healthcare on behalf of Guthrie Cortland Medical Center to gather feedback from key stakeholders on the health needs and assets of the Greater Cortland 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. Throughout the remainder 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 Cortland Medical Center Service Area	Availability of Healthcare Services
<ul style="list-style-type: none"> ➤ Mean Overall Health Score of 2.3 / 5.0 (<i>where 5=very healthy</i>) ➤ The Greater Cortland Region is a safe community in which to raise children, but it is a region lacking in economic opportunities. Stakeholders also felt it is <i>not</i> a good community in which to grow old. 	<ul style="list-style-type: none"> ➤ Healthcare services, including Primary, Emergency, and Urgent Care, are available in the Greater Cortland Region. ➤ But other specialties are lacking or limited, including: <ul style="list-style-type: none"> ○ Dental care ○ Dermatology ○ Mental and behavioral health ○ OB/GYN ○ Oncology ○ Pediatrics ○ Other specialty care for which residents need to travel outside the area.
Barriers to Accessing Healthcare	Vulnerable Populations
<ul style="list-style-type: none"> ➤ A lack of providers in the area ➤ Affordable, stable housing ➤ Cost or affordability ➤ Discrimination ➤ Food insecurity or a lack of healthy foods being available ➤ High turnover of providers / healthcare staffing issues ➤ Insurance coverage and acceptance ➤ Long wait times / lengthy appointment wait lists ➤ Obesity 	<ul style="list-style-type: none"> ➤ Certain demographic groups of the population may be medically underserved, including: <ul style="list-style-type: none"> ○ Disabled population ○ LGBTQ+ population ○ Low-income ○ Uninsured or under-insured

<ul style="list-style-type: none"> ➤ Stigma tied to receiving care or asking for help ➤ Transportation 	<ul style="list-style-type: none"> ○ Unhoused / Homeless population ○ Veterans ○ Women and children
Ideas and Suggestions for Guthrie	
<ul style="list-style-type: none"> ➤ Improved collaboration with community partners as well as investing in community partners that have similar missions to Guthrie ➤ More involvement on community committees and boards ➤ Provide more health education / healthy lifestyle trainings for the general public free of charge (such as a webinar series) ➤ Improve mental / behavioral health resources and services here ➤ Bring more primary care providers to the area 	

To view primary data from the In-Depth Interviews in its entirety, see Appendix C (pages 67-80).

Community Focus Groups

A series of two focus groups were conducted by RMS Healthcare on behalf of Guthrie Cortland Medical Center to gather feedback from the community on the health needs and assets of the Greater Cortland Region. 14 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

Key Themes and Summary	
Availability	Accessibility
<ul style="list-style-type: none"> ➤ Mean Availability Score of 3.8 / 5.0 (<i>where 5=very available</i>) ➤ Quality of healthcare available in the area is “adequate” and “improving.” ➤ Many participants are happy that Guthrie has come to the area. 	<ul style="list-style-type: none"> ➤ Mean Accessibility Score of 2.8 / 5.0 (<i>where 5=very accessible</i>) ➤ Many participants stated they do not have a problem accessing the healthcare system if and when they are an established patient.
Healthcare Services That Are Missing or Lacking	Barriers to Accessing Healthcare
<ul style="list-style-type: none"> ➤ Specialty care is lacking in the area, especially in the following areas: <ul style="list-style-type: none"> ○ Cardiology ○ Dental care ○ Dermatology 	<ul style="list-style-type: none"> ➤ After-hours availability ➤ High out-of-pocket costs ➤ High turnover of providers / no consistency in who you see ➤ Insurance acceptance

<ul style="list-style-type: none"> ○ Mental health ○ Neurology ○ Pediatrics ➤ Many participants leave the area for more highly specialized care. ➤ Others stated they are not sure what services are currently available in the area. 	<ul style="list-style-type: none"> ➤ Long wait times / lengthy appointment wait lists ➤ Patient education about what is available and how to access the health system ➤ Transportation
Health Needs to be Addressed	
<ul style="list-style-type: none"> ➤ Increasing mental and behavioral health services ➤ Increasing access to providers by expanding hours, bringing on more providers, and offering more timely appointments ➤ Increasing dental care services ➤ Reducing healthcare costs to prevent people from receiving care ➤ Decreasing obesity in children and adults 	

To view primary data from the Focus Groups in its entirety, see Appendix C (pages 80-85).

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 Cortland Medical Center service area is fairing **slightly better** than the average county in New York and **better** than the average county in the U.S.

To view secondary data and sources in its entirety, see Appendix D (pages 85-102)

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 Cortland Medical Center 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 Cortland Region. This constraint limits the ability to fully assess all the community's needs.

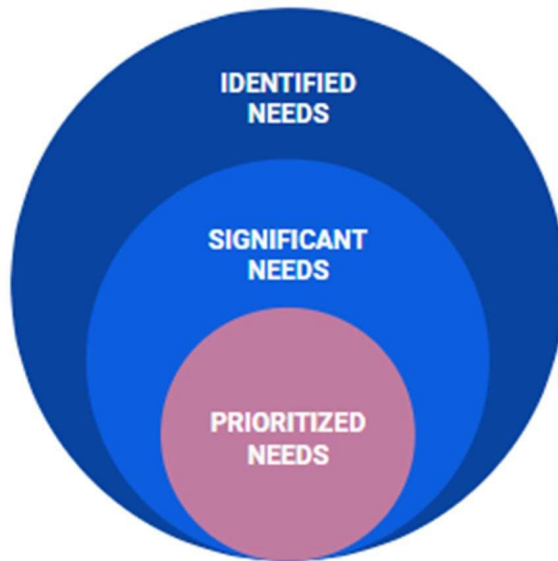
For this assessment, three types of limitations were identified:

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:
 - Mental and behavioral health issues
 - 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 Cortland Medical Center, 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 Cortland Region. In collaboration with community partners, Guthrie Cortland Medical Center 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 Cortland Medical Center 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 Cortland Medical Center 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 Cortland 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.⁶

⁶ Source: World Health Organization: [Social determinants of health](#)

Significant Needs

In collaboration with various key community-based partners, Guthrie Cortland Medical Center 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 Cortland Medical Center 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 Cortland Medical Center’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.⁷ Health equity science provides a conceptual framework for scientific endeavors that are designed and conducted to advance health equity.⁸ 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.”⁹ 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.¹⁰ 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.¹¹

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

- Mental Health Problems
- Heart Disease and Stroke

⁷ Source: [What is Health Equity? | Health Equity | CDC](#)

⁸ 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.

⁹ Source: [Social determinants of health](#)

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

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

To view healthcare facilities and community resources available to address the significant needs, please see Appendix E (pages 84-85).

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: Mental Health Problems

Mental Health Problems	
Why is it important?	Data Highlights
<ul style="list-style-type: none"> ➤ Primary research indicated that individuals and families struggled to find providers for mental health services and substance use support in the community. 	<ul style="list-style-type: none"> ➤ The service area has more poor mental health days, experiences more frequent mental distress, and sees a higher number of suicides than the state and federal levels. <i>Source: County Health Rankings, 2025. Reference Figures 6, 7, and 8 on the following page.</i> ➤ There are slightly more mental health providers in the service area than the current state or federal provider ratios. <i>Source: County Health Rankings, 2025. Reference Figure 9 on the following page.</i> ➤ The service area has a higher percentage of adults who binge drink or over-consume alcohol, but slightly less drug overdose deaths compared to the state or federal levels. <i>Source: County Health Rankings, 2025. Reference Figures 7 and 8 on the following page.</i>
Local Assets & Resources	
<ul style="list-style-type: none"> ➤ Family and Children's Counseling Services ➤ Family Health Network of CNY Inc. ➤ Catholic Charities of Cortland County ➤ Cortland County Mental Health Department <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"> ➤ Mental and behavioral health issues were identified as the #1 healthcare issue facing the service area in the primary data collected. ➤ Many area residents also identified lengthy waitlists to see mental health providers due to a lack of providers in this specialty and would like to see more providers brought to this region in the coming years. ➤ Transportation, high out-of-pocket costs, insurance coverage and acceptance, and stigma were identified 	<ul style="list-style-type: none"> ➤ The service area has a significant portion of residents who are isolated and living in a rural area (73% of total population). ➤ Through the qualitative primary data collected, it was revealed that there is stigma tied to asking for and receiving help when it comes to mental health due to a "blue collar mentality." ➤ Populations struggling with mental health issues were also identified to be more vulnerable and medically underserved in this service area.

as barriers limiting residents' access to mental health services.

Figure 6. Average Number of Mentally Unhealthy Days in Past 30 Days

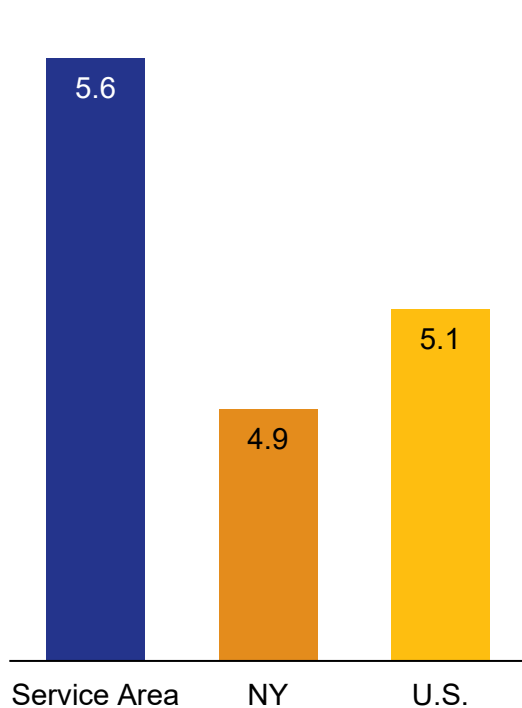


Figure 7. Frequent Mental Distress and Excessive Drinking

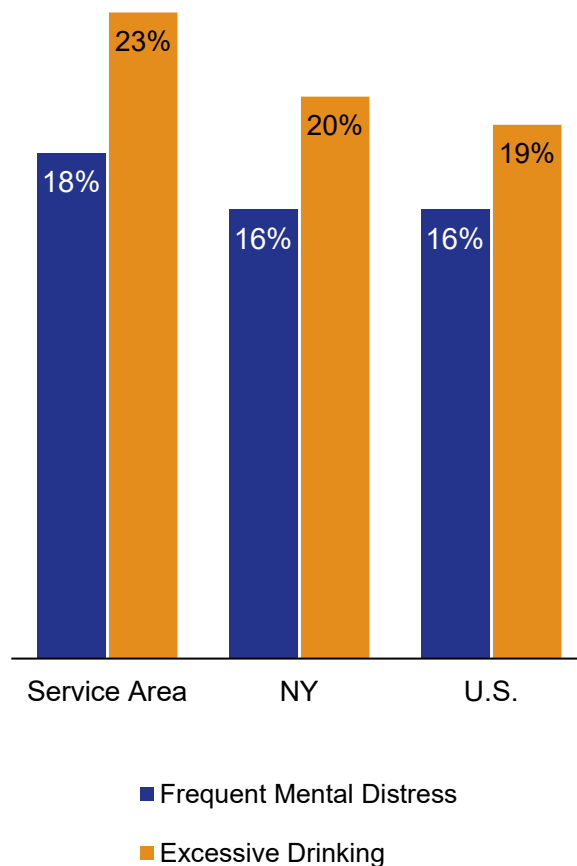


Figure 8. Suicides and Drug Overdose Deaths (per 100,000 population)

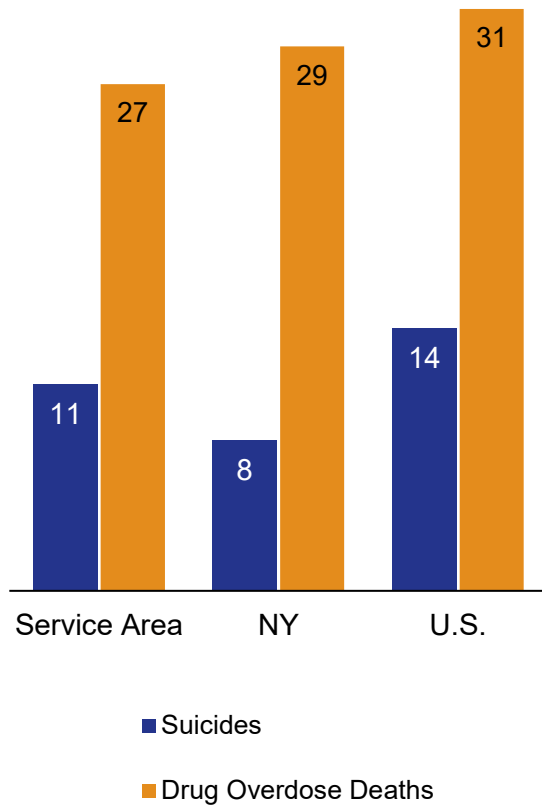


Figure 9. Mental Health Provider Ratios (100,000 population: provider)

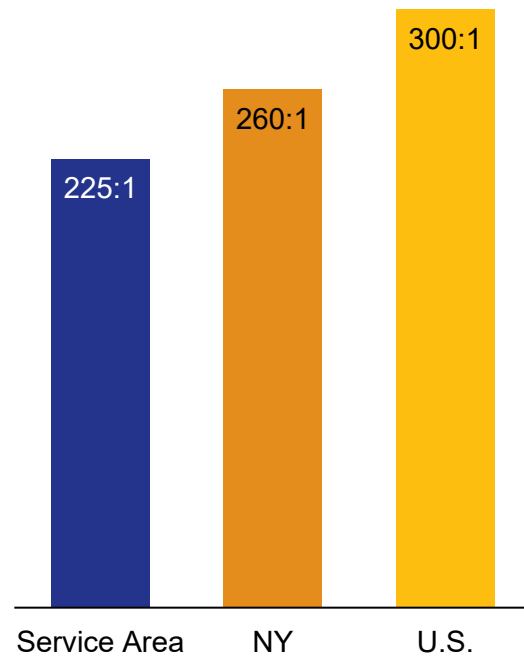


Table 5. Need Theme #2: Heart Disease and Stroke

Heart Disease and Stroke	
Why is it important?	Data Highlights
<ul style="list-style-type: none"> ➤ 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. 	<ul style="list-style-type: none"> ➤ The service area has a worse mortality rate due to coronary heart disease than NY, and is not currently meeting the federal goal. <i>Source: Healthy People, 2030. Reference Figure 10 on the following page.</i> ➤ 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 11 on the following page.</i> ➤ The service area also has less access to exercise opportunities and sees less frequent physical activity. <i>Source: County Health Rankings, 2025. Reference Figure 12 on the following page.</i> ➤ Heart disease has consistently been the leading cause of death in NY over the past five years.
Local Assets & Resources	
<ul style="list-style-type: none"> ➤ Cortland YMCA ➤ YMCA of Ithaca and Tompkins County ➤ 2-1-1 Tompkins/Cortland ➤ Catholic Charities of Cortland County ➤ Food Bank of Central New York <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"> ➤ Heart disease and stroke were identified as one of the top 5 healthcare issues facing the service area, coming in at #4. ➤ 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. ➤ Transportation, food insecurity, and rurality / isolation were identified as barriers limiting residents' access to cardiology and wellness services. 	<ul style="list-style-type: none"> ➤ 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.

Figure 10. Coronary Heart Disease Mortality Rate per 100,000

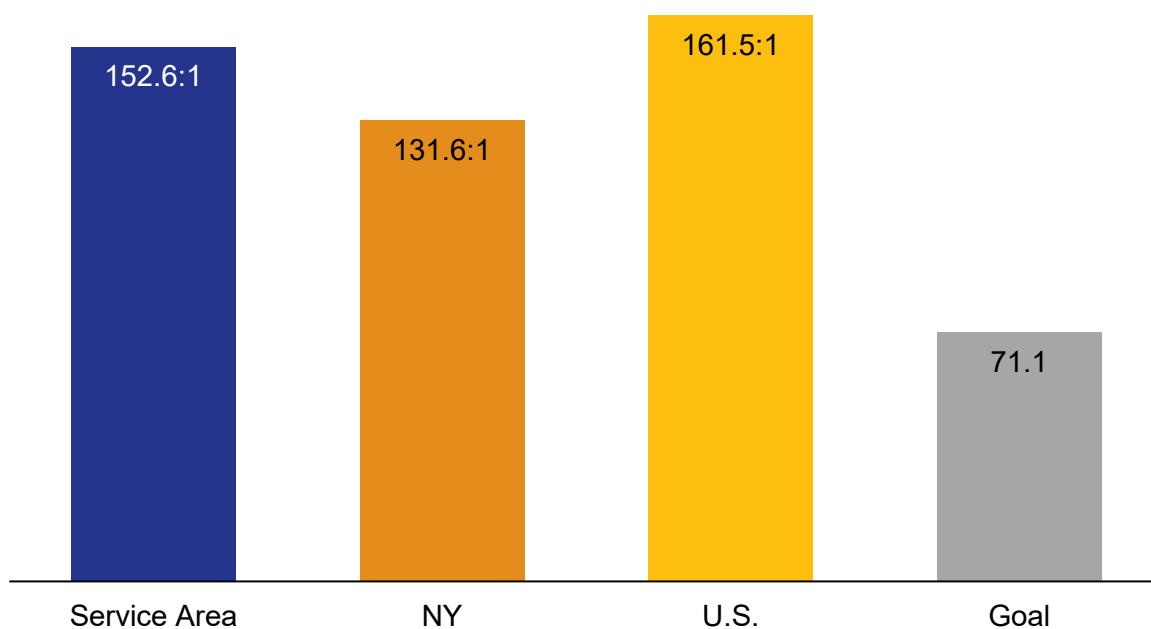


Figure 11. Proportion of Population Age 65 and Older

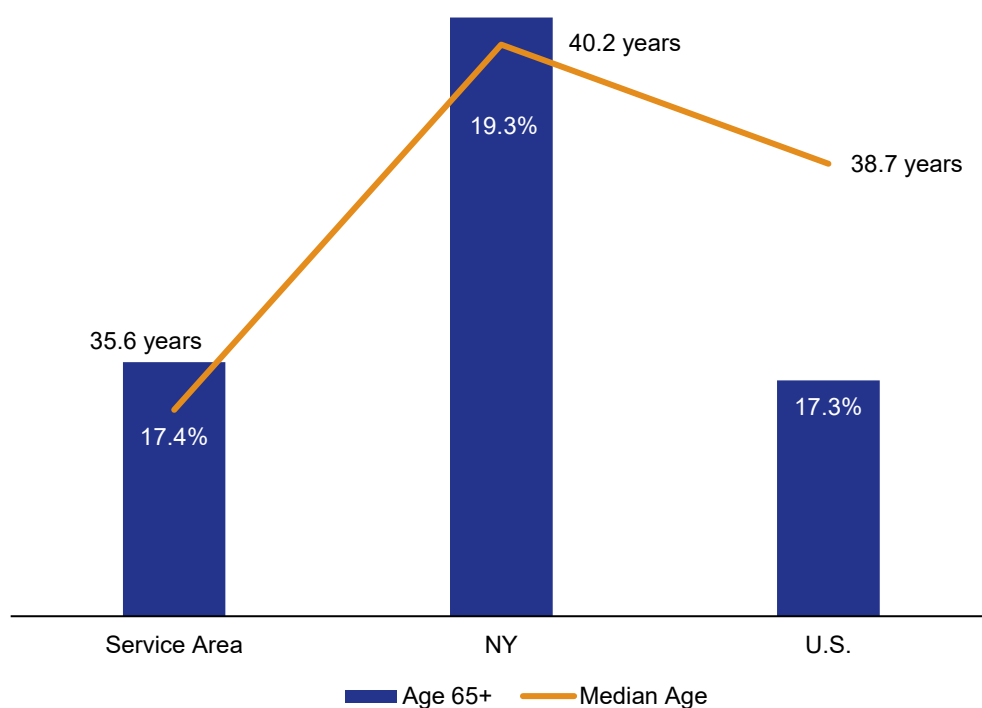
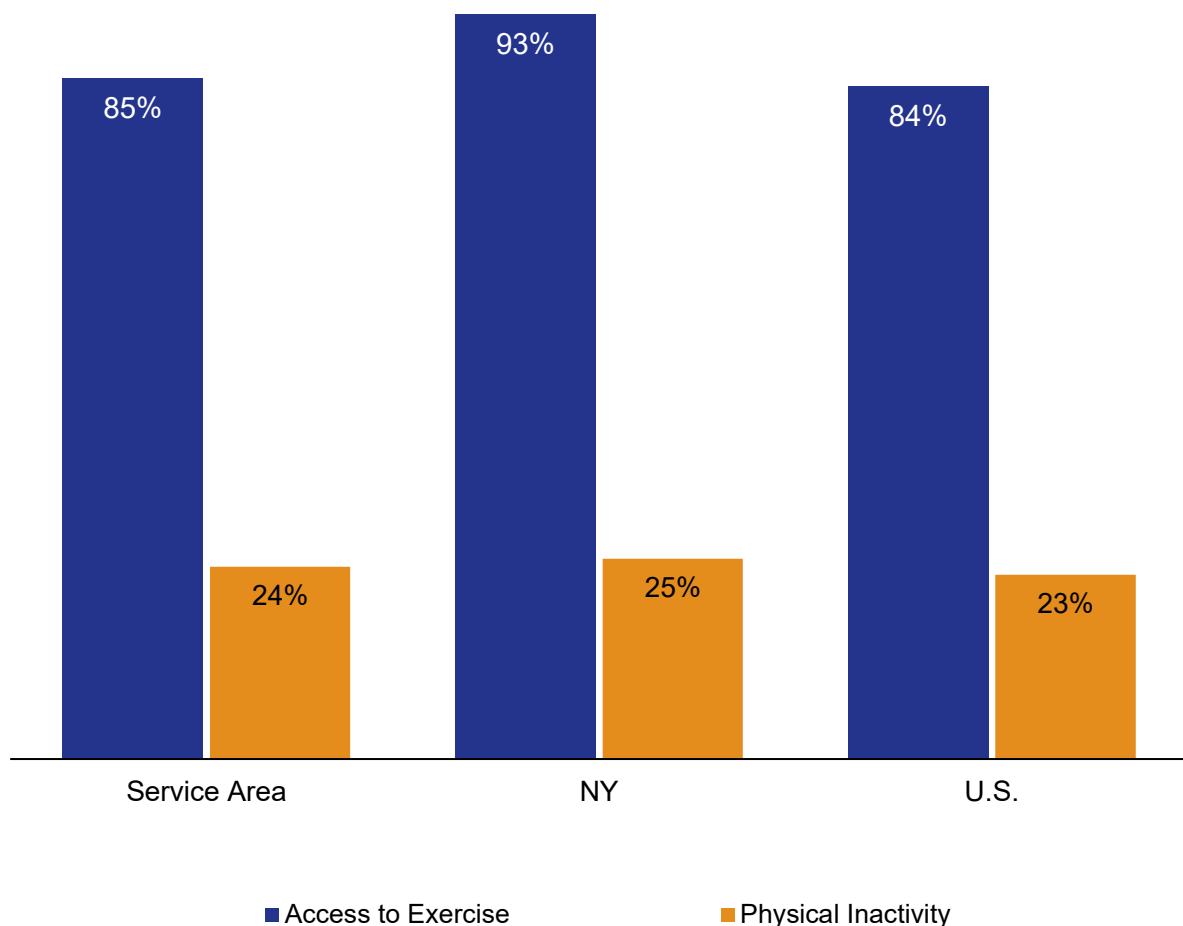


Figure 12. Access to Exercise Opportunities and Physical Inactivity Levels



Prioritized Needs

Guthrie Cortland Medical Center used a process based upon the American Hospital Association (AHA) Community Health Improvement (ACHI)¹² 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)

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

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 Cortland Medical Center’s mission, vision, values, and strategic plan for the 2025-2028 CHNA cycle.

Guthrie Cortland Medical Center 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
Mental Health Problems	The need was selected because mental health challenges are associated with increasing rates of substance use. According to Healthy People 2030, about half of all people in the United States will be diagnosed with mental disorders at some point in their lifetime. ¹³ Mental disorders affect people of all age and racial/ethnic groups, but some populations are disproportionately affected. Estimates suggest that only half of all people with mental disorders get the treatment they need. ¹⁴ The ratio of mental health providers in the Guthrie Corning Hospital service area is 1,600:1, meaning that there is one mental health provider to 1,600 people. The rate is significantly higher than NYS and PA ratio of 305:1, and higher than top U.S. performers, which is 300:1. ¹⁵
Heart Disease and Stroke	This need was selected because heart disease is the leading cause of death in the United States, and stroke is the fifth leading cause. ¹⁶¹⁷ Heart disease and stroke can result in poor quality of life, disability, and death. The coronary heart disease mortality rate in the Guthrie Cortland Medical Center service area is 108.3, meaning

¹³ Source: Centers for Disease Control and Prevention. (2018). Mental Health: Data and Publications. Retrieved from [Data and Statistics](#)

¹⁴ Source: National Institutes of Mental Health. (2018) Statistics. Retrieved from [Statistics - National Institute of Mental Health \(NIMH\)](#)

¹⁵ Source: [Health Data | County Health Rankings & Roadmaps](#)

¹⁶ Source: Murphy, S.L., Xu, J.Q., Kochanek, K.D., & Arias, E. (2018). Mortality in the United States, 2017. Retrieved from [NCHS Data Brief, Number 328, November 2018](#)

¹⁷ 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>

	<p>that for every 100,000 people, over 108 die from heart disease or stroke in the Guthrie Cortland Medical Center service area. The mortality rate for this region is significantly lower higher than the New York State level of 131.6 and lower than the United States rate of 161.5. Primary research conducted also identified that physical inactivity is slightly lower in the Guthrie Cortland Medical Center service region to that of the US and access to exercise opportunities in the region is significantly less than that of NY and that of the US overall.</p>
--	---

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 Cortland Medical Centers previous implementation strategy include:

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

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). This will be added after board approval on June 24th

Approval by Guthrie Cortland Medical Center's Board of Directors

To ensure the Guthrie Cortland Medical Center'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 24, 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 Cortland Medical Center serves. This report will be used by internal stakeholders, non-profit community-based organizations (CBOs), government agencies, and other community partners of Guthrie Cortland Medical Center 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 Cortland Medical Center hopes this report offers a meaningful and comprehensive understanding of the most significant needs for residents of the Greater Cortland Region. Guthrie Cortland Medical Center 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 Cortland Medical Center 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 Cortland Medical Center 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 Cortland Medical Center service area, there are slightly more females than males.

Table B1. Population by Sex of Guthrie Cortland Medical Center Service Area

Population by Sex	Cortland County		Tompkins County		Guthrie Cortland Medical Center Service Area	
	#	%	#	%	%	%
Total population	46,401	-	102,879	-	149,280	-
Male	23,115	49.8%	50,408	49.0%	73,523	49.3%
Female	23,286	50.2%	52,471	51.0%	75,757	50.7%
Sex ratio (<i>males per 100 females</i>)	99.3	-	96.1	-	97.7	-
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 Cortland Medical Center service area has a younger population with the largest

age brackets being those age 15 to 19 and 20 to 24 years-old with a median age 15.9% younger than New York.

Table B2. Population by Age of Guthrie Cortland Medical Center Service Area

Population by Age	Cortland County		Tompkins County		Guthrie Cortland Medical Center Service Area	
	#	%	#	%	#	%
Under 5 years	2,183	4.7%	3,712	3.6%	5,895	3.9%
5 to 9 years	2,466	5.3%	4,275	4.2%	6,741	4.5%
10 to 14 years	2,429	5.2%	4,161	4.0%	6,590	4.4%
15 to 19 years	4,669	10.1%	13,549	13.2%	18,218	12.2%
20 to 24 years	5,440	11.7%	15,668	15.2%	21,108	14.1%
25 to 34 years	5,158	11.1%	12,364	12.0%	17,522	11.7%
35 to 44 years	4,947	10.7%	11,222	10.9%	16,169	10.8%
45 to 54 years	5,153	11.1%	10,160	9.9%	15,313	10.3%
55 to 59 years	2,822	6.1%	5,435	5.3%	8,257	5.5%
60 to 64 years	3,365	7.3%	5,839	5.7%	9,204	6.2%
65 to 74 years	4,647	10.0%	9,886	9.6%	14,533	9.7%
75 to 84 years	2,283	4.9%	4,955	4.8%	7,238	4.8%
85 years and over	839	1.8%	1,653	1.6%	2,492	1.7%
Under 18 years	8,687	18.7%	14,988	14.6%	23,675	15.9%
18 years and over	37,714	81.3%	87,891	85.4%	125,605	84.1%
65 years and over	7,769	16.7%	16,494	16.0%	24,263	16.3%
Median age (years)	36.5	-	32.8	-	34.7	-
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 Cortland Medical Center

service area is primarily White, Non-Hispanic, although there are significant populations of Asian, Black, Mixed, and Hispanic races and ethnicities in the Greater Cortland Region.

Table B3. Race & Ethnicity of Guthrie Cortland Medical Center Service Area

Race & Ethnicity	Cortland County		Tompkins County		Guthrie Cortland Medical Center Service Area	
	#	%	#	#	%	#
White	42,001	90.5%	78,993	76.8%	120,994	81.1%
Black or African American	978	2.1%	4,105	4.0%	5,083	3.4%
American Indian and Alaska Native	39	0.1%	155	0.2%	194	0.1%
Asian	644	1.4%	9,811	9.5%	10,455	7.0%
Native Hawaiian and Other Pacific Islander	4	0.0%	31	0.0%	35	0.0%
Some Other Race	532	1.1%	2,835	2.8%	3,367	2.3%
Two or More Races	2,203	4.7%	6,949	6.8%	9,152	6.1%
Hispanic or Latino (of any race)	1,627	3.5%	6,683	6.5%	8,310	5.6%
Not Hispanic or Latino	44,774	96.5%	96,196	93.5%	140,970	94.4%
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 Cortland Medical Center service area is a slightly more impoverished region with nearly two-thirds of residents with a household income level below \$100,000.

Table B4. Income Levels of Guthrie Cortland Medical Center Service Area

Income Levels	Cortland County		Tompkins County		Guthrie Cortland Medical Center Service Area	
	#	%	#	#	%	
Less than \$10,000	895	4.8%	3,815	8.8%	4,710	7.6%
\$10,000 to \$14,999	857	4.6%	1,499	3.5%	2,356	3.8%
\$15,000 to \$24,999	1,563	8.3%	2,432	5.6%	3,995	6.4%
\$25,000 to \$34,999	1,256	6.7%	3,192	7.4%	4,448	7.2%
\$35,000 to \$49,999	2,197	11.7%	4,828	11.2%	7,025	11.3%
\$50,000 to \$74,999	3,735	19.9%	6,294	14.5%	10,029	16.2%
\$75,000 to \$99,999	2,584	13.8%	5,356	12.4%	7,940	12.8%
\$100,000 to \$149,999	3,158	16.8%	6,769	15.6%	9,927	16.0%
\$150,000 to \$199,999	1,399	7.5%	3,914	9.0%	5,313	8.6%
\$200,000 or more	1,124	6.0%	5,170	11.9%	6,294	10.1%
Median household income	\$67,527	-	\$73,012	-	\$70,270	-
Mean household income	\$82,947	-	\$102,676	-	\$92,812	-
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 Cortland Medical Center service area, over half of the population has some sort of higher education degree.

Table B5. Educational Attainment of Guthrie Cortland Medical Center Service Area

Educational Attainment	Cortland County		Tompkins County		Guthrie Cortland Medical Center Service Area	
	#	%	#	%	#	%
Less than 9th grade	977	3.3%	1,098	1.8%	2,075	2.3%
9th to 12th grade, no diploma	1,678	5.7%	1,437	2.3%	3,115	3.4%
High school graduate (includes equivalency)	9,272	31.7%	10,041	16.3%	19,313	21.3%
Some college, no degree	5,279	18.1%	7,667	12.5%	12,946	14.3%
Associate's degree	3,731	12.8%	4,824	7.8%	8,555	9.4%
Bachelor's degree	4,328	14.8%	15,474	25.2%	19,802	21.8%
Graduate or professional degree	3,949	13.5%	20,973	34.1%	24,922	27.5%
High school graduate or higher	26,559	90.9%	58,979	95.9%	85,538	94.3%
Bachelor's degree or higher	8,277	28.3%	36,447	59.2%	44,724	49.3%
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 Cortland Medical Center service area is extensive. However, there are over 5,000 residents in this region who have no health insurance coverage.

Table B6. Health Insurance Coverage of Guthrie Cortland Medical Center Service Area

Health Insurance Coverage	Cortland County		Tompkins County		Guthrie Cortland Medical Center Service Area	
	#	%	#	#	%	
With health insurance coverage	44,404	96.6%	97,904	95.8%	142,308	96.1%
With private health insurance	32,818	71.4%	79,362	77.7%	112,180	75.7%
With public coverage	18,492	40.2%	32,249	31.6%	50,741	34.3%
No health insurance coverage	1,567	3.4%	4,271	4.2%	5,838	3.9%
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 8 people residing in the Guthrie Cortland Medical Center service area are living with a disability.

Table B7. Disability Statuses of Guthrie Cortland Medical Center Service Area

Disability Status	Cortland County		Tompkins County		Guthrie Cortland Medical Center Service Area	
	#	%	#	#	%	#
With a disability	6,524	14.2%	12,238	12.0%	18,762	12.7%
Under 18 years, with a disability	671	7.7%	905	6.1%	1,576	1.1%
18 to 64 years, with a disability	3,512	11.8%	7,124	10.0%	10,636	7.2%

65 years and over, with a disability	2,341	31.2%	4,209	26.1%	6,550	4.4%
<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 area, 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 Cortland Medical Center service area do not live in a rural area, but nearly 1 in 10 households received food stamp benefits in the past year. There are also nearly 8,000 households without a vehicle, and transportation has been identified as a barrier to accessing necessary healthcare services in the Greater Cortland Region. Furthermore, 1 in 7 children are living in poverty in this service area.

Table B8. Socioeconomic Characteristics of Guthrie Cortland Medical Center Service Area

Socioeconomic Characteristics	Cortland County		Tompkins County		Guthrie Cortland Medical Center Service Area	
	#	%	#	#	%	#
Households with Food Stamp/SNAP benefits in the past 12 months	2,774	14.8%	3,654	8.4%	6,428	10.4%
Occupied housing units with no vehicles	1,885	10.0%	5,687	13.1%	7,572	12.2%
Percentage of children (under age 18) living in poverty	-	16.2%	-	12.3%	-	14.3%
Percentage of families and people whose income in the past 12 months is below the poverty level	-	6.9%	-	5.9%	-	6.4%
Population 16 years and over who are unemployed	1,415	3.6%	2,778	3.1%	4,193	3.3%

Population aged 5 and over who speak English less than well (not proficient)	147	0.3%	842	0.9%	495	0.6%
Population living in a census-defined rural area	21,943	46.9%	46,638	44.1%	68,581	45.5%
<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 Cortland Medical Center CHNA. The online survey was administered between February and April 2025. 294 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	9	3.1%
25 to 34	32	10.9%
35 to 44	57	19.4%
45 to 54	61	20.7%
55 to 64	74	25.2%
65 to 74	39	13.3%
75 or older	21	7.1%
Prefer not to answer	1	0.3%
Average Age of Participants = 45 to 54 years		

Table C10. Survey Participants' Gender

S4. Gender	#	%
Male	39	13.3%
Female	250	85.0%
Non-Binary	2	0.7%
Other	0	0.0%
Prefer not to answer	3	1.0%

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 2.8 out of 5.0 for Guthrie Cortland Medical Center. This is the same as the overall mean score for the entire Guthrie Clinic system.

Table C3. General Health of Community

Q1. Community's General Health	#	%
Very Unhealthy	5	1.4%

Unhealthy	89	23.0%
Neutral	161	58.1%
Healthy	38	16.2%
Very Healthy	1	1.4%
Average Overall Health = 2.8 / 5.0		

Individuals were also asked to share their top three health concerns in their community. Residents within the Guthrie Cortland Medical Center service area shared the top three concerns as (1) mental health problems, (2) Diabetes, and (3) heart disease and stroke.

Table C4. Residents' Biggest Healthcare Issues in Their Community

Q2. Top 3 Biggest Healthcare Issues	#	%
Aging problems (arthritis, hearing/vision loss, etc.)	89	30.3%
Cancers	89	30.3%
Child abuse/neglect	18	6.1%
Dental problems	48	16.3%
Diabetes	102	34.7%
Domestic violence	19	6.5%
Firearm-related injuries	0	0.0%
Heart disease and stroke	90	30.6%
High blood pressure	58	19.7%
HIV/AIDS	0	0.0%
Homicide	0	0.0%
Infant death	0	0.0%
Infectious disease (hepatitis, TB, etc.)	9	3.1%
Mental health problems	207	70.4%
Motor vehicle crash injuries	6	2.0%
Rape/sexual assault	1	4.1%
Respiratory/lung disease	58	0.3%
Sexually transmitted infections (STIs)	6	19.7%
Suicide	10	2.0%
Teenage pregnancy	4	3.4%
Racism	12	1.4%
Other	44	15.0%

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 Cortland Medical Center service area include (n=44):

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

- “Accessibility to affordable healthcare”
- “Back and neck injury”
- CHF, heart disease”

- “Drug abuse” (n=4)
- “Drug abuse and addiction”
- “Drug addiction” (n=3)
- “Drug overdoses”
- “Drug use”
- “Drug/substance abuse”
- “Drugs” (n=4)
- “General poverty stress; ACEs”
- “Homelessness”
- “Illegal drug abuse”
- “Illicit drug abuse”
- “Illicit drugs/alcohol use”
- “Isolation”
- “IV drugs and homelessness”
- “Not understanding how to eat well
- people eating healthy and exercising would address many if the above issues”
- “Obesity” (n=4)
- “Obesity, substance use disorders, homelessness, isolation”
- “Obesity/weight”
- “Overweight”
- “Poor nutrition”
- “Poverty”
- “Substance abuse” (n=5)
- “Substance abuse disorder”
- “Substance use”
- “Substance use disorder”
- “Transportation”

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 Cortland Medical Center service area shared the most widely available services include (1) vaccinations for children (excluding the COVID-19 vaccine), (2) prescription drug medication, and (3) care for pregnant women, 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	3.7
Chronic disease treatment & prevention	3.1
Educational/training opportunities for healthy lifestyle	2.8
Emergency/urgent care services	3.6
Healthcare for low-income populations	3.5
Healthcare for seniors	3.2
Healthy eating opportunities	3.0
Mental/behavioral health services	2.5
Opportunities for physical activities to reduce obesity	3.2
Orthopedics & Sports medicine	3.4
Pediatric care/Child wellness services	3.2
Prescription drug medication	3.7
Primary care services	3.3
Programs to help people quit smoking	3.0
Screenings & other preventive healthcare services	3.6
Telemedicine	3.4
Treatment for drug & alcohol use	2.5
Vaccinations for children	4.6

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 Cortland Medical Center 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	277	94.2%
No	17	5.8%

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

Table C7. Telehealth Visit in the Past Year?

Q22. Telehealth Visit	#	%
Yes	109	37.1%
No	185	62.9%

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 Cortland Medical Center service area residents are not concerned about utilizing telemedicine.

Table C8. Telehealth Concerns

Q23. Telehealth Concerns	#	%
Yes	27	24.8%
No	82	75.2%

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 Cortland Medical Center 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	12	44.4%
Concerns with privacy & security	5	18.5%
Do not understand how to use telehealth technology	2	7.4%
Belief that telehealth offers “lower quality of care”	17	63.0%
Other	7	25.9%

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 Cortland Medical Center service area include (n=7):

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

- “Believe in hands-on”
- “Future cuts in the ability to use telehealth for insurance payments”
- “I really feel like you often have to actually palpitate an issue which can't be done virtually.”
- “Not able to communicate as well.”
- “Not being able to have regular screening for bp etc.”
- “Not interested in sharing my information with “teaching” institution.”
- “Sometimes the doctor needs hands on, listening to your heart, seeing your skin color, looking in your ears/eyes, feeling lymph nodes, seeing/smelling wounds.”

Individuals were asked which statement best applies to them in terms of accessing healthcare services when needed. The majority of Guthrie Cortland Medical Center 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.	139	47.3%
I am <u>sometimes</u> able to access healthcare services when needed.	137	46.6%
I am <u>rarely</u> able to access healthcare services when needed.	18	6.1%
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 Cortland Medical Center 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	8	44.4%
Could not get appointment(s)	16	88.9%
Lack of transportation	0	0.0%
Too much time to wait before an appointment	14	77.8%
Doctor is too far away	1	5.6%

Services are not available	6	33.3%
Do not accept my insurance	7	38.9%
Lack of providers	14	77.8%
Other	1	5.6%

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 Cortland Medical Center service area include (n=1):

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

- “Guthrie insurance does not have enough participating providers/specialists in our area. Out of network or tier 3 expenses are not affordable.”

Individuals were asked where they go to receive medical attention for illness that is not an emergency. The Guthrie Cortland Medical Center 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 (13) 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	185	62.9%
Hospital Emergency Room	17	5.8%
Doctor’s / Provider’s Office	186	63.3%
Hospital Walk-In	10	3.4%
Telehealth Visit	27	9.2%
Other	12	4.1%

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 Cortland Medical Center service area include (n=12):

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

- “Does not apply--haven’t needed anything”
- “I don’t appointments for my doctor are 4 months wait”
- “I don’t go because it’s too hard to get in, won’t go to walk in because we are charged too much.”
- “I live at Kendal at Ithaca, a continuing care retirement community that has care readily available.”
- “I stay home” (n=2)

- “Myself”
- “Myself. I’m a doctor.”
- “Nowhere if not an emergency”
- “Residents’ care at our community center”
- “Self-remedy”
- “Small clinics, incomplete healthcare. No referrals available.”

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 Cortland Medical Center 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.	3.4
My community is a good place to grow old.	3.1
My community has economic opportunity.	2.4
My community is a safe place to live.	3.4
My community has networks of support for families/individuals during a crisis.	2.6
My community offers sufficient community services.	2.7
My community has a sense of civic engagement and pride.	2.9

Individuals were asked if they have any suggestions or recommendations for improving healthcare services in their community. The majority of Guthrie Cortland Medical Center service area residents did not offer some suggestions or recommendations for improvements but over 40% provided some sort of recommendation.

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

Q28. Suggestions or Recommendations	#	%
Yes	136	46.3%
No	158	53.7%

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 Cortland Medical Center service area include (n=136):

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

- “A pharmacy and primary care available in Groton”
- “A Walk in would be very welcome”
- “Access to mental health services and addiction services! As someone who works in the community hospital, we see. WAY too many psych/addiction patients - often times repeat patients as well because they simply aren’t getting the help they need.”
- “Access to more specialties: Such as dermatology and ophthalmology locally
- “Add more specialties and support services more local (within a 20 mi radius) no everyone here can afford to drive to Syracuse and Ithaca let alone Sayre”
- “Advocate for more healthy eating opportunities and health literacy education. And maybe incentives as well. One hospital had an incentive program for employees to be healthy and go through screenings.”
- “Affordable mental health services. Increase off hour walk in hours to decrease ED overuse”
- “Appointment wait times are somewhat ridiculous, across the board.”
- “As a Guthrie employee I feel it is hard to receive the correct care I need. I requested an appointment in the beginning of February, and I am unable to be seen until Mid-September. I have gone into a Tier 1 Guthrie appointment and had bloodwork completed that was sent to Quest (out of my hands) and was charged \$3,000 OUT OF POCKET for BLOOD WORK as it was not in network. Guthrie has made my anxiety crawl and I no longer seek out the correct medical needs as I fear the debt that comes with it.”
- “Besides having peds doctors’ offices, I feel that we need more peds health services in the community local. Such as housing kids who are dealing with emotional situations like being abused at home, self-harming themselves and kids who are homeless.”
- “Better access to drug and alcohol counseling/recovery”
- “Better mental health! Insurance needs to Cover medication for weight loss and mental health... It goes hand in hand”
- “Child Care is a problem, we need more affordable and safe child care options. There are a lot of “sandwich” generations in the area where they have young children and aging parents without much support. Health food options- many area communities with limited income “grocery shop” at dollar stores and pharmacies.”
- “Counseling (individual, family) services would be very helpful. Instruction in and availability for telehealth would be helpful, as many services (counseling and support groups) require travel at least 18 miles and during the winter that is often impossible. Walk-in services, even if those were available 2 days per week would be extremely useful - people often delay services for illnesses due to the need to travel 20 miles. There is one Guthrie medical provider center in Whitney Point but they don’t accept walk-ins, necessitating travel to Chenango Bridge, Cortland or Vestal/Binghamton/Endicott, etc. Counseling is non-existent and school counselors are rarely adequate to deal with family isolation/rural challenges and are often biased against family problems that could be remedied that could be relieved with instruction/education/therapy/services that would help.”
- “Dental care at an affordable price for low income families.”
- “Dental providers. Very few providers that accept insurance”

- *"Doctors need to learn to connect with patients. Doctors and health care systems need to adopt basic manners. Confidentiality has overtaken basic respect for elders, other groups. Binary, non-binary, race questions serve to divide society, not unite."*
- *"ER needs much improvement; need a geriatric specialist for primary care; need more quality mental health services; exercise place for seniors only would be nice"*
- *"Expand the Guthrie locations. There is nothing in Cortland. For peds we have to go to Sayre. Many of the specialists are only located in Sayre. Expand the coverage. Even to Ithaca"*
- *"Faster access to your primary"*
- *"Focus on wellness, get people involved, referrals"*
- *"Free clinics for regular checkups or minor concerns"*
- *"Guthrie needs an actual pediatrician, not FNP's and family MDs. There is also a severe lack of care for those with mental health issues so they sit in the ED for days on end with no treatment."*
- *"Guthrie needs to add dermatology and podiatry to Cortland"*
- *"Guthrie needs to have an ER and hospital in Ithaca"*
- *"Have an office within the community for health care with PCP's who are taking new patients!"*
- *"Have more rural clinics"*
- *"Have walk in care available during nights/weekends...not just working hours."*
- *"Having a pharmacy in Whitney point again for residents who can't travel"*
- *"Having more marketing and advertising and resources geared towards substance abuse and addiction."*
- *"Health and human services have had clear issue with staffing and turnover. Staff take policies, practices, and knowledge with them when they leave, and this cannot be made up when these organizations don't adequately pay. Staff outcomes are tied directly to staff compensation. Paying higher for staff also forces organizations to actually fire ineffective staff, instead of keeping them on longer."*
- *"Healthcare costs are too high. Insurance is provided by corporations interested in making a profit and not interested in helping people. Education system doesn't encourage healthcare careers enough to provide a sufficient pool individuals entering the field to care for a population diminishing in health every day. Healthcare is run by corporations interested in making revenue and not helping people."*
- *"Hire more primary care doctors. If it takes months to get an appointment, then we are forced to use walk-in or emergency care for non-emergency issues"*
- *"Home Elder Care"*
- *"I feel if your low income there are more providers available, if your insured you wait 4 to 6 months if you want to see your primary doctor. If you go to the e/r you get hosed with a 300 \$ Copay."*
- *"I feel like we are the starting ground for doctors. I went through 3 primary doctors in 3 years. It would be nice to be able to retain the good ones."*
- *"I have spent the last 20 years trying to foster the adoption of trauma informed/sensitive care to health care providers in our community to no avail."*
- *"I think we're doing better in creating accessible healthcare for a primarily rural County. The Centro bus service should help. I'd like to see increased investment on preventive healthcare (not just with preventive screenings, but including partners coming together to re-shape environments that can improve population health). Investments in bettering connectivity for telehealth services. Mobile health clinics in our area seem to resonate. I also think cost, as well as not easily obtaining answers to whether a visit, procedure is covered under certain insurances/programs, is an issue."*
- *"If there are resources for chronic disease prevention, make it more visible to community. Also, more active programs for physical fitness"*
- *"Improved resources for mental health and substance abuse"*
- *"Improved transportation system / options are needed for low-income patients that don't qualify for Medicaid. We also need transportation options for those who are wheelchair bound or have mobility issues."*

- *"In Southern Cortland County, where many residents struggle with transportation and limited income, more community screenings, clinics, and wellness opportunities would be beneficial."*
- *"Increase access to specialists without having to travel"*
- *"Increased access to primary care through provider recruitment. In particular, more access to desperately needed outpatient mental health services as well as chronic disease management."*
- *"Increased community fairs with screenings available."*
- *"Increased primary care and pediatric services. Wait times are too long to be seen. Many have to schedule months out"*
- *"It would be great to have more transportation available for people to get to appointments. Also, there is a need for family support surrounding healthy choices."*
- *"It's more and more challenging to get appointments at our health care center in town. I am regularly contacted to say my upcoming appointment has been canceled and I need to call to reschedule -- then that appointment gets canceled. Those are for regular checks, such as needing to go in because my prescriptions are about to run out and the DR wants to see me/do blood work before renewing them. I try to be good about making my appointments, BUT it does not help that I regularly encounter problems with actually getting in"*
- *"Just need more providers which like Nurse's are limited"*
- *"Loan relief or forgiveness for all types of medical and mental health practitioners"*
- *"Make mental health services and support more available and affordable"*
- *"Make your hospital more appealing to new doctors. Have the technology they need and want."*
- *"Making it more affordable, the care might be available but people don't go because of cost"*
- *"Medicare for everyone. Increased incentives to bring specialists to the area. The elimination of large healthcare networks to be replaced by more locally based and focused healthcare systems. Replace military spending with education and healthcare spending."*
- *"Mental health and access to pediatricians"*
- *"Mental Health Care services in the area are severely lacking and almost impossible to navigate."*
- *"Mobile units to provide preventative care in the community, improve transportation availability in the area for medical visits, have more specialists in the community, provide outpatient services for chronic illnesses to prevent hospitalizations, etc."*
- *"More Guthrie services in Ithaca. It is not nice to have to drive to Sayre or Cortland"*
- *"More education re eating well and moving. More easy to understand options. My family gets most of its health care I Syracuse or Ithaca. Not sure what is available here. Too hard to figure out what Guthrie offers"*
- *"More exposure in media--print, radio, TV, online, social media, blogs, speeches, billboards, murals--to health-related ideas. People are so ill-informed. Celebrate healthcare providers! Social events with healthcare as highlight or keynote."*
- *"More mental health resources, more resources for education, outreach and health insurance coverage for the poor in the community"*
- *"More mental health services that are in network with multiple insurance carriers, more free or low cost fitness classes, more child psychologists, more providers to screen children and adults for neuropsych evals"*
- *"More mobile units, pay people in healthcare better so there will be enough physicians and healthcare workers. PSS's work so hard and get paid very little. Instead of paying to train all sorts of new people, pay your employees better and they will stay and work harder for their employers. More drug treatment facilities and mental health facilities."*
- *"More PA and NP offices for Primary Care. A separate Emergent Mental Health Facility where patients can stay and see specialists 24/7. Have a YMCA or sportsplex that is affordable to all, not just those on a limited budget."*
- *"More PCPs as feeder for current and future assets. Better turnaround times from appointment call to actually seeing a doctor. Too long a gap from moving from PCP to specialist visit"*
- *"More primary care and more mental health providers."*

- *"More primary care and specialty providers, so wait times are shorter. Free clinics for high-risk and low-income patients."*
- *"More primary care doctor options. More preventative care"*
- *"More primary care providers"*
- *"More services for eldercare, nursing home/assisted living facilities. Pain Management Services."*
- *"More services for the growing homeless population and more services for iv drug users, more mental health care in general and a better 'warming shelter' that is actually safe for women to stay in and maybe somewhere for victims of domestic violence and children to seek help"*
- *"Need for more community resources."*
- *"Need for more GI doctors. Need to meet with doctors and not PA's"*
- *"Need more physicians to patients to access as physicians are booking out too far a lot of times."*
- *"Need more primary care in the area."*
- *"Need to add more providers to do away with the delays of getting in for routine services."*
- *"Need to be able to bring more Primary /Pediatric Dr's/providers in, especially since a lot of the PCP's that have retired or passed have not been replaced in the past 10-15 yrs"*
- *"Not needing to travel 10-12 miles for some services"*
- *"Offer more everything. Geriatric options, more PCP providers, more mental health, rehab facilities"*
- *"Offer more services and hire more providers"*
- *"Our community needs more opportunity for mental health wellness. There are so many people that smoke in this area."*
- *"Perhaps more clinic availability. Many times Guthrie Walk in care is not open enough hours. Cortland folks want Cortland care not out of town or in Pennsylvania."*
- *"Portable health services or a health clinic"*
- *"Prevent drug abuse in the first place go into the schools and scare kids straight. Single parents families are at risk, low income. Families where one parent is in prison are at risk. There used to be organizations that kids could get involved in. Parks should have more activities. We used to have boy scouts and girl scouts and troops have dwindled down to just a few. Cortland county is known as meth city and pedophiles."*
- *"Primary care appointments need to be available less than 6 months" out to avoid emergency services being used as primary care, increased local EMS services"*
- *"Primary care physicians that are more accessible. Walk-in clinics with staff that treat folks correctly."*
- *"Primary physicians and available appointments that aren't 3 months out"*
- *"Properly staff medical offices so that patients can have the best care"*
- *"Recruit more providers"*
- *"Reinstate services that have been removed, e.g. Podiatry services; we need to drive 40 minutes round-trip to get to a podiatrist now that Guthrie closed the podiatry offices here"*
- *"Residents of Berkshire have to drive at least 30 minutes to Owego, Ithaca, Cortland, or the Triple Cities to receive healthcare. Complex surgical procedures require traveling to Syracuse. Our town relies on another community's emergency squad for transportation to the hospital in a medical emergency. There is really no services here for individuals with chronic conditions."*
- *"Should not be so hard to get an appt. With primary."*
- *"Stop asking gender and age-related questions that provide nothing as far as I am concerned. Stop hanging up the pride flag!!! If I cannot express my Christian holidays than one should be celebrating"*
- *"Teachings of the benefits of proper diet and exercise plans"*
- *"Telehealth/ internet availability for rural homebound/ seniors. Currently VERY difficult to get Medicaid transportation, especially rurally. I help schedule Medicaid transportation, and it is absolutely unreliable."*

- *"The area has a difficult time obtaining and retaining medical professionals. I don't know what could help that."*
- *"The community needs more pediatricians."*
- *"There are a lot of resources available, but I don't believe that people are aware that they are available. I think more advertisement would be very helpful."*
- *"There is a desperate need for PCPs, dentists and grocery store with fresh foods."*
- *"There is a need to quicker appointment times for sick visits and to establish with a new doctor. Recently moved to Cortland I can't get in to see a Rheumatologist for 3 months. I am in pain, thank GOD MY rheumy in FL would continue to provide refills."*
- *"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's a need especially in winter to keep older population engaged in community. The winters are cold and dark and can be very lonely!"*
- *"There's a doctor shortage. Majority are under-insured. Transportation is difficulty for many - services are expensive, insufficient, and dangerous."*
- *"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 the biggest barrier our population has in accessing healthcare"*
- *"We could use more recreational facilities for public use, roller skating rink, walking/skating/biking parks. We could use more mental health and drug treatment outpatient providers, and definitely a homeless shelter"*
- *"We need a health care office closer in our community"*
- *"We need access to more primary care doctors, when scheduling new patient appointments having to wait 6 months or more to get in to see a doctor is unacceptable. Also having to drive to Sayre for obesity medicine is not convenient for people in the community."*
- *"We need availability to PCP doctors for sick visits. Availability for walk-in and urgent care centers are limited, and getting into a PCP for a sick visit takes months. With this model, we lose the patient-centeredness aspect of care, as you are seeing an unfamiliar provider that does not have an understanding of your past medical history or your healthcare goals. We also need access to healthcare for routine and sick care that are after hours (i.e. Open until 7pm or 8pm) to accommodate working families."*
- *"We need local pharmacies, walk-in care and family practices. Distances to travel prevent people from getting the care they need."*
- *"We need more access to mental health resources!"*
- *"We need more doctors, and specialties in our town."*
- *"We need more facilities for drug, alcohol, mental health, and criminal rehabilitation."*
- *"We need more health care providers, especially primary care physicians"*
- *"We need more healthcare for people who cannot afford it"*
- *"We need more medical specialties: more pediatrics, more OB/GYN, also need podiatry, weight management, dermatology, rheumatology, geriatrics, eyecare. The new Guthrie convenient care needs bigger & more signage (I'm the daughter, granddaughter & great granddaughter of sign painters). I don't think most of the community knows it's here or open. More community outreach to spread the word about the new facility would be good, as well as being open more hours. We often drive by & see our competitor up the street open and busy, while Guthrie facility is closed, dark & empty parking lot. More opportunities for nutrition education would be great within the community: workshops, bigger farmers market, stipends for "food prescriptions", etc. I work in food & nutrition, our greatest challenge is getting our patients to actually try healthy foods and have an open mind about eating healthy. Many of our patients don't seem to see a connection between not eating healthy and having chronic health conditions. Telehealth has not been well received from feedback I've heard amongst*

co-workers as well as personal experience: we don't understand why we have to pay a full co-pay when we are not actually seeing the Dr. - a 15 minute phone call is no replacement for an in-person visit & often there is no choice b/c we can't get an appointment or can't drive to Sayre to see a specialist."

- "We need more mental health and drug treatment facilities"
- "We need more Pediatric care, there is currently none at the hospital we have to travel to Ithaca or Syracuse which is 30 to 45 minutes away, not assessable for people who do not drive. We need more PCPs, the ones we have are overworked and it is difficult to get appointments, and Mental health treatment is almost nonexistent in Cortland. We also have a huge problem with homelessness and drug usage with no treatment centers around. But, I would say the biggest would be not enough PCP and no pediatrics at the hospital and not enough pediatric services."
- "We need more pediatrician's and primary care providers, we need access to Cayuga providers through insurance, not just Guthrie providers"
- "We need more physician availability because we have to wait a long time to get an appointment. This is a rural area with an aging population who often find it difficult to travel to a doctor's appointment so it would be better to have physician availability in the more rural areas. We also need, just like all regions, more mental health services."
- "We need more places available in this town for mental health services. We only have 2 mental health centers and sometimes it takes weeks/months to be seen because it's a waiting list. I feel like we have a lot of empty buildings in this city and the city should look into maybe having those buildings for mental health services and boarding rooms for the homeless adults/adolescence teens that's dealing with mental health. And can accommodate services like supplying food, gentle used clothing, activities like exercise, game rooms with reading books, coloring books, board games that's learning games, writing materials, etc."
- "We need more primary care and pediatric providers."
- "We need more primary care physicians and specialties. Sometimes you wait months to get into a provider."
- "We need more primary care physicians, just like everywhere else in the country."
- "We need more specialists in Cortland so we don't have to travel to Sayre or Corning to get services."
- "We need more specialized services, so people don't have to travel to Syracuse, Ithaca, Binghamton or further."
- "We need more substance abuse, treatment. More practitioners, more clinicians, more mental health, counseling, more access to the services for people with Medicaid."
- "We need more supportive housing that offers services for Mental health as well as more senior living options."
- "We need pediatric dentist and help with getting seniors to and from doctors' appointments. We also need more home health care nurses."
- "We need to increase PCP and pediatricians in the area as well as expand urgent care hours"
- "Weekly clinics in accessible place for general health care - underprivileged. Local podiatry several times a month local dermatology several times a month"
- "Well-advertised and consistent clinics open to the public including dental services"
- "When someone comes in with a parasite infection don't make fun of them and shoo them away. I've been suffering from worms for 6 months. Been to your ER several times, no help I can't find a doctor in this area that is knowledgeable, not even specialists. I've asked for testing. It's ridiculous, I've had to go out of town for basic help. I'm left alone going online and using supplements to try and help. There is no one in this area, not even your so called infectious disease specialist. Their office cancelled the appt. 2 days before my appt. Still can't find help- 10 doctors later, 4 clinics. Good thing there's online sources or I wouldn't know anything. I'm a cat lover that's where I caught these worms. Your physicians suck."
- "Where to begin..."
- "With the loss of our local pharmacy and only one primary care office that doesn't always have availability it is very hard for seniors to access care."

Survey Demographics

Table C15. What is your employment status?

Q29. Employment Status	#	%
Employed full-time	224	76.2%
Employed part-time	15	5.1%
Retired	49	16.7%
Unemployed	2	0.7%
Disabled	6	2.0%
Student	9	3.1%
Military	0	0.0%
Other	4	1.4%
Prefer not to answer.	1	0.3%

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 Cortland Medical Center service area include (n=4):

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

- “Per diem” (n=3)
- “Second per diem job”

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

Q30. Insurance Coverage	#	%
Commercial or private (through employer)	212	72.1%
Medicaid	25	8.5%
Medicare	55	18.7%
Military	7	2.4%
Public	5	1.7%
Other	13	4.4%
None / Uninsured	2	0.7%
Prefer not to answer.	7	2.4%

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 Cortland Medical Center service area include (n=13):

- Q30a. If other, please specify: *(the following comments are verbatim)*
 - “Aetna”
 - “Blue cross/blue shield”

- “Child health plus family plan”
- “EPIC United Healthcare”
- “Excellus BC/BS through my husband (NYS employee)”
- “Excellus BCBS”
- “I am retired from the land-grant branch of Cornell University and have NYS health insurance.”
- “Insurance through spouse”
- “Retirement plan from Cornell University.”
- “Supplement”
- “Through my husband’s employer”
- “Tricare for Life”
- “United Healthcare”

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

Q31. Race / Ethnicity	#	%
Asian	0	0.0%
Black or African American	5	1.7%
Hispanic or Latino	3	1.0%
Middle Eastern or North African	0	0.0%
Multiracial or Biracial	1	0.3%
Native American or Alaskan Native	1	0.3%
Native Hawaiian or Pacific Islander	0	0.0%
White or Caucasian	272	92.5%
Prefer not to answer.	19	6.5%

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
Yes	78	26.5%	9.1 years	9 years	16 years
No	216	73.5%			

Table C19. What is your annual household income?

Q33. Annual Household Income	#	%
Less than \$25,000	10	3.4%
\$25,000-\$49,999	47	16.0%
\$50,000-\$74,999	43	14.6%
\$75,000-\$99,999	34	11.6%
\$100,000-\$124,999	34	11.6%
\$125,000-\$149,999	25	8.5%
\$150,000-\$199,999	35	11.9%
\$200,000 or more	21	7.1%
Prefer not to answer.	45	15.3%
Average Annual Household Income = \$100,000-\$124,999		

In-Depth Interview Findings & Results

The RMS team conducted qualitative in-depth interviews (IDIs) with designated community leaders and local officials serving the Greater Cortland 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 Cortland Medical Center 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 Cortland Medical Center team. The Interviewees are listed in the table that follows.

Name	Title	Organization
Tim Lockwood	Executive Director	Catholic Charities of Cortland County
Greg Richards	Executive Director	Cortland County Community Action Program
Patty Schaap	Director of Community Mental Health	Cortland County Mental Health Department
Lisa Hoeschele	CEO	Family & Children's Counseling Services
Kate O'Brien and Kim Osborne	Chief Strategy Officer and CEO	Family Health Network of CNY
Ernie Dodge	President/CEO	JM Murray Center
Cris Donovan	Executive Director	Racker
Jackie Cooper	Executive Director	Seven Valleys Health Coalition
Gunner Madison	Regional Executive Director	YMCA of Ithaca & Tompkins County
Kelly Tobin	Executive Director	YWCA Cortland

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 Guthrie Cortland Medical Center service area?

1 – Limited Availability	2	3	4	5	6	7	8	9	10 - High Availability
0	0	0	1, 10%	1, 10%	3, 30%	2, 20%	1, 10%	1, 10%	1, 10%
Mean score for availability of healthcare services = 6.8 / 10.0									

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

- “A lot of limitations - access, staff/provider turnover, timing (same day appts, long waits in emergency, wait lists are long).”
- “Especially for Medicaid population. Cayuga Med and Guthrie compete with one another. Guthrie has had more stable providers compared to Cayuga Med.”
- “I think everyone in general is struggling.”
- “I think we have a lot of primary care options. I think the emergency / urgent care services fall short. I think this is.”
- “More available in Cortland compared to Tompkins”
- “Pretty middle of the road. I think we have some types of services here but others are missing and we’re in need of more providers in general.”
- “There are options for healthcare; access for specialty services covered by various providers.”
- “There is definitely a lot of expansion with services, but there are a lot of people that travel outside of Cortland County Service area.”
- “We are doing pretty well over the past couple years. Our community has access to the main health services like behavioral/mental, primary care, and emergency care.”
- “We have everything here in the Cortland area.”

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

- “A lot of urgent care, ERs so that is widely available.”
- “Emergency services, convenient care - we have 3 in our community now. Guthrie has done a good job with this, they’re renovating their ED.”
- “Good primary care service availability; laboratory services; oncology; cardiology; ER care; orthopedics; physical therapy services.”
- “In Cortland, there seems to be greater access to primary care, there is a FQHC there. The services are more centralized in Cortland compared to Tompkins.”
- “Mental health I think is easier to access. We don’t have long wait lists - same day appts and about 1 week. But medication management for Mental health does take a long time.”
- “Primary care and emergency care”

- *"Primary care for adults"*
- *"Primary care for new patients; OB services"*
- *"Primary care, emergency care, and most general specialties are widely available here."*
- *"We have an FQHC. Anyone with insurance can easily access the healthcare system. Cardiology, primary care are available if you have insurance."*

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

- *"Behavioral health is harder to access, some of the specialties you need to travel for."*
- *"Endocrinology, primary care is hard to get into though, behavioral health services."*
- *"Lack of primary care - often hard to get into because of lack of providers"*
- *"Less options for pediatrics. There are really no dentists around here. Pediatric dental is a top 3 need in early childhood. People are travelling to Endicott, sometimes Syracuse."*
- *"Mental health/psychiatry - pediatrics and adults - sever gap between supply and demand for services"*
- *"Neurology; cardiology; dermatology; endocrinology"*
- *"Not many that I can think"*
- *"OB is limited here, so is dermatology. The specialty areas (cancer, pulmonology). The clients we serve in our programs don't necessarily disclose their medical information so I am not quite sure from their perspective. But I know primary care limited too."*
- *"Psychiatry"*
- *"Small, rural communities struggle to recruit providers. Especially for OB/gyns. We have a doula program that we work with the hospital to help address maternal health needs, but we are in need of more providers. We are getting better in this realm though."*
- *"Specialty care - community members go to Syracuse for these"*
- *"Substance use and mental health services are very lacking."*
- *"Surgical care; spinal care"*
- *"The higher/more niche the specialty, the more likely you have to go to a larger, less rural area. But we have most everything right here."*
- *"Trauma care"*

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)

- *"Maybe some higher-specialized cardiology or neurology but I'm not sure how much of a need there is for that here. People will need to travel to larger cities to get those more specialized healthcare services and that is not a bad thing."*
- *"Mental health - finding that the volume of patients that have a BH diagnosis and there are not enough prescribers/services that are needed. (higher level of psychiatry needs - bipolar; schizophrenic) Need ability to comanage."*

- *“More providers in general. Transportation is a huge barrier for all of these appointments. Centro is coming to Cortland County soon which will help. I know Guthrie is also expanding their inpatient.”*
- *“Not really aware other than trauma care.”*
- *“Partial inpatient Mental health program by Guthrie in the coming years would be great. For the population that needs more than what we can provide at the County Mental health level but not as in need of an inpatient program - some sort of in between.”*
- *“Pediatrics, dental”*
- *“Staff turnover hurts the system everywhere. I think OB - the FQHC only has 1 OB provider - is something that could be brought to this area.”*
- *“They are already involved with inpatient and they are trying to expand this unit. But there is no outpatient in this area so that could be provided.”*

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
9, 90%	0, 0%	1, 10%
Most IDI participants feel that healthcare service offerings have improved or gotten better over the past three years.		

Q5a. Why? (the following comments are verbatim)

- *“3 years ago, you used to be able to get a same day appt and there's no more Saturday sick appts anymore. But Guthrie does a good job with their ER being available.”*
- *“A lot of competition between Cayuga Med and Guthrie here. But there are plenty of health services in this area.”*
- *“For the mere fact that with the transition of Guthrie Cortland and Cayuga that have brought resources to the community. New buildings and expanded services. In terms of expanding services have also set up eConsults in office.”*
- *“Guthrie has brought great providers to the area recently.”*
- *“In general, things like primary care are just not as available. Our population is needy and sometimes it can be difficult to find primary care providers who truly treat the whole person, especially in Tompkins County.”*
- *“It is getting better. Guthrie has invested nicely in our community. Our FQHC has also done a lot too - they are in the process of building a new facility that will be centralized. Family Counseling Services has done well bringing mental health services into the community. The main services are increasing access in the Cortland area.”*
- *“Many of our retail stores are being replaced with medical buildings, Guthrie is expanding, Cayuga Med is coming in, WellNow is here now too.”*
- *“There are more medical offices opening up in the region.”*
- *“There is also Cayuga Med here as well as Guthrie. So there are more providers coming to the area.”*

- *"We've had some more providers come into the area. This has created some competition. Cayuga Med and Guthrie are the two main players. Cayuga Med has expanded their primary care a little, but the availability."*

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)*

- *"Children services - not having well child visits and healthcare services (due to lack of insurance or no insurance); reaching the homeless and home insecure to have access to services. Uninsured and LGBTQ+ also struggling and fearful of care access and availability. Overall child and maternal health."*
- *"Disabilities, mental health issues"*
- *"Homeless, mental health issues, substance abuse - not going to primary care regularly. Mental health issues are being addressed for this population but their regular health not so much. A lot of wound care for the homeless population goes uncared for."*
- *"Low-income population that is on the cusp of being Medicaid-eligible. 46% of female single HHs are uninsured. People are choosing to go uninsured and going to the primary care less and less. So this results in emergency and urgent care over-utilization. The disabled population is of concern too because transportation."*
- *"Low-income, women. Family Health Network has a mobile health unit who comes here 1x a quarter. I think this is not a priority for this population."*
- *"Mental health patients are not served equally, low-income, homeless population (FHN does a good job of treating this community but there is always more need here)."*
- *"Those needing mental health recognizing the challenge of meeting needs to having outcomes."*
- *"Veterans, homeless, LGBTQ, mental health / substance abuse population"*
- *"We have a pretty significant unhoused population these days. Most everyone has health insurance but there are still a few that fall in between the cracks."*

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

- *"Cost is a significant factor; Lack of insurance; 30-40% of members are on financial assistance for services - this ties to lack of care; transportation is also an issue/problem for seniors and low income. Lack of affordable access to childcare. Cortland County has a food insecure population and this impacts transportation, housing and food and healthcare access is a low priority for them."*
- *"Insurance, no desire to go, accessibility of being able to get there, the stigma for this population."*
- *"Mental health diagnoses and lack of services to address needs. Makes primary care more difficult. as a FQHC that is why we are here in the underserved services. No patient is turned away. Gender affirming care is provided and care provided on a sliding scale. Underserved groups can obtain free care."*

- *“Not really many besides just availability of providers. Constant turnover of staffing is challenging and frustrating even as a relatively healthy person. Health literacy is a barrier for people who might not feel comfortable advocating for themselves.”*
- *“Those with developmental disabilities are not a priority in the health system in terms of health equity. We have run into issues in the ED where our clients are denied service until an advocate is present with them. There is a misunderstanding of how dev. disabilities impact overall quality of life. There is a lot of education that needs to happen, there is a lot of prejudice when treating these types of patients. There are some ways that we (Racker) could work more closely with the health system. How could we be helpful to our residents in addressing these systemic issues? We have a telehealth provider on call that helps our clients potentially avoid the ED when they might not necessarily need it, which this overall helps the health system. I think this system could be more utilized to help reduce healthcare burden and costs associated with treating our population.”*
- *“Transportation is a major barrier to access services. Our FQHC does have a van for transportation for this population but it does not service everyone of course.”*
- *“Transportation, being able to physically get to the provider (Medicaid taxis are not reliable, public transit is not available on weekends or evenings), the cost (high copays), long wait lists for providers.”*
- *“Transportation, insurance coverage, availability of providers. I would love to see Guthrie expand their primary care here in Cortland.”*
- *“Transportation, lack of insurance.”*

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

Very Unhealthy	Unhealthy	Neutral	Healthy	Very Healthy
2, 20%	4, 40%	3, 30%	1, 10%	0
Most IDI participants feel that their community is BELOW AVERAGE when it comes to overall health.				

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

- *“A little better than average but we are always working on raising awareness and educating our community on improving their health and I think people are listening and taking steps towards being healthier but there is still work to be done.”*
- *“A lot of diabetes, low vaccination, poor nutrition (food desert). Access to health insurance is a barrier.”*
- *“I say neutral because Cortland is right at or above state rates. (On par or worse than NYS rates) This is very concerning and lends to co-morbidities. High Medicaid population. There is so much to tackle with all of the factors. More resources through CBOs. More built environment; more transportation; more access to healthcare.”*

- *“Mental health is huge. What we think is what we feed our bodies. Substance abuse is a constant problem and not going away. We need more mental health providers. There are extremely long wait lists for even people not in crises.”*
- *“Not great but about the same as other communities. Very limited transportation here, being so rural is hard to access exercise, healthy eating opportunities. Low income also restrains this accessibility.”*
- *“Obesity, limited access to healthy food, going to the dollar stores are cheaper, general health and preventive healthy lifestyles are not a priority. A focus on farmers markets being more accessible, a mobile farmers market for people w/o transportation. I know there is a mobile farmers market offered in PA.”*
- *“There's a lot of poly pharmacy issues. We have a large population of people who use feeding tubes. Some people have delays in diagnoses because there is not appropriate equipment. There is a huge lack of dentists who serve people with disabilities. More education, less prejudice towards people with disabilities. Understanding behavioral health better and how mental health is connected to developmental disabilities.”*
- *“Way too much drug use, excessive amount of mental health issues, a lot of poverty, a lot of poor dental hygiene that leads to other health issues, a lot of obesity, too much smoking.”*
- *“We have a high poverty rate in Cortland County, which speaks to all of that. Low-income population are adversely affected. I think overall food and nutrition security improvements, transportation, insurance coverage - we are a very rural community outside the city of Cortland. I think children's health is prioritized”*
- *“We track data through HRSA; chronic disease HTN; diabetes) we see challenges of underserved communities. Cortland County is low in comparison to other areas. Looking at obesity, eating habits are poor; improved diet, exercise; patient compliance. Pairs with population served.”*

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	1, 10%	5, 50%	4, 40%
Mean score = 4.3 out of 5.0					

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

- *“From a safety perspective in the community, we have always felt safe raising our children here but if I were someone without resources, it would be lower.”*
- *“I think more resources for low-income families to help get ahead. The needs are growing and we need more resources. We are a small, great community to raise a family but need more social supports.”*

- *"I think there are some amazing school districts - Homer schools; have access to higher education; small town feel; a lot to do; culture; arts; shows. We do have resources to people that draw people; parks and recreations; hospital; multiple healthcare systems; strong businesses; strong opportunities in the county. YMCA resources. We have a strong youth bureau. The Y partners with the youth bureau and the health department for services."*
- *"Statistical data indicates area is low on crime (homer); we have most of the resources that people need to raise a family."*

Statements	1 – Strongly Disagree	2	3	4	5 – Strongly Agree
b) Our community is a good place to grow old.	0	3, 30%	2, 20%	3, 30%	2, 20%
Mean score = 3.4 out of 5.0					

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

- *"More long-term care or home health supports."*
- *"Not enough transportation, more support for the aging (our OFA is great), the weather makes it challenging, there is a lack of senior services."*
- *"Not necessarily services, but high taxes; weather. Challenges with getting to medical appointments."*
- *"Similar reasons as before. You can get everything you need; there is assisted living; senior communities; home care services. Great recreation facilities; parks; homer theatre; YMCA. We have a strong office of aging. We also have resources for the elderly as well."*
- *"Transportation, access, housing struggles for older adults."*
- *"We could do better - opportunities for people to stay socially engaged are few, housing for seniors is limited."*
- *"We don't have a lot of quality nursing homes around here. It is a different kind of need that our health system locally can't address. I personally don't plan to age here."*
- *"We don't have any real type of senior services, no housing, weather is hard. I am not going to want to age here."*

Statements	1 – Strongly Disagree	2	3	4	5 – Strongly Agree
c) Our community has economic opportunity.	0	2, 20%	4, 40%	2, 20%	2, 20%
Mean score = 3.4 out of 5.0					

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

- *"A lot of this is because we have lost a lot of industry. We've been trying to recover from this for the past 50 years. and more so after covid. Full time minimum wage jobs are not as common. Increasing work skills is a struggle."*
- *"Continue to learn more about the wonderful businesses and resources. Surprised about strength of industry. There are so many different businesses. Also know potential of Micron moving in prompting to invest in new business development. A great place for economic development. The infrastructure is there and there is a lot of opportunity for growth."*
- *"Development-wise, there isn't a lot of money for that. Also, a lot of people live here but do not work here - they commute to Syracuse or Binghamton but live here because the cost of living is cheaper."*
- *"Take away the hospital and the college, there are not a lot of large employers here, not a lot of opportunity for young people to enter the workforce here. I have two kids of my own in their mid-twenties who recently graduated and I told them to get out of this area."*
- *"The bank is closing, the newspaper just closed, we have nothing - the entire community is based on the bars that support the college. Code enforcement is not enforced for student housing. Housing in general is a nightmare. The tax base is too high in the city and not high enough in the suburbs."*
- *"There is a lot of poverty here."*
- *"We have an economic development group and chamber of commerce. New business coming in."*
- *"We struggle with childcare, transportation (which is in the works to be better soon, but currently does not run on the weekends and only is available within the city), these might help people secure jobs."*

Statements	1 – Strongly Disagree	2	3	4	5 – Strongly Agree
d) Our community is a safe place to live.	0	0	0	8, 80%	2, 20%
Mean score = 4.2 out of 5.0					

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

- *"3.5 maybe. We've had a big uptick with unhoused population but was has come along with this is substance abuse. The perception is Cortland County is more unsafe than it was 5 years b/c of the changes to criminal justice dealings in our community."*
- *"In terms of the "why", stuff happens. We have the resources (police department), but unfortunately the drug epidemic is "real" and being tackled. It plagues Cortland as well. We see and deal with this and those impacted by drugs."*

- *“Low crime from statistical data.”*
- *“There are safer pockets than others, like Homer, but within the city there are unsafe pockets where I wouldn’t let my children walk down the street (drug use, unsafe behaviors).”*

Statements	1 – Strongly Disagree	2	3	4	5 – Strongly Agree
e) Our community has networks of support for families/individuals during a crisis.	0	2, 20%	6, 60%	2, 20%	0
Mean score = 4.0 out of 5.0					

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

- *“Always room for improvement, but this is something we do very well. Nonprofits are successful here. We collaborate very well with one another, even with grant-funding opportunities. We do a very good job of not duplicating services. In response to covid, we network and communicate.”*
- *“I think there are a lot of services and programs available.”*
- *“If you know where to find them, it is a good system/network of community based organizations. But if you don’t know where to turn, there is nowhere to turn.”*
- *“Services are there but people need support on accessing them; there is a lack of knowledge on accessing services specifically related to 1115 waiver.”*
- *“There are a lot of non-profits in the area for individuals experiencing hardship. YMCA; YWCA, etc.”*
- *“Unknown - I think there are resources out there but I am not as familiar with them. But there is a lot of homelessness here.”*
- *“We could always do better but overall we do well.”*

Statements	1 – Strongly Disagree	2	3	4	5 – Strongly Agree
f) Our community offers sufficient community services.	0	0	3, 30%	5, 50%	2, 20%
Mean score = 3.9 out of 5.0					

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

- *“3.5 - yes, we have very vast and interconnected human service industry here but we could coordinate better. We are limited with funding here. We need more funding in specific areas - especially in transportation, childcare.”*
- *“For mental health, yes. For primary care, almost. Housing is a real issue, if you don't have basic housing, you don't have the means to do anything else.”*
- *“I think there are a lot of services and programs available. DSS provides a lot of these but I think for substance abuse and mental health, we need more.”*
- *“I ultimately think there are a lot of services, but there could be more community services. See more services, such as food pantries.”*
- *“There are not sufficient mental health services and specialty services. There are pockets of care and changes in coverage (Capco) and transition to PPL for services.”*
- *“We do really well with our community services and I know our providers get creative to bridge some of the gaps but always room for improvement.”*

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

- *“Access to primary care.”*
- *“Food insecurity and chronic disease prevalence. There is a need for more services; mental health crisis; social isolation.”*
- *“Health education (PSAs about healthy lifestyle), accessibility, prioritizing health (not being able to pay for health vs. housings & food needs).”*
- *“Housing - consistent housing, if this is not addressed, than the other health.”*
- *“I believe, in my work, that if you do not have your mental state in a healthy space, you are going to have a hard time improving your overall health. Poor mental health is the root of the problem.”*
- *“I think affordable health coverage and transportation. In every CHA, transportation is the biggest barrier but affordable healthcare coverage is important too.”*
- *“Patient compliance and lack of resource to be able to be successful with achieving health goals (transportation, food insecurity and lack of healthy food options on a limited budget).”*
- *“Self-motivation and desire to improve health. Education plays a big role. We have a lot of generations on welfare and this repeating pattern continues in our community.”*
- *“Self-motivation and nutrition (it is more expensive to eat healthy) We work on access to healthy foods for our community.”*
- *“Substance use is a big problem here. And so is obesity.”*

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

- *“Food pantries for access. For non-profits - getting money and resources to provide services. United Way does not give a lot of resources, and this is problematic for service deliveries. Lack of infrastructure and funding for non-profits to provide services. More funding would provide more services in the community. Very hard to secure funding through county and local organizations.”*

United Way and Community Foundation have limited availability. Cortland County United Way is really struggling and thus grant funding is so limited. All non-profits are going to same organizations for donations. Multi-faceted issue. County doesn't give money that is sizable at all. There is a lack of funders, and they get inundated with requests. There are people that have deep pockets but don't know how to give - not on donor lists. Cortland has money, but there are disparities with low income."

- *"It starts at home but it starts with the desire for kids to become more educated than their parents. There are so many support services out there so they don't have a desire to change. There should be a subsidy for welfare (still working and welfare pays the rest maybe?) There are not a lot of high morals in the Cortland area sadly."*
- *"Limited mental health providers, insurance companies need to start embracing alternative medicine and talk therapy."*
- *"Majority of patients have limited resources and this as a whole makes it difficult to maintain a healthy lifestyle."*
- *"People have to decide on where can housing can built, the type of housing, some zoning laws would have to change to create some more multi-family housing. We need senior housing, family housing, apartments - across the board, we need more housing. And this is a big project that involves the City, the County, and then developers coming in to build this housing."*
- *"Poverty in the area."*
- *"The county transportation department does the most here in our community. They are switching bus companies soon but to address this, we need more bus routes, more bus stops, in more rural locations, and more "end of the line" bus stops and ability to get people to and from those bus stops."*
- *"Transportation, accessibility, affordability, lack of health education provided at a level that our community can understand. We have a significant amount of residents here who do not have a college or HS degree."*
- *"Transportation, financial burdens"*
- *"Transportation, insurance coverage, more access to primary care, housing (a large homeless population) is the primary barrier. There is a lot of trauma here too and poor mental health overall. From a cultural perspective, there is a lot of blaming here instead of empathy. The County gov is very blaming towards this population and does not seem to care."*

Q13. As Guthrie Cortland Medical Center 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)

- *"A realistic health education about healthy lifestyles. Family Health Network has a mobile health unit that goes to a homeless shelter / area in Cortland and if Guthrie could partner with them, that would be great because FHN is only one provider and limited in their funding. I think it would be beneficial if Guthrie could support this because our homeless population is not going away. It is in fact growing due to the current cost of living."*
- *"Additional mental health and primary care providers here. Expanding mental health here. We are focusing on wellness, seeing the whole person (doing*

meditation classes). Creating safe places where people feel seen, heard. Partner with the hospital potentially to provide these services?"

- *"Behavioral health - in general; social workers that can handle the regular depression and anxiety to psychiatrists to writing prescriptions; guidance in general. participating in grant for eConsult advice (provider to provider). Guthrie is/ will be engaged through the "STITCH" group Southern Tier Integrated Collaborative Hub (lead organizations from CCN take the lead) grant as a branch of DSRIP group. Focus on patients; managed Medicaid telepsychiatry pilot that can be accessed for consult/care/medication. (old DSRIP funding)"*
- *"Being an active partner in collaboration with our community partners."*
- *"Being more involved in community networks and boards and committees here. Because there are a lot of community services here. I think there is a quarterly meeting. But they could be more out in the community and be more active in the community in that aspect with collaborating with community based organizations. Then they could better understand some of the issues going on and figure out how they can help address them."*
- *"I think working more closely with substance use providers and behavioral health providers. Thinking of ways to help those in poverty access healthy foods. In Cortland in particular, the housing stock is not fantastic and that could use some help."*
- *"I would love to see our county leadership more engaged in the community - go to where the people are. Care about our people, go to community meetings, go to where the people are. They could be seen in the community. There needs to be a community liaison from Guthrie who goes into the community. I don't think the local Guthrie board is engaged enough in the community, they don't know what is going on. I do see great improvement in Guthrie and they are headed in the right direction, but they need to get out of the hospital and really see what is happening in the community. Don't just do this CHNA (to check a box) and not act upon it."*
- *"If they could get into the schools, educate children about substance abuse (smoking included). Starting with the children and addressing these issues at a younger age will help because the 25yo who has been smoking since they were 12 is not going to want to change or improve their health."*
- *"Investing in community organizations that have similar mission as Guthrie Cortland Medical Center. Invest in organizations that have evidenced-based programs and practices that track data with clinical outcomes. That is an important aspect to distinguish when providing community-based services and funding programs."*
- *"Talking to community organizations is great, but talking directly to their patients is important. Especially the Medicaid population. Guthrie will learn more about needs and challenges faced with the healthcare system by talking to a more diverse population."*

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)*

- *"Again, very all encompassing. Nothing else."*
- *"Bring more primary care here - there are plenty of Guthrie specialists because it is so easy for me to get an appointment (as a person with good insurance) but*

primary care is the foot in the door to these specialties. The fact that I can get an appt so quickly for these shows that there is not enough demand for these. There is also an idea or perspective in our community that if you're poor or homeless, you're a failure. People are not a burden - there is a constant thought that people are coming here and becoming homeless but no, these people went to Cortland HS and we turned our back on them."

- *"I think Guthrie has done well with the merger. I don't think that the Cortland area is lacking for healthcare services - we have medical buildings lining our streets. People just need to change their behaviors and want to improve their health."*
- *"If Guthrie would be more communicative with us about when a patient is discharged and just shows up on our doors, that would be helpful. We have a good partnership with Guthrie but I think they could be more communicative and collaborative with us."*
- *"No"*
- *"None"*
- *"Nothing extra."*
- *"Will this report be publicly available?"*

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 Cortland 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 Cortland Medical Center team. Focus group participants were asked to complete a Participation Packet to prepare them for the topics that were discussed.

A total of 14 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 th , 2025	12:00 – 1:30 PM	ZOOM
Tuesday March 25 th , 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 Cortland Medical Center service area, the quality was rated as 3.8 out of 5.0 (where 5 indicates very good).

- Words used to describe the quality of healthcare services included: *(the following comments are verbatim)*
 - “Good”
 - “Good in parts and improving”
 - “Good, basic”
 - “Good, better than it used to be”
 - “Improved”
 - “Inconsistent”
 - “Inconsistent, lacking”
 - “Inconsistent, Limited”
 - “Lacking, improving”
 - “Limited”
 - “Very good, multifaceted, expansive in breadth and depth”
- Participants feel the following services are missing in their community: *(the following comments are verbatim)*
 - “An alternative ER and hospital to Cayuga Health. Cayuga Health ER is very slow, services are limited, poor in some cases.”
 - “Breast care, gynecology specialists”
 - “Dermatology, PCP coverage, Physical therapy, ENT, Endocrinology”
 - “Enough primary care providers, specialists, dentists, and most of all, mental health care providers.”
 - “Not enough OB/GYN, no detox for substance use in the county and none in Tompkins County either. Endocrinology - waiting for a year to be seen.”
 - “Ped/Adolescent Psych, Dermatology, Weight Loss Clinic, Dental”
 - “Pediatric dentistry, substance abuse support, pediatric hospital, neuropsych evals, neuropsych support, pediatric psychologists, pediatric specialists, Autism support for adults, trans-affirming care, trans-informed care. Additionally, there are not ENOUGH PCPs, mental health providers, OBGYNs, pediatricians, dentists, orthodontics.”
 - “Pediatrics, pediatric dentistry, cardiology, neurology, geriatric psychology”
 - “Vascular specialist, rheumatologist”
- Over half of participants indicated that they do need to travel outside of the area to obtain certain services, including: *(the following comments are verbatim)*
 - “Afib ablation”
 - “Binghamton (Lourdes) Breast Care Clinic, Albany Medical for Urogynecology”
 - “Dental services, Physical therapy”
 - “Eye exam”
 - “Heart burn center in Syracuse at St Joes because Guthrie Cortland didn't have the testing equipment. In the past, I also had to go to PA for endocrinology.”
 - “Orthopedics specialist, urologist, vascular surgeon, gastroenterologist, infectious disease doctor, rheumatologist, and primary care.”
 - “Pediatric neurosurgery, pediatric dentistry, mental healthcare”
 - “Pediatrics - primary care, urology, cardiology, dentistry, ortho”

- “Surgery, heart testing, dental care, neurologists, sleep specialists, pain management, back surgeons, vein surgeon”
- “Syracuse for brain aneurysm”
- “Weight Loss Clinic, Dental, Pediatric specialty”

Accessibility of Healthcare Services

Focus Group participants rated the overall accessibility of healthcare services in the Guthrie Cortland Medical Center service area as 2.8 out of 5.0 (where 5 indicates very good).

- Words used to describe the quality of healthcare services included: *(the following comments are verbatim)*
 - “Adequate”
 - “Bad, long”
 - “Better”
 - “Difficult, inconsistent, insurance inconsistency”
 - “Easy, using internet to find options. However, it is limited”
 - “Generally good but continuity sporadic”
 - “Good” (n=2)
 - “Limited” (n=3)
 - “Limited. Fair, but uneven”
- Some barriers to accessing healthcare services in this community include: *(the following comments are verbatim)*
 - “Availability. Not enough providers or none sometimes...”
 - “Insurance coverage can be a challenge and dentistry service with high rating aren’t accepting new patients. Dermatology services are a challenge.”
 - “Lengthy wait times to see specialist after PCP visit. Disconnect on communication between PCP and specialists.”
 - “Limited services at Cayuga Health (e.g. Trauma center)”
 - “Long wait times for appointments, availability”
 - “Navigating insurances and the cost of getting healthcare even with insurances”
 - “Number of providers, cost, transportation”
 - “Provider availability, transportation obstacles, lack of specialists”
 - “Public transportation near providers, long wait times, lack of communication from providers, inconsistency of insurance to cover different providers, availability of specialists, cost, childcare, cancellation policies (or even firing of patients) in regards to mental health.”
 - “Transportation”
 - “Transportation and costs.”
- 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)*
 - “Continuity of care (time lags, communications, follow up). Months of time for some specialty availability. Gap between physical therapy treatment after diagnosis. Continuity of care across system and among doctors.”
 - “Doctors/staff that think all patients don’t know what we’re talking about and aren’t willing to listen.”

- “For ER and hospital in Ithaca, Cayuga Health is only choice.”
- “I’m lucky to be able to drive, getting to a doc or specialist is easy; however I envision as I age and mobility is difficult I’ll struggle to transport to specialty or general care. Our population is aging and so this is a challenge.”
- “Inconvenient hours - inconvenient location (had to go to Sayre)”
- “Lack of providers”
- “Long wait times, lack of communication from providers, inconsistency of insurance to cover different providers, availability of specialists, cancellation policies (or even firing of patients) in regards to mental health.”
- “Sick visits will be several days out. General visits are 6+ months out.”
- “Waiting for follow up appointments. Often must wait several months to have a follow up that is supposed to be a month later.”
- 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
• Increase services for mental & behavioral health .	91.7% of participants said “Yes” this is a need in their community.	4.6 out of 5.0
• Increase services for substance abuse .	83.3% of participants said “Yes” this is a need in their community.	3.9 out of 5.0
• Increase specialty care services within the area	83.3% of participants said “Yes” this is a need in their community.	3.8 out of 5.0
• Increase dental care services .	75.0% of participants said “Yes” this is a need in their community.	3.9 out of 5.0
• Increase eldercare/ senior services (65+).	75.0% of participants said “Yes” this is a need in their community.	3.8 out of 5.0
• Increase wellness/ exercise services.	66.7% of participants said “Yes” this is a need in their community.	3.8 out of 5.0
• Decrease obesity in children/adults.	91.7% of participants said “Yes” this is a need in their community.	4.0 out of 5.0
• Focus on the poor and vulnerable .	83.3% of participants said “Yes” this is a need in their community.	3.3 out of 5.0

• Fall prevention among seniors	66.7% of participants said “Yes” this is a need in their community.	3.3 out of 5.0
• Healthcare costs prevent receiving care.	91.7% of participants said “Yes” this is a need in their community.	4.1 out of 5.0
• Reduce adolescent pregnancies	58.3% of participants said “Yes” this is a need in their community.	3.3 out of 5.0
• Diabetes management programs	83.3% of participants said “Yes” this is a need in their community.	3.5 out of 5.0
• Increase preventive care programs.	75.0% of participants said “Yes” this is a need in their community.	3.8 out of 5.0
• Increase access to healthcare providers – expand hours, timely appointments, # of physicians.	91.7% of participants said “Yes” this is a need in their community.	4.5 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 Cortland Medical Center 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** (4.1 / 5.0)
- **Decreasing obesity in children and adults** (4.0 / 5.0)
- **Increasing services for substance abuse** (3.9 / 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 Cortland Medical Center service area has an average life expectancy of 78.6 years, which is younger than the New York average but better than the national average. The service area also has a higher premature age-adjusted mortality rate than New York, including infant mortality rates; but these are better than the national mortality rates.



















Table D1. Length of Life of Guthrie Cortland Medical Center Service Area

Length of Life					
Indicators	Description	Cortland County	Tompkins County	NY State	U.S.
Premature Death	Years of potential life lost before age 75 per 100,000 population (age-adjusted)	8,256 ↓	5,563 ↑	6,637	8,352
Life Expectancy	Average number of years people are expected to live	76.2 ↓	80.9 ↑	79.4	77.1
Premature Age-Adjusted Mortality	Number of deaths among residents under age 75 per 100,000 population (age-adjusted)	430 ↓	270 ↑	340	410
Child Mortality	Number of deaths among residents under age 20 per 100,000 population	40 ↓	30 ↑	40	50
Infant Mortality	Number of infant deaths (within 1 year) per 1,000 live births	-	5 ↓	4	6
Data Source: County Health Rankings, 2020 – 2025 NOTE: County indicators that are better than the state level are displayed with a GREEN UP ARROW while county objectives that are worse than the state level are displayed with a RED DOWN ARROW . County indicators that are the same as the state level are displayed with no arrow.					

The Guthrie Cortland Medical Center service area has fewer low birth weights, lower HIV prevalence, and lower Diabetes prevalence than the New York and the national 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 Cortland Medical Center Service Area

Quality of Life					
Indicators	Description	Cortland County	Tompkins County	NY State	U.S.
Poor Physical Health Days	Average number of physically unhealthy days reported in past 30 days (age-adjusted)	4.1 ↓	3.9	3.9	3.9

Low Birth Weight	Percentage of live births with low birth weight (< 2,500 grams or 5.5 pounds)	7% 	6% 	8%	8%
Poor Mental Health Days	Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	5.9 	5.2 	4.9	5.1
Poor Or Fair Health	Percentage of adults reporting fair or poor health (age-adjusted)	16% 	14% 	16%	17%
Frequent Physical Distress	Percentage of adults reporting 14 or more days of poor physical health per month (age-adjusted)	13% 	11% 	12%	12%
Diabetes Prevalence	Percentage of adults aged 18 and above with diagnosed diabetes (age-adjusted)	9% 	8% 	10%	10%
HIV Prevalence	Number of people aged 13 years and older living with a diagnosis of human immunodeficiency virus (HIV) infection per 100,000 population	120 	173 	742	387
Adult Obesity	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% 	33% 	30%	34%
Frequent Mental Distress	Percentage of adults reporting 14 or more days of poor mental health per month (age-adjusted)	19% 	17% 	16%	16%
Suicides	Number of deaths due to suicide per 100,000 population (age-adjusted)	9 	13 	8	14
<p>Data Source: County Health Rankings, 2020 – 2025</p> <p>NOTE: County indicators that are better than the state level are displayed with a GREEN UP ARROW while county objectives that are worse than the state level are displayed with a RED DOWN ARROW. County indicators that are the same as the state level are displayed with no arrow.</p>					

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 Cortland Medical Center service area is faring better than New York and the country in the following categories: (1) drug overdose deaths, (2) food insecurity, (3) mammography screening, (4) mental health provider ratio, (5) preventable hospital stays, (6) sexually transmitted infections, (7) teen births, and (8) health insurance

coverage. There is also less physical inactivity in the Greater Cortland Region compared to the state as well as better sleep. However, the service area has fewer primary care physicians and dentists than the state and country. The Greater Cortland Region also has higher rates of alcohol abuse and cigarette smoking. The service area is faring worse than the state but better than the country in the following categories: (1) flu vaccinations, (2) access to exercise opportunities, (3) limited access to healthy foods, and (4) other primary care providers (such as Nurse Practitioners and Physician Assistants).

Table D3. Health Infrastructure of Guthrie Cortland Medical Center Service Area

Health Infrastructure					
Indicators	Description	Cortland County	Tompkins County	NY State	U.S.
Flu Vaccinations	<i>Percentage of fee-for-service (FFS) Medicare enrollees who had an annual flu vaccination</i>	50% ↓	49% ↓	51%	48%
Access To Exercise Opportunities	<i>Percentage of population with adequate access to locations for physical activity</i>	81% ↓	89% ↓	93%	84%
Food Environment Index	<i>Index of factors that contribute to a healthy food environment, from 0 (worst) to 10 (best)</i>	8.3 ↓	8.3 ↓	8.7	7.4
Primary Care Physicians	<i>Ratio of population to primary care physicians</i>	2,720:1 ↓	1,250:1 ↓	1,240:1	1,330:1
Mental Health Providers	<i>Ratio of population to mental health providers</i>	230:1 ↑	220:1 ↑	260:1	300:1
Dentists	<i>Ratio of population to dentists</i>	2,880:1 ↓	1,660:1 ↓	1,200:1	1,360:1
Preventable Hospital Stays	<i>Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees</i>	3,511 ↓	1,601 ↑	2,595	2,666
Mammography Screening	<i>Percentage of female Medicare enrollees ages 65-74 who received an annual mammography screening</i>	53% ↑	48% ↑	44%	44%
Uninsured	<i>Percentage of population under age 65 without health insurance</i>	5% ↑	5% ↑	6%	10%

Limited Access To Healthy Foods	Percentage of population who are low-income and do not live close to a grocery store	4% ↓	5% ↓	2%	6%
Food Insecurity	Percentage of population who lack adequate access to food	13%	12% ↑	13%	14%
Insufficient Sleep	Percentage of adults who report fewer than 7 hours of sleep on average (age-adjusted)	39%	36% ↑	39%	37%
Teen Births	Number of births per 1,000 female population ages 15-19	8 ↓	3 ↑	10	16
Sexually Transmitted Infections	Number of newly diagnosed chlamydia cases per 100,000 population	290.5 ↑	360.8 ↑	526.9	495.0
Excessive Drinking	Percentage of adults reporting binge or heavy drinking (age-adjusted)	23% ↓	23% ↓	20%	19%
Alcohol-Impaired Driving Deaths	Percentage of driving deaths with alcohol involvement	39% ↓	27% ↓	22%	26%
Drug Overdose Deaths	Number of drug poisoning deaths per 100,000 population	29 ↓	25 ↑	29	31
Adult Smoking	Percentage of adults who are current smokers (age-adjusted)	17% ↓	13% ↓	12%	13%
Physical Inactivity	Percentage of adults age 18 and over reporting no leisure-time physical activity (age-adjusted)	26% ↓	21% ↑	25%	23%
Uninsured Adults	Percentage of adults under age 65 without health insurance	5% ↑	5% ↑	7%	11%
Uninsured Children	Percentage of children under age 19 without health insurance	3%	2% ↑	3%	5%
Other Primary Care Providers	Ratio of population to primary care providers other than physicians	760:1 ↓	600:1 ↑	610:1	710:1
<p>Data Source: County Health Rankings, 2020 – 2025</p> <p>NOTE: County indicators that are better than the state level are displayed with a GREEN UP ARROW while county objectives that are worse than the state level are displayed with a RED DOWN ARROW. County indicators that are the same as the state level are displayed with no arrow.</p>					

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

Table D4. Physical Environment of Guthrie Cortland Medical Center Service Area

Physical Environment					
Indicators	Description	Cortland County	Tompkins County	NY State	U.S.
Severe Housing Problems	Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities	12% ↑	21% ↑	23%	17%
Driving Alone To Work	Percentage of the workforce that drives alone to work	75% ↓	53% ↓	50%	70%
Long Commute – Driving Alone	Among workers who commute in their car alone, the percentage that commute more than 30 minutes	33% ↓	20% ↑	39%	37%
Air Pollution: Particulate Matter	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5)	6.7 ↑	6.8 ↑	6.9	7.3
Drinking Water Violations	Indicator of the presence of health-related drinking water violations; 'Yes' indicates the presence of a violation while 'No' indicates no violation	Yes	No	-	-
Broadband Access	Percentage of households with broadband internet connection	87% ↓	90%	90%	90%
Library Access	Library visits per person living within the library service area per year	2 ↓	4 ↑	3	2
Traffic Volume	Average traffic volume per meter of major roadways in the country	69 ↑	78 ↑	438	108
Homeownership	Percentage of owner-occupied housing units	66% ↑	54%	54%	65%
Severe Housing Cost Burden	Percentage of households that spend 50% or more of their household income on housing	14% ↑	19%	19%	15%
Access To Parks	Percentage of population living within a half mile of a park	67% ↑	59% ↓	63%	51%

Adverse Climate Events	<i>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</i>	1	0	-	-
Census Participations	<i>Percentage of all households that self-responded to the 2020 census (by internet, paper questionnaire or telephone)</i>	61.6%	61.0%	-	65.2%
Voter Turnout	<i>Percentage of citizen population aged 18 or older who voted in the 2020 U.S. Presidential election</i>	57.4% ↓	57.5% ↓	62.9%	67.9%
<i>Data Source: County Health Rankings, 2020 – 2025</i> NOTE: County indicators that are better than the state level are displayed with a GREEN UP ARROW while county objectives that are worse than the state level are displayed with a RED DOWN ARROW . County indicators that are the same as the state level are displayed with no arrow.					

The Guthrie Cortland Medical Center service area has better high school graduation and completion rates than the state and country with more of its population attending some college than the state or country. It also has fewer children in poverty, fewer children eligible for free/reduced-price lunch, and more childcare centers (yet a higher childcare cost burden). There are fewer firearm fatalities as well. However, the service area faces more deaths due to injury than the state or country and has more segregation in its schools and communities. The Greater Cortland Region also sees more motor vehicle crash fatalities than NY, but this mortality rate is better than that of the country. The service area also has lower income levels than the state and country with a lower living wage and less school funding adequacy.

Table D5. Social & Economic Factors of Guthrie Cortland Medical Center Service Area

Social & Economic Factors					
Indicators	Description	Cortland County	Tompkins County	NY State	U.S.
Some College	<i>Percentage of adults ages 25 and over with a high school diploma or equivalent</i>	65% ↓	84% ↑	71%	68%
High School Completion	<i>Percentage of adults ages 25 and over with a high school diploma or equivalent</i>	91% ↑	96% ↑	88%	89%

Unemployment	<i>Percentage of population ages 16 and older unemployed but seeking work</i>	4.2%	3.1% ↑	4.2%	3.6%
Income Inequality	<i>Ratio of household income at the 80th percentile to income at the 20th percentile</i>	4.3 ↑	5.6 ↑	5.8	4.9
Children In Poverty	<i>Percentage of people under age 18 in poverty</i>	17% ↑	13% ↑	19%	16%
Injury Deaths	<i>Number of deaths due to injury per 100,000 population</i>	61 ↓	59 ↑	60	84
Social Associations	<i>Number of membership associations per 10,000 population</i>	10.8 ↑	9.8 ↑	7.9	9.1
Childcare Cost Burden	<i>Child care costs for a household with two children as a percent of median household income</i>	38%	44% ↓	38%	28%
High School Graduation	<i>Percentage of ninth-grade cohort that graduates in four years</i>	89% ↑	87%	87%	87%
School Segregation	<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 ↓	0.07 ↓	0.33	0.24
School Funding Adequacy	<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>	\$12,358 ↑	\$14,336 ↓	\$12,745	\$1,411
Children Eligible For Free / Reduced-Price Lunch	<i>Percentage of children enrolled in public schools that are eligible for free or reduced price lunch</i>	50% ↑	41% ↑	57%	55%
Gender Pay Gap	<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>	0.88	0.83 ↓	0.88	0.81

Median Household Income	<i>The income where half of households in a county earn more and half of households earn less</i>	\$63,900 ↓	\$68,200 ↓	\$82,100	\$77,700
Living Wage	<i>The hourly wage needed to cover basic household expenses plus all relevant taxes for a household of one adult and two children</i>	\$49.83 ↓	\$58.90 ↓	\$61.75	-
Childcare Centers	<i>Number of child care centers per 1,000 population under 5 years old</i>	10 ↑	9 ↑	6	7
Residential Segregation – Black/White	<i>Index of dissimilarity where higher values indicate greater residential segregation between Black and White county residents</i>	67 ↓	59 ↓	75	63
Motor Vehicle Crash Deaths	<i>Number of motor vehicle crash deaths per 100,000 population</i>	7 ↓	7 ↓	6	12
Firearm Fatalities	<i>Number of deaths due to firearms per 100,000 population</i>	-	4 ↑	5	13
Disconnected Youth	<i>Percentage of teens and young adults ages 16-19 who are neither working nor in school</i>	-	-	9%	7%
<p><i>Data Source: County Health Rankings, 2020 – 2025</i> NOTE: County indicators that are better than the state level are displayed with a GREEN UP ARROW while county objectives that are worse than the state level are displayed with a RED DOWN ARROW. 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 and Healthy People 2030

In addition to the description of the County Health Rankings and Roadmaps (CHRR), Guthrie Cortland Medical Center 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.*¹⁸

Guthrie Cortland Medical Center recognizes that to attain alignment with the New York 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 Cortland Medical Center understands the critical need to identify and prioritize the health needs of the community. Guthrie Cortland Medical Center 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.

¹⁸ Source: [Prevention Agenda 2025-2030: New York State's Health Improvement Plan](#)

The Guthrie Cortland Medical Center service area is meeting the NY Prevention Agenda Objectives for potentially preventable hospitalizations. However, the service area is faring worse in terms of premature deaths and the number of young adults with health insurance and an established healthcare provider.

Table D6. Improve Health Status & Reduce Health Disparities – New York State Prevention Agenda Indicators for Guthrie Cortland Medical Center Service Area

Improve Health Status and Reduce Health Disparities			
Indicator	Cortland County	Tompkins County	NY State Objective
% of Deaths That Are Premature <i>(before age 65 years)</i>	23.1% ↓	23.% ↓	22.8%
Premature Deaths, Difference in % Between Black Non-Hispanics and White Non-Hispanics <i>(before age 65 years)</i>	26.8% ↓	34.7% ↓	17.3%
Premature Deaths, Difference in % Between Hispanics and White Non-Hispanics <i>(before age 65 years)</i>	23.2% ↑	54.1% ↓	16.2%
Potentially Preventable Hospitalizations Among Adults <i>(age-adjusted rate per 10,000)</i>	134.9 ↓	48.9 ↑	115.0
Potentially Preventable Hospitalizations Among Adults, Difference in Rates Between Black Non-Hispanics and White Non-Hispanics <i>(age-adjusted rate per 10,000)</i>	47.4 ↑	60.3 ↑	94.0
Potentially Preventable Hospitalizations Among Adults, Difference in Rates Between Hispanics and White Non-Hispanics <i>(age-adjusted rate per 10,000)</i>	-	0.2 ↑	23.9
% of Adults with Health Insurance <i>(aged 18-64 years)</i>	94.7% ↓	94.7% ↓	97.0%
Adults Who Have a Regular Healthcare Provider <i>(age-adjusted percentage)</i>	89.7% ↑	82.7% ↓	86.7%
Data Sources: NYS Prevention Agenda, 2024 NOTE: County indicators that are above the state objective are displayed with a GREEN UP ARROW while county objectives that are below the state objective are displayed with a RED DOWN ARROW . County indicators that are at the state objective are displayed with no arrow.			

The Guthrie Cortland Medical Center service area is meeting the NY Prevention Agenda Objectives for asthma emergency department visits and the number of adults who participate in leisure physical activity. However, the service area has more obesity, more low-income households with healthcare issues, more cigarette smoking, and fewer adults managing their chronic conditions with medications and regular preventive health screenings.

Table D7. Prevent Chronic Diseases - New York State Prevention Agenda Indicators for Guthrie Cortland Medical Center Service Area

Prevent Chronic Diseases			
Indicator	Cortland County	Tompkins County	NY State Objective
% of Children with Obesity <i>(aged 2-4 years participating in the WIC program)</i>	10.1% ↑	13.8% ↓	13.0%
% of Children & Adolescents with Obesity <i>(New York State outside New York City)</i>	25.6% ↓	18.5% ↓	16.4%
% of Adults with Obesity	49.0% ↓	16.9% ↑	24.2%
% of Adults with an Annual Household Income <\$25,000 with Obesity	35.5% ↓	-	29.0%
% of Adults with an Annual Household Income <\$25,000 who Consume 1+ Sugary Drinks/Day	28.7% ↓	-	28.5%
% of Adults with an Annual Household Income <\$25,000 with Perceived Food Security	-	-	61.4%
% of Adults Who Participate in Leisure-Time Physical Activity	78.9% ↑	87.6% ↑	77.4%
% of Adults with Disabilities Who Participate in Leisure-Time Physical Activity	73.4% ↑	81.3% ↑	61.8%
% of Adults Who Participate in Leisure-Time Physical Activity <i>(Aged 65+ Years)</i>	66.9% ↓	85.4% ↑	75.9%
Prevalence of Cigarette Smoking Among Adults	14.8% ↓	8.9% ↑	11.0%
% Of Adults Who Smoke Cigarettes Among Adults with Income <\$25,000	42.2% ↓	-	15.3%

% Of Adults Who Receive Colorectal Cancer Screening Based on the Most Recent Guidelines <i>(Aged 50-64 Years)</i>	74.4% ↑	78.4% ↑	66.3%
% of Adults Who Had a Test for High Blood Sugar or Diabetes Within the Past 3 Years <i>(Aged 45+ Years)</i>	56.1% ↓	63.2% ↓	71.7%
% 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 <i>(Aged 45+ Years)</i>	-	-	67.4%
Asthma Emergency Department Visits <i>(Rate per 10,000, Aged 0-17 Years)</i>	45.4 ↑	46.9 ↑	131.1
% Of Medicaid Managed Care Members with Persistent Asthma Having an Asthma Medication Ratio Of 0.50 Or Greater <i>(Aged 5-18)</i>	76.3% ↑	67.2% ↓	69.0%
% Of Adults with Hypertension Who Are Currently Taking Medicine to Manage Their High Blood Pressure	71.6% ↓	67.6% ↓	80.7%
% Of Adults with Chronic Conditions Who Have Taken a Course or Class to Learn How to Manage Their Condition <i>(Arthritis, Asthma, CVD, Diabetes, CKD, Cancer)</i>	5.7% ↓ ↓	10.6% ↑	10.6%
<i>Data Sources: NYS Prevention Agenda, 2024</i> NOTE: County indicators that are above the state objective are displayed with a GREEN UP ARROW while county objectives that are below the state objective are displayed with a RED DOWN ARROW . County indicators that are at the state objective are displayed with no arrow.			

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

Table D8. Promote a Healthy & Safe Environment - New York State Prevention Agenda Indicators for Guthrie Cortland Medical Center Service Area

Promote a Healthy and Safe Environment			
Indicator	Cortland County	Tompkins County	NY State Objective
Hospitalizations Due to Falls Among Adults <i>(Rate per 10,000 population, aged 65+ years)</i>	170.7 ↑	162.3 ↑	173.7
Assault-Related Hospitalizations <i>(Rate per 10,000 population)</i>	3.6 ↓	1.6 ↑	3.0
Assault-Related Hospitalizations <i>(Ratio of Rates Between Black Non-Hispanics and White Non-Hispanics)</i>	-	0.0 ↑	5.5
Assault-Related Hospitalizations <i>(Ratio of Rates Between Hispanics and White Non-Hispanics)</i>	0.0 ↑	0.0 ↑	2.5
Assault-Related Hospitalizations <i>(Ratio of Rates Between Low-Income ZIP Codes and Non-Low-Income ZIP Codes)</i>	-	0.48 ↑	2.7
Firearm Assault-Related Hospitalizations <i>(Rate per 10,000 population)</i>	-	-	0.4
Work-Related Emergency Department (ED) Visits <i>(Ratio of Rates Between Black Non-Hispanics and White Non-Hispanics)</i>	2.46 ↓	1.36 ↓	1.30
Crash-Related Pedestrian Fatalities <i>(Rate per 100,000 Population)</i>	2.10 ↓	0.98 ↑	1.43
% of Population Living in a Certified Climate Smart Community	6.7% ↓	100.0% ↑	8.6%
% of People Who Commute to Work Using Alternate Modes of Transportation or Who Telecommute <i>(Public Transportation, Carpool, etc.)</i>	24.0% ↓	44.7% ↓	47.9%
% of Registered Cooling Towers in Compliance with 10 NYCRR Subpart 4-1	38.5% ↓	57.3% ↓	93.0%
<p>Data Sources: NYS Prevention Agenda, 2024</p> <p>NOTE: County indicators that are above the state objective are displayed with a GREEN UP ARROW while county objectives that are below the state objective are displayed with a RED DOWN ARROW. County indicators that are at the state objective are displayed with no arrow.</p>			

The Guthrie Cortland Medical Center service area is meeting the NY Prevention Agenda Objectives for breastfeeding (for White and Black populations, not Hispanic) and older women going to their preventive medical visits. The Greater Cortland Region is faring worse in terms of pre-term births, healthy pregnancies, neonatal withdrawal syndrome diagnoses, younger women receiving preventive medical visits, maternal and infant mortality, and the youth suicide mortality rate.

Table D9. Promote Healthy Women, Infants, & Children - New York State Prevention Agenda Indicators for Guthrie Cortland Medical Center Service Area

Promote Healthy Women, Infants, and Children			
Indicator	Cortland County	Tompkins County	NY State Objective
% of Women with a Preventive Medical Visit in The Past Year (Aged 18-44 Years)	-	68.6% ↓	80.6%
% of Women with a Preventive Medical Visit in the Past Year (Aged 45+ Years)	89.4% ↑	83.0% ↓	85.0%
% of Women Who Report Ever Talking with a Health Care Provider About Ways to Prepare for a Healthy Pregnancy (Aged 18-44 Years)	-	-	38.1%
Maternal Mortality (Rate Per 100,000 Live Births)	0.0 ↑	50.0 ↓	16.0
Infant Mortality (Rate Per 1,000 Live Births)	6.6 ↓	9.4 ↓	4.0
% of Births That Are Preterm	9.9% ↓	8.8% ↓	8.3%
Newborns with Neonatal Withdrawal Syndrome and/or Affected by Maternal Use of Opioid or Other Substance (Crude Rate Per 1,000 Newborn Discharges)	26.6 ↓	17.4 ↓	9.1
% of Infants Who Are Exclusively Breastfed in the Hospital Among All Infants	66.3% ↑	73.3% ↑	51.7%
% of Infants Who Are Exclusively Breastfed in the Hospital Among Hispanic Infants	-	72.4% ↑	37.4%
% of Infants Who Are Exclusively Breastfed in the Hospital Among Black Non-Hispanic Infants	-	-	38.4%

% of Infants Supplemented with Formula in the Hospital Among Breastfed Infants	18.6% ↑	20.8% ↑	41.9%
Percentage of WIC-Enrolled Infants Who Are Breastfed At 6 Months	29.2%	40.0% ↓	45.5%
Suicide Mortality Among Youth (Rate Per 100,000, Aged 15-19 Years)	7.5 ↓	8.3 ↓	4.7
% of Families Participating in the Early Intervention Program Who Meet the State's Standard on the NY Impact on Family Scale	97.3% ↑	98.2% ↑	73.9%
% of Residents Served by Community Water Systems That Have Optimally Fluoridated Water	3.2% ↓	0.0% ↓	77.5%
Data Sources: NYS Prevention Agenda, 2024 NOTE: County indicators that are above the state objective are displayed with a GREEN UP ARROW while county objectives that are below the state objective are displayed with a RED DOWN ARROW . County indicators that are at the state objective are displayed with no arrow.			

The Guthrie Cortland Medical Center service area is meeting the NY Prevention Agenda Objectives for binge drinking and opioid prescriptions being prescribed by providers as well as buprenorphine management for substance use disorder. However, the service area is faring worse in terms of opioid overdose deaths, frequent mental distress, emergency department visits involving opioid overdoses, adverse childhood experiences, child abuse and maltreatment, and suicide mortality.

Table D10. Promote Well-Being & Prevent Mental & Substance Use Disorders - New York State Prevention Agenda Indicators for Guthrie Cortland Medical Center Service Area

Promote Well-Being and Prevent Mental and Substance Use Disorders			
Indicator	Cortland County	Tompkins County	NY State Objective
Opportunity Index Score (At the state level, the Opportunity Index is made up of 20 indicators across 4 dimensions (Economy, Education, Health and 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	55.1% ↓	66.6% ↑	59.2%

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.)			
Frequent Mental Distress During the Past Month Among Adults (Age-adjusted percentage)	14.9% ↓	14.9% ↓	10.7
Economy Score (The Economy Score is compiled from 5 data points: income inequality, access to banking services, affordable housing, and broadband internet subscription.)	60.9% ↑	54.6% ↑	52.3
Community Score (The Community Score is compiled from 7 data sources: volunteering, voter registration, youth disconnection, violent crime, access to primary healthcare, access to healthy food and incarceration.)	46.9% ↓	56.2% ↓	61.3
Binge Drinking During the Past Month Among Adults (Age-adjusted percentage)	11.9% ↑	13.1% ↑	16.4
Overdose Deaths Involving Any Opioids (Age-adjusted rate per 100,000 population)	26.0 ↓	27.4 ↓	14.3
Patients Who Received At Least One Buprenorphine Prescription for Opioid Use Disorder (Age-adjusted rate per 100,000 population)	1000.7 ↑	716.7 ↑	415.6
Opioid Analgesic Prescription (Age-adjusted rate per 100,000 population)	367.6 ↓	311.1 ↑	350.0
Emergency Department Visits (Including Outpatients and Admitted Patients) Involving Any Opioid Overdose (Age-adjusted rate per 100,000 population)	107.2 ↓	94.6 ↓	53.3
% of Adults Who Have Experienced 2+ Adverse Childhood Experiences (ACEs)	71.6% ↓	39.0% ↓	33.8
Indicated Reports of Abuse/Maltreatment (Rate per 1,000 children, aged 0-17 years)	34.1 ↓	12.4 ↑	15.6
Suicide Mortality (Age-adjusted rate per 100,000 population)	9.5 ↓	10.9 ↓	7.0
Data Sources: NYS Prevention Agenda, 2024 NOTE: County indicators that are above the state objective are displayed with a GREEN UP ARROW while county objectives that are below the state objective are displayed with a RED DOWN ARROW . County indicators that are at the state objective are displayed with no arrow.			

The Guthrie Cortland Medical Center service area is meeting the NY Prevention Agenda Objectives for several communicable diseases, including HIV, gonorrhea, chlamydia, and syphilis. The service area also has better vaccination rates among children and adolescents.

Table D11. Prevent Communicable Diseases - New York State Prevention Agenda Indicators of Guthrie Cortland Medical Center Service Area

Prevent Communicable Diseases			
Indicator	Cortland County	Tompkins County	NY State Objective
% of 24-35-month-old Children with the 4:3:1:3:3:1:4 Immunization Series	71.8% ↑	95.9% ↑	70.5%
% of 13-year-old Adolescents with a Complete HPV Vaccine Series	34.7% ↓	43.2% ↑	37.4%
Newly Diagnosed HIV Cases <i>(rate per 100,000)</i>	2.1 ↑	4.8 ↑	5.2
Gonorrhea Diagnoses <i>(age-adjusted rate per 100,000 population)</i>	75.3 ↑	77.9 ↑	242.6
Chlamydia Diagnoses <i>(age-adjusted rate per 100,000 population)</i>	245.7 ↑	246.3 ↑	676.9
Early Syphilis Diagnoses <i>(age-adjusted rate per 100,000 population)</i>	8.9 ↑	29.5 ↑	79.6
Data Sources: NYS Prevention Agenda, 2024 NOTE: County indicators that are above the state objective are displayed with a GREEN UP ARROW while county objectives that are below the state objective are displayed with a RED DOWN ARROW . 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 Cortland Medical Center has identified and cataloged resources which are available in the Greater Cortland 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
Mental Health Problems	Family and Children’s Counseling Services	607.753.0234	Family & Children's Counseling Services Cultivating Resilience
Mental Health Problems	Family Health Network of CNY Inc. ¹⁹	607.758.3008	Home - Family Health Network Of CNY Inc.
Mental Health Problems	Cortland County Mental Health Department	607.758.6100	Mental Health Department Cortland County, NY
Mental Health Problems	Beacon Center	716.831.1937	About Us - Beacon Center
Mental Health Problems	MentalHealthCenters.net	855.802.1592	Mental Health Facilities in Cortland, NY
Mental Health Problems	Catholic Charities of Cortland County	607.756.5992	Catholic Charities of Cortland County Social Services Cortland NY
Mental Health Problems	Cortland YMCA	607.756.2893	Welcome to Our YMCA - Cortland County Family YMCA
Mental Health Problems	YMCA of Ithaca and Tompkins County	607.257.0101	YMCA of Ithaca and Tompkins County

¹⁹ Services are provided through Cortland Family Practice Health Center; Pediatric and Family Practice Health Center and Moravia Health Center.

Mental Health Problems	2-1-1 Tompkins/Cortland	607.272.9331	About 211 Tompkins Cortland - Human Services Coalition
-------------------------------	----------------------------	--------------	--

Community Resources			
Identified Health Need	Organization Name	Phone	Website
Heart Disease and Stroke	Cortland YMCA	607.756.2893	Welcome to Our YMCA - Cortland County Family YMCA
Heart Disease and Stroke	YMCA of Ithaca and Tompkins County	607.257.0101	YMCA of Ithaca and Tompkins County
Heart Disease and Stroke	2-1-1 Tompkins/Cortland	607.272.9331	About 211 Tompkins Cortland - Human Services Coalition
Heart Disease and Stroke	Catholic Charities of Cortland County	607.756.5992	Catholic Charities of Cortland County Social Services Cortland NY
Heart Disease and Stroke	Cortland County Food Pantries	Refer to website for site specific phone numbers	Food Pantry — 211 Cortland
Heart Disease and Stroke	Food Bank of Central New York	Refer to website for site specific phone numbers	Agencies by County » Food Bank of Central New York

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

- Detailed summary of activities in CHIP for each hospital.