Community Health Needs Assessment for Towanda Memorial Hospital: Bradford, PA and Sullivan, PA

June 2016
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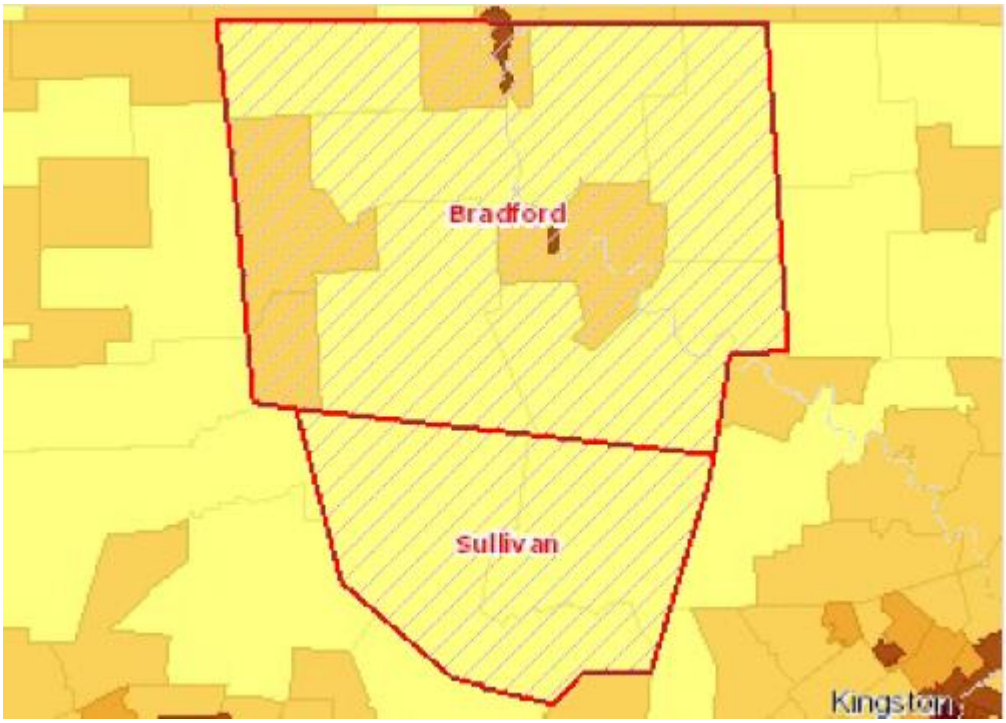

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Introduction

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.

Towanda Memorial Hospital

Towanda Memorial Hospital (TMH) is a not-for-profit community hospital and a member of the The Guthrie Clinic (TGC). TMH joined TGC On April 1, 2015. TMH is located in Towanda, PA and has 35 licensed inpatient beds, 68 skilled nursing beds, and 94 personal care beds. The primary service area for TMH includes Bradford and Sullivan County, PA. TMH provides inpatient care, outpatient care, critical care, surgery, radiology, specialized therapies, emergency care and emergency medical transport services. Additional services provided also include laboratory services, physical and occupational therapy, and sub-acute care. In Fiscal Year 2015, TMH had 943 inpatient visits, 1,361 outpatient surgeries performed and the TMH Emergency Department had over 10,000 visits. Further, during the same time period, there were over 30,000 outpatient visits, 224 skilled nursing discharges and 51 personal care home discharges at TMH.

The table below summarizes the total staff employed by TMH listed by health occupation. Please note the majority of the physicians are employed by TGC.

Health Occupations	Towanda Memorial Hospital
Physicians	65
Primary Care Physicians	12
Physician Assistants/Nurse Practitioners	2
Registered Nurses	75
Dentists	0
Other	114

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

Purpose and Goals

Towanda Memorial Hospital (TMH) and The Guthrie Clinic (TGC) emphasize primary health care services, health promotion, and chronic disease prevention and management for the community we serve. TMH'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 TMH'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 TMH 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 TMH. The plan progress will be monitored to ensure timely

implementation and further collaborative partnerships will be integral to the success of the plan.

The Community We Serve

Towanda Memorial Hospital (TMH) serves mostly a rural population over a large geographic area from two counties in Pennsylvania. The primary service area is defined as eight contiguous ZIP codes from which we derive at least 75% of the inpatient population. The eight contiguous ZIP codes include over 25,924 people, the majority of which are white non-Hispanic ages 35-54. In this geographic area, 48.8% of individuals aged 25 or older have at least a high school degree with 21.3% and 15.1% having some college and bachelor's degree/higher, respectively. From 2010 until 2015 there was a 0.7% decrease in the overall population served by TMH. It is anticipated that between 2015 and 2020, a similar decrease of 0.7% will be observed in overall population served by TMH. Please refer to the information below for a summary of the county.

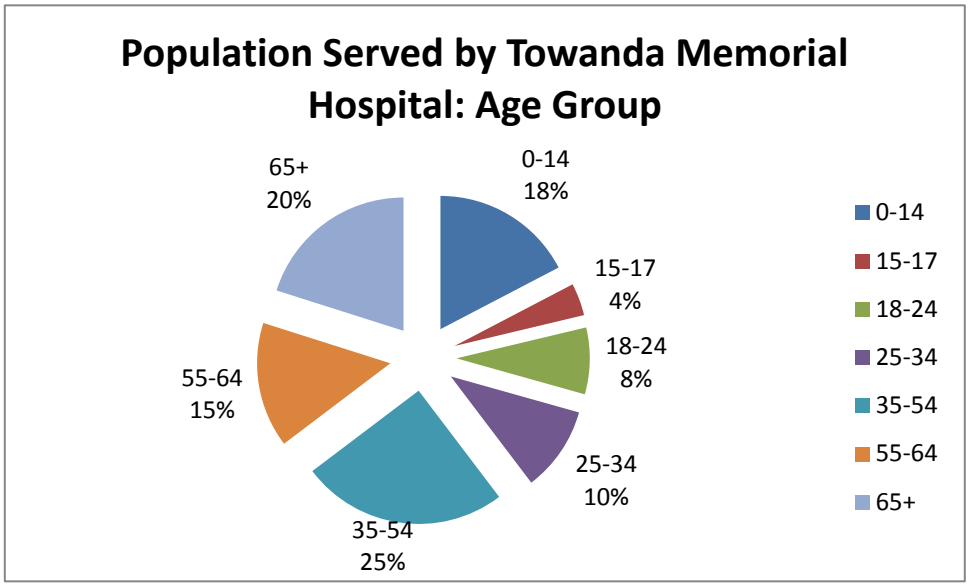
Demographics

Population by County, as of 2014

County	Total Population
Bradford County	62,510 People
Sullivan County	6,400 People

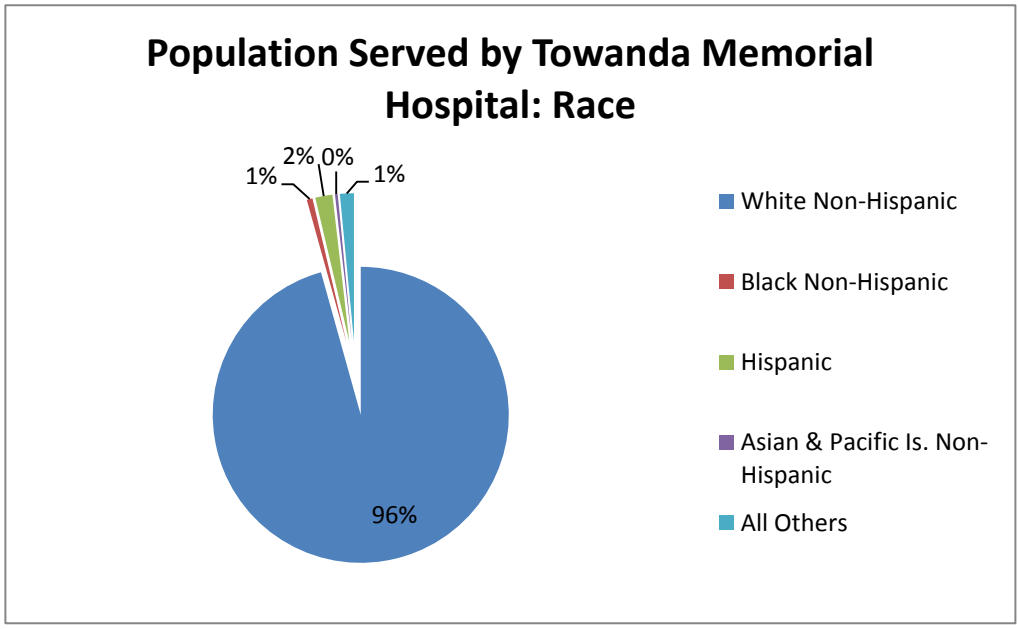
Population by Age Group, as of 2015

Age Group	Population
0-14	4,496 People
15-17	1,019 People
18-24	2,095 People
25-34	2,675 People
35-54	6,486 People
55-64	3,941 People
65+	5,212 People



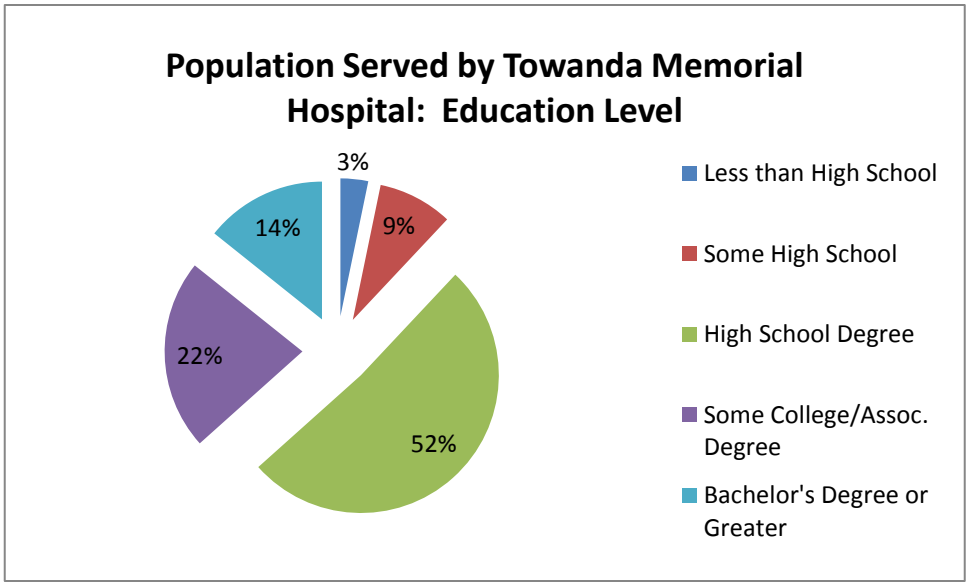
Population Served by TMH, by Race, In 2015

Race	Population
White Non-Hispanic	24,801 People
Black Non-Hispanic	164 People
Hispanic	486 People
Asian & Pacific Islanders Non-Hispanic	78 People
All Others	395 People



Population Served by TMH, by Education Level, In 2015

Education Level	Population
Less than High School	761 People
Some High School	1,944 People
High School Degree	8,943 People
Some College/Associate Degree	3,897 People
Bachelor's Degree or Higher	2,769 People



Average Household Income

The 2015 average household income for the geographic area served by TMH was $69,395. This is below the US average of $86,963. The US average for individuals living below the poverty level is 15.59%. Both counties in TMH's primary service area have a smaller percentage, 13.33%, of the population living below the poverty line.

2015 Community Income

County	Average Household Income	Percent Below Poverty Level
Bradford, PA	$69,772	13.18%
Sullivan, PA	$65,406	14.78%

Unemployment

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

2015 Community Unemployment

County	Percent of Population Unemployed
Bradford County, PA	6.3%
Sullivan, PA	6.6%

** 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 TMH were covered by Medicare. The percentage of uninsured individuals by the two counties in TMH's primary service area included: Bradford County, PA at 11.66% and Sullivan County, PA at 9.59%. These percentages are all below the national average of 14.2% .

Insurance by Type for TMH:

Insurance Carrier	Population Percentage
Medicare	68.3%
Blue Cross	12.6%
Commercial	4.1%
Medicaid	12.7%
Self-Pay	2.3%

Approach and Methodology

The Towanda Memorial Hospital (TMH) 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 the 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 primary service area for TMH, thirty-nine indicators of health were identified to be worse than the State, US or Healthy People 2020 goal. Once these thirty-nine 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 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 TMH. 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 (with a subset focus of childhood obesity)
- Access to Mental Health Providers (with a subset focus of opiate usage)
- Cancer Incidence (with a subset 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 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 (Adult Population)

Data Gaps Identified

The most current and up-to-date data was used to determine the community needs however, data gaps still existed. Data gaps for both counties included: Soda Expenditure, Alcohol Expenditure, Fruit/Vegetable Expenditure, Tobacco Expenditure and Lack of Prenatal Care, and Cervical Cancer data. Data that was suppressed for only Sullivan County includes: Population that self-identify as having Poor General Health, Population that is Overweight, Mortality due to Suicide, Mortality due to Motor Vehicle Accident, Adults with High Cholesterol, Adults with High Blood Pressure, Adults with Heart Disease, Asthma Prevalence, Population that Lack a Consistent Source of Primary Care, High Blood Pressure Management, Pneumonia Vaccination, HIV Screenings, Sigmoidoscopy or Colonoscopy Cancer Screening, Pap Test Cancer Screening, and Population that Lack Social or Emotional Support. 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)

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 TMH 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 State benchmark (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	US	Pennsylvania
Bradford, PA	47,379	15,493	32.3%	27.1%	28.4%
Sullivan, PA	5,311	1,710	31.6%	27.1%	28.4%

** 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 were obese, where as 20.5% of 12-19 year olds were obese. Although childhood obesity data was not examined for TMH's primary service area, childhood obesity remains a top concern for the community and as such will be a minor focus area within the obesity priority.

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. Both counties that compose the TMH core service area have a lung cancer incidence rate higher than the State and national level. Moreover, both counties also have a smoking rate higher than the state and US benchmarks (refer to below summary tables).

County	Lung Cancer Incidence (Annual Incidence Rate Per 100,000 population)	US Benchmark	Pennsylvania
Bradford, PA	67.4	63.7	67.1
Sulliva, PA	68.7	63.7	67.1

** 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	Pennsylvania
Bradford, PA	22.1%	18.1%	20.8%
Sullivan, PA	24.6%	18.1%	20.8%

** 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 TMH also demonstrates high incidence of Colon and Rectum Cancer. One of the counties was above the Pennsylvania state benchmark, and both counties were above the national benchmark of 41.9 incidences per 100,000 population.

County	Colon and Rectum Cancer Incidence (Annual Incidence Rate Per 100,000 population)	US Benchmark	Pennsylvania
Bradford, PA	46.9	41.9	45.4
Sullivan, PA	45	41.9	45.4

** 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 was below the state and national threshold in one of the two counties in TMH's primary service area (see table below). Data from Sullivan County was suppressed for this indicator.

County	Age-adjusted percentage of Adults screened for Colon Cancer	US Benchmark	Pennsylvania
Bradford, PA	56.2%	61.3%	62.1%
Sullivan, PA	Suppressed	61.3%	62.1%

** 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*

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 Mental Health Providers

The World Health Organization reports that over 350 million people worldwide are affected by depression, 60 million people suffer with bipolar disorder and 21 million people are affected by schizophrenia. Every year, 800,000 people die as a result of suicide, the second leading cause of death 15-29 year olds and the 10th leading cause of death overall. The National Alliance on Mental Illness reports that 43.8 million adults in the United States experience a mental illness. Approximately 25% of those living with a

mental illness also have a co-occurring addiction disorder. In the service area for TMH, both counties report lower than State and national benchmarks for access to mental health providers (see table below).

County	Mental Health Care Provider Rate (Per 100,000 Population)	US Benchmark	Pennsylvania
Bradford, PA	44.2	134.1	115.5
Sullivan, PA	14.5	134.1	115.5

Data Source: University of Wisconsin Population Health Institute, County Health Rankings, 2014. Source geography: County.

Moreover, Bradford County exhibits a higher age-adjusted suicide rate than both the Pennsylvania State benchmark and the United States Benchmark (see table below). The Mortality due to Suicide data for Sullivan County was suppressed.

County	Age-Adjusted Death Rate (Per 100,000 Population)	US Benchmark	Pennsylvania
Bradford, PA	18.2	12.3	12.6
Sullivan, PA	Suppressed	12.3	12.6

Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER, 2009-2013. Source geography: County.

An additional concern in the community is opiate usage. Although opiate usage data was not reviewed, the CHNA group expressed serious concern regarding community understanding and usage of opiates. The Centers for Disease Control report that in the

United States, in 2014, the number of deaths involving opioid analgesics per 100,000 population was 5.9 deaths. This is a substantial increase from 3.4 deaths per 100,000 population in 2004. The Substance Abuse and Mental Health Services Administration reports that in 2014, 1.9 million Americans had a substance abuse disorder involving prescription pain relievers and 586,000 Americans had an addiction involving heroin. Additionally, drug overdose is the leading cause of accidental death in the US. In the two counties primarily served by TMH, both were above the Pennsylvania State benchmark for Accidental Deaths and the national benchmark of deaths per 100,000 population (see table below).

County	Age-Adjusted Death Rate (Per 100,000 Population)	US Benchmark	Pennsylvania
Bradford, PA	49.7	38.6	43
Sullivan, PA	84.9	38.6	43

Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER, 2009-2013. 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 with be gauged by an overall increase in access to mental health providers, a decrease in accidental death and a decrease in the suicide rate.

Access to Primary Care

As previously mentioned, the average household income for the primary service area for TMH is below the national average ($69,395 compared to a national average of $86,963).

Additionally, the percentage of the population that is enrolled in Medicaid is higher than the State and national benchmark in both counties (refer to below summary tables).

County	Population (for whom insurance status is determined)	Population Receiving Medicaid	% of Insured Population Receiving Medicaid	US	Pennsylvania
Bradford, PA	61,883	11,448	20.94%	20.75%	18.48%
Sullivan, PA	6,224	1,170	20.79%	20.75%	18.48%

** 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 in both counties (see table below).

County	Total Primary Care Providers	Primary Care Provider Rate (per 100,000)	US	Pennsylvania
Bradford, PA	45	71.7	74.5	80
Sullivan, PA	0	0	74.5	80

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

In both counties, the average number of individuals living below the poverty level is greater than the national average. Concerns regarding affordable/accessible health care, requirements mandating all individuals have health insurance, poverty, and employment all led 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. Sullivan County is above the State and national threshold, while Bradford County is below both benchmarks.

County	Population with Diagnosed Diabetes, Crude Rate	Population with Diagnosed Diabetes, Age Adjusted Rate	US	Pennsylvania
Bradford, PA	10.7	8.7%	9.11%	8.86%
Sullivan, PA	12.8	9.3%	9.11%	8.86%

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

Moreover, Bradford County is below the state threshold for the percent of Medicare Enrollees with Diabetes that received an annual exam. 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	Pennsylvania

Bradford, PA	84.5%	84.6%	85.8%
Tioga, PA	89.5%	84.6%	85.8%

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

An elevated diabetes incidence rate and lower than state average compliance with preventative measures lead diabetes to being one concern for the community.

Community Benefit Plan

As the process to identify community needs continues to evolve within Towanda Memorial Hospital (TMH), 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 TMH, 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 TMH serves. The implementation strategy for TMH 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 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.