Community Health Needs Assessment for Corning Hospital: Chemung, NY and Steuben, 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 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 (Obesity in adults and children, general cancer incidence, access to mental health providers, access to primary care, and diabetes). The assessment also includes projected changes in the community demographics, insurance coverage 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 The Guthrie Clinic

The Guthrie Clinic

The Guthrie Clinic (TGC) is a not-for-profit, integrated health care organization consisting of more than 290 primary care and specialty physicians and 176 mid-level healthcare providers. TGC is located across Northeastern Pennsylvania and the Southern Tier of New York State. TGC consists of four (4) 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 1,000,000 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.

Corning Hospital

Corning Hospital (CH) is a full-service, 65 bed community hospital, located in Corning, NY. CH is a 501(c)3 not-for-profit organization and a member of The Guthrie Clinic (TGC). CH provides care for those living in the Southern Tier region of New York. The primary service area for CH includes Chemung and Steuben Counties, NY. In Fiscal Year 2015, CH had over 1,000 inpatients and more than 5,600 outpatient surgeries were performed. The Emergency Department had over 24,800 visits. Further, on an annual basis the hospital manages over 4,640 admissions, approximately 933 births and over 124,690 outpatient visits. A New York State designated Stroke Center, the hospital offers a broad range of inpatient and outpatient services, including advanced care delivered in collaboration with Guthrie physicians and specialists. CH opened a new facility in July of 2014 which includes ambulatory surgery services, Guthrie Breast Care Center, Guthrie Cancer Center, coronary care, cardiology stress testing and outpatient rehabilitation. Additional services include endoscopy procedures, laboratory services,

labor and delivery care, imaging services, musculoskeletal services and medical/surgical and intensive care services. The new facility is 225,000 square feet and is located at 1 Guthrie Drive in Corning, NY.

The table below summarizes the total clinical staff to support patient care at CH listed by health occupation. Please note the majority of the physicians are employed by TGC.

Health Occupations	Corning Hospital
Physicians	186
Primary Care Physicians	14
Physician Assistants/Nurse Practitioners	1
Registered Nurses	198
*Other Health Professionals	121

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

Purpose and Goals

Corning Hospital (CH) and The Guthrie Clinic (TGC) emphasize primary health care services, health promotion, and chronic disease prevention and management for the community we serve. CH'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 limitation within CH'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 CH by clearly linking our clinical services with our community-based services through this community benefit process. 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

Corning Hospital (CH) serves a rural population over a large geographic area comprised of two counties located in the Southern Tier of New York. The primary service area is defined as 10 contiguous ZIP codes from which over 75% of the inpatient population. The 10 contiguous ZIP codes include 87,431 people, the majority of which are white non-Hispanic and between the ages 35-54. In this geographic area, 33.3% percent of individuals age 25 or older have at least a high school degree with 31.5% and 25.0% having some college and bachelor's degree/higher, respectively. From 2010 until 2015 there was a 0.2% decrease in the overall population served by CH. It is anticipated that between 2015 and 2020, an increase of 0.3% will be observed in the overall population served by CH. Please refer to the information below for a summary by county.

Demographics

Population, as of 2014

County	Total Population
Chemung, NY	88,681 People
Steuben, NY	98,917 People

Population by Age Group

Age Group	Population
0-14	15,015 People
15-17	3,474 People
18-24	7,463 People
25-34	10,147 People
35-54	23,054 People
55-64	12,456 People
65+	15,822 People

Population Served by Corning Hosptial: Age Group

Legend:
- 0-14
- 15-17
- 18-24
- 25-34
- 35-54
- 55-64
- 65+

Chart values:
- 0-14: 17%
- 15-17: 4%
- 18-24: 9%
- 25-34: 12%
- 35-54: 26%
- 55-64: 14%
- 65+: 18%
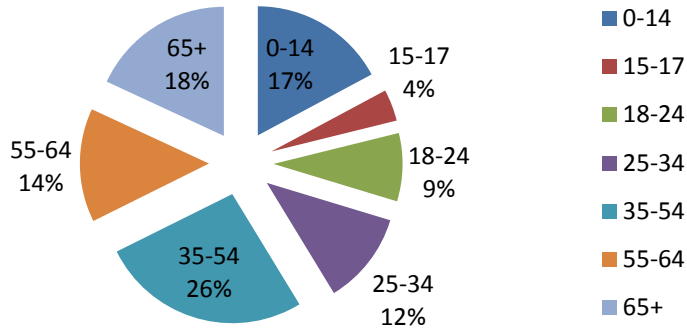
Population Served by CH, by Race, In 2015

Race	Population
White Non-Hispanic	79,217 People
Black Non-Hispanic	2,641 People
Hispanic	1,875 People
Asian & Pacific Islanders Non-Hispanic	2,066 People
All Others	1,632 People

Population Served by Corning Hospital: Race

Legend:
- White Non-Hispanic
- Black Non-Hispanic
- Hispanic
- Asian & Pacific Is. Non-Hispanic
- All Others

Chart values:
- 91%
- 3%
- 2%
- 2%
- 2%
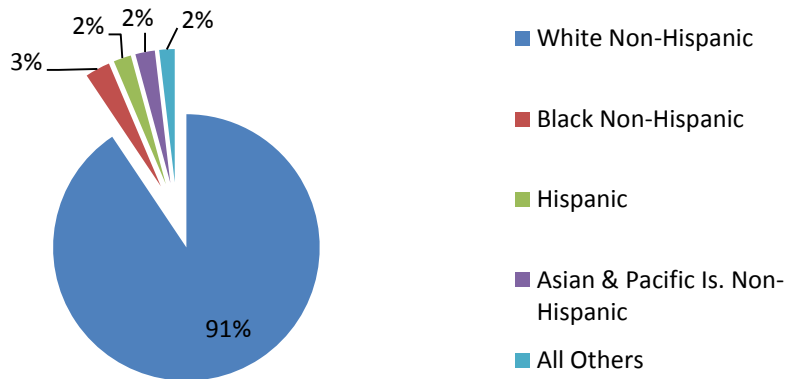
Population by Education In 2015

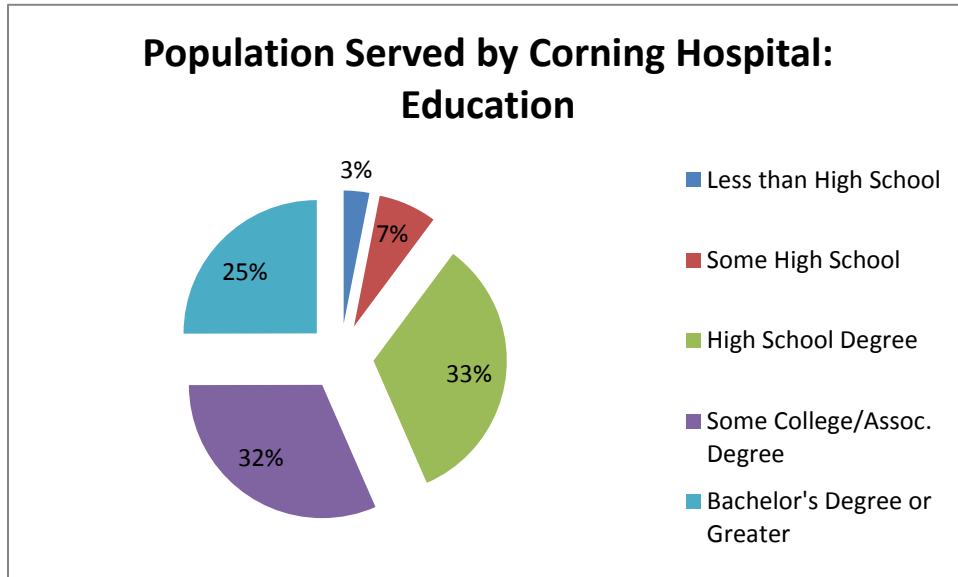| Education Level	Population
Less than High School	1,910 People
Some High School	4,353 People
High School Degree	20,449 People
Some College/Associate Degree	19,380 People
Bachelor's Degree or Higher	15,387 People

Average Household Income

The 2015 average household income for the entire area CH serves was $75,218 which is below the US average of $86,963. The percent of people living below the poverty level is greater than the US average of 15.59% for both Steuben and Chemung County, NY.

2015 Community Income

County	Average Household Income	Persons Below Poverty Level
Chemung, NY	$78,173	16.01%
Steuben, NY	$72,688	15.85%

Unemployment

Similarly, local unemployment was impacted by the recession with rates above the national average of 5.3% unemployed. Please refer to the information below for summary statistics.

2015 Community Unemployment

County	Percent Unemployed
Chemung, NY	6.2%
Steuben, NY	6.8%

* Data Source: US Department of Labor, Bureau of Labor Statistics, 2016

Insurance Coverage

In 2015, the majority of individuals seen in the inpatient setting at CH were covered by Medicare. In CH's primary service area, 10.77 % of the population in Steuben County was uninsured and 7.52% in Schuyler County are uninsured.   These percentages are both below the national average of 14.2%.

Insurance by Type CH:

Insurance	Population Percentage
Medicare	52.2%
Blue Cross	11.8%
Medicaid	16.5%
Commercial	8.7%
Self-Pay	9.7%
Other	1.1%

Approach and Methodology

The Corning Hospital (CH) Community Health Needs Assessment (CHNA) began with a review of primary data sources, specifically survey and focus group data that had been collected throughout 2015 and early 2016. Due to the limitations surrounding health needs perceptions contained in this collected information from the two counties, secondary data sources were heavily used for this assessment. The secondary data sources included the most recent County Health Rankings and data collected through the

Strategic Planning and 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 12 person, 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 two counties that comprise the primary service area for CH, forty-two indicators of health were identified to be worse than the State, US or Healthy People 2020 goal. Once these forty-two indicators were identified, they were prioritized by each individual member of 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 requires assigning a score from 1-10 for each need based upon the (1) size of the problem (2) seriousness of the problem and (3) effectiveness potential of an intervention. Using this methodology, the CHNA group individually scored each of the unmet needs from which several priority needs were identified for the primary service area of CH. 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:

- Obesity (including childhood obesity)
- Poor General Health (with a focus on Chronic Disease Management)
- Cancer Incidence (with a minor focus of tobacco usage)

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

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improvement. However, due to available resources, these needs will not be addressed through an implementation strategy in the subsequent fiscal years. These needs include:

- Access to Primary Care
- Diabetes Management- Hemoglobin A1c Test

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 within the Health Behavior category including Soda Expenditure, Alcohol Expenditure, Fruit/Vegetable Expenditure and Tobacco Expenditure for both Chemung and Steuben Counties. Additional data gaps include both Mortality due to Homicide and Lack of Prenatal Care data. The CHNA group also suggested that additional information regarding community use and awareness of opiates as an area in which additional information should be gathered.

Response to Findings

Obesity (Adults and Children)

Over the past twenty years the rate of obese adults within the United States population has more than doubled (DHHS, 2010). The Centers for Disease Control use 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. According to the World Health Organization, worldwide obesity has increased since 1980 to more than 600 million adults.   The Centers for Disease Control estimates that in 2008, the annual medical cost of obesity in the United States was $147 billion in 2008 U.S. dollars. This is $1,429 higher than the medical cost of adults that were of normal weight. Further, obesity has been causally linked to an increased risk for cancer, cardiovascular disease and musculoskeletal disease in individuals. Similar to the United States population, the two counties that compose the primary service area for CH have experienced an increase in obesity rates. Both of the counties have a larger percentage of the population that is

obese compared to the overall percentage of the United States population that is obese, a benchmark of 27.1%. Moreover, both counties are also over the NY state threshold (refer to table below). The percent obese listed in the table below is the percentage of adults age 20 or older who self-reported a BMI greater than 30.

County	Population (20 years or older)	Number Obese	Percentage Obese	New York	US
Chemung, NY	67,091	21,402	31.6%	23.9%	27.1%
Steuben, NY	74,329	21,927	29.1%	23.9%	27.1%

* Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2012. Source geography: County

Of particular concern for the CHNA group is childhood obesity. The Centers for Disease Control report that in 2012, the prevalence of childhood obesity remained at 17%. In the past decade, 12.7 million children and adolescents have been affected by childhood obesity. The prevalence of obesity has decreased from 13.9% to 8.4% amongst children aged 2-5 years old. However, as children age the prevalence of obesity increases substantially. In 2012, 17.7% of children aged 6-11 years old had obesity, where as 20.5% of 12-19 year olds had obesity. Although childhood obesity data was not examined for CH's primary service area, the issue remains a top concern for the community and as such will be a minor focus area within the obesity priority.

Prevention and Management of Chronic Disease

The Centers for Disease Control report that in 2012, 50% of all American adults had at least one chronic health condition and 25% had two or more chronic health conditions. Chronic disease includes conditions such as heart disease, cancer, obesity, arthritis, Alzheimer's Disease, diabetes, epilepsy, etc. A data indicator that broadly examines chronic disease prevalence is poor general health. This indicator shows the age adjusted percentage of adults over the age of 18 that self-report having poor or fair health in response to the question, "Would you say that in general your health is excellent, very

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good, fair or poor?" Both counties are worse than the NY State threshold, and one is worse than the national threshold.

County	Age-Adjusted Percentage	US	New York
Chemung, NY	19.3%	15.7%	19.3%
Steuben, NY	15.1%	15.7%	15.1%

* Data Source: Centers for Disease Control and Prevention, <u>Behavioral Risk Factor Surveillance System,</u> Accessed via the <u>Health Indicators Warehouse</u>. US Department of Health & Human Services, <u>Health Indicators Warehouse,</u> 2006-12. Source Geography: County.

Enhancing patient and community education on chronic disease management would be a community health service. Again, success will be gauged by an overall increase in patient evaluation of general health, specifically in the chronic disease population.

Cancer Incidence-General

According to The National Cancer Institute, in the year 2016, an estimated 1,6385,210 new cases of cancer will be diagnosed and 595,690 people nationwide will die from cancer. Worldwide, cancer is the leading cause of death. The World Health Organization reports that the five most common cancer diagnoses for men are lung, prostate, colorectal, stomach and liver. The five most common cancer diagnoses for women are breast, colorectal, lung, cervix and stomach cancer. Moreover, the five leading health behaviors linked to cancer include high body mass index, low fruit and vegetable consumption, lack of physical activity, tobacco use and alcohol use. The counties that compose the CH core service area have a higher lung cancer incidence rate and a higher smoking rate than both the state and US averages (refer to below summary tables).

County	Lung Cancer Incidence (Annual Incidence Rate Per 100,000 population)	US Benchmark	New York

Chemung, NY	80.2	63.7	62.9
Steuben, NY	80.2	63.7	62.9

* Data Source: National Institutes of Health, National Cancer Institute, Surveillance, Epidemiology, and End Results Program. State Cancer Profiles. 2008-12. Source geography: County

County	Adult Smoking Rate	US Benchmark	New York
Chemung, NY	26.2%	18.1%	16.8%
Steuben, NY	31.6%	18.1%	16.8%

* Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12. Source geography: County

The elevated smoking rate within the community creates a high risk cohort 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.

In addition to lung cancer, the primary service area for CH also demonstrates high incidence of Colon and Rectum Cancer in one of the two counties (see table below).

County	Colon and Rectum Cancer Incidence (Annual Incidence Rate Per 100,000 population)	US Benchmark	New York
Chemung, NY	42.2	41.9	43.1
Steuben, NY	43.4	41.9	43.1

* Data Source: National Institutes of Health, National Cancer Institute, Surveillance, Epidemiology, and End Results Program. State Cancer Profiles. 2008-12. Source geography: County

The percentage of adults over the age of 50 that received a preventative colonoscopy or sigmoidoscopy is below the state and national threshold in one of the two counties in CH's primary service area (see table below).

County	Age-adjusted percentage of Adults screened for Colon Cancer	US Benchmark	New York
Chemung, NY	74.5%	61.3%	65.2%
Steuben, NY	48.7%	61.3%	65.2%

* Data Source: Centers for Disease Control and Prevention, <u>Behavioral Risk Factor Surveillance System,</u> Accessed via the <u>Health Indicators Warehouse</u>. US Department of Health & Human Services, <u>Health Indicators Warehouse,</u> 2006-12. Source Geography: County.

Enhancing the preventative colonoscopy program with further education will provide a community health service. Again, success will be gauged by an overall decrease in Colon and Rectum Cancer incidence within the area.

Access to Primary Care

As previously mentioned, the average household income for the primary service area of CH is below the national average ($75,218 compared to a national average of $86,963). Additionally, in both counties, the average number of individuals living below the poverty level is greater than the national average (refer to below summary tables).

County	Population (for whom insurance status is determined)	Population Receiving Medicaid	% of Insured Population Receiving Medicaid	US	New York
Chemung, NY	84,560	18,503	23.7%	20.75%	25.13%
Steuben, NY	97,742	20,218	23.18%	20.75%	25.13%

* Data Source: U.S. Census Bureau, 2010-2014 American Community Survey

The total number of primary care physicians per 100,000 individuals is below the state and national levels (see table below).

County	Total Primary Care Providers	Primary Care Provider Rate (per 100,000)	US	New York
Chemung, NY	64	72	74.5	82.6
Steuben, NY	60	60.6	74.5	82.6

* Data Source: U.S. Health Resources and Services Administration Area Resource File, 2012

Concerns regarding affordable/accessible health care, new requirements mandating all individuals have health insurance, poverty, and employment all lead to primary health care access as a need of the community.

Diabetes

The Centers for Disease Control report that 9.3% of the United States population, or 29.1 million Americans, have diabetes. Roughly 27.8% of those with diabetes are undiagnosed. People who have diabetes are at a higher risk for health complications including: blindness, kidney failure, heart disease, stroke and loss of toes, feet or legs. Although there are two types of diabetes, Type 2 diabetes accounts for 95% of all diagnosed diabetes cases and is preventable in most cases. Risk factors for diabetes

include being overweight or obese, family history or having diabetes during pregnancy. Type 2 diabetes can be prevented or delayed with healthy eating habits, increased physical activity and with weight loss. Both counties in the CH primary service area are above the NY state threshold of percent of the population with diagnosed diabetes.

County	Population with Diagnosed Diabetes, Crude Rate	Population with Diagnosed Diabetes, Age Adjusted Rate	US	New York
Chemung, NY	10.6	9.2%	9.11%	8.85%
Steuben, NY	10.8	9.1%	9.11%	8.85%

* Data Source: Centers for Disease Control and Prevention, <u>National Center for Chronic Disease Prevention and Health Promotion,</u> 2012. Source geography: County

Moreover, one of the two counties is below the state threshold for the percent of Medicare Enrollees with Diabetes that receive an annual exam (see table below). This indicator is relevant as it demonstrates percent of Medicare enrollees that engage in preventative measures regarding diabetes. Additionally, this indicator can also show lack of access to primary care or preventative services, or barriers which inhibit patients from using established services.

County	Percentage of Medicare Enrollees with Diabetes with Annual Exam	US	New York
Chemung, NY	82.8%	84.6%	85.6%
Steuben, NY	86.2%	84.6%	85.6%

* Data Source: Dartmouth College Institute for Health Policy & Clinical Practice, <u>Dartmouth Atlas of Health Care,</u> 2012. Source geography: County.

An elevated diabetes incidence rate and lower than state average compliance with preventative measures result in diabetes being a concern for the community.

Community Benefit Plan

As the process to identify community needs continues to evolve within Corning Hospital (CH), 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 CH, 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 CH serves. The implementation strategy for CH 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 2017 and 2018 with the S^2AY 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.