



Community Health Needs Assessment

2025-2028



GUTHRIE

Robert Packer 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 Robert Packer 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 Robert Packer Hospital's collaborative partnership within the overall Guthrie Clinic health system, and community initiatives and programming to better serve the preventive health, chronic disease management and overall wellness needs of the community.

Hospital legal name: Guthrie Robert Packer Hospital

Hospital address: 1 Guthrie Square, Sayre, PA 18840

Hospital website: [Guthrie Robert Packer Hospital | Guthrie](#)

Hospital phone number: (570) 888-6666

Hospital EIN/Tax ID: 240795463

The 2025 Community Health Needs Assessment report was approved by the Board of Directors of Guthrie Robert Packer Hospital on June 12, 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 Robert Packer Hospital, key community organizations and residents. The CHNA demonstrates Guthrie Robert Packer Hospital's 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 Robert Packer 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 Robert Packer Hospital service area, including Chemung and Tioga Counties within New York and Bradford, Sullivan, and Tioga Counties within Pennsylvania, will be referenced as the Greater Sayre Region throughout the body of this report. (e.g.: people living in Chemung, Tioga (NY), Bradford, Sullivan and Tioga (PA) Counties will be referred to as residents of the Greater Sayre 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, Schuylar, 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

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

Community Served

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

Data Analysis Methodology

The 2025 CHNA research was conducted from January 2025 to May 2025, and incorporated data from both primary and secondary sources. Primary data sources included information gathered from groups and individuals, including but not limited to community residents, healthcare consumers, health care professionals, community stakeholders, multi-sector representatives and partnering organizations. Special attention was given to the needs of individuals and communities who are more vulnerable and evidence of unmet health needs or gaps in service delivery. Community input included in-depth interviews (IDI's) with 10 key stakeholders, as well as 2 focus groups which included 12 community members across various insurance types (commercial, Medicaid, Medicare) as well as uninsured population segments. Additionally, 751 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 Robert Packer 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 Robert Packer Hospital CHNA for 2025-2028.

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

Guthrie Robert Packer 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) 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 Robert Packer Hospital's mission, vision, values, and strategic plan for the 2025-2028 CHNA cycle.

Guthrie Robert Packer 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 Sayre Region. The significant needs identified are as follows:

➤ Mental Health Problems

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

➤ Heart Disease and Stroke

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

About Guthrie

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

MISSION

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

VISION

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

VALUES

Patient-Centeredness

Teamwork

Excellence

Strategic Plan

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

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

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

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

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

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

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

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

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

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

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

About the CHNA

A community health needs assessment, or CHNA, is essential for community building and health improvement efforts, and directing resources where they are most needed. CHNAs can be powerful tools that have the potential to be catalysts for immense community change.

Purpose of CHNA

A CHNA is “a process for determining the needs in a particular community or population through systematic, comprehensive data collection and analysis, and leveraging results to spur community change. A CHNA involves exploring both quantitative and qualitative data and can be broad, examining a community at large and has long been best practices within the field of public health and promotes those working to improve community health to consider local conditions-both community needs and assets-which lead to more targeted, effective community-change work. systematic process involving the community to identify and analyze community health needs and assets in order to prioritize, plan, and act upon unmet community health needs.”³ The process serves as a foundation for promoting the health and well-being of the community by identifying the most pressing needs, leveraging existing assets and resources, developing strategic plans, and mobilizing hospital programs and community partners to work together. This community-driven approach aligns with Guthrie Robert Packer 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

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.

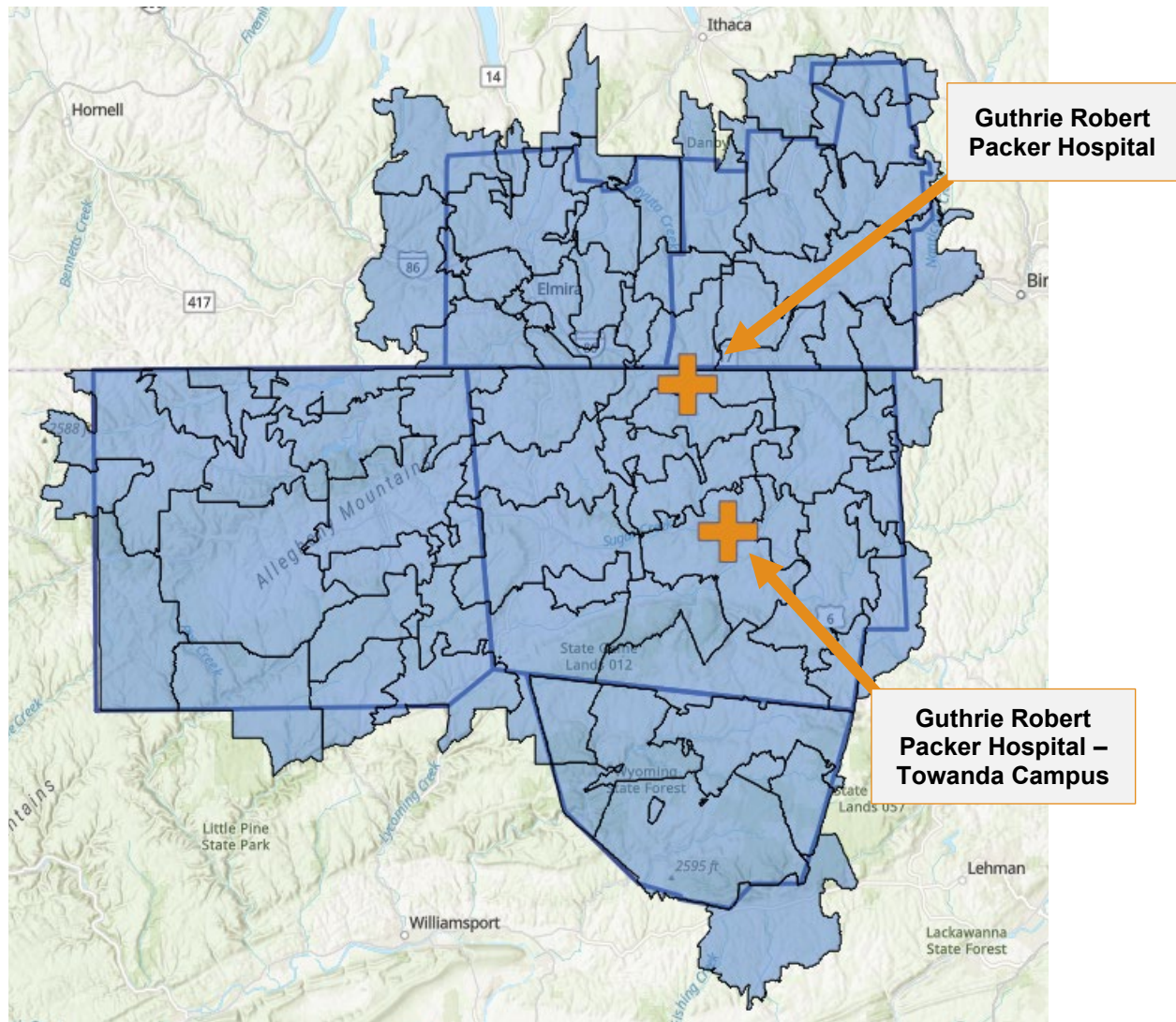
Community Served

For the purpose of the 2025 CHNA, Guthrie Robert Packer Hospital has defined its community served as Chemung and Tioga Counties within New York and Bradford, Sullivan, and Tioga Counties within Pennsylvania. Although Guthrie Robert Packer Hospital serves the Greater Sayre 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 Robert Packer Hospital service area. The Guthrie Robert Packer Hospital (as well as the Robert Packer – Towanda Campus Hospital) location is depicted as an orange plus sign on the map on the following page.

Chemung and Tioga Counties within New York and Bradford, Sullivan, and Tioga Counties within Pennsylvania comprise over 3,600 square miles of land area, while Bradford County is the 2nd largest county in the state of Pennsylvania (by land area in square miles). The Guthrie Robert Packer Hospital service area is primarily rural and comprised of over 3,500 farms. Within the Greater Sayre Region, there is only one city: Elmira (in Chemung County, NY). There are 4,700 total employer establishments across the service area with the main industry being educational services, healthcare, and social assistance followed by manufacturing.

Figure 1. Map of Guthrie Robert Packer Hospital Service Area



Demographic Data

Located in the Southern Tier of New York and the Northern Tier / Northeastern Region of Pennsylvania, the Guthrie Robert Packer Hospital service area has a population of 237,809 residents of which nearly 75% of the population reside in a census-defined rural area, or a low population density area (less than 2,000 housing units and less than 5,000 people). Below are demographic data highlights for the Greater Sayre Region:

- 21.5% of the residents are 65 or older, compared to 18.6% and 20.0% in New York and Pennsylvania, respectively.
 - The service area is slightly older than the two states (46.3 median age for the service area, 40.2 median age for New York and Pennsylvania).
- The Greater Sayre Region is primarily White, Non-Hispanic.

- 97.5% of residents are non-Hispanic while only 2.5% are Hispanic or Latino (any race).
- 91.7% of residents are White; 0.9% are Asian; and 2.7% are Black or African American.
- The median household income is below the two state's median income (\$65,086 for the service area; \$81,600 for New York and \$73,824 for Pennsylvania).
- The percentage of all ages of people in poverty was slightly less than the two states (8.9% for the service area; 14.2% and 12.0% for New York and Pennsylvania respectively).
- The uninsured rate for the Greater Sayre Region is slightly better than both state averages (4.9% for the service area; 6.0% and 5.4% for New York and Pennsylvania respectively).

Table 1. Demographic Highlights of Community

Demographic Highlights			
Indicator	Guthrie Robert Packer Hospital Service Area	New York	Pennsylvania
Population			
% Living in rural communities	73.1%	11.8%	23.5%
% Below 18 years of age	20.8%	20.2%	20.3%
% 65 and older	21.5%	18.6%	20.0%
% Hispanic	2.5%	19.8%	8.9%
% Asian	0.9%	9.7%	3.7%
% Non-Hispanic Black	2.7%	17.7%	12.4%
% Non-Hispanic White	91.7%	68.5%	73.5%
Median Age	46.3 years	40.2 years	40.2 years
Social and Community Context			
English Proficiency (<i>Proportion of community members that speak English "less than well"</i>)	1.0%	13.1%	3.8%
Median Household Income	\$65,086	\$82,095	\$73,824
% of Children (< 18 years) in Poverty	18.6%	19.0%	16.0%
% of Uninsured / no health insurance coverage	5.0%	6.0%	6.0%

% of Educational Attainment (% of adults ages 25 and over with a high school diploma or equivalent)	91.4%	88.0%	92.0%
% of Unemployment	3.2%	4.2%	3.4%
% of Veterans	8.8%	3.6%	5.9%
% of Population Living with a Disability	15.9%	13.0%	14.7%

To view Community Demographic Data in its entirety, see Appendix B (page 43).

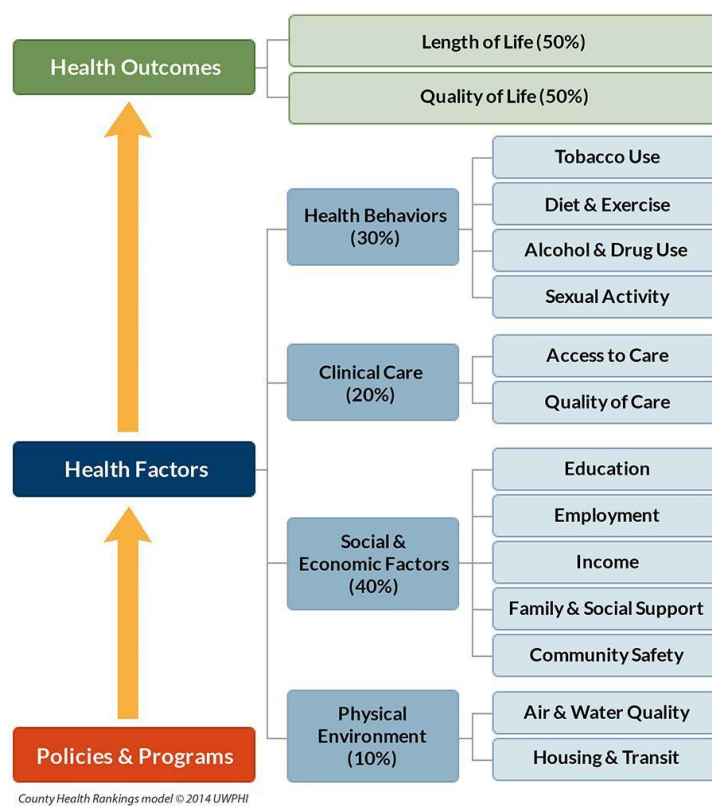
Process and Methods Used

The Guthrie Clinic is committed to using the national best-practices in conducting the CHNA. Health needs for the Greater Sayre 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 Robert Packer Hospital approach relied on the model developed by the County Health Rankings and Roadmaps and the Robert Wood Johnson Foundation, utilizing the determinants of health model as the model for community health improvement.⁴

Guthrie Clinic applied the County Health Rankings and Roadmaps' Take Action Cycle⁵ for community health improvement, which included the following steps:

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



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

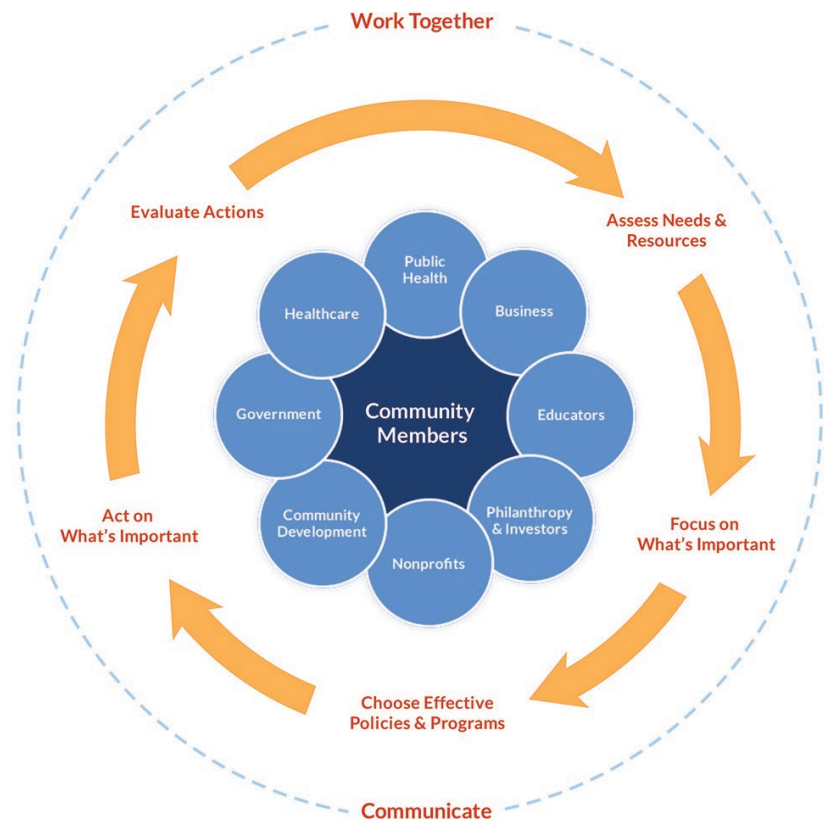
⁵ Source: [Take Action Cycle | County Health Rankings & Roadmaps](#)

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

Collaborators and/or Consultants

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

- Bradford/Sullivan County Drug & Alcohol
- Bradford/Sullivan County Early Intervention
- Bradford-Tioga HeadStart
- Futures Community Support Services
- Progress Authority
- Borough of Sayre, Pennsylvania
- Sayre Public Library
- The Daily Review
- The Main Link
- Tioga County Partnership for Community Health



“Guthrie has grown and expanded over the years. They have some more specialties here that I think people don’t know about but that we are lucky to have in our rural area.”

Guthrie Robert Packer Hospital understands that community collaboration is essential and integral to improving the health status of the residents of Chemung and Tioga Counties within New York and Bradford, Sullivan, and Tioga Counties within Pennsylvania. 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 Sayre Region.

Data Collection Methodology

In collaboration and partnership with various community stakeholders Guthrie Robert Packer Hospital gathered and analyzed primary and secondary data for the Greater Sayre 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 Sayre 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.

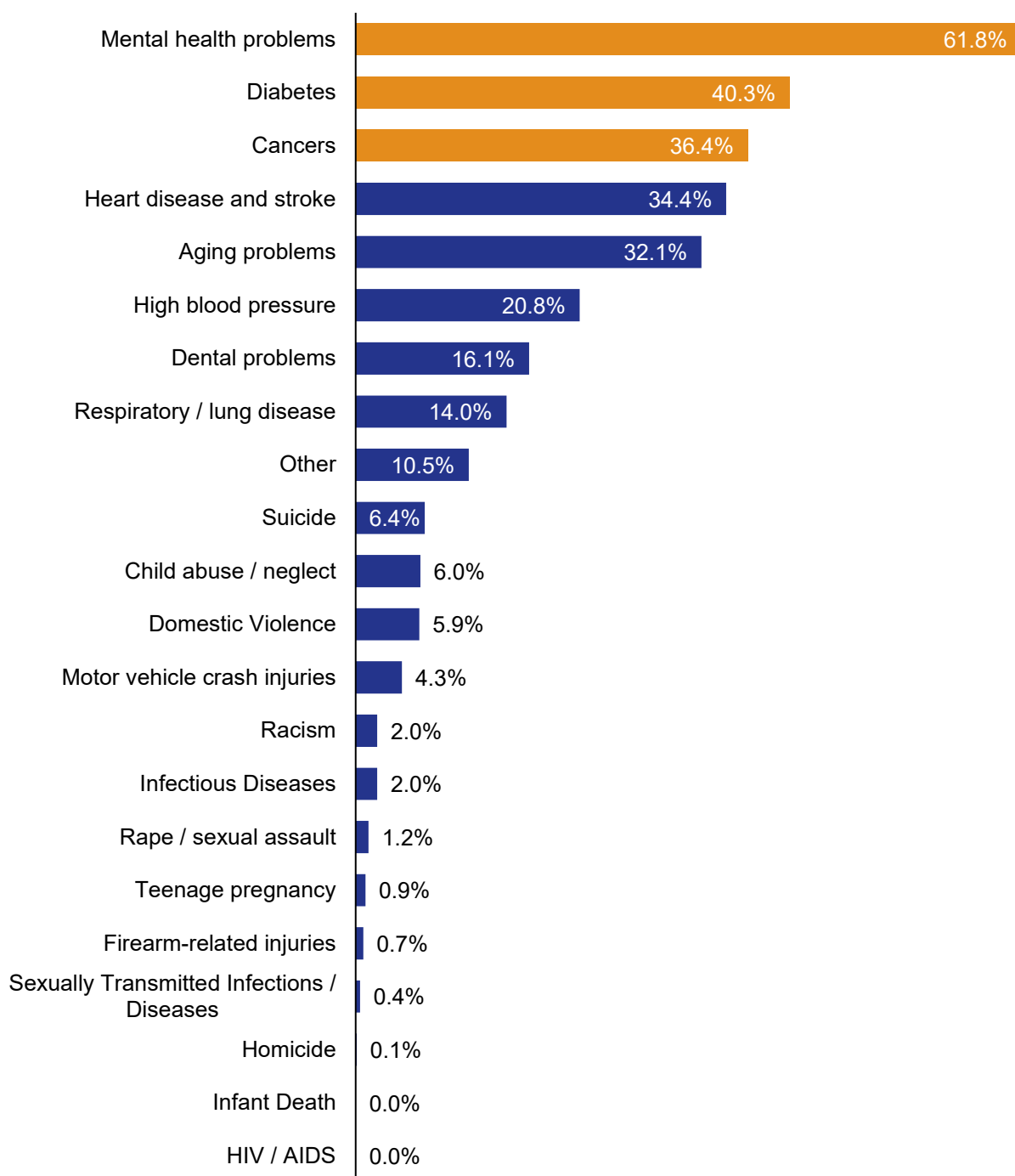
On-Line Survey

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 Sayre Region. In total, 751 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 Robert Packer 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 Robert Packer 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) Diabetes, (3), and Cancers. Other issues facing the Greater Sayre

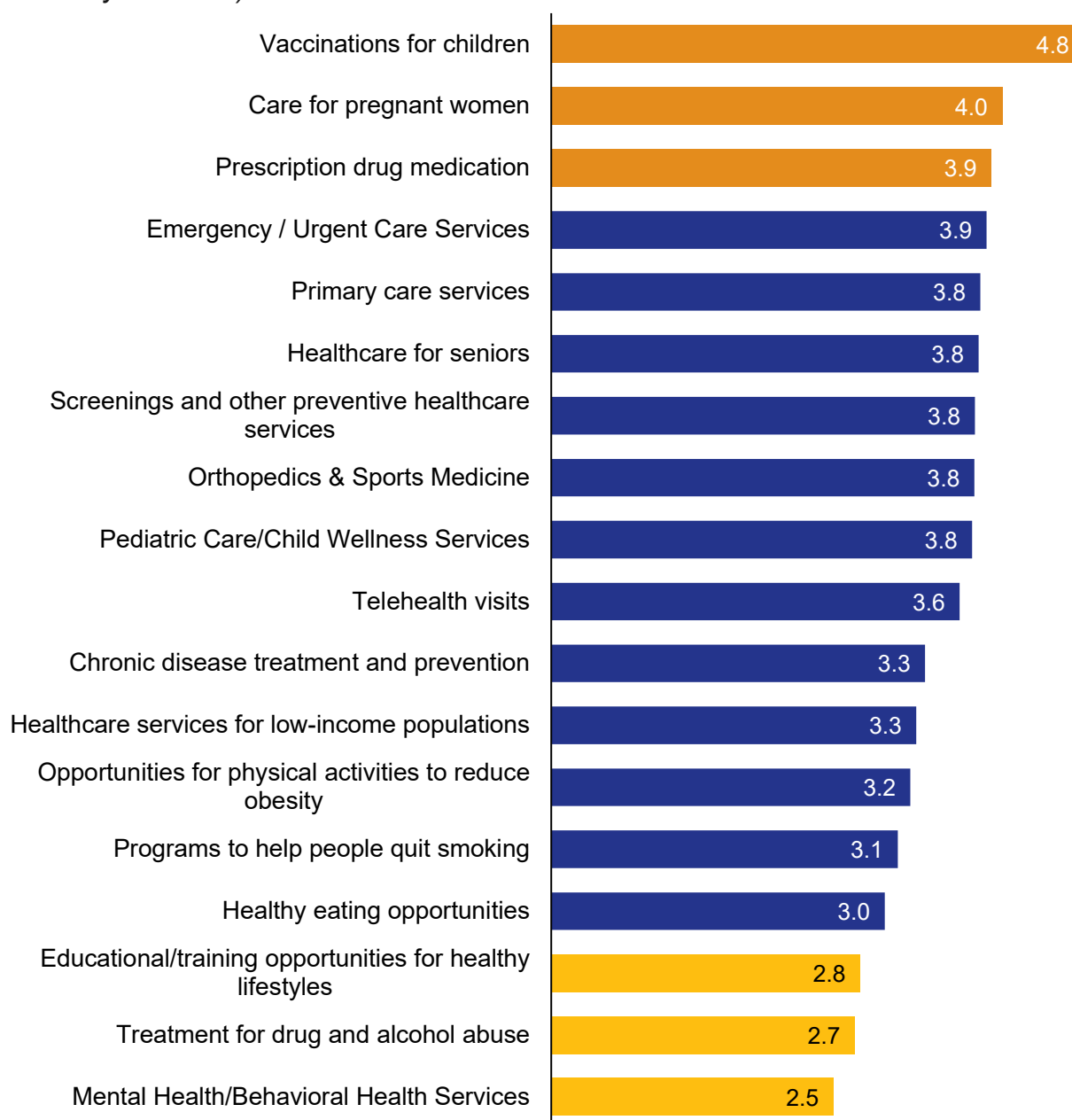
Region include heart disease and stroke as well as aging problems (e.g., arthritis, hearing/vision loss, etc.).

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



Residents feel the most widely available healthcare services include: (1) Vaccinations for children (other than COVID-19 vaccine), (2) Care for pregnant women, and (3) Prescription drug medication. The least available healthcare services in the Greater Sayre Region include: (1) Mental health / behavioral health services, (2) Treatment for drug and alcohol abuse, and (3) Educational / training opportunities for healthy lifestyles.

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



The majority of residents are able to access healthcare services in the Greater Sayre 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 Robert Packer Hospital Service Area (participants could select one option)

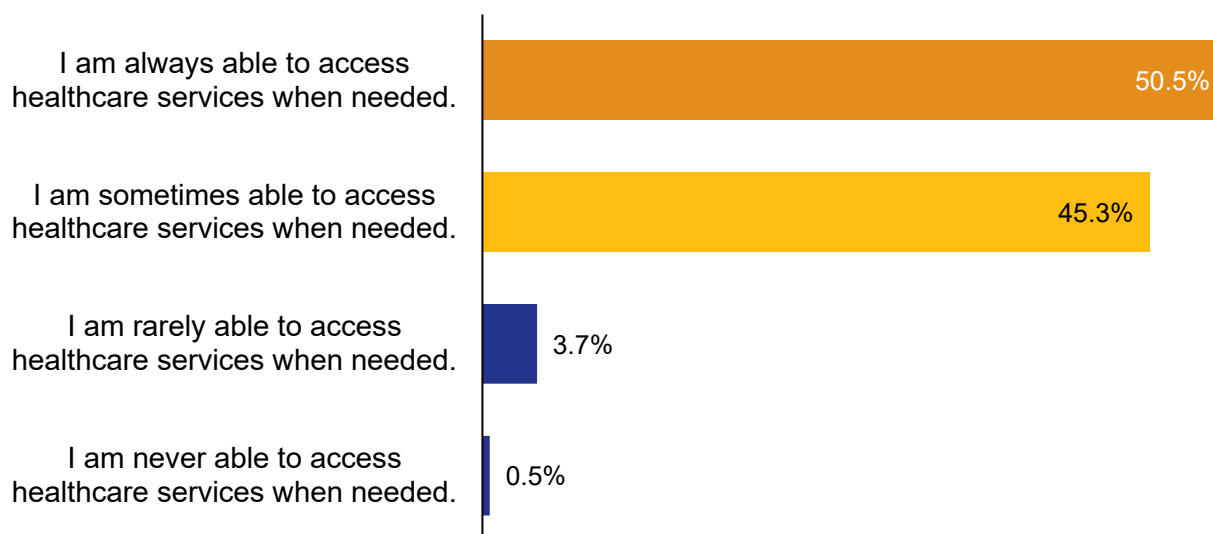
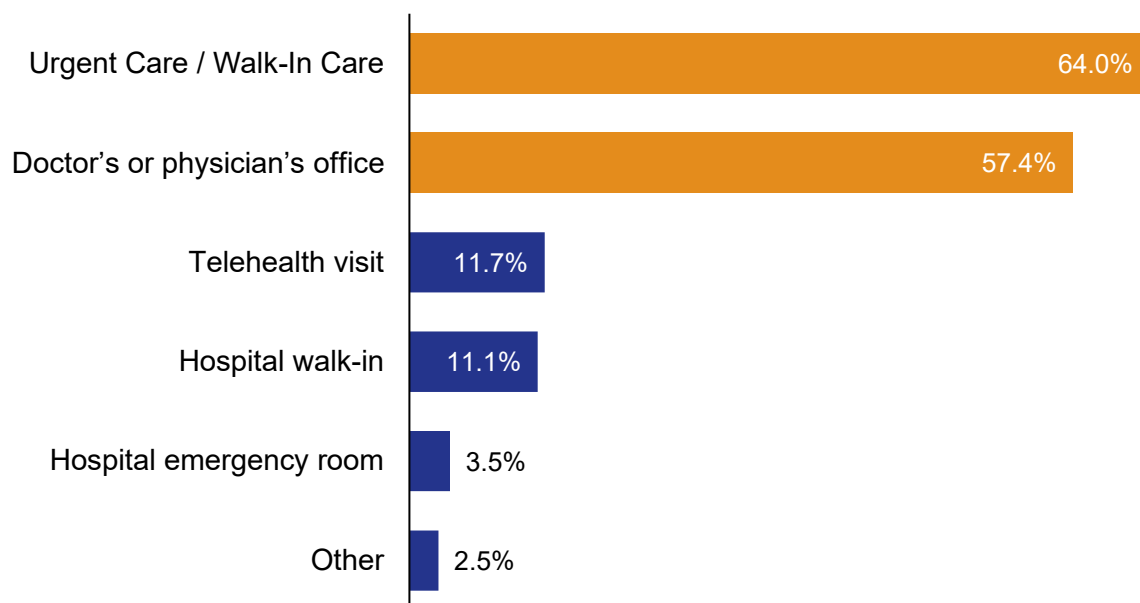


Figure 5. Where Residents of Guthrie Robert Packer Hospital Service Area Go for Non-Emergent Medical Attention (participants could select all that apply)



To view primary data from the On-Line survey in its entirety, see Appendix C (pages 53–78).

Key Stakeholder Interviews

A series of 10 one-on-one interviews were conducted by RMS Healthcare on behalf of Guthrie Robert Packer Hospital to gather feedback from key stakeholders on the health needs and assets of the Greater Sayre 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 Robert Packer Hospital Service Area	Availability of Healthcare Services
<ul style="list-style-type: none"> ➤ Mean Overall Health Score of 2.8 / 5.0 (<i>where 5=very healthy</i>) ➤ The Greater Sayre Region is a safe community in which to raise children and grow old, but there is a need for improved community services, and it is a region lacking in economic opportunities. 	<ul style="list-style-type: none"> ➤ Healthcare services, including Primary, Emergency, and Urgent Care, are available in the Greater Sayre Region. ➤ But other specialties are lacking or limited, including: <ul style="list-style-type: none"> ○ Dental care ○ Dermatology ○ Mental and behavioral health ○ Oncology ○ Ophthalmology ○ Pediatrics ○ Other specialty care for which residents need to travel outside the area.
Barriers to Accessing Healthcare	Vulnerable Populations
<ul style="list-style-type: none"> ➤ A lack of providers in the area ➤ Affordable housing ➤ After-hours availability ➤ Cost or affordability ➤ Discrimination ➤ 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 childcare services ➤ Long wait times / lengthy appointment wait lists ➤ Lower health education and literacy including lower educational attainment levels 	<ul style="list-style-type: none"> ➤ Certain demographic groups of the population may be medically underserved, including: <ul style="list-style-type: none"> ○ Disabled population ○ Elderly or aging adults ○ LGBTQ+ population ○ Low-income

<ul style="list-style-type: none"> ➤ Rurality and isolation ➤ Stigma tied to receiving care or asking for help ➤ Transportation 	<ul style="list-style-type: none"> ○ Rural / Isolated persons ○ Uninsured or under-insured ○ Veterans
Ideas and Suggestions for Guthrie	
<ul style="list-style-type: none"> ➤ Implementing a mobile health unit that goes out into the community and partner organizations for preventive well-checks and screenings ➤ Provide more health education / healthy lifestyle trainings for the general public free of charge (such as a webinar series) <ul style="list-style-type: none"> ○ 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. ➤ Promote the current services available, especially telehealth to reach the rural, more isolated populations ➤ Improve mental / behavioral health resources and services here ➤ Bring more primary care, pediatricians, and dental providers to the area 	

To view primary data from the In-Depth Interviews in its entirety, see Appendix C (pages 78–90).

Community Focus Groups

A series of two focus groups were conducted by RMS Healthcare on behalf of Guthrie Robert Packer Hospital to gather feedback from the community on the health needs and assets of the Greater Sayre Region. Twelve (12) 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
<ul style="list-style-type: none"> ➤ Mean Availability Score of 3.2 / 5.0 (<i>where 5=very available</i>) ➤ Quality of healthcare available in the area is “adequate” and “good but limited.” 	<ul style="list-style-type: none"> ➤ Mean Accessibility Score of 2.8 / 5.0 (<i>where 5=very accessible</i>) ➤ Many participants stated they do not have a problem accessing the healthcare system if and when they are an established patient.
Healthcare Services That Are Missing or Lacking	Barriers to Accessing Healthcare
<ul style="list-style-type: none"> ➤ Specialty care is lacking in the area, especially in the following areas: 	<ul style="list-style-type: none"> ➤ After-hours availability ➤ High out-of-pocket costs

<ul style="list-style-type: none"> ○ Dental care ○ Dermatology ○ Geriatrics / home healthcare ○ Mental health ○ Neurology ○ Pediatrics ➤ Many participants leave the area for more highly specialized care. 	<ul style="list-style-type: none"> ➤ 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	
<ul style="list-style-type: none"> ➤ Increasing mental and behavioral health services ➤ Reducing healthcare costs to prevent people from receiving care ➤ Increasing access to providers by expanding hours, bringing on more providers, and offering more timely appointments ➤ Focusing on the poor and vulnerable ➤ Increasing dental care services 	

To view primary data from the Focus Groups in its entirety, see Appendix C (pages 53–96).

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

To view secondary data and sources in its entirety, see Appendix C (pages 96–108).

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 Robert Packer 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 Sayre Region. This constraint limits the ability to fully assess all the community's needs.

For this assessment, three types of limitations were identified:

1. Some groups of individuals may not have been adequately represented through the community input process. Those groups, for example, may include individuals who are transient, who speak a language other than English, or who are members of the lesbian/gay/bisexual/transgender+ community.
2. Secondary data is limited in a number of ways, including timeliness, reach and descriptive ability with groups as identified above.
3. Acute community concern(s) may significantly impact on Guthrie's ability to conduct portions of the CHNA assessment. An acute community concern is defined by Guthrie Clinic as an event or situation which may be severe and sudden in onset or newly affects a community. These events may impact the ability to collect community input, may not be captured in secondary data, and/or can present in the middle of the three-year CHNA cycle. For the 2025 CHNA, the following acute community concerns were identified:
 - Mental health problems
 - Heart disease and stroke

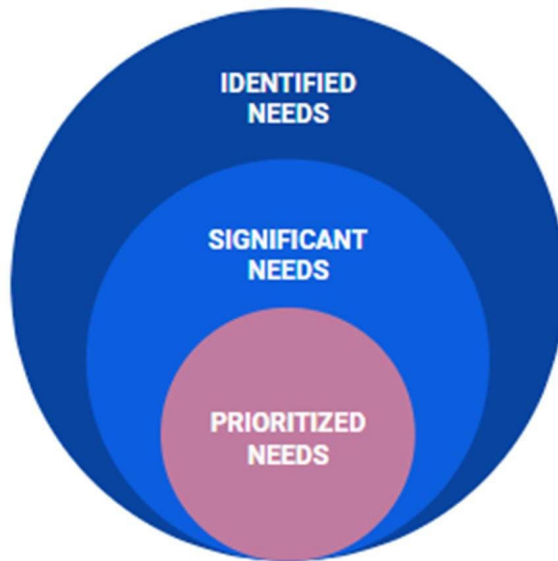
Despite the data limitations, Guthrie Clinic is confident of the overarching themes and health needs represented through the assessment data. This is because the data collection included multiple methods, both qualitative and quantitative, and engaged the hospital as well as participants from the community.

Community Needs

Guthrie Robert Packer 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 Sayre Region. In collaboration with community partners, Guthrie Robert Packer Hospital used a multi-phased prioritization approach to identify health needs. The first step was to determine the broader set of identified needs.

Identified needs were then narrowed to a set of significant needs which were determined most crucial for community stakeholders to address.

Following the completion of the CHNA assessment, Guthrie Robert Packer 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 Robert Packer 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 Sayre Region. The identified needs were categorized into groups such as health behaviors, social determinants of health, length of life, quality of life, clinical care, and systemic issues to better develop measures and evidence-based interventions that respond to the determined condition. According to the World Health Organization, research shows that social determinants can be more important than healthcare or lifestyle choices in influencing health. Addressing social determinants of health appropriately is fundamental for improving health and reducing longstanding inequities in health, which requires action by all sectors and civil society.⁶

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

Significant Needs

In collaboration with various key community-based partners, Guthrie Robert Packer 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 Robert Packer 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 Robert Packer 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

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>)

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

- Mental health problems
- Heart disease and stroke

To view healthcare facilities and community resources available to address the significant needs, please see Appendix E (pages 130-131).

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

Table 4. Need Theme #1: Mental Health Problems

Mental Health Problems	
Why is it important?	Data Highlights
<ul style="list-style-type: none">➤ Primary research indicated that individuals and families struggled to find providers for mental health services and substance use support in the community.	<ul style="list-style-type: none">➤ The service area has more poor mental health days, experiences more frequent mental distress, and sees a higher number of suicides than the states’ and federal levels. <i>Source: County Health Rankings, 2025. Reference Figures 6, 7, and 8 on the following page.</i>➤ There are fewer mental health providers in the service area than the current states’ or federal provider ratios. <i>Source: County Health Rankings, 2025. Reference Figure 9 on the following page.</i>➤ The service area has a higher percentage of adults who binge drink or over-consume alcohol, but slightly less drug overdose deaths compared to the states’ or federal levels. <i>Source: County Health Rankings, 2025. Reference Figures 7 and 8 on the following page.</i>
Local Assets & Resources	
<ul style="list-style-type: none">➤ The Main Link➤ Northern Tier Counseling➤ Bradford Sullivan Mental Health➤ A Better Today Inc.➤ Crossroads Counseling, Inc.➤ PA 211 <p><i>Additional resources can be found in Appendix E: Healthcare Facilities and Community Resources.</i></p>	
Community Challenges & Perceptions	Individuals Who Are More Vulnerable
<ul style="list-style-type: none">➤ Mental and behavioral health issues were identified as the #1 healthcare issue facing the service area in the primary data collected.➤ Many area residents also identified lengthy waitlists to see mental health	<ul style="list-style-type: none">➤ The service area has a significant portion of residents who are isolated and living in a rural area (73% of total population).➤ Through the qualitative primary data collected, it was revealed that there

<p>providers due to a lack of providers in this specialty and would like to see more providers brought to this region in the coming years.</p> <p>➤ Transportation, high out-of-pocket costs, insurance coverage and acceptance, and stigma were identified as barriers limiting residents' access to mental health services.</p>	<p>is stigma tied to asking for and receiving help when it comes to mental health due to a “blue collar mentality.”</p> <p>➤ Populations struggling with mental health issues were also identified to be more vulnerable and medically underserved in this service area.</p>
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Figure 6. Average Number of Mentally Unhealthy Days in Past 30 Days

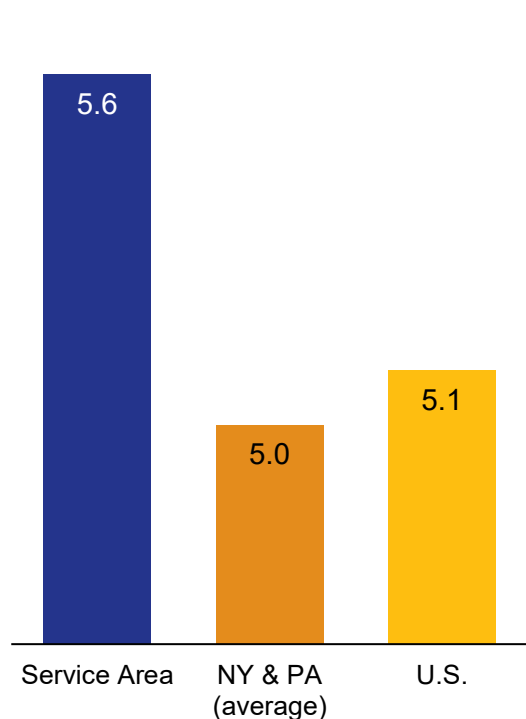


Figure 7. Frequent Mental Distress and Excessive Drinking

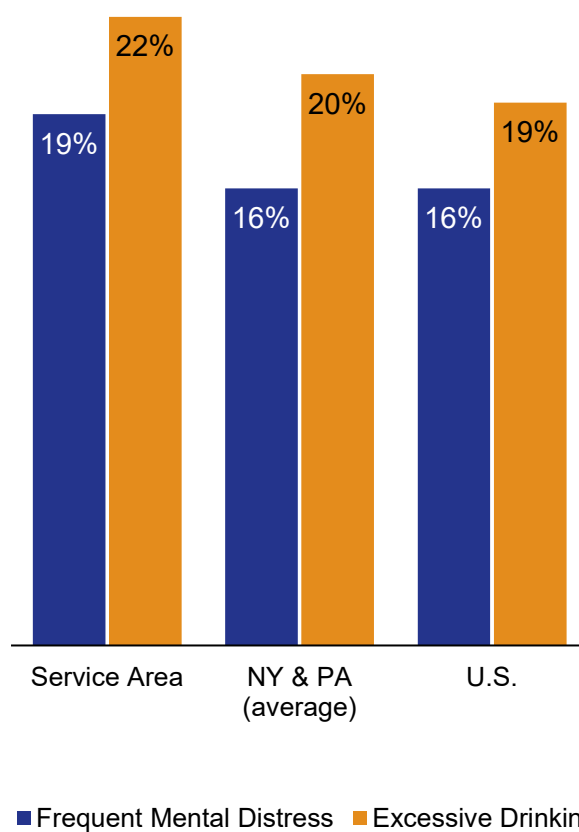


Figure 8. Suicides and Drug Overdose Deaths (per 100,000 population)

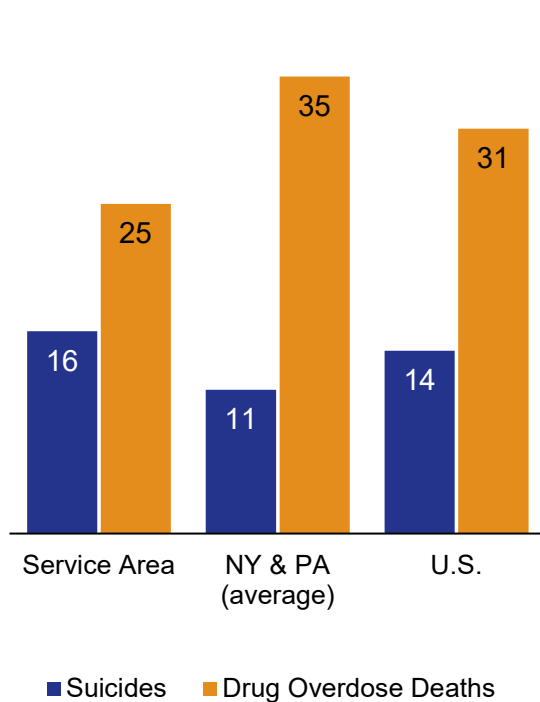


Figure 9. Mental Health Provider Ratios (100,000 population: provider)

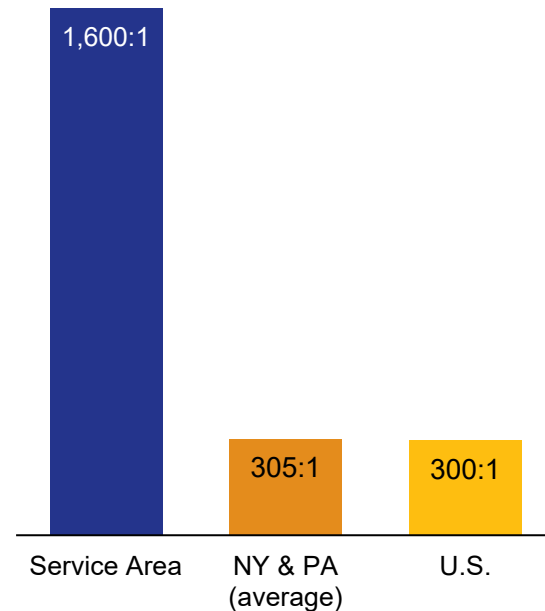


Table 5. Need Theme #2: Heart Disease and Stroke

Heart Disease and Stroke	
Why is it important?	Data Highlights
<p>➤ 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.</p>	<p>➤ The service area has a slightly lower mortality rate due to coronary heart disease than NY or PA, but this is not currently meeting the federal goal. <i>Source: Healthy People, 2030. Reference Figure 10 on the following page.</i></p> <p>➤ The service area has a large proportion of its population over the age of 65 – those who are more likely to be diagnosed with cardiovascular disease. <i>Source: U.S. Census Bureau, 2023.</i></p>
Local Assets & Resources	

<ul style="list-style-type: none"> ➤ Tioga Partnership for Community Health ➤ Bradford County Human Services ➤ Tioga County Branch YMCA ➤ PA 211 <p><i>Additional resources can be found in Appendix E: Healthcare Facilities and Community Resources.</i></p>	<p><i>Reference Figure 11 on the following page.</i></p> <ul style="list-style-type: none"> ➤ The service area also has less access to exercise opportunities and sees less frequent physical activity. <i>Source: County Health Rankings, 2025. Reference Figure 12 on the following page.</i> ➤ Heart disease has consistently been the leading cause of death in both NY and PA over the past five years.
Community Challenges & Perceptions	Individuals Who Are More Vulnerable
<ul style="list-style-type: none"> ➤ Heart disease and stroke were identified as one of the top 5 healthcare issues facing the service area, coming in at #4. ➤ Cardiology was frequently mentioned as a specialty for which residents need to leave the area due to lengthy appointment waitlists and a lack of cardiologists in the region. ➤ Transportation, food insecurity, and rurality / isolation were identified as barriers limiting residents' access to cardiology and wellness services. 	<ul style="list-style-type: none"> ➤ Rural, more isolated population, especially the aging population, and those facing transportation barriers were identified to be medically underserved and more vulnerable in the service area.

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

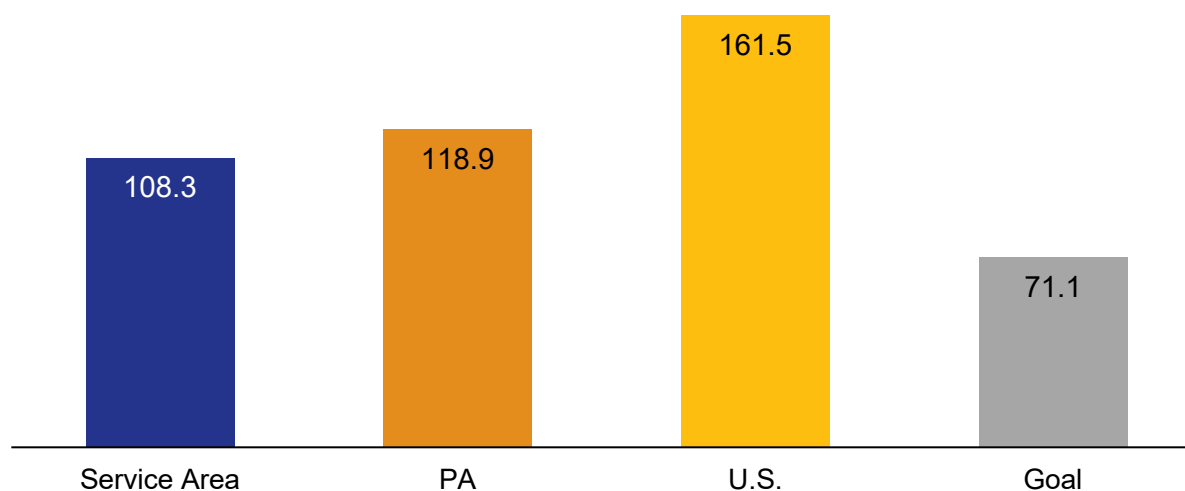


Figure 11. Proportion of Population Age 65 and Older

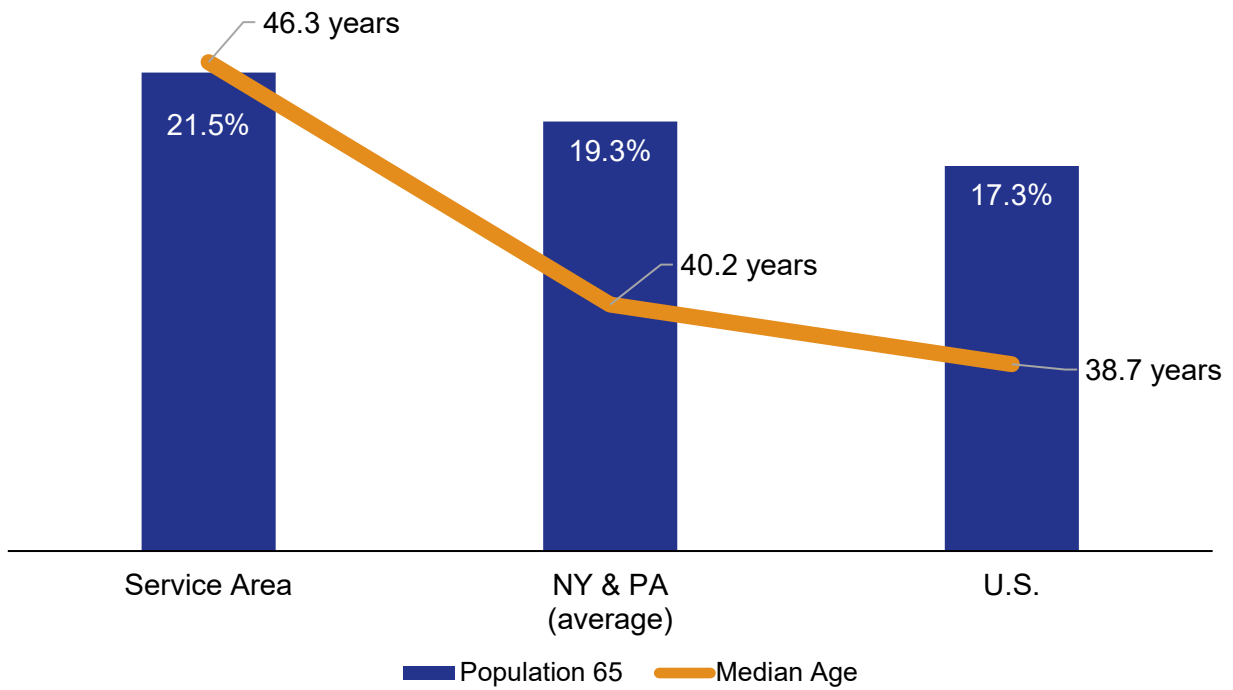
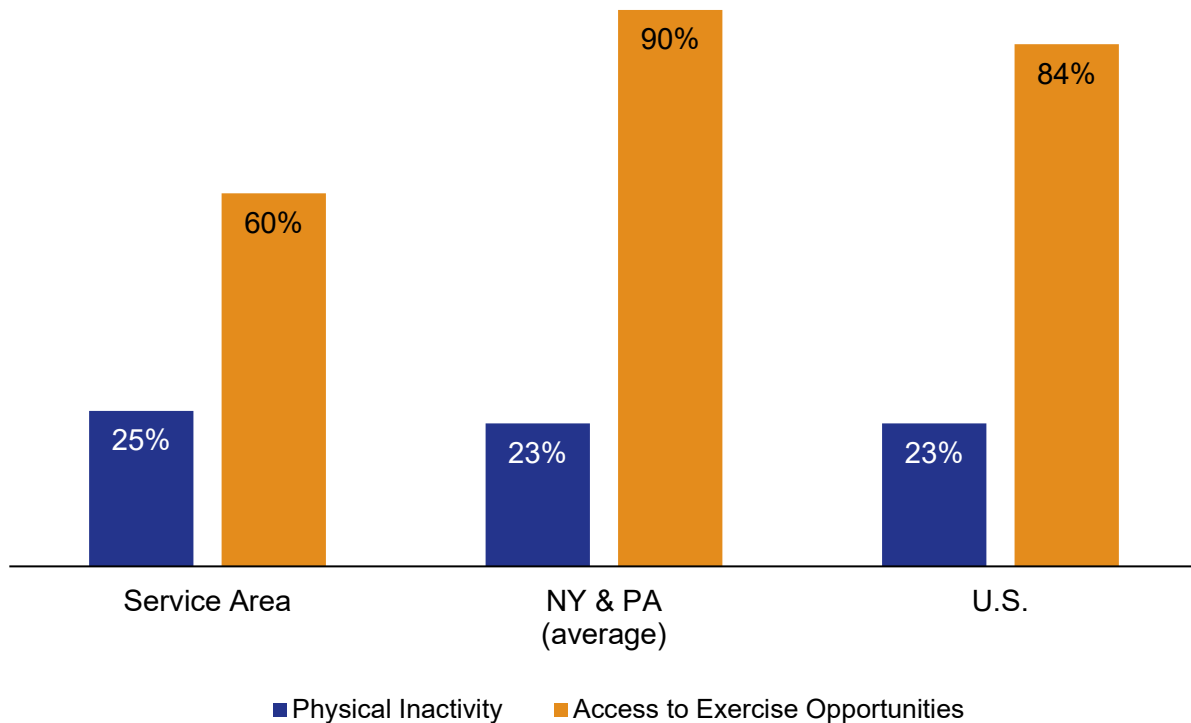


Figure 12. Access to Exercise Opportunities and Physical Inactivity Levels



Prioritized Needs

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

Guthrie Robert Packer 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
Mental Health Problems	The need was selected because mental health challenges are associated with increasing rates of substance use. According to Healthy People 2030, about half of all people in the United States will be diagnosed with mental disorders at some point in their lifetime. ¹³ Mental disorders affect people of all age and racial/ethnic groups, but some populations are disproportionately affected. Estimates suggest that only half of all people with mental disorders get the treatment they need. ¹⁴ The ratio of mental health providers to the Guthrie Robert Packer Hospital service area is 1,600:1, meaning that there is one mental health provider to 1,600 people. The rate is significantly higher than NYS and PA ratio of 305:1, and higher than top U.S. performers, which is 300:1. ¹⁵ Guthrie Robert Packer

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

¹³ Source: Centers for Disease Control and Prevention. (2018). Mental Health: Data and Publications. Retrieved from https://www.cdc.gov/mentalhealth/data_publications/index.htm

¹⁴ Source: National Institutes of Mental Health. (2018). Statistics. Retrieved from <https://www.nimh.nih.gov/health/statistics/index.shtml>

¹⁵ Source: [County Health Rankings & Roadmaps, 2025](#)

	Hospital is committed to improving access of mental/behavioral health services for residents of the greater Sayre Region and to ensure sustainable community collaboration to address this critical need.
Heart Disease and Stroke	The need was selected because heart disease is the leading cause of death in the United States, and stroke is the fifth leading cause. ¹⁶¹⁷ Heart disease and stroke can result in poor quality of life, disability, and death. The coronary heart disease mortality rate in the Guthrie Robert Packer Hospital service area is 108.3. meaning that for every 108 people 3 people die from heart disease or stroke in the Guthrie Robert Packer Hospital service area. While this rate is lower than the NY and PA average rate of 118:9 in comparison to 161:5 for the United states, the rate is higher than the US goal of 71.1. Primary research conducted also identified that physical inactivity is lower in the Guthrie Robert Packer Hospital service region to that of NY and US comparison and access to exercise opportunities in the region is significantly less than that of NY and PA combined and that of the US overall.

¹⁶ Source: Murphy, S.L., Xu, J.Q., Kochanek, K.D., & Arias, E. (2018). Mortality in the United States, 2017. Retrieved from <https://www.cdc.gov/nchs/data/databriefs/db328-h.pdf>

¹⁷ Source: Benjamin, E.J., et al. (2019). Heart Disease and Stroke Statistics — 2019 Update: A Report from the American Heart Association. *Circulation*, 139(10), e56-e528.
<https://www.ahajournals.org/doi/10.1161/CIR.0000000000000659>

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 Robert Packer Hospitals previous implementation strategy include:

- Primary Care Utilization/Hospitalization
- Mental Health
- Cancer Screening

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

Approval by Guthrie Robert Packer Hospital's Board of Directors

To ensure the Guthrie Robert Packer 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 12, 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 Robert Packer Hospital serves. This report will be used by internal stakeholders, non-profit community-based organizations (CBOs), government agencies, and other community partners of Guthrie Robert Packer 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 Robert Packer Hospital hopes this report offers a meaningful and comprehensive understanding of the most significant needs for residents of the Greater Sayre Region. Guthrie Robert Packer 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

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Appendix A: Definitions and Terms

Acute Community Concern

An event or situation which may be severe and sudden in onset or newly affects a community. This could describe anything from a health crisis (e.g., COVID-19, water poisoning) or environmental events (e.g., hurricane, flood) or other events that suddenly impacts a community. The framework is a defined set of procedures to provide guidance on the impact (current or potential) of an acute community concern. Source: Ascension Acute Community Concern Assessment Framework

Collaborators

Third-party, external community partners who are working with the hospital to complete the assessment. Collaborators might help shape the process, identify key informants, set the timeline, contribute funds, etc.

Community Focus Groups

Group discussions with selected individuals. A skilled moderator is needed to lead focus group discussions. Members of a focus group can include internal staff, volunteers and the staff of human service and other community organizations, users of health services and members of minority or disadvantaged populations.

Source: CHA Assessing and Addressing Community Need, 2015 Edition II

Community Forums

Meetings provide opportunities for community members to provide their thoughts on community problems and service needs. Community forums can be targeted towards priority populations. Community forums require a skilled facilitator.

Source: CHA Assessing and Addressing Community Need, 2015 Edition II

Community Served

A hospital facility may take into account all the relevant facts and circumstances in defining the community it serves. This includes: The geographic area served by the hospital facility; Target populations served, such as children, women, or the aged; and Principal functions, such as a focus on a particular specialty area or targeted disease.

Consultants

Third-party, external entities paid to complete specific deliverables on behalf of the hospital (or coalition/collaborators); alternatively referred to as vendors.

Demographics

Population characteristics of your community. Sources of information may include population size, age structure, racial and ethnic composition, population growth, and density.

Source: CHA Assessing and Addressing Community Need, 2015 Edition II

Identified Need

Health outcomes or related conditions (e.g., social determinants of health) impacting the health status of the community served

Key Stakeholder Interviews

A method of obtaining input from community leaders and public health experts one-on-one. Interviews can be conducted in person or over the telephone. In structured interviews, questions are prepared and standardized prior to the interview to ensure consistent information is solicited on specific topics. In less structured interviews, open-ended questions are asked to elicit a full range of responses. Key informants may include leaders of community organizations, service providers, and elected officials. Individuals with special knowledge or expertise in public health may include representatives from your state or local health department, faculty from schools of public health, and providers with a background in public health.

See Appendix C for a list of key stakeholders.

Source: CHA Assessing and Addressing Community Need, 2015 Edition II

Medically Underserved Populations

Medically Underserved Populations include populations experiencing health disparities or that are at risk of not receiving adequate medical care because of being uninsured or underinsured, or due to geographic, language, financial, or other barriers. Populations with language barriers include those with limited English proficiency. Medically underserved populations also include those living within a hospital facility's service area but not receiving adequate medical care from the facility because of cost, transportation difficulties, stigma, or other barriers.

Source: <https://www.irs.gov/charities-non-profits/community-health-needs-assessment-for-charitable-hospitalorganizations-section-501r3>

Prioritized Need

Significant needs which have been selected by the hospital to address through the CHNA implementation strategy

Significant Need

Identified needs which have been deemed most significant to address based on established criteria and/or prioritization methods

Social Determinants of Health (SDOH)

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

Source: World Health Organization - Social determinants of health

Surveys

Used to collect information from community members, stakeholders, providers, and public health experts for the purpose of understanding community perception of needs. Surveys can be administered in person, over the telephone, or using a web-based program. Surveys can consist of both forced choice and open-ended questions.

Source: CHA Assessing and Addressing Community Need, 2015 Edition II

Appendix B: Community Demographic and Data Sources

Guthrie Robert Packer 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 Robert Packer 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 Robert Packer Hospital service area, the gender distribution is even between males and females.

Table B1. Population by Sex of Guthrie Robert Packer Hospital Service Area

Population by Sex	Chemung County (NY)		Tioga County (NY)		Bradford County (PA)		Sullivan County (PA)		Tioga County (PA)		Guthrie Robert Packer Hospital Service Area	
	#	%	#	%	#	%	#	%	#	%	#	%
Total population	82,805	-	48,106	-	59,971	-	5,849	-	41,078	-	237,809	-
Male	41,061	49.6%	24,105	50.1%	29,957	50.0%	3,052	52.2%	20,629	50.2%	118,804	50.0%
Female	41,744	50.4%	24,001	49.9%	30,014	50.0%	2,797	47.8%	20,449	49.8%	119,005	50.0%
Sex ratio (males per 100 females)	98.4	-	100.4	-	99.8	-	109.1	-	100.9	-	99.8	-
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 Robert Packer Hospital service area is an older population with the largest age bracket being those age 65 to 74 years-old with a median age 13.2% higher than New York and Pennsylvania.

Table B2. Population by Age of Guthrie Robert Packer Hospital Service Area

Population by Age	Chemung County (NY)		Tioga County (NY)		Bradford County (PA)		Sullivan County (PA)		Tioga County (PA)		Guthrie Robert Packer Hospital Service Area	
	#	%	#	%	#	%	#	%	#	%	#	%
Under 5 years	4,336	5.2%	2,479	5.2%	3,345	5.6%	158	2.7%	2,037	5.0%	12,355	5.2%
5 to 9 years	4,726	5.7%	2,333	4.8%	3,521	5.9%	151	2.6%	2,359	5.7%	13,090	5.5%
10 to 14 years	5,327	6.4%	3,154	6.6%	4,117	6.9%	177	3.0%	2,256	5.5%	15,031	6.3%
15 to 19 years	5,301	6.4%	2,971	6.2%	3,414	5.7%	246	4.2%	2,656	6.5%	14,588	6.1%
20 to 24 years	4,663	5.6%	2,579	5.4%	3,031	5.1%	241	4.1%	2,322	5.7%	12,836	5.4%
25 to 34 years	10,108	12.2%	5,077	10.6%	6,774	11.3%	550	9.4%	4,352	10.6%	26,861	11.3%
35 to 44 years	9,908	12.0%	5,542	11.5%	6,393	10.7%	615	10.5%	4,543	11.1%	27,001	11.4%
45 to 54 years	10,034	12.1%	5,971	12.4%	7,009	11.7%	709	12.1%	4,876	11.9%	28,599	12.0%
55 to 59 years	5,868	7.1%	3,638	7.6%	4,702	7.8%	494	8.4%	3,176	7.7%	17,878	7.5%
60 to 64 years	6,038	7.3%	4,159	8.6%	4,413	7.4%	727	12.4%	3,059	7.4%	18,396	7.7%

65 to 74 years	9,711	11.7%	5,822	12.1%	7,613	12.7%	1,052	18.0%	5,415	13.2%	29,613	12.5%
75 to 84 years	4,633	5.6%	2,994	6.2%	3,885	6.5%	534	9.1%	2,948	7.2%	14,994	6.3%
85 years and over	2,152	2.6%	1,387	2.9%	1,754	2.9%	195	3.3%	1,079	2.6%	6,567	2.8%
Under 18 years	17,532	21.2%	9,841	20.5%	13,290	22.2%	595	10.2%	8,111	19.7%	49,369	20.8%
18 years and over	65,273	78.8%	38,265	79.5%	46,681	77.8%	5,254	89.8%	32,967	80.3%	188,440	79.2%
65 years and over	16,496	19.9%	10,203	21.2%	13,252	22.1%	1,781	30.4%	9,442	23.0%	51,174	21.5%
Median age (years)	41.9	-	44.8	-	43.7	-	56.1	-	45.0	-	46.3	-
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 Robert Packer Hospital service area is primarily White, Non-Hispanic.

Table B3. Race & Ethnicity of Guthrie Robert Packer Hospital Service Area

Race & Ethnicity	Chemung County (NY)		Tioga County (NY)		Bradford County (PA)		Sullivan County (PA)		Tioga County (PA)		Guthrie Robert Packer Hospital Service Area	
	#	%	#	%	#	%	#	%	#	%	#	%
White	71,013	85.8%	45,044	93.6%	57,047	95.1%	5,534	94.6%	39,441	96.0%	218,079	91.7%
Black or African American	4,913	5.9%	536	1.1%	577	1.0%	132	2.3%	351	0.9%	6,509	2.7%

American Indian and Alaska Native	276	0.3%	5	0.0%	33	0.1%	10	0.2%	34	0.1%	358	0.2%
Asian	1,263	1.5%	465	1.0%	368	0.6%	0	0.0%	155	0.4%	2,251	0.9%
Native Hawaiian and Other Pacific Islander	0	0.0%	4	0.0%	32	0.1%	0	0.0%	1	0.0%	37	0.0%
Some Other Race	819	1.0%	702	1.5%	438	0.7%	46	0.8%	189	0.5%	2,194	0.9%
Two or More Races	4,521	5.5%	1,350	2.8%	1,476	2.5%	127	2.2%	907	2.2%	8,381	3.5%
Hispanic or Latino (of any race)	2,982	3.6%	1,117	2.3%	942	1.6%	117	2.0%	670	1.6%	5,828	2.5%
Not Hispanic or Latino	79,823	96.4%	46,989	97.7%	59,029	98.4%	5,732	98.0%	40,408	98.4%	231,981	97.5%
<i>Data Sources: U.S. Census Bureau, 2023 American Community Survey 5-Year Estimates</i>												

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 Robert Packer 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 Robert Packer Hospital Service Area

Income Levels	Chemung County (NY)		Tioga County (NY)		Bradford County (PA)		Sullivan County (PA)		Tioga County (PA)		Guthrie Robert Packer Hospital Service Area	
	#	%	#	%	#	%	#	%	#	%	#	%
Less than \$10,000	2,177	6.2%	732	3.6%	1,049	4.3%	112	4.4%	611	3.7%	4,681	4.7%
\$10,000 to \$14,999	1,616	4.6%	641	3.2%	1,111	4.5%	105	4.1%	633	3.8%	4,106	4.2%
\$15,000 to \$24,999	2,848	8.2%	1,457	7.2%	2,060	8.4%	264	10.4%	1,677	10.1%	8,306	8.4%
\$25,000 to \$34,999	2,803	8.0%	1,761	8.7%	2,218	9.1%	202	8.0%	1,403	8.4%	8,387	8.5%
\$35,000 to \$49,999	4,155	11.9%	2,588	12.8%	3,408	13.9%	313	12.3%	2,265	13.6%	12,729	12.9%
\$50,000 to \$74,999	6,591	18.9%	3,281	16.2%	4,127	16.9%	471	18.6%	3,271	19.7%	17,741	18.0%
\$75,000 to \$99,999	4,494	12.9%	2,962	14.7%	3,167	12.9%	320	12.6%	2,291	13.8%	13,234	13.4%
\$100,000 to \$149,999	6,134	17.6%	3,503	17.3%	4,350	17.8%	410	16.2%	2,723	16.4%	17,120	17.3%
\$150,000 to \$199,999	2,251	6.4%	1,719	8.5%	1,598	6.5%	177	7.0%	996	6.0%	6,741	6.8%
\$200,000 or more	1,847	5.3%	1,570	7.8%	1,399	5.7%	162	6.4%	769	4.6%	5,747	5.8%
Median household income	\$63,469	-	\$71,791	-	\$62,482	-	\$64,758	-	\$62,932	-	\$65,086	-
Mean household income	\$83,801	-	\$95,984	-	\$84,646	-	\$81,442	-	\$78,295	-	\$84,834	-
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 Robert Packer Hospital service area, less than a quarter of the population has a 4-year college degree.

Table B5. Educational Attainment of Guthrie Robert Packer Hospital Service Area

Educational Attainment	Chemung County (NY)		Tioga County (NY)		Bradford County (PA)		Sullivan County (PA)		Tioga County (PA)		Guthrie Robert Packer Hospital Service Area	
	#	%	#	%	#	%	#	%	#	%	#	%
Less than 9th grade	1,354	2.3%	831	2.4%	1,081	2.5%	52	1.1%	535	1.8%	3,853	2.3%
9th to 12th grade, no diploma	3,974	6.8%	1,940	5.6%	2,720	6.4%	347	7.1%	1,831	6.2%	10,812	6.4%
High school graduate (includes equivalency)	19,255	32.9%	12,406	35.9%	19,788	46.5%	2,388	49.0%	12,863	43.7%	66,700	39.3%
Some college, no degree	10,218	17.5%	5,363	15.5%	6,106	14.4%	545	11.2%	4,856	16.5%	27,088	15.9%
Associate's degree	7,936	13.6%	5,195	15.0%	3,825	9.0%	581	11.9%	3,039	10.3%	20,576	12.1%
Bachelor's degree	8,778	15.0%	5,274	15.2%	5,356	12.6%	607	12.4%	3,708	12.6%	23,723	14.0%
Graduate or professional degree	6,937	11.9%	3,581	10.4%	3,667	8.6%	356	7.3%	2,616	8.9%	17,157	10.1%

High school graduate or higher	53,124	90.9%	31,819	92.0%	38,742	91.1%	4,477	91.8%	27,082	92.0%	155,244	91.4%
Bachelor's degree or higher	15,715	26.9%	8,855	25.6%	9,023	21.2%	963	19.7%	6,324	21.5%	40,880	24.1%
<i>Data Source: U.S. Census Bureau, 2023 American Community Survey 5-Year Estimates</i>												

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 Robert Packer Hospital service area is extensive. However, there are over 11,000 residents in this region who have no health insurance coverage.

Table B6. Health Insurance Coverage of Guthrie Robert Packer Hospital Service Area

Health Insurance Coverage	Chemung County (NY)		Tioga County (NY)		Bradford County (PA)		Sullivan County (PA)		Tioga County (PA)		Guthrie Robert Packer Hospital Service Area	
	#	%	#	%	#	%	#	%	#	%	#	%
With health insurance coverage	77,100	95.7%	46,489	97.4%	55,468	93.3%	5,414	95.4%	38,160	93.6%	222,631	95.0%
With private health insurance	52,355	65.0%	31,763	66.5%	41,155	69.2%	3,799	66.9%	27,058	66.4%	156,130	66.7%
With public coverage	37,883	47.0%	22,541	47.2%	24,796	41.7%	2,689	47.4%	18,818	46.2%	106,727	45.6%
No health insurance coverage	3,489	4.3%	1,264	2.6%	3,998	6.7%	263	4.6%	2,593	6.4%	11,607	5.0%
<i>Data Source: U.S. Census Bureau, 2023 American Community Survey 5-Year Estimates</i>												

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 Robert Packer Hospital service area are living with a disability.

Table B7. Disability Statuses of Guthrie Robert Packer Hospital Service Area

Disability Status	Chemung County (NY)		Tioga County (NY)		Bradford County (PA)		Sullivan County (PA)		Tioga County (PA)		Guthrie Robert Packer Hospital Service Area	
	#	%	#	%	#	%	#	%	#	%	#	%
With a disability	12,821	15.9%	7,486	15.7%	8,630	14.5%	892	15.7%	7,487	18.4%	37,316	15.9%
Under 18 years, with a disability	1,008	5.8%	654	6.6%	575	4.3%	12	2.0%	666	8.2%	2,915	1.2%
18 to 64 years, with a disability	6,368	13.5%	3,912	14.0%	4,105	12.4%	433	12.6%	3,760	16.1%	18,578	7.9%
65 years and over, with a disability	5,445	34.0%	2,920	29.2%	3,950	30.5%	447	27.1%	3,061	33.1%	15,823	6.8%
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 areas, transportation access, stable employment, and public assistance program eligibility, directly play a part in a person's overall health status. Understanding these complex social and economic factors can help reduce barriers to accessing appropriate and necessary healthcare. The majority of residents in the Guthrie Robert Packer Hospital service

area are living in a rural area with nearly 1 in 8 households receiving food stamp benefits in the past year. There are also over 7,000 households without a vehicle, and transportation has been identified as a barrier to accessing necessary healthcare services in the Greater Sayre Region.

Table B8. Socioeconomic Characteristics of Guthrie Robert Packer Hospital Service Area

Socioeconomic Characteristics	Chemung County (NY)		Tioga County (NY)		Bradford County (PA)		Sullivan County (PA)		Tioga County (PA)		Guthrie Robert Packer Hospital Service Area	
	#	%	#	%	#	%	#	%	#	%	#	%
Households with Food Stamp/SNAP benefits in the past 12 months	5,766	16.5%	2,516	12.4%	3,241	13.2%	214	8.4%	2,229	13.4%	13,966	12.8%
Occupied housing units with no vehicles	3,342	9.6%	1,335	6.6%	1,879	7.7%	129	5.1%	915	5.5%	7,600	6.9%
Percentage of children (under age 18) living in poverty	-	21.1%	-	14.9%	-	16.7%	-	22.6%	-	17.7%	-	18.6%
Percentage of families and people whose income in the past 12 months is below the poverty level	-	11.7%	-	8.5%	-	9.5%	-	6.6%	-	8.3%	-	8.9%
Population 16 years and over	2,475	3.7%	1,234	3.1%	1,487	3.1%	178	3.3%	903	2.7%	6,277	3.2%

who are unemployed												
Population aged 5 and over who speak English less than well (not proficient)	1,261	1.6%	450	1.0%	429	0.8%	68	1.2%	240	0.6%	2,448	1.0%
Population living in a census-defined rural area	21,800	25.9%	41,045	100.0%	43,763	73.0%	5,840	100.0%	32,178	66.4%	144,626	73.1%
<i>Data Sources: U.S. Census Bureau, 2023 American Community Survey 5-Year Estimates; County Health Rankings, 2020 – 2024</i>												

Appendix C: Community Input and Sources

Online Survey Findings & Results

The following section provides a question-by-question analysis of the responses to the community online survey – a primary research methodology to support the Guthrie Robert Packer Hospital CHNA. The online survey was administered between February and April 2025. 751 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 C1. Survey Participants' Age Group (By Hospital)

S2. Age Group	#	%
18 to 24	23	3.1%
25 to 34	85	11.3%
35 to 44	141	18.8%
45 to 54	186	24.8%
55 to 64	194	25.8%
65 to 74	73	9.7%
75 or older	46	6.1%
Prefer not to answer	3	0.4%
Average Age of Participants = 45 to 54 years		

Table C2. Survey Participants' Gender (By Hospital)

S4. Gender	#	%
Male	103	13.7%
Female	627	83.5%
Non-Binary	3	0.4%
Other	1	0.1%
Prefer not to answer	17	2.3%

S4a. If other, please specify (n=1):

- "Genderfluid or transmasculine"

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 Robert Packer 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	1.9%
Unhealthy	222	29.6%
Neutral	413	55.0%
Healthy	94	12.5%
Very Healthy	8	1.1%
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 Robert Packer Hospital service area shared the top three concerns as (1) mental health problems, (2) cancers, and (3) Diabetes.

Table C4. Top 3 Biggest Healthcare Issues in Community

Q2. Top 3 Biggest Healthcare Issues	#	%
Aging problems (arthritis, hearing/vision loss, etc.)	241	32.1%
Cancers	273	36.4%
Child abuse/neglect	45	6.0%
Dental problems	121	16.1%
Diabetes	303	40.3%
Domestic violence	44	5.9%
Firearm-related injuries	5	0.7%
Heart disease and stroke	258	34.4%
High blood pressure	156	20.8%
HIV/AIDS	0	0.0%
Homicide	1	0.1%
Infant death	0	0.0%
Infectious disease (hepatitis, TB, etc.)	15	2.0%
Mental health problems	464	61.8%
Motor vehicle crash injuries	32	4.3%
Rape/sexual assault	9	2.0%
Respiratory/lung disease	105	1.2%
Sexually transmitted infections (STIs)	3	14.0%
Suicide	48	0.4%
Teenage pregnancy	7	6.4%
Racism	15	0.9%
Other	79	10.5%

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 Robert Packer Hospital service area include (n=79):

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

- “Addiction” (n=2)
- “Addiction to drugs and alcohol”
- “Addiction/alcoholism”
- “Addiction/Drugs and alcohol”
- “Alcohol, drug and tobacco addiction”
- “Alcoholism”
- “Drug abuse” (n=2)
- “Drug addiction” (n=6)
- “Drug addiction and effective treatment and harm reduction measures for drug addiction. This is 100% the LARGEST issue facing my community in Elmira, New York. My friends are dying.”
- “Drug and alcohol”
- “Drug and alcohol abuse”
- “Drug overdose”
- “Drug problems”
- “Drug use” (n=3)
- “Drug/substance addictions”
- “Drugs” (n=2)
- “Elderly care”
- “Fewer doctors and length of time to see doctor”
- “Financial strain”
- “Financial struggles”
- “Gerontologist for our aging population”
- “Infertility”
- “Insurance companies”
- “Lack of Pediatrics in general, parents need to travel at least 2 hours for anything but basic care all”
- “Lack of transportation”
- “Many things are not on the list, most importantly the healthcare issue of inadequate, poorly staffed or administered healthcare options!”
- “Misuse of medications/drug use”
- “N/A”
- “Obesity” (n=23)
- “Obesity (childhood), homelessness and drug abuse”
- “Obesity related diseases”
- “Obesity, Drug abuse, mental health”
- “Obesity, drug use”
- “Obesity, lack of affordable health insurance, MAGA idiots with guns.”
- “Overdoses”
- “Pediatric specialty doctors”
- “Poor food quality”
- “Poor socioeconomic status”
- “Substance abuse” (n=5)
- “Substance abuse disorder”
- “Substance abuse, drug and alcohol”
- “Terrible dental hygiene, drugs”
- “Unhealthy life style habits / food choices”

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

Table C5. Perceptions of Availability of Services (Means)

Q3-20. Availability of Healthcare Services	Means
Care for pregnant women	4.0
Chronic disease treatment & prevention	3.3
Educational/training opportunities for healthy lifestyle	2.8
Emergency/urgent care services	3.9
Healthcare for low-income populations	3.8
Healthcare for seniors	3.3
Healthy eating opportunities	3.0
Mental/behavioral health services	2.5
Opportunities for physical activities to reduce obesity	3.2
Orthopedics & Sports medicine	3.8
Pediatric care/Child wellness services	3.8
Prescription drug medication	3.9
Primary care services	3.8
Programs to help people quit smoking	3.1
Screenings & other preventive healthcare services	3.8
Telemedicine	3.6
Treatment for drug & alcohol use	2.7
Vaccinations for children	4.8

Individuals were asked if they have gone to someone for preventive care (i.e., annual physical exam, health check) in the past 12 to 24 months. The majority of the Guthrie Robert Packer 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	693	92.3%
No	58	7.7%

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

Table C7. Telehealth Visit in the Past Year?

Q22. Telehealth Visit	#	%
Yes	252	32.4%
No	499	67.6%

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 Robert Packer Hospital service area residents are not concerned about utilizing telemedicine.

Table C8. Telehealth Concerns

Q23. Telehealth Concerns	#	%
Yes	49	19.4%
No	203	80.6%

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 Robert Packer 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	16	32.7%
Concerns with privacy & security	10	20.4%
Do not understand how to use telehealth technology	2	4.1%
Belief that telehealth offers “lower quality of care”	33	67.3%
Other	12	24.5%

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 Robert Packer Hospital service area include (n=12):

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

- “Believe in hands on”
- “Cannot diagnose by looking at their FACE”
- “I do not like virtual appointments for myself”

- “I dislike not being able to be seen by providers based on my location in the USA. Guthrie Healthcare Telemedicine serves no purpose if I have to drive into PA to see my provider. Want a regional provider system? Get these providers licensed in NY and PA. Then telemedicine will work for me.”
- “Lack of basic screening such as blood pressure monitoring”
- “Lack of local telehealth options”
- “Medicine requires a physical exam. This is not possible over the internet”
- “No actual hands on assessment by provider”
- “No contact with provider but was billed as level 4, no vitals taken, and appointment was less than 10 minutes.”
- “Only so much can be communicated via phone/video. My last appointment the video did not work and the provider called me direct.”
- “Telehealth... they should call my phone number or I call them. Logging into a computer system feels like a work meeting/task”
- “That the provider cannot actually “touch” the patient”

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

Table C10. Ability to Access Healthcare Services

Q24. Ability to Access Healthcare Services	#	%
I am <u>always</u> able to access healthcare services when needed.	379	50.5%
I am <u>sometimes</u> able to access healthcare services when needed.	340	45.3%
I am <u>rarely</u> able to access healthcare services when needed.	28	3.7%
I am <u>never</u> able to access.	4	0.5%

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 Robert Packer 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.	2	6.3%
Too expensive/ cannot afford	12	37.5%
Could not get appointment(s)	21	65.6%
Lack of transportation	1	3.1%
Too much time to wait before an appointment	14	43.8%
Doctor is too far away	5	15.6%
Services are not available	11	34.4%
Do not accept my insurance	9	28.1%

Lack of providers	18	56.3%
Other	3	9.4%

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 Robert Packer Hospital service area include (n=3):

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

- “Always ask for copays and patient cannot afford it and therefore they are made to feel bad. Also, no privacy from people waiting behind them in line.”
- “Difficulty leaving work to go to an appointment”
- “Poor employer provided insurance plan limits available services in the area to their system; limits available providers.”

Individuals were asked where they go to receive medical attention for illness that is not an emergency. The Guthrie Robert Packer Hospital service area residents most commonly go to the following facilities for medical attention: (1) their doctor’s / provider’s office, (2) urgent care / walk-in care, and (13) telehealth visits.

Table C12. Where Do You Go to Receive Medical Attention

Q26. Where do you go to receive non-emergent medical attention?	#	%
Urgent Care / Walk-In Care	481	64.0%
Hospital Emergency Room	26	3.5%
Doctor’s / Provider’s Office	431	57.4%
Hospital Walk-In	83	11.1%
Telehealth Visit	88	11.7%
Other	19	2.5%

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 Robert Packer Hospital service area include (n=19):

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

- “1+ hour travel for quality care.”
- “At home remedies”
- “Avoid going”
- “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” (n=2)
- “I don’t go anywhere I self-manage”
- “I don’t go because it is an ordeal to get an appointment, to be seen and to get the actual correct treatment.”
- “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 don’t go. There is no place close by and I can’t afford it.”
- “I don’t usually go to the dr.”
- “I just suffer and pray”
- “NA”
- “Primary MD far away”
- “Someone I know that works at Guthrie.”
- “Stay home” (n=2)
- “Stay home and wait to feel better”
- “Try to make appointment with PCP”

Individuals were asked to share the extent to which they agree with several statements regarding their community on a scale of 1 (strongly disagree) to 5 (strongly agree). The Guthrie Robert Packer 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.	3.7
My community is a good place to grow old.	3.4
My community has economic opportunity.	2.6
My community is a safe place to live.	3.5
My community has networks of support for families/individuals during a crisis.	2.8
My community offers sufficient community services.	2.7
My community has a sense of civic engagement and pride.	3.0

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

Table C14. Suggestions or Recommendations for Improving Healthcare Services in Your Community? (% by Hospital)

Q28. Suggestions or Recommendations	#	%
Yes	327	43.5%
No	424	56.5%

If residents indicated yes, they do have a suggestion or recommendation to improve healthcare services in their community in Q28 of the community online survey, they were provided the opportunity to type their response. Overall, the comments express a desire for more affordable, accessible, and comprehensive healthcare, with particular emphasis on improving mental health, dental care, and aging services. “Other” suggestions and recommendations for improving healthcare services in the Guthrie Robert Packer Hospital service area include (n=327):

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

- *"1. Increased access to primary care, especially sick visit slots 2. Improved care coordination and navigators to help individuals navigate illness, so things don't get dropped between hospital and home, etc. 3. Increased mental healthcare for the community, both acute/inpatient and outpatient."*
- *"24 hour urgent care, non-emergency; great need for dental services"*
- *"A gym located in Apalachin, NY would help."*
- *"A simple online menu to include food preparation directions and safe handling. (i.e... number of days a food can be kept refrigerated before it goes bad) Many young people don't even know how to use a microwave or boil an egg."*
- *"A walk in that does more than just flu/cold/covid."*
- *"Access to dental care and dermatologist without waiting over a year for an appointment"*
- *"Access to discounted gyms with a variety of classes and activities, more community outreach to children about healthy choices, more education for all ages on mental health"*
- *"Access to healthcare is limited by biases against women, poverty, and lack of trust from community members. Many of the providers I have seen in the last few years aren't residents in the region and have no vested stake in the community, its success, health, or knowledge of the local cultural ecosystem. I have found that there is less investment in health outcomes. The pressure on keeping appointments extremely short limits real conversations around personal health and the tests that correlate. In one of my last appointments with a Guthrie service provider, I was in chronic pain and barely able to get out of bed. I exercised daily and had cleaned up my diet tremendously but continued to gain weight. I was told my problems were due to depression and obesity and, essentially, told to buck it up and let's do blood tests. They claimed that there was nothing wrong. After a visit with a new physician, the same tests were done and ALL of the markers on the blood tests were examined - I had adrenal fatigue, multiple vitamin deficiencies despite taking daily multi-vitamins, my Hashimoto's antibodies were over 1000, and when the new physician took the time to refer me to a mental health specialist, I was diagnosed with chronic PTSD. That provider helped me with foods and exercises to fight inflammation. She was a community member I knew and actually invested in my health and success, which I didn't feel once while under care at Guthrie."*
- *"Access to Immediate Care when needed"*
- *"Access to PCP for sick visits and routine follow ups."*
- *"Access to timely primary care services remains a challenge. There are very few same day sick patient visits available for pediatrics and general internal medicine. This results in over utilization of walk in care, that has a limited scope of practice, or worse yet, drives people into unnecessary ED visits. We need a more aggressive community approach by our elected officials to advocate for better loan forgiveness programs, rural health funding programs, etc. The FQHC model is also not helping much in this way, so some level of program reform, that would enable Guthrie to leverage federal/ state funding without the constraints of the federal model would be helpful."*
- *"Accessibility/more choice of providers"*
- *"Add Behavioral Services"*
- *"Add more walk in offices"*
- *"Affordable dental care, in home physical therapy services, and mental healthcare services are very limited and what is available is WAY overburdened"*
- *"Although I know it's a problem throughout the country, "holders" in the ED makes wait times ridiculous. Additionally, mental health services are few and far between."*
- *"Another form of public transportation. Often times pt's come to ER via ambulance and then have no way to get home. We have no taxi service in our area, only best transit buses"*
- *"As PA is working to become a compact state and RN and NP are able to do telehealth visits I think it is a modality we could use and incorporate if we could get buy in on the preventative side with insurance companies like WellCare, Fidelis, UHC to agree to approving the costs for this service would be a way to do preventative community outreach and assist the lower income population obtain PCP, as they frequently use the ER for care as a high percentage do not have primary care physicians."*
- *"Assistance for seniors or others who are not on Medicaid to obtain affordable dental care, since this is so important to prevent so many other diseases and is so cost prohibitive especially for those on a fixed income"*

- *"Assistance with transportation to/from offices; better access to dental care for low-income patients"*
- *"Attract dental providers with clinics structured for urgent visits. Arrangements for pediatric and adolescent mental health during crisis and for follow-up. Advocate for less social media and phone time for adolescents to improve mental health. Encourage phones away at school and at night! Support and assistance with future planning for families caring for elderly in home setting so they don't come to the ED for respite or act surprised when 98 year old grandpa starts getting weaker."*
- *"Availability in specialty departments, funding for low income to have gym or other physical health opportunities"*
- *"Bath is lacking areas of service for routine medical care. People have a hard time getting to Corning or Big Flats for these services. This is due to low income and lack of transportation and knowledge and tools to do virtual visits. It would be nice if we could have a primary care mobile vehicle a few days a week to service this area."*
- *"Behavioral health, drug and alcohol Tx. Affordability of medications. Community resources for elderly"*
- *"Being able to have a primary care doctor who can actually SEE you instead of seeing ONLY whatever resident is working. 2. To know that specialists and surgeons are good at their jobs, sensitive to patient need and satisfaction, and that incompetent doctors are not kept on staff. 3. That there is an adequate nursing staff and other professionals available as needed. 4. To know that the minimal number really needed of administrators is what the clinic and hospital have. 5. To know that critically needed interventions, (such as surgery and treatments for cancer) are not pushed off for months."*
- *"Better access to primary care. Measure the disconnect between when doctor tells you to get an appointment and when you are actually given an appointment, it's atrocious. Do more to avoid using ER as primary care. Do more to encourage getting kids and adults active and off their phones. Talk to each other. The mental health crisis is real. Contributing are financial insecurities including housing, food, transportation. People can't do what they are told to because they cannot afford it. Make the job more attractive to trained physicians to be PCPs. Quality isn't delivered by midlevels when they are the only ones that see the patient."*
- *"Better advertisement of services offered"*
- *"Better dental insurance coverage. Many dentist offices are no longer taking widely provided insurance. Better community walking trails or access to low cost activities like swimming, biking etc., indoors during winter."*
- *"Better Gyms, parks"*
- *"Better public transportation for healthcare for low income people"*
- *"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"*
- *"Bring healthcare services from other counties to help Bradford Co. initiate or start up appropriate and professional care to people in the co. that need this help. As of right now some of the needed outreach programs don't have professionals that this population can rely on for the appropriate help. Skills, education and ethics are very limited in our area."*
- *"Bring providers closer to the area where people can walk to or not drive 30- 40 miles to get care. especially in the elderly."*
- *"Cancer patients end up with insurance thousand roof dollars and Guthrie wants it now which is not possible"*
- *"Care for elderly people and when asked for payment at Guthrie for copays, they cannot afford it. Elderly sometimes are on a fixed income and have to be reminded they have a balance in front of the people behind them. No privacy. Elderly also have a fixed income and cannot pay or will pay"*
- *"Changing the time it takes to see a PCP. Not enough primary care appointment slots"*

- *"Childhood and family obesity education programs are needed to promote healthy lifestyles"*
- *"Chiropractor, extend walk in hours so employees are not being charged for a \$300 ER visit, more pediatric services available locally"*
- *"Classes on how to cook a healthy meal without going bankrupt."*
- *"Clinics specifically geared towards Seniors (patients 65+) that allows them to easily navigate their care needs (telehealth onsite; care navigator to help them with specialist coordination, resources, etc.). In addition, community wellness is an area of opportunity something similar to Healthworks and/or Lourdes Health and Fitness Center in Sayre/Waverly or Towanda would be a big improvement in terms of wellness. Also, maternity services. Guthrie covers two of the 5 maternity care desserts in PA and additional maternity services via mobile unit or in clinics would be helpful to those living in more remote areas. Emergency/EMS is another area of opportunity for enhanced care, specifically in the Wyoming County area which currently has no emergency department."*
- *"Collaboration with local wellness facilities (such as FWF Wellness) included as part of our healthcare coverage, referrals by MD's to such for patients to better understand wellness -a healthcare organization with a focus on "well" care along with the "sick" care we provide"*
- *"Communicating what's available from county/state as well as through health system more clearly."*
- *"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."*
- *"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."*
- *"Danville children hospital or services is very far away if an emergency. Guthrie is growing and getting so much better, yet we still cannot treat and care for pediatric patients. I recently had a scare with my daughter and the thought of having to drive almost 2 hours to get her to a pediatric hospital was terrible. I just suggest that we try to focus on bringing pediatric services to our area."*
- *"Dental care for those that do not have Medicaid/Medicare/Insurance. More dermatologist so you do not need to wait a year to get an appointment"*
- *"Dental services for Medicaid and low-income people are sorely lacking. I was traveling over an hour from Corning to an office I didn't really care for and then the office closed without notice. I pay out of pocket now for a local non-Medicaid provider but have cut back on care. Either places are not taking new patients or the waiting lists are very long. The same goes for mental healthcare. The places that take Medicaid are staffed with inexperienced therapists or those with poor skills. One thing I would like to see is a place for people to walk indoors in the winter in Corning, as the YMCA is \$60+ a month and scholarships are limited. Some drop-in exercise classes are \$10 each, too much for many people."*
- *"Dental Surgery"*
- *"Don't make patient wait 6 hours in the waiting room of er to tell can go home but not tell them the results"*
- *"Easier access to health insurance"*
- *"Easier accessibility for elderly people who live in the country"*

- *"Eating Disorder Clinic"*
- *"Education in the school systems"*
- *"ER could be run better. It is basically a treat them and street them, and need follow ups, not to just throw them out. Especially the elderly"*
- *"Evaluate and establish transportation availability for seniors/ low economic groups"*
- *"Expand geriatric services, including screening. The overall US population is getting older, including in this area, and seniors need physicians with special interest & training in geriatric healthcare issues. A simple Internist is NOT enough."*
- *Expand hospital - add more available PCP to offer care to alleviate the stress of the Emergency Department"*
- *"Expand the Guthrie locations. There is nothing in Cortland. For peds we have to go to Sayre. Many of the specialists are only located in Sayre. Expand the coverage. Even to Ithaca"*
- *"Expanding EMS service and scope"*
- *"Expansion of EMS"*
- *"Expansion of mental and substance abuse treatment. Increased educational programs geared towards healthy lifestyle choices."*
- *"Fix the emergency room. Extremely slow, overcrowded and I'm sure understaffed. Clearly the space isn't big enough for the need. Last 2 times I had to go there, I was treated in a hallway inside the department."*
- *"Focused recruitment and enhanced compensation for primary care providers"*
- *"For someone who has gone out of the area for specialty care I have ideas or suggestions"*
- *"Free indoor walking during the winter months for seniors. Better access to primary care offices. Guided swim at one of the high schools for exercise."*
- *"Give more to seniors citizens. Retire you lose eye hearing and dental care."*
- *"Greater access to mental healthcare"*
- *"Greater availability of home healthcare"*
- *"Growing specialty services"*
- *"Guthrie has emphasized attracting new patients which means established patients can't get follow up. My doctor says I'll see you in 3 months and the receptionist says I can get you back in seven months."*
- *"Guthrie is notorious for not allowing enough time with patients. Sometimes you just need to see your doctor for more than 10 minutes. Book appointments according to patient need. Guthrie is also notorious for inconsistent primary care - doctors are always leaving. I sometimes wonder if Guthrie doesn't make more money of patients by never having labs available at your appointment- Geisinger often runs labs/some diagnostics before you see the doctor. With Guthrie you see dr, get labs/diagnostics, come back in a month. Your doctors have to be frustrated with the lack of time in scheduling and the lack of time they have to call and talk to patients."*
- *"Guthrie needs to have another dentist onboard so new patients can be scheduled for appointment. Right now, the scheduling system does not allow them to book any appointments past a year and they are all full, so I've had to look for non-Guthrie solutions for dental care."*
- *"Guthrie should participate in some of the screening programs that are available for low-cost people for instance there is a program in Pennsylvania for low cost mammograms for women that cannot afford them, but Guthrie does not participate"*
- *"Have a larger presence in Canton for primary care and also have walk in and after hours care available. Having to go all the way to Towanda or Troy makes it difficult when non-urgent care is needed after hours or on the weekends."*
- *"Have more Physician available as opposed to PA's"*
- *"Have preventative health options. For example, I had called the Guthrie Weight Loss Center to discuss preventative health advice (to speak with a nutritionist to set up a nutrition plan), but the staff at the Weight Loss Center said they don't do that. This would be an ideal service to offer."*
- *"Have to wait too long for appointments at Clinic for almost every service. Example 6 month follow up in Internal med scheduling at 10 months, Dental cleaning scheduling out almost a year"*
- *"Having more primary care doctors. my age group wants a Dr. that knows you as a person"*
- *"Health survey focusing on cancer from three mile island radiation in 1979"*

- *"Hire more physicians so that people do not have to wait several months to a year to schedule an appointment for services, especially physicians and appointments needed to diagnose or treat cancers. Offer more community services to educate and inspire healthy eating and exercise, contribute to community spaces for people to engage in activity year round."*
- *"Hire more providers to have more availability."*
- *"I always have problems finding transportation to healthcare facilities. Specifically rides to the hospital and back after surgery like a colonoscopy."*
- *"I believe that as the main healthcare provider in a very, very large area that a Pediatrics floor is needed. Preventative care and less serious problems can be resolved but families need to go far for other issues. At Sayre specifically, there is better Triage for care in between Walkins and ED. Many issues cannot be addressed at Walkins and weekends and off hours, patients are forced to use the ED, which has an increasingly high copay. A middle Urgent Care department would alleviate waiting times in both areas and how various issues are addressed."*
- *"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 don't have insurance for dental or eye care and wish there was help with this so not so costly because I don't go due to cost."*
- *"I have a complicated health history and would prefer to see my own PCP for a sick visit. We need to work on retention of local specialists like dermatologists"*
- *"I love the Guthrie providers I use, but access to them is an issue. There is no way to talk to individual offices and dealing with a receptionist in Sayre is not easy or always successful. Information on the portal is usually good, but even though there is supposedly Messaging there, nobody answers the messages online! There seems to be a lack of ophthalmologists as well as other specialists. It takes months to get in to see someone. I was not happy dealing with an optometrist last time and won't go back there."*
- *"I think holding talks and meetings with knowledgeable speakers on a consistent basis would be valuable for the community. My suggestions for these would be pediatrics, weight loss, diabetes, aging, etc. Thank you"*
- *"I think mobile units for services would be beneficial. A lot of people struggle with transportation."*
- *"I think our community severely lacks resources related to domestic violence, sexual assault/rape, and mental health issues. We have great healthcare for the typical healthcare needs, but all three of these issues are too prevalent locally with no organization clearly working to combat the issues."*
- *"I think that healthcare should move beyond the traditional allopathic medical model which emphasizes sick care, emergency care, and chronic disease management to embrace and integrate functional medicine, holistic root cause medicine. In my recent healthcare interactions over the past 6 years living in this region, after receiving traditional medical treatment I also sought out what is deemed as "alternative complementary" medicine such as: Medical marijuana and acupuncture for pain relief after a back injury alongside epidural injections, massage, Chiropractic and physical therapy; I sought out a Naturopathic Medicine Doctor to help me adjust supplements when I weaned off of antidepressants with the support of my psychiatrist and therapist; When experiencing weight gain due to perimenopause symptoms, I hired a nutrition coach specializing in female hormones to assist me with creating a lifestyle and wellness plan as well as seeking advice from my PCP (this was only useful to get labs ordered, but they provided outdated nutrition advice that I did not find useful. but they did refer me to a local compounding pharmacy that specialized in hormone treatment to assist and referred me to a menopause specialist.) When I was recently sick with a GI bug vomiting and diarrhea, I knew it wasn't severe enough to warrant an emergency room visit but I still needed hydration and didn't want to wait 4-6 hours, I made an easy appointment with a local IV hydration clinic and was able to get hydrated and immediately felt better within 1 hour. And when I recently experienced an upper respiratory sinus illness, I sought out herbal remedies from a local herbalist for a Fire Cider tonic that gave me relief within a day. Within the walls of the hospital, the food that is served is not healthy. Artificial ingredients, and highly processed foods are not what helps one to get well. I think healthcare does not occur just within the walls of the hospital or doctor's office. We should embrace those wellness experts that have not traditionally been acknowledged by the medical community. In my lived experience, I have blended both holistic and traditional medicine to optimize my health. I just wish I didn't have*

to travel 1-2 hours away to visit a holistic/biologic dentist, naturopath, or another alternative complementary provider.”

- “I think that this area has a large need for pediatric services. It is great that there are doctors for wellness checkups and sick visits but if your child needs any sort of specialty care you have to drive hours away to get any kind of care. It is truly a disadvantage to anyone that works and has children to not have access to things like that here in the community.”
- “I think there is a serious need for transportation to and from medical services. There is a large cohort of senior citizens in Tioga County who must go long distances to Troy or Sayre for specialty services and tests. The local bus service is sparse and requires more time than your own appointment because you are sharing the ride with others on different time schedules. This make an already tiring day even longer. Any incentives for individual rides would be very helpful.”
- “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 would like to see more access for patients for Mental health services. 1 outpatient clinician in our area is not enough and it’s not a Guthrie provider. Most patients require dual services i.e., therapy AND medication management.”
- “I would love to see a community indoor pool and improved gym for Guthrie employees on the Sayre campus similar to Corning Healthworks”
- “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.”
- “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.”
- “Improve mental health access”
- “Improve transportation needs for those who don’t have cars or can’t drive. Help those more with food insecurity. Open a free clinic in the community for those who can’t afford healthcare, and to keep these individuals from getting their non-emergent care in the ED.”
- “Improved access to healthcare, addiction services and extended walk in hours with broader scope of service.”
- “Improved and more access to mental health services overall in our community, including improvement in teaching wellness and coping strategies beginning in our youth. More access to pediatric care in our local hospitals. Improved access to wellness education and nutrition education.”
- “Improving access to indoor activities and community events that are held inside. Improving access to gyms/community programs at a reduced cost”
- “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.”
- “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.”
- “Include social workers for primary care office to assist with other services available in rural communities”
- “Increase access to mental health and drug and alcohol counseling services... I’ve heard that the waiting lists are too long and clinical expertise and availability limited.”
- “Increase Access/affordability to Mental Health Services, Counseling, and Substance Abuse Services Increase Primary Care Accessibility Add additional locations for Urgent Care and keep them open 24/7 to reduce ED utilization Increase Access to Dental Services Increase access to affordable and reliable Childcare options”
- “Increase mental health services and housing”
- “Increase opportunities for over 65 to get medication, food and affordable wellness care
- “Increase providers to decrease wait time of appointments”

- *"Increased community fairs with screenings available."*
- *"Increased mental health services and accessibility"*
- *"Increased mental health services that are adequate to meet the needs of the community."*
- *"Increased pediatric specialties/services"*
- *"Increased resources for mental health/abuse/addiction."*
- *"Increased transportation opportunities for people without vehicles"*
- *"Increasing mental health resources and co-locating those with primary care"*
- *"Inpatient psychiatric care"*
- *"Instead of overbooking patients, leave enough time to see patients that aren't well so they don't need to go to urgent care."*
- *"Insurance/payment for services needs a complete overhaul. My children live in Europe. They have superior healthcare, better access to healthcare service, no hassle trying to figure out hundreds of insurance plans/coverage and very minimal cost. The USA is a quagmire of competing special interests in healthcare."*
- *"Integrate mental healthcare into primary care offices"*
- *"Invest in dental and orthodontics departments"*
- *"It would be helpful to have more education about end of life to patients before they are actively dying."*
- *"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."*
- *"Lack of mental health therapy"*
- *"Limited emergency room services available in the Laceyville, PA area. When Tyler Hospital closed their emergency room, it left this area without an emergency room for many miles."*
- *"Local endocrinology doctor, local ENT doctor, neurologist specialist vs travel across state"*
- *"Longer office hours for PCP"*
- *"Low cost nutrition education and exercise options and education by trained professionals. The options available by trained/certified individuals are not affordable to the majority of community members."*
- *"Make 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 Guthrie more customer focused and easier to navigate. I am very familiar with Guthrie and sometimes have trouble navigating the process if there are any issues. The pharmacy is not up to date with easy Rx renewals and it is almost impossible to reach them by phone."*
- *"Make Healthcare affordable and accessible. Mental health is healthcare."*
- *"Make healthcare more affordable"*
- *"Make it affordable for the lower income population in the community and elderly"*
- *"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 easier to make appointments. Central scheduling is very difficult. Most of the time you can't get through to talk to anyone. I've made several attempts to make appointments or change appointments, and I've been on hold for over 20 minutes."*
- *"Make mental health services more readily available"*
- *"Making it more affordable, the care might be available but people don't go because of cost"*
- *"Many available former office buildings in the valley area to create a low-cost gym, track, YMCA, something of that nature. The gyms and workout classes I see available are very costly. I would join something like this."*

- *"Maybe Guthrie should stop buying up properties to create a Healthcare monopoly, and actually staff the facilities that you have??? Most departments primary docs are booked so far out, you can't get in to be seen if you do have an urgent issue. It's appalling!"*
- *"Maybe some sort of Mobil clinic that could come once a month"*
- *"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 in 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 / behavioral health counseling services seem readily available, however inpatient facilities are severely lacking. Most patient requiring inpatient psych need to be transported by ambulance anywhere from 1.5 to 4hrs away to receive it. This creates a huge problem for their families, who are often low income and may not have a vehicle at all, let alone money for fuel, etc. to travel to visit or pick up their family member at discharge. Also, I feel being transported so far away to unfamiliar places may worsen the patient's behavioral / mental health crisis."*
- *"Mental Health and Drug treatment facilities are greatly needed. It has become unbelievable in the past 10 years. Leads to crime increases and homelessness."*
- *"Mental health and substance abuse programs for low income and uninsured persons needs to be expanded greatly! People suffering from addiction and/or mental health issues frequently are unable to complete paperwork to get Medicaid and or to make and keep appointments. There is also a lack of providers for people on Medicaid and the care is substandard. People with mental health and /or substance abuse problems who are in outpatient treatment are kicked out of the programs / classes if they have a dirty drug test or if they miss or are late to sessions / classes. How can we expect them to improve, if the very programs that are supposed to be helping them kick them out when they exhibit the behaviors of the problem for which they are supposed to be getting treatment/counseling?? Also, there aren't enough providers, by a long shot, to care for the many hundreds of local residents who desperately need help in this area of their lives."*
- *"Mental healthcare in outpatient setting needs to be increased. Urgent care to cut down on emergency room visits"*
- *"Mental Health services - get into the schools. Caring for the aging - more outreach and homecare."*
- *"Mental health services are desperately needed. Long wait times to get in. Low income people need more dentists that take Medicaid, or use sliding fee scale. Mobile dental clinic for schools is absolutely necessary. At Stewart Park apartments, where I live, toddlers and school children have terrible teeth. There is ONE dentist who takes Medicaid in our area, and he's not taking new patients. People have to travel an hour or more... Few have access to transport or can take time off work. Help."*
- *"Mental health services for individuals suffer are widely unavailable. There is also little to no support for families of these individuals to assist them with getting someone the care they need. It all falls onto the families who may not know best options."*
- *"Mental Health supports and accessible public transportation"*
- *"More "open House" style events for the community. Show what Guthrie can provide to the community. Bariatrics would be a great place to start to educate people on diet and exercise."*
- *"More affordable resources for physical fitness of all levels"*
- *"More and easier access to mental health services. More access to drug and alcohol rehabilitation."*
- *"More and easier access to mental health, addiction, and elder care services. Increase home care services. More affordable transportation services."*
- *"More availability for required testing. My husband was recently in the ER for extreme Abd pain and they were unable to determine a cause. 10 days later and he is still experiencing the pain without a definite diagnosis. The primary provider scheduled an endoscopy/colonoscopy - for SEVEN weeks from now. That is unacceptable to have to wait that long while having severe pain."*
- *"More available doctors in the outlying clinics other than the big hospitals. Right now, there is very limited resources close to home and the providers that are there book out months causing patients to overflow the ER or walk in care locations. Prenatal care is limited in PA."*

- *"MORE CARE FOR SENIORS, I FEEL LIKE SENIORS ARE PUT ON THE BACK BURNER AND A LOT OF CASES. NO COMPASSION ANYMORE"*
- *"More community focused education, starting in the schools with something as simple as handwashing, preventions"*
- *"More coverage in all medical fields by providers. someone for dental that takes all insurances"*
- *"More clinics for Medicaid patients"*
- *"More dental offices should be opened at more locations."*
- *"More dentists, and eye doctors that take Medicare and Humana Medicare."*
- *"More fairs"*
- *"More free or cheap services (for moms, mental health, etc.)"*
- *"More health promotion including mental health. Increase access to healthy dining options and fewer fast-food restaurants. Tobacco stores and dispensaries need close."*
- *"More healthcare opportunities for those who cannot receive Medicaid but cannot afford insurance."*
- *"More mental health assistance is needed here. There also aren't much outside activities/groups to be involved in."*
- *"More mental health facilities/providers, more Derm providers (I'm on a two-year waitlist), Guthrie has its own employer-sponsored healthcare plan that makes it very limited to see out of net-work providers, and low-income employees can't afford it (like me its 1/4 of my monthly paycheck), and a \$300 ER co-pay (like I'll just die because I can't afford to pay \$300, not everyone that works for Guthrie is a doctor or nurse that gets paid well and can afford that kind of bill). So the best way to improve healthcare services in the community (in which 12% of Sayre (alone) is below the poverty level) is to recognize that many of your caregivers are impoverished and struggled to pay the deductible, co-pay and premiums of your plan. But since you pay \$18 an hour I make too much money receive Medicaid but not enough to afford your insurance; so here my family and I are, without health insurance."*
- *"More mental health services available to all, regardless of income or home address."*
- *"More mental health services for all ages. Transportation services for Medicare and the elderly, not just Fidelis and Medicaid"*
- *"More 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 mental health services, especially for children"*
- *More outpatient imaging services available. We only have so many scanners and hours staffed. It seems like there is a wait for exams to be completed. If Guthrie opened an outpatient imaging building in the area it would allow more appointments for patient to be treated sooner and take some of the volume off of the hospital staff, which would decrease wait times for inpatient and ED patient waiting for scans."*
- *More outpatient mental health services, closer f/u from hospital stay for stroke, COPD, cardiac and diabetes diagnosis."*
- *More outpatient mental health services, especially for the pediatric population, more services for the pediatric population especially inpatient facilities, and more financial aid services for the poor or elderly. A free clinic for people who need financial assistance to have their teeth and a physical exam completely yearly. A gym that also offers a daycare."*
- *"More outreach needs to be done in outlying areas. Maybe through a portable walk-in."*
- *"More PCPs, need psych services, add another walk in clinic in Sayre/Athens to decrease ED burden"*
- *"More pediatric care in outlying areas, more consistency (clear messages) between primary care professionals, better mental health options for teens better pre-natal care"*
- *"More pediatric services like dentistry, neurology, etc. that takes a wide variety of insurance like Medicaid as well as other insurance"*
- *"More people should know about the free services"*
- *"More primary care providers. Can't get appointments for weeks or months sometimes."*
- *"More providers and decrease wait time to get in to see physicians. Some appts are booked 2-3 months out. This is not acceptable."*

- *"More providers for Psychiatric care, More providers for dermatology, NICU care other than ARNOT"*
- *"More providers for specialty areas. Phone system is horrible - no way to get thru. Mental Health is a huge issue with no good resources. Homeless and drug dependency needs better resources. Aging are left in a nursing facility. More programs for teens and young adults needed in this area"*
- *"More providers in all departments are needed"*
- *"More services and outreach for addiction and substance abuse."*
- *"More specialties...of ANY kind. The wait for any specialty services is in excess of a year. Pediatric ABA therapy is a 3-5 YEAR wait."*
- *"More tobacco cessation offerings"*
- *"More Urgent care centers are needed to relieve overflow in Emergency Departments for non-critical needs. Medicaid recipients using the ER as their PCP"*
- *"More value-based care. Use AI scribes so primary care providers can pay more attention to their patients."*
- *"More wellness opportunities are needed, particularly for women regarding hormone health and offering healthy perimenopausal care."*
- *"My community may be a good candidate for mobile services"*
- *"Need accessibility to more specialties (i.e. podiatry, chiropractors, endocrinology) and mental health practitioners Also more FREE educational and social opportunities for Health eating/cooking/classes etc. would be great to help people become healthier eaters"*
- *"Need doctor permanently assigned to Dushore Guthrie Clinic!"*
- *"Need educational services and vaccine services starting in the schools to combat medical illiteracy"*
- *"Need for fewer referrals and more action by primary doctor"*
- *"Need for more community resources"*
- *"Need local dialysis clinic."*
- *"Need lymphedema treatment, need better scheduling for urgent issue appointments from specialists not waiting 5months for appointment"*
- *"Need more Dermatologists and Permanent Primary Care Physicians"*
- *"Need more doctors especially specialists like glaucoma specialists and cancer specialists"*
- *"Need more Guthrie Dentists. My daughter cannot get an appointment and needs to look elsewhere."*
- *"Need more healthcare providers in specialties, acceptability is poor wait time forever."*
- *"Need more mental health and substance abuse services. Assistance for rides Incentive programs"*
- *"Need more OB/GYN and pediatric care available in Guthrie."*
- *"Need more qualified providers, specifically PCPs, who can offer same day or next day appointments. More dentists."*
- *"Need OP mental health clinic in Sayre area"*
- *"Need public transportation system so people can access needed services."*
- *"Need to increase specialty services for children. Also need to increase access for specialty service as wait times for appointments are unacceptable, for example 6 months or longer for diabetes visit, etc."*
- *"Needs more outpatient mental health providers. Need more low income housing options."*
- *"No co pays for people who work at Guthrie hospital"*
- *"Offer more parks, walking trails, activities to engage the community. Offer healthier eating opportunities."*
- *"Open a mental health facility. The twin tiers lack this service."*
- *"Open more PMD"*
- *"Our aging seniors have mobility and cognitive challenges that affect their access to healthy foods, cooking, and housekeeping"*
- *"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 local hospital needs outpatient mental health and a pediatric inpatient for sick children. Better help for drug addicts"*
- *"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."*
- *"Outpatient mental health services for counseling services is so full it takes months to get an appointment. When you have someone struggling with their mental health, waiting 12 weeks for an appt to just talk to a professional is not acceptable"*
- *"Outpatient mental health, dermatology, migraine clinic"*
- *"Outpatient services for mental health medication management and support"*
- *"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."*
- *"PARATRANSIT URGENTLY NEEDED. TAXIS. PUBLIC TRANSPORTATION THAT RUNS PAST 5 PM. WE ARE A CENTURY BEHIND HERE"*
- *"Patients are often faced with several month waiting period to see specialists such as Cardiac, Wound Care, even Dermatology and this has been an ongoing problem at Guthrie"*
- *"Please open a YMCA in Tioga county, NY"*
- *"PLEASE, PLEASE add functional and integrative medicine doctors to your staff. This is the medicine of the future, and at the present time one has to travel hundreds of miles or across country in order to find one. This is the type of medicine that works, is healthier and has science to back it up. I myself prefer it and seek it out, as do thousands of others. Since access to this type of physician is so limited I would think that it would draw people from many locations to your facilities and benefit everyone."*
- *"Primary care physicians that are more accessible. Walk-in clinics with staff that treat folks correctly."*
- *"Primary care provider retention. By building a strong community we may be able to retain primary care providers. My providers continue to leave the area making it difficult to become established."*
- *"Provide Behavioral Health Services in a Steuben County Clinic. Also need to partner with your enemy to provide appropriate behavioral healthcare. You have a large campus at the Guthrie Corning campus to build a behavioral health clinic to serve the dire needs. People are dying and Guthrie needs to step up! Your stigma suggests everyone with mental illness is a drug addict needing to go to CASA TRINITY is a fine example. (Yes it is in last SMART Steuben public health report. I have also read it in the Guthrie Foundation goals and funding."*
- *"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."*
- *"Providing care that is inclusive and open to all is so important especially in the current environment. No matter the person the care should be equal and provide additional support and more expansive support those in mental crisis, addiction or those who fall anywhere within the gender and sexual spectrums. Those communities begin targeting should know that their health system supports them no matter what outside factors are saying or attempting to limit that."*
- *"Providing more financial resources for assistance programs, more access to specialty services (ortho, GI, Podiatry, OB, etc.)"*
- *"Psychiatry services needed Urgent care clinic needed"*
- *"Rather than decrease services for preventative care and affordable access to care, increase it."*
- *"Relatively few psychiatrists available for mental health. Nothing for pediatrics."*
- *"Residents of Berkshire have to drive at least 30 minutes to Owego, Ithaca, Cortland, or the Triple Cities to receive healthcare. Complex surgical procedures require traveling to Syracuse. Our town*

relies on another community's emergency squad for transportation to the hospital in a medical emergency. There is really no services here for individuals with chronic conditions."

- *"Senior center for activities including physical activities, family counseling, after school program for youth"*
- *"Services for elderly to remain at home longer. Particularly those with Alzheimer's dementia. Services with house cleaning or adult day care etc."*
- *"Services for seniors; home checks; meal delivery etc."*
- *"Services need to be available for uninsured/underinsured patients"*
- *"Single payer healthcare"*
- *"Smoking cessation classes, phone coaching, support groups. Limit the amt of tobacco stores in the community. Healthcare professionals can speak at local schools about the importance being tobacco free. increase lung cancer screenings. Need community fitness/wellness center."*
- *"Stipend or keeping PCPs from leaving"*
- *"The area needs more safe, accessible activity opportunities- walking and biking paths that are near developed areas. There is also a need for mental and substance use/abuse services, and programs that partner with those who face health disparities to help them gain skills for a healthy lifestyle. Similar to how the nurse family partnership helps expecting moms."*
- *"The Billing process at Guthrie needs to be radically improved."*
- *"The care provided in the area currently is subpar to what you would receive in a larger city, Rochester for example. Waiting to get a dermatology appointment for a year and a half is absurd."*
- *"The community needs more MH resources. with Guthrie insurance... none of my family can get MH treatment locally with in network providers. There are very little services to help with aging population. there is also nothing to help patients and families plan for care as they get older."*
- *"The East Smithfield area lacks access to exercise facilities or activities that could help the health of the community. There are also not many healthy food choices in the area."*
- *"The main improvements would involve the length of time it takes to get appointments with certain specialties. For example, it's ridiculous to have to wait a year to see someone in dermatology."*
- *"The majority of the population is older and we need more services to keep them safe and healthy at home— MOW, transportation services for all needs, better training to understand and support their needs."*
- *"The need for more doctors available in the clinic setting would be a great asset to the community. When you can't get to a primary care provider for months, then people tend to use the ER for the non-emergent issues"*
- *"The people in this region are very poor. Doctors come and leave very quickly. It is difficult for patients to establish a trusting relationship with a provider who only stays for 24 months."*
- *"The price is the biggest issue and need more primary care choices"*
- *"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 no dedicated full memory care facilities in my community, only "units" in nursing homes."*
- *"There are people trained in healthcare related fields especially w nutrition who could be resources to children and adults. Pediatric services should be more accessible to young families. Behavioral services need more marketing if they are, in fact, available."*
- *"There is a definite need for transportation services for senior citizens who need a surgical procedure and live alone and have no family in the area. There are no options available for post procedure transportation."*
- *"There is a need to bring more doctors in all specialties to this area. There is sometimes too much of a wait to be seen."*
- *"There is a shortage of assisted living facilities in our area and assistance for in home care"*
- *"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 healthcare. 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."*

- *"There is one provider for approximately 20 miles from where I live. I need to travel 30 minutes to work. Our community would be well served to add additional services at different/new locations even if it was on a part time basis."*
- *"There needs to be a triage nurse or provider in clinics to help address more urgent appointments. Clinics with minimal providers need to be able to have the availability to get urgent cases in the be seen and PSS or central scheduling are deciding when to schedule these patients with no medical knowledge or by a decision tree."*
- *"There needs to be greater access to healthcare for senior and low income individuals. This means that the care is not only available but accessible by improving transportation and helping people become aware and able to use telehealth."*
- *"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."*
- *"There needs to be more available doctors. Doctors that aren't scheduled so tightly that they can't treat their patients. Guthrie puts too much pressure on them to get people in and out. The quality of care has decreased in Owego and Ithaca because of this."*
- *"There needs to be more providers that are willing to establish care. Guthrie has a revolving door that makes it difficult."*
- *"There needs to be more telehealth services but also awareness of telehealth services offered."*
- *"There should be a walk-in in Elmira and more opportunities for Healthworks gyms outside of painted post/corning"*
- *"This area is severely lacking in pediatric acute care beyond walk-ins and telehealth. If a child needs to be admitted, it is at least 2 hours to the closest hospital that will admit pediatric patients."*
- *"This institution, Guthrie Clinic and RPH, brag about how compassionate and patient-centered they are. The bragging is deep. However, anyone who has been here knows this is a thin veneer to extract as much money from the patients' insurance and pockets as possible."*
- *"Transportation is a huge barrier to access. Limited transportation services especially for low income. There is just a severe lack of mental health services in this area. Our insurance covers limited providers and I can only imagine what low income or other people with less means are able to do. Obesity is rampant. There are little to no programs focused on weight loss without Ozempic. I feel that Guthrie owes it to our community, which includes areas outside of Sayre, to take a more active part in improving the health of the community. I could go on for days on our PCMH model and the lack of appropriate resources or the limited dieticians."*
- *"Traveling labs and PT"*
- *"Trying to retain doctors and np's that don't move on as soon as there residency is over. Somehow keeping them here so you have personalized more consistent care"*
- *"Universal healthcare, universal healthcare, universal healthcare."*
- *"Urgent care or extended services for walk-in care. Too many people go to ED for non-emergent things because they cannot get in to see primary doctor."*
- *"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."*
- *"Waiting for Cataract appointment has almost a 9 month lead. Need more eye surgeons"*
- *"Walk -in clinics are open from 7-7, and limited hours on the weekend. many people work 12 hour shifts 7-7, if a family member is sick, not needing the ED, you go to the ED or wait until the next day, sometime missing your work to do it. Maybe walk in should be open until 11pm. There are resources out there, if you make just a little bit of wages you fall out of the guideline to qualify for that benefit. The resources may be county wide, you lack transportation/child care or need to work on the day available. May not be user friendly, lack a computer or the skills to participate"*
- *"Walk-ins close at 1900, anyone working in healthcare or factory work are working a 12 hour shift. when you go home to a sick child or other family member, you either wait until the next day or go to the ED. Maybe they should stay open until 2300. there are very few pediatric dentist locally that accept state insurance making it difficult for children to see a dentist"*
- *"We desperately need more mental health and drug addiction resources."*

- *"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."*
- *"We have one medical facility in our town, and it is usually so booked up that people wait weeks to be seen even for respiratory illnesses. If the resident does not have transportation (and many do not) they cannot get to an urgent care clinic and must wait."*
- *"We need a healthcare office closer in our community"*
- *"We need a hospital and emergency room here."*
- *"We need a larger workforce for home care services for seniors to help with daily activities like bathing and laundry. Increased mental health services for all ages."*
- *"We need a lot more mental healthcare providers."*
- *"We need additional physician offices in the Galeton/Westfield area. Pt have little access to quality care and transportation is often a problem for Pt. Often Pt have to drive 1 - 2 hours for specialty care."*
- *"We need an urgent care! Shouldn't have to pay \$300 copay to go to our own emergency room or go to out of network urgent care"*
- *"We need better mental health services"*
- *"We need dental surgeons that can work with insurance providers for patients better health. Also, dentists locally."*
- *"We need local pharmacies, walk-in care and family practices. Distances to travel prevent people from getting the care they need."*
- *"We need more accessible care, more female providers, and better ability to build a relationship with a PCP. Mental healthcare is not widely available"*
- *"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."*
- *"We need more availability for PCP, not everyone is comfortable with a resident clinic. Maybe more health fair screenings. For the younger ladies there used to be a clinic for birth control and paps that was free. There was a lady named Linda Carpenter who ran it. 40 years ago this was huge for our community maybe it would help the younger generation with awareness, safety and the ability to prevent under age pregnancies and allow them to be children before having to raise one. How about a children's youth center with some sporting activities to keep them busy and give them programs and activities they can be a part of instead of a phone for a babysitter. Not every child is a superstar it doesn't mean the shouldn't be able to participate just for exercise, friendship, and fun."*
- *"We need more doctors, NPs, PAs, and more activities for seniors"*
- *"We need more in patient services for mental health people. Our patients often sit in the Emergency department for a few days while waiting to get accepted at other facilities which often are 2-3 hours away."*
- *"We need more Mental Health outpatient services, especially outpatient psychiatry and counseling services"*
- *"We need more mental health resources and desperately need drug and alcohol abuse services."*
- *"We need more mental health services" (n=2)*
- *"We need more Mental Health services / resources for out-patient/ inpatient mental health"*
- *"We need more Mental Health services in this county (Bradford) or even PA compared to what rich resources are available in NYS. Even our insurance does not cover Mental Health like it should."*
- *"We need more mental health services, both outpatient and inpatient. From social workers to psychiatric care."*
- *"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."*

- *"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 ERs only see the urgent care. Have more open urgent cares (like a walk in) open at night for the non-urgent cases"*
- *"We need more primary care physicians"*
- *"We need more primary care physicians at the Towanda locations. Not just nurse practitioners, actual MDs that stick around. I feel like as soon as I get established with a provider, their contract is up and they leave"*
- *"We need more programs for children and for senior citizens. We also need better access to mental healthcare in the outpatient setting as well as inpatient setting."*
- *"We need more services for mental health and disabled individuals"*
- *"We need somewhere centralized to access a free gym/ pool, or somewhere where we can have rec sports"*
- *"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 have affordable mental health care so someone that has insurance but their insurance don't cover it still can get help, and we need Hospital to be able to get appointments if we are having really bad symptoms"*
- *"We need to hire more physicians and Nurse Practitioners. The wait time between my appointments is way too long."*
- *"We need to provide mental health and drug abuse treatment at our hospitals. Specifically at Troy."*
- *"We used to have a walk-in clinic available at the Guthrie in Owego on Rt. 38- no longer available. There is 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."*
- *"Wellness nurse, nurse coaches to help people prevent and deal with disease and mental health."*
- *"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."*
- *"When I try to make a well visit with my primary you can never get in, and when you do they don't spend much time with you, even specialist, everyone is always in a rush to get to the next patient, because they need to meet quota, or make their money, I know a lot of doctors left Guthrie to go work at other clinic because of the political views, and how they are not taking patient care as #1. I think the elderly get mistreated and no one takes care of them."*
- *"Wish there were more activities to encourage some form of exercise, especially for middle age and older."*
- *"Yes get a small office in my area yes it is a small town but not everyone where I live may have a car or whatever so babies don't get proper treatment nor do elderly"*
- *"You have to wait too long for appointments."*

Survey Demographics

Table C15. What is your employment status? (By Hospital)

Q29. Employment Status	#	%
Employed full-time	590	78.6%
Employed part-time	44	5.9%
Retired	105	14.0%
Unemployed	4	0.5%
Disabled	10	1.3%
Student	16	2.1%
Military	0	0.0%
Other	8	1.1%
Prefer not to answer.	6	0.8%

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 Robert Packer Hospital service area include (n=8):

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

- “+ 2 per diem jobs”
- “2 part time jobs”
- “Director of free Christian counseling center at my church”
- “Employed per diem”
- “Gig economy. Make and sell things”
- “Per diem at multiple jobs”
- “Per-diem”
- “Uncertain”

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

Q30. Insurance Coverage	#	%
Commercial or private (through employer)	621	82.7%
Medicaid	27	3.6%
Medicare	102	13.6%
Military	11	1.5%
Public	7	0.9%
Other	30	4.0%
None / Uninsured	8	1.1%
Prefer not to answer.	11	1.5%

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 Robert Packer Hospital service area include (n=30):

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

- "BCBS"
- "Blue Cross/Blue Shield Secondary"
- "COBRA"
- "Cost-sharing"
- "Excellus"
- "Guthrie"
- "Guthrie health ins"
- "Guthrie Insurance"
- "Humana"
- "I am retired from the land-grant branch of Cornell University and have NYS health insurance."
- "Medicare and CIGNA"
- "Medicare supplement plan (part G)"
- "Medicare supplemental"
- "NY marketplace – Fidelis"
- "Parent"
- "Parent's insurance"
- "Supplemental" (n=4)
- "Supplemental G"
- "Supplemental health care policy (along with Medicare) as well as drug coverage."
- "The VA"
- "Through my husband's retirement."
- "Through my spouse's insurance plan"
- "Through New York State."
- "Through parent"
- "Thru my spouse's employment"
- "Thru NY State of health"
- "VA"

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

Q31. Race / Ethnicity	#	%
Asian	6	0.8%
Black or African American	9	1.2%
Hispanic or Latino	11	1.5%
Middle Eastern or North African	1	0.1%
Multiracial or Biracial	1	0.1%
Native American or Alaskan Native	5	0.7%
Native Hawaiian or Pacific Islander	1	0.1%
White or Caucasian	689	91.7%
Prefer not to answer.	37	4.9%

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	238	31.7%	9.7 years	10 years	17 years
No	513	68.3%			

Table C19. What is your annual household income?

Q33. Annual Household Income	#	%
Less than \$25,000	19	2.5%
\$25,000-\$49,999	115	15.3%
\$50,000-\$74,999	116	15.4%
\$75,000-\$99,999	97	12.9%
\$100,000-\$124,999	100	13.3%
\$125,000-\$149,999	69	9.2%
\$150,000-\$199,999	73	9.7%
\$200,000 or more	67	8.9%
Prefer not to answer.	95	12.6%
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 Sayre 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 Robert Packer 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 Robert Packer Hospital team. The Interviewees are listed in the table that follows.

Name	Title	Organization
Karen Laboranti	Director	Bradford/Sullivan County Drug & Alcohol
Penney Geiss and Dustin Snell	Program Director and Casework Supervisor	Bradford/Sullivan Early Intervention
Lori Fessler	Health Coordinator	Bradford-Tioga HeadStart
Renee Rickert	Chief Executive Officer	Futures Community Support Services
Thomas Thompson	Executive Director	Progress Authority
Henry Farley	Mayor	Sayre Borough, PA
Heather Manchester	Director	Sayre Public Library
Aimee O'Connor	Publisher	The Daily Review
Anne Beauchemin	Co-Executive Director	The Main Link
Sue Sticklin	Executive Director	Tioga County Partnership for Community Health

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

Q1. Using a scale of 1-10, where 10 indicates “high availability” and 1 indicates “limited availability”, how would you rate the overall availability of healthcare services for residents of the Guthrie Robert Packer service area?

1 – Limited Availability	2	3	4	5	6	7	8	9	10 - High Availability
0	0	0	0	2, 20%	1, 10%	1, 10%	3, 30%	1, 10%	1, 10%
Mean score for availability of healthcare services = 7.5 / 10.0									

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

- *“For adults, it is widely available but not so much for pediatrics.”*
- *“I think we definitely have proximity to healthcare here, but I do hear issues with availability of consistent providers, lengthy wait times to get appts, etc.”*
- *“Pretty available. Guthrie has multiple locations across the county. With several pediatric practices so these are accessible for our population.”*
- *“Pretty average here.”*
- *“Pretty widely available. Guthrie has grown and expanded over the years. They have some more specialties here that I think people don’t know about.”*
- *“The county is well covered - we have 3 hospitals across the county, multiple clinics.”*
- *“They have the walk-in clinic, people can get in for appointments, there is a cancer center, I hear great things about the Robert Packer Hospital.”*
- *“Urgent care, primary care are pretty available.”*
- *“We are lucky to be part of a small community with a hospital with an emergency room.”*
- *“We have Guthrie, Laurel health, UPMC is nearby, so is Geisinger so we have services but not enough or you have to drive to be seen.”*

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

- *“Clinics across the county - walk-ins, emergency care”*
- *“Emergency department”*
- *“General practitioners, cardiology, behavioral health”*
- *“Guthrie is well-known for its heart care”*
- *“Pediatric services are widely available (primary care, not specialties)”*
- *“Primary care if you’re not particular about seeing a midlevel or DO”*
- *“The walk-in clinic is easy to access in various locations, lab services”*
- *“Walk-in, urgent care are available, primary care is pretty widely available. Bradford County has Robert Packer but Sullivan County does not have a hospital.”*
- *“Walk-ins and ERs are pretty accessible in this community.”*

- *"We have walk-in services that make it easier to see a provider, but these are not as high quality. Primary care is available but a lot of providers come and go (there is high provider turnover here)."*

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

- *"Allergy specialty, auto-immune services"*
- *"Cancer care"*
- *"Dental care"*
- *"Derm, any specialty services, even primary care can be difficult to get into, eye doctor (they are retiring), pediatric specialties, dentists."*
- *"Dermatology"*
- *"I think many services - dermatology, neurology, etc. - are lacking here. Anything where you're a new patient and need a primary care referral. It is difficult to get in as a new patient."*
- *"Mental health services depend on payor and accessibility - lengthy wait lists, certain insurances, staff turnover"*
- *"Mental health"*
- *"None"*
- *"Non-urgent specialty services, you have to wait 6mos+. Elmira, Binghamton, Scranton, or Williamsport are where people travel to for these."*
- *"Ophthalmology for our kids is difficult to obtain."*
- *"Pediatric specialties"*
- *"Pediatric specialties"*
- *"Primary care, specialties like urology, urology, etc."*
- *"Provide mental health outpatient services"*
- *"Specialty care and dentists - oral health here is very limited. Behavioral health is lacking too."*
- *"Telehealth services have helped improve access to services in the past years. I am not as well-versed in the side of physical health but I know mental / behavioral health services are limited here."*

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)

- *"Dental / oral health opportunities"*
- *"Guthrie could bring this (pediatric ophthalmology and dental care) here!"*
- *"Dermatology"*
- *"I feel that Guthrie operates as a for-profit hospital so providers are forced to see way too many patients in the day and do not offer same-day appointments. Those same day appointments would easily get filled if Guthrie offered them. People are waiting months for issues they are having now and it makes no sense. Wait lists to get in to be seen are months out (unless you advocate for yourself, or know how to advocate for yourself)."*
- *"Long wait times - provider shortage, people have to go to Elmira or Binghamton to get a quicker appt."*

- *“outpatient services; alcohol and drug and alcohol services. There is a waiting list for those in need of services.”*
- *“Pediatric specialties - our families have to travel a minimum of 2 hours. I had to have a travel to Wilkes-Barre / Syracuse / Rochester for a hysterectomy so there are not many options here for oncology either.”*
- *“Staffing is hard everywhere so it is difficult to get into places. Bringing more healthcare staff here would be helpful”*
- *“The collaboration with our County Mental Health could be improved upon. I know Guthrie has done a good job over the past few years in working with us but there is always room for improvement.”*

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
4, 40%	6, 60%	1, 10%
Most IDI participants feel that healthcare service offerings have remained the same over the past three years.		

Q5a. Why? (the following comments are verbatim)

- *“95% of my job is to make sure our families are getting the healthcare they need. At least 95% of our families have health insurance which is great. If they do not, it is my job to help them receive coverage and get set up with a regular pediatrician / primary care.”*
- *“Access, resources, availability has improved”*
- *“I think there are a handful of walk-ins that are accessible on the weekends which is great, but there are not enough services in general”*
- *“More available in the past years due to Laurel Health (FQHC) expanding due to covid money.”*
- *“Not many new services coming to this area”*
- *“Not much has changed in terms of the number of services increasing here in recent years.”*
- *“Not much has changed in the past 3 years”*
- *“Over the past few years, Guthrie has strengthened Towanda Memorial so it now has a strong emergency room, inpatient floor, rehab now too. Troy is great now too. I think Guthrie has worked hard to improve the healthcare system around here.”*
- *“Simply because of availability and choices. Services have not changed.”*
- *“There has been greater need but not enough providers in mental health. But we have done well across the state increasing the number of inpatient beds.”*

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)

- *"Disabilities - I don't feel that the medical system in general is trained or educated on this population so a lot of times these patients' symptoms are pushed aside, the providers communicate with our staff instead of the individual. There are providers who do help and do respect this population but they are few and far between. On the other hand, the elderly I feel are overserved - I feel like my parents are getting tests all the time. And my parents are from a generation that does not question doctors so they just go along with all these tests and procedures not knowing why they are getting them done in the first place."*
- *"I don't think there are any."*
- *"Low-income"*
- *"Low-income, disabilities"*
- *"More rural areas are harder in terms of accessibility. Individuals without legal citizenship (not able to access insurance) - these are rare but I do hear of them."*
- *"Newly formed pride group in our county, care for transgender people - need to travel outside the area for transgender care. Low-income across the board is always difficult to reach because of transportation."*
- *"Seniors have a difficult time accessing healthcare. Guthrie has grown, become more specialized. Not sure if seniors understand that."*
- *"Veterans that are not old enough for Medicare. As long as you have health insurance, medically underserved groups can access healthcare services. But working class families typically struggle the most compared to those on public assistance (who sometimes take advantage of the system)."*
- *"You have to drive to get any sort of service, low-income families, un or underinsured population might not be accessing healthcare."*
- *"Younger people without insurance, low-income. We do not have any large racial/ethnic minorities really. We do have a large elderly population."*

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

- *"Health education / cultural competence training for the providers. Having the health literacy as a patient."*
- *"Insurance system can be difficult for people to navigate and understand."*
- *"Lack of insurance, affordability, putting their kids first over themselves, not focusing on preventive health."*
- *"Transportation is an issue. But telehealth has helped alleviate this. Insurance coverage and type of insurance accepted around here."*
- *"Transportation services; services (such as dentistry) and availability of services for individuals on Medicaid."*
- *"Transportation, stigma of needing/asking for help, blue collar mentality of asking for help."*
- *"Transportation. Childcare. For people with disabilities, it is difficult to find providers who support them (long wait lists as there are only a handful of providers who treat this population)."*
- *"Transportation. Technological advancements - rural healthcare, not full broadband internet coverage here. Progress Authority is involved in constructing open access / dark fiber internet servicing - we are trying."*
- *"Transportation. The cost of healthcare."*

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

Very Unhealthy	Unhealthy	Neutral	Healthy	Very Healthy
0	3, 30%	6, 60%	1, 10%	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)

- *“A lot of rednecks - chewing tobacco, smoking, alcohol use. Rural area - a lot of hunting fishing, blue collar workers.”*
- *“Better than average. There are lots of ways to stay active (even though the County Health Rankings say otherwise), we have a lot of green space to recreate. Our schools have great sports programs and extracurriculars. Our hypertension rates have gone down, diabetes is prevalent and smoking but it’s a working progress. Out of rankings across the state, we typically come in around 16 or 17 out of 67 so in the top 75%.”*
- *“I know a lot of people with cancer here. We have a couple factories here that could have contributed to this maybe? Guthrie does have a nice oncology department here thankfully.”*
- *“Our OD rate in the last 2 years has doubled in Bradford County - we have more need for mental health resources. D/t pandemic - people lost jobs, were on unemployment, and we have a lack of these mental & behavioral health resources currently. Less substance use, more mental health resources.”*
- *“People have bad habits. Recent ads focusing on eating bad foods, soda, potato chips, cookies, junk food. Improving overall education levels and raising income levels would help.”*
- *“Socioeconomic status of this area (low-income). A lot of processed foods and the fresh fruit & veggies. Eating health is expensive and many people cannot prioritize fresh healthy foods. A lot smoking still here still.”*
- *“There are some pockets of unhealthiness - we have noticed an increase/more rare genetic diseases and disorders that pop up. A lot of pediatric cancer - Geisinger is always surprised about the high number of pediatric cancers here. We are so rural that these high number of cases do not make us a “hot spot” but we really do have a high prevalence for such a small community.”*
- *“We do have some chronic illnesses that are happening (CVD, diabetes). Definitely a stronger focus on preventive care would help - healthy eating, nutrition”*
- *“We have a higher rate of child obesity. We measure children’s heights and weights for our programming and we do see a lot of obesity in our populations. Adults are not seeking ongoing medical care like the children are - they do not buy-in into the preventive care. Lack of insurance, transportation issues, and overall mentality of “if it’s not broke then don’t need to fix”. ”*
- *“We have a lot of anti-vaxxers in the county, illnesses spread pretty easily in the community, we have a large elderly population. People have access to healthy food (if they know what to look for in the grocery store). Sayre has 25 restaurants alone. The YMCA in Towanda does a good job of educating people but besides that, there’s not much education around healthy lifestyles. Kids around here are*

mostly eating McDonalds. That's what they're raised on because that's what's cheap and available and their parents were raised on it too."

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.	1, 10%	0	0	5, 50%	4, 40%
Mean score = 4.1 out of 5.0					

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

- *"Being rural, some of the extracurricular types of things are more limited."*
- *"Close knit community, people help out when you need it."*
- *"Drugs are a huge issue in the area. Rare for kids to get through high school without drugs. For small children not a concern."*
- *"I raised my kids here and they are now successful adults. I think it's a great place to raise a family."*
- *"More family-oriented activities should be here, more variety of options for after-school activities (nothing besides sports), need more pediatric care / specialties in this area."*
- *"Relatively safe environment, but still some level of criminal activity (related to substance use). Sullivan is more rural, close-knit (more retired individuals, lower criminal activity here), while Bradford is larger and much more populated so these two counties are different in that aspect."*

Statements	1 – Strongly Disagree	2	3	4	5 – Strongly Agree
b) Our community is a good place to grow old.	0	0	5, 50%	2, 20%	3, 30%
Mean score = 3.8 out of 5.0					

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

- *"I think from a personal perspective, just recently having cared for an elder relative, I think there is a lack of services for in-home care. A good amount of options for skilled nursing facilities but not in-home care."*

- *"I think we do not have a lot of affordable senior living options here, end-of-life / hospice care is limited here too. We have an agency for aging, meals on wheels but can always do more. I have seen a lot of seniors struggle with low-income here."*
- *"In recent years, there have been more aging services put in place."*
- *"Later stage in life has lack of availability of senior citizens complexes, independent living facilities. We do have 2 nursing homes (but they are full)."*
- *"Sullivan & Bradford are both good (outside of the weather) it is a beautiful area. I know many people have moved back here to retire here, including my family."*
- *"There are some gaps here in terms of low-income which makes it hard for senior services to get programming they need. Aging Office has services but they don't have enough staff to run the services/programs so there are a lot of people that go without. Home care is severely lacking here."*
- *"This question is difficult for to answer. For the frailer population, it is a challenge as there are limited long term care access, but for the physically active outdoor population, there is a lot of outdoor activities to remain physically active. From an arts perspective, there are limited resources."*
- *"We do have a lot of elderly, aging population. We've had 2 assisted/nursing homes close recently so not sure how we are going to accommodate. We have a lot of families moving here actually (grandparents)."*
- *"We have a lot of seniors who are isolated, there are few/limited activities for socializing, seniors who are unable to drive themselves. If you don't have family here, there is limited access to social network. We don't have a senior center here for socializing that larger cities might have."*

Statements	1 – Strongly Disagree	2	3	4	5 – Strongly Agree
c) Our community has economic opportunity.	0	1, 10%	6, 60%	3, 30%	0
Mean score = 3.2 out of 5.0					

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

- *"Guthrie is largest employer, the factories are next. Besides that, there is not much."*
- *"In general, there is no reason not to have a job. Small business struggle. Good for some and not others."*
- *"It's all service/retail/factory minimum wage jobs here besides the hospital."*
- *"Jobs are here. I don't know what people are doing during the day if they don't have I job. I would be bored."*
- *"Not many large corporations here."*
- *"Room for improvement but there are opportunities here."*
- *"Rural environment, we don't have a lot of corporations in the area. We rely on a lot of skilled trades here."*

- *“Small businesses cannot afford rent around here. There are not many large businesses, people are mostly working minimum wage jobs.”*
- *“We are geographically isolated to getting new business. Tourism, agriculture, manufacturing are big industries here.”*
- *“We don’t have as many larger employers or specialized education careers.”*

Statements	1 – Strongly Disagree	2	3	4	5 – Strongly Agree
d) Our community is a safe place to live.	0	0	2, 20%	6, 60%	2, 20%
Mean score = 4.0 out of 5.0					

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

- *“Criminal activity related to substance use is occurring.”*
- *“Drugs, I know all areas deal with this but the prevalence of crimes related to drugs and the negative effects on families it has here.”*
- *“Great police department”*
- *“I think people used to not have to lock their doors and lock their cars, etc. I think now I walk a lot at night and I now carry a mace with me. We have some folks who are going through mental health crises and substance abuse. All the social services in the county are in Towanda where I live and with those social services come a population that is more unsafe.”*
- *“It is a safe community. Have a good local police force that is easy to deal with. Police are fast to respond. Not a lot of crime.”*
- *“Pretty safe, but unfortunately we have seen a lot of drug abuse and that goes hand in hand with criminal activity.”*
- *“We do still have issues with domestic violence, drug issues.”*

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%	2, 20%	0	3, 30%	4, 40%
Mean score = 3.7 out of 5.0					

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

- *“Department of Human Services in the county has several programs for families & individuals. We refer people to the county who need these services.”*
- *“I know what the services are being in my position, but I think the general public is not always aware of these resources - we have the services but they might not be as well known.”*
- *“Informal support is there (close-knit community), but you have to have money to access formal crisis support.”*
- *“Our mental health services are so limited and some of them are just getting into trauma therapy, but this is hard to get into. I know people who are on waiting lists for over a year to see mental health providers. But for physical/natural disasters we are in good shape (tight-knit community who really helps one another in that aspect) but lacking in mental health crises networks/interventions.”*
- *“Our police needs a social worker - most of the calls involve mental health crises. Bradford County mental health resources are not well known by the majority of the population. And it seems like all of our police calls involve some sort of mental health situation.”*
- *“The human service agencies in the community are committed to make sure no one falls through the cracks. We have access to mobile crisis, homeless assistance program. Have a lot of charities. Strong safety net.”*
- *“We have good relationships with county entities that offer these services.”*
- *“When something horrific happens, our community comes together - more informal networks than formal. Example: recent house fires, people helped out with a GoFundMe. We have the United Way, Emergency food services, etc. that are available but stretched-thin.”*

Statements	1 – Strongly Disagree	2	3	4	5 – Strongly Agree
f) Our community offers sufficient community services.	1, 10%	2, 20%	3, 30%	3, 30%	1, 10%
Mean score = 3.1 out of 5.0					

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

- *“Always room for growth. We are doing great things, but there is always room for growth.”*
- *“I do know that there are gaps d/t age & income eligibility. So people age out of a program, or their income levels make them no longer eligible, they do still have needs that are being unmet once they are no longer eligible for public assistance.”*
- *“I think they're there, but I think the potential there for someone to be lost (in the system), but they do not know about what is available to them. These services could do a better job of letting the community know they are here but then the technological advancements (lack of broadband coverage).”*

- *"Lacking in staff, funding to support these services. For our youth population, there is just so few available options (outside of sports)."*
- *"Not sure if there are enough resources here for our population. The information is not distributed so people are not educated about the resources available. We have an 8th grade reading level as a community, which makes it difficult for the population to understand what is out there in terms of these resources. The outreach and education needs to be "dumbed down" because of this."*
- *"There are some things out there but also a lack of knowledge of what is available. The outreach is not happening by these organizations/programs but that is likely a funding issue."*
- *"We are seeing a mental health "crisis", an increase in mental health and behavioral health situations. Kids are experiencing social/behavioral issues as a results of covid. For adults, I think coping with day to day is more stressful and their own mental health needs are not being addressed."*
- *"We know that surrounding counties don't have the services that we have in place. Feel there is a good network of support."*
- *"We try our best but these have a lack of funding, staffing for these services. They are stretched thin."*

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

- *"A limited number of outdoor activity / access to exercise. People are not connected enough to join groups - there is green space and activities here in our county but people do not know they're available."*
- *"Access to dental care in this area is limited. A lot of dentists don't accept Medicaid, won't treat children. We have to send families 2-3 hours out of the area for oral surgeries. Lead testing in this area - a lot of providers won't do this in office."*
- *"Education. Money is a huge contender. But not understanding the long-term effects of things, and general education."*
- *"Housing - the cost of housing for average people, grassroots people, is huge and not reasonable. Minimum wage."*
- *"I think just having the access and knowledge among families to know what the right thing to do, maintain preventive care."*
- *"Improving health, transportation. Attitude on personal health, education."*
- *"Isolation - in Bradford County it's bad, Sullivan is even worse (rural)."*
- *"It's different for everyone. I've had some health issues in the past few years but they were handled well. But I was proactive, I think not many people around here are motivated to improve their health. I don't think there are many preventive measures being taken here."*
- *"Knowledge of resources, what is available, how to access services & resources - these help with the holistic approach. The patient outreach and education can be improved upon in our community."*

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

- *“Affordability. We have 2 grocery stores - Tops & Walmart - and fresh foods are insanely expensive. Education programs - starting in school - and about what resources are available. The Guthrie nutritional services should go out into the community and talk about this.”*
- *“Consistent collaboration - we are continuously going out to advocate and outreach about our services. More of a universal approach in the Hospital - we have the Warm Handoff approach, do all staff do this / know this? If we have a universal screening approach, then we can get people referred to the services they need.”*
- *“Education, personal perceptions on health.”*
- *“I think the medical field can improve - unless I ask, as a self-advocating patient, the providers do not explain things or provide further education in a way patients can understand. My husband died of cancer about 9 years ago. We were handed pamphlets and that was it. I think there needs to be an assumption, by all providers and staff of the medical system, that patients no nothing and providers need to do a better job of explaining everything that is happening and why they are doing what they are doing to treat a patient.”*
- *“The school districts have pulled back a little on their health education, parents might be working and not able to get children into well visits, so getting into that well visit on a routine basis becomes difficult.”*
- *“There are a lot more needs of kids these days (mental health, lack of socialization d/t covid). Low-income contributes to these. Lack of mental health services in general around here contributes.”*
- *“Transportation and health literacy (maybe a mobile health unit).”*
- *“Transportation, understanding what is out there - we have a lot but people don't know about the services.”*
- *“Transportation. Inability to communicate (self-isolating b/c of phones). Covid really hit this community hard because of the isolation, the blue collar mentality of do it yourself.”*
- *“We work with a lot of coordinated care organizations to help our families, especially with insurance coverage. Not a requirement to work with managed care organizations, but most of our families do not even know what a managed care organization is or does. So these are very helpful.”*

Q13. As Guthrie Robert Packer 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)

- *“A mobile unit to get out to more remote areas where transportation is not available. Provide WCCs, lead screenings - if Guthrie could come here once a month to do lead testing for us, that would be huge.”*
- *“A walking route - Guthrie did this years ago it is not promoted throughout town, the signs are tiny. Go out into the community and promote health education. They have to engage with the community again like they used to. Especially small things like healthy eating and exercise. Educational outreach for families. Working with elderly on balance, reducing falls. The Y in Towanda has a lot of options and they could partner more with Guthrie.”*
- *“Any sort of public information session on chronic health needs, preventive medicine, dementia care, Lyme disease - more public health education.”*

- *“Bring in more pediatric specialists! I know how busy the medical community is, the number of people that they see daily, but I don't know if they are given time or opportunity to see what is going on in their community. I know it took a long time for us to establish a relationship with pediatrics, now we have a wonderful relationship with Guthrie where their pediatricians refer families and children to us immediately but it was not always like that. We have been trying for the past 4 years to develop a program (Plan of Safe Care - neonatal abstinence / exposure to drugs; programming and servicing for moms to put a plan in place pre and post partum for these infants born with substance abuse disorder) with Guthrie but it seems their people are too busy or there is too much staff turnover for people to buy in to this program. The medical staff need more training to know what's going on here. The Guthrie OB/GYN should refer pregnant moms and be more proactive in this program.”*
- *“Dental & behavioral health (not sure if Guthrie has mental health providers here in our county).”*
- *“I think the #1 thing they can do is be proactive as they possibly can to push out telehealth programming. In doing so, they need to promote however they can via hard print, social media / internet. Let the people know this is available. Especially seniors who are “left behind”. They could provide flyers to kids in school districts to bring home to their parents, grandparents. Guthrie could tap into the school system - the second largest employer besides health system.”*
- *“Implement a text wait line in walk-in clinics (come back at this time to be seen, for example, like how restaurants do it). Guthrie needs to do more outreach with community organizations I think especially for senior citizens. The paper could implement a medical corner / health column with Guthrie. Guthrie has their work cut out for them though because there are so many issues they could focus. I think Guthrie does a good job already though. We have to wait to see specialists or providers but that's my biggest complaint honestly.”*
- *“Improve community health by including community residents on some type of board or committee. Also implement better Guthrie employee training for cultural competency, having providers explain things to patients in a way they can understand.”*
- *“Substance use disorder services - continuing the harm reduction conversations, recognizing a universal approach to connect people to behavioral health services. Education, collaboration across all medical services - urgent cares, primary cares, emergency medicine, etc. Community stakeholder collaboration is key to help these individuals with SUD.”*
- *“Utilize mobile services that go into the home/community. Really getting to see how people live, and what the reality is in the home and community versus what is seen in the clinic through the lenses of the clinician.”*

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)*

- *“Is this report publicly available? (It was explained to stakeholder that Guthrie is required to post report on their website.)”*
- *“I've lived here for almost 50 years and Guthrie has always been here.”*
- *“Let the facility know when the CHNA report is published.”*
- *“No questions”*

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

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

Date	Time	Location
Wednesday March 19 th , 2025	12:00 – 1:30 PM	ZOOM
Wednesday March 26 th , 2025	12:00 – 1:30 PM	ZOOM

Quality & Availability of Healthcare Services

Focus Group participants began the discussion by rating the overall quality of healthcare services. In the Guthrie Robert Packer Hospital service area, the quality was rated as 3.2 out of 5.0 (where 5 indicates very good).

- Words used to describe the quality of healthcare services included: *(the following comments are verbatim)*
 - “Adequate” (n=2)
 - “Bad”
 - “Good” (n=2)
 - “Good but limited” (n=2)
 - “Good, limited specialty care”
 - “Respectable”
 - “Variable”
 - “Very good, above average, up-to-date”

- Participants feel the following services are missing in their community: *(the following comments are verbatim)*
 - “Adequate Mental health (mainly outpatient); mental health pediatrics; limited access based on provider availability: dermatology, rheumatology. Telemed has

helped with rheumatology. Consider elder care services that can impact health status: home maintenance, cooking, errands, general assessment/observation for risks, etc. to help keep elders in home safely and anticipate health issues/problems.”

- *“I have heard cancer care is bad in the area and everyone I know ends up going to Sloan Kettering in NYC.”*
 - *“I think there needs to be more mental health services and more accessible dental care.”*
 - *“Juvenile care for serious issues - travel to Syracuse for hematology.”*
 - *“Lymphedema treatment”*
 - *“Need for more mental health services”*
 - *“Oral surgery, orthodontics, ENT, women’s health, walk-in clinics (especially weekend)”*
 - *“Pediatric neurologist, specialists to work with special needs/disabled individuals such as heart specialists for people with Downs Syndrome, mental health services.”*
 - *“Specialized care in many areas with quality doctors with the most current education and knowledge of updated medical procedures and care. Mental health, dental, and services for elderly.”*
 - *“Specialized pediatric care, comprehensive mental health, advanced cancer treatment, addiction services, specialists in rare disease, long-term care facilities, specialty care, very limited dental care.”*
 - *“Sufficient mental health practitioners”*
- Over half of participants indicated that they do need to travel outside of the area to obtain certain services, including: *(the following comments are verbatim)*
- *“Follow-up oncology”*
 - *“Genetic testing”*
 - *“I didn’t travel outside the US Just to receive healthcare. I lived outside the US for two years and had no other choice then to use/receive their healthcare.”*
 - *“IVF”*
 - *“Parathyroid surgery and gastric bypass surgery”*
 - *“Pediatric neurologist – Strong in Rochester; heart specialists/surgeons for people with Downs Syndrome -Syracuse or Boston”*
 - *“Surgical, orthopedics, urology, other specialties, walk-in care”*

Accessibility of Healthcare Services

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

- Words used to describe the quality of healthcare services included: *(the following comments are verbatim)*
- *“Adequate”*
 - *“Difficult”*
 - *“Fair”*
 - *“Good” (n=2)*

- *“Good access for walk-in’s; when you are an established patient, it is bad/hard /frustrating to access your primary provider for a sick visit; and hard/frustrating to get a non-urgent specialty consult in some specialties (GI for example, or dermatology).”*
- *“Good for those with insurance”*
- *“It is easy to access around here”*
- *“Limited, okay, fair”*
- *“Poor”*
- *“Very limited”*
- Some barriers to accessing healthcare services in this community include: *(the following comments are verbatim)*
 - *“Disability, language, insurance, and availability of seeing your own doctors.”*
 - *“Distance, transportation, limited selection”*
 - *“Inability to get appointment with specialist (in a timely manner)”*
 - *“Lack of insurance, knowledge, transportation”*
 - *“Provider shortages, transportation, financial (deductibles, etc.), work schedules”*
 - *“Provider availability (waits) for some specialty consults – when medical condition is “non urgent;” it is also disappointing to not be able to get appt with your primary provider for a sick visit. Then must go to a walk- in because primary does not have any visits open for sick visit.”*
 - *“Transportation could be better, I didn't know there was access to free rides with Medicaid.”*
 - *“Transportation, costs/insurance, long wait times”*
 - *“Transportation, finances, knowledge base, awareness”*
 - *“Transportation, getting time off work, costs, rural mentality of independence, shortage of primary care”*
 - *“Transportation, language, cost/lack of health insurance, getting time off work, child/elder care, fear, unknowledgeable about healthcare institutions, insurance, navigation, jargon, etc.”*
- 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 to see providers around work schedule, distance to see providers.”*
 - *“Didn't think to mention on the group conversation but you cannot message providers on the e-portal. This ability we were accustomed to with Lourdes and also other physician offices was very useful and is frustrating to lose it. Huge aid to communication is gone. Perhaps they plan to add it in future?”*
 - *“For elderly that have mobility or transportation challenges, it would be nice if offices could recognize this challenge and offer/help patient coordinate (‘navigate’) appointments same day (when feasible/helpful to the patient and their family).”*
 - *“Hard to access mental health services and dental services.”*
 - *“Issue in January, had to wait until July to see specialist. Not timely”*
 - *“Lack of care close by, time frame of being able to get an appointment (extended wait times).”*
 - *“Lack of knowledgeable doctors and consistent care. I have great difficulty scheduling appointments with my primary and some of my specialists as they are so over-booked and sometimes cannot see me for months! I am consistently told to go to a walk-in!”*

- *“Long wait times for any kind of healthcare. I waited 4 months to see a new general provider, an 8 month wait for dermatology, I had to go to telehealth in a different part of NY to get mental health counseling. I work for a medical facility and my copay is up to \$45 at times on top of a deductible, which is ridiculous.”*
- *“Wait times to be seen - can be months. Then see one doctor and referred to another then more months to wait.”*
- The majority of participants have utilized telemedicine services before and feel that this is an effective way to access medical providers. Some of their frustrations with this service, however, include technological issues or lack of broadband Internet coverage. However, the majority of participants prefer to be seen in-person.
- Many participants have heard of care coordinators, but several did not have personal experience with these healthcare professionals and were interested in learning more about these positions.

Healthcare Need Themes

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

Need Theme Description	Need?	Importance Rating
• Increase services for mental & behavioral health .	91.7% of participants said “Yes” this is a need in their community.	4.8 out of 5.0
• Increase services for substance abuse .	91.7% of participants said “Yes” this is a need in their community.	4.1 out of 5.0
• Increase specialty care services within the area	75.0% of participants said “Yes” this is a need in their community.	3.8 out of 5.0
• Increase dental care services .	91.7% of participants said “Yes” this is a need in their community.	4.0 out of 5.0
• Increase eldercare/ senior services (65+).	83.3% of participants said “Yes” this is a need in their community.	4.0 out of 5.0
• Increase wellness/ exercise services.	66.7% of participants said “Yes” this is a need in their community.	3.4 out of 5.0
• Decrease obesity in children/adults.	91.7% of participants said “Yes” this is a need in their community.	4.0 out of 5.0
• Focus on the poor and vulnerable .	83.3% of participants said “Yes” this is a need in their community.	4.5 out of 5.0
• Fall prevention among seniors	66.7% of participants said “Yes” this is a need in their community.	3.0 out of 5.0
• Healthcare costs prevent receiving care.	91.7% of participants said “Yes” this is a need in their community.	4.6 out of 5.0
• Reduce adolescent pregnancies	75.0% of participants said “Yes” this is a need in their community.	3.3 out of 5.0

<ul style="list-style-type: none"> • Diabetes management programs 	75.0% of participants said “Yes” this is a need in their community.	3.4 out of 5.0
<ul style="list-style-type: none"> • Increase preventive care programs. 	83.3% of participants said “Yes” this is a need in their community.	3.8 out of 5.0
<ul style="list-style-type: none"> • Increase access to healthcare providers – expand hours, timely appointments, # of physicians. 	83.3% of participants said “Yes” this is a need in their community.	4.6 out of 5.0

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

- **Increasing mental & behavioral health services (4.8 / 5.0)**
- **Reducing healthcare costs to prevent people from receiving needed care (4.7 / 5.0)**
- **Increasing access to providers by expanding hours, bringing on more providers, and offering more timely appointments (4.3 / 5.0)**
- **Focusing on the poor and vulnerable (4.3 / 5.0)**
- **Increasing dental care service (4.1 / 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 Robert Packer Hospital service area has an average life expectancy of 76.7 years, which is younger than both the Pennsylvania and national average. The service area also has a higher premature age-adjusted mortality rate than Pennsylvania and the United States, including both child and infant mortality rates that are higher than or equal to the state and national rates, respectively.

Table D1. Length of Life of Guthrie Robert Packer Hospital Service Area

Length of Life								
Indicators <i>Description</i>	Chemung County (NY)	Tioga County (NY)	Bradford County (PA)	Sullivan County (PA)	Tioga County (PA)	NY State	PA State	U.S.
Premature Death <i>Years of potential life lost before age 75 per 100,000 population (age-adjusted)</i>	9,852 ↓	6,676 ↓	7,655 ↑	9,177 ↓	9,305 ↓	6,637	8,274	8,352
Life Expectancy <i>Average number of years people are expected to live</i>	75.0 ↓	78.6 ↓	77.2 ↓	76.2 ↑	76.3 ↑	79.4	76.9	77.1
Premature Age-Adjusted Mortality <i>Number of deaths among residents under age 75 per 100,000 population (age-adjusted)</i>	480 ↓	360 ↓	400 ↓	410 ↓	410 ↓	340	400	410
Child Mortality <i>Number of deaths among residents under age 20 per 100,000 population</i>	50 ↓	50 ↓	50	-	60 ↓	40	50	50
Infant Mortality <i>Number of infant deaths (within 1 year) per 1,000 live births</i>	6 ↓	-	-	-	-	4	6	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 Robert Packer Hospital service area has a lower percentage of low birth weights, lower HIV prevalence, and lower Diabetes prevalence than the Pennsylvania and the national incidence rates. However, the service area is faring worse than the state and country when it comes to physical health, mental health, obesity, and suicides.

Table D2. Quality of Life of Guthrie Robert Packer Hospital Service Area

Quality of Life								
Indicators <i>Description</i>	Chemung County (NY)	Tioga County (NY)	Bradford County (PA)	Sullivan County (PA)	Tioga County (PA)	NY State	PA State	U.S.
Poor Physical Health Days <i>Average number of physically unhealthy days reported in past 30 days (age-adjusted)</i>	4.3 ↓	3.9	4.4 ↓	4.4 ↓	4.5 ↓	3.9	3.9	3.9
Low Birth Weight <i>Percentage of live births with low birth weight (< 2,500 grams or 5.5 pounds)</i>	8%	7% ↑	7% ↑	7% ↑	7% ↑	8%	8%	8%
Poor Mental Health Days <i>Average number of mentally unhealthy days reported in past 30 days (age-adjusted)</i>	5.5 ↓	5.5 ↓	5.7 ↓	5.7 ↓	5.8 ↓	4.9	5.1	5.1
Poor or Fair Health <i>Percentage of adults reporting fair or poor health (age-adjusted)</i>	17% ↓	13% ↑	18% ↓	22% ↓	18% ↓	16%	17%	17%
Frequent Physical Distress <i>Percentage of adults reporting 14 or more days of poor physical health per month (age-adjusted)</i>	13% ↓	11% ↑	13% ↓	15% ↓	14% ↓	12%	12%	12%
Diabetes Prevalence <i>Percentage of adults aged 18 and above with diagnosed diabetes (age-adjusted)</i>	10%	8% ↑	9% ↑	10%	10%	10%	10%	10%

HIV Prevalence <i>Number of people aged 13 years and older living with a diagnosis of human immunodeficiency virus (HIV) infection per 100,000 population</i>	252 ↑	116 ↑	71 ↑	-	68 ↑	742	334	387
Adult Obesity <i>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)</i>	34% ↓	35% ↓	35% ↓	37% ↓	39% ↓	30%	33%	34%
Frequent Mental Distress <i>Percentage of adults reporting 14 or more days of poor mental health per month (age-adjusted)</i>	18% ↓	17% ↓	18% ↓	21% ↓	19% ↓	16%	16%	16%
Suicides <i>Number of deaths due to suicide per 100,000 population (age-adjusted)</i>	16 ↓	12 ↓	15 ↓	-	19 ↓	8	14	14
<i>Data Source: County Health Rankings, 2020 – 2025</i> NOTE: County indicators that are above the state level are displayed with a GREEN UP ARROW while county objectives that are below the state level are displayed with a RED DOWN ARROW . County indicators that are at 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 Robert Packer Hospital service area has better mammography screening, sexually transmitted infection, and alcohol-impaired driving mortality rates than Pennsylvania and the country. However, the service area is faring worse than the state and the country in the following categories: (1) access to exercise opportunities, (2) percentage of adults who smoke, (3) percentage of adults who binge drink alcohol, (4) flu vaccinations, (5) insufficient sleep, (6) physical inactivity, (7) preventable hospital stays, (8) provider ratios for primary care physicians, dentists, mental health providers, and other

primary care providers, and (9) teen births. The service area is also faring worse than Pennsylvania in the following categories: (1) healthy food environments, (2) food insecurity, and (3) health insurance coverage, namely for adults.

Table D3. Health Infrastructure of Guthrie Robert Packer Hospital Service Area

Health Infrastructure								
Indicators <i>Description</i>	Chemung County (NY)	Tioga County (NY)	Bradford County (PA)	Sullivan County (PA)	Tioga County (PA)	NY State	PA State	U.S.
Flu Vaccinations <i>Percentage of fee-for-service (FFS) Medicare enrollees who had an annual flu vaccination</i>	49% ↓	49% ↓	47% ↓	41% ↓	39% ↓	51%	55%	48%
Access to Exercise Opportunities <i>Percentage of population with adequate access to locations for physical activity</i>	82% ↓	64% ↓	62% ↓	38% ↓	54% ↓	93%	86%	84%
Food Environment Index <i>Index of factors that contribute to a healthy food environment, from 0 (worst) to 10 (best)</i>	7.9 ↓	8.9 ↑	8.2 ↓	7.6 ↓	7.5 ↓	8.7	8.5	7.4
Primary Care Physicians <i>Ratio of population to primary care physicians</i>	1,280:1 ↓	3,690:1 ↓	980:1 ↑	-	2,270:1 ↓	1,240:1	1,260:1	1,330:1
Mental Health Providers <i>Ratio of population to mental health providers</i>	290:1 ↑	550:1 ↓	980:1 ↓	5,830:1 ↓	680:1 ↓	260:1	350:1	300:1
Dentists <i>Ratio of population to dentists</i>	1,540:1 ↓	5,970:1 ↓	1,810:1 ↓	5,860:1 ↓	1,790:1 ↓	1,200:1	1,400:1	1,360:1
Preventable Hospital Stays <i>Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees</i>	4,187 ↓	3,236 ↓	2,849 ↑	3,149 ↓	2,878 ↑	2,595	2,953	2,666

Mammography Screening <i>Percentage of female Medicare enrollees ages 65-74 who received an annual mammography screening</i>	51% ↑	47% ↓	53% ↑	45% ↓	50% ↑	44%	49%	44%
Uninsured <i>Percentage of population under age 65 without health insurance</i>	5% ↑	4% ↑	8% ↓	8% ↓	8% ↓	6%	6%	10%
Limited Access to Healthy Foods <i>Percentage of the population who are low-income and do not live close to a grocery store</i>	6% ↓	1% ↑	5%	11% ↓	9% ↓	2%	5%	6%
Food Insecurity <i>Percentage of the population who lack adequate access to food</i>	14% ↓	12% ↑	13% ↓	13% ↓	14% ↓	13%	12%	14%
Insufficient Sleep <i>Percentage of adults who report fewer than 7 hours of sleep on average (age-adjusted)</i>	36% ↯	39%	39% ↓	41% ↓	41% ↓	39%	38%	37%
Teen Births <i>Number of births per 1,000 female population ages 15-19</i>	21 ↓	17 ↓	23 ↓	21 ↓	17 ↓	10	12	16
Sexually Transmitted Infections <i>Number of newly diagnosed chlamydia cases per 100,000 population</i>	563.7 ↓	226.1 ↑	208.8 ↑	85.4 ↑	97.3 ↑	526.9	421.3	495.0
Excessive Drinking <i>Percentage of adults reporting binge or heavy drinking (age-adjusted)</i>	22% ↓	23% ↓	21% ↓	22% ↓	22% ↓	20%	20%	19%

Alcohol-Impaired Driving Deaths <i>Percentage of driving deaths with alcohol involvement</i>	28% ↓	9% ↑	31% ↓	0% ↑	23% ↑	22%	25%	26%
Drug Overdose Deaths <i>Number of drug poisoning deaths per 100,000 population</i>	40 ↓	15 ↑	17 ↑	-	29 ↑	29	41	31
Adult Smoking <i>Percentage of adults who are current smokers (age-adjusted)</i>	16% ↓	14% ↓	17% ↓	23% ↓	19% ↓	12%	16%	13%
Physical Inactivity <i>Percentage of adults age 18 and over reporting no leisure-time physical activity (age-adjusted)</i>	27% ↓	22% ↑	22% ↓	28% ↓	26% ↓	25%	21%	23%
Uninsured Adults <i>Percentage of adults under age 65 without health insurance</i>	6% ↑	5% ↑	8% ↓	8% ↓	9% ↓	7%	7%	11%
Uninsured Children <i>Percentage of children under age 19 without health insurance</i>	2% ↑	2% ↑	6% ↓	6% ↓	5%	3%	5%	5%
Other Primary Care Providers <i>Ratio of population to primary care providers other than physicians</i>	560:1 ↑	1,330:1 ↓	360:1 ↑	5,830:1 ↓	890:1 ↓	610:1	620:1	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 Robert Packer Hospital service area has fewer households facing severe housing problems and cost burdens than Pennsylvania and the rest of the country. The service area also has more homeownership as well as cleaner air than the state or country. However, the service area has less broadband Internet access as well as less access to parks than the state or country.

Table D4. Physical Environment of Guthrie Robert Packer Hospital Service Area

Physical Environment								
Indicators <i>Description</i>	Chemung County (NY)	Tioga County (NY)	Bradford County (PA)	Sullivan County (PA)	Tioga County (PA)	NY State	PA State	U.S.
Severe Housing Problems <i>Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities</i>	13% ↑	9% ↑	10% ↑	10% ↑	12% ↑	23%	14%	17%
Driving Alone to Work <i>P Percentage of the workforce that drives alone to work</i>	79% ↓	81% ↓	79% ↓	81% ↓	79% ↓	50%	70%	70%
Long Commute – Driving Alone <i>Among workers who commute in their car alone, the percentage that commute more than 30 minutes</i>	18% ↑	35% ↑	35% ↑	50% ↓	36% ↑	39%	37%	37%
Air Pollution Particulate Matter <i>Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5)</i>	6.8 ↑	7.1 ↓	6.6 ↑	-	6.1 ↑	6.9	7.8	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	Yes	No	Yes	-	-	-
Broadband Access Percentage of households with broadband internet connection	87% ↓	90% ↑	84% ↓	79% ↓	86% ↓	90%	89%	90%
Library Access Library visits per person living within the library service area per year	1 ↓	4 ↑	2	2	2	3	2	2
Traffic Volume Average traffic volume per meter of major roadways in the country	81 ↑	27 ↑	27 ↑	0 ↑	14 ↑	438	177	108
Homeownership Percentage of owner-occupied housing units	70% ↑	78% ↑	72% ↑	83% ↑	77% ↑	54%	69%	65%
Severe Housing Cost Burden Percentage of households that spend 50% or more of their household income on housing	15% ↑	10% ↑	9% ↑	9% ↑	10% ↑	19%	13%	15%
Access to Parks Percentage of population living within a half mile of a park	48% ↓	12% ↓	10% ↓	34% ↓	15% ↓	63%	38%	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	0	0	0	-	-	-

Census Participations <i>Percentage of all households that self-responded to the 2020 census (by internet, paper questionnaire or telephone)</i>	67.9%	69.1%	59.6%	31.6%	55.1%	-	-	65.2%
Voter Turnout <i>Percentage of citizen population aged 18 or older who voted in the 2020 U.S. Presidential election</i>	61.2% ↓	66.1% ↑	64.3% ↓	67.6% ↓	64.9% ↓	62.9%	70.7%	67.9%
<i>Data Source: County Health Rankings, 2020 – 2025</i> NOTE: County indicators that are better than the state level are displayed with a GREEN UP ARROW while county objectives that are worse than the state level are displayed with a RED DOWN ARROW . County indicators that are the same as the state level are displayed with no arrow.								

The Guthrie Robert Packer Hospital service area has better high school graduation rates than the state and country. It also has fewer firearm fatalities than the state or country rate. However, the service area is faring worse than the state and federal rates in the following categories: (1) childcare cost burden, (2) children eligible for free/reduced-price lunch, (3) children in poverty, (4) disconnected youth, (5) gender pay gap and income inequality, (6) median household income, (7) motor vehicle crash deaths, (8) residential segregation, (9) school funding adequacy and segregation, (10) some college, and (11) unemployment.

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

Social & Economic Factors								
Indicators <i>Description</i>	Chemung County (NY)	Tioga County (NY)	Bradford County (PA)	Sullivan County (PA)	Tioga County (PA)	NY State	PA State	U.S.
Some College <i>Percentage of adults ages 25 and over with a high school diploma or equivalent</i>	60% ↓	61% ↓	52% ↓	44% ↓	54% ↓	71%	68%	68%
High School Completion <i>Percentage of adults ages 25 and over with a high school diploma or equivalent</i>	91% ↑	92% ↑	91% ↓	92%	92%	88%	92%	89%
Unemployment <i>Percentage of population ages 16 and older unemployed but seeking work</i>	4.0% ↑	3.4% ↑	3.3% ↑	3.9% ↓	3.8% ↓	4.2%	3.4%	3.6%
Income Inequality <i>Ratio of household income at the 80th percentile to income at the 20th percentile</i>	4.6 ↑	4.3 ↑	4.6 ↑	4.8	4.3 ↑	5.8	4.8	4.9
Children in Poverty <i>Percentage of people under age 18 in poverty</i>	22% ↓	18% ↑	18% ↓	20% ↓	18% ↓	19%	16%	16%
Injury Deaths <i>Perce Number of deaths due to injury per 100,000 population</i>	95 ↓	67 ↓	92 ↑	104 ↓	80 ↑	60	97	84

Social Associations <i>Number of membership associations per 10,000 population</i>	11.2 ↑	11.7 ↑	14.2 ↑	15.4 ↑	14.8 ↑	7.9	11.8	9.1
Childcare Cost Burden <i>Childcare costs for a household with two children as a percent of median household income</i>	41% ↓	36% ↑	36% ↓	33% ↑	34% ↑	38%	35%	28%
High School Graduation <i>Percentage of ninth-grade cohort that graduates in four years</i>	83% ↓	92% ↑	89% ↑	-	87%	87%	87%	87%
School Segregation <i>The extent to which students within different race and ethnicity groups are unevenly distributed across schools when compared with the racial and ethnic composition of the local population. The index ranges from 0 to 1 with lower values representing a school composition that approximates race and ethnicity distributions in the student populations within the county, and higher values representing more segregation</i>	0.07 ↓	0.09 ↓	0.04 ↓	-	0.05 ↓	0.33	0.30	0.24
School Funding Adequacy <i>The average gap in dollars between actual and required spending per pupil among public school districts. Required spending is an estimate of dollars needed to achieve U.S. average test scores in each district</i>	\$9,909 ↑	\$11,145 ↑	\$6,567 ↓	\$9,169 ↓	\$6,125 ↓	\$12,745	\$4,419	\$1,411

Children Eligible for Free/Reduced-Price Lunch <i>Percentage of children enrolled in public schools that are eligible for free or reduced price lunch</i>	53% ↑	48% ↑	77% ↓	46% ↑	71% ↓	57%	57%	55%
Gender Pay Gap <i>Ratio of women's median earnings to men's median earnings for all full-time, year-round workers, presented as "cents on the dollar"</i>	0.85 ↓	0.75 ↓	0.78 ↓	0.77 ↓	0.75 ↓	0.88	0.80	0.81
Median Household Income <i>The income where half of households in a county earn more and half of households earn less</i>	\$60,500 ↓	\$67,600 ↓	\$61,300 ↓	\$59,600 ↓	\$62,900 ↓	\$82,100	\$73,800	\$77,700
Living Wage <i>The hourly wage needed to cover basic household expenses plus all relevant taxes for a household of one adult and two children</i>	\$50.73 ↓	\$51.02 ↓	\$46.01 ↓	\$44.55 ↓	\$46.12 ↓	\$61.75	\$54.37	-
Childcare Centers <i>Number of childcare centers per 1,000 population under 5 years old</i>	6	3 ↓	6 ↑	10 ↑	8 ↑	6	5	7
Residential Segregation – Black/White <i>Index of dissimilarity where higher values indicate greater residential segregation between Black and White county residents</i>	56 ↓	53 ↓	54 ↓	-	66 ↓	75	72	63

Motor Vehicle Crash Deaths <i>Number of motor vehicle crash deaths per 100,000 population</i>	10 ↓	12 ↓	18 ↓	24 ↓	14 ↓	6	9	12
Firearm Fatalities <i>Number of deaths due to firearms per 100,000 population</i>	8 ↓	8 ê	11 ↑	-	13 ↑	5	14	13
Disconnected Youth <i>Percentage of teens and young adults ages 16-19 who are neither working nor in school</i>	11% ↓	10% ↓	10% ↓	-	7% ↓	9%	6%	7%
<i>Data Source: County Health Rankings, 2020 – 2025</i> NOTE: County indicators that are better than the state level are displayed with a GREEN UP ARROW while county objectives that are worse than the state level are displayed with a RED DOWN ARROW . County indicators that are the same as the state level are displayed with no arrow.								

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 Robert Packer 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 as well as federal data from the Healthy People 2030 health measures and goals.

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

Healthy People 2030 (HP2030)¹⁹ is a set of goals and objectives with 10-year targets designed to guide national health promotion and disease prevention efforts in order to improve the health of all Americans. HP2030 has nearly 360 objectives organized into 42 topic areas. The Pennsylvania Department of Health's Health Informatics Office²⁰ provides statistics to assist in the monitoring of progress for a portion of these objectives at the state and county level. For the Pennsylvania report, the only objectives reported on are for those in which the Department found good quality

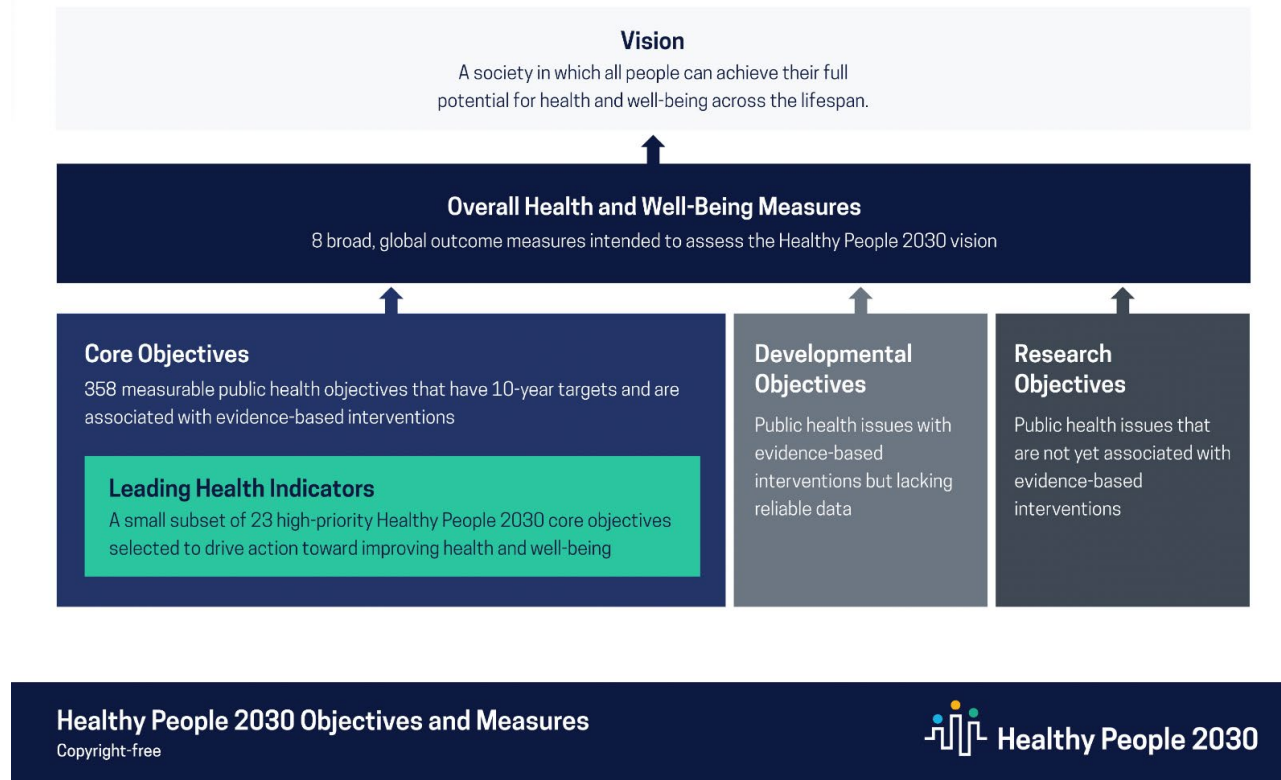
data at the state level. See the graphic on the following page for more information about the Healthy People 2030 Objectives.

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

¹⁹ [Healthy People 2030](#)

²⁰ [Commonwealth of Pennsylvania Department of Health](#)

Healthy People 2030 Objectives and Measures



Guthrie Robert Packer Hospital recognizes that to attain alignment with the New York and Pennsylvania Prevention Agenda and Healthy People 2030 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 Robert Packer Hospital understands the critical need to identify and prioritize the health needs of the community. Guthrie Robert Packer 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.

Within the New York counties of the Guthrie Robert Packer Hospital service area, Tioga County is meeting the majority of the New York State objectives for indicators related to improving health status and reducing health disparities (excluding the percentage of adults with health insurance, which is lower than the state objective of 97%). Conversely, Chemung County is meeting less of the state objectives in this category than Tioga County indicating this county is “less healthy.” But in Chemung County, the percentage of adults who have a regular healthcare provider is above the state objective as is the rate of potentially preventable hospitalizations among adults and the difference of percentages of premature deaths between Black and White non-Hispanics.

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

Improve Health Status & Reduce Health Disparities			
Indicator	Chemung County (NY)	Tioga County (NY)	NY State Objective
% of Deaths That Are Premature <i>(before age 65 years)</i>	24.7% ↓	20.8% ↑	22.8%
Premature Deaths, Difference in % Between Black Non-Hispanics & White Non-Hispanics <i>(before age 65 years)</i>	14.5% ↑	20.7% ↑	17.3%
Premature Deaths, Difference in % Between Hispanics & White Non-Hispanics <i>(before age 65 years)</i>	35.6% ↓	4.0 ↑	16.2%
Potentially Preventable Hospitalizations Among Adults <i>(age-adjusted rate per 10,000)</i>	112.0 ↑	49.0 ↑	115.0
Potentially Preventable Hospitalizations Among Adults, Difference in Rates Between Black Non-Hispanics & White Non-Hispanics <i>(age-adjusted rate per 10,000)</i>	139.3 ↓	-	94.0
Potentially Preventable Hospitalizations Among Adults, Difference in Rates Between Hispanics & White Non-Hispanics <i>(age-adjusted rate per 10,000)</i>	30.5 ↓	-	23.9
% of Adults with Health Insurance <i>(aged 18-64 years)</i>	94.3% ↓	95.1% ↓	97.0%
Adults Who Have a Regular Healthcare Provider <i>(age-adjusted %)</i>	89.5% ↑	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.

Chemung and Tioga Counties in New York are meeting less than half of the state objectives for indicators related to preventing chronic diseases. Namely, these counties are seeing higher rates of obesity among children and adults and in turn, lower rates of physical activity. Cigarette smoking is also significantly more prevalent in these two counties, especially among low-income adults. Fewer adults are managing their diabetes and high blood pressure with routine testing and medications. However, there are higher rates of colorectal screening occurring in these two counties.

Table D7. Prevent Chronic Diseases - New York State Prevention Agenda Indicators for Guthrie Robert Packer Hospital Service Area

Prevent Chronic Diseases			
Indicator	Chemung County (NY)	Tioga County (NY)	NY State Objective
% of Children with Obesity (aged 2-4 years participating in the WIC program)	13.2% ↓	16.9% ↓	13.0%
% of Children & Adolescents with Obesity (New York State outside New York City)	25.4% ↓	23.3% ↓	16.4%
% of Adults with Obesity	33.8% ↓	37.2% ↓	24.2%
% of Adults with an Annual Household Income <\$25,000 with Obesity	31.2% ↓	49.0% ↓	29.0%
% of Adults with an Annual Household Income <\$25,000 who Consume 1+ Sugary Drinks/Day	25.5% ↑	-	28.5%
% of Adults with an Annual Household Income <\$25,000 with Perceived Food Security	50.3% ↓	-	61.4%
% of Adults Who Participate in Leisure-Time Physical Activity	73.4% ↓	79.3% ↑	77.4%
% of Adults with Disabilities Who Participate in Leisure-Time Physical Activity	60.1% ↓	63.8% ↑	61.8%

% of Adults Who Participate in Leisure-Time Physical Activity <i>(Aged 65+ Years)</i>	62.9% ↓	76.0% ↑	75.9%
Prevalence of Cigarette Smoking Among Adults	24.0% ↓	21.5% ↓	11.0%
% Of Adults Who Smoke Cigarettes Among Adults with Income <\$25,000	38.1% ↓	21.6% ↓	15.3%
% Of Adults Who Receive Colorectal Cancer Screening Based on the Most Recent Guidelines <i>(Aged 50-64 Years)</i>	70.8% ↑	79.0% ↑	66.3%
% of Adults Who Had a Test for High Blood Sugar or Diabetes Within the Past 3 Years <i>(Aged 45+ Years)</i>	66.9% ↓	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 <i>(Aged 45+ Years)</i>	-	-	67.4%
Asthma Emergency Department Visits <i>(Rate per 10,000, Aged 0-17 Years)</i>	42.4 ↑	32.2 ↑	131.1
% Of Medicaid Managed Care Members with Persistent Asthma Having an Asthma Medication Ratio Of 0.50 Or Greater <i>(Aged 5-18)</i>	76.6% ↑	-	69.0%
% Of Adults with Hypertension Who Are Currently Taking Medicine to Manage Their High Blood Pressure	78.4% ↓	74.5% ↓	80.7%
% Of Adults with Chronic Conditions Who Have Taken a Course or Class to Learn How to Manage Their Condition <i>(Arthritis, Asthma, CVD, Diabetes, CKD, Cancer)</i>	9.1% ↓	5.8% ↓	10.6%
<i>Data Sources: NYS Prevention Agenda, 2024</i> NOTE: County indicators that are above the state objective are displayed with a GREEN UP ARROW while county objectives that are below the state objective are displayed with a RED DOWN ARROW . County indicators that are at the state objective are displayed with no arrow.			

The physical environment of Chemung and Tioga Counties in New York can be considered safer than the state objective as there are fewer hospitalizations due to falls among adults aged 65 years and older. There are also fewer assault-related and firearm-related hospitalizations here. Much of the population in these two counties are living in a certified climate smart community, but there are fewer cooling towers and more people driving themselves to work rather than using alternate modes of transportation.

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

Promote a Healthy & Safe Environment			
Indicator	Chemung County (NY)	Tioga County (NY)	NY State Objective
Hospitalizations Due to Falls Among Adults (Rate per 10,000 population, aged 65+ years)	168.7 ↑	91.5 ↑	173.7
Assault-Related Hospitalizations (Rate per 10,000 population)	1.8 ↑	-	3.0
Assault-Related Hospitalizations (Ratio of rates between Black Non-Hispanics & White Non-Hispanics)	-	-	5.5
Assault-Related Hospitalizations (Ratio of Rates between Hispanics & White Non-Hispanics)	0.0 ↑	-	2.5
Assault-Related Hospitalizations (Ratio of rates between low-income & Non-low-income ZIP Codes)	-	-	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 & White Non-Hispanics)	2.24 ↓	-	1.30
Crash-Related Pedestrian Fatalities (Rate per 100,000 population)	0.0 ↑	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.)	17.5% ↓	16.8% ↓	47.9%

% of Registered Cooling Towers in Compliance with 10 NYCRR Subpart 4-1	57.9% ↓	58.8% ↓	93.0%
<i>Data Sources: NYS Prevention Agenda, 2024</i> NOTE: County indicators that are above the state objective are displayed with a GREEN UP ARROW while county objectives that are below the state objective are displayed with a RED DOWN ARROW . County indicators that are at the state objective are displayed with no arrow.			

Maternal and child health in Chemung County, New York is considered worse than the state objective as this county has higher maternal and infant mortality rates with a higher percentage of pre-term births and more newborns with neonatal withdrawal syndrome (affected by maternal use of opioids or other substances during pregnancy). Conversely, Tioga County is meeting most of the state objectives for promoting healthy women, infants, and children.

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

Promote Healthy Women, Infants, & Children			
Indicator	Chemung County (NY)	Tioga County (NY)	NY State Objective
% of Women with a Preventive Medical Visit in The Past Year <i>(Aged 18-44 Years)</i>	-	-	80.6%
% of Women with a Preventive Medical Visit in the Past Year <i>(Aged 45+ Years)</i>	87.4% ↑	88.5% ↑	85.0%
% of Women Who Report Ever Talking with a Healthcare Provider About Ways to Prepare for a Healthy Pregnancy <i>(Aged 18-44 Years)</i>	-	-	38.1%
Maternal Mortality <i>(Rate per 100,000 Live Births)</i>	41.2 ↓	0.0 ↑	16.0
Infant Mortality <i>(Rate per 1,000 Live Births)</i>	5.0 ↓	2.0 ↑	4.0
% of Births That Are Preterm	10.4% ↓	7.6% ↑	8.3%
Newborns with Neonatal Withdrawal Syndrome &/or Affected by Maternal Use of Opioid or Other Substance <i>(Crude Rate per 1,000 Newborn Discharges)</i>	11.2 ↓	-	9.1

% of Infants Who Are Exclusively Breastfed in the Hospital Among All Infants	65.3% ↑	62.1% ↑	51.7%
% of Infants Who Are Exclusively Breastfed in the Hospital Among Hispanic Infants	-	-	37.4%
% of Infants Who Are Exclusively Breastfed in the Hospital Among Black Non-Hispanic Infants	-	-	38.4%
% of Infants Supplemented with Formula in the Hospital Among Breastfed Infants	18.8% ↑	23.5% ↑	41.9%
% of WIC-Enrolled Infants Who Are Breastfed At 6 Months	20.4% ↓	-	45.5%
Suicide Mortality Among Youth (Rate per 100,000, aged 15-19 Years)	6.6 ↓	11.5 ↓	4.7
% of Families Participating in Early Intervention Program Who Meet NY State Standard on NY Impact on Family Scale	93.2% ↑	100.0% ↑	73.9%
% of Residents Served by Community Water Systems That Have Optimally Fluoridated Water	85.3% ↑	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.			

Chemung and Tioga Counties in New York are seeing more frequent mental health issues than the state objective, including higher binge drinking rates, more opioid overdoses in emergency departments, higher suicide rates, and more child abuse and maltreatment.

Table D10. Promote Well-Being & Prevent Mental & Substance Use Disorders - New York State Prevention Agenda Indicators for Guthrie Robert Packer Hospital Service Area

Promote Well-Being & Prevent Mental & Substance Use Disorders			
Indicator	Chemung County (NY)	Tioga County (NY)	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 & Community). In each dimension, the	50.5% ↓	55.8% ↓	59.2%

rescaled values for indicators are averaged to create dimension-level Opportunity Scores, also ranging from 1-100. Because data for some indicators are not available at the county level, the county Opportunity Index is made up of 17 indicators. As with states, indicators in each dimension are averaged to create dimension-level Opportunity Scores ranging from 0-100.)			
Frequent Mental Distress During the Past Month Among Adults (Age-adjusted percentage)	23.5 ↓	13.4% ↓	10.7
Economy Score (The Economy Score is compiled from 5 data points: income inequality, access to banking services, affordable housing, & broadband internet subscription.)	58.9% ↑	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 & incarceration.)	44.3% ↓	43.0% ↓	61.3%
Binge Drinking During the Past Month Among Adults (Age-adjusted %)	20.8% ↓	18.8% ↓	16.4%
Overdose Deaths Involving Any Opioids (Age-adjusted rate per 100,000 population)	40.9 ↓	11.2 ↑	14.3
Patients Who Received At Least One Buprenorphine Prescription for Opioid Use Disorder (Age-adjusted rate per 100,000 population)	1090.6 ↑	578.3 ↑	415.6
Opioid Analgesic Prescription (Age-adjusted rate per 100,000 population)	393.4 ↓	287.7 ↑	350.0
Emergency Department Visits (Including Outpatients & Admitted Patients) Involving Any Opioid Overdose (Age-adjusted rate per 100,000 population)	100.1 ↓	23.0 ↑	53.3
% of Adults Who Have Experienced 2+ Adverse Childhood Experiences (ACEs)	40.9% ↓	59.3% ↓	33.8%
Indicated Reports of Abuse/Maltreatment (Rate per 1,000 children, aged 0-17 years)	44.5 ↓	24.3 ↓	15.6
Suicide Mortality (Age-adjusted rate per 100,000 population)	17.5 ↓	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.			

Chemung and Tioga Counties within New York state have better communicable disease rates than the state objectives. However, the counties do have, on average, lower vaccination rates among children and adolescents.

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

Prevent Communicable Diseases			
Indicator	Chemung County (NY)	Tioga County (NY)	NY State Objective
% of 24-35-month-old Children with the 4:3:1:3:3:1:4 Immunization Series	76.0% ↑	64.5% ↓	70.5%
% of 13-year-old Adolescents with a Complete HPV Vaccine Series	28.2% ↓	19.9% ↓	37.4%
Newly Diagnosed HIV Cases (rate per 100,000)	3.6 ↑	2.8 ↑	5.2
Gonorrhea Diagnoses (age-adjusted rate per 100,000 population)	365.2 ↓	82.7 ↑	242.6
Chlamydia Diagnoses (age-adjusted rate per 100,000 population)	643.2 ↑	276.8 ↑	676.9
Early Syphilis Diagnoses (age-adjusted rate per 100,000 population)	32.1 ↑	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.			

The Guthrie Robert Packer Hospital service area has higher mortality rates due to cancer than the federal goal, especially for lung cancer. There are fewer deaths due to prostate cancer, though.

Table D12. Healthy People 2030 – Cancer Measures for Guthrie Robert Packer Hospital Service Area

Cancer								
Measures	Chemung County (NY)	Tioga County (NY)	Bradford County (PA)	Sullivan County (PA)	Tioga County (PA)	NY State	PA State	Goal
Age-adjusted cancer death rate per 100,000	179.6 ↓	141.8 ↓	155.6 ↓	184.2 ↓	161.7 ↓	127.7 ↓	157.8 ↓	122.7
Age-adjusted lung cancer death rate per 100,000	48.2 ↓	33.3 ↓	35.2 ↓	50.8 ↓	40.3 ↓	26.9 ↓	37.3 ↓	25.1
Age-adjusted female breast cancer death rate per 100,000 females	20.6 ↓	22.3 ↓	20.5 ↓	-	15.4 ↓	17.2 ↓	20.4 ↓	15.3
Age-adjusted colorectal cancer death rate per 100,000	9.5 ↓	9.3 ↓	14.3 ↓	-	15.7 ↓	9.3 ↓	13.8 ↓	8.9
Age-adjusted prostate cancer death rate per 100,000 males	18.2 ↓	10.9 ↑	14.1 ↑	-	14.5 ↑	15.6 ↑	18.4 ↓	16.9
Data Source: Healthy People 2030 NOTE: County and state measures that are above the national goal are displayed with a GREEN UP ARROW while county and state measures that are below the national goal are displayed with a RED DOWN ARROW . County and state measures that are at the national goal are displayed with no arrow.								

The Guthrie Robert Packer Hospital service area, on average, is meeting the federal goal for teenage pregnancies.

Table D13. Healthy People 2030 – Family Planning Measures for Guthrie Robert Packer Hospital Service Area

Family Planning								
Measure	Chemung County (NY)	Tioga County (NY)	Bradford County (PA)	Sullivan County (PA)	Tioga County (PA)	NY State	PA State	Goal
Reported pregnancy rate per 1,000 females aged 15 to 19	32.6 ↓	26.4 ↑	26.8 ↑	29.0 ↑	21.1 ↑	19.3 ↑	20.1 ↑	31.4
Data Source: Healthy People 2030 NOTE: County and state measures that are above the national goal are displayed with a GREEN UP ARROW while county and state measures that are below the national goal are displayed with a RED DOWN ARROW . County and state measures that are at the national goal are displayed with no arrow.								

The Guthrie Robert Packer Hospital service area has a significantly higher mortality rate due to coronary heart disease, but is meeting the federal goal for stroke mortality, on average.

Table D14. Healthy People 2030 – Heart Disease & Stroke Measures for Guthrie Robert Packer Hospital Service Area

Heart Disease & Stroke								
Measures	Chemung County (NY)	Tioga County (NY)	Bradford County (PA)	Sullivan County (PA)	Tioga County (PA)	NY State	PA State	Goal
Age-adjusted coronary heart disease death rate per 100,000	151.0 ↓	117.1 ↓	82.4 ↓	101.4 ↓	89.8 ↓	131.6 ↓	106.2 ↓	71.1
Age-adjusted stroke death rate per 100,000	36.5 ↓	31.6 ↑	26.7 ↑	25.3 ↑	29.5 ↑	25.1 ↑	36.3 ↓	33.4
Data Source: Healthy People 2030 NOTE: County and state measures that are above the national goal are displayed with a GREEN UP ARROW while county and state measures that are below the national goal are displayed with a RED DOWN ARROW . County and state measures that are at the national goal are displayed with no arrow.								

The Guthrie Robert Packer Hospital service area is facing higher rates of injuries and violence than the federal goals, including higher unintentional injury mortalities, higher vehicle crash-related mortalities, and higher incidences of child abuse and maltreatment.

Table D15. Healthy People 2030 – Injury & Violence Prevention Measures for Guthrie Robert Packer Hospital Service Area

Injury & Violence Prevention								
Measures	Chemung County (NY)	Tioga County (NY)	Bradford County (PA)	Sullivan County (PA)	Tioga County (PA)	NY State	PA State	Goal
Age-adjusted unintentional injury death rate per 100,000	72.5 ↓	48.2 ↓	60.3 ↓	51.7 ↓	56.1 ↓	50.0 ↓	64.4 ↓	43.2
Age-adjusted motor vehicle crash-related death rate per 100,000	11.7 ↓	16.0 ↓	19.8 ↓	32.6 ↓	13.9 ↓	6.5 ↑	9.0 ↑	10.1
Age-adjusted homicide rate per 100,000	5.2 ↑	1.3 ↑	-	-	-	4.5 ↑	6.7 ↓	5.5
Age-adjusted firearm-related death rate per 100,000	-	-	10.3 ↑	-	12.3 ↓	4.7 ↑	12.4 ↓	10.7
Nonfatal child abuse and neglect report rate per 1,000 under 18 years	44.5 ↓	24.3 ↓	15.8 ↓	20.8 ↓	25.0 ↓	12.4 ↓	12.4 ↓	8.7
Age-adjusted death rate for drug overdoses involving any opioid per 100,000	22.0 ↓	10.3 ↑	-	-	-	29.5 ↓	24.3 ↓	13.1
<p>Data Source: Healthy People 2030</p> <p>NOTE: County and state measures that are above the national goal are displayed with a GREEN UP ARROW while county and state measures that are below the national goal are displayed with a RED DOWN ARROW. County and state measures that are at the national goal are displayed with no arrow.</p>								

The Guthrie Robert Packer Hospital service area is meeting some of the federal goals related to maternal, infant, and child health, including a slightly lower infant mortality rate and child and adolescent mortality rate (excluding Tioga County, PA) and a slightly lower pre-term birth rate overall. However, the percentage of females who receive adequate prenatal care is lower than the federal goal in the Pennsylvania Counties, which are also seeing higher rates of women smoking during pregnancy and higher obesity rates among women.

Table D16. Healthy People 2030 – Maternal, Infant, & Child Health Measures for Guthrie Robert Packer Hospital Service Area

Maternal, Infant, & Child Health								
Measures	Chemung County (NY)	Tioga County (NY)	Bradford County (PA)	Sullivan County (PA)	Tioga County (PA)	NY State	PA State	Goal
Fetal mortality rate per 1,000 live births and non-induced fetal deaths of 20+ weeks gestation	5.6 ↑	8.6 ↓	6.4 ↓	-	-	4.6 ↑	5.7	5.7
Infant mortality rate per 1,000 live births	6.1 ↓	2.2 ↑	4.9 ↑	-	6.4 ↓	4.2 ↑	5.9 ↓	5.0
Child and adolescent death rate per 100,000 aged 1 to 19	17.8 ↑	17.6 ↑	18.1 ↑	-	30.9 ↓	21.0 ↓	24.0 ↓	18.4
Percent of low-risk, no prior birth females giving birth by cesarean	23.9% ↓	26.6% ↓	21.9% ↑	-	25.9% ↓	29.5% ↓	26.7% ↓	23.6%
Percent of live births which are preterm (less than 37 weeks gestation)	9.6% ↓	8.7% ↑	9.2% ↑	9.9% ↓	9.3% ↑	9.6% ↓	9.7% ↓	9.4%

Percent of pregnant females who received early and adequate prenatal care	82.2% ↑	83.4% ↑	68.7% ↓	60.9% ↓	80.5%	78.8% ↓	71.5% ↓	80.5%
Percent of females giving birth who did not smoke during pregnancy	-	-	82.3% ↓	81.0% ↓	80.9% ↓	79.6% ↓	89.7% ↓	95.7%
Percent of females delivering a live birth who had a healthy weight prior to pregnancy	-	-	38.5% ↓	43.5% ↓	31.3% ↓	42.1% ↓	40.4% ↓	47.1%
<i>Data Source: Healthy People 2030</i> NOTE: County and state measures that are above the national goal are displayed with a GREEN UP ARROW while county and state measures that are below the national goal are displayed with a RED DOWN ARROW . County and state measures that are at the national goal are displayed with no arrow.								

The Guthrie Robert Packer Hospital service area is not meeting the federal goal for suicides, which is especially high in Bradford and Tioga Counties in Pennsylvania.

Table D17. Healthy People 2030 – Mental Health & Mental Disorders Measures for Guthrie Robert Packer Hospital Service Area

Mental Health & Mental Disorders								
Measures	Chemung County (NY)	Tioga County (NY)	Bradford County (PA)	Sullivan County (PA)	Tioga County (PA)	NY State	PA State	Goal
Age-adjusted suicide rate per 100,000	16.9 ↓	8.5 ↑	19.5 ↓	-	19.0 ↓	8.4 ↑	14.2 ↓	12.8
<i>Data Source: Healthy People 2030</i> NOTE: County and state measures that are above the national goal are displayed with a GREEN UP ARROW while county and state measures that are below the national goal are displayed with a RED DOWN ARROW . County and state measures that are at the national goal are displayed with no arrow.								

Oral and pharyngeal cancers are being detected earlier within the Guthrie Robert Packer Hospital service area.

Table D18. Healthy People 2030 – Oral Health Measures for Guthrie Robert Packer Hospital Service Area

Oral Health								
Measures	Chemung County (NY)	Tioga County (NY)	Bradford County (PA)	Sullivan County (PA)	Tioga County (PA)	NY State	PA State	Goal
Percent of oral and pharyngeal cancers detected at the local stage	-	-	40.0% ↑	-	48.7% ↑	29.5% ↓	32.0% ↓	34.2%
Data Source: Healthy People 2030 NOTE: County and state measures that are above the national goal are displayed with a GREEN UP ARROW while county and state measures that are below the national goal are displayed with a RED DOWN ARROW . County and state measures that are at the national goal are displayed with no arrow.								

On average, the Guthrie Robert Packer Hospital service area is meeting the federal goals for substance use measures. However, there are higher incidences of alcohol use in Chemung and Tioga Counties in New York as well as higher incidences of drug use in Chemung County, NY and Bradford County, PA.

Table D19. Healthy People 2030 – Substance Use Measures for Guthrie Robert Packer Hospital Service Area

Substance Use								
Measures	Chemung County (NY)	Tioga County (NY)	Bradford County (PA)	Sullivan County (PA)	Tioga County (PA)	NY State	PA State	Goal
Age-adjusted cirrhosis death rate per 100,000	16.6 ↓	11.1 ↓	7.7 ↑	-	4.3 ↑	8.1 ↑	8.6 ↑	10.9
Age-adjusted drug overdose death rate per 100,000	22.0 ↓	10.3 ↑	22.8 ↓	-	20.1 ↑	21.8 ↓	35.8 ↓	20.7
Data Source: Healthy People 2030 NOTE: County and state measures that are above the national goal are displayed with a GREEN UP ARROW while county and state measures that are below the national goal are displayed with a RED DOWN ARROW . County and state measures that are at the national goal are displayed with no arrow.								

The Guthrie Robert Packer Hospital service area sees a higher amount of cigarette smoking and is not currently reaching federal goals related to tobacco use.

Table D20. Healthy People 2030 – Tobacco Use Measures for Guthrie Robert Packer Hospital Service Area

Tobacco Use								
Measures	Chemung County (NY)	Tioga County (NY)	Bradford County (PA)	Sullivan County (PA)	Tioga County (PA)	NY State	PA State	Goal
Percent of females who reported smoking in the first or second trimester that quit smoking by their third trimester	20.6% ↓	20.6% ↓	14.1% ↓	-	-	20.6% ↓	19.2% ↓	24.4%
Data Source: Healthy People 2030 NOTE: County and state measures that are above the national goal are displayed with a GREEN UP ARROW while county and state measures that are below the national goal are displayed with a RED DOWN ARROW . County and state measures that are at the national goal are displayed with no arrow.								

Appendix E: Healthcare Facilities and Community Resources

As part of the CHNA process, Guthrie Robert Packer Hospital has identified and cataloged resources which are available in the Greater Sayre 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/Address
Mental Health Problems	A Better Today	570.265.6700	A Better Today - Towanda, PA Rehab.com
Heart Disease and Stroke	Bradford County Human Services	570.265.1760	Human Services Bradford County, PA
Heart Disease and Stroke	Bradford County Parks and Recreation		Parks Bradford County, PA
Heart Disease and Stroke	Bradford County, PA Food Assistance and Pantries	Website source only	Find Food Assistance in Bradford County, PA: A Comprehensive Directory of Food Pantries
Mental Health Problems	Bradford Sullivan Mental Health	570.265.1760	bradfordcountypa.org
Heart Disease and Stroke	Bradford/Sullivan/Susquehanna/Tioga/ Area Agency on Aging	570.265.6121	Contact B/S/S/T Area Agency on Aging, Inc.
Mental Health Problems	Crossroads Counseling, Inc.	570.948.9111	http://crossroadscounselinginc.com/
Mental Health Problems	Harbor Counseling	570.724.5272	https://www.harbor-counseling.org/
Mental Health Problems	Inner Compass, LLC	570.723.1005	Not available
Mental Health Problems	Northern Tier Counseling	Corporate Office: 570.265.0100	Substance Abuse Addiction Counseling Towanda, PA

Mental Health Problems / Heart Disease and Stroke	PA 211	855.567.5341	PA 211 - Get Connected. Get Help.
Mental Health Problems	Rehab Centers Bradford County, PA	855.304.5885	Inpatient Rehab Centers in Bradford County, PA Inpatient-Centers.org
Heart Disease and Stroke	Sayre Public Library	570.888.2256	Sayre Public Library
Mental Health Problems	The Main Link	570.265.0620	https://themainlink.net 17 Pine St. Towanda, PA 18848
Heart Disease and Stroke	Tioga County Branch YMCA	570.662.2999	Tioga County Branch River Valley Regional YMCA
Heart Disease and Stroke	Tioga Partnership for Community Health	570.723.0520	Tioga County Partnership for Community Health Resource Directory

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

- Detailed summary of activities in CHIP for Guthrie Robert Packer hospital.