Community Health Needs Assessment for
Robert Packer Hospital: Bradford, PA, Tioga, PA, Chemung, NY, Steuben, NY and Tioga, NY:

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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 that will enhance the quality of health care for all Americans. In an effort to enhance the quality of health care, the PPACA will also require non-profit hospitals to complete a community health needs assessment (CHNA) every three years. In line with Guthrie’s vision to “improve health through clinical excellence and compassion; every patient, every time” the CHNA will ensure that Guthrie has the information it needs to provide community health benefits and meet the needs of the community it serves. Further, this CHNA will allow Guthrie to improve coordination of hospital community benefits with the overall goal to improve community health.

Within this community needs assessment document a description and supporting data of existing community needs will be summarized including (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 issues, high lung cancer rates, cancer mortality, heart disease mortality/prevalence, and obesity). The assessment will additionally include projected changes in the demographics, insurance coverage and health care infrastructure during the 3-year program period. Based on what is learned through the community needs assessment, select projects that meet the needs of the community as identified in the assessment will be implemented.

Overview of Guthrie Health

Guthrie Health
GH is a not-for-profit, integrated health care organization consisting of more than 260 primary care and specialty physicians and 130 mid-level healthcare providers. Regionally, located across Northeastern Pennsylvania and the Southern Tier of New York State GH consists of three (3) hospitals, twenty-three (23) satellite clinics, a tertiary
regional II trauma center, and a research foundation. The majority of the patients seen within GH originate from rural communities. GH offers programs designed to enhance the health and well-being of those it serves. Similarly, the overall mission of GH is to work with the 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, within an environment of compassion, learning, and discovery.

**Robert Packer Hospital**

Robert Packer Hospital (RPH) is a community teaching hospital, a Pennsylvania not-for-profit health care system and a member of Guthrie Health (GH). RPH located in Sayre, PA is a 238-bed tertiary care hospital that serves the southern tier region of New York and the northern tier region of Pennsylvania. The primary service area for RPH includes Bradford County, PA, Tioga County, PA, Chemung County, NY, Steuben County, NY, and Tioga County, NY. Robert Packer Hospital is a general medical and surgical hospital in Sayre, PA. Annually, over 4000 inpatient and more than 9000 outpatient surgeries are performed at RPH while its emergency room had over 29,000 visits. Further, on an annual basis the hospital manages over 13,000 admissions, approximately 700 births and over 159,000 outpatient visits. RPH has received multiple awards for clinical excellence including Thomson Reuters Top 100 Hospitals and is nationally recognized for its cardiovascular program and is home to a state-of-the-art cancer center.

The table below summarizes the total staff employed by RPH listed by health occupation. Please note the majority of the physicians are employed by Guthrie Health.

<table>
<thead>
<tr>
<th>Health Occupations</th>
<th>Robert Packer Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physicians</td>
<td>278</td>
</tr>
<tr>
<td>Primary Care Physicians</td>
<td>102</td>
</tr>
<tr>
<td>Physician Assistants/Nurse Practitioners</td>
<td>147</td>
</tr>
<tr>
<td>Registered Nurses</td>
<td>500</td>
</tr>
<tr>
<td>Dentists</td>
<td>6</td>
</tr>
<tr>
<td>*Other Health Professions</td>
<td>225</td>
</tr>
</tbody>
</table>

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

Robert Packer Hospital has a strong commitment to health profession education.
Specifically, their Continuing Medical Education office offers symposiums open to unaffiliated professionals, sponsors Medical Grand Rounds weekly, and supports the Guthrie Scholars Program. The Scholars Program provides early acceptance to medical school for exceptional students from the surrounding communities. RPH further hosts three allied health-training programs in radiologic technology, respiratory therapy and medical technology/medical laboratory science. Further, in collaboration with Mansfield University RPH offers a baccalaureate degree in nursing program.

**Purpose and Goals**
RPH and Guthrie Health emphasize primary health care services, health promotion, and chronic disease prevention and management for the community we serve. RPH’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 overlying goals of this community needs assessment are to (1) identify strengths and limitation within RPH’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 RPH 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 RPH and monitored for success or failure through ongoing efforts. Further collaborative partnerships will be integral to the success of our plan.

**The Community We Serve**
RPH mostly serves a rural population over a large geographic area from five counties covering the Twin Tier regions of New York and Pennsylvania. Our primary service area is defined as 60 contiguous ZIP codes from which we derive at least 75% of our inpatient population. This 60 county ZIP code includes 255,323 people the majority of which are
white non-hispanic ages 35-54. Thirty-nine percent of individuals aged twenty-five or older originating from this group have at least a high school degree with 26.9% and 20.7% having some college and bachelor’s degree/higher, respectively. From 2000 until 2011 we did experience a 1% decrease in the overall population served by RPH and we do anticipate between 2011 and 2016 to similarly see a 1.5% decrease in overall population. Please refer to below graphs for a summary by county.

Demographics

Population as of 2011
Bradford County, PA: 60,875
Tioga County, PA: 34,385
Chemung County, NY: 83,803
Steuben County, NY: 28,262
Tioga County, NY: 47,998

Population of Robert Packer Hospital by Age Group

Population By Race In 2011
Robert Packer Hospital:
White Non-Hispanic: 93%
Black Non-Hispanic: 3%
Hispanic: 1%
Asian & Pacific Islanders Non-Hispanic: 1%
All Others: 2%

**Population of Robert Packer Hospital by Race**

- White Non-Hispanic: 93%
- Black Non-Hispanic: 3%
- Hispanic: 1%
- Asian & Pacific Is. Non-Hispanic: 1%
- All Others: 2%

**Population By Education In 2011**

*Robert Packer Hospital:*
- Less than High School: 3.3%
- Some High School: 9.5%
- High School Degree: 39.6%
- Some College/Associate Degree: 26.9%
- Bachelor’s Degree or Higher: 20.7%
Average Household Income
The 2011 average household income for the entire area RPH serves was $53,599 which is below the US average of $67,529. Individuals’ living below the poverty level is above the US average of 14.1% for all counties in RPH’s primary service area except for Bradford County PA and Tioga County NY.

**Bradford County, PA:**
Average household income: $49,633
Persons below poverty level: 14%

**Tioga County, PA**
Average household income: $46,797
Persons below poverty level: 14.4%

**Chemung County, NY:**
Average household income: $52,703
Persons below poverty level: 16%

**Steuben County, NY**
Average household income: $57,726
Persons below poverty level: 15%

**Tioga County, NY**
Average household income: $57,731
Persons below poverty level: 10.3%
Unemployment
Similarly, local unemployment was impacted by the recession with rates at or above the national average except in Bradford County which was below average. Please refer to the below table for summary statistics.

2009-2011 American Community Survey 3-Year Estimate of Unemployment

**Bradford County, PA:**
Percent of persons unemployed: 6.3%

**Tioga County, PA**
Percent of persons unemployed: 9.1%

**Chemung County, NY:**
Percent of persons unemployed: 7.6%

**Steuben County, NY**
Percent of persons unemployed: 9.9%

**Tioga County, NY**
Percent of persons unemployed: 8.7%
Insurance Coverage
In 2011, the majority of individuals seen through the inpatient setting at RPH were covered by Medicare. The median percentage of uninsured individuals by the five counties in RPH’s primary service area included: Bradford County, PA 15%; Tioga County, PA 17%; Tioga County, NY 12%; Steuben County, NY 14% and Chemung County, NY 14%. These median averages are all below the national median of 16.9% except Tioga County, PA which was slightly above the median.

Insurance by Type RPH:
Medicare: 50.7%
Blue Cross: 18.3%
Commercial: 13.3%
Medicaid: 12.0%
Self-Pay: 5.7%
Approach and Methodology
The RPH community health needs assessment began with a review of primary data sources, specifically survey and focus group data that had been collected throughout 2012. Due to the limitations surrounding health needs perceptions contained in this collected information from the five counties 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 consisting 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 five counties that comprise the primary service area for RPH twenty-seven indicators of health were identified to be below or above the state, US or Healthy People 2020 goal. Once these twenty-seven indicators
were identified they were assigned a score using the Hanlon Method by the CHNA group.

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 in regards to 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 RPH. 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:

- Lung Cancer Incidence
- Access to Primary Care
- Obesity

* Note: Access to Primary Care and Cancer Mortality received the same weight by the CHNA group

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:

- Cancer Mortality
- Heart Disease Mortality/Prevalence

**Data Gaps Identified**
The most current and up-to-date data was used to determine the community needs however, data gaps still existed. These gaps primarily existed with cervical cancer
screening data for Chemung County, NY; cervical cancer incidence for Chemung and Tioga Counties, NY and Bradford and Tioga Counties, PA; colon cancer screening data for Chemung, Steuben and Tioga Counties in NY; the percentage of adults aged 65 and older who self-reported receiving the pneumonia vaccine in Tioga County, NY. The CHNA group also suggested that additional information regarding community awareness of health information exchange and sudden cardiac arrest are two areas in which additional information should be gathered.

**Response to Findings**

**Lung Cancer Incidence**
Lung cancer remains one of the highest causes of cancer death in both men and woman in the United States. Additionally, the counties that comprise the RPH core service area have a lung cancer incidence rate and a higher smoking rate than state (except Bradford County, PA) or US averages (refer to below summary tables).

<table>
<thead>
<tr>
<th>County</th>
<th>Lung Cancer Incidence (Annual Incidence Rate Per 100,000 population)</th>
<th>US Benchmark</th>
<th>New York</th>
<th>Pennsylvania</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chemung, NY</td>
<td>87.3</td>
<td>67.1</td>
<td>63.9</td>
<td>N/A</td>
</tr>
<tr>
<td>Steuben, NY</td>
<td>86.8</td>
<td>67.1</td>
<td>63.9</td>
<td>N/A</td>
</tr>
<tr>
<td>Tioga, NY</td>
<td>75.4</td>
<td>67.1</td>
<td>63.9</td>
<td>N/A</td>
</tr>
<tr>
<td>Bradford, PA</td>
<td>70</td>
<td>67.1</td>
<td>N/A</td>
<td>70.2</td>
</tr>
<tr>
<td>Tioga, PA</td>
<td>78.3</td>
<td>67.1</td>
<td>N/A</td>
<td>70.2</td>
</tr>
</tbody>
</table>

* Data Source: CDC and the NCI: State Cancer Profiles, 2004-2008

<table>
<thead>
<tr>
<th>County</th>
<th>Adult Smoking Rate</th>
<th>US Benchmark</th>
<th>New York</th>
<th>Pennsylvania</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chemung, NY</td>
<td>24%</td>
<td>14%</td>
<td>18%</td>
<td>N/A</td>
</tr>
<tr>
<td>Steuben, NY</td>
<td>28%</td>
<td>14%</td>
<td>18%</td>
<td>N/A</td>
</tr>
<tr>
<td>Tioga, NY</td>
<td>20%</td>
<td>14%</td>
<td>18%</td>
<td>N/A</td>
</tr>
</tbody>
</table>
This translates into a population fitting a high risk cohort for our area susceptible to developing lung cancer. Establishing a program 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.

**Access to Primary Care/Lack of a Consistent Source of Primary Care**

As previously mentioned, the average household income for the primary service area for RPH is below the national average ($53,599 compared to $67,529). Additionally, the percentage of the population that is enrolled in Medicaid is higher than either the state or national levels except for Tioga County, NY which falls below both benchmarks at 14.39% (refer to below summary tables).

<table>
<thead>
<tr>
<th>County</th>
<th>Population (for whom insurance status is determined)</th>
<th>Population Receiving Medicaid</th>
<th>Percent Receiving Medicaid</th>
<th>New York</th>
<th>Pennsylvania</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chemung, NY</td>
<td>85,129</td>
<td>16,104</td>
<td>18.92%</td>
<td>20.06%</td>
<td>N/A</td>
<td>16.10%</td>
</tr>
<tr>
<td>Steuben, NY</td>
<td>98,031</td>
<td>16,415</td>
<td>16.74%</td>
<td>20.06%</td>
<td>N/A</td>
<td>16.10%</td>
</tr>
<tr>
<td>Tioga, NY</td>
<td>50,997</td>
<td>7,341</td>
<td>14.39%</td>
<td>20.06%</td>
<td>N/A</td>
<td>16.10%</td>
</tr>
<tr>
<td>Bradford, PA</td>
<td>62,172</td>
<td>11,522</td>
<td>18.53%</td>
<td>N/A</td>
<td>15.79%</td>
<td>16.10%</td>
</tr>
<tr>
<td>Tioga, PA</td>
<td>41,469</td>
<td>6,665</td>
<td>16.07%</td>
<td>N/A</td>
<td>15.79%</td>
<td>16.10%</td>
</tr>
</tbody>
</table>

* Data Source: U.S. Census Bureau, 2008-2010 American Community Survey 3-Year Estimates

Additionally, the total number of primary care physicians per 100,000 individuals is below the state and national levels except for Bradford County PA (see table below).
<table>
<thead>
<tr>
<th>County</th>
<th>Total Primary Care Providers</th>
<th>Primary Care Provider Rate (per 100,000)</th>
<th>National</th>
<th>New York</th>
<th>Pennsylvania</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chemung, NY</td>
<td>63</td>
<td>70.92</td>
<td>84.70</td>
<td>105.70</td>
<td>N/A</td>
</tr>
<tr>
<td>Steuben, NY</td>
<td>59</td>
<td>59.6</td>
<td>84.70</td>
<td>105.70</td>
<td>N/A</td>
</tr>
<tr>
<td>Tioga, NY</td>
<td>15</td>
<td>29.33</td>
<td>84.70</td>
<td>105.70</td>
<td>N/A</td>
</tr>
<tr>
<td>Bradford, PA</td>
<td>87</td>
<td>138.92</td>
<td>84.70</td>
<td>N/A</td>
<td>95.9</td>
</tr>
<tr>
<td>Tioga, PA</td>
<td>21</td>
<td>50.02</td>
<td>84.70</td>
<td>N/A</td>
<td>95.9</td>
</tr>
</tbody>
</table>

* Data Source: U.S. Health Resources and Services Administration Area Resource File, 2011

Further, in every county except Bradford County PA and Tioga County NY the average number of individuals living below the poverty level is greater than the national average. In addition, a lack of consistent source of primary care was also identified by the CHNA as a need of the community. This information was derived from self-reported data, adults aged 18 or older who felt they did not have at least one person who they thought of as their personal doctor or health care provider (refer to table below).

<table>
<thead>
<tr>
<th>County</th>
<th>Population (18 years or older)</th>
<th>Number of Adults Without Any Regular Doctor</th>
<th>Percentage of Adults Without Any Regular Doctor</th>
<th>New York</th>
<th>Pennsylvania</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chemung, NY</td>
<td>68,592</td>
<td>10,343</td>
<td>15.08%</td>
<td>14.56%</td>
<td>N/A</td>
<td>18.83%</td>
</tr>
<tr>
<td>Steuben, NY</td>
<td>74,910</td>
<td>9,461</td>
<td>12.63%</td>
<td>14.56%</td>
<td>N/A</td>
<td>18.83%</td>
</tr>
<tr>
<td>Tioga, NY</td>
<td>39,013</td>
<td>6,413</td>
<td>16.44%</td>
<td>14.56%</td>
<td>N/A</td>
<td>18.83%</td>
</tr>
<tr>
<td>Bradford, PA</td>
<td>47,908</td>
<td>7,593</td>
<td>15.85%</td>
<td>N/A</td>
<td>10.72%</td>
<td>18.83%</td>
</tr>
<tr>
<td>Tioga, PA</td>
<td>32,859</td>
<td>4,840</td>
<td>14.73%</td>
<td>N/A</td>
<td>10.72%</td>
<td>18.83%</td>
</tr>
</tbody>
</table>

* Data Source: CDC, Behavioral Risk Factor Surveillance System, 2006-2010
Concerns, regarding affordable/accessible health care, new requirements mandating all individuals have health insurance, poverty, and employment all led to primary health care access and lack of a consistent source of primary care as a need of the community.

**Obesity (Adults)**

Over the past twenty years the rate of obese adults within the United States population has more than doubled (DHHS, 2010). Between 2009 and 2010 more than one-third of adults and 17% of children were obese however; the prevalence of obesity did not differ between men and women. The Centers for Disease Control (CDC) has used body mass index (BMI: weight in kilograms/(height in meters)^2 ) 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. Further, obesity has been causally linked to an increased risk for cancer, cardiovascular disease and musculoskeletal disease in individuals. Similar to the US population, the five counties that comprise the primary service area for RPH have experienced an increase in obesity rates. Four of the five counties are greater than the percent obese US total of 27.35% (Chemung County, NY is less than the US total) while all three counties that reside in New York and the two counties that are part of Pennsylvania are all higher than state totals (refer to table below). The percent obese listed below include the percentage of adults age 20 or older who reported a BMI greater than 30.
### Cancer Mortality

Incidence and death rates for all cancers have declined significantly due to advances in screening, detection, research and treatment. However, cancer remains a leading cause of death in the United States. Additional burden of battling cancers within our community is greater due to the rural geography of the surrounding areas (DHHS, 2011). Similar to the national data, mortality rates from cancer are high for the core community areas that are served by RPH. However our core areas mortality rates from cancer still remain higher than state and national rates except in Tioga, PA where we remain below the state level but above the national level (refer to table below).

<table>
<thead>
<tr>
<th>County</th>
<th>Total Population ACS 2005-2009</th>
<th>Average Annual Deaths</th>
<th>Death Rate (per 100,000)</th>
<th>New York</th>
<th>Pennsylvania</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chemung, NY</td>
<td>88,462</td>
<td>230</td>
<td>206.6</td>
<td>166.8</td>
<td>N/A</td>
<td>179.2</td>
</tr>
<tr>
<td>Steuben, NY</td>
<td>97,373</td>
<td>242</td>
<td>201.2</td>
<td>166.8</td>
<td>N/A</td>
<td>179.2</td>
</tr>
<tr>
<td>Tioga, NY</td>
<td>50,690</td>
<td>111</td>
<td>188.2</td>
<td>166.8</td>
<td>N/A</td>
<td>179.2</td>
</tr>
<tr>
<td>Bradford, PA</td>
<td>61,769</td>
<td>156</td>
<td>189.4</td>
<td>N/A</td>
<td>188.4</td>
<td>179.2</td>
</tr>
<tr>
<td>Tioga, PA</td>
<td>40,983</td>
<td>101</td>
<td>184.9</td>
<td>N/A</td>
<td>188.4</td>
<td>179.2</td>
</tr>
</tbody>
</table>
In addition to having a higher cancer mortality rate than the national and state levels all five county areas are above the Healthy People 2020 goal of 160.6 deaths per 100,000 individuals. A main goal of Healthy People 2020 is to identify nationwide health improvement priorities with an overall goal to attain high-quality, longer lives free of preventable disease.

**Heart Disease Mortality and Prevalence**
Heart disease is one of the most preventable health problems throughout the US today however; it is also the most prevalent and imposes the greatest financial burden. When compared to women, men are disproportionately affected by heart disease mortality with death rates of 106.2 per 100,000 as compared to 167.5 deaths per 100,000, respectively (DHHS, 2011). The five county area that comprises RPH’s primary service area is similarly impacted by heart disease mortality however the rates remain lower than state rates but higher than national levels in Steuben, NY (refer to table below).

<table>
<thead>
<tr>
<th>County</th>
<th>Total Population ACS 2005-2009</th>
<th>Average Annual Deaths</th>
<th>Death Rate (per 100,000)</th>
<th>New York</th>
<th>Pennsylvania</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chemung, NY</td>
<td>88,462</td>
<td>149</td>
<td>125.7</td>
<td>174.6</td>
<td>N/A</td>
<td>129.2</td>
</tr>
<tr>
<td>Steuben, NY</td>
<td>97,373</td>
<td>168</td>
<td>135.1</td>
<td>174.6</td>
<td>N/A</td>
<td>129.2</td>
</tr>
<tr>
<td>Tioga, NY</td>
<td>50,690</td>
<td>72</td>
<td>125.9</td>
<td>174.6</td>
<td>N/A</td>
<td>129.2</td>
</tr>
<tr>
<td>Bradford, PA</td>
<td>61,769</td>
<td>91</td>
<td>106.6</td>
<td>N/A</td>
<td>132.2</td>
<td>129.2</td>
</tr>
<tr>
<td>Tioga, PA</td>
<td>40,983</td>
<td>73</td>
<td>127.4</td>
<td>N/A</td>
<td>132.2</td>
<td>129.2</td>
</tr>
</tbody>
</table>

Additionally, in all five counties we remain higher than the Healthy People 2020 goal of 100.8 deaths from heart disease per 100,000.
Due to the preventable nature of heart disease, prevalence rates were also examined. Further coronary heart disease is related to high cholesterol, elevated blood pressure and myocardial infarctions. Within Chemung and Steuben Counties, NY there was a higher documented prevalence of heart disease when compared to the New York State and US levels. In Bradford and Tioga Counties, PA there was similarly a higher documented prevalence of heart disease as compared to the state and US levels (refer to table below).

<table>
<thead>
<tr>
<th>County</th>
<th>Population (18 years or older)</th>
<th>Number of Adults with Heart Disease</th>
<th>Percentage of Adults with Heart Disease</th>
<th>New York</th>
<th>Pennsylvania</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chemung, NY</td>
<td>68,592</td>
<td>3,388</td>
<td>4.94%</td>
<td>4.23%</td>
<td>N/A</td>
<td>4.28%</td>
</tr>
<tr>
<td>Steuben, NY</td>
<td>74,910</td>
<td>3,917</td>
<td>5.23%</td>
<td>4.23%</td>
<td>N/A</td>
<td>4.28%</td>
</tr>
<tr>
<td>Tioga, NY</td>
<td>39,013</td>
<td>1,201</td>
<td>3.08%</td>
<td>4.23%</td>
<td>N/A</td>
<td>4.28%</td>
</tr>
<tr>
<td>Bradford, PA</td>
<td>47,908</td>
<td>2,941</td>
<td>6.14%</td>
<td>N/A</td>
<td>5.12%</td>
<td>4.28%</td>
</tr>
<tr>
<td>Tioga, PA</td>
<td>32,859</td>
<td>1,849</td>
<td>5.63%</td>
<td>N/A</td>
<td>5.12%</td>
<td>4.28%</td>
</tr>
</tbody>
</table>

* Data Source: CDC, Behavioral Risk Factor Surveillance System, 2006-2010

**Community Benefit Plan**
As the process to identify community needs evolves within RPH unmet needs will be evaluated, scored and incorporated as necessary. Moreover, new community partnerships will be recognized 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 RPH, 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 were felt to lead to the greatest improvement in overall health status of the community we serve. These goals included
implementing a smoking cessation program, improving primary care access and developing tools to aid the community with reducing the prevalence of obesity. The implementation strategy for RPH will be presented in a separate document.

In addition to the CHNA group this report in its entirety was shared during regular meetings throughout 2012 and 2013 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.