

Community Health Needs Assessment 2016



Soldiers & Sailors Memorial Hospital

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Introduction

Internal Revenue Code (IRC) Section 501(r) requires health care organizations to assess the health needs of their communities and adopt implementation strategies to address identified needs. Per IRC Section 501(r), a byproduct of the *Affordable Care Act*, to comply with federal tax-exemption requirements, a tax-exempt hospital facility must:

- ✓ Conduct a community health needs assessment (CHNA) every three years.
- ✓ Adopt an implementation strategy to meet the community health needs identified through the assessment.
- ✓ Report how it is addressing the needs identified in the CHNA and a description of needs that are not being addressed with the reasons why such needs are not being addressed.

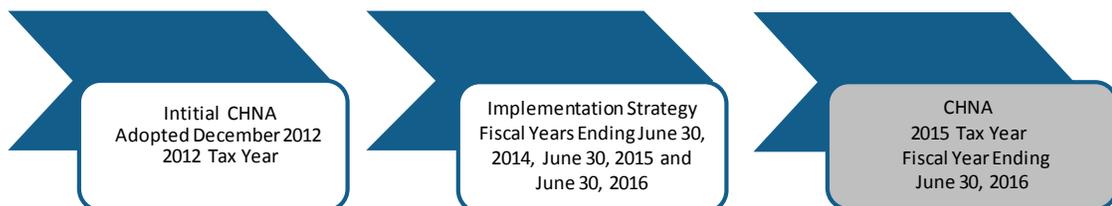
The CHNA must take into account input from persons including those with special knowledge of or expertise in public health, those who serve or interact with vulnerable populations and those who represent the broad interest of the community served by the hospital facility. The hospital facility must make the CHNA widely available to the public.

This CHNA, which describes both a process and a document, is intended to document Soldiers & Sailors Memorial Hospital's (Hospital or Soldier & Sailors) compliance with IRC Section 501(r)(3). Health needs of the community have been identified and prioritized so that the Hospital may adopt an implementation strategy to address specific needs of the community.

The *process* involved:

- ✓ An evaluation of the implementation strategy for fiscal years ending June 30, 2014 through June 30, 2016, which was adopted by the Hospital board of directors in 2013.
- ✓ Collection and analysis of a large range of data, including demographic, socioeconomic and health statistics, health care resources and hospital data.
- ✓ Obtaining community input through interview meetings and surveys with key stakeholders who represent a) persons with specialized knowledge in public health, b) populations of need or c) broad interests of the community.

This *document* is a summary of all the available evidence collected during the CHNA conducted in tax year 2015. It will serve as a compliance document, as well as a resource, until the next assessment cycle. Both the *process* and *document* serve as the basis for prioritizing the community's health needs and will aid in planning to meet those needs.



Summary of Community Health Needs Assessment

The purpose of the CHNA is to understand the unique health needs of the community served by the Hospital and to document compliance with new federal laws outlined above.

The Hospital engaged **BKD, LLP** to conduct a formal CHNA. **BKD, LLP** is one of the largest CPA and advisory firms in the United States, with approximately 2,000 partners and employees in 34 offices. BKD serves more than 900 hospitals and health care systems across the country. The CHNA was conducted from February 2016 to June 2016.

Based on current literature and other guidance from the treasury and the IRS, the following steps were conducted as part of the Hospital's CHNA:

- An evaluation of the impact of actions taken to address the significant health needs identified in the tax year 2013 CHNA was completed to understand the effectiveness of the Hospital's current strategies and programs.
- The "community" served by the Hospital was defined by utilizing inpatient data regarding patient origin. This process is further described in *Community Served by the Hospital*.
- Population demographics and socioeconomic characteristics of the community were gathered and reported utilizing various third parties (see references in *Appendices*). The health status of the community was then reviewed. Information on the leading causes of death and morbidity information was analyzed in conjunction with health outcomes and factors reported for the community by the Center for Disease Control and Prevention (Community Health Status Indicators). Health factors with significant opportunity for improvement were noted.
- Community input was provided through five key stakeholder meetings and a community health survey. Results and findings are described in the *Community Input – Key Stakeholder Interviews and Survey* section of this report.
- Information gathered in the above steps was analyzed and reviewed to identify health issues of uninsured persons, low-income persons and minority groups and the community as a whole. Health needs were ranked utilizing a weighting method that weighs 1) the size of the problem, 2) the seriousness of the problem, 3) the impact of the issues on vulnerable populations, 4) the prevalence of common themes, 5) how important the issue is to the community and 6) how the issue aligns with the Hospital's strategic plan.
- An inventory of health care facilities and other community resources potentially available to address the significant health needs identified through the CHNA was prepared and collaborative efforts were identified.

Health needs were then prioritized taking into account the perceived degree of influence the Hospital has to impact the need and the health needs impact on overall health for the community. Information gaps identified during the prioritization process have been reported.

General Description of the Hospital

Soldiers & Sailors Memorial Hospital is a 67-bed short-term acute care hospital located in Wellsboro, PA and is part of Susquehanna Health System. Outpatient services include a full scope of diagnostic services including a state-of-the-art 128-slice CT scanner, nuclear medicine services, digital mammography, pulmonary and cardiac rehabilitation, echocardiograms, cardiac stress testing and laboratory testing. The Hospital also offers physical therapy, occupational therapy and speech therapy services in an outpatient setting. A broad scope of surgical services are provided in both an inpatient and outpatient setting including general surgery, orthopedics, urology, ophthalmology, podiatry, gynecology, and oral maxillary surgery. Connected to the main hospital is the Ralph C. Antrim, Jr. Medical Office Building where 13 private practitioners provide services in obstetrics and gynecology, ophthalmology, orthopedic surgery, oral surgery, otolaryngology (ENT), urology, internal medicine and pediatrics.



Laurel Health System—including Soldiers + Sailors Memorial Hospital, The Green Home, and other services—became part of Susquehanna Health in the fall of 2012. This partnership created an expanded healthcare delivery system that benefits the entire Tioga-Lycoming region. Together, Susquehanna Health is able to focus all energies on improving the coordination of care to achieve better outcomes for patients throughout central Pennsylvania.

Evaluation of Prior Implementation Strategy

The implementation strategy for fiscal years ending June 30, 2014 – June 30, 2016, focused on three priorities to address identified health needs. Based on the Medical Center's most recent evaluation, the Medical Center has made significant progress in meeting their goals and strategies outlined in their 2013 Implementation Strategy as reported below.

Summary of 3-year Results – 2013 Implementation Strategy

Priority 1: Cancer

- Opened new cancer center on the campus of Soldiers & Sailors Memorial Hospital (SSMH) to increase access to cancer services in Tioga County.
- Conducted a transportation study, including five focus groups, to help identify and remedy transportation barriers for cancer patients in Lycoming and Tioga Counties.
- Expanded the program to provide smoking-cessation counseling and low-dose computed tomography lung cancer screenings. The new program follows guidelines established by the National Lung Screening Trial and the Centers for Medicaid and Medicare services and provides lung screening navigators in Lycoming and Tioga counties with resources to help patients and providers determine eligibility, offer complete shared decision making conversations around the benefits and harms of low-dose.

Priority 2: Shortage of Physicians/Access to Specialists

- Conducted a physician needs study to assess and document community need for various physician specialties in Lycoming and Tioga Counties.
- Based upon the physician needs study, the physician recruitment plan was revised as to number and mix of physicians and advanced practice professionals needed.
- Implemented a primary care extended hours clinic in Lycoming County to provide additional patient access for evening and weekend hours.

Priority 3: Mental Health

- Increased the number of mental health providers in Lycoming County by adding additional per diem psychiatrists and an additional certified registered nurse practitioner to increase access to services.
- Implemented telepsychiatry consult services with local nursing homes to increase access to mental health services to nursing home patients.
- Completed plans for mental health facility upgrades and renovations.
- Implemented new group therapy programs to expand access to mental health services.
- Developed a primary care physician (PCP) outreach program to educate PCP's in how to better identify mental health needs among their patients and better understanding the community resources that are available.

Summary of Findings – 2015 Tax Year CHNA

Health needs were identified based on information gathered and analyzed through the 2016 CHNA conducted by the Hospital. These identified community health needs are discussed in greater detail later in this report and the prioritized listing is available at *Exhibit 25*.

These needs have been prioritized based on information gathered through the CHNA.

- Substance abuse
- Lack of mental health services
- Financial barriers/Poverty/Low Socioeconomic
- Lack of health knowledge/Education
- Heart disease
- Transportation in rural areas
- Uninsured/Limited insurance
- Lack of preventative care
- 24/7 access to non-urgent care
- Obesity

The Hospital's next steps include developing an implementation strategy to address these priority areas.

Community Served by the Hospital

The Hospital is located in the city of Wellsboro, Pennsylvania, in Tioga County. Wellsboro is approximately 51 miles north of Williamsport, Pennsylvania, and 136 miles north of Harrisburg, Pennsylvania. Wellsboro and the surrounding geographic area are not close to any major metropolitan area. It is accessible by a state highway and other secondary roads.

Defined Community

A community is defined as the geographic area from which a significant number of the patients utilizing hospital services reside. While the CHNA considers other types of health care providers, the Hospital is the single largest provider of acute care services. For this reason, the utilization of hospital services provides the clearest definition of the community.

Based on the patient origin of acute care inpatient discharges from July 1, 2014, through June 30, 2015, management has identified Tioga County as the defined CHNA community. Tioga County represents nearly 90% of the inpatient discharges as reflected in *Exhibit 1* below. The CHNA will utilize data and input from this county to analyze health needs for the community.

Exhibit 1
Soldiers & Sailors Memorial Hospital
Summary of Inpatient Discharges by Zip Code
7/1/2014 - 6/30/2015

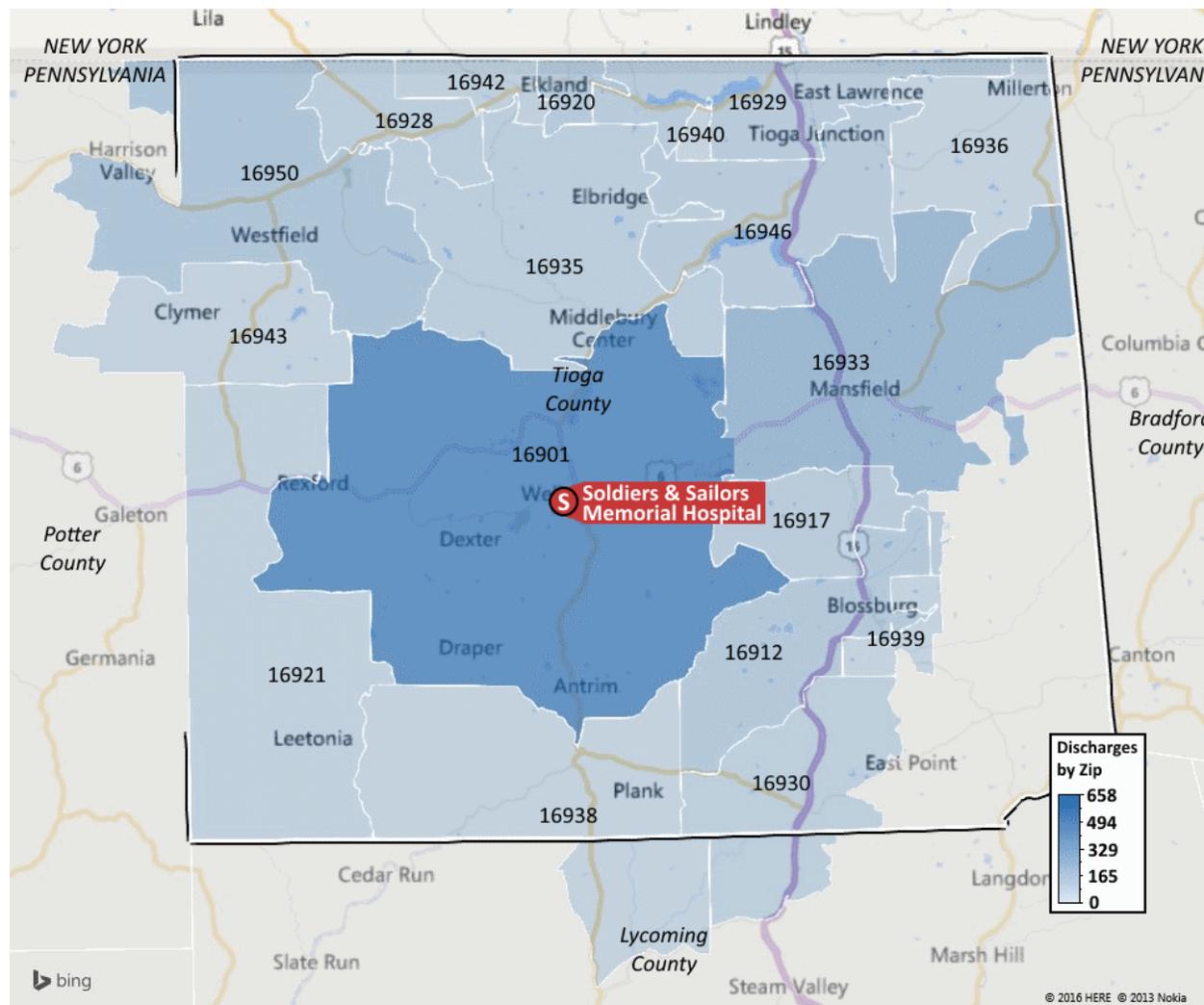
Zip Code	City	Discharges	Percent of Total Discharges
Tioga County:			
16901	Wellsboro	658	30.6%
16933	Mansfield	263	12.2%
16950	Westfield	149	6.9%
16912	Blossburg	116	5.4%
16920	Elkland	111	5.2%
16929	Lawrenceville	87	4.1%
16946	Tioga	83	3.9%
16917	Covington	75	3.5%
16935	Middlebury Center	64	3.0%
16928	Knoxville	59	2.7%
16930	Liberty	50	2.3%
16942	Osceola	42	2.0%
16921	Gaines	37	1.7%
16943	Sabinsville	26	1.2%
16938	Morris	24	1.1%
16936	Millerton	21	1.0%
16939	Morris Run	17	0.8%
16932	Mainesburg	15	0.7%
16940	Nelson	10	0.5%
17765	Roaring Branch	9	0.4%
16911	Arnot	4	0.2%
14892	Waverly	1	0.0%
Total Fayette		1,921	89.5%
Total Other Discharges		226	10.5%
Total		2,147	100.0%

Source: Susquehanna Health

Community Details

Identification and Description of Geographical Community

The following map geographically illustrates the Hospital's community by showing the community zip codes shaded by number of inpatient discharges. The map below displays the Hospital's geographic relationship to the community, as well as significant roads and highways.



Community Population and Demographics

The U.S. Bureau of Census has compiled population and demographic data. *Exhibit 2* below shows the total population of the community. It also provides the breakout of the community between the male and female population, age distribution, and race/ethnicity.

Exhibit 2 Demographic Snapshot Soldiers & Sailors Memorial Hospital

DEMOGRAPHIC CHARACTERISTICS						
	Total Population					Tioga
Tioga County	42,358	Total Male Population				20,962
Pennsylvania	12,758,729	Total Female Population				21,396
United States	314,107,083					

POPULATION DISTRIBUTION						
Age Group	Tioga	Age Distribution				
		Percent of Total Community	Pennsylvania	Percent of Total PA	United States	Percent of Total US
0 - 4	2,350	5.55%	719,941	5.64%	19,973,712	6.36%
5 - 17	6,272	14.81%	2,020,279	15.83%	53,803,944	17.13%
18 - 24	4,553	10.75%	1,253,769	9.83%	31,273,296	9.96%
25 - 34	4,550	10.74%	1,579,903	12.38%	42,310,184	13.47%
35 - 44	4,664	11.01%	1,557,718	12.21%	40,723,040	12.96%
45 - 54	6,036	14.25%	1,875,240	14.70%	44,248,184	14.09%
55 - 64	6,032	14.24%	1,710,321	13.41%	38,596,760	12.29%
65+	7,901	18.65%	2,041,558	16.00%	43,177,963	13.75%
Total	42,358	100%	12,758,729	100%	314,107,083	100%

RACE/ETHNICITY						
Race/Ethnicity	Tioga County	Race/Ethnicity Distribution				
		Percent of Total Community	Pennsylvania	Percent of Total PA	United States	Percent of United States
White	40,791	96.30%	10,020,439	78.54%	197,159,492	62.77%
Hispanic	526	1.24%	784,562	6.15%	53,070,095	16.90%
Black	245	0.58%	1,340,926	10.51%	38,460,597	12.24%
Asian and Pacific	221	0.52%	377,017	2.95%	16,029,364	5.10%
All Others	575	1.36%	235,785	1.85%	9,387,535	2.99%
Total	42,358	100%	12,758,729	100%	314,107,083	100%

Source: Community Commons (ACS 2010-2014 data sets)

While the relative age of the community population can impact community health needs, so can the ethnicity and race of a population. The population of the community by race and ethnicity illustrates different categories of race such as, white, black, Asian, other and multiple races. White non-Hispanics make up over 96% of the community. The community is also comprised of a higher percentage of seniors compared to the state and national percentages.

Exhibit 3 reports the percentage of population living in urban and rural areas. Urban areas are identified using population density, count, and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban. This table could help to understand why transportation may or may not be considered a need within the community, especially within the rural and outlying populations.

**Exhibit 3
Soldiers & Sailors Memorial Hospital
Rural/Urban Population**

County	Percent Urban	Percent Rural
Tioga	9.89%	90.11%
PENNSYLVANIA	78.66%	21.34%
UNITED STATES	80.89%	19.11%

Source: Community Commons

Socioeconomic Characteristics of the Community

The socioeconomic characteristics of a geographic area influence the way residents access health care services and perceive the need for health care services within society. The economic status of an area may be assessed by examining multiple variables within the CHNA community. The following exhibits are a compilation of data that includes household per capita income, unemployment rates, poverty, uninsured population and educational attainment for the CHNA community. These standard measures will be used to compare the socioeconomic status of the community to the state of Pennsylvania and the United States.

Income and Employment

Exhibit 4 presents the per capita income for the CHNA community. This includes all reported income from wages and salaries, as well as income from self-employment, interest or dividends, public assistance, retirement and other sources. The per capita income in this exhibit is the average (mean) income computed for every man, woman and child in the specified area. Tioga County's per capita income is below the state of Pennsylvania and the United States.

Exhibit 4
Soldiers & Sailors Memorial Hospital
Per Capita Income

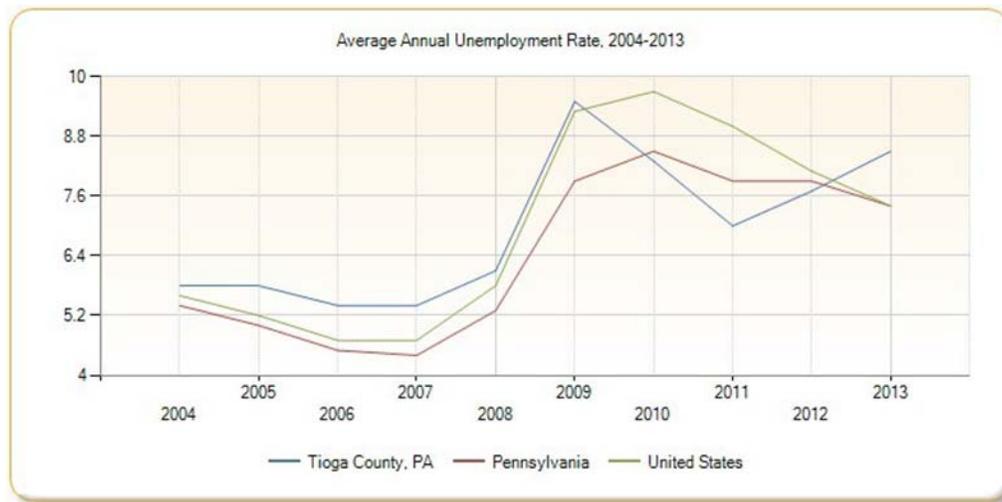
	Total Population	Total Income (\$)	Per Capita Income (\$)
Tioga County	42,358	\$ 999,482,624	\$ 23,596
PENNSYLVANIA	12,758,729	\$ 368,884,285,440	\$ 28,912
UNITED STATES	314,107,072	\$ 8,969,237,037,056	\$ 28,554

Source: Community Commons

Unemployment Rate

Exhibit 5 presents the average annual unemployment rate from 2004 - 2013 for the community defined as the community, as well as the trend for Pennsylvania and the United States. Until 2009, the average unemployment rate for Tioga was higher than Pennsylvania and the United States. Since hitting a high rate of 9.5 in 2009, Tioga County declined down to 8.5 by 2013.

Exhibit 5



Data Source: US Department of Labor, Bureau of Labor Statistics. 2015 - May. Source geography: County

Poverty

Exhibit 6 presents the percentage of total population below 100% Federal Poverty Level (FPL). Poverty is a key driver of health status and is relevant because poverty creates barriers to access, including health services, healthy food choices and other factors that contribute to poor health. Tioga County's poverty rate is higher than the state rate but below the national poverty rate.

Exhibit 6	Total Population	Population in Poverty	Percent Population in Poverty
Tioga County, PA	40,821	6,199	15.19%
Pennsylvania	12,346,333	1,667,858	13.51%
United States	306,226,400	47,755,608	15.59%

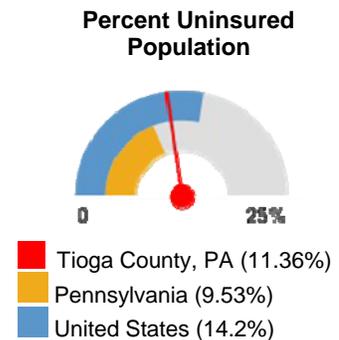
Data Source: US Census Bureau, American Community Survey. 2010-14. Source geography: Tract
 Note: Total population for poverty status was determined at the household level.

Uninsured

Exhibit 7 reports the percentage of the total civilian non-institutionalized population without health insurance coverage. This indicator is relevant because lack of insurance is a primary barrier to health care access, including regular primary care, specialty care and other health services that contribute to poor health status. Just under 5,000 persons are uninsured in the CHNA community.

Exhibit 7	Total Population (For Whom Insurance Status is Determined)	Total Uninsured Population	Percent Uninsured Population
Tioga County, PA	41,923	4,761	11.36%
Pennsylvania	12,553,967	1,195,810	9.53%
United States	309,082,272	43,878,140	14.2%

Data Source: US Census Bureau, American Community Survey, 2010-14. Source geography: Tract

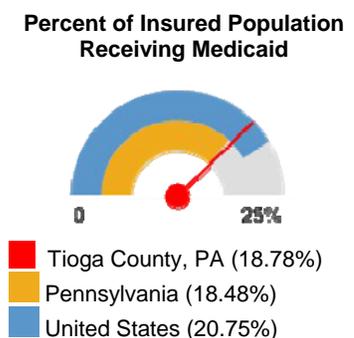


Medicaid

The Medicaid indicator reports the percentage of the population with insurance enrolled in Medicaid (or other means-tested public health insurance). This is relevant because it assesses vulnerable populations, which are more likely to have multiple health access, health status and social support needs; when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment. *Exhibit 8* shows Tioga County ranks unfavorably compared to the state of Pennsylvania and ranks favorably compared to the United States.

Exhibit 8	Total Population (For Whom Insurance Status is Determined)	Population with Any Health Insurance	Population Receiving Medicaid	Percent of Insured Population Receiving Medicaid
Tioga County, PA	41,923	37,162	6,980	18.78%
Pennsylvania	12,553,967	11,358,157	2,099,544	18.48%
United States	309,082,272	265,204,128	55,035,660	20.75%

Data Source: US Census Bureau, American Community Survey, 2010-14. Source geography: Tract



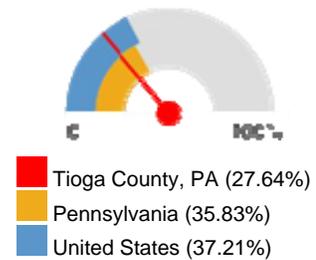
Education

Exhibit 9 presents the population with an Associate's level degree or higher in Tioga County versus Pennsylvania and the United States.

Exhibit 9	Total Population Age 25	Population Age 25 with Associate's Degree or Higher	Percent Population Age 25 with Associate's Degree or Higher
Tioga County, PA	29,183	8,067	27.64%
Pennsylvania	8,764,740	3,140,051	35.83%
United States	209,056,128	77,786,232	37.21%

Data Source: US Census Bureau, American Community Survey, 2010-14. Source geography: Tract

Percent Population Age 25 With Associate's Degree or Higher



Education levels obtained by community residents may impact the local economy. Higher levels of education generally lead to higher wages, less unemployment and job stability. These factors may indirectly influence community health. As noted in *Exhibit 9*, the percent of residents within the CHNA community obtaining an Associate's degree or higher is well below the state and national percentages.

Physical Environment of the Community

A community's health is also affected by the physical environment. A safe, clean environment that provides access to healthy food and recreational opportunities is important to maintaining and improving community health. This section will touch on a few of the elements that relate to some needs mentioned throughout the report.

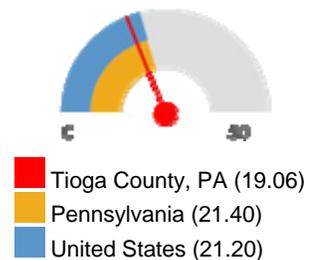
Grocery Store Access

Exhibit 10 reports the number of grocery stores per 100,000-population. Grocery stores are defined as supermarkets and smaller grocery stores primarily engaged in retailing a general line of food, such as canned and frozen foods, fresh fruits and vegetables and fresh and prepared meats, fish and poultry. Included are delicatessen-type establishments. Convenience stores and large general merchandise stores that also retail food, such as supercenters and warehouse club stores, are excluded. This indicator is relevant because it provides a measure of healthy food access and environmental influences on dietary behaviors.

Exhibit 10	Total Population	Number of Establishments	Establishments, Rate per 100,000 Population
Tioga County, PA	41,981	8	19.06
Pennsylvania	12,702,379	2,716	21.40
United States	312,732,537	66,286	21.20

Data Source: U.S. Census Bureau, County Business Patterns. Additional data analysis by CARES. 2013.
Source geography: County

Grocery Stores, Rate (Per 100,000 Population)



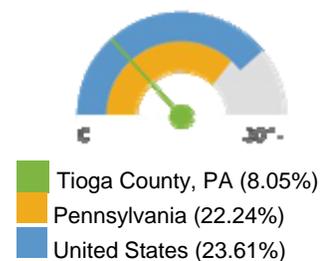
Food Access/Food Deserts

This indicator reports the percentage of the population living in census tracts designated as food deserts. A food desert is defined as a low-income census tract where a substantial number or share of residents has low access to a supermarket or large grocery stores. The information in *Exhibit 11* below is relevant because it highlights populations and geographies facing food insecurity.

Exhibit 11	Total Population	Population With Low Food Access	Percent Population With Low Food Access
Tioga County, PA	41,981	3,378	8.05%
Pennsylvania	12,702,379	2,824,508	22.24%
United States	308,745,538	72,905,540	23.61%

Data Source: US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas. 2010. Source geography: Tract

Percent Population With Low Food Access



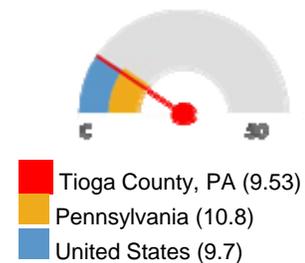
Recreation and Fitness Facility Access

This indicator reports the number per 100,000-population of recreation and fitness facilities as defined by North American Industry Classification System (NAICS) Code 713940. It is relevant because access to recreation and fitness facilities encourages physical activity and other healthy behaviors. *Exhibit 12* shows that Tioga County has fewer fitness establishments available to the residents than Pennsylvania and the United States.

Exhibit 12	Total Population	Number of Establishments	Establishments, Rate per 100,000 Population
Tioga County, PA	41,981	4	9.53
Pennsylvania	12,702,379	1,369	10.80
United States	312,732,537	30,393	9.70

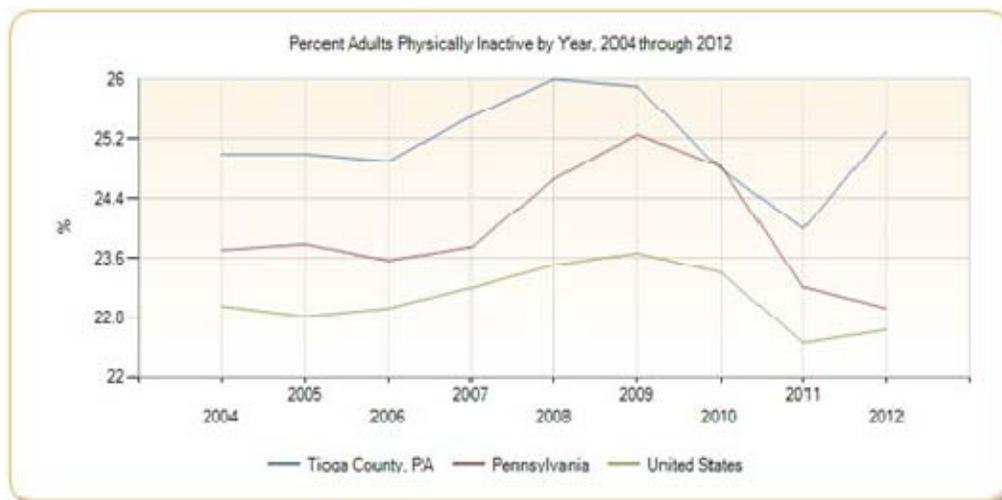
Data Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2013.
Source geography: County

Recreation and Fitness Facilities, Rate (Per 100,000 Population)



The trend graph below (*Exhibit 13*) shows the percentage of adults who are physically inactive by year for the community and compared to Pennsylvania and the United States. Since 2004, the CHNA community has had a higher percentage of adults who are physically inactive compared to both the state of Pennsylvania and the United States. Although the trend has decreased since 2008, the percentage of adults physically inactive within the community is significantly higher than both the state of Pennsylvania and the United States.

Exhibit 13



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

Clinical Care of the Community

A lack of access to care presents barriers to good health. The supply and accessibility of facilities and physicians, the rate of uninsured, financial hardship, transportation barriers, cultural competency and coverage limitations affect access.

Rates of morbidity, mortality and emergency hospitalizations can be reduced if community residents access services such as health screenings, routine tests and vaccinations. Prevention indicators can call attention to a lack of access or knowledge regarding one or more health issues and can inform program interventions.

Access to Primary Care

Exhibit 14 shows the number of primary care physicians per 100,000-population. Doctors classified as “primary care physicians” by the American Medical Association include general family medicine MDs and DOs, general practice MDs and DOs, general internal medicine MDs and general pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded. This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

Exhibit 14	Total Population, 2012	Primary Care Physicians, 2012	Primary Care Physicians, Rate per 100,000 Pop.
Tioga County, PA	42,577	22	51.7
Pennsylvania	12,763,536	10,217	80.0
United States	313,914,040	233,862	74.5

Data Source: US Department of Health Human Services, Health Resources and Services Administration, Area Health Resource File. 2012. Source geography: County

Lack of a Consistent Source of Primary Care

Exhibit 15 reports the percentage of adults aged 18 and older who self-report that they do not have at least one person who they think of as their personal doctor or health care provider. This indicator is relevant because access to regular primary care is important to preventing major health issues and emergency department visits.

Exhibit 15	Survey Population (Adults Age 18)	Total Adults Without Any Regular Doctor	Percent Adults Without Any Regular Doctor
Tioga County, PA	42,871	8,008	18.68%
Pennsylvania	9,777,605	1,244,908	12.73%
United States	236,884,668	52,290,932	22.07%

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

Population Living in a Health Professional Shortage Area

This indicator reports the percentage of the population that is living in a geographic area designated as a Health Professional Shortage Area (HPSA), defined as having a shortage of primary medical care, dental or mental health professionals. This indicator is relevant because a shortage of health professionals contributes to access and health status issues. As *Exhibit 16* below shows, 52.9% of the residents within the CHNA community are living in a health professional shortage area.

Exhibit 16	Total Area Population	Population Living in a HPSA	Percentage of Population Living in a HPSA
Tioga County, PA	41,981	22,210	52.90%
Pennsylvania	12,702,379	1,072,764	8.45%
United States	308,745,538	105,203,742	34.07%

Data Source: U.S. Department of Health Human Services, Health Resources and Services Administration, Health Professional Shortage Areas. March 2015. Source geography: HPSA

Preventable Hospital Events

Exhibit 17 reports the discharge rate (per 1,000 Medicare enrollees) for conditions that are ambulatory care sensitive (ACS). ACS conditions include pneumonia, dehydration, asthma, diabetes and other conditions which could have been prevented if adequate primary care resources were available and accessed by those patients. This indicator is relevant because analysis of ACS discharges allows demonstrating a possible “return on investment” from interventions that reduce admissions (for example, for uninsured or Medicaid patients) through better access to primary care resources.

Exhibit 17	Total Medicare Part A Enrollees	Ambulatory Care Sensitive Condition Hospital Discharges	Ambulatory Care Sensitive Condition Discharge Rate
Tioga County, PA	6,012	430	71.5
Pennsylvania	1,158,720	72,543	62.6
United States	58,209,898	3,448,111	59.2

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

Health Status of the Community

This section of the assessment reviews the health status of Tioga County residents. As in the previous section, comparisons are provided with the state of Pennsylvania and the United States. This in-depth assessment of the mortality and morbidity data, health outcomes, health factors and mental health indicators of the county residents that make up the CHNA community will enable the Hospital to identify priority health issues related to the health status of its residents.

Good health can be defined as a state of physical, mental and social well-being, rather than the absence of disease or infirmity. According to *Healthy People 2020*, the national health objectives released by the U.S. Department of Health and Human Services, individual health is closely linked to community health. Community health, which includes both the physical and social environment in which individuals live, work and play, is profoundly affected by the collective behaviors, attitudes and beliefs of everyone who lives in the community. Healthy people are among a community's most essential resources.

Numerous factors have a significant impact on an individual's health status: lifestyle and behavior, human biology, environmental and socioeconomic conditions, as well as access to adequate and appropriate health care and medical services.

Studies by the American Society of Internal Medicine conclude that up to 70% of an individual's health status is directly attributable to personal lifestyle decisions and attitudes. Persons who do not smoke, drink in moderation (if at all), use automobile seat belts (car seats for infants and small children), maintain a nutritious low-fat, high-fiber diet, reduce excess stress in daily living and exercise regularly have a significantly greater potential of avoiding debilitating diseases, infirmities and premature death.

The interrelationship among lifestyle/behavior, personal health attitude and poor health status is gaining recognition and acceptance by both the general public and health care providers. Some examples of lifestyle/behavior and related health care problems include the following:

Lifestyle	Primary Disease Factor
Smoking	Lung cancer Cardiovascular disease Emphysema Chronic bronchitis
Alcohol/drug abuse	Cirrhosis of liver Motor vehicle crashes Unintentional injuries Malnutrition Suicide Homicide Mental illness
Poor nutrition	Obesity Digestive disease Depression
Driving at excessive speeds	Trauma Motor vehicle crashes

Lack of exercise

Cardiovascular disease
Depression

Overstressed

Mental illness
Alcohol/drug abuse
Cardiovascular disease

Health problems should be examined in terms of morbidity as well as mortality. Morbidity is defined as the incidence of illness or injury, and mortality is defined as the incidence of death. Such information provides useful indicators of health status trends and permits an assessment of the impact of changes in health services on a resident population during an established period of time. Community attention and health care resources may then be directed to those areas of greatest impact and concern.

Leading Causes of Death and Health Outcomes

Exhibit 18 reflects the leading causes of death for the community and compares the rates to the state of Pennsylvania and the United States.

Exhibit 18
Soldiers & Sailors Memorial Hospital
Selected Causes of Resident Deaths: Crude Rate

	Tioga County	Pennsylvania	United States
Cancer	246.10	226.60	185.40
Heart Disease	248.98	248.81	192.95
Lung Disease	72.90	51.10	45.66
Stroke	53.00	52.70	41.40
Unintentional Injury	48.28	47.35	40.05
Motor Vehicle Accident	22.20	10.60	11.00

Source: Community Commons

The table above shows leading causes of death within Tioga County as compared to the state of Pennsylvania and also to the United States. The crude rate is shown per 100,000 residents. The rates highlighted in yellow represent the county and corresponding leading cause of death that is greater than the state and national rates. As the table indicates, all of the leading causes of death in Tioga County above are greater than the rate in Pennsylvania and the United States.

Health Outcomes and Factors

Community Health Status Indicators

The Community Health Status Indicators (CHSI) Project of the U.S. Department of Health and Human Services compares many health status and access indicators to both the median rates in the United States and to rates in “peer counties” across the United States. Counties are considered “peers” if they share common characteristics such as population size, poverty rate, average age, and population density.

Tioga County has 49 designated “peer” counties in 20 states, including Essex and Allegany in New York and Susquehanna in Pennsylvania. Exhibit 19 provides a summary comparison of how Tioga County compares with peer counties on the full set of primary indicators. Peer county values for each indicator were ranked and then divided into quartiles.

Exhibit 19

Tioga County, Pennsylvania

	Most Favorable Quartile	Middle Two Quartiles	Least Favorable Quartile
Mortality	<ul style="list-style-type: none"> Alzheimer's disease deaths 	<ul style="list-style-type: none"> Cancer Deaths Chronic Lower Respiratory Disease (CLRD) Deaths Coronary Heart Disease Deaths Female Life Expectancy Male Life Expectancy Stroke Deaths Unintentional Injury (including motor vehicle) 	<ul style="list-style-type: none"> Chronic Kidney Disease Deaths Diabetes Deaths Motor Vehicle Deaths
Morbidity	<ul style="list-style-type: none"> Older Adult Asthma Older Adult Depression Syphilis 	<ul style="list-style-type: none"> Adult Diabetes Adult Overall Health Status Alzheimer's Disease/Dementia Gonorrhea HIV Preterm Births 	<ul style="list-style-type: none"> Adult Obesity Cancer
Health Care Access and Quality	<ul style="list-style-type: none"> Cost Barrier to Care 	<ul style="list-style-type: none"> Primary Care Provider Access Uninsured 	<ul style="list-style-type: none"> Older Adult Preventable Hospitalizations
Health Behaviors	<ul style="list-style-type: none"> Adult Binge Drinking 	<ul style="list-style-type: none"> Adult Female Routine Pap Tests Adult Physical Inactivity Adult Smoking Teen Births 	
Social Factors	<ul style="list-style-type: none"> Violent Crime 	<ul style="list-style-type: none"> Children in Single-Parent Households High Housing Costs Inadequate Social Support On Time High School Graduation Poverty Unemployment 	
Physical Environment	<ul style="list-style-type: none"> Housing Stress Limited Access to Healthy Food 	<ul style="list-style-type: none"> Annual Average PM2.5 Concentration Living Near Highways 	<ul style="list-style-type: none"> Access to Parks

Source: Community Health Status Indicators, 2015

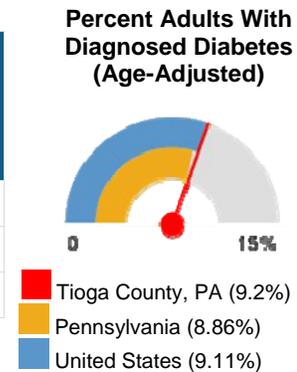
The following exhibits show a more detailed view of certain health outcomes and factors. The percentages for Tioga County and the community as a whole are compared to the state of Pennsylvania and also the United States.

Diabetes (Adult)

Exhibit 20 reports the percentage of adults aged 20 and older who have ever been told by a doctor that they have diabetes. This indicator is relevant because diabetes is a prevalent problem in the U.S.; it may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

Exhibit 20	Total Population Age 20	Population With Diagnosed Diabetes	Population With Diagnosed Diabetes, Crude Rate	Population With Diagnosed Diabetes, Age-Adjusted Rate
Tioga County, PA	32,550	3,613	11.1	9.20%
Pennsylvania	9,649,568	984,651	10.2	8.86%
United States	234,058,710	23,059,940	9.85	9.11%

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

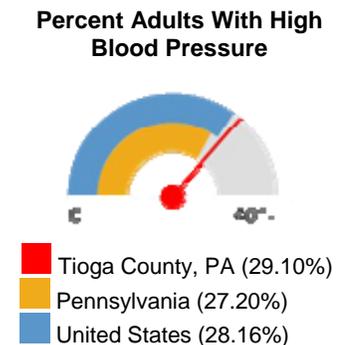


High Blood Pressure (Adult)

Per *Exhibit 21* below, 9,643 or 29.1% of adults aged 18 and older have ever been told by a doctor that they have high blood pressure or hypertension. The community percentage of high blood pressure among adults is higher than both the percentage of Pennsylvania and the United States percentage.

Exhibit 21	Total Population (Age 18)	Total Adults With High Blood Pressure	Percent Adults With High Blood Pressure
Tioga County, PA	33,139	9,643	29.1%
Pennsylvania	9,857,384	2,681,208	27.2%
United States	232,556,016	65,476,522	28.16%

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2006-12. Source geography: County



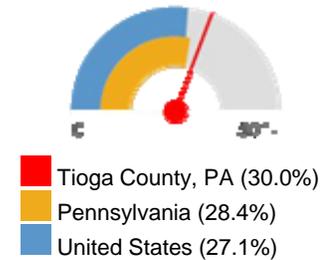
Obesity

Of adults aged 20 and older, 30.7% self-report that they have a Body Mass Index (BMI) greater than 30.0 (obese) in the Community per *Exhibit 22*. Excess weight may indicate an unhealthy lifestyle and puts individuals at risk for further health issues. Tioga County has a BMI percentage higher than the state and national rates.

Exhibit 22	Total Population Age 20	Adults With BMI > 30.0 (Obese)	Percent Adults With BMI > 30.0 (Obese)
Tioga County, PA	32,403	10,045	30.7%
Pennsylvania	9,654,554	2,782,229	28.4%
United States	231,417,834	63,336,403	27.1%

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

Percent Adults With BMI > 30.0 (Obese)



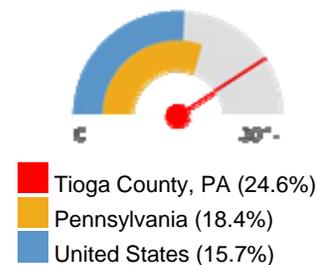
Poor Dental Health

This indicator is relevant because it indicates lack of access to dental care and/or social barriers to utilization of dental services. *Exhibit 23* shows the total CHNA Community has a greater percentage of adults with poor dental health than that of Pennsylvania and the United States.

Exhibit 23	Total Population (Age 18)	Total Adults With Poor Dental Health	Percent Adults With Poor Dental Health
Tioga County, PA	32,859	8,089	24.6%
Pennsylvania	9,857,384	1,814,547	18.4%
United States	235,375,690	36,842,620	15.7%

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES 2006-10. Source geography: County

Percent Adults With Poor Dental Health



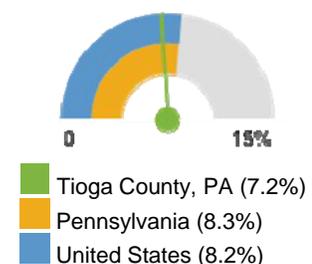
Low Birth Weight

Exhibit 24 reports the percentage of total births that are low birth weight (under 2500g). This indicator is relevant because low birth weight infants are at high risk for health problems. This indicator can also highlight the existence of health disparities.

Exhibit 24	Total Live Births	Low Weight Births (Under 2500g)	Low Weight Births, Percent of Total
Tioga County, PA	2,940	212	7.2%
Pennsylvania	1,031,597	85,623	8.3%
United States	29,300,495	2,402,641	8.2%
HP 2020 Target			<= 7.8%

Data Source: U.S. Department of Health Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER 2006-12. Source geography: County

Percent Low Birth Weight Births



Key Stakeholder and Community Input – Interviews and Survey

Interviewing key stakeholders (persons with knowledge of or expertise in public health, community members who represent the broad interest of the community or persons representing vulnerable populations) is a technique employed to assess public perceptions of the county's health status and unmet needs. These interviews are intended to ascertain opinions among individuals likely to be knowledgeable about the community and influential over the opinions of others about health concerns in the community.

Methodology

A total of five key informant meetings were held in Tioga County and 23 people answered the key informant surveys. The surveys were gathered through a link on QuestionPro.com or through answering a hand-written survey. Stakeholders were determined based on a) their specialized knowledge or expertise in public health, b) their involvement with underserved and minority populations or c) their affiliation with local government, schools and industry.

All meetings were conducted by Susquehanna Health System personnel. The survey filled out by the key stakeholders were identical to those asked in the meetings. All questions were developed so the key informant could focus their answers on four main points of discussion:

- 1. Has the health and quality of life in Tioga County improved, stayed the same or declined in the past three years? Based on your answer, why?**
- 2. What are the most critical health and quality of life issues in Tioga County? What needs to be done to address these issues?**
- 3. What are the barriers to improving health and quality of life in Tioga County?**
- 4. Where does the community turn to for health resources and overall wellness?**

Interview data was initially recorded in narrative form asking participants a series of twelve questions. Please refer to *Appendix D* for a copy of the interview instrument. This technique does not provide a quantitative analysis of the stakeholders' opinions but reveals community input for some of the factors affecting the views and sentiments about overall health and quality of life within the community.

Key Stakeholder Profiles

Key stakeholders from the community worked for the following types of organizations and agencies (see *Appendix D* for a list of stakeholders):

- Susquehanna Health
- NPCHS
- Tioga County Partnership for Community Health
- Tioga County Planning Commission
- Wellsboro School District
- Citizens & Northern Bank
- Mansfield University

Key Stakeholder Interview Results

A summary of the four main points discussed with the key informants follows. Quotes are also paraphrased below to reflect some common opinions, as well as strong feelings towards the given question. This section summarizes what the key informants said and discussed within our various meetings without assessing the credibility of their comments.

1. Has the health and quality of life in Tioga County improved, stayed the same or declined in the past three years? Based on your answer, why?

The key informants were asked their opinion on the health and quality of life within our communities in Tioga County. Their answer had to be based on whether or not they believed in the past three years if the health and quality of life has improved, stayed the same or declined. They also had to follow up support to their answers.

For those key informants who completed the survey, thirteen feel as though the health and quality of life in Tioga County has declined the past three years, six feel as if the health and quality of life has improved, and eight feel as though it has stayed the same.

Many key informants were in agreement that the health and quality of life for residents has declined. In 2013, Tioga County's unemployment rate was at 10%, however by the end of 2015 it was almost cut in half, ending the year at 5.5% (most likely due to the gas industry). Since the gas industry has dispersed, unemployment has risen to 7.7%. The trend seems to continue with a couple other industries slated to close. Key informants say that this is affecting the health and quality of life for residents due to healthcare, housing costs and struggles to find adequate employment.

“The decline in natural gas operations over the past two years has helped reduce traffic, but has taken many jobs out of area. Employment plays a key role in quality of life.”

A decline in the health and quality of life that almost all key informants addressed is the battle of opiate addiction that much of the nation is dealing with. This problem ranges of all income levels and is being found at younger ages and especially to those who live with chronic pain. The lack of behavioral health, proper rehabilitation facilities and pain specialists was a cause of concern to many key informants.

“Declined because of the drug epidemic. We're encountering large groups of many demographics that are addicts or addicts in recovery. Their addictions spawn other medical issues and they often are unable to work resulting in many not having good insurance coverage (if any) as well as the inability to get to where they need to go for health issues.”

Other reasons why key informants feel that the health and quality of life has declined is the increase of residents who are obese which leads to other chronic health issues; access to healthcare either because of costs of transportation to and from appointments (especially the elderly), expense of healthcare or lack of employment/insurance; very limited availability for quality childcare which makes it difficult for dual family employment; lack of education towards the important of preventative wellness.

“Obesity for county residents' continues to increase; drug abuse is out of control; access to health care is concerning due to increase in cost of insurance or a large amount due for deductibles; access to quality daycare is limited or non-existent in communities.”

“Limited financial resources and in many cases no transportation to get to appointments”.

2. What are the most critical health and quality of life issues in Tioga County? What needs to be done to address these issues?

Key informants were asked to provide their opinions on what they felt were the most critical and quality of life issues in Tioga County. They were also asked what they feel needs to be done to address these issues.

After reviewing all key informant surveys and after discussions with various groups and organizations, the most common critical health and quality of life issues mentioned were the following:

- Drug and alcohol addiction
- Obesity/lifestyle choices
- Mental health
- Affordable healthcare due to insurance costs and high deductibles
- Continued increase in unemployment
- Transportation for healthcare

Suggestions from Key Informants on What Needs To Be Done to Address These Issues:

Drug and Alcohol Addiction:

- Bring in programs such as Project Bald Eagle task force
- Bring in more outpatient/inpatient rehabilitation centers that have staff/physicians/behavioral health specialized in addiction
- Community level engagement on the fight against opiate abuse; more drug robust education at a younger age
- Better pain management resources for those who suffer chronic pain
- Needle exchange centers to help the spread of diseases such as Hepatitis C

Obesity/Lifestyle Choices:

- Taking time at yearly visits with primary care physicians to discuss overall wellness and living a healthy life (heart disease prevention, smoking cessation, cancer education, exercise, etc.)
- Affordable food costs – programs on how to eat healthy on a fixed budget (partner with local grocery stores, primary care physicians, etc.)
- More health and wellness prevention classes starting in education K-12 (better funded breakfast/lunch programs)
- Continued wellness initiatives through insurance plans and in the workplace
- Affordable mental health and nutrition counseling for those who are fit the obese criteria
- Access to affordable workout centers

Mental Health:

- Pediatric mental health
- Inpatient rehabilitation
- Addiction specialists (drug, food, etc.)
- Senior/Elderly care – life transitions

Affordable Healthcare Due To Insurance Costs and High Deductibles:

- Wellness incentives through the workplace to help drive annual screenings and encourage a healthy lifestyle
- Better access to primary care physicians, more time to educated healthy physical and mental wellbeing during annual visits

Continued Increase in Unemployment:

- Research grants or programs or wellness initiatives to ensure that the unemployed population maintain routine screenings while searching for new jobs (i.e. lung screenings, mammograms, cervical screenings, colonoscopy)

Transportation for Healthcare:

- Work in conjunction with Laurel Health Partners to invest in a traveling wellness clinic that can travel to rural areas and the elderly to ensure residents are following up on wellness visits

3. What are the barriers to improving health and quality of life in Tioga County?

The key informants were asked what barriers there are in Tioga County to improving the health and quality of life in our communities. Responses from the key informants included the continue rise in unemployment; cost of living and low wage employment; better behavioral health programs for residents of all ages, specifically addiction and youth depression; inpatient rehabilitation for behavioral issues; more health and wellness fairs and immunization clinics in our rural communities and aging population that have transportation barriers; lack of proper pain management specialists to help curb the abuse of narcotics; access to healthcare 7 days of week (urgent care).

“Folks cannot afford the high insurance deductibles. Many will not go to the Emergency room, due to high copays.”

“Housing, transportation and employment.”

“Affordable housing, access to dental care, county-wide transportation, affordable day care, and employment.”

4. Where does the community turn to for health resources and overall wellness?

Key informants were asked to provide their opinion as to where the community turns to for health resources and overall wellness. Most of the key informant stated that most residents turn to the local hospital system or their primary care physician for health resources and overall wellness. The key informants also identified that many residents turn to the internet for any health or wellness need, as well as family/friends, emergency room, urgent care, social worker or YMCA/YWCA.

“The local hospital, health centers and the Department of Human Services.”

“Susquehanna Health, Tioga County Partnership; Internet sites.”

Key Findings

A summary of themes and key findings provided by the key informants follows:

Barriers that exist to improve the health and quality of life:

- Affordable healthcare, specifically for working class, economically disadvantaged elderly
 - High deductibles
 - High medication costs
 - High co-pays
- Lack of behavioral health
- Transportation barriers for elderly and rural communities
- Rising trend in unemployment; troublesome to pay housing costs and healthy food
- Access to healthcare seven days a week (urgent care)
- Lack of stronger education at a younger age regarding healthy lifestyle and health insurance

Most critical health and quality of life issues:

- Drug and alcohol addiction
- Obesity/lifestyle choices
- Mental health
- Affordable healthcare due to insurance costs and high deductibles
- Continued increase in unemployment
- Transportation for healthcare

Health Issues of Vulnerable Populations

According to Dignity Health's Community Need Index (see Appendices), the Hospital's community has a low of need. The CNI score is an average of five different barrier scores that measure socioeconomic indicators of each community (income, cultural, education, insurance and housing). The zip codes that have the highest need in the community with a CNI of 3 are 16920 (Elkland) and 16933 (Mansfield) The city of Westfield (16950) has a CNI of 2.8 and the city of Osceola (16942) has a CNI of 2.6.

Certain key stakeholders were selected due to their positions working with low-income and uninsured populations. Several key stakeholders were selected due to their work with minority populations. Based on information obtained through key stakeholder interviews, the following populations are considered to be vulnerable or underserved in the community and the identified needs are listed:

Vulnerable or Underserved Populations:

- "Working Class"
- Economically disadvantaged
- Children that come from underserved families
- Elderly

Identified Needs:

- Transportation accommodations for elderly and rural areas
- Mental health services for broken families, families dealing with addiction, abuse, neglect, etc.
- Addiction services
- Adequate employment opportunities
- Education on the importance of everyday wellness and guidance through the healthcare system
- Availability to affordable, healthy food choices

Information Gaps

This assessment was designed to provide a comprehensive and broad picture of the health in the overall community served by the Hospital; however, there may be a number of medical conditions that are not specifically addressed in this report due to various factors, including but not limited to, publically available information or limited community input.

In addition, certain population groups might not be identifiable or might not be represented in numbers sufficient for independent analysis. Examples include homeless, institutionalized persons, undocumented residents and members of certain ethnic groups who do not speak English or Spanish. Efforts were made to obtain input from these specific populations through key stakeholder interviews.

Prioritization of Identified Health Needs

Priority setting is a required step in the community benefit planning process. The IRS regulations indicate that the CHNA must provide a prioritized description of the community health needs identified through the CHNA and include a description of the process and criteria used in prioritizing the health needs.

Using findings obtained through the collection of primary and secondary data, the Hospital completed an analysis of these inputs (see *Appendices*) to identify community health needs. The following data was analyzed to identify health needs for the community:

Leading Causes of Death

Leading causes of death for the community and the death rates for the leading causes of death for each county within the Hospital's CHNA community were compared to U.S. adjusted death rates. Causes of death in which the county rate compared unfavorably to the U.S. adjusted death rate resulted in a health need for the Hospital CHNA community.

Health Outcomes and Factors

The indicators falling within the least favorable quartile from the Community Health Status Indicators (CHSI) resulted in an identified health need.

Primary Data

Health needs identified through key informant interviews were included as health needs. Needs for vulnerable populations were separately reported on the analysis in order to facilitate the prioritization process.

Health Needs of Vulnerable Populations

Health needs of vulnerable populations were included for ranking purposes.

To facilitate prioritization of identified health needs, a ranking process was used. Health needs were ranked based on the following five factors. Each factor received a score between 0 and 5.

- 1) **How many people are affected by the issue or size of the issue?** For this factor, ratings were based on the percentage of the community who are impacted by the identified need. The following scale was utilized: >25% of the community= 5; >15% and <25%=4; >10% and <15%=3; >5% and <10%=2 and <5%=1.
- 2) **What are the consequences of not addressing this problem?** Identified health needs which have a high death rate or have a high impact on chronic diseases received a higher rating.
- 3) **The impact of the problem on vulnerable populations.** Needs identified which pertained to vulnerable populations were rated for this factor.
- 4) **How important the problem is to the community.** Needs identified through community interviews and/or focus groups were rated for this factor.
- 5) **Prevalence of common themes.** The rating for this factor was determined by how many sources of data (leading causes of death, health outcomes and factors and primary data) identified the need.
- 6) **Alignment with Hospital Strategic Plan.** The rating for this factor was determined by whether or not the need fits within the Hospital's strategic plan. If so, a rating of five was given to the need, otherwise a zero was listed.

Each need was ranked based on the six prioritization metrics. As a result, the following summary list of needs was identified:

Exhibit 25
Soldiers & Sailors Memorial Hospital
Prioritization of Health Needs

	How Many People Are Affected by the Issue?	What Are the Consequences of Not Addressing This Problem?	What is the Impact on Vulnerable Populations?	How Important is it to the Community?	How Many Sources Identified the Need?	How Does the Need Align With Hospital Strategic Plan?	Total Score *
Substance Abuse	5	5	5	5	5	5	30
Lack of Mental Health Services	5	5	5	5	5	5	30
Financial Barriers/Poverty/Low Socioeconomic	4	5	4	5	5	5	28
Lack of Health Knowledge/Education	4	4	5	5	5	5	28
Heart Disease	5	5	5	5	3	5	28
Transportation in Rural Areas	4	5	4	5	5	5	28
Uninsured/Limited Insurance	4	5	4	4	4	5	26
Lack of Preventative Care	4	4	4	5	4	5	26
24/7 Access to Non-Urgent Care	4	4	4	4	4	5	25
Obesity	5	5	5	5	5	0	25
Poor Nutrition/Limited Access to Healthy Food Options	4	5	5	5	5	0	24
Cancer	5	5	4	3	2	5	24
Lack of Primary Care Physicians	3	4	4	4	3	5	23
Lung Disease	4	4	4	3	3	5	23
Adult Smoking/Tobacco Use	4	5	4	5	4	0	22
Physical Inactivity	4	5	4	5	4	0	22
Stroke	4	4	4	3	2	5	22
Excessive Drinking/Motor Vehicle Accident	4	5	4	3	2	0	18
Children in Poverty	4	4	4	3	2	0	17
Sexually Transmitted Infections	3	4	3	3	3	0	16
Unintentional Injury	4	4	2	2	2	0	14
Suicide	3	3	3	2	2	0	13
Children in Single-Parent Households	3	3	3	2	1	0	12
Teen Birth Rate	3	2	3	2	2	0	12
Violent Crime Rate	3	3	2	2	2	0	12

*Highest potential score = 30

Management's Prioritization Process

For the health needs prioritization process, the Hospital engaged a hospital leadership team to review the most significant health needs reported the prior CHNA, as well as in *Exhibit 25*, using the following criteria:

- ✓ Current area of hospital focus
- ✓ Established relationships with community partners to address the health need
- ✓ Organizational capacity and existing infrastructure to address the health need

Based on the criteria outlined above, the leadership team ranked each of the health needs. As a result of the priority setting process, the identified priority areas that will be addressed through the Hospital's Implementation Strategy for fiscal years 2017 through 2019 will be:

- Substance abuse
- Lack of mental health services
- Financial barriers/Poverty/Low Socioeconomic
- Lack of health knowledge/Education
- Heart disease
- Transportation in rural areas
- Uninsured/Limited insurance
- Lack of preventative care
- 24/7 access to non-urgent care
- Obesity

The Hospital's next steps include developing an implementation strategy to address these priority areas.

Resources Available to Address Significant Health Needs

Health Care Resources

The availability of health care resources is a critical component to the health of a county's residents and a measure of the soundness of the area's health care delivery system. An adequate number of health care facilities and health care providers are vital for sustaining a community's health status. Fewer health care facilities and health care providers can impact the timely delivery of services. A limited supply of health resources, especially providers, results in the limited capacity of the health care delivery system to absorb charity and indigent care as there are fewer providers upon which to distribute the burden of indigent care.

Hospitals

The Hospital has 67 acute beds and is the only hospital facility located within the CHNA community. Residents of the community also take advantage of services provided by hospitals in neighboring counties, as well as services offered by other facilities and providers.

Exhibit 26 summarizes hospitals available to the residents of Tioga County. The facilities with an asterisk (~) next to their name in the table below are not located in the CHNA community but are part of the Susquehanna Health System. The facilities with an asterisk (*) next to their name in the table below are not located in the CHNA community; however, they represent hospital facilities that are within 30 miles of Wellsboro, Pennsylvania.

Exhibit 26
Soldiers & Sailors Memorial Hospital
Summary of Area Hospitals and Health Centers

Hospital	Address	County
~ Williamsport Regional Medical Center	700 High Street, Williamsport, PA 17701	Lycoming
~ Divine Providence Hospital	1100 Grampain Boulevard, Williamsport, PA 17701	Lycoming
~ Muncy Valley Hospital	215 East Water Street, Muncy, PA 17756	Lycoming
* Troy Community Hospital	275 Guthrie Drive, Troy, PA 16947	Bradford
* Corning Hospital	1 Guthrie Drive, Corning, NY 14830	Steuben

Source: US Hospital Finder

Other Health Care Facilities

Short-term acute care hospital services are not the only health services available to members of the Hospital’s community. *Exhibit 27* provides a listing of community health centers and rural health clinics within Tioga County.

Exhibit 27
Soldiers & Sailors Memorial Hospital
Summary of Other Health Care Facilities

Facility	Facility Type	Address	County
Westfield Health Center	Rural Health Clinic	222 Church Street, Westfield, PA 16950	Tioga
Laurel Behavioral Health	Specialty	103 West Avenue, Wellsboro, PA 16901	Tioga
Wellsboro Laurel Health Center	Federally Qualified Health Center	7 Water Street, Wellsboro, PA 16901	Tioga
North Penn Comprehensive Health Services	Federally Qualified Health Center	22 Walnut Street, Wellsboro, PA 16091	Tioga
Mansfield Laurel Health Center	Federally Qualified Health Center	40 W Wellsboro Street, Mansfield, PA 16933	Tioga
Blossburg Laurel Health Center	Federally Qualified Health Center	6 Riverside Plaza, Blossburg, PA 16912	Tioga
Elkland Laurel Health Center	Federally Qualified Health Center	103 Forestview Avenue, Elkland, PA 16920	Tioga
Lawrenceville Laurel Health Center	Federally Qualified Health Center	32 E Lawrence Road, Lawrenceville, PA 16929	Tioga
Westfield Laurel Health Center	Federally Qualified Health Center	236 E Main Street, Westfield, PA 16950	Tioga
PA Department of Health	Health Department	44 Plaza Ln, Wellsboro, PA 16901	Tioga

Source: CMS.gov, Health Resources & Services Administration (HRSA)

APPENDICES

APPENDIX A
ANALYSIS OF DATA

**Soldiers & Sailors
Analysis of CHNA Data**

Analysis of Health Status-Leading Causes of Death

	(A)		(B)	If (B)>(A), then "Health Need"
	U.S. Crude Death Rates	10% of U.S. Crude Death Rate	County Rate Less U.S. Adjusted	

Tioga County:

Cancer	185.40	18.54	246.10	60.70	Health Need
Heart Disease	192.95	19.30	248.98	56.03	Health Need
Lung Disease	45.66	4.57	72.90	27.24	Health Need
Stroke	41.40	4.14	53.00	11.60	Health Need
Unintentional Injury	40.05	4.01	48.28	8.23	Health Need
Motor Vehicle Accident	11.00	1.10	22.20	11.20	Health Need

*** The crude rate is shown per 100,000 residents. Please refer to Exhibit 18 for more information.

Analysis of Health Outcomes and Factors - Community Health Status Indicators

Least Favorable:

Chronic Kidney Disease Deaths

Diabetes Deaths

Motor Vehicle Deaths

Adult Obesity

Cancer

Older Adult Preventable Hospitalizations

Access to Parks

Analysis of Primary Data - Key Stakeholder Meetings & Survey

Drug and alcohol addiction
Obesity/lifestyle choices
Mental health
Affordable healthcare due to insurance costs and high deductibles
Continued increase in unemployment
Transportation for healthcare

Issues of Uninsured Persons, Low-Income Persons and Minority/Vulnerable Populations

Vulnerable or Underserved Population:

- “Working Class”
- Economically disadvantaged
- Children that come from underserved families
- Elderly

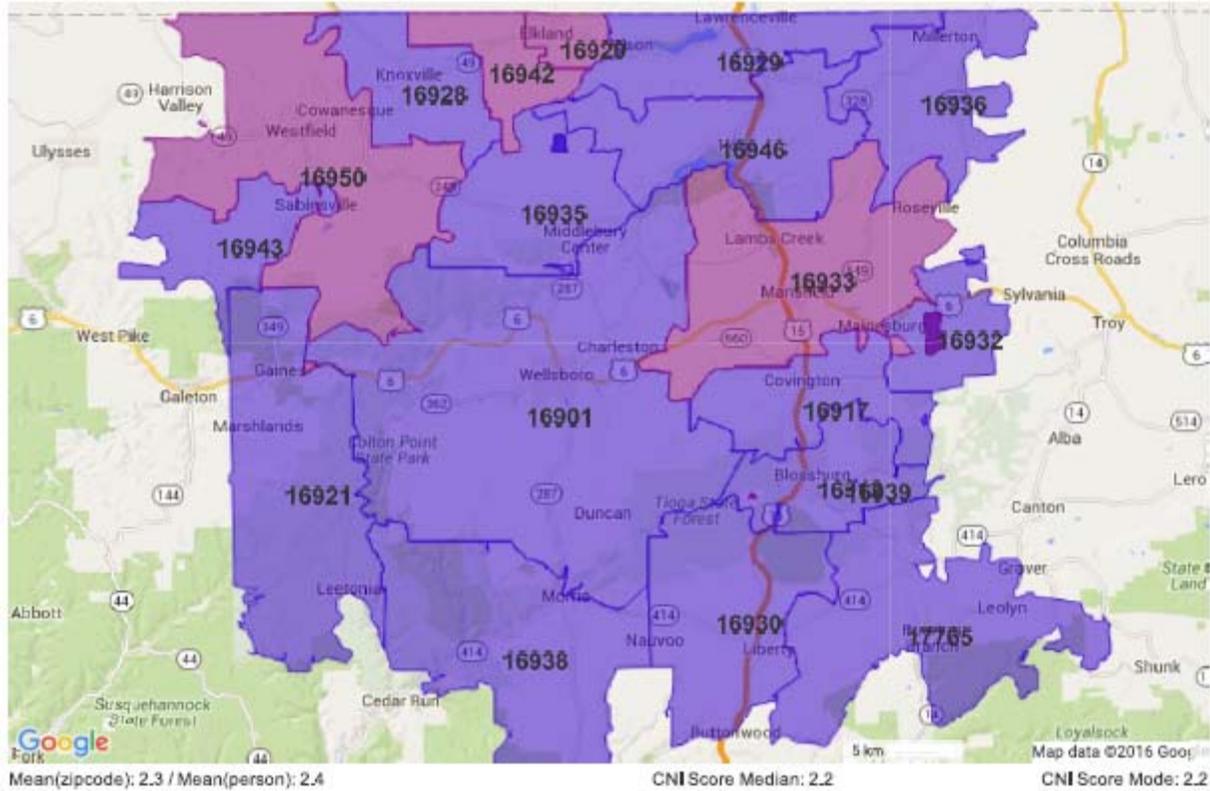
Identified Needs:

- Transportation accommodations for elderly and rural areas
- Mental health services for broken families, families dealing with addiction, abuse, neglect, etc.
- Addiction services
- Adequate employment opportunities
- Education on the importance of everyday wellness and guidance through the healthcare system
- Availability to affordable, healthy food choices

APPENDIX B
SOURCES

DATA TYPE	SOURCE	YEAR(S)
Discharges by Zip Code	Hospital	FY 2015
Population Estimates	The Nielson Company	2010-2014
Demographics -Race/Ethnicity	Community Commons via American Community Survey http://www.communitycommons.org/	2010-2014
Demographics - Income	Community Commons via American Community Survey http://www.communitycommons.org/	2010-2014
Unemployment	Community Commons via US Department of Labor http://www.communitycommons.org/	2015
Poverty	Community Commons via US Census Bureau, Small Areas Estimates Branch http://www.census.gov	2010-2014
Uninsured Status	Community Commons via US Census Bureau, Small area Health Insurance Estimates http://www.communitycommons.org/	2010-2014
Medicaid	Community Commons via American Community Survey http://www.communitycommons.org/	2010-2014
Education	Community Commons via American Community Survey http://www.communitycommons.org/	2010-2014
Physical Environment - Grocery Store Access	Community Commons via US Census Bureau, County Business Patterns http://www.communitycommons.org/	2013
Physical Environment - Food Access/Food Deserts	Community Commons via US Department of Agriculture http://www.communitycommons.org/	2010
Physical Environment - Recreation and Fitness Facilities	Community Commons via US Census Bureau, County Business Patterns http://www.communitycommons.org/	2013
Physical Environment - Physically Inactive	Community Commons via US Centers for Disease control and Prevention http://www.communitycommons.org/	2012
Clinical Care - Access to Primary Care	Community Commons via US Department of Health & Human Services http://www.communitycommons.org/	2012
Clinical Care - Lack of a Consistent Source of Primary Care	Community Commons via US Department of Health & Human Services http://www.communitycommons.org/	2011 - 2012
Clinical Care - Population Living in a Health Professional Shortage Area	Community Commons via US Department of Health & Human Services http://www.communitycommons.org/	2015
Clinical Care - Preventable Hospital Events	Community Commons via Dartmouth College Institute for Health Policy & Clinical Practice http://www.communitycommons.org/	2012
Leading Causes of Death	Community Commons via CDC national Vital Statistics System http://www.communitycommons.org/	2007 - 2011
Health Outcomes and Factors	County Health Rankings http://www.countyhealthrankings.org/ & Community Commons http://www.communitycommons.org/	2015 & 2006 - 2012
Health Care Resources	Community Commons, CMS.gov, HRSA	
Health Outcomes and Factors	Community Health Status Indicator via CDC http://wwwn.cdc.gov/CommunityHealth/home	2015

APPENDIX C
DIGNITY HEALTH COMMUNITY NEED INDEX
(CNI) REPORT



Zip Code	CNI Score	Population	City	County	State
16901	2	10312	Wellsboro	Tioga	Pennsylvania
16912	2.4	2190	Blossburg	Tioga	Pennsylvania
16917	2	1445	Covington	Tioga	Pennsylvania
16920	3	1971	Elkland	Tioga	Pennsylvania
16921	1.8	534	Gaines	Tioga	Pennsylvania
16928	2.4	1166	Knoxville	Tioga	Pennsylvania
16929	2.2	2292	Lawrenceville	Tioga	Pennsylvania
16930	2	1333	Liberty	Tioga	Pennsylvania
16932	2.2	737	Mainesburg	Tioga	Pennsylvania
16933	3	7891	Mansfield	Tioga	Pennsylvania
16935	2	1785	Middlebury Center	Tioga	Pennsylvania
16936	2.2	1965	Millerton	Tioga	Pennsylvania
16938	1.8	772	Morris	Tioga	Pennsylvania
16939	2.4	265	Morris Run	Tioga	Pennsylvania
16942	2.6	658	Osceola	Tioga	Pennsylvania
16943	2.2	595	Sabinsville	Tioga	Pennsylvania
16946	2.4	2534	Tioga	Tioga	Pennsylvania
16950	2.8	3431	Westfield	Tioga	Pennsylvania
17765	2.2	1248	Roaring Branch	Tioga	Pennsylvania

<http://cni.chw-interactive.org>

APPENDIX D
KEY STAKEHOLDER INTERVIEW & SURVEY PROTOCOL
& ACKNOWLEDGEMENTS



3. Based on your answer from the previous question, why do you think the health and quality of life has improved, stayed the same or declined?

4. Are there people or groups of people in Tioga County whose health or quality of life may not be as good as others? Yes / No

a. Who are these persons or groups whose health or quality of life is not as good as others?

b. Why do you think their health/quality of life is not as good as others?



5. What barrier(s), if any, exist to improving health and quality of life in Tioga County?

a. If you identified a barrier(s), what possible solutions would help break these barriers and improve the health and quality of life?

6. Do you have any thoughts on environment issues which may impact the community?



7. In your opinion, what are the most critical health and quality of life issues in Tioga County?

8. What needs to be done to address these issues?

9. In your opinion, where does the community turn to for health resources and overall wellness?



10. In your opinion, what else will improve health and quality of life in Tioga County?

11. Do you feel there is timely access to quality healthcare for all groups of people within Tioga County?

12. Is there someone (who) you would recommend as a "key informant" for this assessment? If yes, please provide their name and email address.

Key Stakeholders

The following were the dates and group/organization where key informant meetings were held:

Location	Date	County
SH Key Informant	3/23/16	Tioga
Tioga Partnership	4/21/16	Tioga
PA Dept of Health	4/21/16	Tioga
Mansfield University	5/3/16	Tioga
Tioga Health Care Partners	5/3/16	Tioga

Thank you to the following individuals who participated in our community input process:

Gretchen Regina – Susquehanna Health
 Tracy Manning – Susquehanna Health
 Janie Hilfiger – Susquehanna Health
 Gordie Dunlap – Susquehanna Health
 Kathy Gee – Susquehanna Health
 Laurie Wilson – NPCHS
 Andrew Tom – Susquehanna Health
 Jim Oberdorf – Susquehanna Health
 Donna Packard – Susquehanna Health
 Donald Shaw – Susquehanna Health
 Apryl Tubbs – Tioga County Partnership for Community Health
 Jim Weaver – Tioga County Planning Commission
 Anne Loudenslager – Tioga County Partnership for Community Health
 Stacy Kelley – Tioga County Partnership for Community Health
 Coleen Evert – Tioga County Partnership for Community Health
 Sue Stricklin – Tioga County Partnership for Community Health
 Karen Huffman – Susquehanna Health
 Amy Repard – Wellsboro School District
 Ann Doane – Susquehanna Health
 Tanya Geneski – Susquehanna Health
 Deborah Scott – Citizens & Northern Bank
 Mary Daly – Mansfield University
 Trudi Dibble – Susquehanna Health

Community Health Implementation Strategy 2017-2019



Soldiers & Sailors Memorial Hospital

Introduction

Soldiers & Sailors Memorial Hospital is a 67-bed short-term acute care hospital located in Wellsboro, PA and is part of Susquehanna Health System. Outpatient services include a full scope of diagnostic services including a state-of-the-art 128-slice CT scanner, nuclear medicine services, digital mammography, pulmonary and cardiac rehabilitation, echocardiograms, cardiac stress testing and laboratory testing. The Hospital also offers physical therapy, occupational therapy and speech therapy services in an outpatient setting. A broad scope of surgical services are provided in both an inpatient and outpatient setting including general surgery, orthopedics, urology, ophthalmology, podiatry, gynecology, and oral maxillary surgery. Connected to the main hospital is the Ralph C. Antrim, Jr. Medical Office Building where 13 private practitioners provide services in obstetrics and gynecology, ophthalmology, orthopedic surgery, oral surgery, otolaryngology (ENT), urology, internal medicine and pediatrics.

Laurel Health System—including Soldiers + Sailors Memorial Hospital, The Green Home, and other services—became part of Susquehanna Health in the fall of 2012. This partnership created an expanded healthcare delivery system that benefits the entire Tioga-Lycoming region. Together, Susquehanna Health is able to focus all energies on improving the coordination of care to achieve better outcomes for patients throughout central Pennsylvania.

Identifying Health Needs

A community health needs assessment was conducted from February 2016 to June 2016. Community input was provided through five key stakeholder meetings and a community health survey, including representatives from:

- ✓ Local school system and University
- ✓ Local and county government
- ✓ Public health agencies
- ✓ Medical providers

Population demographics and socioeconomic characteristics of the community were gathered and reported utilizing various third parties. The health status of the community was then reviewed. Information on the leading causes of death and morbidity information was analyzed in conjunction with health outcomes and factors reported for the community by Community Health Status Indicators and other third parties.

This data was analyzed and reviewed to identify health issues of uninsured persons, low-income persons and minority groups, and the community as a whole. As a result of the analysis described above, the following health needs were identified as the most significant health needs for the community:

- Substance abuse
- Lack of mental health services
- Financial barriers/Poverty/Low Socioeconomic
- Lack of health knowledge/Education
- Heart disease

- Transportation in rural areas
- Uninsured/Limited insurance
- Lack of preventative care
- 24/7 access to non-urgent care
- Obesity

The identified health needs were reviewed by hospital management and priority areas, included in the table below, were determined based on their assessment of the qualitative and quantitative data. Identified needs were prioritized based on the following criteria:

- 1) How many people are affected by the issue or size of the issue?
- 2) What are the consequences of not addressing this problem?
- 3) The impact of the problem on vulnerable populations.
- 4) How important the problem is to the community.
- 5) Prevalence of common themes.
- 6) Alignment with Hospital strategic plan.

Soldiers & Sailors Memorial Hospital Priority	Corresponding Identified Health Need
Improve access to primary and specialty services	<ul style="list-style-type: none"> • Lack of health knowledge/education • Transportation in rural areas • 24/7 access to non-urgent care • Lack of preventative care
Bring in addiction services and/or task forces to Tioga County	<ul style="list-style-type: none"> • Substance abuse • Lack of mental health services • Lack of health knowledge/education
Collaborate with community organizations on health and wellness initiatives, such as routine wellness check-ups and cancer screenings	<ul style="list-style-type: none"> • Lack of health knowledge/education • Heart disease • Obesity
Support mental health services	<ul style="list-style-type: none"> • Lack of mental health services • Lack of health knowledge/education • Transportation in rural areas
Support transportation options to healthcare for rural areas	<ul style="list-style-type: none"> • Financial barriers/poverty/low socioeconomic • Lack of health knowledge/education • Lack of preventative care

PRIORITY 1: Improve access to primary and specialty services

Goal 1: Work with Tioga County Partnership for Community Health on improvement of transportation for healthcare services

- Strategies:**
- A.** Research other areas with similar needs and how they successfully implemented transportation programs for healthcare related needs

Goal 2: Explore non-traditional strategies to provide access to care

- Strategies:**
- A.** Implement programs that have been proven successful through UPMC

Goal 3: Explore telehealth opportunities and innovative ways to deliver care

- Strategies:**
- A.** Work with specialty services in both Lycoming and Tioga counties to make access easier for follow-up appointments in Wellsboro and Mansfield

PRIORITY 2: Bring in addiction services and/or task forces to Tioga County

Goal 1: Authorize Implementation of Prescription Drug Monitoring Program system wide

- Strategies:**
- A.** Enforce emergency department prescribing policy at Susquehanna emergency department
 - B.** Implement best practice of primary care physicians to be the sole prescriber of all pain medication
 - C.** Hold Opioid Summits to keep all organizations involved in the opioid crisis on the same page and keep an open dialog
 - D.** Educate the public on the importance of disposing of medications properly through health and wellness events, information on website and social media

Goal 2: Collaborate with Tioga County to share best practices

- Strategies:**
- A.** Facilitate in introducing the resources to Tioga County, helping provide education and awareness

PRIORITY 3: Collaborate with community organizations on health and wellness initiatives

Goal 1: Promote routine cancer screenings for breast, colon and cervical cancer.

- Strategies:**
- A. Mailed to people most at risk for cancer who are up for screening or who have neglected to be screened for colorectal, lung and breast. Based on national screening recommendations, based on age, gender, etc.

Goal 2: Collaborate with the PA Department of Health and Tioga County Partnership for Community Health to establish more health screenings and community events

- Strategies:**
- A. Together promote the importance of routine screenings and overall health and wellness
 - B. Educate the importance of routine vaccinations and immunizations for all ages

Goal 3: Continue to partner with River Valley Regional YMCA and Wellsboro Parks and Recreation Department to support health and wellness programs for both children and adults

- Strategies:**
- A. Start at the elementary level building self-esteem programs, healthy life-style

Goal 4: Continue to grow and expand Spirit of Women program

- Strategies:**
- A. Grow program through increased membership within Tioga County – promotes health and wellness for women, children and men

PRIORITY 4: Support mental health services

Goal 1: Increase access into behavioral health specialists

- Strategies:**
- A. Increase pediatric behavioral health
 - B. Support recruitment to bring specialists in to Tioga County
 - C. Explore the use of telehealth consult sites for counseling sessions

PRIORITY 5: Support transportation options to healthcare for rural areas

Goal 1: Work with Tioga County Partnership for Community Health on improvement of transportation for healthcare services

- Strategies:** A. Research other areas with similar needs and how they successfully implemented transportation programs for healthcare related needs

Goal 2: Bring routine wellness screenings and programs to rural Tioga areas

- Strategies:** A. Collaborate with the PA Department of Health and Tioga County Partnership for Community Health

Needs Not Addressed

Some issues identified through the Community Health Needs Assessment have not been addressed in this plan. In initial discussion and subsequent prioritization, Soldiers & Sailors Memorial Hospital considered the levels to which some needs were already being addressed in the service area. Additionally, some community needs fall out of the scope of expertise and resources Soldiers & Sailors Memorial Hospital. The following chart outlines how some of the needs identified in the assessment are addressed by others or in different ways:

Community Need	How Need is Addressed
Uninsured/limited insurance	Tioga County Assistance Office

Next Steps

This Implementation Plan will be rolled out over the next three years, from FY 2017 through the end of FY 2019. The Hospital will work with community partners and health issue experts on the following for each of the approaches to addressing the identified health needs:

- Develop work plans to support effective implementation
- Create mechanisms to monitor and measure outcomes
- Provide on-going status and results of these efforts to improve community health

Soldiers & Sailors Memorial Hospital is committed to conducting another health needs assessment within three years.