



Community Health Needs Assessment

2025-2028



GUTHRIE
Troy Community 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 Troy Community Hospital 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 Troy Community Hospital's in a 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 Troy Community Hospital

Hospital address: 275 Guthrie Drive, Troy, Pa 16947

Hospital website: [Guthrie Troy Community Hospital | Guthrie](#)

Hospital phone number: (570) 297-2121

Hospital EIN/Tax ID: 240800337

The 2025 Community Health Needs Assessment report was approved by the Board of Directors of Guthrie Troy Community Hospital on June 25, 2025 (2024 tax year), and applies to the following three-year cycle: June 2025 to June 2028. This report, as well as the previous report can be found on the Guthrie Clinic website.

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



Table of Contents



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

Process and Methods Used	16
Collaborators and/or Consultants	17
Data Collection Methodology	18
Summary of Community Input	18
On-Line Survey	18
Key-Stakeholder Interviews	22
Community Focus Groups	23
Summary of Secondary Data	24
Community Input on Previous CHNA and Implementation Strategy	25
Data Limitations and Information Gaps	25
Community Needs	26
Identified Needs	26
Significant Needs	27
Prioritized Needs	32
Summary of Impact from Previous CHNA Implementation Strategy ..	35
Approval by Guthrie Troy Community Hospital’s Board of Directors	36
Conclusion	37
Appendices	38
<i>Table of Contents</i>	38
Appendix A: Definitions and Terms	39
Appendix B: Community Demographic and Data Sources	42
<i>Population by Sex</i>	42
<i>Population by Age</i>	42
<i>Race & Ethnicity</i>	44
<i>Income Levels</i>	45
<i>Educational Attainment</i>	46
<i>Health Insurance Coverage</i>	47
<i>Disability Status</i>	47
<i>Socioeconomic Characteristics</i>	48
Appendix C: Community Input and Sources	49

<i>Online Survey Findings & Results</i>	49
<i>In-Depth Interview Findings & Results</i>	65
<i>Focus Group Findings & Results</i>	78
Appendix D: Secondary Data and Sources Part I – County Health Rankings and Roadmaps	82
<i>Population Health & Well-being</i>	82
<i>Community Conditions</i>	84
Appendix D: Secondary Data and Sources Part II – New York State Prevention Agenda and Healthy People 2030	90
Appendix E: Healthcare Facilities and Community Resources	97
Appendix F: Evaluation of Impact from the Previous CHNA Implementation Strategy	99

Acknowledgements

This three-year comprehensive Community Health Needs Assessment (CHNA) reflects the collaborative partnership process between Guthrie Troy Community Hospital, key community organizations and residents. The CHNA demonstrates Guthrie Troy Community 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 Troy Community 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 Troy Community Hospital service area, encompassing Bradford County within the state of Pennsylvania, will be referenced as the Greater Troy Region throughout the body of this report. (e.g.: people living in Bradford County, PA will be referred to as residents of the Greater Troy Region).

Executive Summary

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

Purpose of CHNA

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

Community Served

The Guthrie Clinic is an integrated health system 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 Troy Community Hospital is one of the Guthrie Clinic's health systems serving the Greater Troy Region and surrounding areas. Guthrie Troy Community Hospital has defined its community served as Bradford County, PA for the 2025-2028 CHNA. The Greater Troy Region encompassing this previously named county was selected as Guthrie Troy Community 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

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

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, 327 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 Troy Community 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 Troy Community Hospital CHNA for 2025-2028.

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

Guthrie Troy Community 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

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

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 Troy Community Hospital's mission, vision, values, and strategic plan for the 2025-2028 CHNA cycle.

Guthrie Troy Community 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 Troy Region. The significant needs identified are as follows:

- Cancers
- Heart disease and stroke

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

About Guthrie

The 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 Troy Community 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.

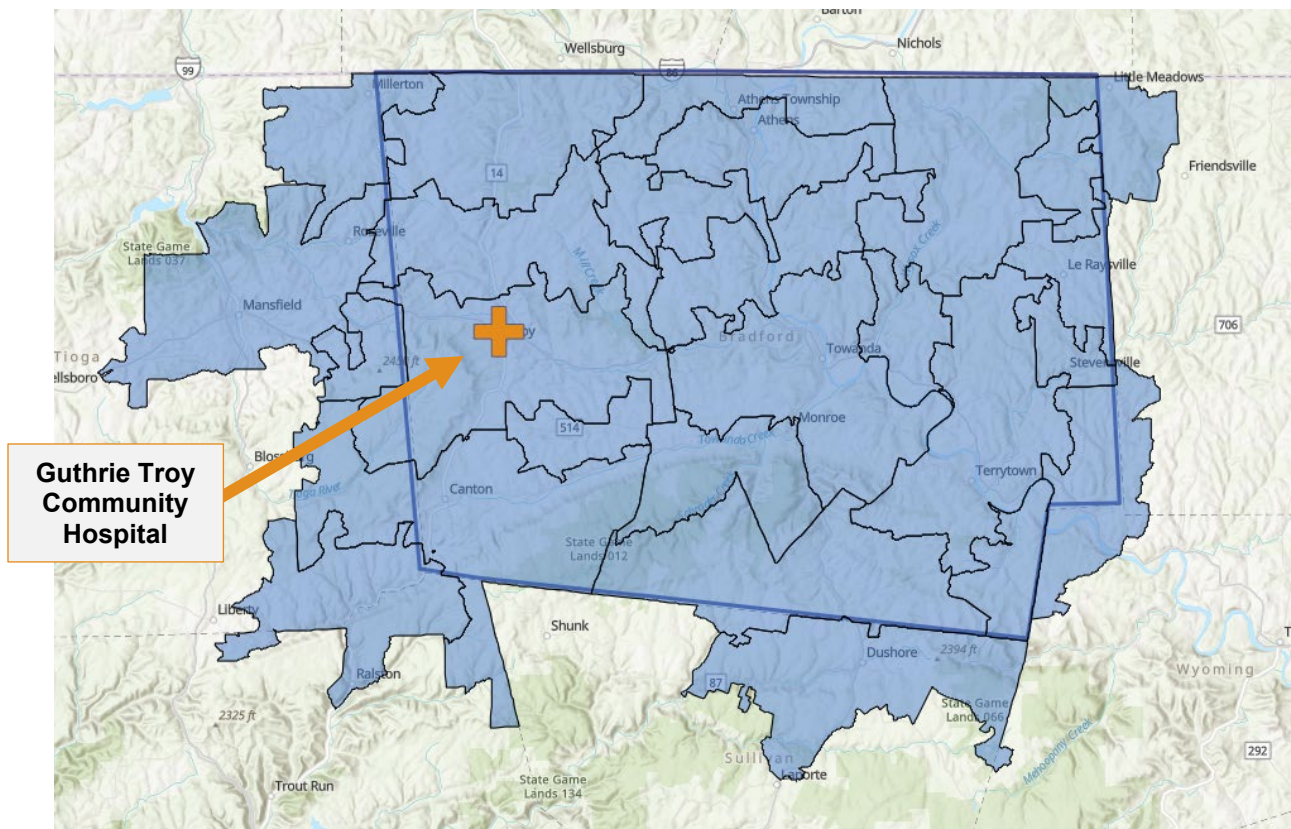
Community Served

For the purpose of the 2025 CHNA, Guthrie Troy Community Hospital has defined its community served as Bradford County, Pennsylvania. Although Guthrie Troy Community Hospital serves the Greater Troy 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 Troy Community Hospital service area. The Guthrie Troy Community Hospital location is depicted as an orange plus sign on the map on the next page.

Bradford County comprises over 1,100 square miles of land area, but it is the 2nd largest county in the state of Pennsylvania (by land area in square miles). The Guthrie Troy Community Hospital service area is primarily rural and comprised of over 700 farms. Within the Greater Troy Region, there are no cities. There are just over 1,300 total employer establishments across the service area with the main industry being Educational services, Healthcare, and Social assistance followed by Manufacturing.

Figure 1. Map of Guthrie Troy Community Hospital Service Area



Demographic Data

Located in Northern Tier / Northeastern Region of Pennsylvania, the Guthrie Troy Community Hospital service area has a population of 59,971 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 Troy Region:

- 22.1% of the residents are 65 or older, compared to 20.0% in Pennsylvania.
 - The service area is slightly older than the state (43.7 median age for the service area, 40.2 median age for Pennsylvania).
- The Greater Troy Region is primarily White, Non-Hispanic.
 - 98.4% of residents are non-Hispanic while only 1.6% are Hispanic or Latino (any race).
 - 95.1% of residents are White; 0.6% are Asian; and 1.0% are Black or African American.
- The median household income is below the state's median income (\$62,482 for the service area; \$73,824 for Pennsylvania).
- The percentage of all ages of people in poverty was slightly less than the state (9.5% for the service area; 12.0% for Pennsylvania).

- The uninsured rate for the Greater Troy Region is slightly worse than the state (6.7% for the service area; 6.0% for Pennsylvania).

Table 1. Demographic Highlights of Community

Demographic Highlights		
Indicator	Guthrie Troy Community Hospital Service Area	Pennsylvania
Population		
% Living in rural communities	73.0%	23.5%
% Below 18 years of age	22.2%	20.3%
% 65 and older	22.1%	20.0%
% Hispanic	1.6%	8.9%
% Asian	0.6%	3.7%
% Non-Hispanic Black	1.0%	12.4%
% Non-Hispanic White	95.1%	73.5%
Median Age	43.7 years	40.2 years
Social and Community Context		
English Proficiency (<i>Proportion of community members that speak English "less than well"</i>)	0.4%	3.8%
Median Household Income	\$62,482	\$73,824
% of Children (< 18 years) in Poverty	17.7%	16.0%
% of Uninsured / no health insurance coverage	6.7%	6.0%
% of Educational Attainment (<i>% of adults ages 25 and over with a high school diploma or equivalent</i>)	91.1%	92.0%
% of Unemployment	3.1%	3.4%
% of Veterans	8.6%	5.9%
% of Population Living with a Disability	14.5%	14.7%

To view Community Demographic Data in its entirety, see Appendix B (page 42-48).

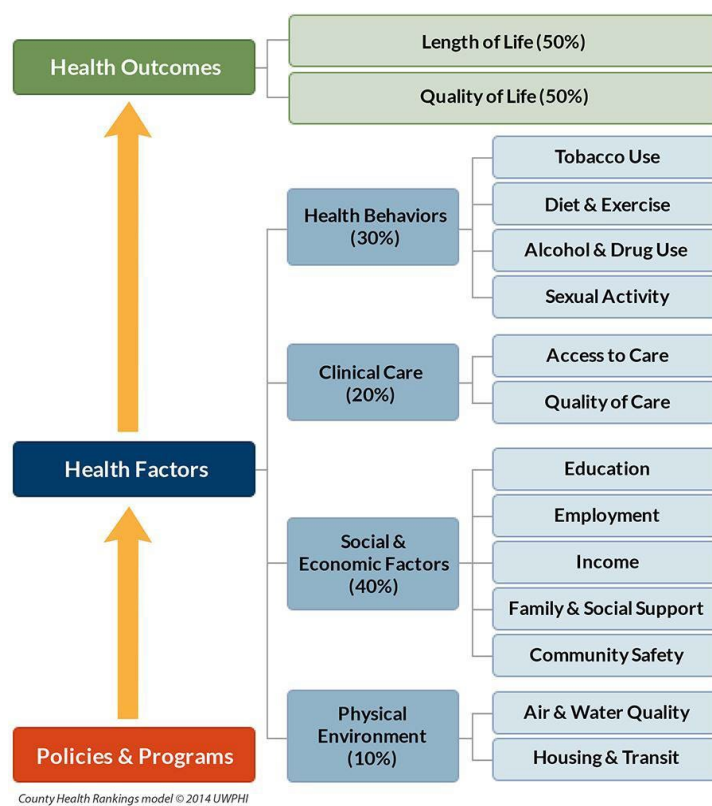
Process and Methods Used

The Guthrie Clinic is committed to using the national best-practices in conducting the CHNA. Health needs for the Greater Troy 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 Troy Community 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 Troy Community Hospital completed its 2025 CHNA in collaboration with the following key community stakeholders:

- Bradford County
Emergency Management
- Bradford/Sullivan County Drug & Alcohol
- Bradford/Sullivan County Early Intervention
- Fellowship Bible Church
- Highmark Insurance – Blue Cross Blue Shield of PA
- Hospital + Healthsystem Association of Pennsylvania
- Martha Lloyd Community Services
- North Central Regional Coalition
- Pierce Library
- Troy Area School District



"Guthrie has done a wonderful job bringing more services here in recent years."

Guthrie Troy Community Hospital understands that community collaboration is essential and integral to improving the health status of the residents of Bradford County. 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 Troy Region.

Data Collection Methodology

In collaboration and partnership with various community stakeholders Guthrie Troy Community Hospital gathered and analyzed primary and secondary data for the Greater Troy 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 Troy 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.

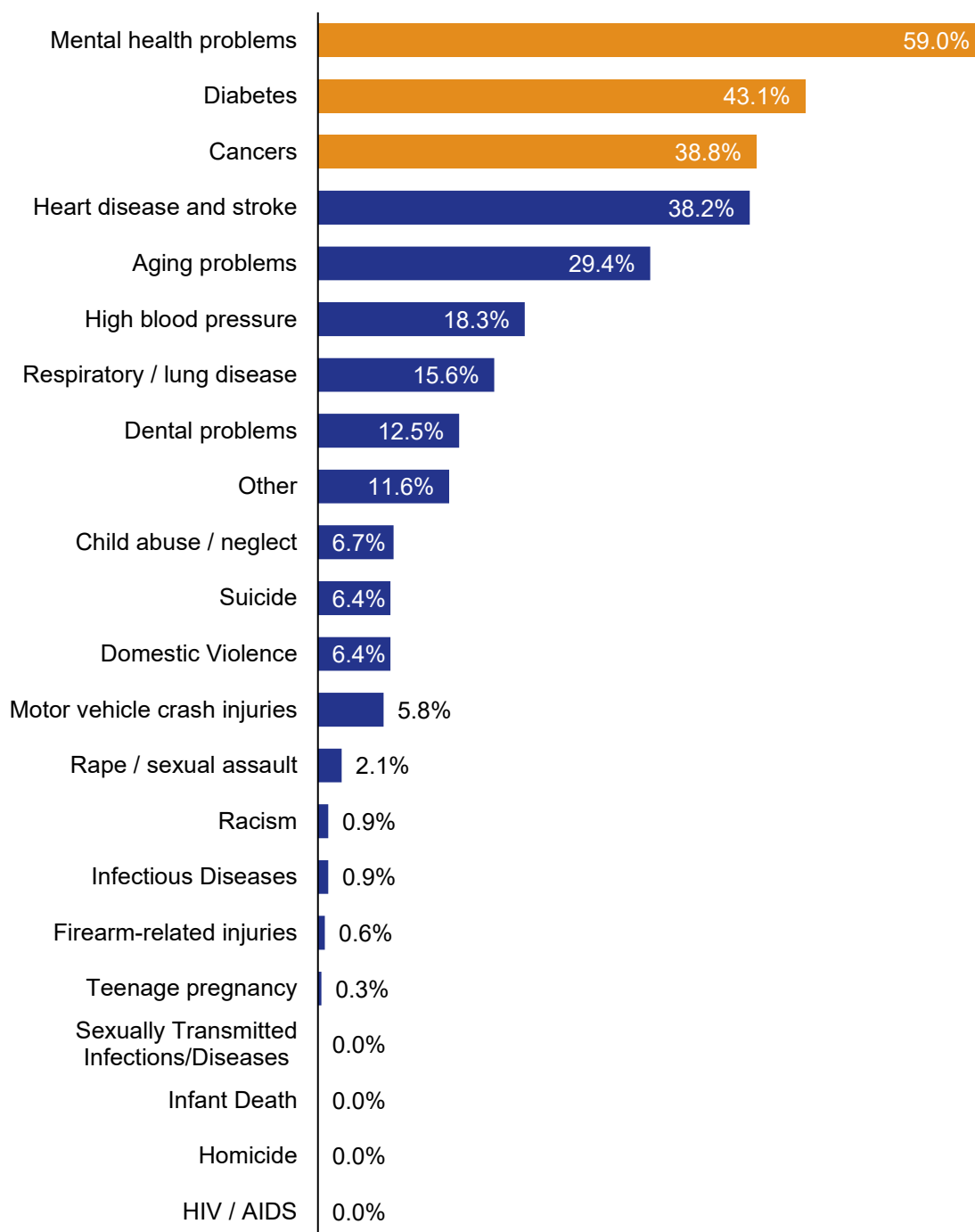
On-Line Survey

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 Troy Region. In total, 327 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 Troy Community 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 Troy Community 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

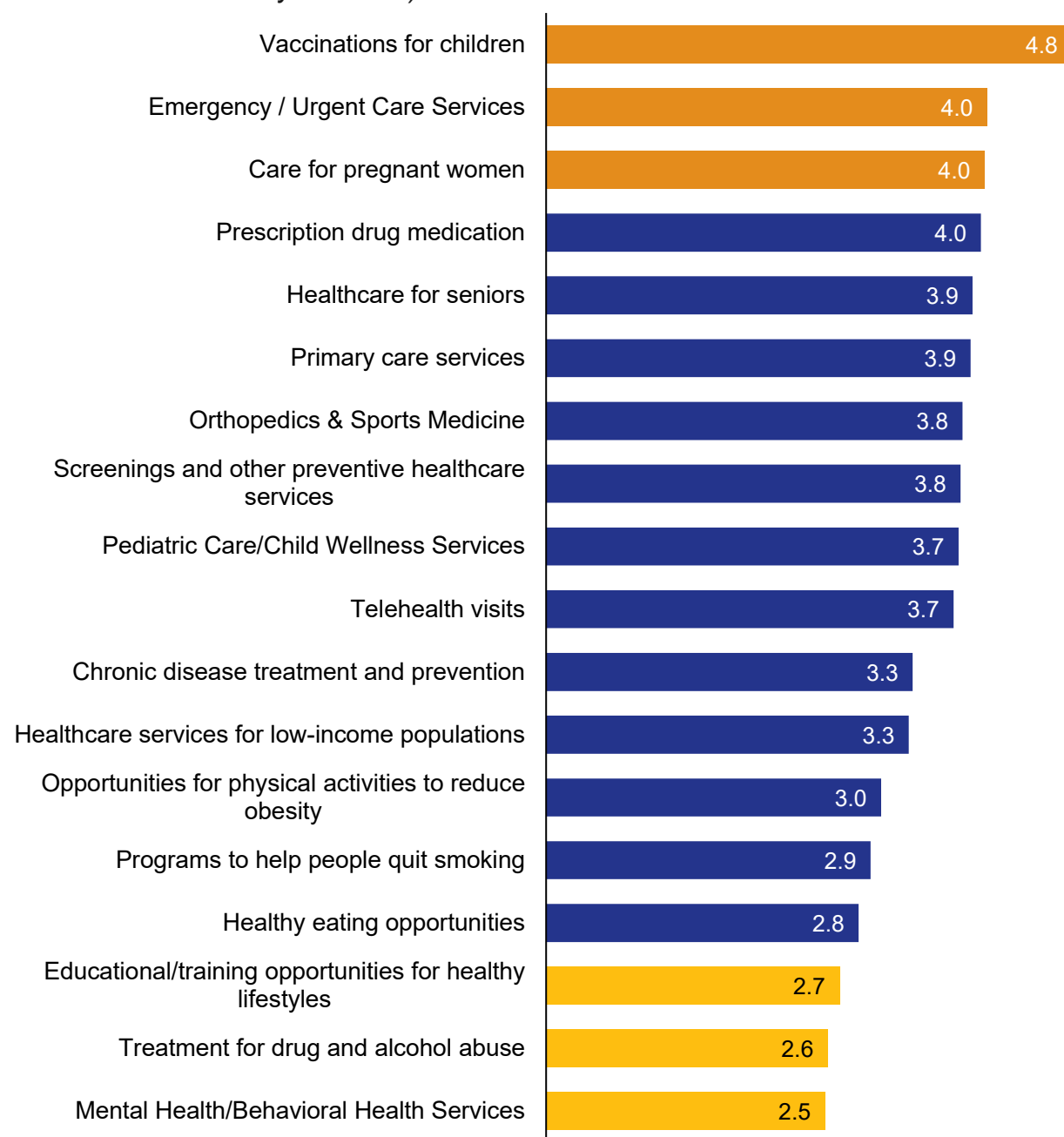
include: (1) Mental health problems, (2) Diabetes, (3), and Cancers. Other issues facing the Greater Troy Region include heart disease and stroke as well as aging problems (e.g., arthritis, hearing/vision loss, etc.).

Figure 2. Biggest Healthcare Issues Facing Guthrie Troy Community 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) Emergency / Urgent Care services, and (3) Care for pregnant women. The least available healthcare services in the Greater Troy 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 Troy Community 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 Troy 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 Troy Community Hospital Service Area (participants could select one option)

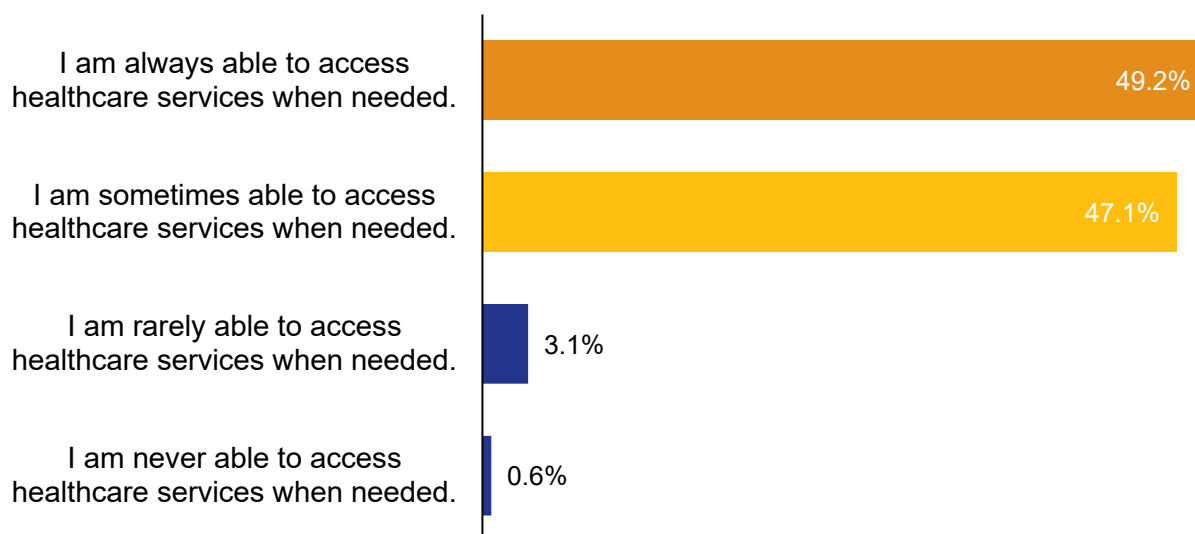
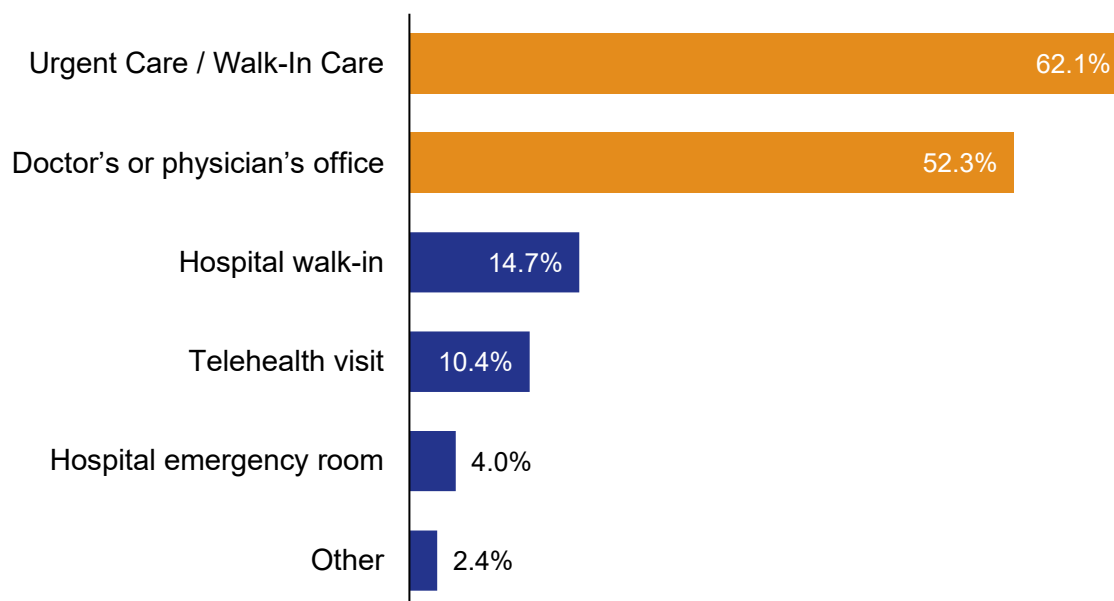


Figure 5. Where Residents of Guthrie Troy Community Hospital Service Area Go for Non-Emergent Medical Attention (participants could select all that apply)



To view primary data from the On-Line survey in its entirety, see Appendix C (pages 49-64).

Key-Stakeholder Interviews

A series of 10 one-on-one interviews were conducted by RMS Healthcare on behalf of Guthrie Troy Community Hospital to gather feedback from key stakeholders on the health needs and assets of the Greater Troy 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 Troy Community Hospital Service Area	Availability of Healthcare Services
<ul style="list-style-type: none"> ➤ Mean Overall Health Score of 3.3 / 5.0 (<i>where 5=very healthy</i>) ➤ The Greater Troy 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 ○ Neurology ○ 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 ➤ 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 ➤ Inability to take time off of work for healthcare needs ➤ 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 ○ 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 ○ Those struggling with mental health issues ○ Uninsured or under-insured
Ideas and Suggestions for Guthrie	
<ul style="list-style-type: none"> ➤ Implementing a mobile health unit that goes out into the community to overcome transportation barriers ➤ Improvements to Guthrie staff cultural awareness and sensitivity training ➤ Improve marketing to local communities about what Guthrie has to offer at Troy Community Hospital – work with community partners in this effort ➤ 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, healthy eating and nutrition, etc. ➤ 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 66-77).

Community Focus Groups

A series of two focus groups were conducted by RMS Healthcare on behalf of Guthrie Troy Community Hospital to gather feedback from the community on the health needs and assets of the Greater Troy Region. Twelve (12) individuals participated in the focus groups, held between March 27, 2025, and April 1, 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 3.7 / 5.0 (<i>where 5=very available</i>) ➤ Quality of healthcare available in the area is “good but lacking” and “depends on the service/department.” 	<ul style="list-style-type: none"> ➤ Mean Accessibility Score of 2.7 / 5.0 (<i>where 5=very accessible</i>) ➤ Many participants are happy that Guthrie is in this rural area, but feel the availability of healthcare services would improve if more providers came to the area.

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"> ○ Dental care ○ Dermatology ○ Mental health ○ Ophthalmology ○ Pediatrics ○ Urology ➤ Many participants leave the area for more highly specialized care. 	<ul style="list-style-type: none"> ➤ After-hours availability ➤ High out-of-pocket costs ➤ High turnover of providers / traveling and part-time providers ➤ Insurance acceptance ➤ Lack of Internet coverage and technology ➤ 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 access to providers by expanding hours, bringing on more providers, and offering more timely appointments ➤ Increasing mental and behavioral health services ➤ Reducing healthcare costs to prevent people from receiving care ➤ Increasing services for substance abuse ➤ Decreasing obesity in children and adults 	

To view primary data from the Focus Groups in its entirety, see Appendix C (pages 78-82).

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 Troy Community 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 D (pages 82-96).

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 Troy Community 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 Troy Region. This constraint limits the ability to fully assess all the community's needs.

For this assessment, three types of limitations were identified:

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

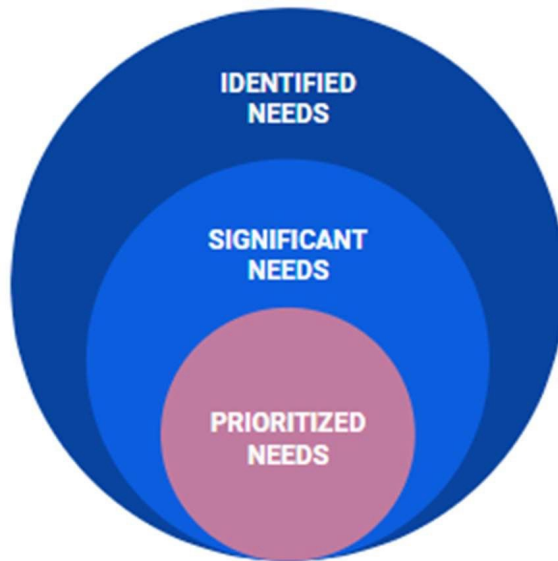
Despite the data limitations, Guthrie Clinic is confident of the overarching themes and health needs represented through the assessment data. This is because the data collection included multiple methods, both qualitative and quantitative, and engaged the hospital as well as participants from the community.

Community Needs

Guthrie Troy Community 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 Troy Region. In collaboration with community partners, Guthrie Troy Community 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 Troy Community 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 Troy Community 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 Troy 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 Troy Community 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 Troy Community 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 Troy Community Hospital’s mission to help each person attain optimal, life-long health and well-being. We will do so by providing integrated, clinically advanced services that prevent, diagnose, and treat disease, within an environment of compassion, learning, and discovery.

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

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

➤ Cancers

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

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

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

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

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

- Heart disease and stroke

To view healthcare facilities and community resources available to address the significant needs, please see Appendix E (pages 97-99).

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

Table 4. Need Theme #1: Cancers

Cancers	
Why is it important?	Data Highlights
<ul style="list-style-type: none">➤ Primary research suggests a need for improved focus on cancer prevention with attention on preventive screening and promoting health lifestyles, including smoking cessation.	<ul style="list-style-type: none">➤ Although the service area has better mammography and colorectal cancer screening rates than Pennsylvania and the country, the cancer incidence and mortality rates are both higher in the service area than in the state or country (i.e. more people are screened but more people are diagnosed with and pass away from cancer in the service area). <i>Source: County Health Rankings, 2025 and National Cancer Institute. Reference Figures 6 and 7 on the following page.</i>➤ Cigarette smoking is more prevalent in the service area than in PA and the country. <i>Source: County Health Rankings, 2025. Reference Figure 8 on the following page.</i>
Local Assets & Resources	
<ul style="list-style-type: none">➤ Guthrie Breast Care Center➤ American Cancer Society➤ National Cancer Institute➤ Bradford County Department of Health➤ Bradford County Parks and Recreation <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">➤ Cancers were identified as the #3 healthcare issue facing the service area in the primary data collected.➤ Oncology was frequently mentioned as a specialty for which residents need to leave the area due to lengthy appointment waitlists and a lack of specialists in the region.➤ Transportation, high out-of-pocket costs,	<ul style="list-style-type: none">➤ The service area has an older, larger aging population than the state and the country.➤ Through the qualitative primary data collected, it was revealed that there is significant food insecurity and limited healthy food options available in the more rural parts of the service area.➤ Low-income and the disabled

insurance coverage and acceptance, and limited access to wellness opportunities and education were identified as barriers limiting residents' access to healthcare services.	population were also identified to be more vulnerable and medically underserved in this service area. Rural / isolated adults with limited transportation were also identified.
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Figure 6. Cancer Screening Rates

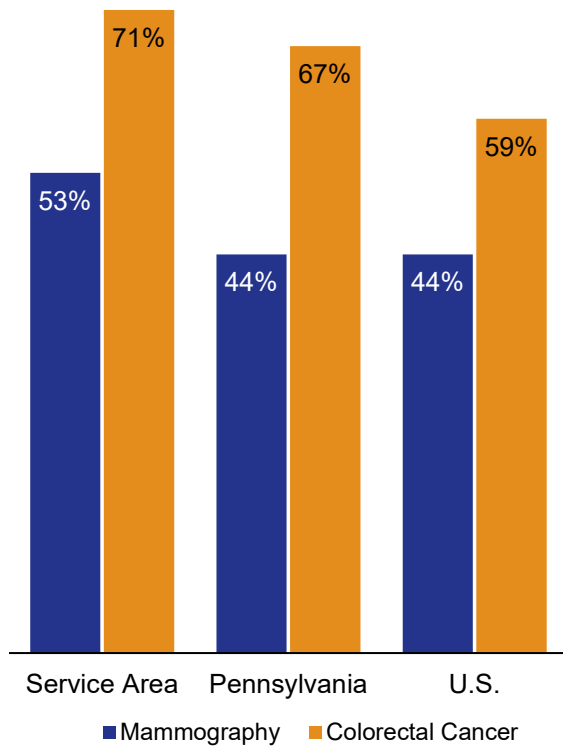


Figure 7. Cancer Incidence & Mortality Rates per 100,000 Population

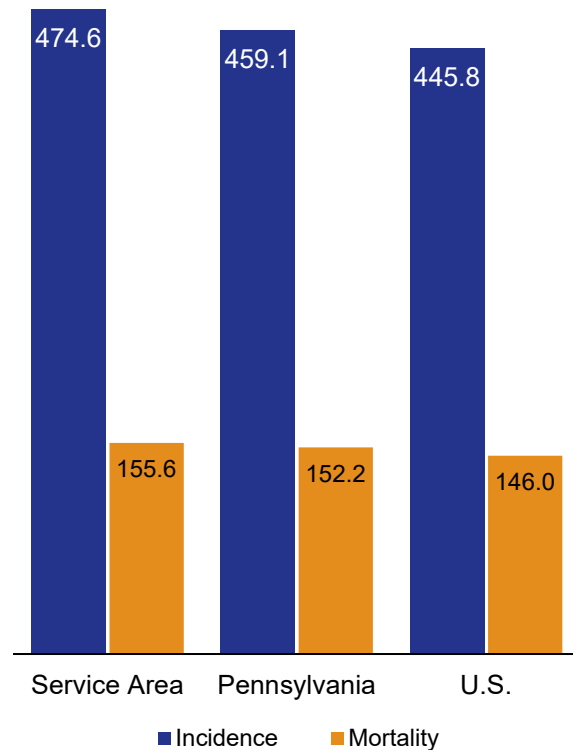


Figure 8. Prevalence of Cigarette Smoking

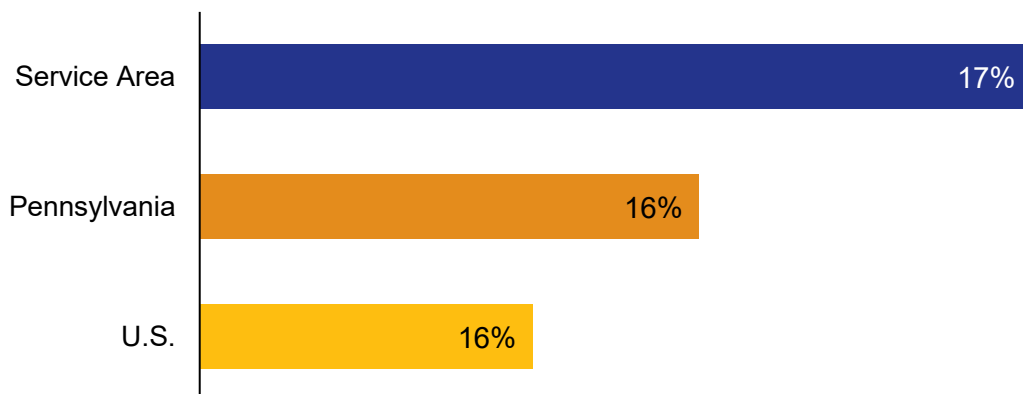


Table 5. Need Theme #2: Heart Disease and Stroke

Heart Disease and Stroke	
Why is it important?	Data Highlights
<ul style="list-style-type: none">➤ Primary research suggests a need for improved focus on heart disease and stroke prevention with attention on enhanced education and knowledge about prevention and wellness.	<ul style="list-style-type: none">➤ The service area has a lower mortality rate due to coronary heart disease than PA and the country but is not meeting the federal goal. <i>Source: Healthy People, 2030. Reference Figure 9 on the following page.</i>➤ The service area has a large proportion of its population over the age of 65 – those who are more likely to be diagnosed with cardiovascular disease. <i>Source: U.S. Census Bureau, 2023. Reference Figure 10 on the following page.</i>
Local Assets & Resources	<ul style="list-style-type: none">➤ The service area also has less physical activity and less access to exercise opportunities, as well as higher rates of obesity than PA. <i>Source: County Health Rankings, 2025. Reference Figures 11 and 12 on the following page.</i>➤ Heart disease has consistently been the leading cause of death in PA over the past five years.
<ul style="list-style-type: none">➤ PA 211➤ Bradford County Human Services➤ Bradford County, PA Food Assistance and Pantries➤ Tioga County Branch YMCA➤ Bradford County Parks and Recreation <p><i>Additional resources can be found in Appendix E: Healthcare Facilities and Community Resources.</i></p>	
Community Challenges & Perceptions	Individuals Who Are More Vulnerable
<ul style="list-style-type: none">➤ Heart disease and stroke were identified as one of the top 5 healthcare issues facing the service area.➤ Cardiology was frequently mentioned as a specialty for which residents need to leave the area due to lengthy appointment waitlists and a lack of cardiologists in the region.➤ Transportation, food insecurity, and cost/affordability were identified as barriers limiting residents’ access to cardiology and wellness services.	<ul style="list-style-type: none">➤ The elderly/aging population, and those facing transportation barriers were identified to be medically underserved and more vulnerable in the service area.➤ The service area is slightly older and faces a higher rate of disabilities and obesity than PA.

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

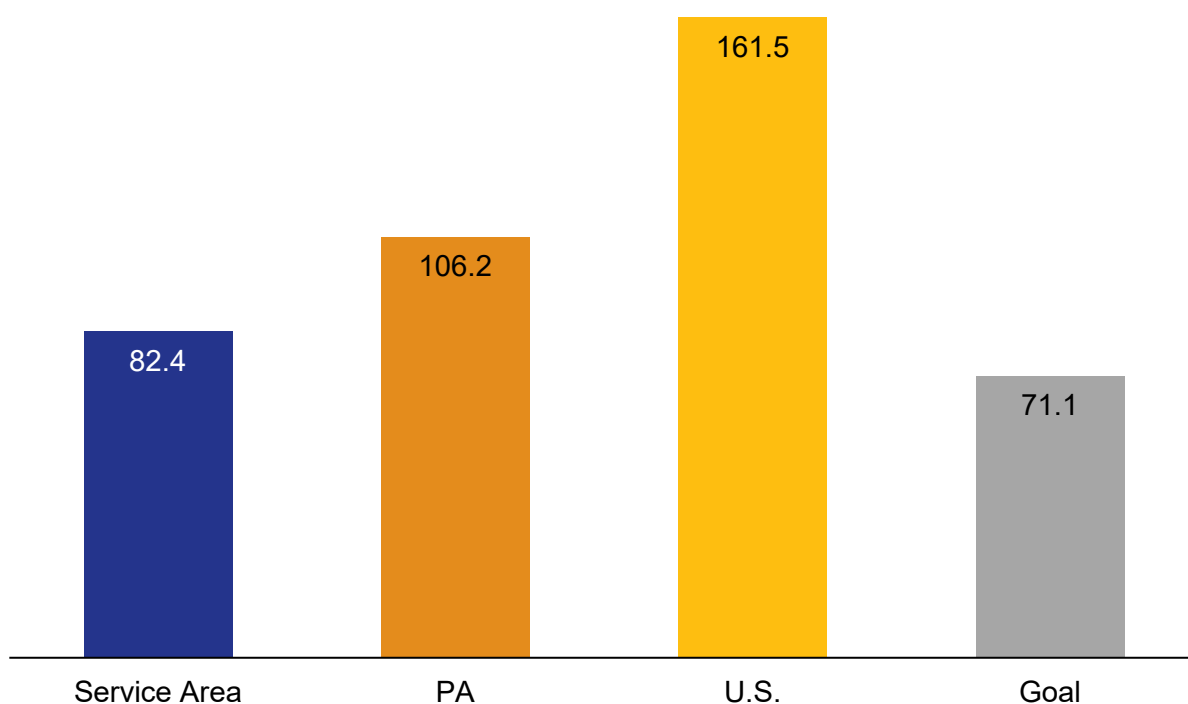


Figure 10. Proportion of Population Age 65 and Older

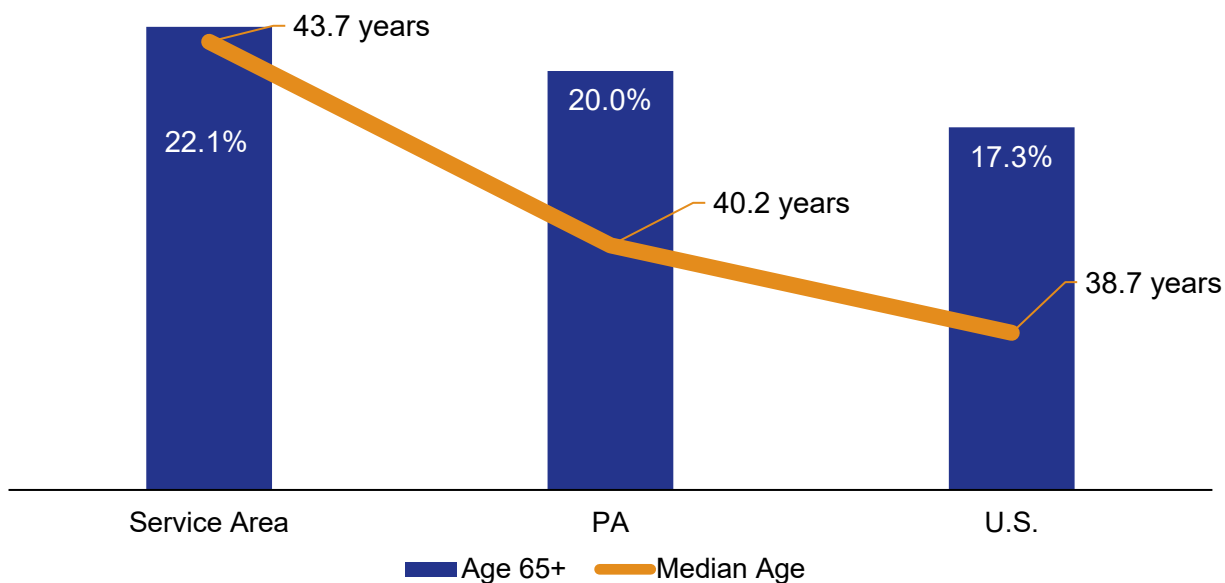


Figure 11. Access to Exercise Opportunities and Physical Inactivity

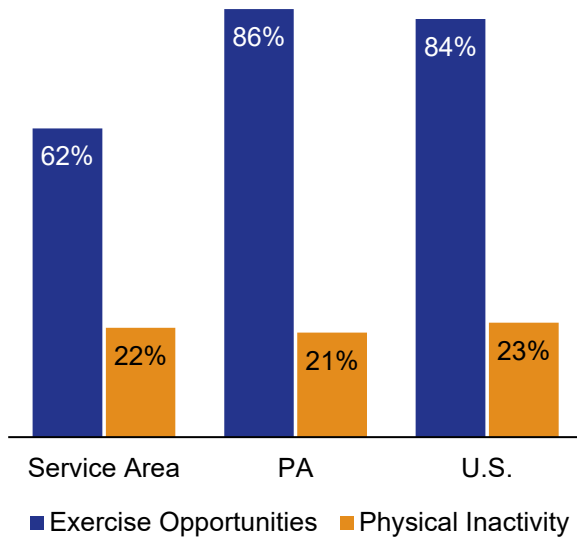
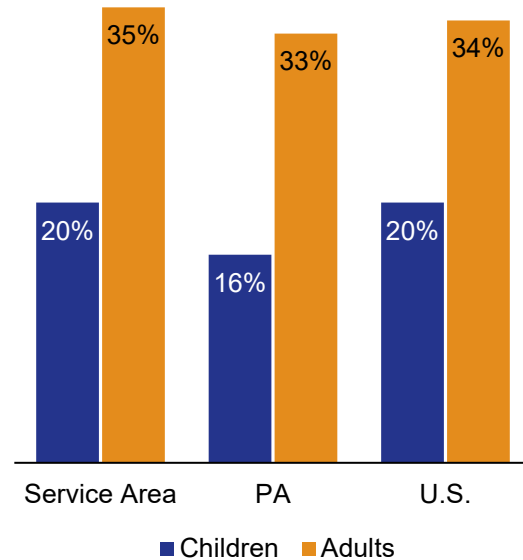


Figure 12. Obesity Among Children & Adults



Prioritized Needs

Guthrie Troy Community 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 Healthy People 2030 goals; and (10)

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

Addressing the healthcare need falls within the scope of Guthrie Troy Community Hospital’s mission, vision, values, and strategic plan for the 2025-2028 CHNA cycle.

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

Prioritized Needs	Rationale
Cancers	This need was selected because cancer is the second leading cause of death in the United States. ¹³ The cancer death rate has declined in recent decades, but over 600,000 people still die from cancer each year in the United States. ¹⁴ Death rates are higher for some cancers and in some racial/ethnic minority groups. These disparities are often linked to social determinants of health, including education, economic status, and access to healthcare. ¹⁵ The cancer mortality rate in the Guthrie Troy Community Hospital service area is 494:7, meaning that for every 100,000 people, nearly 495 die from cancer in the Guthrie Troy Community Hospital service area. The mortality rate is significantly higher than the Pennsylvania State Level of 474:1 and higher than the United States level of 445:8. Secondary research also showed that the prevalence of cigarette smoking in the service area (17.0%) is higher in the region to that of Pennsylvania (16.0%) and that of the United States (16%).
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. ^{16,17} The coronary heart disease mortality rate in the Guthrie Troy Community Hospital service area is 82.4, meaning that for every 100,000 people, over 82 die from heart disease or stroke in the Guthrie Troy Community Hospital service area. The mortality rate for this region is lower than that of PA and

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

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

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

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

¹⁷ Source: Source: Benjamin, E.J., et al. (2019). Heart Disease and Stroke Statistics — 2019 Update: A Report from the American Heart Association. *Circulation*, 139(10), e56-e528. [Heart Disease and Stroke Statistics—2019 Update: A Report From the American Heart Association | Circulation](#)

	<p>significantly lower than the United States rate of 161.5, however higher than the Healthy People 2030 goal of 71.1. Primary research conducted also identified that physical inactivity is higher in the Guthrie Troy Community Hospital service region to that of the PA average and US and access to exercise opportunities in the region is significantly less than that of PA and that of the US overall.</p>
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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 Troy Community Hospitals previous implementation strategy include:

- Obesity
- Mental Health

Written input received from the community and a full evaluation of our efforts to address the significant health needs identified in the 2022 CHNA can be found in Appendix F (pages xxx-xxx). This will be added after board approval on June 25th

Approval by Guthrie Troy Community Hospital's Board of Directors

To ensure the Guthrie Troy Community 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 25, 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 Troy Community Hospital serves. This report will be used by internal stakeholders, non-profit community-based organizations (CBOs), government agencies, and other community partners of Guthrie Troy Community 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 Troy Community Hospital hopes this report offers a meaningful and comprehensive understanding of the most significant needs for residents of the Greater Troy Region. Guthrie Troy Community Hospital is dedicated to providing high-quality and accessible healthcare that meets the needs of the entire family. Our mission is to improve the health and well-being of the people we serve. We treat all patients with warmth, respect and dignity and provide care that is both necessary and appropriate. We do not discriminate in the care or services that we provide. Specifically, we do not discriminate based upon education, age, sex, gender, disability, race, color, religion, income or who will pay their bill, gender identity or expression, affectional or sexual orientation, national origin or ancestry, marital status, civil union status, domestic partnership status, veteran status, culture, language, or any other basis prohibited by law.

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

Appendices

Table of Contents

Appendix A: Definitions and Terms

Appendix B: Community Demographic Data and Sources

Appendix C: Community Input Data and Sources

Appendix D: Secondary Data and Sources

Appendix E: Healthcare Facilities and Community Resources

Appendix F: Evaluation of Impact From Previous CHNA Implementation Strategy

Appendix A: Definitions and Terms

Acute Community Concern

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

Collaborators

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

Community Focus Groups

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

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

Community Forums

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

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

Community Served

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

Consultants

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

Demographics

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

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

Identified Need

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

Key Stakeholder Interviews

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

See Appendix C for a list of key stakeholders.

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

Medically Underserved Populations

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

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

Prioritized Need

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

Significant Need

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

Social Determinants of Health (SDOH)

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

Source: World Health Organization - Social determinants of health

Surveys

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

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

Appendix B: Community Demographic and Data Sources

Guthrie Troy Community 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 Troy Community 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 Troy Community Hospital service area, the gender distribution is even between males and females.

Table B1. Population by Sex of Guthrie Troy Community Hospital Service Area

Population by Sex	Bradford County	
	#	%
Total population	59,971	-
Male	29,957	50.0%
Female	30,014	50.0%
Sex ratio (males per 100 females)	99.8	-
Data Sources: U.S. Census Bureau, 2023 American Community Survey 5-Year Estimates; County Health Rankings, 2020 – 2024		

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 Troy Community Hospital service area is an older population with the largest

age bracket being those age 65 to 74 years-old with a median age 8% higher than that of Pennsylvania.

Table B2. Population by Age of Guthrie Troy Community Hospital Service Area

Population by Age	Bradford County	
	#	%
Under 5 years	3,345	5.6%
5 to 9 years	3,521	5.9%
10 to 14 years	4,117	6.9%
15 to 19 years	3,414	5.7%
20 to 24 years	3,031	5.1%
25 to 34 years	6,774	11.3%
35 to 44 years	6,393	10.7%
45 to 54 years	7,009	11.7%
55 to 59 years	4,702	7.8%
60 to 64 years	4,413	7.4%
65 to 74 years	7,613	12.7%
75 to 84 years	3,885	6.5%
85 years and over	1,754	2.9%
Under 18 years	13,290	22.2%
18 years and over	46,681	77.8%
65 years and over	13,252	22.1%
Median age (years)	43.7	-
Data Sources: U.S. Census Bureau, 2023 American Community Survey 5-Year Estimates; County Health Rankings, 2020 – 2024		

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 Troy Community Hospital service area is primarily White, Non-Hispanic.

Table B3. Race & Ethnicity of Guthrie Troy Community Hospital Service Area

Race & Ethnicity	Bradford County	
	#	%
White	57,047	95.1%
Black or African American	577	1.0%
American Indian and Alaska Native	33	0.1%
Asian	368	0.6%
Native Hawaiian and Other Pacific Islander	32	0.1%
Some Other Race	438	0.7%
Two or More Races	1,476	2.5%
Hispanic or Latino (of any race)	942	1.6%
Not Hispanic or Latino	59,029	98.4%
<i>Data Sources: U.S. Census Bureau, 2023 American Community Survey 5-Year Estimates; County Health Rankings, 2020 – 2024</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 Troy Community 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 Troy Community Hospital Service Area

Income Levels	Bradford County	
	#	%
Less than \$10,000	1,049	4.3%
\$10,000 to \$14,999	1,111	4.5%
\$15,000 to \$24,999	2,060	8.4%
\$25,000 to \$34,999	2,218	9.1%
\$35,000 to \$49,999	3,408	13.9%
\$50,000 to \$74,999	4,127	16.9%
\$75,000 to \$99,999	3,167	12.9%
\$100,000 to \$149,999	4,350	17.8%
\$150,000 to \$199,999	1,598	6.5%
\$200,000 or more	1,399	5.7%
Median household income	\$62,482.00	-
Mean household income	\$84,646.00	-
<i>Data Source: U.S. Census Bureau, 2023 American Community Survey 5-Year Estimates</i>		

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 Troy Community Hospital service area, less than a third of the population has a higher education degree.

Table B5. Educational Attainment of Guthrie Troy Community Hospital Service Area

Educational Attainment	Bradford County	
	#	%
Less than 9th grade	1,081	2.5%
9th to 12th grade, no diploma	2,720	6.4%
High school graduate (includes equivalency)	19,788	46.5%
Some college, no degree	6,106	14.4%
Associate's degree	3,825	9.0%
Bachelor's degree	5,356	12.6%
Graduate or professional degree	3,667	8.6%
High school graduate or higher	38,742	91.1%
Bachelor's degree or higher	9,023	21.2%
Data Source: U.S. Census Bureau, 2023 American Community Survey 5-Year Estimates		

Health Insurance Coverage

Why it is important: Lack of health insurance can have serious health consequences due to lack of preventive care and delays in care that can lead to serious illness or other health problems. The health insurance coverage of residents within the Guthrie Troy Community Hospital service area is extensive. However, there are nearly 4,000 residents in this region who have no health insurance coverage.

Table B6. Health Insurance Coverage of Guthrie Troy Community Hospital Service Area

Health Insurance Coverage	Bradford County	
	#	%
With health insurance coverage	55,468	93.3%
With private health insurance	41,155	69.2%
With public coverage	24,796	41.7%
No health insurance coverage	3,998	6.7%
Data Source: U.S. Census Bureau, 2023 American Community Survey 5-Year Estimates		

Disability Status

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

Table B7. Disability Statuses of Guthrie Troy Community Hospital Service Area

Disability Status	Bradford County	
	#	%
With a disability	8,630	14.5%
Under 18 years, with a disability	575	1.0%
18 to 64 years, with a disability	4,105	6.9%
65 years and over, with a disability	3,950	6.6%
Data Source: U.S. Census Bureau, 2023 American Community Survey 5-Year Estimates		

Socioeconomic Characteristics

Why it is important: The percentage of children and families living in poverty, which can compromise physical and mental health, are well-recognized indicators of health. Other social determinants of health, such as language, urban vs. rural area, transportation access, stable employment, and public assistance program eligibility, directly play a part in a person's overall health status. Understanding these complex social and economic factors can help reduce barriers to accessing appropriate and necessary healthcare. The majority of residents in the Guthrie Troy Community Hospital service area are living in a rural area with nearly 1 in 8 households receiving food stamp benefits in the past year. There is also a significant portion of the population living in poverty.

Table B8. Socioeconomic Characteristics of Guthrie Troy Community Hospital Service Area

Socioeconomic Characteristics	Bradford County	
	#	%
Households with Food Stamp/SNAP benefits in the past 12 months	3,241	13.2%
Occupied housing units with no vehicles	1,879	7.7%
Percentage of children (under age 18) living in poverty	-	17.7%
Percentage of families and people whose income in the past 12 months is below the poverty level	-	9.5%
Population 16 years and over who are unemployed	1,487	3.1%
Population aged 5 and over who speak English less than well (not proficient)	199	0.4%
Population living in a census-defined rural area	43,763	73.0%
<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 Troy Community Hospital CHNA. The online survey was administered between February and April 2025. 327 total respondents participated in this online survey. RMS Healthcare cleaned and ensured all responses were verified and then analyzed the data by calculating descriptive statistics (percentages and means) with the final dataset. In some cases, crosstabs were calculated to highlight experiences among sub-groups or to show differences in the needs, desires, or expectations among the variety of the community residents.

Table C9. Survey Participants' Age Group

S2. Age Group	#	%
18 to 24	9	3.1%
25 to 34	32	10.9%
35 to 44	57	19.4%
45 to 54	61	20.7%
55 to 64	74	25.2%
65 to 74	39	13.3%
75 or older	21	7.1%
Prefer not to answer	1	0.3%
Average Age of Participants = 45 to 54 years		

Table C10. Survey Participants' Gender

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

S4a. If other, please specify (n=1): *(the following comment is verbatim)*

- "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 2.7 out of 5.0 for Guthrie Troy Community Hospital. This is the lowest overall mean score for the entire Guthrie Clinic system.

Table C3. General Health of Community

Q1. Community's General Health	#	%
Very Unhealthy	8	1.9%
Unhealthy	119	29.6%
Neutral	169	55.0%
Healthy	28	12.5%
Very Healthy	3	1.1%
Average Overall Health = 2.7 / 5.0		

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

Table C4. Residents' Biggest Healthcare Issues in Their Community

Q2. Top 3 Biggest Healthcare Issues	#	%
Aging problems (arthritis, hearing/vision loss, etc.)	96	29.4%
Cancers	127	38.8%
Child abuse/neglect	22	6.7%
Dental problems	41	12.5%
Diabetes	141	43.1%
Domestic violence	21	6.4%
Firearm-related injuries	2	0.6%
Heart disease and stroke	125	38.2%
High blood pressure	60	18.3%
HIV/AIDS	0	0.0%
Homicide	0	0.0%
Infant death	0	0.0%
Infectious disease (hepatitis, TB, etc.)	3	0.9%
Mental health problems	193	59.0%
Motor vehicle crash injuries	19	5.8%
Rape/sexual assault	7	0.9%
Respiratory/lung disease	51	2.1%
Sexually transmitted infections (STIs)	0	15.6%
Suicide	21	0.0%
Teenage pregnancy	1	6.4%
Racism	3	0.3%
Other	38	11.6%

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 Troy Community Hospital service area include (n=38):

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

- “Addiction/alcoholism”
- “Addiction/Drug and Alcohol”
- “Alcoholism”
- “Drug abuse” (n=2)
- “Drug addiction” (n=2)
- “Drugs and Alcohol”
- “Drug and alcohol abuse”
- “Drug Overdose”
- “Drug problems”
- “Drug use” (n=3)
- “Drugs” (n=2)
- “Elderly care”
- “Infertility”
- “Insurance companies”
- “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”
- “Obesity” (n=10)
- “Overdoses”
- “Pediatric specialty drs”
- “Poor food quality”
- “Poor socioeconomic status”
- “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 Troy Community 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	2.7
Emergency/urgent care services	4.0
Healthcare for low-income populations	3.9
Healthcare for seniors	3.3
Healthy eating opportunities	2.8
Mental/behavioral health services	2.5
Opportunities for physical activities to reduce obesity	3.0
Orthopedics & Sports medicine	3.8
Pediatric care/Child wellness services	3.7
Prescription drug medication	4.0
Primary care services	3.9

Programs to help people quit smoking	2.9
Screenings & other preventive healthcare services	3.8
Telemedicine	3.7
Treatment for drug & alcohol use	2.6
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 Troy Community 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	298	91.1%
No	29	8.9%

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

Table C7. Telehealth Visit in the Past Year?

Q22. Telehealth Visit	#	%
Yes	108	33.0%
No	219	67.0%

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 Troy Community Hospital service area residents are not concerned about utilizing telemedicine.

Table C8. Telehealth Concerns

Q23. Telehealth Concerns	#	%
Yes	16	14.8%
No	92	85.2%

If individuals indicated they have participated in a telehealth visit in the past year, they were then asked if they had any concerns about using telehealth. The majority of Guthrie Troy Community 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.

Table C9. Telehealth Issues

Q23a. Telehealth Issues	#	%
Connectivity & reliable Internet	4	25.0%
Concerns with privacy & security	2	12.5%
Do not understand how to use telehealth technology	2	12.5%
Belief that telehealth offers “lower quality of care”	11	68.8%
Other	5	31.3%

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 Troy Community Hospital service area include (n=5):

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

- “Cannot diagnose by looking at their FACE”
- “Lack of basic screening such as blood pressure monitoring”
- “Medicine requires a physical exam. This is not possible over the internet”
- “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.”

Individuals were asked which statement best applies to them in terms of accessing healthcare services when needed. The majority of Guthrie Troy Community 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.	161	49.2%
I am <u>sometimes</u> able to access healthcare services when needed.	154	47.1%
I am <u>rarely</u> able to access healthcare services when needed.	10	3.1%
I am <u>never</u> able to access.	2	0.6%

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

Table C11. Ability to Access Healthcare Services

Q25. Why aren't you able to access healthcare services when needed?	#	%
I have no insurance.	1	8.3%
Too expensive/ cannot afford	4	33.3%
Could not get appointment(s)	10	83.3%
Lack of transportation	0	0.0%
Too much time to wait before an appointment	4	33.3%
Doctor is too far away	3	25.0%
Services are not available	3	25.0%
Do not accept my insurance	4	33.3%
Lack of providers	7	58.3%
Other	1	8.3%

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

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

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

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	203	62.1%
Hospital Emergency Room	13	4.0%
Doctor's / Provider's Office	171	52.3%
Hospital Walk-In	48	14.7%
Telehealth Visit	34	10.4%
Other	8	2.4%

If residents selected “other” medical facilities for which they go to when they are in need of medical attention in Q26 of the community online survey, they were provided the opportunity to type their response. “Other” medical facilities in the Guthrie Troy Community Hospital service area include (n=8):

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

- “1+ hour travel for quality care.”
- “At home remedies”
- “Don’t go” (n=2)
- “I don’t go because it is an ordeal to get an appointment, to be seen and to get the actual correct treatment.”
- “NA”
- “PMD far away”
- “Someone I know that works at Guthrie.”

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 Troy Community 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.	3.5
My community has economic opportunity.	2.5
My community is a safe place to live.	3.7
My community has networks of support for families/individuals during a crisis.	2.8
My community offers sufficient community services.	2.6
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 Troy Community 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?

Q28. Suggestions or Recommendations	#	%
Yes	139	42.5%
No	188	57.5%

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 Troy Community Hospital service area include (n=139):

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 health care for the community, both acute/inpatient and outpatient.”*
- *“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.”*
- *“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 Immediate Care when needed”*
- *“Access to PCP for sick visits and routine follow ups.”*
- *“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.”*
- *“Availability in specialty departments, funding for low income to have gym or other physical health opportunities.”*
- *“Behavioral health, drug and alcohol treatment. 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.”*
- *“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.”*
- *“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.”*
- *“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.”
 - “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.”
 - “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”
 - “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 health care issues. A simple Internist is NOT enough.”
 - “Expansion of mental and substance abuse treatment. Increased educational programs geared towards healthy lifestyle choices.”
 - “Greater availability of home health care”
 - “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 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.”
 - “Hire more providers to have more availability.”
 - “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, a 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 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 would like to see more access for patients for Mental health services. 1 outpatient clinician in our area is not enough and its 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.”
- “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.”
- “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 opportunities for over 65 to get medication, food and affordable wellness care”
- “Increase providers to decrease wait time of appointments”
- “Increased pediatric specialties/services”
- “Increased resources for mental health/abuse/addiction.”
- “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.”
- “Invest in dental and orthodontics departments”
- “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.”
- “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 more affordable”
- “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.”
- “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 mobile clinic that could come once a month”
- “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 care 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 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."
 - "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 availability for required testing. My husband was recently in the ER for extreme abdominal 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 out lying 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 fairs"
 - "More free or cheap services (for moms, mental health, etc.)"
 - "More mental health assistance is needed here. There also aren't many 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 health care 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 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, especially for the pediatric population, more services for the pediatric population especially inpatient facilities, 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 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 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 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 doctor permanently assigned to Dushore Guthrie Clinic!"*
- *"Need educational services and vaccine services starting in the schools to combat medical illiteracy."*
- *"Need for more community resources"*
- *"Need local dialysis clinic."*
- *"Need more Guthrie Dentists. My daughter cannot get an appointment and needs to look elsewhere."*
- *"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 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."*
- *"No co pays for people who work at Guthrie hospital"*
- *"Open a mental health facility. The twin tiers lack this service."*
- *"Open more PMDs"*
- *"Our aging seniors have mobility and cognitive challenges that affect their access to healthy foods, cooking, and housekeeping."*
- *"Our local hospital needs outpatient mental health and a pediatric inpatient for sick children. Better help for drug addicts."*
- *"Outpatient mental health, dermatology, migraine clinic"*
- *"Outpatient services for mental health medication management and support"*
- *"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."*
- *"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."*
- *"Providing more financial resources for assistance programs, more access to specialty services (ortho, GI, Podiatry, OB, etc.)"*
- *"Psychiatry services needed Urgent care clinic needed"*
- *"Relatively few psychiatrists available for mental health. Nothing for pediatrics."*
- *"Senior center for activities including physical activities, family counseling, after school program for youth."*
- *"Services for seniors; home checks; meal delivery etc."*
- *"Services need to be available for uninsured/underinsured patients"*
- *"Smoking cessation classes, phone coaching, support groups. Limit the amount 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 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."*
- *"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 shortage of assisted living facilities in our area and assistance for in home care."*
- *"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."*
- *"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."*
- *"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 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 health care providers."*
- *"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 more doctors, NPs, PAs, and more activities for seniors."*

- *"We need more mental health resources and desperately need drug and alcohol abuse services."*
- *"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 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 somewhere centralized to access a free gym/ pool, or somewhere where we can have rec sports."*
- *"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 get appointments if we are having really bad symptoms."*
- *"We need to provide mental health and drug abuse treatment at our hospitals. Specifically at Troy."*
- *"Wellness nurse, nurse coaches to help people prevent and deal with disease and mental health."*
- *"You have to wait too long for appointments."*

Survey Demographics

Table C15. What is your employment status?

Q29. Employment Status	#	%
Employed full-time	271	82.9%
Employed part-time	16	4.9%
Retired	39	11.9%
Unemployed	0	0.0%
Disabled	1	0.3%
Student	4	1.2%
Military	0	0.0%
Other	2	0.6%
Prefer not to answer.	3	0.9%

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 Troy Community Hospital service area include (n=2):

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

- “Employed per diem”
- “Per diem at multiple jobs”

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

Q30. Insurance Coverage	#	%
Commercial or private (through employer)	284	86.9%
Medicaid	3	0.9%
Medicare	37	11.3%
Military	4	1.2%
Public	0	0.0%
Other	13	4.0%
None / Uninsured	5	1.5%
Prefer not to answer.	5	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 Troy Community Hospital service area include (n=13):

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

- “BCBS”
- “COBRA”
- “Cost-sharing”
- “Medicare and CIGNA”
- “Medicare supplement plan (part G)”
- “Medicare supplemental”
- “Parent’s insurance”
- “Supplemental” (n=3)
- “Supplemental G”
- “Supplemental health care policy (along with Medicare) as well as drug coverage.”
- “VA”

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

Q31. Race / Ethnicity	#	%
Asian	2	0.6%
Black or African American	0	0.0%
Hispanic or Latino	2	0.6%
Middle Eastern or North African	1	0.3%
Multiracial or Biracial	0	0.0%
Native American or Alaskan Native	3	0.9%
Native Hawaiian or Pacific Islander	0	0.0%
White or Caucasian	306	93.6%
Prefer not to answer.	14	4.3%

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	117	35.8%	9.8 years	10 years	17 years
No	210	64.2%			

Table C19. What is your annual household income?

Q33. Annual Household Income	#	%
Less than \$25,000	3	0.9%
\$25,000-\$49,999	47	14.4%
\$50,000-\$74,999	39	11.9%
\$75,000-\$99,999	46	14.1%
\$100,000-\$124,999	44	13.5%
\$125,000-\$149,999	38	11.6%
\$150,000-\$199,999	35	10.7%
\$200,000 or more	34	10.4%
Prefer not to answer.	41	12.5%
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 Troy 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 Troy Community 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 Troy Community Hospital team. The Interviewees are listed in the table that follows.

Name	Title	Organization
Bryan Farr	Coordinator	Bradford County Emergency Management
Karen Laboranti	Director	Bradford/Sullivan County Drug & Alcohol
Penney Geiss and Dustin Snell	Program Director and Casework Supervisor	Bradford/Sullivan Early Intervention
Mark Steckiel	Lead Pastor	Fellowship Bible Church
Dr. Bridgette Wiefeling and Peter Grames	Senior Vice President of Clinical Transformation and Strategy Partner for Provider Operations	Highmark (Blue Cross Blue Shield of PA)
Chris Chamberlain	Vice President of Emergency Management	Hospital + Healthsystem Association of Pennsylvania
Dr. Janilyn Elias, Carrie Robinson, Courtney Irvine	President/CEO, Community Residential Facility Director, Intermediate Care Residential Facility Director	Martha Lloyd Community Services
Jeremy Reese	Regional Readiness Manager for Central Region Healthcare Coalition	North Central Regional Coalition
Steve Bolt	Director	Pierce Library
Ralph Dooley	Director of Safety & Security, Chief of Police in Troy	Troy Area School District

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 Troy Community Hospital service area?

1 – Limited Availability	2	3	4	5	6	7	8	9	10 - High Availability
0	0	1, 10%	0	1, 10%	1, 10%	2, 20%	2, 20%	3, 30%	0
Mean score for availability of healthcare services = 7.1 / 10.0									

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

- “I think services are available here but people don’t know when or where to go. Our rural community is not educated on how to appropriately access the health system.”
- “I think the fact that the hospital is there is a good thing. But being such a rural area, there are some services that are in more need.”
- “If there is any major health issue, people just go to RPH. The Troy hospital is small and only critical access / acute care.”
- “In the catch man area, there is the hospital, emergency services, outpatient clinics and providers. Have trauma center (Towanda) and secondary hospital there as well.”
- “Pretty average here”
- “Quite a nice hospital, fairly new. Reasonable access for the Troy community
- There are multiple doctors, doctors at Guthrie, and several private practices throughout town, UPMC also has a facility 3 miles out of town. If you want anything major, you have to go out of the area. But we have the Guthrie emergency room and for more major issues, people are transported to Sayre.”
- “Typical rural setting where services are limited”
- “Urgent care, primary care are pretty available”
- “We’ve got Laurel Health, Guthrie here, a lot of private practices around.”

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

- “ED visits are high for lower acuity (opportunity for primary care access, limited urgent care availability).”
- “Emergency Dept services, a level 4 trauma center, some primary care”
- “Emergency services; community hospital-based services; lab testing; outpatient family medicine services.”
- “I don’t know of many services in the area. Like there are not a lot of private medical outpatient settings just the hospital is here.”
- “Primary care, emergency care”
- “Primary care, emergency room (low-level), rehab - there are more simpler services that are easy to access here.”

- *“Walk-in clinics, ER services, primary care (but also difficult at times because providers leaving the area).”*
- *“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.”*
- *“We are a rural area and have the hospital here so that is easy to access, but besides that, you have to travel. And public transportation is poor here.”*
- *“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 (high provider turnover).”*

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

- *“Behavioral health / mental health, maternity & prenatal care, palliative care.”*
- *“Guthrie is good about transporting you elsewhere if they cannot handle the medical case, which I am okay with. Higher-level care, Trauma centers (higher-level emergencies) you have to travel outside this area.”*
- *“Guthrie just lost their main glaucoma doctor. Guthrie simply cannot keep good doctors – ophthalmology.”*
- *“I feel like there could be more outpatient medical offices for primary care in the area.”*
- *“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. Pediatric specialties are nonexistent.”*
- *“Pediatric care, behavioral health.”*
- *“Pediatrics; advanced trauma care; critical care; OB/GYN; addiction services. We have limited availability in general.”*
- *“Psychiatry, psychological, dental. We need more urgent care facilities in this area because people often go to the emergency room for things that do not warrant an emergency department visit simply because they do not have any other option or they do not have a routine primary care provider they can go to either.”*
- *“Specialty care for specific diseases might not be available here. Primary care is always needed, behavioral health is certainly lacking in rural areas like this community.”*
- *“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. Mental health services depend on payor and accessibility - lengthy wait lists, certain insurances, staff turnover.”*

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

- *“Behavioral health but not sure how much Guthrie Troy can address this. Primary care and preventive medicine might be more feasible for them to bring into the area.”*

- *"Guthrie has a way of not listening to patients. Guthrie also cannot keep good doctors - I have heard from employees that come to our church that the Guthrie system is hard to work in. I just had a heart attack 3 weeks ago, went to Troy Hospital, then got transferred to Arnot because Guthrie doesn't have a cath lab and they could not guarantee me a cardiologist."*
- *"It would be nice if Guthrie could help bring these to the area. A lot of our EMS agencies are transporting patients for these needs for hours outside the area - Allentown, Clarion - upwards of a 200 mi, and this places a burden on our emergency services system because our ambulances are driving 2 hours or more to transport patients and that creates backlog."*
- *"No I think it wouldn't be feasible to bring more services here b/c Guthrie is good about transporting patients out of the area for different specialties as needed. And I think this system works and shouldn't be every single specialty possible here - it wouldn't make feasible sense."*
- *"OB services"*
- *"OB/GYN - To the west has become a OB/GYN desert."*
- *"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."*
- *"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
2, 20%	5, 50%	3, 30%
Most IDI participants feel that healthcare service offerings have remained the same over the past three years.		

Q5a. Why? (the following comments are verbatim)

- *"Guthrie has done a wonderful job bringing more here in recent years."*
- *"No new providers have come here in the past 3 years."*
- *"Not anyone's fault, but it is a rural area. The hospital in Towanda is now a satellite campus, not acute care anymore, so this has impacted the availability of services."*
- *"Not many new services coming to this area"*
- *"Some additional services at Guthrie Clinic. integration of Troy to Guthrie has helped. "Pulse Center" - bed management center is a best practice from hospital management perspective for the right patients has also helped significantly."*
- *"Some providers have left because of covid, burnout, etc."*
- *"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)*

- *“Low income - intel from hospital; county; intellectually disabled; Bradford has had share of addiction - so some additional needs for addiction services.”*
- *“Low-income, disabilities”*
- *“Medicare & Medicaid populations (low-income, elderly)”*
- *“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.”*
- *“Older adults (over 65)”*
- *“Persons with disabilities, low-income”*
- *“Troy has a lot of low-income rural population, we have multiple housing facilities for seniors and people with disabilities in the area though.”*
- *“Very small homeless population here but in general, I don't think there are any groups of people who cannot access the healthcare system. We have a lot of senior citizen housing in Troy. I don't personally know of any groups of people who are underserved here.”*

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

- *“Addiction - lack of services; lack of support of funded programs Low income - lack of understanding of programs and services - lack of education of what is available. Intellectually disabled - lack of understanding and support (i.e.: a lot of people who have undiagnosed or Un-delineated diagnosed.); transportation could also be a problem across the board.”*
- *“Lack of Insurance, providers willing to treat this population, waiting lists, affordability, not enough providers (travelling providers), in network vs out of network”*
- *“Rurality”*
- *“Transportation is an issue. But telehealth has helped alleviate this. Insurance coverage and type of insurance accepted around here.”*
- *“Transportation, access to specialty services”*
- *“Transportation, health education and literacy”*
- *“Transportation, work schedules (having PTO to be able to get to appts), education of patients on what is available and how to access system, health education & motivation to improve one's health is low.”*
- *“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).”*

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

Very Unhealthy	Unhealthy	Neutral	Healthy	Very Healthy
0	0	7, 70%	3, 30%	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)

- *“Access to exercise is widely available, but I don't think people really engage in those opportunities. I think Troy is very limited in access to healthy eating - we have a McDonalds, a Tops (which is too expensive and then forces people to just eat at McDonalds anyways).”*
- *“Diabetes, obesity/overweight are prevalent here. There are accessible services here but not everyone accesses them. It comes down to the fact that people around here do not or cannot prioritize their health and only access the health system when something becomes a problem or an emergency, not focused on preventive care here.”*
- *“I do know there is still a lot of chronic disease but overall, as a community, it is a relatively healthy people. More focus on preventive medicine and accessing the primary care providers.”*
- *“I have not seen/heard of high mortality issues. Have not heard of issues from hospital above average in incidence of diagnoses. If there were more services provided that would help. There is a lot of thirst there (a lot of blue collar - don't take on healthy behaviors based upon local industries).”*
- *“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 would help.”*
- *“The people that I know (patrons of the library) are older, but they seem to be healthy for their age. Those who have issues, they are being tended to appropriately and people use the facilities that we have here.”*
- *“The school district, Martha Lloyd, and the hospital are the 3 major employers here. If you work for these 3, you have good insurance through your employer, but besides that, you're likely falling into the unhealthy category due to lack of good insurance or lack of affordability. Insurance availability and coverage, education about what is available and how to access it would help.”*
- *“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 have a large population that's fairly unhealthy, aging population, geriatric - we have a lot of nursing homes for this population but they might not be accessing them.”*

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
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a) Our community is a good place to raise children.	1, 10%	0	2, 20%	4, 40%	3, 30%
Mean score = 3.9 out of 5.0					

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

- *“Good schools; seems to be safe community with low crime; access to law enforcement; fire and EMS services; community hospital.”*
- *“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.”*
- *“Probably going to have to travel for any pediatric healthcare services and opportunities. Very rural here.”*
- *“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.”*
- *“Rural - plenty of outdoor sports to do (hunting and fishing), but not much else.”*
- *“We need more activities, more programs outside of school for kids here.”*

Statements	1 – Strongly Disagree	2	3	4	5 – Strongly Agree
b) Our community is a good place to grow old.	1, 10%	0	3, 30%	4, 40%	2, 20%
Mean score = 3.7 out of 5.0					

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

- *“A lot of resources here - but a lot of this population is stubborn and does not want go to the doctor until absolutely necessary. We do have a lot of nursing homes though.”*
- *“Because of access to good doctors - the older population needs more medical care of course and there are not enough providers here to help them.”*
- *“In geriatric age need advanced medical services are not available. Critical care and advanced care is not readily available. Otherwise, a great place to retire. Not sure on availability of senior programs - sneakers, etc.”*
- *“No long term care facility in the region that I am willing to put my family in. The closest is Elmira so you have to be willing and able to travel if you want quality care.”*
- *“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 part of PA is not fun to grow old in (because of the weather) but overall it is a nice place to live. It is becoming a retirement community, a lot of senior housing here.”*
- *“Weather-wise, not great here, so older adults aren't really accessible to healthcare providers coming into their homes really. But there are a lot of senior housing complexes here in the county.”*

Statements	1 – Strongly Disagree	2	3	4	5 – Strongly Agree
c) Our community has economic opportunity.	1, 10%	0	8, 80%	1, 10%	0
Mean score = 2.9 out of 5.0					

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

- *“A little limited. There is some business - small businesses to gas industry; agriculture; opportunities for active tourism.”*
- *“Farming is our major industry, gas / oil, factory jobs but cost of living is so high that these minimum wage jobs are not making ends meet.”*
- *“It's all service/retail/factory minimum wage jobs here besides the hospital.”*
- *“It's been a wave up and down over the years - some lost employers in this area in recent years.”*
- *“Mostly minimum wage jobs here”*
- *“Not many large corporations here”*
- *“Slowly economic opportunity is going away in this part of PA (businesses closing). Ward Manufacturing is closing and this is going to put 800 people out of work. Bradford County does not have the manufacturing facilities it used to. Most people drive out of the Troy area for their jobs (Elmira, Williamsport). Troy does not have the manufacturing facilities it once had.”*
- *“Stagnated - a few new businesses here and there but the trades are the most prevalent industry, no big corporations here.”*
- *“There are factories, minimum wage jobs but not much else.”*

Statements	1 – Strongly Disagree	2	3	4	5 – Strongly Agree
d) Our community is a safe place to live.	1, 10%	0	4, 40%	3, 30%	2, 20%
Mean score = 3.6 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.”*
- *“More of the rural areas are harder to reach - Troy area has a police but outside of that, you depend on state police so there are longer response times. We do have a significant drug problem here as well. We have some larger cities on the outer portions of the county (Elmira, Williamsport) - more drugs and crimes are in those areas.”*
- *“More rural, there are no cities just towns and villages so much safer than other larger, more populated areas.”*
- *“Overall pretty safe, no complaints”*
- *“Similar to what said, strong public services (fire; police; EMS; state police; local hospital; trained on mass casualty and decontamination; low crime rate.”*
- *“We are quite a ways away from resources / first responders because of rural nature. But we do not have a lot of crime or drug issues. It's just geographically less safe because of long response time.”*
- *“We don't have a police officer, drug problems and crime have increased in recent years.”*

Statements	1 – Strongly Disagree	2	3	4	5 – Strongly Agree
e) Our community has networks of support for families/individuals during a crisis.	0	1, 10%	3, 30%	5, 50%	1, 10%
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)*

- *“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.”*
- *“Never enough of these but we have some good resources”*
- *“Not as strong as what it should be, but when tragedies strike, people step up and help. There are formal networks but room for improvement - when homeless people come here asking where they can turn, I provide them information to the shelter but that is only a temporary housing facility (1 week max). We need some improvements to the formal networks in place. Our community is tight-knit and small so we do help one another informally.”*

- *“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.”*
- *“There are a good number of social services available but always room for improvement.”*
- *“We have some resources but we are looking to expand for our responders - we have a crisis intervention team, but one thing that is lacking is a trauma response - so we've been thinking maybe a clergy network.”*
- *“We have some resources. Crisis workers from the hospital do help when we have clients in crises. But there is a lack of education/understanding on how to work with our population especially.”*
- *“While there are support services, they are limited due to rural area. Hospital does serve as catalyst. Local coalition does have access to support services. There is access to a critical crisis team; county emergency management services as well.”*

Statements	1 – Strongly Disagree	2	3	4	5 – Strongly Agree
f) Our community offers sufficient community services.	0	1, 10%	4, 40%	5, 50%	0
Mean score = 3.5 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.”*
- *“Ideally, we would like to have the best medical care. Given the size of Try and Bradford County and the footprint there are a reasonable and adequate number of services.”*
- *“I've heard some struggles but not sure if people know what is available to them.”*
- *“Lacking in staff, funding to support these services. For our youth population, there is just so few available options (outside of sports).”*
- *“Room for improvement, but not bad overall.”*
- *“There are programs through the county and through the state but people don't know how to access them, they don't understand the system or the system does not make them well-known. There is a Best Bus that runs in this area but you have to schedule this 24 hours ahead.”*
- *“We have a lot of resources but people don't use them or maybe know that they are available.”*

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

- *"Access to care is difficult. Troy is a critical access hospital, but there is more need than what they can provide. Still underserved population here in terms of accessing the health system."*
- *"Education system is low (creating literacy issues or patients not understanding how to access care) and this does not attract providers to this area. Competition with other systems in the area (providers want to work in more populated areas). Issues with vaccination among the lower educated population."*
- *"I would speculate access given the remote location there is limited access to services."*
- *"Isolation - in Bradford County it's bad, Sullivan is even worse (rural)."*
- *"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."*
- *"Maybe wanting to improve their health. Many people don't have the time or resources to invest in their own health."*
- *"Personal (they don't want to be healthier). Providers leaving the area, inconsistencies in the providers available, again because they are leaving."*
- *"Probably monetary. To have the money to buy what they need. Education-wise too - a lot of people on food stamps say they don't know how to eat healthy. A lot of people still smoke cigarettes here - it seems like the teenagers are picking this up and a lot of vaping too."*
- *"There's not a lot to do in terms of in the community itself. Not a lot of green space."*
- *"We take our clients to Troy Hospital and they get sent right back to us. The health system is not listening to our patients, they are missing significant medical issues. Readmissions are a huge issue we face with our clients because they are simply being dismissed by the health system."*

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

- *"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."*
- *"I think a lot of people do not pay attention to their health. Or they do not care - lack the self-motivation to improve their health. Transportation is a big barrier."*
- *"Just being rural. There's not a lot of money in this area and honestly it is expensive to be healthy. We have a lot of fast food restaurants, plenty of dollar stores but people don't prioritize their health necessarily because it is expensive."*
- *"More outreach for what services are available would be helpful. Education about urgent care vs. emergency department - what types of emergencies warrant the hospital vs. an urgent care setting would help take the burden off the emergency system. Transportation is also a barrier - our county ambulances do transport people for this which helps but transportation is always an issue in rural settings."*

- *“Other than rurality; staffing and resources to provide services; financial allocation of resources.”*
- *“Provider education on how to properly treat ALL patients - Guthrie needs to train its staff on cultural competency.”*
- *“The health system needs to listen to their employees. The health system needs to learn to listen to the patient themselves. Patients are only being seen for 15 minutes and that does not allow for ample time to build rapport. I hear that a lot from our church members that they don't have a strong relationship with their provider and have to start from ground zero once a provider leaves.”*
- *“There may be health education needs here, such as awareness of disease process as well as lack of prevention medicine. Better access to those preventive medicine providers would help.”*
- *“Transportation, low-income, internet coverage, health literacy, underinsured, education levels.”*
- *“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.”*

Q13. As Guthrie Troy Community 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)*

- *“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.”*
- *“Educating younger generation in terms of their health. If people from the hospital could come and talk to kids in the school, I think that would be more impactful than their teachers talking about health.”*
- *“Help expand their healthcare workforce. They have a desire to have more services but increasing their workforce to bring providers here.”*
- *“I would like to offer the library facilities for programming with the hospital. We do close at 5:30 PM weekdays and Thursday - Sunday evenings is out as we have AA meetings here. But I would work with the library board to stay open later to do some sort of health education seminar or talk or event with the hospital.”*
- *“If Guthrie had someone who would come work with families, to hear what they need but also educate them on the services available. A community liaison or community educator position. They could come here to the church and meet with families to see what they need and provide information about what's available. Also need this for the elderly population. If the community had someone they*

could listen to and learn from, this would help. I think this is what Laurel Health did- they now have a dental, ophthalmologist, and they got out into the community and learned and interacted with the community. Guthrie needs to do that."

- *"Overall, with limited visibility, have best emergency services; cardiac care; trauma care; focus on access for broad-based services. Wellness services; mental health (always a challenge)."*
- *"Partnership with other local stakeholders - I have not seen a lot of forums to connect local gov, schools, other providers, etc. It is a very siloed approach to drive conversations. Improve recruitment and retention strategy for providers. Create as much operational efficiency as possible (think about the competition in the area). If there could be less competition specifically in this area, it would be best for Troy. Community organization partnerships - push CBO relationships in the coming years. Maximize relationship with FQHC. Making the community aware of what services are available. Help improve health literacy of community through CBOs. Food security - partner with Dollar Generals, largest employers (getting access to population). Educating the public on emergency vs. urgent care."*
- *"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."*
- *"Training program for our own health services department - there is no continuing education, no growth opportunities for health staff. Doing a round table discussion of what we need, or what Guthrie can feasible do. When it comes to discharging, the hospital could be more communicative and collaborative with our staff about discharge plans and needs."*
- *"Urgent care setting in the Troy area? We could use some more urgent care standalones to take more of the burden off the ER. In Towanda, we have an urgent care clinic, but not sure about Troy."*

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)*

- *"Don't believe so."*
- *"I really appreciate Guthrie being here - I recently had to get 9 stitches in my hand after I cut myself and it is nice to know that we have a facility close to home that can help in emergency situations like this."*
- *"I think they've been doing a wonderful job. We don't want to sound critical, they are a great partner for us and are making a great impact in that rural community."*
- *"No"*

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 Troy 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 Troy Community 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
Thursday March 27 th , 2025	12:00 – 1:30 PM	ZOOM
Tuesday April 1 st , 2025	5:30 – 7:00 PM	ZOOM

Quality & Availability of Healthcare Services

Focus Group participants began the discussion by rating the overall quality of healthcare services. In the Guthrie Troy Community Hospital service area, the quality was rated as 3.7 out of 5.0 (where 5 indicates very good).

- Words used to describe the quality of healthcare services included: *(the following comments are verbatim)*
 - “Acceptable”
 - “Adequate, lacks variety of providers”
 - “Average, fair”
 - “Good” (n=6)
 - “Good, reliable, professional, recognized for quality
 - *I think the overall quality is good to very good but getting access to certain specialty services can be difficult.* “
 - “Transient doctors, time lengthy”
- Participants feel the following services are missing in their community: *(the following comments are verbatim)*
 - “Behavioral, Kidney failure (local dialysis)”
 - “Home health support”

- *"It's more that the services are unavailable for such a long period of time. When it takes more than a year to get an appointment with a provider, that is an enormous issue that affects the quality of healthcare you are able to provide."*
- *"Mental health services and programming, senior services"*
- *"Mental health, dental care, dermatology"*
- *"Mental health, pediatrics, specialties (podiatry, ophthalmology, urology, OB, etc.)"*
- *"Mental health, variety of providers"*
- *"Neurology, psychiatry, urology, specialty pediatrics, urgent care, endocrinology"*
- *"Outpatient mental health and rehab"*
- *"Outpatient mental health, pediatric inpatient, ENT cancer providers, podiatry, dental services for uninsured/Medicaid, substance abuse services"*
- *"Psychiatrist"*
- Nearly all participants indicated that they do need to travel outside of the area to obtain certain services, including: *(the following comments are verbatim)*
 - *"Dermatology, knee replacement"*
 - *"Dermatology. I could not get into Sayre Derm quick enough. My appt was made 1 year out. Oral Surgery and urology"*
 - *"Endodontics"*
 - *"Eye issues, urology, podiatry, dermatology, dental"*
 - *"Eye, dermatology, cardiac, diabetes"*
 - *"OB emergency"*
 - *"Pediatrics" (n=2)*
 - *"Primary care, urology, gastro, hematology, OB/GYN"*
 - *"Rheumatology, dermatology"*
 - *"Specialty services for family members"*

Accessibility of Healthcare Services

Focus Group participants rated the overall accessibility of healthcare services in the Guthrie Troy Community Hospital service area as 2.7 out of 5.0 (where 5 indicates very good).

- Words used to describe the quality of healthcare services included: *(the following comments are verbatim)*
 - *"Bad"*
 - *"Difficult"*
 - *"Good" (n=3)*
 - *"Good but complicated"*
 - *"Good but frustrating at times d/t payor issues"*
 - *"It varies on specialty. Some specialty you must wait 6 months to a year to get an appt. Examples, dermatology, urology, ENT, neurology"*
 - *"Locations of clinics are okay but more availability needed"*
 - *"Minimal, travel issues"*
 - *"Takes far too much time to get an appointment in every department"*
 - *"Time-consuming (transferred)"*
- Some barriers to accessing healthcare services in this community include: *(the following comments are verbatim)*

- *“As stated, it depends on the type of service you are seeking.”*
- *“Distance to travel, no available appointments in timely manner.”*
- *“Insurance, lack of providers”*
- *“Lack of transportation, distance, underinsured or lack of insurance, low health literacy, navigating the healthcare system “*
- *“Lack of transportation, social services, information on availability”*
- *“Scheduling appointments, poor communication”*
- *“Services that were covered previously are no longer”*
- *“Transportation”*
- *“Transportation and often long waiting time for appointment”*
- *“Transportation, knowledge, specialty providers, insurance”*
- *“Transportation, wait lists, specialties not as accessible”*
- *“Wait times, access to specialty services, lack of personal attention, not being able to talk to a human, insurance eligibility or high co-pays/deductibles, not able to afford insurance, confusing to navigate.”*
- 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)*
 - *“Automated menus options when you call an office. Waiting on hold. Unable to get same day or same week appts. Waiting months to see a specialist. “*
 - *“Being transferred to another hospital, lack of trust in providers”*
 - *“Being transferred to specialists miles from local clinic”*
 - *“Cost, insurance companies fail to use common sense”*
 - *“Lack of providers”*
 - *“No timely responses or appts”*
 - *“Not being able to talk to the department directly, insurance issues.”*
 - *“Support regarding insurance/payors, Mental health services, Coordinated senior services.”*
 - *“Trying to get an appointment is very time consuming. It can take months.”*
 - *“Wait times, access to specialty services, lack of personal attention, not being able to talk to a human, insurance eligibility or high co-pays/deductibles, not able to afford insurance, confusing to navigate.”*
 - *“Waitlists, not easy to access primary care for sick visits needed quickly, Walk-ins vs ED, PCPs always change, only 15 minutes for specialty appts.”*
- The majority of participants have utilized telemedicine services before and feel that this is an effective way to access medical providers. Some of their frustrations with this service, however, include technological issues or lack of broadband Internet coverage. However, the majority of participants prefer to be seen in-person.
- Many participants have heard of care coordinators but several did not have personal experience with these healthcare professionals and were interested in learning more about these positions.

Healthcare Need Themes

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

Need Theme Description	Need?	Importance Rating
<ul style="list-style-type: none"> Increase services for mental & behavioral health. 	100.0% of participants said “Yes” this is a need in their community.	4.5 out of 5.0
<ul style="list-style-type: none"> Increase services for substance abuse. 	100.0% of participants said “Yes” this is a need in their community.	4.1 out of 5.0
<ul style="list-style-type: none"> Increase specialty care services within the area 	100.0% of participants said “Yes” this is a need in their community.	3.4 out of 5.0
<ul style="list-style-type: none"> Increase dental care services. 	91.7% of participants said “Yes” this is a need in their community.	3.9 out of 5.0
<ul style="list-style-type: none"> Increase eldercare/ senior services (65+). 	100.0% of participants said “Yes” this is a need in their community.	3.9 out of 5.0
<ul style="list-style-type: none"> Increase wellness/ exercise services. 	91.7% of participants said “Yes” this is a need in their community.	3.2 out of 5.0
<ul style="list-style-type: none"> Decrease obesity in children/adults. 	100.0% of participants said “Yes” this is a need in their community.	3.9 out of 5.0
<ul style="list-style-type: none"> Focus on the poor and vulnerable. 	91.7% of participants said “Yes” this is a need in their community.	3.8 out of 5.0
<ul style="list-style-type: none"> Fall prevention among seniors 	91.7% of participants said “Yes” this is a need in their community.	3.5 out of 5.0
<ul style="list-style-type: none"> Healthcare costs prevent receiving care. 	100.0% of participants said “Yes” this is a need in their community.	4.2 out of 5.0
<ul style="list-style-type: none"> Reduce adolescent pregnancies 	100.0% of participants said “Yes” this is a need in their community.	3.5 out of 5.0
<ul style="list-style-type: none"> Diabetes management programs 	100.0% of participants said “Yes” this is a need in their community.	3.7 out of 5.0
<ul style="list-style-type: none"> Increase preventive care programs. 	91.7% of participants said “Yes” this is a need in their community.	3.9 out of 5.0
<ul style="list-style-type: none"> Increase access to healthcare providers – expand hours, timely appointments, # of physicians. 	100.0% of participants said “Yes” this is a need in their community.	4.5 out of 5.0

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

- **Increasing access to providers by expanding hours, bringing on more providers, and offering more timely appointments (4.5 / 5.0)**
- **Increasing mental & behavioral health services (4.5 / 5.0)**
- **Reducing healthcare costs to prevent people from receiving needed care (4.2 / 5.0)**
- **Increasing services for substance abuse (4.1 / 5.0)**
- **Decreasing obesity in children and adults (3.9 / 5.0)**

Appendix D: Secondary Data and Sources

Part I – County Health Rankings and Roadmaps

The tables below are based on data vetted, compiled and made available on the [County Health Rankings and Roadmaps \(CHRR\) website](#). The site is maintained by the University of Wisconsin Population Health Institute, School of Medicine and Public Health, with funding from the Robert Wood Johnson Foundation. CHRR obtains and sites data from other public sources that are reliable. CHRR also shares trending data on some indicators.



CHRR compiles new data every year and shares with the public in March. The data below is from the 2025 publication. It is important to understand that reliable data is generally two to three years behind due to the importance of careful analysis.

Population Health & Well-being

Population health and well-being is something we create as a society, not something an individual can attain in a clinic or be responsible for alone. Health is more than being free from disease and pain; health is the ability to thrive. Well-being covers both quality of life and the ability of people and communities to contribute to the world. Population health involves optimal physical, mental, spiritual and social well-being.



The Guthrie Troy Community Hospital service area has an average life expectancy of 77.2 years, which is older than both the Pennsylvania and national average. The service area has fewer premature deaths as well as equivalent premature, infant, and child mortality rates to the state and national rates.

Table D1. Length of Life of Guthrie Troy Community Hospital Service Area

Length of Life				
Indicators	Description	Bradford County	PA State	U.S.
Premature Death	Years of potential life lost before age 75 per 100,000 population (age-adjusted)	7,655 	8,274	8,352
Life Expectancy	Average number of years people are expected to live	77.2 	76.9	77.1
Premature Age-Adjusted Mortality	Number of deaths among residents under age 75 per 100,000 population (age-adjusted)	400	400	410
Child Mortality	Number of deaths among residents under age 20 per 100,000 population	50	50	50
Infant Mortality	Number of infant deaths (within 1 year) per 1,000 live births	-	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 Troy Community 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 Troy Community Hospital Service Area

Quality of Life				
Indicators	Description	Bradford County	PA State	U.S.
Poor Physical Health Days	Average number of physically unhealthy days reported in past 30 days (age-adjusted)	4.4 	3.9	3.9
Low Birth Weight	Percentage of live births with low birth weight (< 2,500 grams or 5.5 pounds)	7% 	8%	8%

Poor Mental Health Days	<i>Average number of mentally unhealthy days reported in past 30 days (age-adjusted)</i>	5.7 ↓	5.1	5.1
Poor Or Fair Health	<i>Percentage of adults reporting fair or poor health (age-adjusted)</i>	18% ↓	17%	17%
Frequent Physical Distress	<i>Percentage of adults reporting 14 or more days of poor physical health per month (age-adjusted)</i>	13% ↓	12%	12%
Diabetes Prevalence	<i>Percentage of adults aged 18 and above with diagnosed diabetes (age-adjusted)</i>	9% ↑	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>	71 ↑	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>	35% ↓	33%	34%
Frequent Mental Distress	<i>Percentage of adults reporting 14 or more days of poor mental health per month (age-adjusted)</i>	18% ↓	16%	16%
Suicides	<i>Number of deaths due to suicide per 100,000 population (age-adjusted)</i>	15 ↓	14	14
<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.				

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 Troy Community Hospital service area has a better mammography screening rate, sexually transmitted infection rate, and drug overdose deaths than Pennsylvania and the country. Of note, the Greater Troy Region has more primary care physicians than the state and country ratios. However, the service area is faring worse than the state and the country in the following categories: (1) access to exercise opportunities, (2) percentage of adults who smoke, (3) alcohol-impaired driving deaths, (4) percentage of adults who binge drink alcohol, (5) flu vaccinations, (6) insufficient sleep, (7) provider ratios for dentists, mental health providers, and other primary care providers, and (8) teen births. The service area is also faring worse than Pennsylvania in the following categories: (1) food insecurity, (2) physical inactivity, and (3) health insurance coverage.

Table D3. Health Infrastructure of Guthrie Troy Community Hospital Service Area






Health Infrastructure				
Indicators	Description	Bradford County	PA State	U.S.
Flu Vaccinations	Percentage of fee-for-service (FFS) Medicare enrollees who had an annual flu vaccination	47% ↓	55%	48%
Access To Exercise Opportunities	Percentage of population with adequate access to locations for physical activity	62% ↓	86%	84%
Food Environment Index	Index of factors that contribute to a healthy food environment, from 0 (worst) to 10 (best)	8.2 ↓	8.5	7.4
Primary Care Physicians	Ratio of population to primary care physicians	980:1 ↑	1,260:1	1,330:1
Mental Health Providers	Ratio of population to mental health providers	980:1 ↓	350:1	300:1
Dentists	Ratio of population to dentists	1,810:1 ↓	1,400:1	1,360:1
Preventable Hospital Stays	Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees	2,849 ↑	2,953	2,666
Mammography Screening	Percentage of female Medicare enrollees ages 65-74 who received an annual mammography screening	53% ↑	49%	44%
Uninsured	Percentage of population under age 65 without health insurance	8% ↓	6%	10%
Limited Access To Healthy Foods	Percentage of population who are low-income and do not live close to a grocery store	5%	5%	6%
Food Insecurity	Percentage of population who lack adequate access to food	13% ↓	12%	14%
Insufficient Sleep	Percentage of adults who report fewer than 7 hours of sleep on average (age-adjusted)	39% ↓	38%	37%
Teen Births	Number of births per 1,000 female population ages 15-19	23 ↓	12	16
Sexually Transmitted Infections	Number of newly diagnosed chlamydia cases per 100,000 population	208.8 ↑	421.3	495.0
Excessive Drinking	Percentage of adults reporting binge or heavy drinking (age-adjusted)	21% ↓	20%	19%
Alcohol-Impaired Driving Deaths	Percentage of driving deaths with alcohol involvement	31% ↓	25%	26%
Drug Overdose Deaths	Number of drug poisoning deaths per 100,000 population	17 ↑	41	31
Adult Smoking	Percentage of adults who are current smokers (age-adjusted)	17% ↓	16%	13%

Physical Inactivity	Percentage of adults age 18 and over reporting no leisure-time physical activity (age-adjusted)	22% ↓	21%	23%
Uninsured Adults	Percentage of adults under age 65 without health insurance	8% ↓	7%	11%
Uninsured Children	Percentage of children under age 19 without health insurance	6% ↓	5%	5%
Other Primary Care Providers	Ratio of population to primary care providers other than physicians	360:1 ↓	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 Troy Community 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 and less traffic volume than the state or country. However, the service area has less broadband Internet access as well as less access to parks than in the state or country.


Table D4. Physical Environment of Guthrie Troy Community Hospital Service Area

Physical Environment				
Indicators	Description	Bradford County	PA State	U.S.
Severe Housing Problems	Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities	10% ↑	14%	17%
Driving Alone To Work	Percentage of the workforce that drives alone to work	79% ↓	70%	70%
Long Commute – Driving Alone	Among workers who commute in their car alone, the percentage that commute more than 30 minutes	35% ↑	37%	37%
Air Pollution: Particulate Matter	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5)	6.6 ↑	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	Yes	-	-
Broadband Access	Percentage of households with broadband internet connection	84% ↓	89%	90%
Library Access	Library visits per person living within the library service area per year	2	2	2

Traffic Volume	<i>Average traffic volume per meter of major roadways in the country</i>	27 	177	108
Homeownership	<i>Percentage of owner-occupied housing units</i>	72% 	69%	65%
Severe Housing Cost Burden	<i>Percentage of households that spend 50% or more of their household income on housing</i>	9% 	13%	15%
Access To Parks	<i>Percentage of population living within a half mile of a park</i>	10% 	38%	51%
Adverse Climate Events	<i>Indicator of thresholds met for the following adverse climate and weather-related event categories: extreme heat (300 or more days above 90F), moderate or greater drought (65 or more weeks), and disaster (2 or more presidential disaster declarations) over the five-year period</i>	0	-	-
Census Participations	<i>Percentage of all households that self-responded to the 2020 census (by internet, paper questionnaire or telephone)</i>	59.6%	-	65.2%
Voter Turnout	<i>Percentage of citizen population aged 18 or older who voted in the 2020 U.S. Presidential election</i>	64.3% 	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 Troy Community 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 with less segregation in its schools and communities. 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 living wage, (6) median household income, (7) motor vehicle crash deaths, (8) school funding adequacy and segregation, and (10) population that has attended some college.

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

Social & Economic Factors				
Indicators	Description	Bradford County	PA State	U.S.
Some College	<i>Percentage of adults ages 25 and over with a high school diploma or equivalent</i>	52% 	68%	68%

High School Completion	<i>Percentage of adults ages 25 and over with a high school diploma or equivalent</i>	91% ↓	92%	89%
Unemployment	<i>Percentage of population ages 16 and older unemployed but seeking work</i>	3.3% ↑	3.4%	3.6%
Income Inequality	<i>Ratio of household income at the 80th percentile to income at the 20th percentile</i>	4.6 ↑	4.8	4.9
Children In Poverty	<i>Percentage of people under age 18 in poverty</i>	18% ↓	16%	16%
Injury Deaths	<i>Number of deaths due to injury per 100,000 population</i>	92 ↑	97	84
Social Associations	<i>Number of membership associations per 10,000 population</i>	14.2 ↑	11.8	9.1
Childcare Cost Burden	<i>Child care costs for a household with two children as a percent of median household income</i>	36% ↓	35%	28%
High School Graduation	<i>Percentage of ninth-grade cohort that graduates in four years</i>	89% ↑	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>	0.04 ↓	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>	\$6,567 ↓	\$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>	77% ↓	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>	0.78 ↓	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>	\$61,300 ↓	\$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>	\$46.01 ↓	\$54.37	-
Childcare Centers	<i>Number of child care centers per 1,000 population under 5 years old</i>	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>	54 ↑	72	63
Motor Vehicle Crash Deaths	<i>Number of motor vehicle crash deaths per 100,000 population</i>	18 ↓	9	12
Firearm Fatalities	<i>Number of deaths due to firearms per 100,000 population</i>	11 ↑	14	13
Disconnected Youth	<i>Percentage of teens and young adults ages 16-19 who are neither working nor in school</i>	10% ↓	6%	7%
<p><i>Data Source: County Health Rankings, 2020 – 2025</i></p> <p>NOTE: County indicators that are better than the state level are displayed with a GREEN UP ARROW while county objectives that are worse than the state level are displayed with a RED DOWN ARROW. County indicators that are the same as the state level are displayed with no arrow.</p>				

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 Troy Community Hospital also reviewed federal data provided from the Healthy People 2030 health measures and goals.

Healthy People 2030 (HP2030)¹⁸ 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 Office¹⁹ 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 [Healthy People 2030](#)

¹⁹ [Commonwealth of Pennsylvania Department of Health](#)

Guthrie Troy Community 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 Troy Community Hospital understands the critical need to identify and prioritize the health needs of the community. Guthrie Troy Community 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.

The Guthrie Troy Community Hospital service area has higher mortality rates due to cancer than the federal goal for all cancer types besides prostate cancer where Bradford County has 30% less deaths due to this cancer type.

Table D6. Healthy People 2030 – Cancer Measures for Guthrie Troy Community Hospital Service Area

Cancer			
Measures	Bradford County	PA State	Goal
Age-adjusted cancer death rate per 100,000	155.6 ↓	157.8 ↓	122.7
Age-adjusted lung cancer death rate per 100,000	35.2 ↓	37.3 ↓	25.1
Age-adjusted female breast cancer death rate per 100,000 females	20.5 ↓	20.4 ↓	15.3
Age-adjusted colorectal cancer death rate per 100,000	14.3 ↓	13.8 ↓	8.9
Age-adjusted prostate cancer death rate per 100,000 males	14.1 ↑	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 Troy Community Hospital service area is meeting the federal goal for teenage pregnancies, although the rate is higher than that of PA.

Table D7. Healthy People 2030 – Family Planning Measures for Guthrie Troy Community Hospital Service Area

Family Planning			
Measure	Bradford County	PA State	Goal
Reported pregnancy rate per 1,000 females aged 15 to 19	26.8 ↑	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 Troy Community Hospital service area has a high mortality rate due to coronary heart disease but is meeting the federal goal for stroke mortality.

Table D8. Healthy People 2030 – Heart Disease & Stroke Measures for Guthrie Troy Community Hospital Service Area

Heart Disease & Stroke			
Measures	Bradford County	PA State	Goal
Age-adjusted coronary heart disease death rate per 100,000	82.4 ↓	106.2 ↓	71.1
Age-adjusted stroke death rate per 100,000	26.7 ↑	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 Troy Community Hospital service area is not reaching federal goals for deaths due to unintentional injuries or motor vehicle crashes. The firearm fatality rate in the Greater Troy Region is better than that of the state, but there is more child abuse and neglect occurring in Bradford County than the state.

Table D9. Healthy People 2030 – Injury & Violence Prevention Measures for Guthrie Troy Community Hospital Service Area

Injury & Violence Prevention			
Measures	Bradford County	PA State	Goal
Age-adjusted unintentional injury death rate per 100,000	60.3 ↓	64.4 ↓	43.2
Age-adjusted motor vehicle crash-related death rate per 100,000	19.8 ↓	9.0 ↑	10.1
Age-adjusted homicide rate per 100,000	-	6.7 ↓	5.5
Age-adjusted firearm-related death rate per 100,000	10.3 ↑	12.4 ↓	10.7
Nonfatal child abuse and neglect report rate per 1,000 under 18 years	15.8 ↓	12.4 ↓	8.7
Age-adjusted death rate for drug overdoses involving any opioid per 100,000	-	24.3 ↓	13.1
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 Troy Community Hospital service area is meeting some of the federal goals related to maternal, infant, and child health, including slightly lower infant, child, and adolescent mortality rates and a slightly lower pre-term birth rate as well. However, the percentage of females who receive adequate prenatal care is lower than the federal goal. The Greater Troy Region also has a higher fetal mortality rate, along with higher rates of women smoking during pregnancy and higher obesity rates among women.

Table D10. Healthy People 2030 – Maternal, Infant, & Child Health Measures for Guthrie Troy Community Hospital Service Area

Maternal, Infant, & Child Health			
Measures	Bradford County	PA State	Goal
Fetal mortality rate per 1,000 live births and non-induced fetal deaths of 20+ weeks gestation	6.4 ↓	5.7	5.7
Infant mortality rate per 1,000 live births	4.9 ↑	5.9 ↓	5.0
Child and adolescent death rate per 100,000 aged 1 to 19	18.1 ↑	24.0 ↓	18.4
Percent of low-risk, no prior birth females giving birth by cesarean	21.9% ↑	26.7% ↓	23.6%
Percent of live births which are preterm (less than 37 weeks gestation)	9.2% ↑	9.7% ↓	9.4%
Percent of pregnant females who received early and adequate prenatal care	68.7% ↓	71.5% ↓	80.5%
Percent of females giving birth who did not smoke during pregnancy	82.3% ↓	89.7% ↓	95.7%
Percent of females delivering a live birth who had a healthy weight prior to pregnancy	38.5% ↓	40.4% ↓	47.1%
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 Troy Community Hospital service area is not meeting the federal goal for suicides. The suicide rate in the service area is also higher than the state level.

Table D11. Healthy People 2030 – Mental Health & Mental Disorders Measures for Guthrie Troy Community Hospital Service Area

Mental Health and Mental Disorders			
Measures	Bradford County	PA State	Goal
Age-adjusted suicide rate per 100,000	19.5 ↓	14.2 ↓	12.8
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.			

Oral and pharyngeal cancers are being detected earlier within the Guthrie Troy Community Hospital service area.

Table D12. Healthy People 2030 – Oral Health Measures for Guthrie Troy Community Hospital Service Area

Oral Health			
Measures	Bradford County	PA State	Goal
Percent of oral and pharyngeal cancers detected at the local stage	40.0% ↑	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.			

The Guthrie Troy Community Hospital service area is meeting the federal goals for alcohol abuse measures. However, there are higher incidences of drug use and overdoses in Bradford County, PA.

Table D13. Healthy People 2030 – Substance Use Measures for Guthrie Troy Community Hospital Service Area

Substance Use			
Measures	Bradford County	PA State	Goal
Age-adjusted cirrhosis death rate per 100,000	7.7 ↑	8.6 ↑	10.9
Age-adjusted drug overdose death rate per 100,000	22.8 ↓	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 Troy Community Hospital service area sees a higher amount of cigarette smoking and is not currently reaching federal goals related to tobacco use.

Table D14. Healthy People 2030 – Tobacco Use Measures for Guthrie Troy Community Hospital Service Area

Tobacco Use			
Measures	Bradford County	PA State	Goal
Percent of females who reported smoking in the first or second trimester that quit smoking by their third trimester	14.1% ↓	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 Troy Community 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
Cancers	PA 211	855567.5341	PA 211 - Get Connected. Get Help.
Cancers	Guthrie Breast Care Center	607.798.6161	Mammography Guthrie
Cancers	American Cancer Society in Pennsylvania	800.227.2345	Pennsylvania American Cancer Society
Cancers	National Cancer Institute	NA – Website Only – reference materials	Comprehensive Cancer Information - NCI
Cancers	Bradford County Department of Health	570.265.2194	State Health Centers Department of Health Commonwealth of Pennsylvania

Community Resources			
Identified Health Need	Organization Name	Phone	Website
Heart Disease and Stroke	PA 211	855.567.5341	PA 211 - Get Connected. Get Help.

Heart Disease and Stroke	Tioga Partnership for Community Health	570.723.0520	Tioga County Partnership for Community Health Resource Directory
Heart Disease and Stroke	Tioga County Branch YMCA	570.662.2999	Tioga County Branch River Valley Regional YMCA
Heart Disease and Stroke	Bradford County Human Services	570.265.1760	Human Services 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
Heart Disease and Stroke	Sayre Public Library	570.888.2256	Sayre Public Library
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.
Heart Disease and Stroke	Bradford County Parks and Recreation	Website source only	Parks Bradford County, PA

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

- Detailed summary of activities in CHIP for each hospital.