Community Health Needs Assessment

2025-2028

GUTHRIE
Lourdes Hospital

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

> Hospital legal name: Our Lady of Lourdes Memorial Hospital, Inc.
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> Hospital address: 169 Riverside Dr., Binghamton, NY 13905
>
> Hospital website: Guthrie Lourdes Hospital | Guthrie
>
> Hospital phone number: 607.798.5111
>
> Hospital EIN/Tax ID: 150532221

The 2025 Community Health Needs Assessment report was approved by the Board of Directors of Guthrie Lourdes Hospital on June 20, 2025 (2024 tax year) and applies to the following three-year cycle: June 2025 to June 2028. This report, as well as the previous report can be found on the Guthrie Clinic website.

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

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Acknowledgements

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

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

Executive Summary

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

Purpose of CHNA

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

Community Served

The Guthrie Clinic is an integrated health system compromising 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 Lourdes Hospital is one of the Guthrie Clinic's health systems serving the Greater Binghamton Region and surrounding areas. Guthrie Lourdes Hospital has defined its community served as Broome and Tioga Counties within New York for the 2025-2028 CHNA. The Greater Binghamton Region encompassing these two previously named counties was selected as Guthrie Lourdes Hospital's community service area because it is where the majority of hospital patients reside, and it is also the community partners' primary service area.

Data Analysis Methodology

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

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

groups which included 19 community members across various insurance types (commercial, Medicaid, Medicare) as well as uninsured population segments. Additionally, 518 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 Lourdes Hospital, with contracted assistance from Research & Marketing Strategies, Inc. (RMS Healthcare), followed a thorough, rigorous, and comprehensive process to determine the most critical needs for community stakeholders to address. RMS Healthcare works with healthcare delivery systems to conduct community health needs assessments, community health assessments, provide targeted healthcare consulting focused on enhancing patient-centered care delivery, establish and monitor quality improvement measures and other initiatives to help systems advance improvements in community population health, and measure satisfaction of the various stakeholder groups.

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

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

Guthrie Lourdes Hospital 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 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)

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[2] 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 Lourdes Hospital's mission, vision, values, and strategic plan for the 2025-2028 CHNA cycle.

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

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

➢ Cancers
➢ 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 health care that meets the needs of the entire family in New York (NY) and Pennsylvania (PA). As a non-profit health care 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 health care 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 Lourdes Hospital's commitment to offer programs designed to address the health needs of a community, with special attention to people who are underserved and vulnerable.

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

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

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[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 Lourdes Hospital has defined its community served as Broome and Tioga Counties within New York State. Although Guthrie Lourdes Hospital serves the Greater Binghamton 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 Lourdes Hospital service area. The Guthrie Lourdes Hospital location is depicted as an orange plus sign on the map on the next page.

Broome and Tioga Counties within New York State comprise just over 1,200 square miles of land area – the third-largest service areas by land area but the most populated of the entire Guthrie Clinic service area with approximately 200 people per square mile (compared to an average of 112 people per square mile for the entire Guthrie service area). The Guthrie Lourdes Hospital service area is the most urban area of the entire Guthrie service area comprised of only 783 farms. Within the Greater Binghamton Region, there is only one city: Binghamton (in Broome County), which has a population of 46,727 – comprising nearly 20% of the total Lourdes service area population. There are over 4,700 total employer establishments across the service area with the main industry being educational services, healthcare, and social assistance followed by manufacturing and retail trade.

Figure 1. Map of Guthrie Lourdes Hospital Service Area
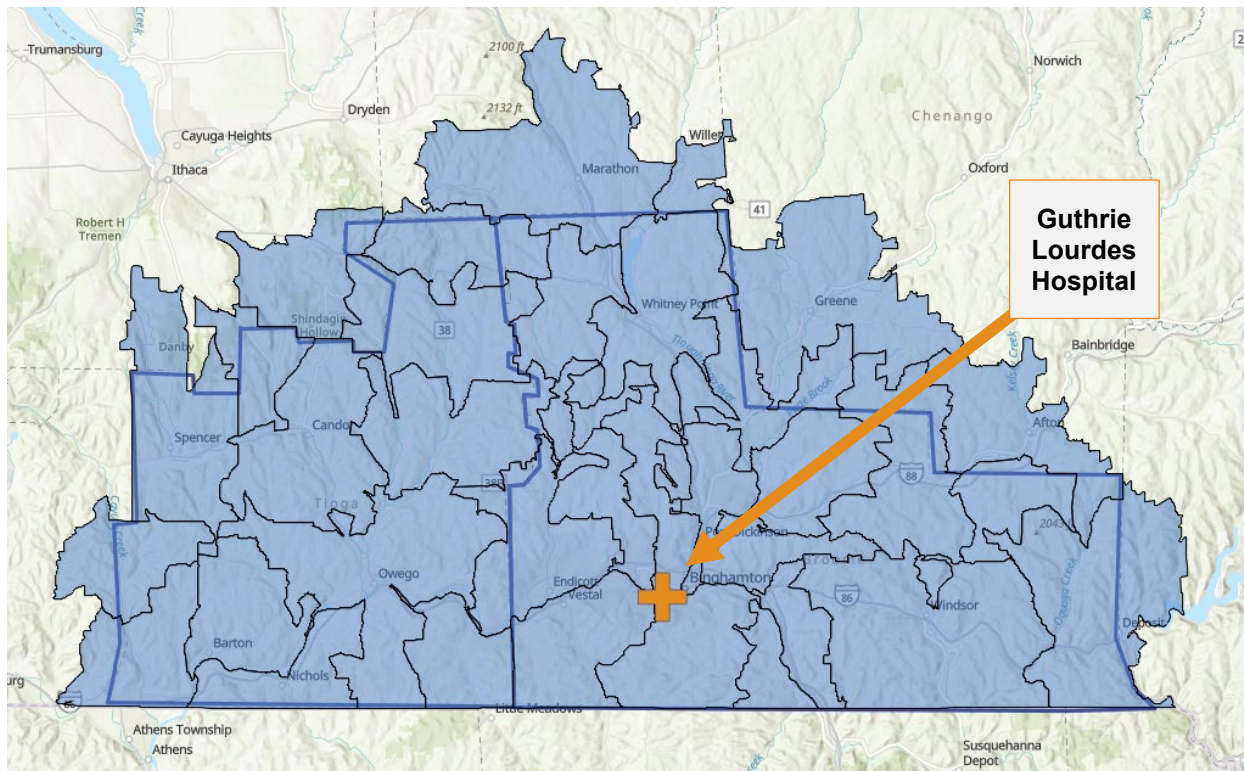
Demographic Data

Located in the Southern Tier of New York, the Guthrie Lourdes Hospital service area has a population of 245,844 residents. Within Broome County, only a quarter of the population resides in a census-defined rural area, or a low population density area (less than 2,000 housing units and less than 5,000 people); however, in Tioga County, the entire population resides in a census-defined rural area demonstrating the vast diversity even within one service area. Below are demographic data highlights for the Greater Binghamton Region:

➢ 20.2% of the residents are 65 or older, compared to 18.6% in New York.
  o The service area is slightly older than New York State (42.1 median age for the service area, 40.2 median age for New York).
➢ The Greater Binghamton Region is primarily White, Non-Hispanic – although it is one of the more diverse regions of the entire Guthrie service area.
  o 95.2% of residents are non-Hispanic while only 4.8% are Hispanic or Latino (any race).
  o 83.8% of residents are White; 4.2% are Asian; and 4.6% are Black or African American.
➢ The median household income is less than the state's median income level ($66,425 for the service area; $81,600 for New York).

➢ The percentage of all ages of people in poverty is slightly less than the state (10.0% for the service area; 14.2% for New York).
➢ The uninsured rate for the Greater Binghamton Region is better than the state average (3.5% for the service area; 6.0% for New York).

Table 1. Demographic Highlights of Community

Demographic Highlights		
Indicator	**Guthrie Lourdes Hospital Service Area**	**New York**
Population		
% Living in rural communities	36.9%	11.8%
% Below 18 years of age	19.5%	20.2%
% 65 and older	20.2%	18.6%
% Hispanic	4.8%	19.8%
% Asian	4.2%	9.7%
% Non-Hispanic Black	4.6%	17.7%
% Non-Hispanic White	83.8%	68.5%
Median Age	42.1 years	40.2 years
Social and Community Context		
English Proficiency *(Proportion of community members that speak English "less than well")*	2.6%	13.1%
Median Household Income	$66,425	$82,095
% of Children (< 18 years) in Poverty	21.0%	19.0%
% of Uninsured / no health insurance coverage	3.5%	6.0%
% of Educational Attainment *(% of adults ages 25 and over with a high school diploma or equivalent)*	91.2%	88.0%
% of Unemployment	3.5%	4.2%
% of Veterans	6.6%	3.6%
% of Population Living with a Disability	15.8%	13.0%

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

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 Binghamton 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 Lourdes Hospital's approach relied on the model developed by the County Health Rankings and Roadmaps and the Robert Wood Johnson Foundation, utilizing the determinants of health model as the model for community health improvement.[4]

Guthrie Clinic applied the County Health Rankings and Roadmaps' Take Action Cycle[5] 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

County Health Rankings model © 2014 UWPHI

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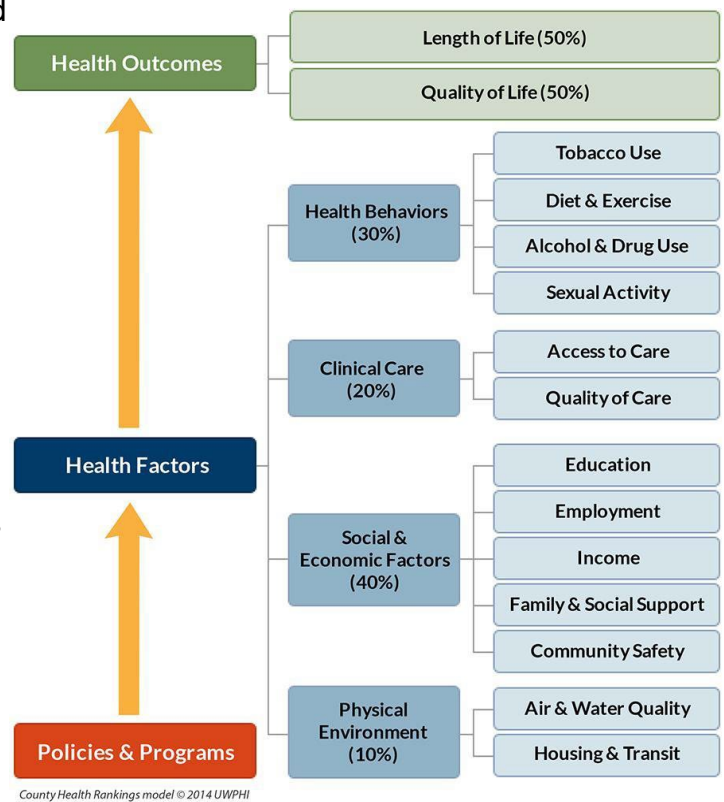
[4] Source: County Health Rankings & Roadmaps
[5] Source: Take Action Cycle | County Health Rankings & Roadmaps

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 Lourdes Hospital completed its 2025 CHNA in collaboration with the following key community stakeholders:

- ➢ Broome County Department of Mental Health
- ➢ Broome County Health Department
- ➢ Broome County Office for the Aging
- ➢ Care Compass Network
- ➢ Families and Children Society
- ➢ Mental Health Association of the Southern Tier
- ➢ Mothers and Babies Perinatal Network
- ➢ Rural Health Network of South-Central New York, Inc.
- ➢ Southern Tier AIDS Program
- ➢ SUNY Broome Community College
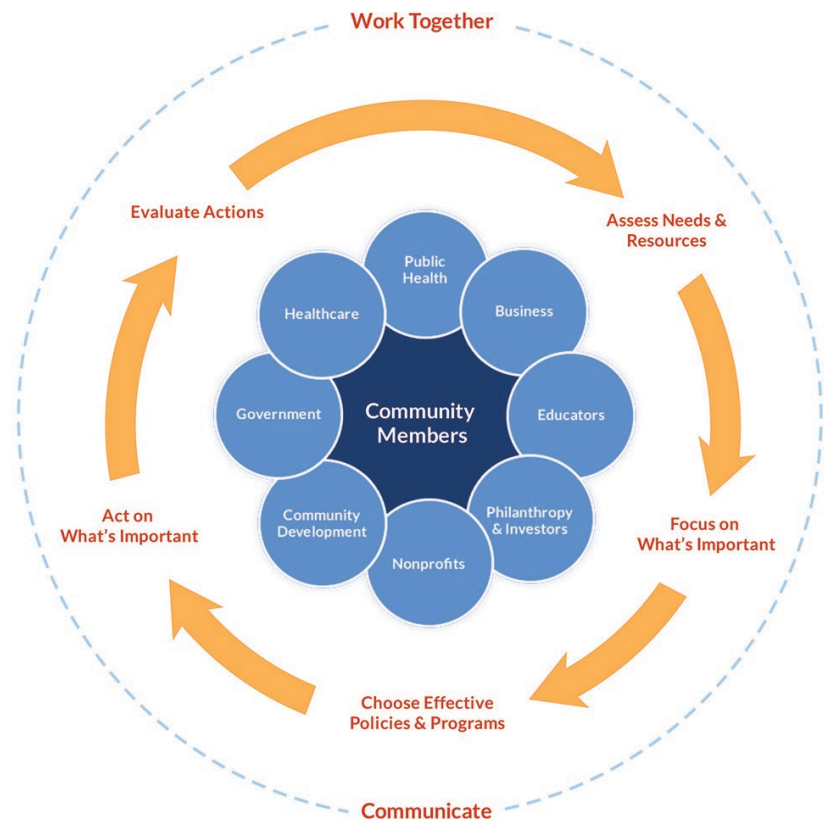
"We have so many services, especially in Broome County thanks to Guthrie's presence, but less so in Tioga County. There are opportunities for services to grow in the coming years, though."

Guthrie Lourdes Hospital understands that community collaboration is essential and integral to improving the health status of the residents of Broome and Tioga 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 Binghamton Region.

Data Collection Methodology

In collaboration and partnership with various community stakeholders Guthrie Lourdes Hospital gathered and analyzed primary and secondary data for the Greater Binghamton 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 Binghamton 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 Binghamton Region. In total, 518 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 Lourdes Hospital leadership team to over 25 various key community stakeholders, community partners and agencies through a promotional flyer containing a QR code which allowed easy access to open a direct link to complete the survey. A hyperlink was also sent to community members to ensure participation for community members that are not fully acquainted with the use of QR codes.

Based on the survey responses, Guthrie Lourdes Hospital 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) Aging problems (arthritis, hearing/vision loss, etc.), and (3) Diabetes. Other issues facing the Greater Binghamton Region include cancers as well as heart disease and stroke.

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

Issue	Percentage
Mental health problems	66.8%
Aging problems	43.1%
Diabetes	37.3%
Cancers	30.7%
Heart disease and stroke	30.1%
High blood pressure	19.5%
Dental problems	13.5%
Other	13.3%
Respiratory / lung disease	11.2%
Domestic Violence	7.1%
Racism	5.0%
Suicide	4.4%
Child abuse / neglect	3.7%
Infectious Diseases	2.7%
Motor vehicle crash injuries	2.1%
Homicide	1.0%
Firearm-related injuries	1.0%
Teenage pregnancy	0.6%
Sexually Transmitted Infections/Diseases	0.6%
Rape / sexual assault	0.4%
HIV / AIDS	0.2%
Infant Death	0.0%

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 Binghamton Region include: (1) Mental health / behavioral health services, (2) Educational / training opportunities for healthy lifestyles, and (3) Treatment for drug and alcohol abuse.

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

Service	Rating
Vaccinations for children	4.7
Care for pregnant women	4.0
Prescription drug medication	3.8
Primary care services	3.7
Orthopedics & Sports Medicine	3.7
Screenings and other preventive healthcare services	3.7
Emergency / Urgent Care Services	3.7
Healthcare for seniors	3.7
Pediatric Care / Child Wellness Services	3.7
Telehealth visits	3.5
Opportunities for physical activities to reduce obesity	3.3
Healthcare services for low-income populations	3.2
Chronic disease treatment and prevention	3.2
Programs to help people quit smoking	3.1
Healthy eating opportunities	3.0
Treatment for drug and alcohol abuse	2.9
Educational/training opportunities for healthy lifestyles	2.8
Mental Health / Behavioral Health Services	2.6

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

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

Response	Percentage
I am always able to access healthcare services when needed.	50.2%
I am sometimes able to access healthcare services when needed.	44.8%
I am rarely able to access healthcare services when needed.	4.1%
I am never able to access healthcare services when needed.	1.0%
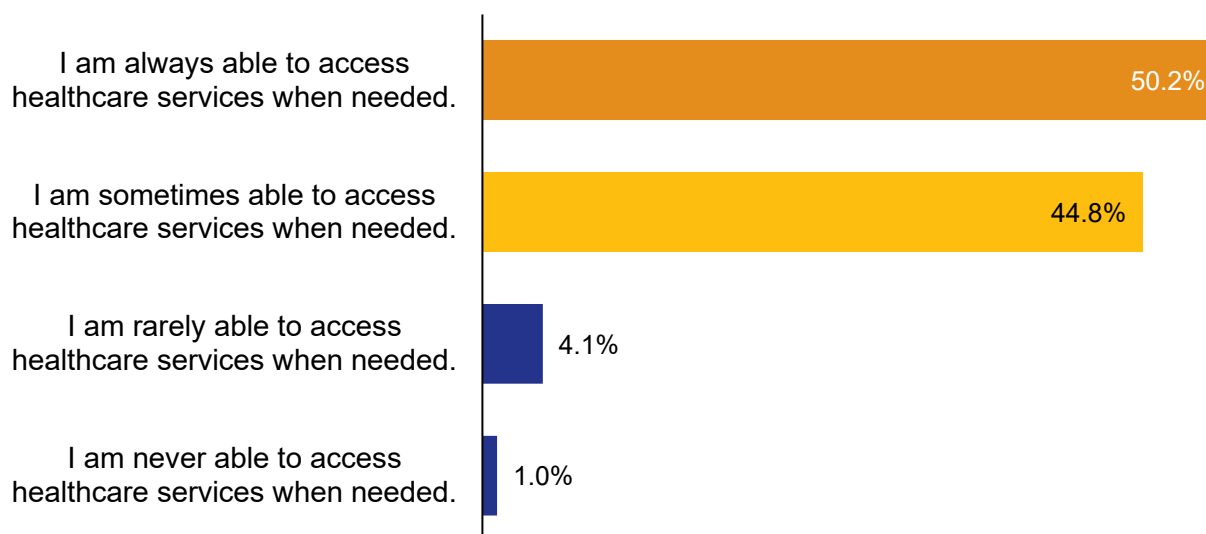
Figure 5. Where Residents of Guthrie Lourdes Hospital Service Area Go for Non-Emergent Medical Attention *(participants could select all that apply)*

Location	Percentage
Urgent Care / Walk-In Care	68.0%
Doctor's or physician's office	60.8%
Telehealth visit	11.4%
Hospital emergency room	3.3%
Other	3.3%
Hospital walk-in	2.1%
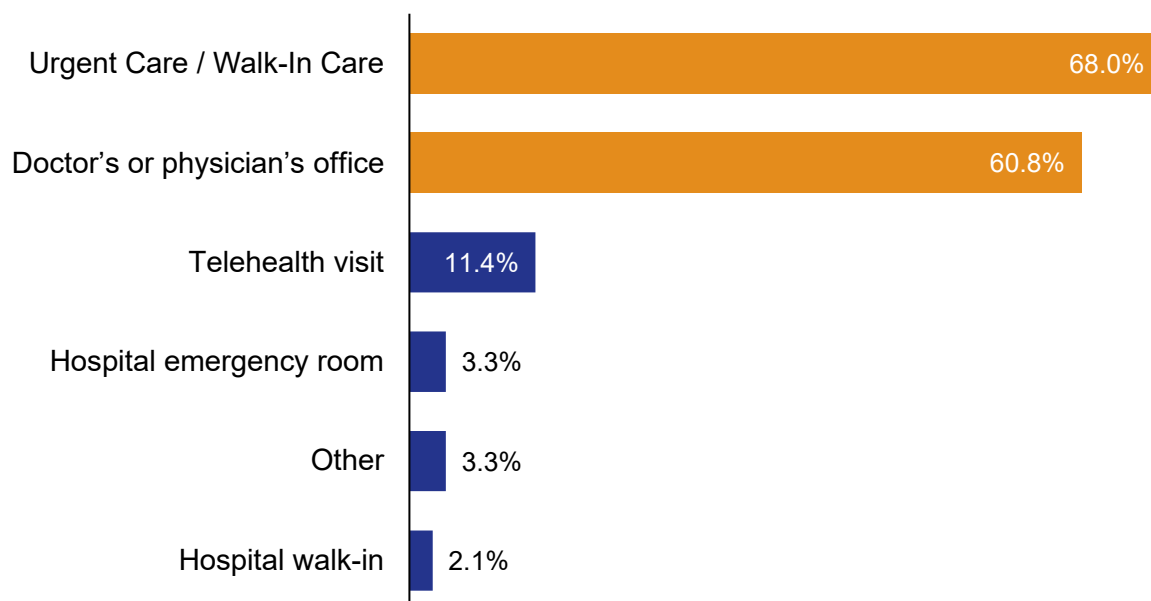
To view primary data from the On-Line survey in its entirety, see Appendix C (pages 50–70).

Key-Stakeholder Interviews

A series of 10 one-on-one interviews were conducted by RMS Healthcare on behalf of Guthrie Lourdes Hospital to gather feedback from key stakeholders on the health needs and assets of the Greater Binghamton 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 Lourdes Hospital Service Area	**Availability of Healthcare Services**
- Mean Overall Health Score of 2.6 / 5.0 *(where 5=very healthy)* - The Greater Binghamton Region is a safe community in which to raise children, but there is a need for improved community services, and it is a region lacking in economic opportunities. It was also not a highly rated community in which to grow old.	- Healthcare services, including Primary, Emergency, and Urgent Care, are available in the Greater Sayre Region. - But other specialties are lacking or limited, including: - Dental care - Mental and behavioral health - OB/GYN - Pediatrics - Other specialty care for which residents need to travel outside the area. - Stakeholders expressed concerns that availability was really based on a person's resources. They felt that those with more means are able to better access care, and can better coordinate their care, and often have reliable transportation.
Barriers to Accessing Healthcare	
- A lack of providers in the area - Affordable, stable housing - Cost or affordability - Discrimination / provider sensitivity and cultural awareness - Food insecurity or a lack of healthy foods being available - High turnover of providers / no consistency in who you see - Insurance coverage and acceptance - Lack of trust in the healthcare system	**Vulnerable Populations**
	Certain demographic groups of the population may be medically underserved, including:

➢ Long wait times / lengthy appointment wait lists ➢ Lower health education and literacy including lower educational attainment levels ➢ Rurality and isolation ➢ Transportation	o Elderly or aging adults o Immigrants o LGBTQ+ population o Low-income o Rural / Isolated persons o Those struggling with mental health issues
Ideas and Suggestions for Guthrie	
➢ Implement a mobile health unit that goes out into the more rural parts of the community to overcome transportation barriers ➢ Improvements to Guthrie staff cultural awareness and sensitivity training ➢ Provide more health education / healthy lifestyle trainings for the general public free of charge (such as a webinar series) ➢ An example could be a free webinar series hosted at the library once a month or once a quarter on topics tied to preventive medicine. ➢ Improve mental / behavioral health resources and services here ➢ Bring more primary care, pediatricians, and dental providers to the area ➢ Improve coordination and continuity of care, especially with community partners	

To view primary data from the In-Depth Interviews in its entirety, see Appendix (pages 71–90).

Community Focus Groups

A series of two focus groups were conducted by RMS Healthcare on behalf of Guthrie Lourdes Hospital to gather feedback from the community on the health needs and assets of the Greater Binghamton Region. Nineteen (19) individuals participated in the focus groups, held between March 19, 2025, and March 26, 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**
➢ Mean Availability Score of 3.3 / 5.0 *(where 5=very available)* ➢ Quality of healthcare available in the area is "satisfactory" and "good if people know how to access it."	➢ Mean Accessibility Score of 3.0 / 5.0 *(where 5=very accessible)* ➢ 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**

➢ Specialty care is lacking in the area, especially in the following areas:
   o Cardiology
   o Dental care
   o Elder care / Geriatrics
   o Mental health, including substance abuse treatment
   o Neurology
   o Pediatrics
   o Urology
➢ Many participants leave the area for more highly specialized care.
	➢ Healthcare staffing shortages
	➢ High out-of-pocket costs and general affordability
	➢ High turnover of providers / no consistency in who you see
	➢ Insurance acceptance
	➢ 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

➢ Increasing mental and behavioral health services
➢ Reducing healthcare costs to prevent people from receiving care
➢ Increasing services for substance abuse
➢ Increasing preventive care services
➢ Focusing on the poor and vulnerable

To view primary data from the Focus Groups in its entirety, see Appendix B (pages 90–94).

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 Lourdes Hospital service area is fairing **about the same** as the average county in New York and **slightly better** than the average county in the U.S.

To view secondary data and sources in its entirety, see Appendix D (pages 95-112)

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

Data Limitations and Information Gaps

Although it is quite comprehensive, this assessment cannot measure all possible aspects of health and cannot represent every possible population within the Greater Binghamton 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:
   ➢ Cancers
   ➢ 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 Lourdes Hospital, with contracted assistance from RMS Healthcare analyzed secondary data of over 20 indicators and gathered community input through key stakeholders and community member input to identify the needs within the Greater Binghamton Region. In collaboration with community partners, Guthrie Lourdes Hospital used a muti-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.
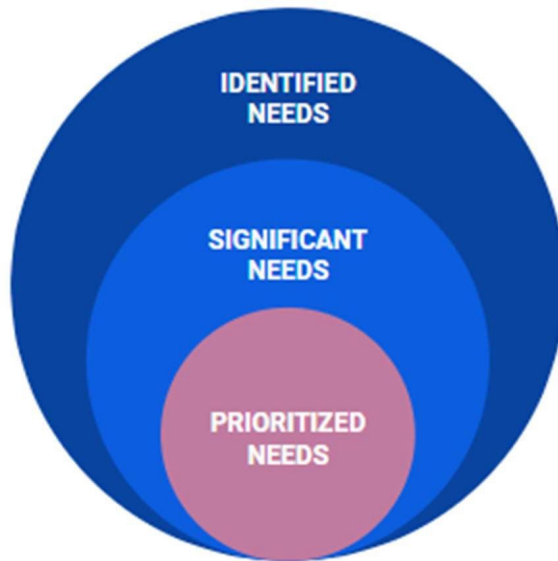
Following the completion of the CHNA assessment, Guthrie Lourdes Hospital will select all, or a subset, of the significant needs as the hospital's prioritized needs to develop a three-year implementation strategy. Although the hospital may address many needs, the prioritized needs will be at the center of a formal CHNA implementation strategy and corresponding reporting. The Image shown also describes the relationship between the needs categories.

Identified Needs

Guthrie Lourdes Hospital has defined "identified needs" as the health outcomes or related conditions (e.g., social determinants of health; health equity) impacting the health status of the Greater Binghamton 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 the 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]

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

Significant Needs

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

In this prioritization process, Guthrie Lourdes Hospital was focused in recognizing and understanding that to achieve improved health, wellness and quality of life, collaboration and engagement of community-based organizations "partners" is paramount to identifying the needs, as well as to influence behavioral change.

It was also essential that health disparities and inequities within the community were identified as a significant priority, which aligned with Guthrie Lourdes Hospital's mission to help each person attain optimal, life-long health and well-being. We will do so by providing integrated, clinically advanced services that prevent, diagnose, and treat disease, within an environment of compassion, learning, and discovery.

According to the CDC, health equity is the state in which everyone has a fair and just opportunity to attain their highest level of health.[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:

➢ Cancers

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[7] Source: What is Health Equity? | Health Equity | CDC
[8] Source: Bunnell R, Ryan J, Kent C; CDC Office of Science, CDC Excellence in Science Committee. Toward a new strategic public health science for policy, practice, impact, and health equity. *Am J Public Health*. 2021;111(8):1489-1496.
[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)

➤ Heart disease and stroke

To view healthcare facilities and community resources available to address the significant needs, please see Appendix E (pages 113-114).

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: Cancers

Cancers	
Why is it important?	**Data Highlights**
➤ Primary research suggests a need for improved focus on cancer prevention with attention on preventive screening and promoting health lifestyles, including smoking cessation.	➤ Although the service area has better mammography and colorectal cancer screening rates than New York and the country, the cancer incidence rate is higher in the service area than in the state or country (i.e., more people are screened but more people are diagnosed with cancer in the service area). *Source: County Health Rankings, 2025 and National Cancer Institute. Reference Figures 6 and 7on the following page.*
Local Assets & Resources	
➤ Guthrie Lourdes Hospital Breast Care Center ➤ American Cancer Society ➤ National Cancer Institute ➤ Broome County Health Department *Additional resources can be found in Appendix E: Healthcare Facilities and Community Resources.*	➤ Cigarette smoking is more prevalent in the service area than in NY and the country. *Source: County Health Rankings, 2025. Reference Figure 8 on the following page.*
Community Challenges & Perceptions	**Individuals Who Are More Vulnerable**
➤ Cancers were identified as the #3 healthcare issue facing the service area in the primary data collected. ➤ Oncology was frequently mentioned as a specialty for which residents need to leave the area due to lengthy appointment waitlists and a lack of specialists in the region. ➤ Transportation, high out-of-pocket costs, insurance coverage and acceptance, and limited access to wellness opportunities and	➤ The service area has an older, larger aging population than the state and the country. ➤ Through the qualitative primary data collected, it was revealed that there is significant food insecurity and limited healthy food options available in the more rural parts of the service area. ➤ Low-income and the disabled population were also identified to

education were identified as barriers limiting residents' access to healthcare services.	be more vulnerable and medically underserved in this service area.

Figure 6. Cancer Screening Rates

Service Area: Mammography 47%, Colorectal Cancer 71%
New York: Mammography 44%, Colorectal Cancer 66%
U.S.: Mammography 44%, Colorectal Cancer 59%

Legend: ■ Mammography ■ Colorectal Cancer
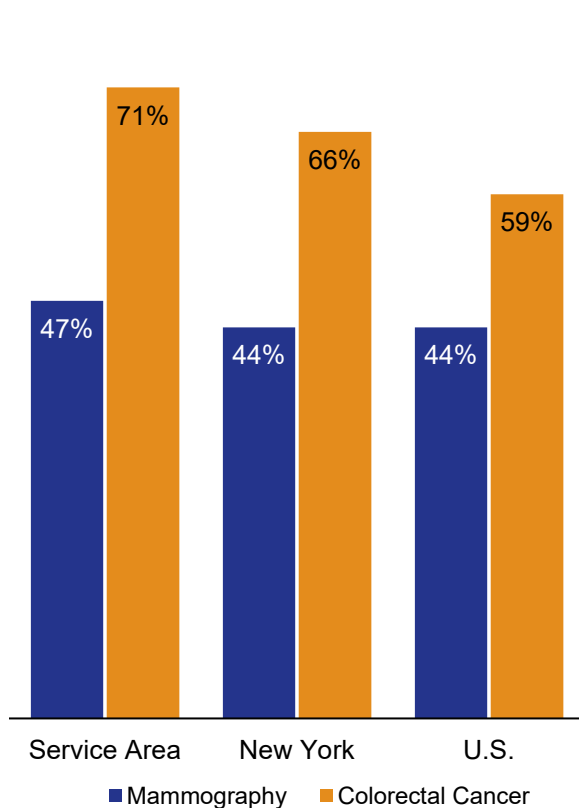
Figure 7. Cancer Incidence Rates per 100,000 Population

Service Area: 494.7
New York: 465.1
U.S.: 445.8
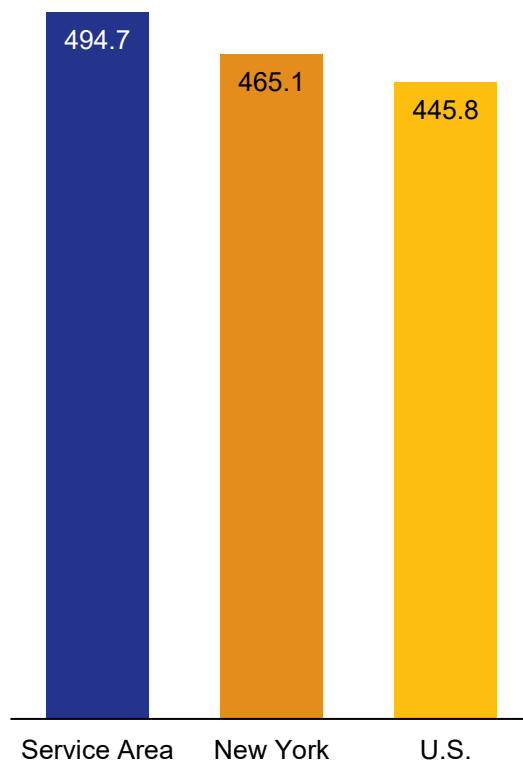
Figure 8. Prevalence of Cigarette Smoking

Service Area: 18.5%
New York: 12.0%
U.S.: 15.5%
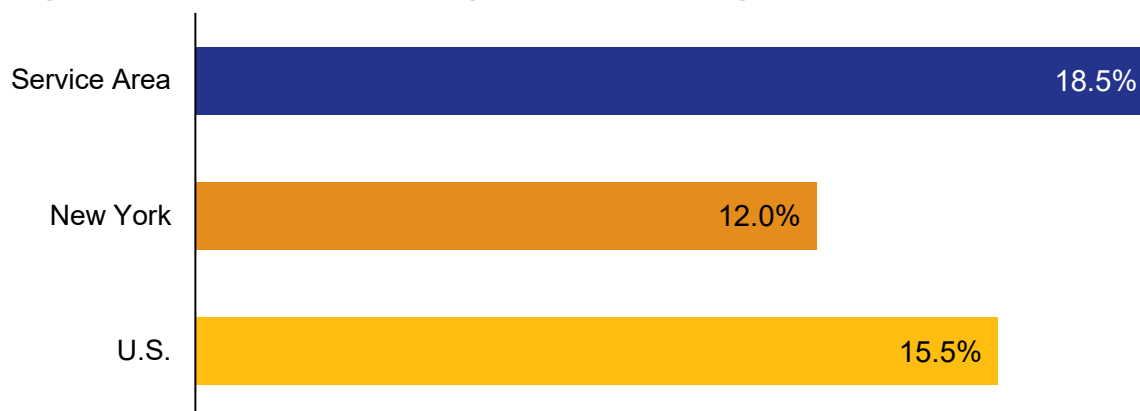
Table 5. Need Theme #2: Heart Disease and Stroke

Heart Disease and Stroke	
Why is it important?	**Data Highlights**
➢ 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.	➢ The service area has a significantly higher mortality rate due to coronary heart disease than NY. *Source: Healthy People, 2030. Reference Figure 9 on the following page.* ➢ 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. *Source: U.S. Census Bureau, 2023. Reference Figure 10 on the following page.* ➢ The service area also has less access to exercise opportunities and healthy foods, plus higher rates of obesity than NY. *Source: County Health Rankings, 2025. Reference Figures 11 and 12 on the following page.* ➢ Heart disease has consistently been the leading cause of death in NY over the past five years.
Local Assets & Resources	
➢ Broome County Health Department ➢ American Heart Association ➢ Binghamton Y ➢ Catholic Charities of Broome County *Additional resources can be found in Appendix E: Healthcare Facilities and Community Resources.*	
Community Challenges & Perceptions	**Individuals Who Are More Vulnerable**
➢ Heart disease and stroke were identified as one of the top 5 healthcare issues facing the service area. ➢ 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 cost/ affordability were identified as barriers limiting residents' access to cardiology and wellness services.	➢ The elderly/aging population, and those facing transportation barriers were identified to be medically underserved and more vulnerable in the service area. ➢ The service area is slightly older and faces a higher rate of disabilities and obesity than NY.

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

Service Area	175.3
New York	131.6
U.S.	161.5
Goal	71.1
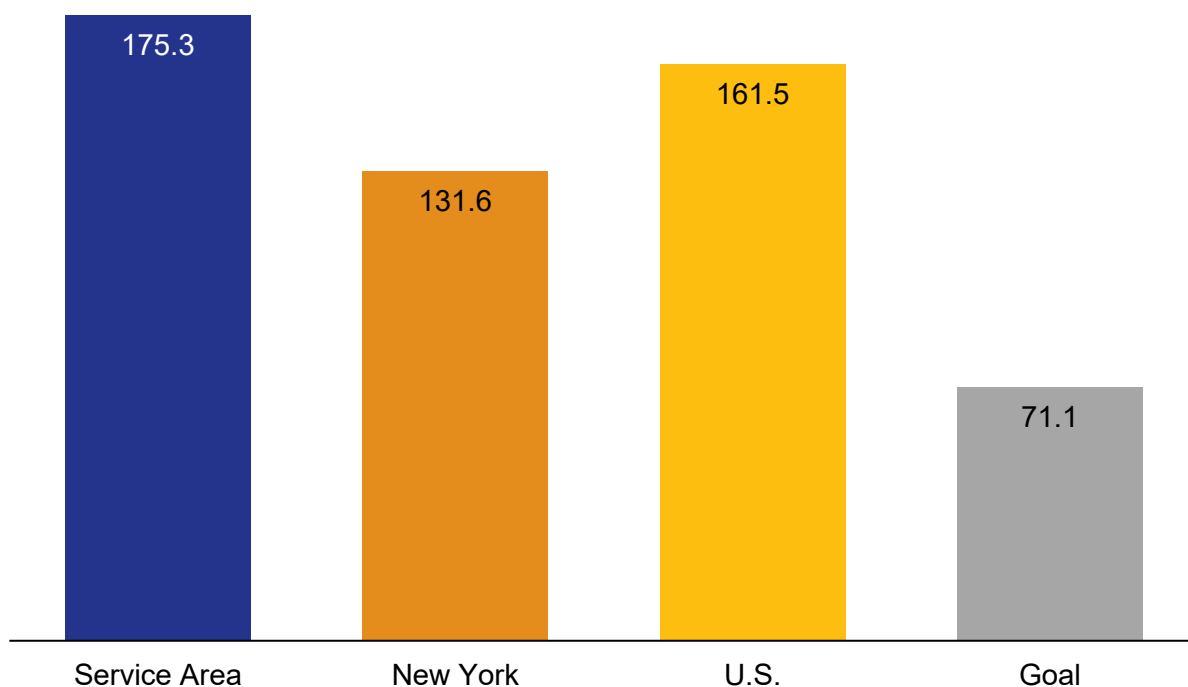
Figure 10. Proportion of Population Age 65 and Older

Age 65+ — Median Age

	Service Area	NY	U.S.
Age 65+	20.6%	19.3%	17.3%
Median Age	42.1 years	40.2 years	38.7 years
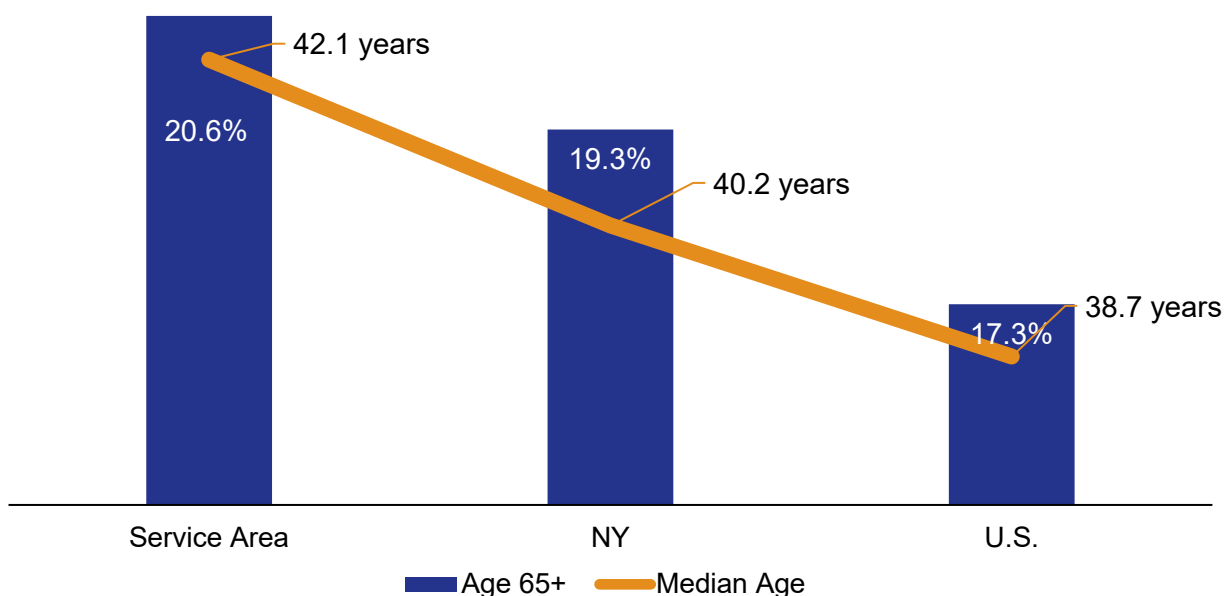
Figure 11. Access to Exercise Opportunities and Healthy Foods

Legend:
- Access to Healthy Foods
- Access to Exercise Opportunities

Service Area: 3%, 75%
NY: 2%, 90%
U.S.: 6%, 84%
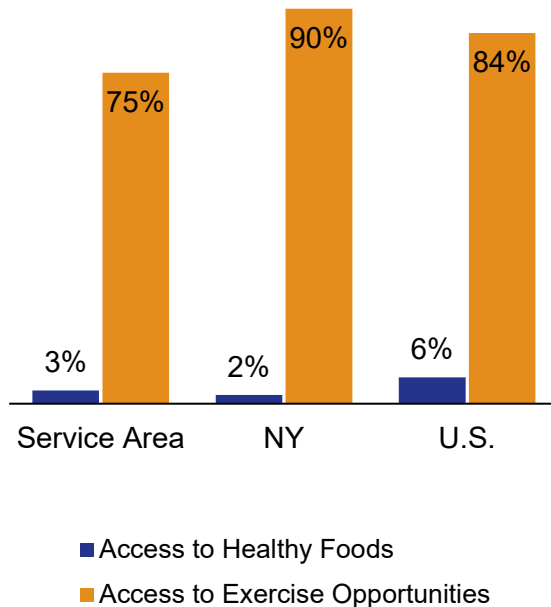
Figure 12. Obesity Among Children & Adults

Legend:
- Children
- Adults

Service Area: 16%, 36%
NY: 13%, 24%
U.S.: 20%, 40%
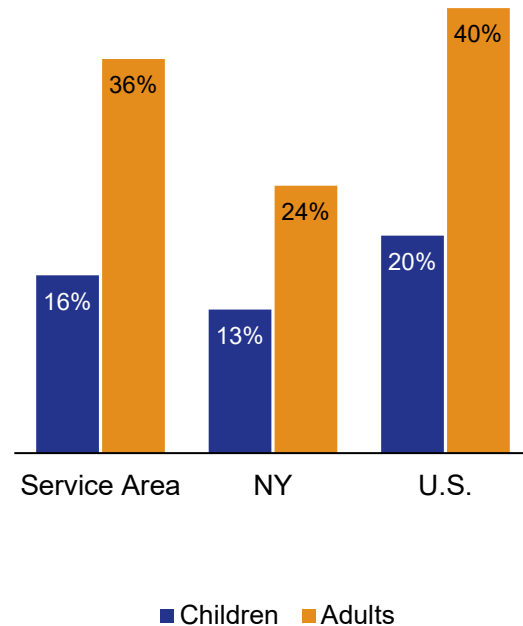
Prioritized Needs

Guthrie Lourdes Hospital 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) 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

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

(10) Addressing the healthcare need falls within the scope of Guthrie Lourdes Hospital's mission, vision, values, and strategic plan for the 2025-2028 CHNA cycle.

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

Prioritized Needs	Rationale
Cancers	This need was selected because cancer is the second leading cause of death in the United States.[13] The cancer death rate has declined in recent decades, but over 600,000 people still die from cancer each year in the United States.[14] Death rates are higher for some cancers and in some racial/ethnic minority groups. These disparities are often linked to social determinants of health, including education, economic status, and access to healthcare.[15] The cancer mortality rate in the Guthrie Lourdes Hospital service area is 494:7, meaning that for every 494 people 7 die from cancer in the Guthrie Lourdes Hospital service area. The mortality rate is significantly higher than the New York State Level of 465:1 and higher than the United States level of 445:8. Secondary research also showed that the prevalence of cigarette smoking in the service area (18.5) is higher in the region to that of New Yok State (12.0%) and that of the United States (15.5%).
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.[16][17] Heart disease and stroke can result in poor quality of life, disability, and death. The coronary heart disease mortality rate in the Guthrie Lourdes Hospital service area is 175.3, meaning that for every 100,000 people, over 175 die from heart disease or stroke in the Guthrie Lourdes Hospital service area. The mortality rate for this region is significantly higher than the New York State level of 131.6 and higher than the United

[13] Source: Centers for Disease Control and Prevention. (2019). Leading Cancer Cancer Cases and Deaths. Retrieved from: USCS Data Visualizations - CDC

[14] Source: National Cancer Institute. (2019) Annual Report to the Nation on the Status of Cancer, Featuring Cancer in Men and Women age 20-49 Years. *Journal of the National Cancer Institute, 111*(12), 1279-1297. Retrieved from: Annual Report to the Nation on the Status of Cancer, Featuring Cancer in Men and Women Age 20–49 Years | JNCI: Journal of the National Cancer Institute | Oxford Academic

[15] Source: National Cancer Institute. (2019). Cancer Disparities. Retrieved from: Cancer Disparities - NCI

[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: 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. Heart Disease and Stroke Statistics—2019 Update: A Report From the American Heart Association | Circulation

	States rate of 161.5. Primary research conducted also identified that physical inactivity is higher in the Guthrie Lourdes Hospital service region to that of the US and access to exercise opportunities in the region is significantly less than that of NY and PA combined and that of the US overall.

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 Lourdes Hospitals previous implementation strategy include:

1. Improve access to healthcare providers, with specific attention to those specialists providing care to patients ages 60 and older.

2. Improve availability of mental/behavioral health services, including substance use services, with a focus on community collaboration.

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

4. Improve health outcomes by focusing on prevention and wellness.

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

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 20th

Approval by Guthrie Lourdes Hospital's Board of Directors

To ensure the Guthrie Lourdes Hospital's efforts meet the needs of the community and have a lasting and meaningful impact, the 2025 CHNA was presented to the Board of Directors for approval and adoption on June 20, 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 Lourdes Hospital serves. This report will be used by internal stakeholders, non-profit community-based organizations (CBOs), government agencies, and other community partners of Guthrie Lourdes Hospital to guide the implementation strategies and community health improvement efforts as required by the Affordable Care Act. The 2025 CHNA will also be made available to the broader community as a useful resource for further community health improvement efforts.

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

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

Appendices

Table of Contents

Appendix A: Definitions and Terms

<u>Acute Community Concern</u>

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

<u>Collaborators</u>

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.

<u>Community Focus Groups</u>

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

<u>Community Forums</u>

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

<u>Community Served</u>

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.

<u>Consultants</u>

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

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

Population by Sex

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

Table B1. Population by Sex of Guthrie Lourdes Hospital Service Area

Population by Sex	Broome County		Tioga County		Guthrie Lourdes Hospital Service Area	
	#	%	#	%	%	%
Total population	197,738	-	48,106	-	245,844	-
Male	97,684	49.4%	24,105	50.1%	121,789	49.5%
Female	100,054	50.6%	24,001	49.9%	124,055	50.5%
Sex ratio (*males per 100 females*)	97.6	-	100.4	-	99.0	-
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 Lourdes Hospital service area is an older population with the largest age bracket being those 65 to 74 years-old with a median age 4.5% higher than New York.

Table B2. Population by Age of Guthrie Lourdes Hospital Service Area

Population by Age	Broome County		Tioga County		Guthrie Lourdes Hospital Service Area	
	#	%	#	%	#	%
Under 5 years	9,700	4.9%	2,479	5.2%	12,179	5.0%
5 to 9 years	10,018	5.1%	2,333	4.8%	12,351	5.0%
10 to 14 years	11,652	5.9%	3,154	6.6%	14,806	6.0%
15 to 19 years	15,445	7.8%	2,971	6.2%	18,416	7.5%
20 to 24 years	20,043	10.1%	2,579	5.4%	22,622	9.2%
25 to 34 years	22,202	11.2%	5,077	10.6%	27,279	11.1%
35 to 44 years	21,471	10.9%	5,542	11.5%	27,013	11.0%
45 to 54 years	20,630	10.4%	5,971	12.4%	26,601	10.8%
55 to 59 years	12,706	6.4%	3,638	7.6%	16,344	6.6%
60 to 64 years	14,498	7.3%	4,159	8.6%	18,657	7.6%
65 to 74 years	21,731	11.0%	5,822	12.1%	27,553	11.2%
75 to 84 years	11,894	6.0%	2,994	6.2%	14,888	6.1%
85 years and over	5,748	2.9%	1,387	2.9%	7,135	2.9%
Under 18 years	38,153	19.3%	9,841	20.5%	47,994	19.5%
18 years and over	159,585	80.7%	38,265	79.5%	197,850	80.5%
65 years and over	39,373	19.9%	10,203	21.2%	49,576	20.2%
Median age (*years*)	39.4	-	44.8	-	42.1	-
Data Sources: U.S. Census Bureau, 2023 American Community Survey 5-Year Estimates						

Race & Ethnicity

Why it is important: The race and ethnicity composition of a population is important in understanding the cultural context of a community. The information can also be used to better identify and understand health disparities. The Guthrie Lourdes Hospital service area is primarily White, Non-Hispanic, although there are significant populations of Asian, Black, Mixed, and Hispanic races and ethnicities in the Greater Binghamton Region.

Table B3. Race & Ethnicity of Guthrie Lourdes Hospital Service Area

Race & Ethnicity	Broome County		Tioga County		Guthrie Lourdes Hospital Service Area	
	#	%	#	#	%	#
White	161,027	81.4%	45,044	93.6%	206,071	83.8%
Black or African American	10,789	5.5%	536	1.1%	11,325	4.6%
American Indian and Alaska Native	273	0.1%	5	0.0%	278	0.1%
Asian	9,873	5.0%	465	1.0%	10,338	4.2%
Native Hawaiian and Other Pacific Islander	92	0.0%	4	0.0%	96	0.0%
Some Other Race	3,918	2.0%	702	1.5%	4,620	1.9%
Two or More Races	11,766	6.0%	1,350	2.8%	13,116	5.3%
Hispanic or Latino (of any race)	10,648	5.4%	1,117	2.3%	11,765	4.8%
Not Hispanic or Latino	187,090	94.6%	46,989	97.7%	234,079	95.2%
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 Lourdes Hospital service area is a slightly more impoverished region with over two-thirds of residents with a household income level below $100,000.

Table B4. Income Levels of Guthrie Lourdes Hospital Service Area

Income Levels	Broome County		Tioga County		Guthrie Lourdes Hospital Service Area	
	#	%	#	%	#	%
Less than $10,000	5,573	6.8%	732	3.6%	6,305	6.2%
$10,000 to $14,999	3,883	4.7%	641	3.2%	4,524	4.4%
$15,000 to $24,999	7,865	9.6%	1,457	7.2%	9,322	9.1%
$25,000 to $34,999	6,476	7.9%	1,761	8.7%	8,237	8.1%
$35,000 to $49,999	10,134	12.4%	2,588	12.8%	12,722	12.5%
$50,000 to $74,999	14,301	17.5%	3,281	16.2%	17,582	17.2%
$75,000 to $99,999	9,668	11.8%	2,962	14.7%	12,630	12.4%
$100,000 to $149,999	12,828	15.7%	3,503	17.3%	16,331	16.0%
$150,000 to $199,999	5,670	6.9%	1,719	8.5%	7,389	7.2%
$200,000 or more	5,383	6.6%	1,570	7.8%	6,953	6.8%
Median household income	$61,059	-	$71,791	-	$66,425	-
Mean household income	$84,379	-	$95,984	-	$90,182	-
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 Lourdes Hospital service area, more than half of the population has no higher education degree.

Table B5. Educational Attainment of Guthrie Lourdes Hospital Service Area

Educational Attainment	Broome County		Tioga County		Guthrie Lourdes Hospital Service Area	
	#	%	#	%	#	%
Less than 9th grade	3,629	2.8%	831	2.4%	4,460	2.7%
9th to 12th grade, no diploma	8,135	6.2%	1,940	5.6%	10,075	6.1%
High school graduate (includes equivalency)	38,708	29.6%	12,406	35.9%	51,114	30.9%
Some college, no degree	22,865	17.5%	5,363	15.5%	28,228	17.1%
Associate's degree	17,511	13.4%	5,195	15.0%	22,706	13.7%
Bachelor's degree	21,526	16.4%	5,274	15.2%	26,800	16.2%
Graduate or professional degree	18,506	14.1%	3,581	10.4%	22,087	13.3%
High school graduate or higher	119,116	91.0%	31,819	92.0%	150,935	91.2%
Bachelor's degree or higher	40,032	30.6%	8,855	25.6%	48,887	29.5%
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 Lourdes

Hospital service area is extensive. However, there are over 8,000 residents in this region who have no health insurance coverage.

Table B6. Health Insurance Coverage of Guthrie Lourdes Hospital Service Area

Health Insurance Coverage	Broome County		Tioga County		Guthrie Lourdes Hospital Service Area	
	#	%	#	%	#	%
With health insurance coverage	187,751	96.3%	46,489	97.4%	234,240	96.5%
With private health insurance	128,019	65.6%	31,763	66.5%	159,782	65.8%
With public coverage	90,198	46.2%	22,541	47.2%	112,739	46.4%
No health insurance coverage	7,294	3.7%	1,264	2.6%	8,558	3.5%
Data Source: U.S. Census Bureau, 2023 American Community Survey 5-Year Estimates						

Disability Status

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

Table B7. Disability Statuses of Guthrie Lourdes Hospital Service Area

Disability Status	Broome County		Tioga County		Guthrie Lourdes Hospital Service Area	
	#	%	#	%	#	%
With a disability	30,750	15.8%	7,486	15.7%	38,236	15.8%
Under 18 years, with a disability	2,594	6.8%	654	6.6%	3,248	6.8%
18 to 64 years, with a disability	16,543	13.9%	3,912	14.0%	20,455	13.9%

	Broome County		Tioga County		Guthrie Lourdes Hospital Service Area	
65 years and over, with a disability	11,613	30.9%	2,920	29.2%	14,533	30.5%

Data Source: U.S. Census Bureau, 2023 American Community Survey 5-Year Estimates

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 Lourdes Hospital service area do not live in a rural area, but nearly 1 in 7 households received food stamp benefits in the past year. There are also nearly 12,000 households without a vehicle, and transportation has been identified as a barrier to accessing necessary healthcare services in the Greater Binghamton Region. Furthermore, more than 1 in 5 children are living in poverty in this service area.

Table B8. Socioeconomic Characteristics of Guthrie Lourdes Hospital Service Area

Socioeconomic Characteristics	Broome County		Tioga County		Guthrie Lourdes Hospital Service Area	
	#	%	#	%	#	%
Households with Food Stamp/SNAP benefits in the past 12 months	12,526	15.3%	2,516	12.4%	15,042	14.8%
Occupied housing units with no vehicles	10,562	12.9%	1,335	6.6%	11,897	11.7%
Percentage of children (under age 18) living in poverty	-	27.0%	-	14.9%	-	21.0%
Percentage of families and people whose income in the past 12 months is below the poverty level	-	11.4%	-	8.5%	-	10.0%
Population 16 years and over who are unemployed	6,175	3.8%	1,234	3.1%	7,409	3.5%

Population aged 5 and over who speak English less than well (not proficient)	5,630	3.0%	450	1.0%	6,080	2.6%
Population living in a census-defined rural area	49,566	25.1%	41,045	100.0%	90,611	36.9%

Data Sources: U.S. Census Bureau, 2023 American Community Survey 5-Year Estimates; County Health Rankings, 2020 – 2024

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 Lourdes Hospital CHNA. The online survey was administered between February and April 2025. 518 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	10	1.9%
25 to 34	67	12.9%
35 to 44	98	18.9%
45 to 54	98	18.9%
55 to 64	126	24.3%
65 to 74	88	17.0%
75 or older	28	5.4%
Prefer not to answer	3	0.6%
Average Age of Participants = 45 to 54 years		

Table C10. Survey Participants' Gender

S4. Gender	#	%
Male	72	13.9%
Female	435	84.0%
Non-Binary	1	0.2%
Other	0	0.0%
Prefer not to answer	10	1.9%

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 Lourdes Hospital. 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	14	1.7%

Unhealthy	154	30.3%
Neutral	273	54.8%
Healthy	70	12.9%
Very Healthy	7	0.3%
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 Lourdes Hospital service area shared the top three concerns as (1) mental health problems, (2) cancers, and (3) Diabetes.

Table C4. Residents' Biggest Healthcare Issues in Their Community

Q2. Top 3 Biggest Healthcare Issues	#	%
Aging problems (arthritis, hearing/vision loss, etc.)	223	43.1%
Cancers	159	30.7%
Child abuse/neglect	19	3.7%
Dental problems	70	13.5%
Diabetes	193	37.3%
Domestic violence	37	7.1%
Firearm-related injuries	5	1.0%
Heart disease and stroke	156	30.1%
High blood pressure	101	19.5%
HIV/AIDS	1	0.2%
Homicide	5	1.0%
Infant death	0	0.0%
Infectious disease (hepatitis, TB, etc.)	14	2.7%
Mental health problems	346	66.8%
Motor vehicle crash injuries	11	2.1%
Rape/sexual assault	2	5.0%
Respiratory/lung disease	58	0.4%
Sexually transmitted infections (STIs)	3	11.2%
Suicide	23	0.6%
Teenage pregnancy	3	4.4%
Racism	26	0.6%
Other	69	13.3%

If residents selected "other" healthcare issues are faced in their community in Q2 of the community online survey, they were provided the opportunity to type their response. "Other" healthcare issues faced in the Guthrie Lourdes Hospital service area include (n=69):

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

- "Access to healthcare (e.g. cost, difficulty in travel). ALSO, pre- and post-natal care"
- "Addiction" (n=3)
- "ADHD"
- "Alcohol, drug and tobacco addiction"
- "Dementia"
- "Diabetes"
- "Drug abuse" (n=2)
- "Drug abuse and alcohol abuse" (n=2)
- "Drug abuse and Obesity"
- "Drug addiction" (n=2)
- "Drug addiction/overdose"
- "Drug overdose"
- "Drug use"
- "Drug/substance addictions"
- "Drugs"
- "DRUGS - BIG PHARMA DRUGS"
- "Drugs/alcohol"
- "Health concerns related to being unhoused/substance use disorder"
- "Healthcare based on individual needs, not based on what Medicare and Medicaid tests they want you to have."
- "Healthcare coverage"
- "High costs"
- "Homeless & drugs"
- "Homelessness" (n=2)
- "Inability to afford healthcare needs, such as inhalers and diabetic needs. Prices are astronomical for many services, even with "great" healthcare coverage."
- "Isolation"
- "Issues related to homelessness"
- "Kidney Failure/Dialysis"
- "Lack of adequate heathy food"
- "Lack of CONTINUITY OF CARE"
- "Lack of nutrient dense foods not just cheap carbohydrates and over processed ones from the food pantry."
- "Lack of the ability to get care"
- "N/A"
- "Obesity" (n=12)
- "Obesity, Drug abuse, mental health"
- "Obesity, drug use"
- "Overdose"
- "Prefer not to say"
- "Sepsis"
- "Socioeconomic disparities"
- "Substance abuse" (n=7)
- "Substance use" (n=2)
- "Substance use/opioids, Exposure due to unhoused status"
- "Substance use/overdose"
- "Undiagnosed health issues"
- "Untreated trauma"

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 Lourdes Hospital service area shared the most widely available services include (1) vaccinations for children (excluding the COVID-19 vaccine), (2) care for pregnant women, and (3) prescription drug medication, while the least available services include (1) mental/behavioral health services, (2) educational/training opportunities for healthy lifestyle, and (3) treatment for drug and alcohol use.

Table C5. Perceptions of Availability of Services (Means)

Q3-20. Availability of Healthcare Services	Means
Care for pregnant women	4.0
Chronic disease treatment & prevention	3.2
Educational/training opportunities for healthy lifestyle	2.8
Emergency/urgent care services	3.7
Healthcare for low-income populations	3.7
Healthcare for seniors	3.2
Healthy eating opportunities	3.0
Mental/behavioral health services	2.6

Opportunities for physical activities to reduce obesity	3.3
Orthopedics & Sports medicine	3.7
Pediatric care/Child wellness services	3.7
Prescription drug medication	3.8
Primary care services	3.7
Programs to help people quit smoking	3.1
Screenings & other preventive healthcare services	3.7
Telemedicine	3.5
Treatment for drug & alcohol use	2.9
Vaccinations for children	4.7

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 Lourdes Hospital service area residents have gone to someone for preventive health in the past 2 years.

Table C6. Preventive Care in the Last 2 Years?

Q21. Preventive Care	#	%
Yes	478	92.3%
No	40	7.7%

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

Table C7. Telehealth Visit in the Past Year?

Q22. Telehealth Visit	#	%
Yes	168	37.1%
No	350	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 Lourdes Hospital service area residents are not concerned about utilizing telemedicine.

Table C8. Telehealth Concerns

Q23. Telehealth Concerns	#	%
Yes	33	19.6%
No	135	80.4%

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 Lourdes Hospital service area residents who are concerned about utilizing telemedicine believe that it offers "lower quality of care" compared to in-person visits. They also have issues with connectivity and reliable Internet as well as concerns with privacy and security.

Table C9. Telehealth Issues

Q23a. Telehealth Issues	#	%
Connectivity & reliable Internet	9	27.3%
Concerns with privacy & security	12	36.4%
Do not understand how to use telehealth technology	2	6.1%
Belief that telehealth offers "lower quality of care"	19	57.6%
Other	3	9.1%

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 Lourdes Hospital service area include (n=3):

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

- *"Believe in hands on"*
- *"Lack of local telehealth options"*
- *"Unsure"*

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

Table C10. Ability to Access Healthcare Services

Q24. Ability to Access Healthcare Services	#	%
I am *always* able to access healthcare services when needed.	260	50.2%
I am *sometimes* able to access healthcare services when needed.	232	44.8%
I am *rarely* able to access healthcare services when needed.	21	4.1%
I am *never* able to access.	5	1.0%

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 Lourdes Hospital service area residents can rarely or never access healthcare services when needed due to (1) a lack of providers, (2) not being able to get an appointment, and (3) too much time to wait before getting an appointment.

Table C11. Ability to Access Healthcare Services

Q25. Why aren't you able to access healthcare services when needed?	#	%
I have no insurance.	1	3.8%
Too expensive/ cannot afford	8	30.8%
Could not get appointment(s)	15	57.7%
Lack of transportation	1	3.8%
Too much time to wait before an appointment	14	53.8%
Doctor is too far away	3	11.5%
Services are not available	11	42.3%
Do not accept my insurance	6	23.1%
Lack of providers	16	61.5%
Other	7	26.9%

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 Lourdes Hospital service area include (n=7):

Q25a. If other, please specify: *(the following comments are verbatim)*

- *"Fear of information being hacked"*
- *"Most providers seem too not care"*
- *"N/A" (n=2)*
- *"Poor employer provided insurance plan limits available services in the area to their system; limits available providers."*
- *"Providers are incompetent in many areas. Good providers who care are extremely RARE here."*
- *"Working in healthcare ... makes it hard. Scheduling."*

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

Table C12. Where Do You Go to Receive Medical Attention

Q26. Where do you go to receive non-emergent medical attention?	#	%
Urgent Care / Walk-In Care	352	68.0%
Hospital Emergency Room	17	3.3%
Doctor's / Provider's Office	315	60.8%
Hospital Walk-In	11	2.1%
Telehealth Visit	59	11.4%
Other	17	3.3%

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 Lourdes Hospital service area include (n=17):

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

- *"Call my primary and they state they can't see me timely so I either don't go or go to the walk in and wait for hours."*
- *"Don't go"*
- *"EZ ACCESS MD through insurance"*
- *"Homeopathy"*
- *"I do not receive medical attention unless it is ABSOLUTELY necessary / life or death."*
- *"I don't"*
- *"I don't go anywhere I self-manage."*
- *"I don't go because provider does not have any "sick" appointments and everything at a walk-in care is a "virus" and nothing is done."*
- *"I stay home"*
- *"I usually just take over-the-counter medications and try to give it time to get better."*
- *"My personal Direct Primary Care Provider"*
- *"Myself"*
- *"N/A" (n=2)*
- *"Normal illness and minor injuries I treat with over-the-counter meds or herbal medicine."*
- *"Stay home and hope I just get better"*
- *"Upstate medical or NYC"*

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 Lourdes Hospital service area residents feel their community is: (1) a good place to raise children, (2) a safe place to live, and (3) a good place to grow old.

Table C13. Agreement with Community Statements (Means)

Q27. Community Statements	Means
My community is a good place to raise children.	3.4
My community is a good place to grow old.	3.1
My community has economic opportunity.	2.5
My community is a safe place to live.	3.2
My community has networks of support for families/individuals during a crisis.	2.7
My community offers sufficient community services.	2.7
My community has a sense of civic engagement and pride.	2.9

Individuals were asked if they have any suggestions or recommendations for improving healthcare services in their community. The majority of Guthrie Lourdes Hospital service

area residents did not offer any 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	225	43.4%
No	293	56.6%

If residents indicated yes, they do have a suggestion or recommendation to improve healthcare services in their community in Q28 of the community online survey, they were provided the opportunity to type their response. Overall, the comments express a desire for more affordable, accessible, and comprehensive healthcare, with particular emphasis on mental health, rural access, and workforce shortages. "Other" suggestions and recommendations for improving healthcare services in the Guthrie Lourdes Hospital service area include (n=225):

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

- *"A gym located in Apalachin, NY would help."*
- *"A Walk in would be very welcome."*
- *"Access to mental health services is greatly needed in our community, particularly for individuals struggling with alcohol and drug abuse. Unfortunately, there are limited resources available, making it difficult for those in need to receive proper care. Additionally, this is a low-income area where obtaining medical care—whether from primary care doctors or specialists—is extremely challenging. Many people face transportation barriers, struggle to afford co-pays, or do not qualify for Medicaid, leaving them with few options. The requirement to prepay bills when registering before receiving care only adds to their frustration, often discouraging them from seeking treatment altogether. Our community also lacks adequate dermatology services, making it difficult for residents to access specialized care. To address these issues, I propose increasing access to mental health services, medications, and office visits at an affordable price. Expanding community support through additional services and financial aid would also be beneficial. Furthermore, there are no affordable gym memberships available, making it even harder for low-income individuals to maintain a healthy lifestyle. Access to fitness facilities and nutritious food options should be made more affordable to support overall well-being in our community. Addressing these concerns would significantly improve the quality of life for many residents."*
- *"Access to primary and specialty care needs to be increased. I had to wait 6 months for an appointment with a neurologist for a serious condition. I'm now waiting over 4 months to see a dermatologist."*
- *"Add more walk in offices"*
- *"Address the needs of Autistic adults in mental health and work/community help."*
- *"All services regardless of provider network should be "tier 1" for insurance purposes."*
- *"Attract higher quality providers that provide a better level of care. Pay associates and workers a fair wage that attracts more quality people to work in healthcare in our communities."*
- *"Availability and wait time for services is a barrier in this area. Also cost of things like preventative and wellness programs. They are available (what the question asked) but being able to afford them is difficult."*
- *"Better access to providers, better access to healthy foods, better access to activities."*
- *"Better advertisement of services offered."*
- *"Better coordination between and among providers."*

- *"Better cyber security for your medical records."*
- *"Better health care such as listening to your patients, taking their needs seriously, showing compassion and empathy, shorter wait times by allowing people to call ahead for sick appointments."*
- *"Better mental health! Insurance needs to Cover medication for weight loss and mental health... it goes hand in hand."*
- *"Better services for mental health."*
- *"Better social service programs in general but specifically for prescription delivery to patients in rural areas, elderly patients, and those of lower incomes. Transitions of care services for hospital discharges including pharmacy review."*
- *"Better training regarding cognitive disorders, mental health and substance use for hospital system staff. This should include recognizing these conditions/correctly diagnosing, and training staff to not stigmatize patients and their families as well as how to adequately care for folks with these concerns. There is inadequate psychiatric services/oversight for these illnesses in particular at Guthrie. More sound discharge planning in general. Repeated admissions with same discharge plan = further repeated admissions."*
- *"Better, newer equipment, 24/7 urgent care, bigger ERs, more alternative/complementary preventative holistic care."*
- *"Billing is frequently a problem... Being billed twice for the same visit for example, or having the bill go to the wrong address."*
- *"Bring back the Dr. Garabed Fattal Free Clinic on Front Street in Binghamton."*
- *"Closer heath care and more affordable heath care due to being a rural community."*
- *"Communicating what's available from county/state as well as through health system more clearly."*
- *"Community education when to use walk-in clinic, when to use urgent care and ER, when to call primary care or pediatrician, nurse connects. I work with families with children under 5. The first option is to call an ambulance and go to ER because they do not have transportation. Complete a study to see if it is cost effective to hire transportation for families without transportation. Some parents are confident to call their pediatrician or primary care after hours, and others are not sure. Offices should make clear in writing when to call the office first. Are physicians still on call in the middle of the night?"*
- *"Community outreach could be improved. Although many programs and services are available in the area many community members do not know about the resources that are available to them until they are seen by a provider when their health and circumstances maybe at their lowest. Nutritional education and classes would greatly benefit the community."*
- *"Control who gets paid for health care better. It's crazy to think that health care insurance for my family of three cost $43,700.00 per year before I use it. This includes what I pay and what my employer pays. When I look at the employer's filings to the IRS for health care cost I am seeing upwards each year for about 40% to 50% going to insurance providers who are not spending it on actual health care services. Most of that is going for annual commissions to them, Yet the doctors and lab work bills submitted to health insurance providers are only paying 8 cents on the dollar for lab work and 12% on the dollar for doctor services."*
- *"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 relieved with instruction/education/therapy/services that would help."*
- *"Customer service improvements. The best experiences I have had have been due to the personnel and their abilities to make me feel seen, heard, and validated. In addition, having doctors, PA and NP's that have the space and time in their schedules to sit and talk with patients*

rather than treat them as a widget or productivity. I'd also suggest improving efforts to recruit expert providers and improve hospital workplace cultures that foster places that people want to come to work and stay to work therefore improving our community overall."

- *"Decrease wait times to get into see a specialist following an initial referral and not cancelling specialist appointments because of unavailability when you've already waiting months to see them. Improve my chart sharing/communication across organizations. Improve follow up check ins after ER visits."*
- *"Definitely need a lot more mental healthcare facilities in this area."*
- *"Dental providers. Very few providers that accept insurance."*
- *"Dental services - surgical- periodontics, that accept all dental insurance plans."*
- *"Develop more broad spectrum mental health services."*
- *"Drastic limitations on health care providers and services within Guthrie over the past year. Personally as a longstanding 12 year employee I am saddened about the loss of my sports medicine physician with no replacement, lack of affordable healthy food alternatives in our cafeteria's, the inaccessibility of appointments at my PCP for when I am acutely ill, waiting in the waiting room at the pain and wellness center for 30minutes (2/28/25), removal of valet services at the towers entrance for my mobility impaired patients."*
- *"DRUG REHABILITATION. AFFORDABLE MENTAL HEALTH CARE. IF YOU'RE NOT ON MEDICAID IT SHOULDN'T COST A BILLION PLUS DOLLARS!!!!"*
- *"Educate medical staff more on non-pharma biological, epidemiological and physical sciences. The attitudes of medical staff here are hostile and depressing, with a lack of morale and integrity."*
- *"Education in the school systems."*
- *"Encourage employers to allow their employes to seek health care anywhere they choose, not just in "their" network. Recruit more physicians, especially in underserved specialties: pediatric neurosurgery, mental health, dermatology, etc."*
- *"Expand it all together"*
- *"Expand optometric - eye care and clinical psychology services in our area please."*
- *"Extended hours for MD offices with mid-level provider to offset ED waiting more access to entry into addiction care facilities or care programs."*
- *"For someone who has gone out of the area for specialty care I have ideas or suggestions."*
- *"Free clinics for regular check ups or minor concerns."*
- *"Get into the schools. UHS offers physicals and telehealth at school for my children. We'd prefer UHS. It's hard to take kids out of school for visits."*
- *"Greater access to mental health care."*
- *"Have a doctor available for care in the medical office in Windsor NY."*
- *"Have an Information Health Care Office at the Oakdale Commons for people to get questions answered and Computer access for Healthcare Education."*
- *"Have more Direct Primary Care Providers/Programs"*
- *"Have more PCP's. I go to the walk in because when I'm sick I can't see my primary. They are all booked out weeks in advance. Guthrie needs to get their act together. Lourdes did a much better job. The right hand has no idea what the left hand is doing and it is so frustrating as a patient. Every office I go to is disorganized and they can't find your past records. The Cleveland Clinic was appalled at the lack of care I received for a concussion. They thought Guthrie was better than that."*
- *"Have more rural clinics"*
- *"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."*
- *"Having to wait 3-5 months for a specialist appointment is disconcerting. Seeing individuals waiting weeks for a 2nd mammogram when everyone says early treatment for cancer is the way to beat it is frightening. There needs to be more appointment times made available for specialists and someone needs to actually care about your circumstances."*
- *"Healthcare access is a problem. Closing healthcare sites, especially in rural areas, creates significant problems for people. People need to be able to get to appointment locations, especially when telehealth is not an option."*

- *"Helping people to grow and harvest their own food and mental health is key. if we fix the food system, we help with all."*
- *"Hire and train sufficient competent staff so wait times are reasonable."*
- *"Hire candidates who are not only qualified but teach them customer service too… smile, eye contact, vested to actual help, follow up on an issue… Lourdes staff treats their job as guaranteed income and show no care … pharmacy, radiology (CT)…"*
- *"I believe due to the shortage of mental health services/ substance abuse issues and housing availability has caused a repeated pattern in our community. Draining resources that could be used if a better option was available also guidelines were followed by certain treatment facilities. This has been an issue since the opioid crisis began. Along with this you have students who take over the available apartments leaving little for those who reside here permanently. Working in the community, I noticed a gap with one bedroom apartments. This becomes difficult to single residence and also clients who were in early retirement years who did not require nursing home level care but in need of safe housing options. This became a cycle in which they obtained no mental health care due to long waiting lists, not having stable housing or transportation. Returning to substance use, obtaining treatment usually within Fairview or Helio and if they opt to not continue in treatment after the 28 day Inpatient programs they return back to the same situation they started at 28 days prior. If they aren't able to secure housing, which typically was not reasonable during treatment as they are to focus on their care. They then return to the community without a change in status or solid foundation. The options for emergency housing is at best over crowded, usually not monitored and not helpful in most cases. In my experience this pattern sometimes repeating monthly costing NYS housing costs at 1000$ a day for treatment when essentially that is the core of why they are there. If a client did this monthly which isn't uncommon to see, that is 28000 month and over the year $336K in medical costs that are not beneficial to change just housing. This community lacks accountability for money spent, activities for adults and children along with options that are affordable for the "middle class"."*
- *"I believe my area needs more access to quality mental health services and we need more specialist doctors in certain areas of healthcare (long wait to get appointments and doctors retiring)."*
- *"I believe that we do not have good outlets for families who have members suffering with mental illness. Additionally, we have a shortage in the field making it difficult for patients to be seen and followed up on."*
- *"I can't get into an eye doctor in our area or find any one for mental health - I want to talk to someone - not a telehealth - no Psychology Drs in our area."*
- *"I feel an increased focus should be placed on balancing of service and care in the community. There is little focus on truly managing chronic conditions from the burdens it places on the healthcare system. Resource utilization is shifted too far towards the chronically ill. In my opinion, these resources are better used on prevention and early intervention."*
- *"I feel communities can always benefit from more education around health promotion and prevention. I also highly suggest a hard reduction approach, especially when dealing with cases of addiction."*
- *"I think we need more healthcare available. It is difficult to get into my primary when I need to. As a person who may need to go on dialysis, I am concerned with having medical treatment available if I need to get a fissure and I have a complication."*
- *"I think we need more physicians, more specialists. Wait time to get into to see a dr. is ridiculous."*
- *"I was initially pleased when Guthrie bought Lourdes hospital, thinking they would make changes and elevate it to the level of Guthrie in Sayre (which is top-notch in every regard - caring/competent staff, spotless facilities, etc.). I have been completely disappointed since Guthrie came to Binghamton! The computer issues they initially experienced, and their inability to resolve them, were both very troubling. The lack of professionalism, competency, and concern by many of the staff is equally or far more concerning. I had hoped Guthrie would have made leadership changes locally at the top, but they did not and as a result things have not gotten better, but rather far worse! I switched to UHS for some of my healthcare needs, but found them to be as bad or worse than Guthrie. Years ago our local healthcare was a source of great pride in our community, but those days are long gone with the transient doctors, traveling and significantly*

overpaid gypsie nurses, and the incredibly incompetent leadership heading both Guthrie and UHS!"

o *"I went to the W/I on UFS, they open at 0800 and I was early 3rd in line, but the First person Registered and Ready was not called in until 0820- As a nurse in an office we always were expected and had our Pts in as we opened. Promptly!"*

o *"I would love to see more Geriatric care and discussions of code status/expectations with end of life. These discussions need to happen before someone is dying."*

o *"I'm not sure if they have a community provider at Guthrie Owego 5th Ave Primary Care but I feel like if they did it would be a good resource to help patients get the services they need."*

o *"Improve access to care for women's health."*

o *"Improve Medicaid so dentists in my area will accept it."*

o *"Improve mental health access."*

o *"Improved mental health services and easier access."*

o *"In Northern Broome County, where many residents struggle with transportation and limited income, more community screenings, clinics, and wellness opportunities would be beneficial."*

o *"In Tioga County, one of the tough issues is the lack of local places to get prescription drugs. If there could be a mobile pharmacy vehicle or a delivery service that offered a chance for conversation with residents (especially older adults), that would be a huge help to many people who are living in rural areas and don't have reliable transportation."*

o *"Include medical care opportunities for clinicians other than nursing and physicians. There is much more to a patient's medical care team than just nursing and physicians. Expand services provided. Act like a patient centered not for profit organization as opposed to a not-for-profit organization who acts like a for-profit company."*

o *"Increase access and availability of mental and behavioral health services, as well as an increase for LGBTQ+ care as well."*

o *"Increase attention to mental health care"*

o *"Increase health education services; and chronic disease management services."*

o *"Increase mental health services and housing"*

o *"Increase psychologists and mental health clinics"*

o *"Increase the amount of Drs. in the area so for non-emergency situations you don't need to wait several weeks or months to get an appointment. Especially in specialist fields."*

o *"Increased mental health services that are adequate to meet the needs of the community."*

o *"Increased transportation opportunities for people without vehicles."*

o *"Instead of overbooking patients, leave enough time to see patients that aren't well so they don't need to go to urgent care."*

o *"It would be helpful to have more education about end of life to patients before they are actively dying."*

o *"Keep the Diabetes education open at Lourdes, very big loss. Also keep the religious services of chaplains at Lourdes. My family and friends don't care who owns the hospital, it is a service that sets Lourdes apart from UHS and keeps with the important concept of healing body-mind-spirit."*

o *"Lack of mental health therapy"*

o *"Less fast-food places and healthier restaurant availability."*

o *"Less wait times to get into specialty practices!!!!"*

o *"Lourdes NEEDS a dermatologist asap. The only option now is February of 2026 all the way in Sayre. Sayre is not close for people who don't have transportation. They also NEED more MDs. I don't feel comfortable going to an NP for issues other than well checks, but the impression is NPs cost less, so they are not interested in providing the community with much needed MDs with experience and expertise."*

o *"Lower cost days"*

o *"Lower the medical cost even if a patient has insurance, they still have to pay something"*

o *"Major lack of in-home care (long term) because people can't afford it and there are not enough aides (they don't get paid enough!). Lack of local supports for patients with dementia and Parkinson's, and their caregivers...support groups, respite, etc. (everything is on-line, which doesn't work for everyone). Major shortage of Home Healthcare Nurses - cannot retain due to job demands."*

- "Make available pediatric inpatient care locally without having to transfer even more simple things like pneumonia to Upstate or keeping pediatric patients holding in the chaos of the ED with no windows and less privacy. Bring more dermatologists to the area. In the last five years I have had multiple dermatology providers leave the practice I went to for skin care and now I don't have a dermatologist."
- "Make fitness more affordable especially to staff, more wellness activities in the community."
- "Make Healthcare affordable and accessible. Mental health is healthcare."
- "Make healthcare more accessible to all, especially healthy lifestyle training and opportunity and prevention. Those aren't necessarily a focus and they should be #1. Those services should be made readily available to the whole population, not just a luxury that the rich can afford. Treat the WHOLE PERSON, not just one siloed symptom, get to the root cause of their issue."
- "Make it affordable and help the providers care more about their jobs."
- "Make it easier to get in for appointments. Places have people waiting months to get in and it might be too late for some people. There should be more free clinics for the public for the people that are less fortunate. More food and health tips for people that are also less fortunate and can't afford to eat healthy."
- "Make it more about the patient's and more affordable for them."
- "Make mental health services more readily available."
- "Make sure services are available to all in the community regardless of cost - that is one of the biggest issues. Walk-in should be just that walk-ins no appointment accepted."
- "Many seniors hesitate to go to their medical appointments due to lack of good transportation. Cab service is often not reliable, and bus service is complicated and difficult to use."
- "Medical organizations could coordinate more closely and share resources to support the greater population. Low-income and elderly are not receiving the care they need as a whole. I understand the influx of educated medical professionals has decreased nationwide. Overcoming the shortage of care providers is a critical piece of the puzzle, as you are aware. We need providers as a whole to take the necessary time to listen to each person to treat the whole person."
- "Mental health availability programs to help with weight loss education and exercise diabetes education and prevention preventative care opportunities."
- "Mental Health Care services in the area are severely lacking and almost impossible to navigate."
- "Mobile vans could schedule visits at the Beer Tree parking lot in Port Crane. They have ample parking, they are right near the on & off ramps to 81 and it is a very popular, well known spot."
- "More and easy access for low income residents who do not have health coverage."
- "More advertising of Senior Services."
- "More affordable gyms, more same day providers that don't send everyone to the ER."
- "More affordable retirement communities. The only life care community in this area is Good Shepherd, which is not affordable for many seniors."
- "More and easier access to mental health, addiction, and elder care services. Increase home care services. More affordable transportation services."
- "More available transportation at no cost."
- "More cheap gyms and healthy food places."
- "More collaboration between healthcare orgs, make mental health check ins not taboo (ask about how often do you feel.... instead of have you been experiencing extreme....), more therapists, more transparency with billing, options for different kinds of treatment based on budget/ insurance coverage. People don't get medical care often because of surprise bills."
- "More communication. You can call and ask your doctor for advice and never hear back from them regardless of how much you call."
- "More flexible options, wider coverage and more providers, more opportunities."
- "More mental health providers"
- "More mental health resources"
- "More mental health services, whether in person or telehealth. Especially for the pediatric community."
- "More open urgent care places and more lower cost and/or free medical and dental services."
- "More opportunities for families to be healthy together are needed. With many months of cold weather, it is difficult to be active with children. We also need better diabetes services."

- *"More options for older adults to get free or reasonably low-cost transportation to medical appointments and grocery shopping."*
- *"More pediatric services."*
- *"More people should know about the free services"*
- *"More preventative health / proactive disease management"*
- *"More providers to accommodate growing health problems, improved efficiency with walk in and ER, improved pediatric care in the area."*
- *"More providers/ less judgement"*
- *"More staff at clinics, more mental health providers who accept lower income patients, more drug and alcohol programs, more emphasis on safe use and less on "drugs are bad!", many more options for dental care for lower income patients."*
- *"More substance use services and treatment for children. Better care in mental health settings and more affordable care for mental health."*
- *"More value-based care. Use AI scribes so primary care providers can pay more attention to their patients."*
- *"More, or a change to, some kind of socialized medical (especially dental) services!"*
- *"Much more preventative care especially regarding nutrition. Physicians are lacking nutritional education. This should be part of every primary care visit-offered referrals to dieticians/nutritionists. There could be recommendations as far as what information to read. More information could be given. Also, perhaps the medical organizations in the community could get together to organize community programs for exercise and nutrition."*
- *"Need increase in mental health for homeless population."*
- *"Need lymphedema treatment, need better scheduling for urgent issue appointments from specialists not waiting 5months for appointment."*
- *"Need more mental health and substance abuse services. Assistance for rides Incentive programs."*
- *"Need more skilled nursing beds. Need better availability of trained aides to assist the elderly in the home."*
- *"Needs more outpatient mental health providers. Need more low-income housing options."*
- *"Not needing to travel 10-12 miles for some services."*
- *"Nursing homes need to make sure nurses are taking care of the patients in them. and have a lot of background checks. Make sure patients in hospitals are getting the best treatment but not allowing them to walk over our workers. Make sure workers are able to take days off or have callouts that won't count against them. When working at hospitals getting sick is bound to happen, doctors' notes should be accepted for which it is law! Maternity leave should be longer, and paid ! Never make a mother feel like she has to leave her child because healthcare can't find coverage."*
- *"Offer lower cost health care copays"*
- *"Offer more opportunity for diabetes education and care"*
- *"Offer more parks, walking trails, activities to engage the community. Offer healthier eating opportunities."*
- *"One-we need MORE NURSES not more cameras in hospitals. Two- we need more and better dental care for those on Medicaid. Teeth should not be luxury bones Three- we need better continuity of care especially for in patient care not less nurses on site and hospitalists instead of our own doctors especially for the disabled."*
- *"Open an urgent care - we don't have any in the area and it would help reduce a lot of unnecessary traffic in emergency rooms."*
- *"Our community could use more treatment centers for drug and alcohol use. We could also use more facilities for the homeless. Mental health facilities have to long of a wait for people who need services. We need more mental health providers."*
- *"Our community is a place I have lived all my life-sadly, we have lost a large segment of our middle class over the last 40+ years. Our children do not stay in the area due to less job opportunities. We need a reason for people to want to stay in the area."*
- *"Our Elderly and Shut Ins need transportation to get to the Senior Center for emotional well being."*

- "Our oncology treatment sites do not offer case management or follow-up for patients who receive treatment, specifically chemo. Many of these people suffer greatly when follow-up could make a huge difference, offering them fluids and steroids. Furthermore, many of these patients get very confused during treatment and mess up their medications. A prescription system should be developed to help organize meds, especially for those who do not have a strong support system. I developed something myself and I give it to others going through chemo and it helps. I needed it to help me organize my meds when I was going through chemo."
- "Owego needs more healthcare located more in a more central area for patients. Many of our elders are unable to commute to healthcare and therefore do not get the care they very much need. Owego is also very much in need of more types of healthcare other than walk-ins or primary care."
- "Participate in community work groups when asked."
- "Patients need to have more education on food and nutrition and the side effects of legalized marijuana and other drugs that they use."
- "PAY YOUR WORKERS BETTER. Financial means are one of the TOP factors to a human's wellbeing. Mentally and physically. Your employees are your community. Providing a better foundation for the people to serve the community will only help facilitate better outcomes and attract new employees. Constantly short-staffed facilities are not providing good patient care."
- "People with chronic disease should be given dietary and lifestyle education instead of just prescribing pills. More blood tests should be given to identify low vitamin and mineral levels in the body. Autoimmune disease should be treated as a whole instead of having to see multiple specialists."
- "Please open a YMCA in Tioga county, NY"
- "Please stop discharging patients in the middle of the night, please stop increasing cost so rapidly and please stop having patients find their own rides to medical rehab."
- "Preventative services need to be overhauled and providers need to provide not just be dictated to by the insurance companies. Not every ailment a woman has is anxiety or can be cured by losing ten lbs."
- "Prevention is better than cure…If only you don't let the insurance companies dictate what you do (i.e. practice medicine without a license)."
- "Primary Care hours should extend later in the day, especially for the Pediatric population."
- "Properly staff medical offices so that patients can have the best care."
- "Provide more providers in all areas primary care and all specialties….we have a problem with delayed healthcare because there are not enough quality people in our area anymore."
- "Provide preventative care for obesity and addiction instead of reactive care once people are already very sick and unlikely to recover. Also, there is a desperate need for mental health services especially for children."
- "Provide transportation to families who need it at a lower rate, stop blue bag trash collection, another supermarket on the north "Side, child."/teen center for recreation and learning, train medical providers in more cultural sensitivity, and reward those who show it. Ask people what they need more than telling them without good explanation, help with encouragement not make them feel stupid for not knowing."
- "Providing Home health visits for those unable to make appointments due to immobility, transportation, Home health case managers, access to dieticians, social workers, health coaches, counselors. Community wellness classes, providing specialty care clinics for variety of specialty care such has nephrology, neurology, neurosurgery, as currently the services are available at Sayre and most of community members are elderly and unable to get specialty care through our health system due to inability to travel a distance and have to be referred to other health care system in our area, which is becoming increase burden on the system causing delay in care for those in need. The hope is that Guthrie can provide more specialty care services at Lourdes Hospital and its outpatient sites at least once to twice a week. This will make the continuity of care when patients stay in the same system and will meet the one Guthrie 2027 goal. Let's take the care to our patients versus make the patients come to us ... Mission of patient centered care is currently not in place. Unless patients have to go to Sayre."

- "Quality of care is a huge issue. I know many people, including myself personally, who have had negative experiences with both hospital systems. And they are relatively privileged people who can self-advocate. There needs to be actual consequences for providers when they are not compassionate and response to patients' needs."
- "Quality over quantity"
- "Rather than decrease services for preventative care and affordable access to care, increase it."
- "Recommend increased Mental Health Services availability for "all populations" and More affordable Senior Healthcare resources for "aging at home". Affordable medications for all (regarding co-pays on insurance)."
- "Recruit more mental health and specialty providers. My husband had to wait: 9 months to see a hematologist; 6 months for a sleep study appt. There is a long wait for mental health services, especially for young people. There is also a shortage of assisted care/senior living facilities. Those that are available are extremely expensive."
- "Remember what you got into health care for in the first place and no I don't mean the paycheck. LISTEN. Actively listen to your pts."
- "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 are really no services here for individuals with chronic conditions."
- "Stop giving out medications and actually help people without shoving prescriptions in the community faces admit causes and creates more substance abuse and more health issues/concerns."
- "Student Forgiveness Program for Graduates with High Marks of Achievements & Mobil Unit Outreach Vans expansion needed for rural areas. DOCTOR DESERTS due to overloading them with Medicare Paper Trails. Assistance to relieve this issue with Personnel involvement to type dictation or Patient Releases."
- "The area has a difficult time obtaining and retaining medical professionals. I don't know what could help that."
- "The Billing process at Guthrie needs to be radically improved."
- "The cost of healthcare in this community has skyrocketed and has made it less affordable for our families in this community who are on the lower spectrum of income. Many of our own staff members qualify for Medicaid services as they do not earn enough to have their employers' healthcare. Sad when you were for healthcare and can't afford the coverage your employer offers."
- "The Health Care system creates to many obstacles. I often cannot get the care I want because of insurance obstacles and scheduling issues. The amount of money that comes out of my paycheck, co pays the deductible are not attainable."
- "The state removed the largest facility that both housed, cared, and treated those with mental illness. They were sent in some cases to "half way homes " for their care and it wasn't enough for many. The hospital staff had ask if training was going to be provided for these patients and their needs. This also happened to the drug rehabs in the community."
- "The steps required by NYSDOH, OMH, OPWDD, OASAS in order for local not for profits to access state dollars are ONEROUS. What good are "programs" when agencies can't get through the RFP requirements? LONG WAIT LISTS for HBSS. No staff for homecare. Serious lack of early intervention, again, long wait lists. I have a friend with broken foot - she has to wait until July to see orthopedic doctor. The "boot" she was given at ER is too big and too heavy. They don't care because she uses a wheelchair so she doesn't need to walk."
- "The transfer to Guthrie from Lourdes has been a nightmare. We need more general practitioners for regular care, appointments for any doctor is pretty much a long wait, i.e. months."
- "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 absolutely no diversity in terms of outreach. Also we do not help people in poverty access preventative services such as healthy foods and fitness in any meaningful way. There is an absolute lack of support to office staff to ensure adequate communication and response times to patients. As an associate and a patient I have seen how broken the Guthrie is."

- o "There is not enough education/ emphasis on preventative care. I feel most people do not seek care until they are acutely ill. Also, this region is SEVERLY lacking in mental health care. The services that are available do not seem to provide sustainable plans for the population served. Too many patients with mental health problems seek care at ERs that are not equipped to give the care they deserve while keeping the HCWs and patients safe."
- o "There needs to be more access to healthcare services in lower income areas. Many people have difficulty with transportation, and they have taken away facilities in the lower income areas, so they do not have access."
- o "There needs to be more telehealth services but also awareness of telehealth services offered."
- o "This area desperately needs a developmental pediatrician, a pediatric neurologist, a developmental ophthalmologist, and a developmental dentist."
- o "This county is vastly populated with the elderly. They need more assistance and care. Mental illness is also rampant in the US and is neglected tremendously. People are not able to afford their medications or required visits."
- o "This part of Tioga County has no medical services other than a few private practice nurse practitioners. There aren't any grocery stores or reliable sources for healthy food choices; no places to exercise and very few sideways for walking. There are not many social activities available other than at a library. Most people who live here have lived here all of their lives and most are seniors. There are no structured programs for children other than in school. There has been a higher rate of suicide of young people in this area over the last two years. It's a rural area and a bit depressing in terms of upkeep of houses and properties as well. In order to get to anywhere for healthcare services, you have to either go to Cooperstown or Binghamton or beyond. Both are about 30 minutes away. An ambulance ride costs over $2,000 which is unaffordable for this area. Most people just go without."
- o "Transportation for those without cars, Mental health services, aging services."
- o transportation options are limited for older adults or families who do not have personal vehicles or live in more rural areas of Broome County."
- o "Trauma-informed Care services and/or restorative practices infused in everything."
- o "Universal healthcare"
- o "Use community paramedics to supplement and assist the community. Open or find more primary care practices that can see patients timely. More mental health services."
- o "Wait time to get a scheduled appointment either with primary doctors or Testing needed is ridiculously long."
- o "WAY more mental healthcare resources, facilities, and practitioners. Including those who cover substance use and provide help for low-income/unhoused populations."
- o "We are in dire need of services for mental health crises - very little chance for inpatient care and much needed opportunities to care for those in the crisis and their families."
- o "We desperately need more assistance for lower income individuals with receiving care OUTSIDE of emergency service departments, along with serious and substantial mental health and substance abuse support for medical care and beyond. We need providers. We need more online portals for managing appointments and prescriptions, and to have them all interconnected. For instance, I went to my daughter's pediatrician's office in Vestal, NY the other day, and seeing how they are now Guthrie, they advised me against using the eGuthrie system because they don't use it. This is TERRIBLE. I wanted to use it to communicate with the front staff and the physician about a serious new medication switch my daughter was having, and they told me no. Yet when I call, my messages go unanswered, and that's only when someone actually picks up the phone. It just rings and rings. I want online access to our medical records like traditional Guthrie has provided for years via eGuthrie."
- o "We have 3 hospitals in the area, during COVID they closed the pediatric floors and have not reopened them so if a child needs to be hospitalized they have to travel at least an hour away to Syracuse or further. This is unacceptable and should be addressed."
- o "We have multiple community focused programs within Guthrie (youth services dept.) but they are often overlooked and very much underappreciated by the overall hospital leadership. These programs go into the community and meet the families where they are at rather than making the families meet us where we are at. We also have programs in the school offering free behavioral

health services and counseling services as well as classroom education. We also have programs focusing on ACES which is a huge concern for our communities. I think we need to stop focusing on the community coming to us and start trying to get us into the community. Approximately 4 months ago I also reached out to senior leadership with concerns regarding the closure of the only pharmacy in our community for approximately 20 miles. The response I got was minimal and dismissive. We talk about helping the community, but we don't even support/recognize the programs that we currently have so why would we try to do even more. We have the models in place but they are just not being funded and utilized to their full potential."

- o *"We have very little pediatric care and specialties. We need to drive to Syracuse or Rochester which can get pricey with gas. Also, it is near impossible for anyone to make an appointment with a specialist. We either cannot get through to the office or are scheduled out months."*
- o *"We lack providers for eye care; very long wait times for appts."*
- o *"We need a hospital and emergency room here."*
- o *"We need local pharmacies, walk-in care and family practices. Distances to travel prevent people from getting the care they need."*
- o *"We need more access to Mental Health care."*
- o *"We need more access to mental health services. The agencies that provide this have waiting lists. It is extremely difficult to access evaluations on an outpatient basis. Substance Abuse Treatment and Medication Assisted Care for addiction is now readily available. This was a deficit in the past."*
- o *"We need more accessible urgent Care / Walk in centers that also offer a whole health outlook. Meaning let's offer more healthy lifestyle education and opportunities. We need facilities that offer all One stop shopping. Especially in the low-income areas it would be great to see opportunities to receive and learn about healthy lifestyle choices as well as get the care needed at the same time. Having a nutritionist, mental health social worker, psychologist, social worker, etc. all in the same place as people go to get help when they're not feeling well would be ideal for this community especially in the impoverished areas."*
- o *"We need more affordable health care and free primary care clinics for people that are open during hours the working poor are able to come, and they need to be located convenient to public transportation."*
- o *"We need more available Drs, nurses and specialty doctors and services. Wait time to get into to see one is so far out on the schedule it's ridiculous. Just to see a dermatologist is almost a full year, primary 3-6 months and more."*
- o *"We need more mental health services."*
- o *"We need more outpatient mental health access for patients who need medication management, Guthrie offers some mental health therapy, but it is very hard to get in with the psychologist here and when you do, you find out that she won't or does not manage mental health medications."*
- o *"We need more physicians that will actually access patients and take more than 10 min. with them. booking the Doctors every 15 min. is not a good thing. Also make it so the ER's only see the urgent care. Have more open urgent cares (like a walk in) open at night for the non-urgent cases."*
- o *"We need more physicians. My primary doctor is booked out to November."*
- o *"We need more providers; the wait for an appt. is too long.   Cost is always an issue, whether you have insurance or not."*
- o *"We need more services for the homeless with work incentives and more outreach for seniors living alone."*
- o *"We need specialized care for people with eating issues - such as food allergies, Celiac, Fodmap, leaky gut, IBS..."*
- o *"We need to be able to attract all areas of healthcare workers to our area. One of the problems is we have nothing to attract people to this area. We have nothing cultural, entertaining, fine dining, or the arts. If I need to get any medical care quickly, I go to either Syracuse or Rochester."*
- o *"We need to continue to figure out ways to provide better more affordable healthcare, including prescription drugs. This means working with our vendor partners, providers, and healthcare leaders to figure out ways to lower the overall out of pocket costs for those most vulnerable in the community."*

- "We need to hire more physicians and Nurse Practitioners. The wait time between my appointments is way too long."
- "We need to offer better pay to get doctors here. We do not have Neurologists here, pain management is very short staffed, Sleep studies take months, we need a better pediatrics unit at the hospital. We need a place for the homeless to go and get back on their feet, we do not have enough housing and there are veterans and older adults that are homeless. The Senior Housing is no longer just for seniors, and this has caused a lot of issues. The police are always there taking care of drug issues and domestic violence in the buildings because it's a mixed population. The Seniors living there no longer go outside or out of their apartments unless they must. It's dangerous for them and they are scared."
- "We used to have a walk-in clinic available at the Guthrie in Owego on Rt. 38- no longer available. There are NO walk-in clinics available in Tioga County, NY on Sundays. To get an appt. quickly with your family Dr. you pretty much need to know how to use and sort of manipulate a computer to get a quick appt. Many older and poor people in Tioga Co. NY do not have a computer nor know how to do this."
- "When contacting pcp office in the network, having the ability to be fitted in with pop or another in the office when I'll. Also, need for the system not to lose records in house or important records that have been hand delivered to the office. Also, front line persons in physician's office need to be competent and able to be positive with patients no matter what. Numerous front-line people at the Lourdes sites are brisk, annoyed and rather nasty both in person and on the phone. They tend not to relate information. Your system has a habit of changing appointment dates and times without contacting the patient which frequently means they do not have the opportunity to be evaluated by specialists and are often teamed either the wrong specialist for their condition."
- "Wish there were more activities to encourage some form of exercise, especially for middle age and older."
- "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."
- Yes! Thank you for asking! It would be great to be able to get in much faster when having an issue to your Primary care physician and it's unacceptable how long of a waiting list it is to get into PT services as well as orthopedic services. I was told it would take 5 months for an ortho appointment and it wasn't even with the person I wanted. I've had multiple appointments canceled due to low staffing. I would love to see more services in preventative care like having physical therapists at the ortho walk in to help streamline cases and help people get care faster so by the time I go to PT it's not 3 months after going to see the ortho."

Survey Demographics

Table C15. What is your employment status?

Q29. Employment Status	#	%
Employed full-time	373	72.0%
Employed part-time	46	8.9%
Retired	78	15.1%
Unemployed	5	1.0%
Disabled	15	2.9%
Student	11	2.1%
Military	1	0.2%
Other	6	1.2%
Prefer not to answer.	6	1.2%

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 Lourdes Hospital service area include (n=6):

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

- *"Full time caregiver"*
- *"Homemaker" (n=2)*
- *"In between jobs"*
- *"SSDI"*
- *"Uncertain"*

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

Q30. Insurance Coverage	#	%
Commercial or private (through employer)	374	72.2%
Medicaid	36	6.9%
Medicare	107	20.7%
Military	9	1.7%
Public	10	1.9%
Other	27	5.2%
None / Uninsured	2	0.4%
Prefer not to answer.	15	2.9%

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 Lourdes Hospital service area include (n=27):

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

- *"Anthem Blue Cross Blue Shield as a retiree"*
- *"BC/BS"*
- *"Child Health Plus"*
- *"Commercial private through my spouse's employer"*
- *"Empire plan as a NYS/Binghamton University retiree"*
- *"Employee who can't afford your insurance if I want to support my family effectively."*
- *"EPIC   United Healthcare"*
- *"Excellus Blue, which is wonderful, but needs to improve access and staffing at accepted providers"*
- *"Fidelis"*
- *"Guthrie"*
- *"Guthrie Insurance"*
- *"Husband's employer. Much cheaper premiums/deductible!! More available treatment options, with no referrals or prior authorizations required, than UMR!!!!"*
- *"I am retired from the land-grant branch of Cornell University and have NYS health insurance."*
- *"I pay for additional dental insurance becomes my provided*

dental insurance doesn't cover much.”
- o "Medicare PPO”
- o "Medicare advantage”
- o "Medicare advantage plan”
- o "Medicare supplement”
- o "N/A”

- o "NY marketplace – Fidelis”
- o "NY state of health”
- o "Public health”
- o "Retiree NY ship”
- o "The VA”
- o "Through parent”
- o "Thru my spouse's employment”

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

Q31. Race / Ethnicity	#	%
Asian	6	1.2%
Black or African American	14	2.7%
Hispanic or Latino	6	1.2%
Middle Eastern or North African	2	0.4%
Multiracial or Biracial	6	1.2%
Native American or Alaskan Native	7	1.4%
Native Hawaiian or Pacific Islander	0	0.0%
White or Caucasian	458	88.4%
Prefer not to answer.	35	6.8%

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	139	26.8%	9.4 years	9 years	14 years
No	379	73.2%			

Table C19. What is your annual household income?

Q33. Annual Household Income	#	%
Less than $25,000	26	5.0%
$25,000-$49,999	95	18.3%
$50,000-$74,999	84	16.2%
$75,000-$99,999	70	13.5%
$100,000-$124,999	69	13.3%
$125,000-$149,999	39	7.5%
$150,000-$199,999	40	7.7%
$200,000 or more	26	5.0%
Prefer not to answer.	69	13.3%
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 Binghamton 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 Lourdes Hospital team and then were contacted to set up a convenient time for the interview. Each IDI lasted between 30 to 45 minutes and was conducted over the ZOOM web-based video platform. The professionally trained RMS staff used an interview script that was pre-approved by the Guthrie Lourdes Hospital team. The Interviewees are listed in the table that follows.

Name	Title	Organization
Nancy J Williams	Commissioner of Broome County Department of Social Services	Broome County Department of Mental Health
Lynette Bellmore and Dr. Lazarus Gehring	Interim Director and Medical Director	Broome County Health Department
Mary Turbush	Director	Broome County Office for Aging
Robin Kinslow-Evans	Program Coordinator	Care Compass Network
Jessica Saeman	Community Outreach Coordinator	Families and Children Society
Kaitlyn Andrews	Executive Director	Mental Health Association of the Southern Tier
Alicia Beekman and Christie Finch	Executive Director and Deputy Director	Mothers and Babies Perinatal Network
Mary Maruscak	Interim Executive Director	Rural Health Network of South-Central New York, Inc.
John Barry	Executive Director	Southern Tier AIDS Program
Dr. Tony D. Hawkins	President	SUNY Broome Community College

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

UpQ1. 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 Lourdes Hospital service area?

1 – Limited Availability	2	3	4	5	6	7	8	9	10 - High Availability
0	1, 10%	0	0	3, 30%	0	3, 30%	3, 30%	0	0
Mean score for availability of healthcare services = 6.3 / 10.0									

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

- *"Usually people can get in and get what they need - availability for primary care and specialty care. We work with clients to bring services to them, if we can't do it, we connect them with CBOs that can."*
- *"Transportation remains an issue here in Tioga County and in a lot of the more rural areas outside of Broome. Insurance coverage impacts what is available, too. People in the healthcare do not like working IV drug users, think that they are wasting time and healthcare resources, they have a hopelessness feeling but we do see recovery and positive stories. It is a great opportunity to present options for people in this low point when they access the hospital (OD, withdrawal) to get treatment and programming."*
- *"I would say that the very there the services vary. If you're in a rural area, there are some significant gaps. If you're in a population center, there's more accessibility and availability either way. I think region wide, some of the highly specialized services are less available. So in general, I'll average that all out and say it's a 7 or an 8. Some areas are a 10 and some areas are a 2."*
- *"Because we have many medical providers in the area. It is quite easy to make an appointment when you call and are able to get through to somebody. You may have a little bit of a wait list, but there still is a lot of providers in the area through Guthrie and UHS that are available to see people."*
- *"I would say socioeconomically, there's an equity issue and even somebody who is an executive who holds private insurance struggles to access services. I have a child with disabilities and access even for us is limited. We go to Rochester and Syracuse for healthcare but we have the resources to do so. But that's a common thing around here."*
- *"I think 7 because we have two major healthcare systems in our area, which is great. I do think there is limitations for specialists."*
- *"I think it depends on access like what kind of insurance folks have that kind of stuff that plays a role in that question. Some folks have health insurance through their employer and they have access to better quality care, unfortunately, more than some folks who may not have insurance or may have Medicaid. They may not be able to find providers that accept the Medicaid or they may not be able to afford to pay out of pocket for the same access that someone else has with insurance through their employer."*

- o *"I think we hear a lot from people that primary care used to be a hub for people, and from my personal and professional experience, people are very disconnected from their primary care providers now. It's not how it used to be where they knew everything about you and they coordinated all your care. I think people maybe see them once a year and then utilize urgent care or walk-ins because people cannot get in to see their primary care. I have more of a relationship with the walk-in clinic that I use than I do with my primary care. It has evening hours and weekend hours whereas the primary care doesn't."*
- o *"Most of the services are available. Probably could do a little bit more in the geriatric aging population space but I think overall, a lot of the services that are available to the community are well covered."*

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

- o *"Primary care, specialty services, perinatal care"*
- o *"We are lucky to have excellent clinicians here that are well-versed in HIV/AIDS disease, substance use, human sexuality who can respond appropriately to patients' needs. Internal medicine clinicians that is."*
- o *"Services here are not available the same way they're available in a, in a larger geographic area like Binghamton. You have two hospitals, 3 hospitals actually, and you have a concentration of primary care providers and a concentration of specialists. You go to Chenango County and most of those specialists don't exist there so you're referred to Binghamton. And that's where you start getting into, availability of appointments and wait lists and things along that line and which are becoming more and more significant as the workforce ages out. The physician workforce ages out and ability to recruit and replace is not as easy as maybe it once was. So the variability I think is just about access and where services are actually located."*
- o *"We have a lot of primary care, which is great, but I, I do know that more people are having to travel out of town for specialized services, cardiac, neurology, psychiatry. There seem to be more providers providing specialized services in the years past than there are currently."*
- o *"Primary care is okay here. People from this town are more likely to stay in this town so keeping our talent pool local can help bring more providers here potentially. But I mean, if you want to attract physicians and nurse practitioners, you should probably pay them more than the market and make their jobs easier, nobody wants to come here and work 80 hours a week."*
- o *"Urgent care, walk-ins, the ER are all widely available."*
- o *"I believe most health concerns are able to addressed locally."*
- o *"I think the older population has an easier time finding services, and also there are more services available to children. The in-between age seems to have difficulty accessing healthcare services."*

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

- "Mental health resources - long waits, lack of access to providers, health insurance coverage, Medicare/Medicaid coverage, just not enough providers in general Not an OB provider in Tioga County, so they come to Lourdes. Transportation is a barrier, especially in Tioga County."
- "We have to do a lot of transportation for people to get specialty care. Specialty care is more concentrated in larger cities compared to rural areas like here, but I think this isn't a problem necessarily as this is how health systems work. Rural medicine is just more sparse. Specialty care is nonexistent."
- "I would say mental health, therapy specifically is limited, behavioral health crisis services are limited, we have CPAP and that is limited in its own capacity. And I would say specialist care is significantly limited. There's a 12 month waiting list for diagnostic exams and dental care would be another one."
- "More specialized services are more limited here. People have to travel outside the area for specialty care. Our region used to really be known for their cardiac care and that I think just through attrition and not being able to entice providers to come to the area has left us and an aging population. So there's more demand and not enough providers for that those specialized services."
- "We have abysmal urologic care in this town, and it's not that the doctors are bad, you just can't get into them. They are booking over 7 months. So we don't have enough physicians, nurse practitioners, physicians assistants, every specialty is pretty much like that, not just urology."
- "It's a lack of primary care doctors staying here in Binghamton. There's also just not enough specialty care, like eye care. I know of people going all the way to PA, Albany, Syracuse, New York City even to get those other-than-primary-care needs met. We do have mobility management services that can help with getting people to appointments outside of Broome County. However, I know that a lot of older adults have Medicare plans that might not cover things like that so they simply don't go. But there's some free healthcare days like dental days and eyeglass days, things like that, that I know older adults take advantage of and I know we have a senior helper program where you can hire other older adults to drive you to appointments and they can go places outside of Broome County but for the most part, older adults are just not getting care."
- "I'm aware of some more acute high care needs that people need to travel outside the area for, like to Syracuse."
- "Depending on eligibility for programs and services, there's not many resources, they are limited to very specific portions of the population and I think the rest of the population sometimes goes without unless they are in dire need in extreme cases."

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)

- "Mental health resources should be prioritized Dental care too."
- "Behavioral health, including SUD and psychiatric help.
- "Mental health, behavioral health, things like that"
- "Trying to get into any specialty care now takes months. The bandwidth of providers is just not here. Especially cardiology, urology, psychiatry, but that's getting better with NPs now being able to treat for psych. But overall behavioral health is lacking."

- "*Pretty much every specialty is lacking here but that's because we don't have enough providers in general. Mental health, PT/OT especially for kids, is all needed here. We send patients to Rochester, Albany, Syracuse for needed services if they have the means to travel. Otherwise, we have telemedicine now which is helpful for certain appointments. But the other thing is every community would do better with more primary care, I think that's been proven to be more cost effective than just having a bunch of specialists.*"
- "*The ability to get to services is limited. Mental health, behavioral health services are lacking here. People in need of these services need to look outside the region to get these services.*"

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
2, 20%	4, 40%	4, 40%
Most IDI participants feel that healthcare service offerings have remained the same over the past three years.		

Q5a. Why? *(the following comments are verbatim)*

- "*As a consumer, there is more walk-in options (if you can get there). For our small community, there are a lot of places to go for general needs. But if you do not have transportation, then it doesn't even matter. For more of the niche medical needs, Thanks to covid, we have telemedicine (which breaks down the barrier of transportation). There are also a lot of innovative technologies than can enhance telemedicine and reduce barriers. There are portals everywhere - lower education levels, limited access to mobile devices, no internet, this is trickier for certain populations.*"
- "*Because of recent federal administrative changes - cutting Medicaid, level of chaos that has ensued.*"
- "*I'd say it's gotten better. We have definitely more providers in the area. Guthrie in particular has gotten some providers that provide Suboxone now. And you know, it's just been a huge turnaround for our population, even three years ago you didn't necessarily see your family medical provider being able to prescribe those medications and being willing to address addiction.*"
- "*I think that there's a lot recently in terms of mental health services - we're so mental health focused right now given the crisis. There are a lot of grant funds being put towards improving mental health resources in this area. Guthrie coming in to the community has increased the network of providers available to the community, which has especially helped increase capacity and availability for specialties.*"
- "*I think with the merger with Guthrie and Lourdes that created a bit of a crisis when people didn't know where they used to go was still going to be accessible, they wanted a Catholic healthcare system and then I think that people were not happy with the fact that they were taken over by a secular system and some people didn't quite know if they wanted to stay with them or move to a whole new*

system. And then they had the huge computer issue they had where they couldn't get patient's records and all this happened within like a year and a half so this did create some upheaval locally and so the merger didn't go as smooth as they had hoped and that definitely impacts people's perceptions."

- o *"I think since COVID especially, it's been a lot worse. We have less physicians, less providers in general, but this is true in every area. There's less people willing to have face-to-face contact with people."*
- o *"I think with the primary care physicians, we've definitely seen them kind of going out of style more recently, probably especially since COVID. Specialist I think have always been an issue in this area and I do think it's gotten worse because of the two hospital systems with UHS doing their big expansion and then the merger with Guthrie and Lourdes, just all this doesn't make it a place where providers want to stay."*

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)*

- o *"Low-income (transportation, timing/schedules), homeless population (housing crisis, constantly having to move (28 day hotel voucher)), LGBTQ (birth control access, family planning access, finding a provider who understands trans medicine, Tioga is pretty conservative), immigrant population (language barriers, low-income)."*
- o *"People in poverty."*
- o *"Medicaid population, those with mental health needs"*
- o *"Those with SUD and mental or behavioral health issues. They don't want to seek healthcare services because there is so much stigma, and we especially have a high untreated mental health population in the area. And then of course substance use goes hand in hand. And then also the unhoused population get treated very poorly. And unfortunately they cycle in and out of the emergency rooms a lot."*
- o *"I would say the SMI population (seriously mental ill). I think there's, there's just not enough support out there for them. And probably the IDD population, the OPWDD population, those with the intellectual and developmental disabilities. I think there's a long way to go, but I think that's more related to policy than anything because I know there's a lot of bureaucratic kind of processes behind where that population is served and why.*
- o *"I think people get good care here overall. But we have a large homeless population, as does every county in New York State, but ours has grown exponentially and I don't think we know how to care for them. They are hard to engage and they cycle in and out of both healthcare systems. So I think in that regard, our providers could have a better understanding of persons who are homeless and also have behavioral health and substance use disorder issues that present to their ER and trying to really develop that safety net with the hospital systems instead of sort of treat them and street them just to come right back. I would say within the last five years, all the systems are seeing this high acuity group of individuals who have extreme social problems on top of their health issues, and engaging them in services is really difficult."*

- *"The most vulnerable people in any community will be the children because they don't have a choice. And so they depend on maybe their parents who might not have everything together for them, especially if there's poverty. We have a strikingly large, unhoused community in Binghamton. And for children in this population, they rely on somebody else who might not have everything they need so there's a lot of unreliability there. People aren't prioritizing that they need to have their teeth cleaned if they don't have a place to sleep and they don't have food to feed their families so it just goes back to hierarchy of needs. And then the many of the clinics are not in areas where people who can't travel so easily are located, like Wilson Hospital, BGH, but Guthrie Lourdes are in areas where it's a little easier to access with bus routes and locations on bus routes but transportation is a big one."*
- *"Older adults here just simply are not receiving care they need because they can't get to appointments or the appointments are not available. Vulnerable populations are often embarrassed they can't pay the co-pays."*
- *"Low-income, unhoused, people with limited transportation, those struggling with mental health / substance use issues, our aging population in rural areas. In our region, the Offices for the Aging do a great job of keeping programming and services for the aging population here locally but the rural parts of the area struggle more with isolation."*

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

- *"Tioga is very rural, Broome is more urban so there are differences within the Lourdes service area that are worth defining."*
- *"Only 20% of keeping someone healthy happens in the clinical setting. The remaining 80% is SDOHs, food, affordable housing, transportation, access to pharmacy, etc. I don't think that any of the medical systems are making investments in the communities that they serve, to go into the community where the underserved people are. Specifically looking at discharge plans."*
- *"Transportation is a major barrier. Trust is a barrier - whether they trust the health system to care for them. This is a while back but practices would discharge you if you no showed X number of times. And I think that creates a fracture in the trust and understanding that people have and that you threw them toward the emergency room because their thinking was, hey, you're gonna take care of the rich guy up the street, you can take care of me too, and we both get the same care. So there was a sort of in their mind, it was a way of overcoming the second class feel to their status as a Medicaid member or an uninsured member."*
- *"We have burnout in our medical staff. People lack compassion and empathy and I think burnout of healthcare staff really causes that. We have more providers as far as being able to treat the substance use end of it, but we have a lack of providers that are still fresh and new and not overworked and running on complete burnout."*
- *"Transportation, socioeconomic status. I think it starts probably with the capacity that the hospital systems or that the healthcare systems. Like access to PT – access in general is limited. Transportation is a barrier, and housing is an even bigger one - people aren't concerned with accessing healthcare if they don't have a place to live. Stigma would be one, lack of education is a big one, money and*

financial resources of course, if people don't have stable housing or stable employment. If their basic needs are not met, then chances are they're not getting the help that they need due to a variety of factors. Preventative healthcare has become a luxury in not just our community but I would say everywhere. If you look at the Medicaid population, probably 5% of them are going for routine mental health care, right?"

- o *"I think having an understanding that we don't work in a vacuum, this is a community issue, a system issue. So it's not just they take care of the broken leg and send them over to DSS without an appropriate discharge plan. So bringing the systems together more strategically would help because we are seeing the same people. We have seen success when we combine social work with the medical system with community organizations so doing this system-wide would help. There is a cohort of people here that are touching all systems that are of extremely high need, high cost that there are historically some systems in place, but I don't know that those systems are adequate anymore to what we're seeing."*
- o *"Transportation is a big one, being able to access the clinics or hospitals if you don't have reliable transportation is not accessible to everyone."*
- o *"Transportation is always an issue. We do hear from people that they feel every time they go to the doctors, they're given one thing after another and they just don't want to deal with it, especially when you're bouncing around between doctors. Every provider has a different opinion and that's frustrating for people. I think too just the general inability to get in, get an appointment in a timeframe that actually makes sense is frustrating for people too. The waiting lists are too long and by the time you can get seen, the issue has probably resolved."*
- o *"Stable, affordable housing, transportation is a huge issue, and more rural parts of the county struggle. We are a college town and the rentals are more for college students and young professionals and this is pushing low-income out of the housing."*

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

Very Unhealthy	Unhealthy	Neutral	Healthy	Very Healthy
0	4, 40%	2, 20%	4, 40%	0
Most IDI participants feel that their community is 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)*

- o *"Obesity, substance use disorder - there are a lot of unmet needs. SDOH still impact overall health. The education still needs to happen. Education & prevention needs to continue. Good comes out of the bad (opioid settlement monies, new facilities being built)."*
- o *"We have a mixed community of people with personal financial resources and those without. Health is very closely tied to resources. If you look at health stats compared to HH income, they are inter-related. It is very personal resources that impact individual health. Less resources = worse health. Maybe a socialized health system would improve the general health. It also feels like there is a*

disproportionate amount of administrative compared to clinical workers = clinical workers are overwhelmed."

- o *"You get into sub cohorts of population and that would be all over the place and lots of reasons for that social care reasons as well as medical. I think it starts with, you know, being able to provide good community living conditions, you know, walkable community things along that line and then gets into access to care, both financial and actual time access to care. If we could improve in those two areas, those would begin to elevate our health status. All the social healthcare related needs play into all of this."*
- o *"Just the overall lack of housing, being able to address our basic needs. So people aren't sleeping well, people aren't eating well. We have a lot of overweight individuals. Obesity is huge in our area and I think in our country alone. And they just there's not enough programs to keep people going. We don't have any community centers or places where people can actually go and engage in activities. More community collaboration is needed."*
- o *"Generally the people that we see don't care about their health and not that they don't want to care. I think that they're just living in crisis. And again, preventative care is a luxury and if you're not getting preventative care, you're probably not healthy. You probably have a lot of unmet health needs."*
- o *"I know that we've gotten bad rankings in the past within our area with our health department that does their community health assessment where ewe have high rates of obesity and diabetes but it seems as though more people are going to the gym. Guthrie Lourdes opened a gym and it is packed and I see all types of people in there from all walks of life so this makes me think we are moving to a somewhat healthier state."*
- o *"Health education starting in schools that's not just a "special" class like on the side – that would help. Some focus on how it's actually important like for nutrition education, healthy lifestyle habits, exercise, all that stuff starting with children. This would help make our communities healthier I think. Having education clinics that are close by, more green spaces, housing that's reasonably built and humane and affordable, and also having not-so-expensive foods or processed foods from convenience stores being so available. The healthy foods are extremely expensive, but things that are cheaper are not healthy."*
- o *"I do think there's some good programming that's happening in our community pushing people more towards being active and especially older adults. We have senior centers that are very active, a lot of balance clinics and things like that that we offer to people for free. We have a lot of older adults in Broome County. And I would say they are generally pretty healthy, people are living longer."*
- o *"Diet, exercise, it's very cold and gray so I would imagine a lot of seasonal disorder is happening in the winter months. I think that wellness programs in general would help – mindful wellness classes like cooking classes, how to deal with depressions, things like that."*
- o *"When I think about the people that are served across our programs, there is a range. We have people who are pretty active, go to their doctor's appointments but then we also have people on the opposite end of the spectrum who do nothing."*

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

Statements	1 – Strongly Disagree	2	3	4	5 – Strongly Agree
a) Our community is a good place to raise children.	0	0	3, 30%	4, 40%	3, 30%
Mean score = 3.9 out of 5.0					

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

- *"I think we have some great communities, but others are not."*
- *"It's not a perfect community. And certain parts of the community, it's rough to raise a kid where you don't have access to outdoors and you don't have access to getting to school easily and things along that line. But there are other parts of the community that are utterly beautiful and wonderful and, and overall, I think it's a good community."*
- *"I really have seen so much negativity over the years that personally, I can't fathom bringing another child into this world with all the ones that are struggling. But as a community, I am born and raised here and from what it was when I was a kid to now, there's a lot of crime. I personally won't go out at night alone, and that's just unfortunate. But, there are still so many great things to this area and upstate New York in general."*
- *"I think there are a lot of educational opportunities. I think there are a lot a decent amount of employment opportunities. I think that the school systems struggle just like the rest of the systems are struggling with sort of the people and how to support the people. And so it looks like it's a horrible place to live or to send your child to school because you see what the lack of support and inequities do to people. But most people don't realize the reasons why the underlying reasons – why children are acting out, because there are drugs in the schools, they didn't get to eat breakfast that day, other underlying factors. But the supports are there for children, but they are lacking. We are a lot better off than some communities."*
- *"We have good schools, we have good parks. We're close enough to New York City if we want to take our kids down there for the things that New York City offers. But overall it's safe, good sports programs, good arts programs, things are accessible."*
- *"After all that I said, I would still say 4 because there's places in this community that are very good to raise children. You can live in the countryside (but this depends upon means), the public schools here are not bad, there's good infrastructure for the school system. Where I live, I would give a 5 (I live in the suburbs) but where I work, in the city, I would give a 3 or 4 because there's more people and with more people, there's more issues, more unsafe things."*
- *"I have children ranging from 1 to 20 and I think there's a lot of collaboration and services here and I think people work really hard to get kids early intervention services when needed. We also have good pediatricians here, not many but the ones we do have are very good."*
- *"I believe it's great. From what I've heard, people speak highly of the schools in the community, and the community is actively engaged which is nice."*

- "I think at our organization, we have quality of life assessments that tease out data in the more rural areas vs urban areas and people tend to mention the opportunity for their kids to go out and play and go to parks but that is less in the urban areas."

Statements	1 – Strongly Disagree	2	3	4	5 – Strongly Agree
b) Our community is a good place to grow old.	0	0	5, 50%	4, 40%	1, 10%
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)*

- *"3.5 We have a lot of Age in Place programs, but for those who do not have family support, it can be difficult."*
- *"Aging in place - a recipe for disaster in my opinion (people to die alone)."*
- *"I don't think there's any good place to grow old. I think there's availability of some services. So for example, nursing homes today, right now are understaffed and so it reduces their bed capacity and availability. And that's not always the optimal choice that people want. I don't think there is overabundance of in home support or the ability to pay for it. And you have to work hard I think at locating services and getting them to you. And not everybody knows how to navigate that system. You have the office of the aging, we have a couple of good aging organizations and now I'm really talking about largely Broome County. I don't know about all the other counties or their offices of aging or whatever, but I think there are, there are just general challenges growing old no matter where you are."*
- *"We / our nursing homes, they're completely overloaded right now. And you know, the staffing shortages are terrible, so people are not getting good care and there's wait lists to get into the nursing homes. It's just not enough services to meet the demand."*
- *"We actually have a current collaboration with the Office for Broome County Office for Aging and we're providing them mental health support groups and their senior centers. And I think that we have a more robust senior Office for Aging program than our neighboring communities and counties. It's not perfect but we are lucky that we live in an urban slash suburban area that there is public and medical transportation available to us. There's things like Meals on Wheels available to us, there are senior centers, community centers, churches. And there is some medical care here, but for certain things, you need to travel."*
- *"I'm going to say 3 because both my parents aged here, my mother lived in her home til she was 91. We have a fair number of nursing homes and assisted living facilities here so that's good. But the weather can create challenges for older people but I think we have good primary care for aging folks. We have a pretty good network of senior centers here too. Some are private but most are through the county. I know my mother went to the senior center and she loved it up until*

covid. But again we do have an aging population but besides the weather, it's a fairly decent place to grow old."

- o *"We have a great college that brings all these students here but then they don't stay. So not many young people stay here. We do have good geriatric care here, we have good geriatricians, we have good outpatient services (lacking staffing) but we do have home healthcare, just not enough staff. We do have housing for this population though."*
- o *"We have a lot of services and a lot of supports and I know from other counties that they don't have nearly as much as we do."*
- o *"I would say it's a better place to raise kids than it is to grow old. The more creative use of technology that may be more problematic for older patients to interact and engage with – like all the apps on phones. Technology is great but for older patients, that may not be the best way to engage and support them."*
- o *"I think there are a lot of services locally for older people."*

Statements	1 – Strongly Disagree	2	3	4	5 – Strongly Agree
c) Our community has economic opportunity.	0	3, 30%	5, 50%	2, 20%	0
Mean score = 3.0 out of 5.0					

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

- o *"I think there are opportunities in certain areas (lots of opportunities for nurses, for example) but if you do not have a college degree or a specific trade, it is difficult."*
- o *"Binghamton's a very tired community in general and then you get in the rural areas and you know those economic opportunities are far between in terms of development. The good things that are happening is you have legacy families here who are making heavy investments, saving them all and converting it. And we get some energy from that. But we're a long way from recovering from the loss of IBM and the shoe factories here."*
- o *"I know we are okay because of the college, but we're still not sustaining our community for our people that live here. All of our housing continually becomes student housing. There's such a lack of affordable housing, I mean I love my job and everything, but I still could not afford to live on my own. The reality is we're all one paycheck away from being unhoused. And it just sucks because there's no housing and the housing that we have is just not affordable and it's in rough neighborhoods."*
- o *"I think that employment is available, but from the perspective of our clients, if people's needs are not met, if they don't have clothing or a place to wash their clothing, how are they supposed to hold a job and, and sort of have an economically rich experience in life if they've not been afforded the same luxuries that you and I have been afforded? There is an equity issue, so it depends on who you are."*

- *"I was an IBM family so things were great, I left and came back and then there was nothing. There's just not a lot here unless you're in healthcare or the university or the county."*
- *"We have a lot of healthcare and Binghamton University and that's it."*
- *"I am split, I see a lot of people struggle but there are a lot of factors at play there. The affordability of some things here being one. I think another is some of the NY state laws that funnel down are tough in this sector. We have an aging infrastructure here too and getting people to spend money can be difficult."*
- *"There are so many components to the community that have a long legacy of engagement and support. When a few of the larger corporations left town, a lot of the infrastructure was left to decay. So there is need for more housing, there's a need for greater access through public transportation, especially in the healthcare space when people don't have cars. There's a great deal of interest in revitalizing the Southern Tier in this particular community around industries that are new and this requires a large number of resources to update spaces for their forward thinking so it has a great deal of potential, it just needs a huge influx of resources in order for it to realize what it really needs to be. This is a community that has a large number of its residents living below the poverty line or at the poverty line but still not making a livable wage, and until the plight of those that are in those positions are addressed, then it may not make it a desirable place for families to move. If big corporations want to move here, infrastructure needs to be created for housing, grocery stores, childcare facilities."*
- *"It depends on your skill set and what you want to do, and I don't think there are a lot of options in Broome County besides being a student or young professional. Opportunities are much more limited for people who do not go this route."*

Statements	1 – Strongly Disagree	2	3	4	5 – Strongly Agree
d) Our community is a safe place to live.		1, 10%	2, 20%	6, 60%	1, 10%
Mean score = 3.8 out of 5.0					

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

- *"There is a perception that it is somehow unsafe (I used to live in Chicago and compared to here, this area is so much safer)."*
- *"I'm going to go right down the middle with that because I've lived in different areas and I don't feel like this area is any different than, you know, Syracuse, NY City, anywhere else. It's everywhere there's a lot of untreated mental health, a lot of rampant substance use. And those two combined with everything else just puts people and their mental abilities and points of view in a whole other world."*
- *"I think there are a lot of drug-related incidents in our community and not that the people are necessarily unsafe, but that the actions by the drug use and desperation and serious mental health induced situations that become dangerous for others to be around."*

- *"How I feel about where my house is located is different than where my office is and how safe it is around here. I live in Tioga County out in the country where we don't even need to lock our house but that is not the same in Binghamton. Binghamton is not a safe city at all, but the suburbs like Windsor or Owego or Whitney Point are.*
- *"I feel Broome County as a whole is very safe. NY state too as a whole is safe right now."*
- *"I think we have good infrastructure for keeping our communities safe, of course circumstances matter and it's not perfect for everyone, but in general, it's safe."*

Statements	1 – Strongly Disagree	2	3	4	5 – Strongly Agree
e) Our community has networks of support for families/individuals during a crisis.	1, 10%	1, 10%	1, 10%	6, 60%	1, 10%
Mean score = 3.8 out of 5.0					

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

- *"Room for improvement here but we have good services overall."*
- *"Really lacking here. The crisis services are not there in terms of resources and staffing."*
- *"The negative experiences that you hear from people that go to and have experienced CPAP, which is the place to go when you're in a mental crisis, is not good. We have a mobile crisis team and we have two crisis programs here and I know our bandwidth is certainly not large enough to support a county, and they're just aren't many services. We are working on opening a stabilization center actually down the road from CPAP and we hope to offset some of their burden to increase that availability and access to the community. But right now, the ED and cops are used for crises. But things are going in the right direction."*
- *"We have built a pretty robust mobile crisis response system over the last 10 years but because of staffing issues that has not been as active as it once was. But the infrastructure for crisis management for families or for someone in an emotional crisis is there. I think there's a lot of improvements being made to our local CPAP, which handles psychiatric crises. But again, workforce has played a role in some decline in these services, but I think overall, we have a good system of care and I think our community responds very well and unified during crises. The community really rallies together during crisis."*
- *"I don't think crisis intervention services are utilized enough and I'm not sure about its effectiveness. So I think there are services there but they are not where they need to be. There is a lot of stigma when using these services too whether its mental health or substance use issues, things like that, there is a lot of stigma for families so people don't want to reach out and get help because that means there's something wrong with them."*

- *"we have lots of supports here, but people utilizing them and knowing how they work is a different story. I think there is more that can be done – people know names of things but knowing how to access them or what they exactly offer."*
- *"There's a strong, urban environment of safety nets, private and public partnerships."*
- *"I think our systems are challenging for some populations of people to access, but I think because we do have a lot of nonprofits and other community services here locally that there are a lot of opportunities to get help if folks know about them. The challenge becomes if people don't know what they're eligible for and trying to reach the people who need them, but the services are here."*

Statements	1 – Strongly Disagree	2	3	4	5 – Strongly Agree
f) Our community offers sufficient community services.	0	1, 10%	4, 40%	3, 30%	1, 10%
Mean score = 3.7 out of 5.0					

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

- *"We have so many services, especially in Broome County, less so in Tioga County. There are many more opportunities for services to grow though."*
- *"Depends on the service - affordable housing is a struggle."*
- *"I don't think we have sufficient, but we have good strong offerings. They're just not enough for the times we're living in right now, particularly with the housing crisis that we have."*
- *"I mean, we don't really have any major crisis services, very limited programs for people who are struggling with, for instance, grief and loss, or sudden death. And then you add death by suicide or overdose and that's a whole other complication and is considered taboo by some people when you go to a traditional grief therapy and it may not be so comfortable."*
- *"Our community offers a lot of services, but all of us do not communicate enough to know who offers what. So the lack of awareness and education falls on the providers I would say because we have a system to get people in, but then there's a lack of awareness of who offers what service or are we duplicating services? And I know there are a few different initiatives working to support that like Care Compass is working on this, the county services are working on this too. But it is still pretty siloed, which is always tricky."*
- *"I think we we've been fortunate in Broome County to have what we do have. It's not as much as Onondaga but certainly a lot more than counties our size. I think we have a pretty good system of care, a lot of community based providers, all pretty dedicated people."*
- *"Yes, it's good, unless you're homeless so it's an inequity issue. The services are here and the schools do a good job connecting kids and families to them but I have to say, as a physician, locating services is hard. I call 211 and even that is*

not great and then I end up calling 311 or something and I feel like this is always changing. It just seems not equitable and not accessible but we know they're there. If we had a centralized directory of all the services a patient needs and it would be a real time, something that's more up-to-date than 211, that would be amazing."

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

- *"Economic stability - people don't have enough to meet their daily living needs; these SDOHs are creating obstacles. There is also stigma surrounding what it means to be health - politics plays a big role (Tioga is very red, but Broome is more liberal)."*
- *"Meeting their basic needs - SDOHs are real."*
- *"Public transportation around here is available in the population centers of the 9 county areas, but not available in other areas. Chenango County just lost its entire public transportation system. And the other thing about public transportation, when it is available, is it's typically organized to take passengers to a hub and then put them on a bus to wherever it is that gets close to where they want to go. So you're taking what might be a 10 minute trip for me to go to the doctor and turning it into a 2 hour like ordeal to get there. So public transportation isn't realistic. And if you have kids and you're dragging kids along with you, and all of that starts to become less feasible. And then Medicaid transportation is unreliable. Sometimes it shows up, sometimes it doesn't - they'll take you to your appointment, but there's been many occasions where people get stranded at that appointment because the service doesn't come back for them. So it's not always a reliable transport. And people learn that and then they don't want to use it."*
- *"Housing - if your basic needs aren't met, y it just makes it harder to overcome anything, anything else you're dealing with. And stigma – there is still so much stigma. It's really heartbreaking because you know, we're all human beings And at this point in age with the, the opioid epidemic and everything, you know, it's, it's very unlikely that somebody doesn't know somebody who's been affected."*
- *"Addressing the root causes instead of placing band aids on problems needs to happen."*
- *"Housing. Like all counties, this is not unique to just Broome County. We have a real lack of safe, affordable housing for lower income folks and even middle income. We just don't have the housing stock. And I think when you can't pay your rent, you have to choose between paying for your rent or buying nutritious food, between paying your co-pay, etc. and it all just snowballs."*
- *"A person's willingness to follow through and follow up with care. Doctors can make recommendations and refer them to whatever they need, but you can't force them to do any of it. Health sometimes gets put on the backburner. I think the biggest problem in Binghamton in Broome County is poverty is concentrated in certain areas and in those areas that don't have services. It seems like there should be a way to get concentrations of poverty dispersed so at the same time, there can be better access to care. Usually a grocery store that's not a convenience store, but one with actual healthy food, maybe even hope and a glimmer of hope outside of those pockets of poverty."*

- *"The outreach, the high poverty rates here locally, lack of rural services."*
- *"I would say getting young people to stay in the community. We need a mechanism to maintain young people here, grow the economy, that would help."*
- *"I think there's a lack of coordination across services. There's Human Services, community based organizations or nonprofits, and governmental programs. But there is a lack of coordination across those programs to serve people. I think that we could do a better job coming together in a more coordinated effort to be able to sort of wrap services around people but we tend to be very siloed in this county and I think resources are hard to come by."*

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

- *"Education. Identifying a safe place where access can be achieved - finding a safe place for people to openly discuss what they truly need and finding people who can help mitigate those barriers/challenges. Some of the work we do is we go to our client - into homes, into the schools, into the community - we make it accessible. Telemed has helped break down barriers too. Some of the red tape is also a barrier."*
- *"Systemic change - which is hard."*
- *"Transportation is the biggest challenge is the biggest challenge housing, housing is a critical need and the, it's the spectrum of housing. Rentals are astronomical, even for the poor. And that's just regular housing, let alone low income housing, supportive or treatment based housing. There's a spectrum of housing and it's all inadequate. There's not enough of it, it's expensive. When people have to worry about where they're going to lay down and sleep on a given night, they're not really worried about whether they make an appointment or not. I think housing is a crisis for everybody, but it's a particular crisis for people who do don't have means."*
- *"Housing - we can't expect people to be able to maintain doctor's appointments or a job without a place to sleep, shower, change their clothes."*
- *"Lack of collaboration. I think more collaboration between health systems and community based organizations should happen. I think there are a lot of funding opportunities but much of the spending doesn't make sense and isn't necessarily impacting the community in the most efficient way. I would say more collaboration to figure out where we really need the support versus having those siloed conversations and making the decisions based on what we think needs to happen."*
- *"Transportation, poverty, things that go along with those social determinants of health."*
- *"The lack of availability of Internet services throughout our whole county. We have pockets of towns here, whole towns, that don't have internet. The other is transportation of course. And then funding is lacking."*
- *"I think a lot of it is this community has clear pathways to employment when IBM was here, but now that industry has gone away so succession has also gone away. We need to identify employers here who establish pipelines for students to stay here and develop here."*

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

- *"Mental health, dental health, birth control / family planning access Tioga: there are a lot of generational differences (kinship) - separation of family units, in need of more support groups Lourdes is doing well -- they are helping with uber/Lyft setup for patients in need (women's health, not sure about other specialties) if Medicaid is not an option."*
- *"Transportation."*
- *"Creating an effective behavioral health care delivery system. We have providers who have done the very best they can in competitive isolation from one another who have come to the realization that they're not going to solve this without collaborating and building continuums of care together. So I think, you know, again, from my organization's point of view, that's the number one area to really make an improvement."*
- *"Having more affordable housing. Binghamton University is sustaining our community but beyond that, the community is struggling. But that's not really something they can focus on, but I think better education for everybody and not just the medical staff, the providers, the doctors and nurses, I mean everybody straight down to your reception, your clinical staff, your housekeeping needs better education when it comes to treating people with care and compassion. Regardless of what their background is, a smile can go a long way. And that will all help with the stigma and all those things that people face when they're in a crisis and don't want to really tell them what's going on. Another thing is community outreach."*
- *"Billable rates for mental health clinicians are atrocious. We are fortunate to be offset by county funding but for our global crisis services, we can't sustain that program without county funding because the billable rates are so low and we potentially wouldn't be able to pay the clinicians or the case managers what they need to be paid to support a program like that. So billable rates need to continue to increase in terms of Medicaid fee for services, and I know that's a deeper conversation, but sometimes the hospitals need to have those meetings and discussions. I would also say to bring more robust behavioral health services to our community. I know that Guthrie provides those services through their other locations, I believe Robert Packer has a mental health crisis, but I don't know exactly what it is since I live in Tioga County, so I have a little bit of familiarity with the hospital. But Guthrie does it already and it's something that they should explore more. I know there's minimal behavioral health services through Guthrie right now and more could be added as well as partnerships with community organizations, too. When you're looking at mental health and physical health, we're trying to see them as one, like your health is your health and so they should be treated as such. So bringing specialists to the area could also help and I know that they're probably working on that. I'm sure it's not the easiest to entice some high quality providers to live here to Binghamton, New York but our community is like family and no one should have to travel an hour or more to access care."*
- *"I think they should increase whatever staffing they need to be able to connect with community resources upon discharge for their patients. If they could consider a medical respite facility for people who are homeless and being*

discharged but need a level of care that they can't get say in a shelter. Anything that they can do to help that discharge of the really needy homeless or close to homeless people before they're discharged, to really make that a smooth transition back to the community post discharge. Even just to figure out what services maybe they're receiving or qualified for and make sure that they're coordinating they care with the right people. So just that coordination of care."

o *"More primary care that's interfaced with community services easily. We don't need more primary care offices in Vestal, we need them in the city where they are lacking right now. The primary care offices are doing the right thing by asking the hard questions – when you check in, you get asked, do you have access to healthy food, do you have stable housing, things like that but I'm an educated person and can answer those questions but someone who is not secure or unhoused might be embarrassed and feel judged for answering those questions honestly. I think before Lourdes merged with Guthrie, they had these wonderful community initiatives built on Catholic principles of going out into the community and truly caring for their neighbors. I don't know if those will continue through the merge."*

o *"As far as collaborations for our programming, it's amazing to me that medical systems are spending funds on community workers and social workers while we are sitting here ready to collaborate and work on the social aspect. You are medical, let us be the social so we can collaborate and help the whole person. Your people also never leave the office, we actually go into people's homes and when you go into that environment, it's very different from what they talk about in the medical office setting, especially with older adults who place doctors on these pedestals and don't want to tell them the truth all the time because they don't want to be looked down upon and so they say everything's fine and then we walk into their house and everything is not fine. But I wish that medical would just be medical and work with us and the community so that we can work on the social determinants of health – let us do our work."*

o *"Well they have a credibility issue as it relates to IT and a lot of the damage that came from the cyber breach is affecting how the population feels and interacts with Guthrie. Because of this breach, I'm a bit more hesitant to contact them. I think this is something they should address and work on immediately."*

o *"I think if I could recommend one thing to them, I would say looking at an increase in specialized services for rural populations. And by that I mean things like substance use, mental health, disability services, and creating a welcoming environment so people are not intimidated to use those services. I think the rural population is a marginalized population in a lot of ways and I think that if we could find a way to create those services in a way that people feel really seen and welcomed, that would go a long way with being able to provide services to those folks."*

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)*

o *"We have a great relationship with the Lourdes maternity unit. Our community health workers go onto the floor after deliveries and educate patients about our services. We also contract with oncology dept for our health insurance program - one of our insurance navigators helps cancer patients get new insurance if*

needed, help them navigate why certain things aren't covered, etc.. We have a
*great symbiotic relationship with Lourdes. Lourdes is also looking to implement a
mobile prenatal unit to rural areas of Tioga County."*

- o *"I am thinking of transitioning some of my own healthcare needs over to Guthrie
so I wish them luck. It is difficult to change over a large health system like this but
I am optimistic for them."*
- o *"No but I'll call them up if I think of it."*
- o *"No, thank you for the discussion."*
- o *"I enjoy the Guthrie services, it's right down the street from me, and they're very
responsive to my needs."*

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 Binghamton 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 Lourdes Hospital team. Focus
group participants were asked to complete a Participation Packet to prepare them for
the topics that were discussed.

A total of 19 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
Wednesday March 19th, 2025	12:00 – 1:30 PM	ZOOM
Wednesday March 26th, 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 Lourdes Hospital service area, the quality was rated
as 3.3 out of 5.0 (where 5 indicates very good).

- ➢ Words used to describe the quality of healthcare services included: *(the following
comments are verbatim)*
  - o *"Adequate, good"*
  - o *"Decent, often have to go to out-of-area specialists"*
  - o *"Fair, inaccessible, overbooked"*

- o *"Frustrating, inconclusive"*
- o *"Good" (n=5)*
- o *"Good, broad"*
- o *"Good, need more mental health services"*
- o *"It varies"*
- o *"Needs improvement"*
- o *"Satisfactory"*
- o *"Some good, some bad, diminished in the last 10 years"*
- o *"Variety"*
- o *"Very Good"*
- ➢ Participants feel the following services are missing in their community: *(the following comments are verbatim)*
  - o *"Better mental healthcare, more options for surgical procedures, waiting too long for a surgery."*
  - o *"Gender-affirming care, dental care covered by insurance (Medicare)"*
  - o *"Geriatric, Urology, Good cardiac specialists"*
  - o *"Insufficient mental health and substance abuse services"*
  - o *"LGBTQ+ focused healthcare"*
  - o *"Mental health & elder care"*
  - o *"Mental Health Availability, particularly when one is also medically insecure."*
  - o *"Mental health services, drug abuse and helping the aging population."*
  - o *"Mental healthcare is hard to find."*
  - o *"PCPs serve as gatekeepers for most specialties but access to PCPs is often delayed due to caseload, limited hospital beds leading to long ER waits and shorter stays."*
  - o *"Psych care and some specialty care"*
  - o *"Specialists for particular diagnosis"*
  - o *"Too many times getting a diagnosis of "I don't know" answer and having to leave the area to seek answers."*
  - o *"Transplant center"*
  - o *"Transplant services, good trauma care"*
  - o *"Walk-ins for mental health, especially children"*
- ➢ Three-quarters of participants indicated that they do need to travel outside of the area to obtain certain services, including: *(the following comments are verbatim)*
  - o *"Cardiology testing - went to Sayre, PA*
  - o *"Cardiovascular surgery"*
  - o *"Hard to find quality mental healthcare and specialist doctors"*
  - o *"Have taken family members to Syracuse or Sayre for eye surgery, burns, amputation"*
  - o *"Knee replacement surgery"*
  - o *"Long wait - over 3 months for neurologist appoint. Unable to see dermatologist without referral and then a 3 month wait. Husband unable to see a dietician because he is not diabetic."*
  - o *"Mental health counseling, gender-affirming care"*
  - o *"Mental health for PTSD and treatment-resistant depression, Chronic pain that could not be locally diagnosed, Stomach problems, Fertility treatment"*
  - o *"Nutrition, Orthopedics"*
  - o *"Prostate Cancer, Back Injury, Foot Injury and Leg Injury"*
  - o *"Rochester, Syracuse"*

- o *"Sexual health services, STI testing"*
- o *"Spine surgery, knee replacement"*

Accessibility of Healthcare Services

Focus Group participants rated the overall accessibility of healthcare services in the Guthrie Lourdes Hospital service area as 3.0 out of 5.0 (where 5 indicates very good).

➢ Words used to describe the quality of healthcare services included: *(the following comments are verbatim)*
- o *"Bad - appointments are often 3-6 months out"*
- o *"Difficult"*
- o *"Easy"*
- o *"Fair"*
- o *"Good" (n=3)*
- o *"Good but with glaring issues"*
- o *"Good for me, difficult for elders and poor"*
- o *"Good for somethings, but not great on others"*
- o *"Good if you have insurance and transportation"*
- o *"Good, forecasted"*
- o *"Hit or miss, sometimes easy but sometimes long delays"*
- o *"Improving, but lacking"*
- o *"Not great -- We have lots of facilities, but appointments are difficult to get"*
- o *"Poor"*
- o *"Very easy"*

➢ Some barriers to accessing healthcare services in this community include: *(the following comments are verbatim)*
- o *"Age inability to drive. Inability to understand over the phone. Lack of services for homeless"*
- o *"Elderly population may have difficulty accessing care as far as transportation. Homeless population may have issues as well. General population may not know when it's appropriate to access care when crucial signs and symptoms arise."*
- o *"Financial, insurance"*
- o *"Getting appointments"*
- o *"Insurance, transportation"*
- o *"Missing mental healthcare and specialists"*
- o *"Older adults, no reasonably priced ways to get to appointments. Cancellations and last-minute appointments."*
- o *"Scheduling, availability of doctors"*
- o *"Shortage of physicians, nurses, etc.; Financial (insurance, etc.)"*
- o *"There are not sufficient providers in many areas to meet the need of patients, including neurology/neurosurgery, urology, and probably geriatrics."*
- o *"Travel"*
- o *"Travel, access and availability"*
- o *"When calling specialists for appointment, office staff does not help you to get appointments. It takes weeks for call backs from offices."*

➢ 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)*
  - *"Availability and quantity of mental health services "*
  - *"Delay in getting appointments for some specialty services and testing"*
  - *"Endocrinology - Rochester for a rare disease. ENT/Audiology and Rheumatology – Syracuse"*
  - *"Getting tests done that Dr has ordered. Long wait times or insurance holdups"*
  - *"Getting timely appointments, long waiting times after checking in for appointments, hold times (on phone)"*
  - *"Insurance delays, MD rejections"*
  - *"It literally takes months sometimes to be seen"*
  - *"It takes weeks for review of referrals and for callbacks. Even when medical referral is not needed, still takes weeks."*
  - *"Long wait on hold when calling"*
  - *"Long wait times for appointments; Qualified, competent, professional office staff; Qualified medical professionals"*
  - *"Travel, Lack of Highest Quality Health Care Providers."*

➢ 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 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.**	100.0% of participants said "Yes" this is a need in their community.	4.2 out of 5.0
• Increase services for **substance abuse.**	100.0% of participants said "Yes" this is a need in their community.	3.9 out of 5.0
• Increase **specialty care services** within the area	94.1% of participants said "Yes" this is a need in their community.	3.7 out of 5.0
• Increase **dental care services.**	94.1% of participants said "Yes" this is a need in their community.	3.3 out of 5.0
• Increase **eldercare/ senior** services (65+).	94.1% of participants said "Yes" this is a need in their community.	3.7 out of 5.0

• Increase **wellness/ exercise** services.	88.2% of participants said "Yes" this is a need in their community.	3.0 out of 5.0
• Decrease **obesity** in children/adults.	100.0% of participants said "Yes" this is a need in their community.	3.2 out of 5.0
• Focus on **the poor and vulnerable.**	100.0% of participants said "Yes" this is a need in their community.	3.8 out of 5.0
• **Fall prevention** among seniors	88.2% of participants said "Yes" this is a need in their community.	3.2 out of 5.0
• **Healthcare costs** prevent receiving care.	94.1% of participants said "Yes" this is a need in their community.	4.0 out of 5.0
• Reduce **adolescent pregnancies**	94.1% of participants said "Yes" this is a need in their community.	3.1 out of 5.0
• **Diabetes management** programs	94.1% of participants said "Yes" this is a need in their community.	3.6 out of 5.0
• **Increase preventive** care programs.	94.1% 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.	100.0% of participants said "Yes" this is a need in their community.	3.8 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 Lourdes Hospital to focus on over the next three years:

- ➢ **Increasing mental & behavioral health services** (4.2 / 5.0)
- ➢ **Reducing healthcare costs to prevent people from receiving needed care** (4.0 / 5.0)
- ➢ **Increasing substance abuse services** (3.9 / 5.0)
- ➢ **Increasing preventive care programs** (3.8 / 5.0)
- ➢ **Focusing on the poor and vulnerable** (3.8 / 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 Lourdes Hospital service area has an average life expectancy of 77.6 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 the infant and child mortality rates; but these are better than the national mortality rates.

Table D1. Length of Life of Guthrie Lourdes Hospital Service Area

Length of Life					
Indicators	**Description**	**Broome County**	**Tioga County**	**NY State**	**U.S.**
Premature Death	*Years of potential life lost before age 75 per 100,000 population (age-adjusted)*	9,128 ⬇	6,676 ⬇	6,637	8,352
Life Expectancy	*Average number of years people are expected to live*	76.5 ⬇	78.6 ⬇	79.4	77.1

Premature Age-Adjusted Mortality	*Number of deaths among residents under age 75 per 100,000 population (age-adjusted)*	440 ⬇	360 ⬇	340	410
Child Mortality	*Number of deaths among residents under age 20 per 100,000 population*	40	50 ⬇	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 Lourdes Hospital service area has a lower percentage of poor or fair health, lower HIV prevalence, and lower Diabetes prevalence than the New York and the national incidence rates. The Greater Binghamton Region also has a low birth weight and physical distress rates equal to the state and the country. 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 Lourdes Hospital Service Area

Quality of Life					
Indicators	**Description**	**Broome County**	**Tioga County**	**NY State**	**U.S.**
Poor Physical Health Days	*Average number of physically unhealthy days reported in past 30 days (age-adjusted)*	4.2 ⬇	3.9	3.9	3.9
Low Birth Weight	*Percentage of live births with low birth weight (< 2,500 grams or 5.5 pounds)*	8%	7% ⬆	8%	8%
Poor Mental Health Days	*Average number of mentally unhealthy days reported in past 30 days (age-adjusted)*	6.1 ⬇	5.5 ⬇	4.9	5.1
Poor Or Fair Health	*Percentage of adults reporting fair or poor health (age-adjusted)*	15% ⬆	13% ⬆	16%	17%

Frequent Physical Distress	*Percentage of adults reporting 14 or more days of poor physical health per month (age-adjusted)*	12%	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*	249 ↑	116 ↑	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)*	33% ↓	35% ↓	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)*	11 ↓	12 ↓	8	14

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.*

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 Lourdes Hospital service area has fewer sexually transmitted infections, has a higher mammography screening rate, and equal or better insurance coverage than New York and the country, respectively. There is also less physical inactivity in the Greater Binghamton Region compared to the state as well as better sleep. However, the service area is faring worse than the state in the following categories: (1) access to exercise opportunities, (2) percentage of adults who smoke, (3) alcohol-impaired driving deaths, (4) drug overdose deaths, (5) excessive / binge drinking alcohol, (6) access to healthy foods and food insecurity, (7) preventable hospital stays, (8) provider ratios for primary care physicians, dentists, mental health providers, and other primary care providers, and (9) teen births.

Table D3. Health Infrastructure of Guthrie Lourdes Hospital Service Area

Indicators	Description	Broome County	Tioga County	NY State	U.S.
Health Infrastructure					
Flu Vaccinations	*Percentage of fee-for-service (FFS) Medicare enrollees who had an annual flu vaccination*	55% ⬆	49% ⬇	51%	48%
Access To Exercise Opportunities	*Percentage of population with adequate access to locations for physical activity*	86% ⬇	64% ⬇	93%	84%
Food Environment Index	*Index of factors that contribute to a healthy food environment, from 0 (worst) to 10 (best)*	7.9 ⬇	8.9 ⬆	8.7	7.4
Primary Care Physicians	*Ratio of population to primary care physicians*	1,270:1 ⬇	3,690:1 ⬇	1,240:1	1,330:1
Mental Health Providers	*Ratio of population to mental health providers*	380:1 ⬇	550:1 ⬇	260:1	300:1
Dentists	*Ratio of population to dentists*	1,450:1 ⬇	5,970:1 ⬇	1,200:1	1,360:1
Preventable Hospital Stays	*Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees*	2,744 ⬇	3,236 ⬇	2,595	2,666
Mammography Screening	*Percentage of female Medicare enrollees ages 65-74 who received an annual mammography screening*	47% ⬆	47% ⬆	44%	44%
Uninsured	*Percentage of population under age 65 without health insurance*	5% ⬆	4% ⬆	6%	10%
Limited Access To Healthy Foods	*Percentage of population who are low-income and do not live close to a grocery store*	4% ⬇	1% ⬆	2%	6%
Food Insecurity	*Percentage of population who lack adequate access to food*	15% ⬇	12% ⬆	13%	14%
Insufficient Sleep	*Percentage of adults who report fewer than 7 hours of sleep on average (age-adjusted)*	37% ⬆	39%	39%	37%
Teen Births	*Number of births per 1,000 female population ages 15-19*	12 ⬇	17 ⬇	10	16

Sexually Transmitted Infections	*Number of newly diagnosed chlamydia cases per 100,000 population*	310.5 ⬆	226.1 ⬆	526.9	495.0
Excessive Drinking	*Percentage of adults reporting binge or heavy drinking (age-adjusted)*	19% ⬆	23% ⬇	20%	19%
Alcohol-Impaired Driving Deaths	*Percentage of driving deaths with alcohol involvement*	37% ⬇	9% ⬆	22%	26%
Drug Overdose Deaths	*Number of drug poisoning deaths per 100,000 population*	46 ⬇	15 ⬆	29	31
Adult Smoking	*Percentage of adults who are current smokers (age-adjusted)*	16% ⬇	14% ⬇	12%	13%
Physical Inactivity	*Percentage of adults age 18 and over reporting no leisure-time physical activity (age-adjusted)*	24% ⬆	22% ⬆	25%	23%
Uninsured Adults	*Percentage of adults under age 65 without health insurance*	6% ⬆	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*	440:1 ⬆	1,330:1 ⬇	610:1	710:1

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 Lourdes Hospital service area has fewer households facing severe housing problems and cost burdens than New York and the rest of the country. The service area also has more homeownership compared to the state and country. However, the service area has less broadband Internet access as well as less access to parks than the state or country. Air pollution is also worse than the state level.

Table D4. Physical Environment of Guthrie Lourdes Hospital Service Area

Physical Environment					
Indicators	**Description**	**Broome County**	**Tioga 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*	15% ⬆	9% ⬆	23%	17%
Driving Alone To Work	*Percentage of the workforce that drives alone to work*	74% ⬇	81% ⬇	50%	70%
Long Commute – Driving Alone	*Among workers who commute in their car alone, the percentage that commute more than 30 minutes*	15% ⬇	35% ⬇	39%	37%
Air Pollution: Particulate Matter	*Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5)*	7.2 ⬇	7.1 ⬇	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*	No	No	-	-
Broadband Access	*Percentage of households with broadband internet connection*	88% ⬇	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*	120 ⬆	27 ⬆	438	108
Homeownership	*Percentage of owner-occupied housing units*	65% ⬆	78% ⬆	54%	65%
Severe Housing Cost Burden	*Percentage of households that spend 50% or more of their household income on housing*	14% ⬆	10% ⬆	19%	15%
Access To Parks	*Percentage of population living within a half mile of a park*	53% ⬇	12% ⬇	63%	51%
Adverse Climate Events	*Indicator of thresholds met for the following adverse climate and weather-related event categories: extreme heat (300 or more days above 90F), moderate or greater drought (65 or more weeks), and disaster (2 or more presidential disaster declarations) over the five-year period*	0	1	-	-

Census Participations	*Percentage of all households that self-responded to the 2020 census (by internet, paper questionnaire or telephone)*	63.3%	69.1%	-	65.2%
Voter Turnout	*Percentage of citizen population aged 18 or older who voted in the 2020 U.S. Presidential election*	62.7% 🔻	66.1% 🔺	62.9%	67.9%

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 Lourdes Hospital service area has better high school graduation and completion rates than the state and country. It also has fewer children eligible for free/reduced-price lunch and disconnected youth. However, the service area has fewer childcare centers and faces more deaths due to injury than the state or country. The Greater Binghamton Region also sees more firearm fatalities and motor vehicle crash deaths than NY, but these rates are better than the country.

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

Social & Economic Factors					
Indicators	**Description**	**Broome County**	**Tioga County**	**NY State**	**U.S.**
Some College	*Percentage of adults ages 25 and over with a high school diploma or equivalent*	67% 🔻	61% 🔻	71%	68%
High School Completion	*Percentage of adults ages 25 and over with a high school diploma or equivalent*	91% 🔺	92% 🔺	88%	89%
Unemployment	*Percentage of population ages 16 and older unemployed but seeking work*	3.9% 🔺	3.4% 🔺	4.2%	3.6%
Income Inequality	*Ratio of household income at the 80th percentile to income at the 20th percentile*	5.1 🔺	4.3 🔺	5.8	4.9
Children In Poverty	*Percentage of people under age 18 in poverty*	20% 🔻	18% 🔺	19%	16%
Injury Deaths	*Number of deaths due to injury per 100,000 population*	79 🔻	67 🔻	60	84

Social Associations	Number of membership associations per 10,000 population	10.9 ⬆	11.7 ⬆	7.9	9.1
Childcare Cost Burden	Childcare costs for a household with two children as a percent of median household income	39% ⬇	36% ⬆	38%	28%
High School Graduation	Percentage of ninth-grade cohort that graduates in four years	84% ⬇	92% ⬆	87%	87%
School Segregation	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	0.14 ⬆	0.09 ⬆	0.33	0.24
School Funding Adequacy	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	$10,237 ⬆	$11,145 ⬆	$12,745	$1,411
Children Eligible For Free / Reduced-Price Lunch	Percentage of children enrolled in public schools that are eligible for free or reduced price lunch	50% ⬆	48% ⬆	57%	55%
Gender Pay Gap	Ratio of women's median earnings to men's median earnings for all full-time, year-round workers, presented as "cents on the dollar"	0.81 ⬇	0.75 ⬇	0.88	0.81
Median Household Income	The income where half of households in a county earn more and half of households earn less	$63,600 ⬇	$67,600 ⬇	$82,100	$77,700
Living Wage	The hourly wage needed to cover basic household expenses plus all relevant taxes for a household of one adult and two children	$49.60 ⬇	$51.02 ⬇	$61.75	-
Childcare Centers	Number of childcare centers per 1,000 population under 5 years old	6	3 ⬇	6	7

Residential Segregation – Black/White	*Index of dissimilarity where higher values indicate greater residential segregation between Black and White county residents*	62 🟢	53 🟢	75	63
Motor Vehicle Crash Deaths	*Number of motor vehicle crash deaths per 100,000 population*	6	12 🔻	6	12
Firearm Fatalities	*Number of deaths due to firearms per 100,000 population*	5	8 🔻	5	13
Disconnected Youth	*Percentage of teens and young adults ages 16-19 who are neither working nor in school*	4% 🟢	10% 🔻	9%	7%

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.*

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 Lourdes Hospital also reviewed data provided from the New York State Department of Health (NYSDOH) Prevention Agenda website (Prevention Agenda 2025-2030: New York State's Health Improvement Plan 2025-2030 dashboard.

The 2025-2030 NYSDOH Prevention Agenda has adopted a broader perspective, emphasizing factors that influence health beyond traditional health outcomes, prevention strategies, medical care, and public health systems. The 2025-2030 Prevention Agenda outlines 24 key priorities to address health conditions, behaviors, and systemic issues such as poverty, education, housing, and access to quality healthcare. The 24 key priorities are grouped into 5 domains based upon the Healthy People 2030's Social Determinants of Health and include: (1) Economic Stability, (2) Social and Community Context, (3) Neighborhood and Built Environment, (4) Healthcare Access and Quality, and (5) Education Access and Quality. It is the vision of the 2025-2030 Prevention Agenda that *Every Individual in New York State has the opportunity, regardless of background or circumstances, to attain their highest level of health across the lifespan.*[18]

Guthrie Lourdes Hospital 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 Lourdes Hospital understands the critical need to identify and prioritize the health needs of the community. Guthrie Lourdes Hospital remains committed in transitioning its care model to support managing populations of patients, with specific attention to social determinants of health, recognizing that health and well-being are shaped not only by behavior choices of individuals, but also by complex factors that influence individual choices.

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

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

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

Improve Health Status and Reduce Health Disparities			
Indicator	**Broome County**	**Tioga County**	**NY State Objective**
% of Deaths That Are Premature *(before age 65 years)*	24.9% ↓	20.8% ↑	22.8%
Premature Deaths, Difference in % Between Black Non-Hispanics and White Non-Hispanics *(before age 65 years)*	34.2% ↓	20.7% ↑	17.3%
Premature Deaths, Difference in % Between Hispanics and White Non-Hispanics *(before age 65 years)*	32.7% ↓	4.0 ↑	16.2%
Potentially Preventable Hospitalizations Among Adults *(age-adjusted rate per 10,000)*	109.9 ↑	49.0 ↑	115.0
Potentially Preventable Hospitalizations Among Adults, Difference in Rates Between Black Non-Hispanics and White Non-Hispanics *(age-adjusted rate per 10,000)*	134.4 ↓	-	94.0
Potentially Preventable Hospitalizations Among Adults, Difference in Rates Between Hispanics and White Non-Hispanics *(age-adjusted rate per 10,000)*	9.5 ↑	-	23.9
% of Adults with Health Insurance *(aged 18-64 years)*	93.8% ↓	95.1% ↓	97.0%
Adults Who Have a Regular Healthcare Provider *(age-adjusted percentage)*	85.9% ↓	91.7% ↑	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 Lourdes Hospital service area is meeting the NY Prevention Agenda Objectives for asthma emergency department visits, colorectal cancer screenings, 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 Lourdes Hospital Service Area

Prevent Chronic Diseases			
Indicator	**Broome County**	**Tioga County**	**NY State Objective**
% of Children with Obesity *(aged 2-4 years participating in the WIC program)*	15.3% ↓	16.9% ↓	13.0%
% of Children & Adolescents with Obesity *(New York State outside New York City)*	21.6% ↓	23.3% ↓	16.4%
% of Adults with Obesity	34.2% ↓	37.2% ↓	24.2%
% of Adults with an Annual Household Income <$25,000 with Obesity	23.8% ↑	49.0% ↓	29.0%
% of Adults with an Annual Household Income <$25,000 who Consume 1+ Sugary Drinks/Day	-	-	28.5%
% of Adults with an Annual Household Income <$25,000 with Perceived Food Security	42.2% ↓	-	61.4%
% of Adults Who Participate in Leisure-Time Physical Activity	77.6% ↑	79.3% ↑	77.4%
% of Adults with Disabilities Who Participate in Leisure-Time Physical Activity	61.9% ↑	63.8% ↑	61.8%
% of Adults Who Participate in Leisure-Time Physical Activity *(Aged 65+ Years)*	77.0% ↑	76.0% ↑	75.9%
Prevalence of Cigarette Smoking Among Adults	15.4% ↓	21.5% ↓	11.0%
% Of Adults Who Smoke Cigarettes Among Adults with Income <$25,000	40.7% ↓	21.6% ↓	15.3%

% Of Adults Who Receive Colorectal Cancer Screening Based on the Most Recent Guidelines *(Aged 50-64 Years)*	62.2% ↓	79.0% ↑	66.3%
% of Adults Who Had a Test for High Blood Sugar or Diabetes Within the Past 3 Years *(Aged 45+ Years)*	69.5% ↓	58.6% ↓	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 *(Aged 45+ Years)*	-	-	67.4%
Asthma Emergency Department Visits *(Rate per 10,000, Aged 0-17 Years)*	39.2 ↑	32.2 ↑	131.1
% Of Medicaid Managed Care Members with Persistent Asthma Having an Asthma Medication Ratio Of 0.50 Or Greater *(Aged 5-18)*	66.7% ↓	-	69.0%
% Of Adults with Hypertension Who Are Currently Taking Medicine to Manage Their High Blood Pressure	75.0% ↓	74.5% ↓	80.7%
% Of Adults with Chronic Conditions Who Have Taken a Course or Class to Learn How to Manage Their Condition *(Arthritis, Asthma, CVD, Diabetes, CKD, Cancer)*	6.8% ↓	5.8% ↓	10.6%

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.*

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

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

Promote a Healthy and Safe Environment			
Indicator	**Broome County**	**Tioga County**	**NY State Objective**
Hospitalizations Due to Falls Among Adults *(Rate per 10,000 population, aged 65+ years)*	239.8 ↓	91.5 ↑	173.7
Assault-Related Hospitalizations *(Rate per 10,000 population)*	3.1 ↓	-	3.0
Assault-Related Hospitalizations *(Ratio of Rates Between Black Non-Hispanics and White Non-Hispanics)*	6.1 ↓	-	5.5
Assault-Related Hospitalizations *(Ratio of Rates Between Hispanics and White Non-Hispanics)*	-	-	2.5
Assault-Related Hospitalizations *(Ratio of Rates Between Low-Income ZIP Codes and Non-Low-Income ZIP Codes)*	1.5 ↑	-	2.7
Firearm Assault-Related Hospitalizations *(Rate per 10,000 population)*	-	0.0 ↑	0.4
Work-Related Emergency Department (ED) Visits *(Ratio of Rates Between Black Non-Hispanics and White Non-Hispanics)*	2.96 ↓	-	1.30
Crash-Related Pedestrian Fatalities *(Rate per 100,000 Population)*	1.57 ↓	0.0 ↑	1.43
% of Population Living in a Certified Climate Smart Community	100.0% ↑	7.6% ↓	8.6%
% of People Who Commute to Work Using Alternate Modes of Transportation or Who Telecommute *(Public Transportation, Carpool, Bike, Walk, etc.)*	23.2% ↓	16.8% ↓	47.9%
% of Registered Cooling Towers in Compliance with 10 NYCRR Subpart 4-1	28.5% ↓	58.8% ↓	93.0%
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 Lourdes Hospital service area is meeting the NY Prevention Agenda Objectives for breastfeeding (for White and Hispanic populations, not Black) and older women going to their preventive medical visits. The Greater Binghamton Region has better infant and maternal mortality rates as well. However, the service area is faring worse in terms of preterm births, neonatal withdrawal syndrome diagnoses, younger women receiving preventive medical visits, and the youth suicide mortality rate.

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

Promote Healthy Women, Infants, and Children			
Indicator	**Broome County**	**Tioga County**	**NY State Objective**
% of Women with a Preventive Medical Visit in The Past Year *(Aged 18-44 Years)*	62.4% ⬇	-	80.6%
% of Women with a Preventive Medical Visit in the Past Year *(Aged 45+ Years)*	87.6% ⬆	88.5% ⬆	85.0%
% of Women Who Report Ever Talking with a Healthcare Provider About Ways to Prepare for a Healthy Pregnancy *(Aged 18-44 Years)*	-	-	38.1%
Maternal Mortality *(Rate Per 100,000 Live Births)*	0.0 ⬆	0.0 ⬆	16.0
Infant Mortality *(Rate Per 1,000 Live Births)*	5.3 ⬇	2.0 ⬆	4.0
% of Births That Are Preterm	10.3% ⬇	7.6% ⬆	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)*	21.6 ⬇	-	9.1
% of Infants Who Are Exclusively Breastfed in the Hospital Among All Infants	50.8% ⬇	62.1% ⬆	51.7%
% of Infants Who Are Exclusively Breastfed in the Hospital Among Hispanic Infants	40.2% ⬆	-	37.4%
% of Infants Who Are Exclusively Breastfed in the Hospital Among Black Non-Hispanic Infants	31.3% ⬇	-	38.4%

% of Infants Supplemented with Formula in the Hospital Among Breastfed Infants	**32.4% ↑**	**23.5% ↑**	**41.9%**
Percentage of WIC-Enrolled Infants Who Are Breastfed At 6 Months	**25.7% ↓**	**-**	**45.5%**
Suicide Mortality Among Youth *(Rate Per 100,000, Aged 15-19 Years)*	**6.5 ↓**	**11.5 ↓**	**4.7**
% of Families Participating in the Early Intervention Program Who Meet the State's Standard on the NY Impact on Family Scale	**94.2% ↑**	**100.0% ↑**	**73.9%**
% of Residents Served by Community Water Systems That Have Optimally Fluoridated Water	**75.9% ↓**	**11.2% ↓**	**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 Lourdes Hospital service area is meeting the NY Prevention Agenda Objectives for buprenorphine medication management for substance use disorder, and has fewer adults abusing alcohol. 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 Lourdes Hospital Service Area

Promote Well-Being and Prevent Mental and Substance Use Disorders			
Indicator	**Broome County**	**Tioga 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 at the county level, the county Opportunity Index is made up of 17 indicators. As with*	**52.9% ↓**	**55.8% ↓**	**59.2%**

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)*	16.5% ↓	13.4% ↓	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.)*	52.9% ↑	64.9% ↑	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.)*	48.7% ↓	43.0% ↓	61.3
Binge Drinking During the Past Month Among Adults *(Age-adjusted percentage)*	13.6% ↑	18.8% ↓	16.4
Overdose Deaths Involving Any Opioids *(Age-adjusted rate per 100,000 population)*	44.9 ↓	11.2 ↑	14.3
Patients Who Received At Least One Buprenorphine Prescription for Opioid Use Disorder *(Age-adjusted rate per 100,000 population)*	1104.8 ↑	578.3 ↑	415.6
Opioid Analgesic Prescription *(Age-adjusted rate per 100,000 population)*	375.1 ↓	287.7 ↑	350.0
Emergency Department Visits (Including Outpatients and Admitted Patients) Involving Any Opioid Overdose *(Age-adjusted rate per 100,000 population)*	129.3 ↓	23.0 ↑	53.3
% of Adults Who Have Experienced 2+ Adverse Childhood Experiences (ACEs)	40.6% ↓	59.3% ↓	33.8
Indicated Reports of Abuse/Maltreatment *(Rate per 1,000 children, aged 0-17 years)*	31.9 ↓	24.3 ↓	15.6
Suicide Mortality *(Age-adjusted rate per 100,000 population)*	11.4 ↓	8.5 ↓	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 Lourdes Hospital service area is meeting the NY Prevention Agenda Objectives for several communicable diseases, including HIV, gonorrhea, chlamydia, and syphilis. However, the service area has lower vaccination rates among adolescents, but there are more children who have completed their immunization series.

Table D11. Prevent Communicable Diseases - New York State Prevention Agenda Indicators of Guthrie Lourdes Hospital Service Area

Prevent Communicable Diseases			
Indicator	**Broome County**	**Tioga County**	**NY State Objective**
% of 24-35-month-old Children with the 4:3:1:3:3:1:4 Immunization Series	80.3% ↑	64.5% ↓	70.5%
% of 13-year-old Adolescents with a Complete HPV Vaccine Series	23.6% ↓	19.9% ↓	37.4%
Newly Diagnosed HIV Cases *(rate per 100,000)*	6.8 ↓	2.8 ↑	5.2
Gonorrhea Diagnoses *(age-adjusted rate per 100,000 population)*	101.1 ↑	82.7 ↑	242.6
Chlamydia Diagnoses *(age-adjusted rate per 100,000 population)*	297.2 ↑	276.8 ↑	676.9
Early Syphilis Diagnoses *(age-adjusted rate per 100,000 population)*	7.2 ↑	1.4 ↑	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 Lourdes Hospital has identified and cataloged resources which are available in the Greater Binghamton 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**
Cancers	Guthrie Lourdes Hospital Breast Care Center	607.798.6161	Mammography | Guthrie
Cancers	American Cancer Society	607.772.2400	American Cancer Society on Campus – Fleishman Center for Career and Professional Development | Binghamton University, State University of New York
Cancers	National Cancer Institute	NA – Website Only – reference materials	Comprehensive Cancer Information - NCI
Heart Disease and Stroke/Cancer	Susquehanna River Region 211	800.901.2180	https://www.helpme211.org/
Heart Disease and Stroke/Cancer	Broom County Health Department	607.778.3930	Health and Wellness Opportunities | Broome County
Heart Disease and Stroke/Cancer	Catholic Charities Broome County	607.729.9166 https://www.catholiccharitiesbc.org/	Catholic Charities | Food Pantry | Family, Residential, Disaster Services | Binghamton
Heart Disease and Stroke/Cancer	Binghamton Y	607.772.0560	Binghamton Y - YMCA of Broome County

Heart Disease	American Heart Association	585.371.3227	New York	American Heart Association
Heart Disease	Salvation Army Binghamton Corps	607.722.2987	Salvation Army Binghamton Corps
Heart Disease	Food Bank of the Southern Tier	607.796.6061	Welcome to the Food Bank of the Southern Tier - NY

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

➢ Detailed summary of activities in CHIP for each hospital.