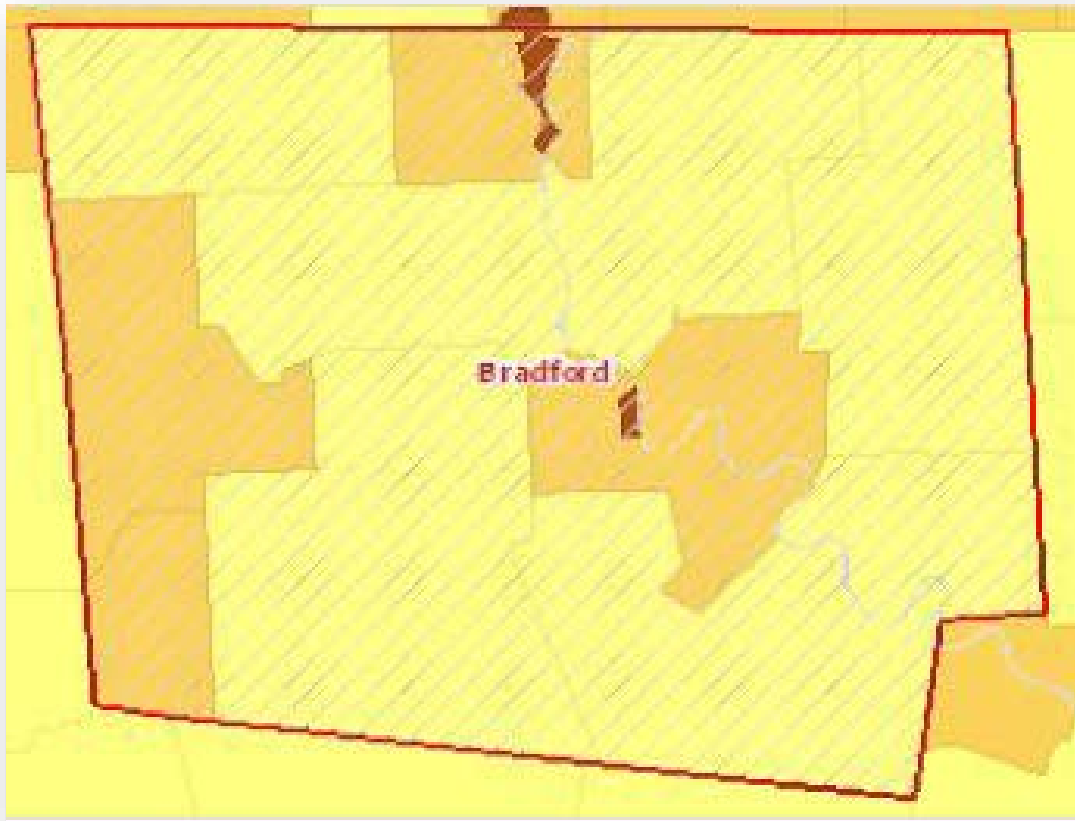


# Community Health Needs Assessment for Troy Community Hospital: Bradford, PA:

February 2019  
Approved: March 27, 2019



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## Introduction

In 2010, Congress enacted the Patient Protection and Affordable Care Act (PPACA), which put in place comprehensive health insurance reforms to enhance the quality of health care for all Americans. In an effort to enhance the quality of health care, the PPACA also requires non-profit hospitals to complete a community health needs assessment (CHNA) every three years. A CHNA is a systematic process, involving the community, to identify and analyze community health needs in order to plan and act upon priority community health needs. This initiative is in line with The Guthrie Clinic's vision to "improve health through clinical excellence and compassion; every patient, every time." The CHNA ensures that The Guthrie Clinic (TGC) has the information needed to provide community health benefits in order to support the prioritized needs of the community. Further, the CHNA allows TGC to improve coordination of hospital community benefits with the overall goal of improving community health.

This CHNA document contains a description and supporting data of the community and the existing community needs. This information is summarized into the following categories: (1) demographics of the primary service area (race/ethnicity, income, education, employment); (2) insurance coverage (commercial, Medicare/Medicaid, uninsured), healthcare infrastructure (number and types of health care providers and services); and (3) key health challenges (access to mental health providers, lung cancer incidence, and obesity). The assessment also includes projected changes in the community demographics and health care infrastructure for the 3-year program period. Based on the information from this CHNA, projects that meet the needs of the community will be selected and implemented.

## Overview of Guthrie Health

### The Guthrie Clinic

The Guthrie Clinic (TGC) is a not-for-profit, integrated health care organization consisting of more than 301 primary care and specialty physicians and 230 mid-level healthcare providers. TGC is located across Northeastern Pennsylvania and the Southern Tier of New York State. TGC consists of five (5) hospitals and thirty-two (32) regional provider offices in 23 communities, home health and home care services, and a research foundation. TGC manages more than 1,200,000 patient visits a year. The majority of the patients seen within TGC originate from rural communities. TGC offers programs designed to enhance the health and well-being of those it serves. Similarly, the overall mission of TGC is to work with the surrounding communities to help each person attain optimal, life-long health and well-being. To do this, TGC provides integrated, clinically advanced services that prevent, diagnose, and treat disease, within an environment of compassion, learning, and discovery.

### Troy Community Hospital

Troy Community Hospital (TCH) is a not-for-profit, 25-bed critical access hospital and a member of The Guthrie Clinic (TGC). TCH is located in Troy, PA and is a critical access hospital that serves a primary service area of Bradford County, PA. In Fiscal Year 2018, TCH had over 1,250 inpatient visits, more than 1,150 short procedures, and 75 inpatient surgeries. The TCH Emergency Department had over 8,220 visits.

In 2017, TCH was awarded full Trauma Center Accreditation as an Adult Level IV Trauma Center. TCH is also accredited by the American Osteopathic Association. The hospital has also received numerous national awards for high quality patient care such as the Women's Choice Award® recognizing America's Best Hospitals for Emergency Care, National Committee for Quality Assurance (NCQA) Patient-Centered Medical Home (PCMH) Level 3 Recognition for quality patient-centered care and was recognized as one of the nation's Most Wired hospitals, according to the 2017 Most Wired Survey.

TCH is a Regional Level IV Trauma Center, accredited by the Pennsylvania Trauma Systems Foundation and is equipped to stabilize injured patients to transfer them quickly

to a higher-level trauma center. This is an important link in the trauma system, especially in remote areas like Troy where weather and distance play a critical factor in trauma patient survival. TCH offers a range of services, including emergency care, laboratory services, medical imaging, rehabilitation, sleep studies, sub-acute care, surgical care, a ventilator management program, and other supporting services.

The table below summarizes the total staff at TCH listed by health occupation. Please note, most physicians are employed by Guthrie Medical Group (GMG).

<b>Health Occupation who serve in the primary service area of TCH:</b>	<b>Troy Community Hospital</b>
Physicians	72
Internal Medicine Physicians, Family Practice Physicians and Hospitalist	13
Physician Assistants/Nurse Practitioners	4
Registered Nurses	46
Other Health Professions	33

\*Numbers derived from GMG and HRIS Data (estimate)

\*Examples of Other Health Professions include speech pathologist, physical therapists, occupational therapist

### **Purpose and Goals**

Troy Community Hospital (TCH) and The Guthrie Clinic (TGC) emphasize primary health care services, health promotion, and chronic disease prevention and management for the community we serve. TCH’s overall approach to community benefit is to examine the intersection of documented unmet community needs and match these needs with organizational strengths. These unmet community needs can be defined as a discrepancy or gap between what is currently available and what the community desires. The overarching goals of this Community Health Needs Assessment (CHNA) are to (1) identify strengths and limitations within TCH’s service area; (2) define the needs and assets associated with the community we serve; (3) describe resources such as health professionals, regional economics and communication networks whose goal is to maximize community health.

The identified needs will result in the formation of an implementation plan that will build upon the continuum of care currently offered at TCH by clearly linking our clinical services with our community-based services through this community benefit process.

The implemented community benefit plan will be integrated into the strategic organizational goals of TCH. The plan progress will be monitored to ensure timely implementation. Further collaborative partnerships will be integral to the success of the plan.

### The Community We Serve

Troy Community Hospital (TCH) serves a rural population over the geographic area of Bradford County, Pennsylvania. The primary service area is defined as four contiguous ZIP codes from which we derive at least 75% of our inpatient population. The four contiguous ZIP codes include 13,081 people, the majority of which are white, non-Hispanic and aged 35-54 years old. In this geographic area, 50.8% of individuals aged 25 or older have at least a high school degree with 22.4% and 15.1% having some college and bachelor’s degree/higher, respectively. From 2010 until 2018 there was a 3.6% decrease in the overall population served by TCH. It is anticipated that between 2018 and 2023, a decrease of 2.0% will be observed in overall population served by TCH. Please refer to the information below for a summary of the county.

### Demographics

\*Data Sources: © 2018 The Nielsen Company, © 2018 Truven Health Analytics Inc., © HANYS 2018, © 2018 The Claritas Company, © Copyright IBM Corporation 2018

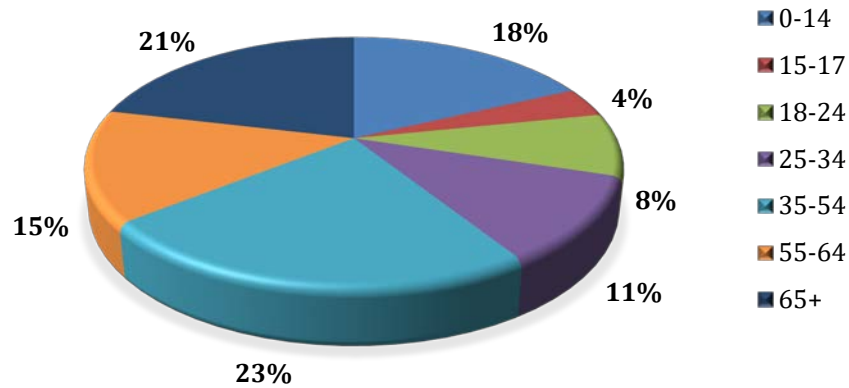
#### Population Served by TCH, by County:

Population Served by TCH, by County (2018)	
County	Total Population
Bradford County, PA	13,081

#### Population Served by TCH, by Age Group:

Population Served by TCH, by Age Group (2018)	
Age Group	Total Population
0-14	2,345
15-17	499
18-24	1,058
25-34	1,464
35-54	3,041
55-64	1,892
65+	2,782

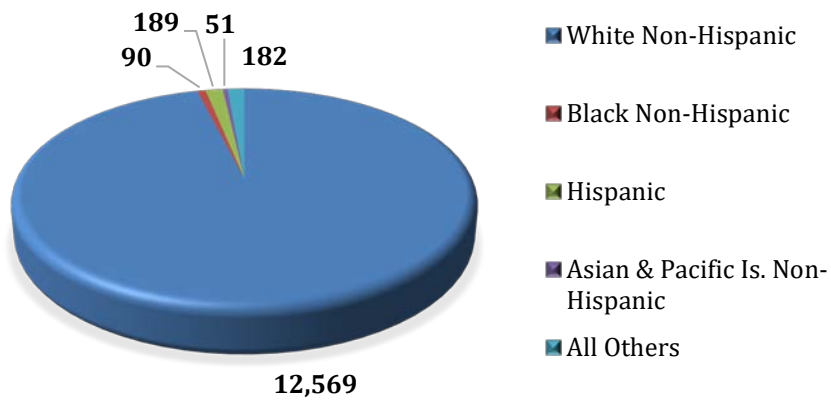
### POPULATION SERVED BY TCH, BY AGE GROUP



Population Served by TCH, by Race:

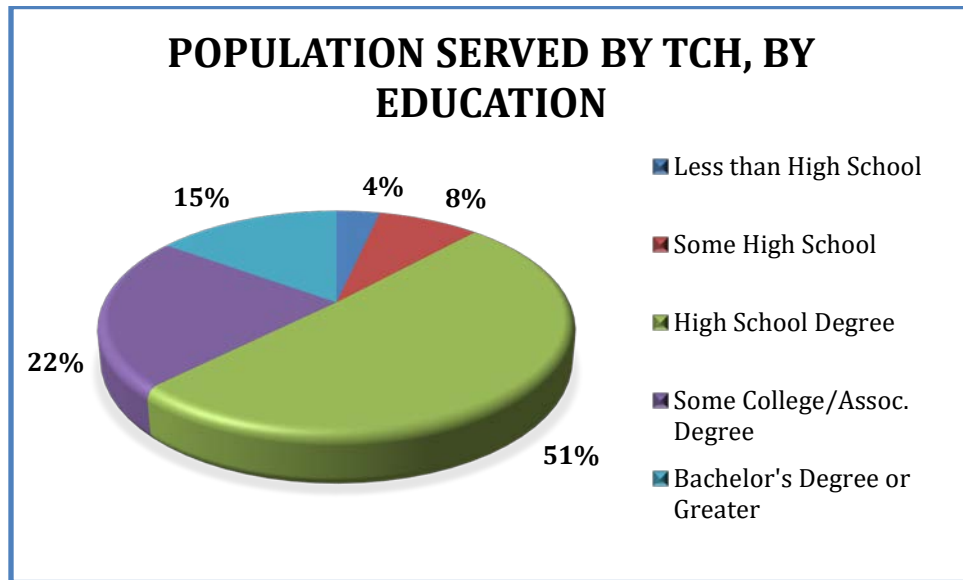
Population Served by TCH, by Race (2018)	
Race/Ethnicity	Total Population
White Non-Hispanic	12,569
Black Non-Hispanic	90
Hispanic	189
Asian & Pacific Is. Non-Hispanic	51
All Others	182

### POPULATION SERVED BY TCH, BY RACE



Population Served by TCH, by Education:

<b>Population Served by TCH, by Education (2018)</b>	
<b>2018 Adult Education Level</b>	<b>Population Age 25+</b>
Less than High School	325
Some High School	760
High School Degree	4,659
Some College/Assoc. Degree	2,053
Bachelor's Degree or Greater	1,382



Average Household Income

The 2018 average household income for the geographic area served by TCH was \$68,933. This is below the US average of \$86,278. The 2017 US average for individuals living below the poverty level is 13.4% of the population. Bradford County, PA is below the national average household income. Refer to the table below for household income distribution:

<b>Population Served by TCH, by Income Distribution (2018)</b>			
<b>2018 Household Income</b>	<b>HH Count</b>	<b>% of Total</b>	<b>USA % of Total</b>
<\$15K	610	11.8%	10.9%
\$15-25K	518	10.0%	9.5%
\$25-50K	1,306	25.2%	22.1%
\$50-75K	1,044	20.1%	17.1%
\$75-100K	719	13.9%	12.3%
Over \$100K	985	19.0%	28.2%



### Unemployment

Local unemployment was impacted by the recession with rates above the national average (3.7% in November 2018). Please refer to the below table for summary statistics.

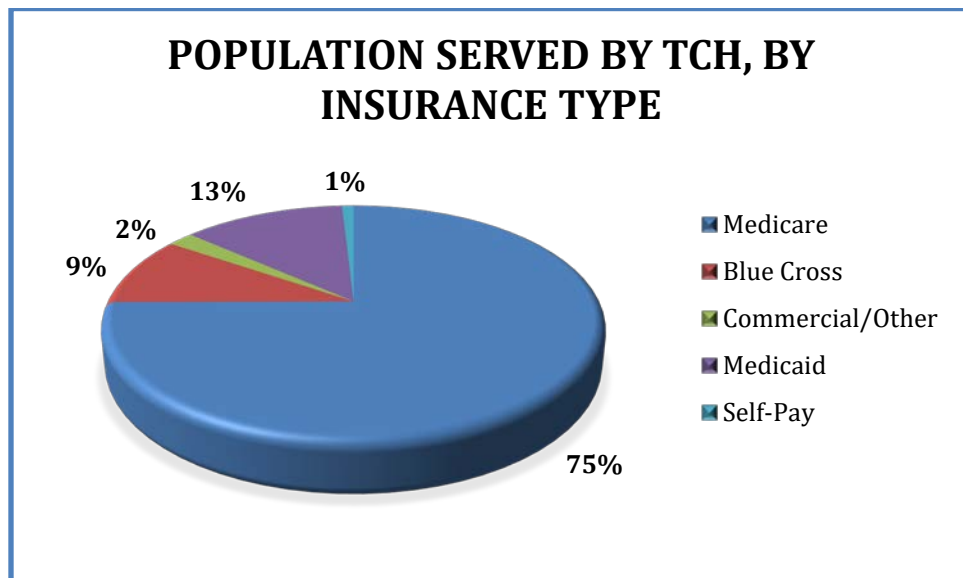
<b>Population Served by TCH, Unemployment Statistics (2017)</b>	
<b>County</b>	<b>Unemployment Rate</b>
Bradford County, PA	5.1%

\*Annual 2017 Unemployment Rates by County, Not Seasonally Adjusted (Data Source: Bureau of Labor Statistics)

### Insurance Coverage

In 2018, almost three fourths of the individuals seen through the inpatient setting at TCH were covered by Medicare (74.9%). Approximately 8.16% of the population in Bradford County, PA live without medical insurance, which is above the PA (7.59%) average, but below the national average (US Census Bureau, 2016).

<b>Population Served by TCH, by Insurance Type (2018)</b>	
<b>Insurance Carrier</b>	<b>Population Percentage</b>
Medicare	74.9%
Blue Cross	9.6%
Commercial/Other	2.0%
Medicaid	12.6%
Self-Pay	0.9%



## Approach and Methodology

The Troy Community Hospital (TCH) community health needs assessment began with a review of primary data sources, specifically survey and focus group data that had been collected throughout 2018 and early 2019. Due to the limitations surrounding health needs perceptions contained in this collected information from Bradford County, we primarily relied on secondary data sources for this assessment. The secondary data sources included the most recent County Health Rankings and data collected through the Strategic Marketing Department (demographic information, discharge data, etc.). Recent indicators of health were collected from Community Commons and compared to county, state, national and Healthy People 2020 reference data. All information was assembled and a CHNA group of community members, health care providers (physicians and nurses), administrators, and an individual with experience in public health was invited to review the findings. The data was stratified into three categories which included clinical care, health behaviors and health outcomes. Within the primary service area for TCH, thirty indicators of health were identified to be below the state, national, or Healthy People 2020 goal. Once the thirty indicators were identified, they were prioritized by each individual of the CHNA group using the Hanlon Method.

The Hanlon Method uses a two-step process to score indicators of health. The first step ensures that each need meets the PEARL test which includes: Propriety – is an intervention suitable?; Economics- does it make economic sense to address the need?; Acceptability- is the community open to addressing this need and will it accept the intervention?; Resources- are resources available?; Legality- is the intervention lawful?. The second step of the Hanlon Method includes assigning a score from 0-10 for each need based regarding the (1) size of the problem (2) seriousness of the problem and (3) effectiveness potential of an intervention. Using this methodology, the CHNA group scored each of the unmet needs from which several priority needs were identified for the primary service area of TCH. Further, once scored, the results were shared with the CHNA group for discussion. The group was also given the opportunity to adjust any rankings. This process of prioritization classified three areas of unmet health care needs. In sequential order (highest to lowest score) these priority needs included:

- Access to Mental Health Providers (with a subset focus of opioid usage)
- Cancer Incidence – Lung (with a subset focus of tobacco usage)
- Obesity

\* Note: Obesity was not originally ranked in the top three priority needs, however upon discussion it was determined to be a top priority need - rankings adjusted accordingly.

In addition to the priorities set by the CHNA group two more unmet community needs were identified and will be described within this CHNA as areas for potential health improvement. However, due to available resources these needs will not be addressed through an implementation strategy in the subsequent fiscal years. These needs include:

- Preventable Hospital Events
- HIV Screening

### **Data Gaps Identified**

The most current and up-to-date data was used to determine the community needs. However, data gaps still existed secondary to low survey response rates. Primarily, the gaps exist in the Health Behavior Category, including: Alcoholic Beverage Expenditures, Fruit/Vegetable Expenditures, and Tobacco Expenditures, and Soda Expenditures. Additional data gaps include Percentage of Mothers with Late or No Prenatal Care data, and Mortality due to Homicide data. The CHNA group also suggested that additional information regarding community awareness of health information exchange, opioid use, and preventable hospital events are other areas which information should be gathered.

### **Response to Findings**

#### **Access to Mental Health Providers**

The World Health Organization (WHO) reports that over 26% of Americans will be affected by mental or neurological disorders in a given year. In the US, 9.5% of Americans will be affected by depression, 2.6% of Americans will be affected by bipolar disorder, and 1% of Americans will be affected by schizophrenia. According to the WHO, approximately 800,000 people die as a result of suicide every year (one person every 40 seconds). Suicide is the 10<sup>th</sup> leading cause of death in the US and the 2<sup>nd</sup> leading cause of death for people 10 – 34. Approximately 25% of those living with a mental illness also has a co-occurring addiction disorder. The service area for TCH reports

considerably lower than Pennsylvania and national benchmarks for access to mental health providers (see table below).

County	Ratio of Mental Health Providers to Population (1 Provider per x Persons)	Mental Health Care Provider Rate (Per 100,000 Population)	Pennsylvania	US
Bradford, PA	1,544.6	<b>64.7</b>	171.5	202.8

\* Data Source: University of Wisconsin Population Health Institute, County Health Rankings. 2018. Source geography: County

Additionally, Bradford County, PA, exhibits higher age-adjusted suicide rates than the state and national benchmarks (see table below).

County	Age-Adjusted Death Rate (Per 100,000 Population)	Pennsylvania	US
Bradford, PA	<b>19.6</b>	13.55	13

\* Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2012-16. Source geography: County

Another concern in the community is opioid usage. The CHNA group expressed serious concern regarding the usage of opioids. The Centers for Disease Control report that in the United States, in 2016, more than 11 million people abused prescription opioids and more than 40% of all US opioid deaths involved a prescription opioid. Nearly 64,000 Americans dies of drug overdoses in 2016, with two-thirds of those deaths due to opioids.

Every day, over 130 people in the US die of an opioid overdose (NIH, 2019). Drug overdose is the leading cause of accidental death in the US, with opioids being the most common drug used (NCBI, 2018). The service area for TCH reports higher than Pennsylvania and the national benchmark for mortality from unintentional/Accidental injury (see table below).

County	Age-Adjusted Death Rate (Per 100,000 Population)	Pennsylvania	US
Bradford, PA	<b>54.3</b>	50.1	41.9

\* Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2012-16. Source geography: County

The lack of access to mental health providers within the community creates a community at elevated risk for suicide as well as addiction. Establishing mental health programs to provide suicide screening, education and increased access to mental health providers will provide a community health service. Further, any success will be gauged by an overall increase in access to mental health providers, a decrease in accidental death and a decrease in the suicide rate.

### Cancer Incidence - Lung

Lung cancer is the second most common cancer and the leading cause of cancer death among both men and women (ACS, 2019). Tobacco usage (smoking) remains a leading cause of most lung cancers. TCH's core service area has a lung cancer incidence rate and a higher tobacco usage rate for former or current smokers than PA state or US averages, respectively (refer to below summary tables).

County	Cancer Incidence Rate (Annual Incidence Rate Per 100,000 population)	Pennsylvania	US
Bradford, PA	<b>69.7</b>	65.4	61.2

\* Data Source: State Cancer Profiles. 2010-14. Source geography: County

County	Percent Adults Ever Smoking 100 or More Cigarettes	Pennsylvania	US
Bradford, PA	<b>48.18%</b>	47.33%	44.16%

\* Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12. Source geography: County

The elevated smoking rate within the community translates to a high-risk cohort susceptible to developing lung cancer. Establishing programs to provide screening, education and smoking cessation counseling will provide a community health service. Further, any success will be gauged by an overall decrease in smoking rates and lung cancer incidence within the area.

## Obesity (Adults)

Over the past twenty years the rate of obese adults within the United States population has more than doubled (DHHS, 2010). According to Medical News Today (2017), about 36% of American adults are currently obese (more than 1 in 3). The health risks associated with obesity, include hypertension, type 2 diabetes, stroke, heart disease, mental illness, etc. (MNT, 2017) The Centers for Disease Control (CDC) has used body mass index (BMI: weight in kilograms/(height in meters)<sup>2</sup>) to define the level of excess weight. Obesity is defined as a BMI of greater than 30 and according to the World Health Organization (WHO), worldwide obesity has increased since 1980 to more than 1.4 billion adults. Bradford County, PA, has experienced a similar increase in obesity rates and the percentage of obese adults in TCH service area exceeds both state and national averages (refer to below summary table). The percent obese listed below include the percentage of adults age 20 or older who reported a BMI greater than 30. The percent overweight listed below include the percentage of adults aged 18 and older who reported a BMI between 25.0 and 30.0 (refer to below summary table):

County	Population (20 years or older)	Adults with BMI > 30.0 (Obese)	Percent Adults with BMI > 30.0 (Obese)	Pennsylvania	US
Bradford, PA	47,197	15,339	<b>32.2%</b>	29%	27.5%

\* Data Source: CDC, National Center for Chronic Disease Prevention and Health Promotion, 2013

County	Population (18 years or older)	Total Adults Overweight	Percent Adults Overweight	Pennsylvania	US
Bradford, PA	46,167	19,352	<b>41.9%</b>	35.9%	35.8%

\* Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12. Source geography: County

### Preventable Hospital Events

Preventable hospital events include conditions such as pneumonia, dehydration, asthma, diabetes, etc. that could have potentially been preventable. Many of these conditions could be prevented if adequate primary care resources were available and accessible to those patients. This indicator is relevant, because analysis of ambulatory care sensitive (ACS) condition discharges allow organizations to determine if interventions are reducing admissions through better primary care resources (Community Commons, 2018). In TCH’s primary service area, ACS condition discharge rates exceed both PA state averages and the US average (refer to table below):

County	Total Medicare Part A Enrollees	Ambulatory Care Sensitive Condition Hospital Discharges	Ambulatory Care Sensitive Condition Discharge Rate	Pennsylvania	US
Bradford, PA	8,372	651	<b>77.8</b>	51.5	49.9

\* Data Source: Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care. 2014. Source geography: County

### HIV Screening

An estimated 1.1 million people over age 13, live with HIV infection in the US, including approximately 162,500 (15%) people who are undiagnosed (CDC, 2015). This indicator reports the percentage of adults age 18 – 70 who self-report that they have never been screened for HIV. Engaging in preventative behaviors enables earlier detection and treatment of the condition. Additionally, this indicator addresses a potential lack of preventative care, health knowledge, and/or social barriers preventing utilization of services (Community Commons, 2018). The percentage of adults never screened for HIV/AIDS in Bradford County exceeds both state and US averages (refer to table below):

County	Survey Population (18 years or older)	Total Adults Never Screened for HIV/AIDS	Percentage of Adults Never Screened for HIV/AIDS	Pennsylvania	US
Bradford, PA	45,861	35,797	<b>78.05%</b>	67.92%	62.79%

\* Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12. Source geography: County

## **Community Benefit Plan**

As the process to identify community needs continues to evolve within Troy Community Hospital (TCH), unmet needs will be evaluated, prioritized and incorporated as necessary. Moreover, new community partnerships will be formed, and public comments will be reviewed as received and incorporated when applicable. The community benefit plan along with the community needs assessment will continue to have the overall approach of documenting unmet community health needs, identifying strengths and assets within TCH, and targeting programs for implementation where these two areas intersect. Through the review of all relevant data sources the CHNA group identified three areas for community benefit to be addressed. These three areas were identified as priorities as they showed the greatest potential for improvement in the overall health status of the community TCH serves. The implementation strategy for TCH will be presented in a separate document.

In addition to the CHNA group, this report in its entirety will be shared during regular meetings throughout 2020 and 2021 with the S2AY Rural Health Network, East Central Division of the American Cancer Society, Tioga Partnership for Community Health, and the Chemung, Schuyler, and Steuben Health Departments for their review, input, and solicitation of written comments.