



Susquehanna Health
Soldiers + Sailors Memorial Hospital

Soldiers & Sailors Memorial Hospital

Community Health Needs Assessment

June 2013

BKD^{LLP}
CPAs & Advisors

Soldiers & Sailors Memorial Hospital
Community Health Needs Assessment
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Consultant's Report

Ms. Jan Fisher
Executive Vice President/Chief Operating Officer
Susquehanna Health
Soldiers & Sailors Memorial Hospital
22 Walnut Street
Wellsboro, Pennsylvania 16901

On behalf of Soldiers & Sailors Memorial Hospital, (SSMH) we have assisted in conducting a Community Health Needs Assessment (CHNA) consistent with the scope of services outlined in our engagement letter dated December 12, 2012. The purpose of our engagement was to assist the System in meeting the requirements of Internal Revenue Code §501(r)(3). We relied on the guidance contained in IRS Notice 2011-52 when preparing your report. We also relied on certain information provided by SSMH, specifically certain utilization data and existing community health care resources.

Based upon the assessment procedures performed, it appears SSMH is in compliance with the provisions of §501(r)(3). Please note that, we were not engaged to, and did not, conduct an examination, the objective of which would be the expression of an opinion on compliance with the specified requirements. Accordingly, we do not express such an opinion.

We used and relied upon information furnished by the Organization, its employees and representatives and on information available from generally recognized public sources. We are not responsible for the accuracy and completeness of the information and are not responsible to investigate or verify it.

These findings and recommendations are based on the facts as stated and existing laws and regulations as of the date of this report. Our assessment could change as a result of changes in the applicable laws and regulations. We are under no obligation to update this report if such changes occur. Regulatory authorities may interpret circumstances differently than we do. Our services do not include interpretation of legal matters.

BKD, LLP

June 20, 2013

Introduction

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 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 community health needs assessment and a description of needs that are not being addressed with the reasons why such needs are not being addressed.

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

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

The process involved:

- Collection and analysis of a large range of data, including demographic, socioeconomic and health statistics, health care resources and patient use rates.
- Interviews with key informants who represent a) broad interests of the community, b) populations of need or c) persons with specialized knowledge in public health.
- Circulation of a Community Health Input Questionnaire, which was widely distributed to members of the community, gathered a wide range of information.

This document is a summary of all the available evidence collected during the initial cycle of community health needs assessments required by the IRS. 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 Hospital engaged **BKD, LLP** to conduct a formal community health needs assessment. **BKD, LLP** is one of the largest CPA and advisory firms in the United States, with approximately 2,000 partners and employees in 30 offices. **BKD** serves more than 900 hospitals and health care systems across the country. The community health needs assessment was conducted from December 2012 through May 2013.

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

- The “community” served by the Hospital was defined by utilizing inpatient and outpatient 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 information from 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 CountyHealthrankings.org. Health factors with significant opportunity for improvement were noted.
- An inventory of health care facilities and resources was prepared and a demand for physician and hospital services was estimated. Both were evaluated for unmet needs.
- Community input was provided through key informant interviews of 16 stakeholders and a community health input questionnaire was widely distributed. The Community Health Input Questionnaire was completed by 267 individuals. Results and findings are described in the Key Informant and Community Health Input Questionnaire sections 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 considers 1) the ability to evaluate and measure outcomes, 2) the size of the problem, 3) the seriousness of the problem, 4) the prevalence of common themes, and 5) the ability of the Hospital to impact change.
- Information gaps were identified during the prioritization process and are also reported.
- Recommendations based on this assessment have been communicated to Hospital management.

General Description of Hospital

The Hospital is an acute care, 83-bed sole community hospital which serves a rural population of over 40,000 people providing inpatient medical/surgical services, obstetrics and an inpatient behavioral health unit. 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.

In October 1919, member of five local families filed an application to form a corporation known as Soldiers and Sailors Memorial Hospital. Each family pledged \$50,000 to erect a living memorial to the Tioga County men and women who had served so valiantly in World War I – to “*show the honor and gratitude...to the Soldiers, Sailors, and Marines for their bravery and heroic services for our common country in its day of peril.*” The families had thought that additional money would be forthcoming from the community in an amount sufficient to cover the costs of construction, but the 1929 stock market crash and its aftermath – the Great Depression – prevented this from happening. It took more than 20 years to clear the way for the actual construction of the Hospital. On August 25, 1942, the new, 34-bed, three-

story, brick colonial-style building was officially opened to receive patients. Between 1942 and 1944, over 4,000 patients were treated at the Hospital and over 600 babies were delivered. A 50-bed wing was completed in June 1953. Twenty private rooms were added plus two new four-bed units, allowing the hospital to serve up to 95 patients. A 40-bed wing was built in 1965, and in 1974, a third wing was added to provide space for new operating rooms and outpatient services. In 1994, the Hospital concluded construction of a two-story, 34,000 square foot addition, along with major renovations of the existing Hospital space. The brand new state-of-the-art Emergency Department went into service on January 10, 2012.

In July 1989, Laurel Health System was created through the affiliation of Soldiers and Sailors Memorial Corporation and a Blossburg-based organization, North Penn Comprehensive Health Services. On September 1, 2012, Laurel Health System affiliated with Susquehanna Health System. Six Federally Qualified Health Centers owned and operated by North Penn Comprehensive Health services in Wellsboro remained independent. Susquehanna Health is a four-hospital integrated health system including Divine Providence Hospital, Muncy Valley Hospital, Soldiers & Sailors Memorial Hospital and Williamsport Regional Medical Center located in north-central Pennsylvania. Serving patients from an 11-county region, Susquehanna Health is a healthcare leader and has been recognized at the national and state levels for quality of care. Susquehanna Health offers a wide array of services that include cancer care, heart, and vascular care/heart surgery, neurosciences including neurosurgery, orthopedics, urology, OB/GYN, gastrointestinal services, behavioral health, physical rehabilitation, home care, long term care, assisted living and paramedic/ambulance services.

Community Served by the Hospital

The Hospital is located in the city of Wellsboro, Pennsylvania. 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. Wellsboro 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 community health needs assessment considers other types of health care providers, the utilization of Hospital services provides the clearest definition of the community. The criteria established to define the community is as follows:

- A zip code area must represent two percent or more of the Hospital's total discharges and/or outpatient visits.
- The Hospital's market share in the zip code area must be greater than or equal to 20 percent.
- The area is contiguous to the geographical area encompassing the Hospital.

Based on the patient origin of acute care discharges from July 1, 2011, through June 30, 2012, management has identified the community to include the zip codes listed in *Exhibit 1*, which presents the Hospital's patient origin and charges for each of the top 11 zip code areas in its community. Following is a detailed map of the Hospital's geographical location and the footprint of the community identified in *Exhibit 1*. The map displays the Hospital's geographic relationship to surrounding counties, significant roads and highways, and identifies the 11 zip codes that comprise the Hospital's community.

When specific information is not available for zip codes, the community health needs assessment relies on information for specific counties. The geographic area of the defined community based on the identified zip codes for the community covers most of Tioga County. The community health needs assessment utilizes the county when corresponding information is more readily available.

Exhibit 1
Soldiers & Sailors Memorial Hospital
Summary of Inpatient Discharges by Zip Code (Descending Order)
7/1/2011 - 6/30/2012

Zip Code	City	Discharges	Percent of Total Discharges	Cumulative Percent
16901	Wellsboro	751	27.3%	27.3%
16933	Mansfield	368	13.4%	40.7%
16950	Westfield	198	7.2%	47.9%
16912	Blossburg	149	5.4%	53.3%
16946	Tioga	122	4.4%	57.7%
16920	Elkland	112	4.1%	61.8%
16917	Covington	101	3.7%	65.4%
16929	Lawrenceville	90	3.3%	68.7%
16928	Knoxville	85	3.1%	71.8%
16935	Middlebury Center	58	2.1%	73.9%
16936	Millerton	55	2.0%	75.9%
	All Other	663	24.1%	100.0%
	Total	2,752	100.0%	

Source: Soldiers & Sailors Memorial Hospital

Community Details

Identification and Description of Geographical Community

The following map geographically illustrates the Hospital's location and community by showing the community zip codes shaded. The bulk of the community's population is concentrated in Tioga County.

Community Population and Demographics

The U.S. Bureau of Census has compiled population and demographic data based on the 2010 census. The Nielsen Company, a firm specializing in the analysis of demographic data, has extrapolated this data by zip code to estimate population trends from 2013 through 2018.

Exhibit 2 illustrates that the overall population is projected to increase slightly over the five-year period from 36,753 to 37,708. The age category that utilizes health care services the most, 65 years and over, is projected to increase from 7,094 to 8,076. The projected changes to the composition of the total community, between male and female, are projected to remain approximately the same over the five-year period.

Exhibit 2
Soldiers & Sailors Memorial Hospital
Estimated 2013 Population and Projected 2018 Population

Zip Code	City	Under 18 years	18-44 years	45-64 years	65 years and over	Total	Male	Female
Estimated 2013 Population								
16901	Wellsboro	2,111	2,900	3,134	2,431	10,576	5,087	5,489
16933	Mansfield	1,283	3,757	1,811	1,145	7,996	3,808	4,188
16950	Westfield	690	942	970	723	3,325	1,635	1,690
16912	Blossburg	497	661	593	410	2,161	1,084	1,077
16946	Tioga	375	561	508	327	1,771	897	874
16920	Elkland	458	673	551	377	2,059	992	1,067
16917	Covington	306	381	384	249	1,320	660	660
16929	Lawrenceville	462	702	669	410	2,243	1,093	1,150
16928	Knoxville	241	300	248	170	959	499	460
16935	Middlebury Center	470	642	717	447	2,276	1,149	1,127
16936	Millerton	402	594	666	405	2,067	1,039	1,028
PROVIDER SERVICE AREA		7,295	12,113	10,251	7,094	36,753	17,943	18,810
Projected 2018 Population								
16901	Wellsboro	2,118	2,970	2,973	2,744	10,805	5,198	5,607
16933	Mansfield	1,336	3,808	1,714	1,320	8,178	3,900	4,278
16950	Westfield	712	969	966	820	3,467	1,705	1,762
16912	Blossburg	509	700	574	473	2,256	1,131	1,125
16946	Tioga	380	574	497	365	1,816	915	901
16920	Elkland	475	665	551	417	2,108	1,018	1,090
16917	Covington	314	383	365	289	1,351	674	677
16929	Lawrenceville	457	703	666	458	2,284	1,110	1,174
16928	Knoxville	252	297	238	186	973	501	472
16935	Middlebury Center	480	642	669	517	2,308	1,166	1,142
16936	Millerton	389	622	664	487	2,162	1,090	1,072
PROVIDER SERVICE AREA		7,422	12,333	9,877	8,076	37,708	18,408	19,300

Source: The Nielsen Company

Exhibit 2.1 provides the percent difference for each zip code from estimated 2013 to projected 2018 as well as the ability to compare the percent difference to the state of Pennsylvania and the United States for comparison purposes. *Exhibit 2.1* illustrates that the overall population is projected to increase by 2.6 percent over the five-year period which is higher than the projected increase for Pennsylvania at 1.0 percent and lower than the United States at 3.3 percent. Millerton, Westfield and Blossburg zip codes are projecting large increases overall in comparison to Pennsylvania and the United States. Note that the age category that utilizes health care services the most, 65 years and over, is projected to increase overall by 13.8 percent. A major part of this increase is from Millerton zip code, projecting an increase of 20.2% and Covington zip code, projecting an increase of 16.1%. This increase in the 65 year and over category will have a dramatic impact on both the amount and type of services required by the community.

Exhibit 2.1
Soldiers & Sailors Memorial Hospital
Estimated 2013 Population vs. Projected 2018 Population Percent Difference

Zip Code	City	Under 18 years	18-44 years	45-64 years	65 years and over	Total	Male	Female
Percent Difference								
16901	Wellsboro	0.3%	2.4%	-5.1%	12.9%	2.2%	2.2%	2.1%
16933	Mansfield	4.1%	1.4%	-5.4%	15.3%	2.3%	2.4%	2.1%
16950	Westfield	3.2%	2.9%	-0.4%	13.4%	4.3%	4.3%	4.3%
16912	Blossburg	2.4%	5.9%	-3.2%	15.4%	4.4%	4.3%	4.5%
16946	Tioga	1.3%	2.3%	-2.2%	11.6%	2.5%	2.0%	3.1%
16920	Elkland	3.7%	-1.2%	0.0%	10.6%	2.4%	2.6%	2.2%
16917	Covington	2.6%	0.5%	-4.9%	16.1%	2.3%	2.1%	2.6%
16929	Lawrenceville	-1.1%	0.1%	-0.4%	11.7%	1.8%	1.6%	2.1%
16928	Knoxville	4.6%	-1.0%	-4.0%	9.4%	1.5%	0.4%	2.6%
16935	Middlebury Center	2.1%	0.0%	-6.7%	15.7%	1.4%	1.5%	1.3%
16936	Millerton	-3.2%	4.7%	-0.3%	20.2%	4.6%	4.9%	4.3%
PROVIDER SERVICE AREA		1.7%	1.8%	-3.6%	13.8%	2.6%	2.6%	2.6%
PA 2013 Estimated (1,000s)		2,761	4,360	3,572	2,092	12,786	6,233	6,553
PA 2018 Projected (1,000s)		2,736	4,330	3,486	2,359	12,910	6,297	6,613
PERCENT DIFFERENCE		-0.9%	-0.7%	-2.4%	12.7%	1.0%	1.0%	0.9%
U.S. 2013 Estimated (1,000s)		74,731	113,156	83,113	43,862	314,862	154,820	160,042
U.S. 2018 Projected (1,000s)		76,231	113,757	84,336	50,998	325,322	160,000	165,322
PERCENT DIFFERENCE		2.0%	0.5%	1.5%	16.3%	3.3%	3.3%	3.3%

Source: The Nielsen Company

The following is an analysis of the age distribution of the population for the community. The analysis is provided by zip code and provides a comparison to Pennsylvania and the United States.

Exhibit 2.2
Soldiers & Sailors Memorial Hospital
Estimated 2013 Population vs. Projected 2018 Population with Percent Totals

Zip Code	City	Under 18 years	18-44 years	45-64 years	65 years and over	Total	Male	Female
Estimated 2013 Population								
16901	Wellsboro	20.0%	27.4%	29.6%	23.0%	100.0%	48.1%	51.9%
16933	Mansfield	16.0%	47.0%	22.6%	14.3%	100.0%	47.6%	52.4%
16950	Westfield	20.8%	28.3%	29.2%	21.7%	100.0%	49.2%	50.8%
16912	Blossburg	23.0%	30.6%	27.4%	19.0%	100.0%	50.2%	49.8%
16946	Tioga	21.2%	31.7%	28.7%	18.5%	100.0%	50.6%	49.4%
16920	Elkland	22.2%	32.7%	26.8%	18.3%	100.0%	48.2%	51.8%
16917	Covington	23.2%	28.9%	29.1%	18.9%	100.0%	50.0%	50.0%
16929	Lawrenceville	20.6%	31.3%	29.8%	18.3%	100.0%	48.7%	51.3%
16928	Knoxville	25.1%	31.3%	25.9%	17.7%	100.0%	52.0%	48.0%
16935	Middlebury Center	20.7%	28.2%	31.5%	19.6%	100.0%	50.5%	49.5%
16936	Millerton	19.4%	28.7%	32.2%	19.6%	100.0%	50.3%	49.7%
TOTAL PROVIDER SERVICE AREA		19.8%	33.0%	27.9%	19.3%	100.0%	48.8%	51.2%
Projected 2018 Population								
16901	Wellsboro	19.6%	27.5%	27.5%	25.4%	100.0%	48.1%	51.9%
16933	Mansfield	16.3%	46.6%	21.0%	16.1%	100.0%	47.7%	52.3%
16950	Westfield	20.5%	27.9%	27.9%	23.7%	100.0%	49.2%	50.8%
16912	Blossburg	22.6%	31.0%	25.4%	21.0%	100.0%	50.1%	49.9%
16946	Tioga	20.9%	31.6%	27.4%	20.1%	100.0%	50.4%	49.6%
16920	Elkland	22.5%	31.5%	26.1%	19.8%	100.0%	48.3%	51.7%
16917	Covington	23.2%	28.3%	27.0%	21.4%	100.0%	49.9%	50.1%
16929	Lawrenceville	20.0%	30.8%	29.2%	20.1%	100.0%	48.6%	51.4%
16928	Knoxville	25.9%	30.5%	24.5%	19.1%	100.0%	51.5%	48.5%
16935	Middlebury Center	20.8%	27.8%	29.0%	22.4%	100.0%	50.5%	49.5%
16936	Millerton	18.0%	28.8%	30.7%	22.5%	100.0%	50.4%	49.6%
TOTAL PROVIDER SERVICE AREA		19.7%	32.7%	26.2%	21.4%	100.0%	48.8%	51.2%
ESTIMATED 2013		19.8%	33.0%	27.9%	19.3%	100.0%	48.8%	51.2%
PROJECTED 2018 POPULATION		19.7%	32.7%	26.2%	21.4%	100.0%	48.8%	51.2%
PERCENT DIFFERENCE		1.7%	1.8%	-3.6%	13.8%	2.6%	2.6%	2.6%
PENNSYLVANIA 2013		23.7%	35.9%	26.4%	13.9%	100.0%	49.2%	50.8%
UNITED STATES 2013		23.4%	35.0%	25.9%	15.7%	100.0%	49.2%	50.8%

Source: The Nielsen Company

Very similar to the 13.8 percent growth seen in the overall number of people in the 65 year and over category in *Exhibit 2.1*, *Exhibit 2.2* indicates that as a percent of total population for the community, the 65 years and over category will be 21.4 percent of the total population in 2018 compared to 19.3 percent in 2013. Wellsboro zip code appears to have the highest composition of the 65 years and over age group, with 23% of the zip code population in 2013, and projected increase to 25.4% in 2018.

While the relative age of the community population can impact community health needs, so can the ethnicity and race of a population. *Exhibit 3* shows the population of the community by ethnicity by illustrating the Hispanic versus non-Hispanic residents. In total, the projected 2018 population breakdown shows the community has a lower Hispanic population than the state of Pennsylvania as well as the United States. A review of the specific zip code areas shows a relatively higher percentage of Hispanic residents in the Mansfield zip code than the rest of the community.

Exhibit 3
Soldiers & Sailors Memorial Hospital
Estimated 2013 Population vs. Projected 2018 Population with Percent Difference

Zip Code	City	Estimated 2013			Projected 2018			% Difference		% Total	
		Hispanic	Non-Hispanic	Total	Hispanic	Non-Hispanic	Total	Hispanic	Non-Hispanic	Hispanic	Non-Hispanic
16901	Wellsboro	127	10,449	10,576	149	10,656	10,805	17.3%	2.0%	1.4%	98.6%
16933	Mansfield	168	7,828	7,996	207	7,971	8,178	23.2%	1.8%	2.5%	97.5%
16950	Westfield	27	3,298	3,325	31	3,436	3,467	14.8%	4.2%	0.9%	99.1%
16912	Blossburg	25	2,136	2,161	32	2,224	2,256	28.0%	4.1%	1.4%	98.6%
16946	Tioga	14	1,757	1,771	17	1,799	1,816	21.4%	2.4%	0.9%	99.1%
16920	Elkland	20	2,039	2,059	21	2,087	2,108	5.0%	2.4%	1.0%	99.0%
16917	Covington	10	1,310	1,320	10	1,341	1,351	0.0%	2.4%	0.7%	99.3%
16929	Lawrenceville	15	2,228	2,243	16	2,268	2,284	6.7%	1.8%	0.7%	99.3%
16928	Knoxville	6	953	959	6	967	973	0.0%	1.5%	0.6%	99.4%
16935	Middlebury Center	18	2,258	2,276	21	2,287	2,308	16.7%	1.3%	0.9%	99.1%
16936	Millerton	15	2,052	2,067	18	2,144	2,162	20.0%	4.5%	0.8%	99.2%
PROVIDER SERVICE AREA		445	36,308	36,753	528	37,180	37,708	18.7%	2.4%	1.4%	98.6%
PA (1,000s)		801	11,984	12,786	922	11,988	12,910	15.1%	0.0%	7.1%	92.9%
U.S. (1,000s)		54,578	260,284	314,862	61,050	264,272	325,322	11.9%	1.5%	18.8%	81.2%

Source: The Nielsen Company

Exhibit 4 shows the population of the community by race by illustrating three different categories: white, black and other residents. In total, the population breakdown for the community shows a higher concentration of white residents than both the state of Pennsylvania and the United States. A review of the specific zip code areas shows a larger percentage of black residents in the Mansfield zip code compared to other zip codes in the community.

Exhibit 4
Soldiers & Sailors Memorial Hospital
Estimated 2013 Population vs. Projected 2018 Population with Percent Difference

Zip Code	City	Estimated 2013				Projected 2018				Percent Difference				Percent Total		
		White	Black	Other	Total	White	Black	Other	Total	White	Black	Other	Total	White	Black	Other
16901	Wellsboro	10,284	57	235	10,576	10,478	67	260	10,805	1.9%	17.5%	10.6%	2.2%	97.0%	0.6%	2.4%
16933	Mansfield	7,497	228	271	7,996	7,624	248	306	8,178	1.7%	8.8%	12.9%	2.3%	93.2%	3.0%	3.7%
16950	Westfield	3,269	18	38	3,325	3,410	18	39	3,467	4.3%	0.0%	2.6%	4.3%	98.4%	0.5%	1.1%
16912	Blossburg	2,132	3	26	2,161	2,225	2	29	2,256	4.4%	-33.3%	11.5%	4.4%	98.6%	0.1%	1.3%
16946	Tioga	1,722	12	37	1,771	1,757	15	44	1,816	2.0%	25.0%	18.9%	2.5%	96.8%	0.8%	2.4%
16920	Elkland	2,015	4	40	2,059	2,056	5	47	2,108	2.0%	25.0%	17.5%	2.4%	97.5%	0.2%	2.2%
16917	Covington	1,306	4	10	1,320	1,336	6	9	1,351	2.3%	50.0%	-10.0%	2.3%	98.9%	0.4%	0.7%
16929	Lawrenceville	2,192	8	43	2,243	2,224	9	51	2,284	1.5%	12.5%	18.6%	1.8%	97.4%	0.4%	2.2%
16928	Knoxville	940	2	17	959	949	1	23	973	1.0%	-50.0%	35.3%	1.5%	97.5%	0.1%	2.4%
16935	Middlebury Center	2,243	7	26	2,276	2,274	8	26	2,308	1.4%	14.3%	0.0%	1.4%	98.5%	0.3%	1.1%
16936	Millerton	2,035	5	27	2,067	2,126	4	32	2,162	4.5%	-20.0%	18.5%	4.6%	98.3%	0.2%	1.5%
PROVIDER SERVICE AREA		35,635	348	770	36,753	36,459	383	866	37,708	2.3%	10.1%	12.5%	2.6%	96.7%	1.0%	2.3%
Pennsylvania (1,000s)		10,357	1,419	1,009	12,786	10,285	1,481	1,143	12,910	-0.7%	4.4%	13.3%	1.0%	79.7%	11.5%	8.9%
U.S. (1,000s)		225,086	40,007	49,769	314,862	228,213	41,797	55,312	325,322	1.4%	4.5%	11.1%	3.3%	70.1%	12.8%	17.0%

Source: The Nielsen Company

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 community. The following exhibits are a compilation of data that includes household income, labor force, employees by types of industry, employment rates, educational attainment and poverty for the community. These measures will be used to compare the socioeconomic status of the community to the state of Pennsylvania and to the U.S.

Income and Employment

Exhibit 5 presents the average and median income for households in each zip code. Average income is projected to decrease between 1.2% to 0.1% for some zip codes or increase between 0.5% to 2.4% for other zip codes. The average change in median income is a projected increase of 0.3%. These projected increases are lower than the state of Pennsylvania as well as the United States.

Exhibit 5
Soldiers & Sailors Memorial Hospital
Estimated Family Income for 2013 and 2018 with Percent Difference

Zip Code	City	Estimated 2013		Projected 2018		Percent Difference	
		Avg. Household Income	Median Household Income	Avg. Household Income	Median Household Income	Avg. Household Income	Median Household Income
16901	Wellsboro	\$ 54,322	\$ 43,347	\$ 54,621	\$ 43,555	0.6%	0.5%
16933	Mansfield	\$ 48,756	\$ 36,921	\$ 49,336	\$ 37,293	1.2%	1.0%
16950	Westfield	\$ 45,454	\$ 34,589	\$ 46,204	\$ 34,669	1.7%	0.2%
16912	Blossburg	\$ 45,806	\$ 36,123	\$ 45,778	\$ 36,029	-0.1%	-0.3%
16946	Tioga	\$ 52,877	\$ 44,771	\$ 53,123	\$ 44,777	0.5%	0.0%
16920	Elkland	\$ 48,883	\$ 38,355	\$ 48,282	\$ 38,462	-1.2%	0.3%
16917	Covington	\$ 49,294	\$ 44,278	\$ 50,499	\$ 44,485	2.4%	0.5%
16929	Lawrenceville	\$ 47,137	\$ 37,149	\$ 47,568	\$ 37,356	0.9%	0.6%
16928	Knoxville	\$ 47,046	\$ 37,769	\$ 47,006	\$ 37,538	-0.1%	-0.6%
16935	Middlebury Center	\$ 50,844	\$ 43,036	\$ 52,056	\$ 43,426	2.4%	0.9%
16936	Millerton	\$ 51,947	\$ 47,865	\$ 52,374	\$ 48,101	0.8%	0.5%
	Pennsylvania	\$ 68,045	\$ 49,430	\$ 71,956	\$ 51,537	5.7%	4.3%
	United States	\$ 69,637	\$ 49,297	\$ 71,917	\$ 49,815	3.3%	1.1%

Source: The Nielsen Company

Exhibit 6 presents the average annual unemployment rates for Tioga County, the state of Pennsylvania and the United States. *Exhibit 6* illustrates unemployment rates have risen in recent years with a decline beginning in 2011 for Pennsylvania and the United States and 2010 for Tioga County. Pennsylvania and the United States show continued decline in 2012, yet Tioga County shows a slight increase.

Exhibit 6
Soldiers & Sailors Memorial Hospital
Annual Unemployment Rates (%)
2012

County	2007	2008	2009	2010	2011	2012
Tioga County	5.4	6.1	9.5	8.1	6.8	7.0
Pennsylvania	4.4	5.4	7.9	8.4	8.0	7.8
United States	4.6	5.8	9.3	9.6	8.9	8.1

Source: www.fdic.gov

Tioga County is supported by several major industries including trade; transportation and utilities; manufacturing and education and health services. The trade, transportation and utilities industry accounts for more than 20% of all employment in Tioga County. This is a higher concentration in this industry than both the state of Pennsylvania and the United States. *Exhibit 7* summarizes employment by major industry for the County, the state of Pennsylvania and the United States.

Exhibit 7
Soldiers & Sailors Memorial Hospital
Employment by Major Industry
2010

Major Industries	Tioga County		PA (1,000s)		US (1,000s)	
		%		%		%
Goods-producing	2,686	21.4%	825	15.1%	18,776	14.7%
Natural resources and mining	215	1.7%	49	0.9%	1,799	1.4%
Construction	282	2.2%	216	3.9%	5,489	4.3%
Manufacturing	2,189	17.4%	560	10.2%	11,487	9.0%
Service-providing	7,210	57.4%	3,917	71.6%	87,426	68.4%
Trade, transportation and utilities	2,589	20.6%	1,070	19.6%	24,443	19.1%
Information	155	1.2%	93	1.7%	2,704	2.1%
Financial activities	423	3.4%	311	5.7%	7,402	5.8%
Professional and business services	429	3.4%	688	12.6%	16,712	13.1%
Education and health services	2,030	16.2%	1,071	19.6%	18,656	14.6%
Leisure and hospitality	1,256	10.0%	500	9.1%	13,007	10.2%
Other services	329	2.6%	183	3.4%	4,502	3.5%
Federal Government	174	1.4%	110	2.0%	2,981	2.3%
State Government	748	6.0%	139	2.5%	4,606	3.6%
Local Government	1,750	13.9%	481	8.8%	14,032	11.0%
Total employment	12,569	100.0%	5,472	100.0%	127,820	100.0%

Source: U.S. Department of Census

The top 50 employers for the county are the following:

Exhibit 8
Soldiers & Sailors Memorial Hospital
Top Employment Date of Origin

Top Employers	Year Est.
Laurel Health System	1919
PA State System of Higher Education	1982
Ward Manufacturing LLC	1924
Northern Tioga School District	N/A
Southern Tioga School District	N/A
Wal-Mart Associates Inc.	1962
Truck-Lite Co Inc.	1950
State Government	1788
Wellsboro Area School District	N/A
ATP Engineered Plastics Inc.	N/A
Great Plains Oilfield Rental LLC	2006
Tioga County Commissioners	1804
Metamora Products Corp	N/A
National Oilwell Varco L P	1841
Tioga County Human Services Agency	N/A
Osram Sylvania Inc.	1901
Citizens & Northern Bank	1864
Broad Acres Nursing Home Assoc.	N/A
GIW Enterprises	1955
Federal Government	1776
First Citizens National Bank	1872
Lowe's Home Centers Inc.	1946
The Wood Company	1994
Weis Markets Inc.	1912
Acorn Markets Inc.	1938
Kingdom Inc.	1971
Penn-Wells Hotel	1869
Electri-cord Manufacturing Co.	1946
Dominion Transmission Inc.	1795
Community Resources for Indep.	1978
Keck's Meat Service Inc.	1964
Concern	1978
Geisinger Clinic	1915
Partners in Progress Inc.	1997
Bell Supply Company LLC	1945
Residential Facility Inc.	N/A
Dandy Mimi Marts Inc.	N/A
DolgenCorp LLC	1939
Tyoga Container Co. Inc.	N/A
Mobo Services	2010
Tri State Trucking Company	2006
Cudd Pressure Control Incorporated	1977
Tops PT LLC	N/A
Daland Corporation	1976
Metalkraft Industries Inc.	1983

Source: Tioga County Development Corporation

Poverty

Exhibit 9 presents the percentage of total population in poverty (including under age 18) and median household income for households in Tioga County versus the state of Pennsylvania and the United States.

Exhibit 9
Soldiers & Sailors Memorial Hospital
Poverty Estimate: Percentage of Total Population in Poverty and Median Household Income
2009-2011 3-year Estimate

County	2010		Median	2011		Median
	All Persons	Under Age 18	Household Income	All Persons	Under Age 18	Household Income
Tioga County	15.9%	21.2%	\$ 40,630	15.8%	22.5%	\$ 42,135
Pennsylvania	12.8%	17.8%	\$ 50,289	13.2%	18.6%	\$ 51,016
United States	14.4%	20.1%	\$ 51,222	15.2%	21.4%	\$ 51,484

Source: U.S. Census Bureau, 2009-2011 American Community Surveys 3-year Estimate

Low-income residents often postpone seeking medical attention until health problems become aggravated, creating a greater demand on a given community's medical resources. This includes reliance upon emergency room services for otherwise routine primary care. Often uninsured, the low-income demographics' inability to pay for services further strains the medical network. Low-income residents are also less mobile, requiring medical services in localized population centers, placing additional pressure on those providers already in high demand. Understanding the extent of poverty within the population, therefore, helps determine an accurate picture of demand. The poverty rates for Tioga County ranked unfavorably when compared to Pennsylvania's and national averages in 2010 and 2011 in both age categories.

Uninsured

Exhibit 10 presents health insurance coverage status by age (under 65 years) and income (below 400 percent) of poverty for Tioga County versus the state of Pennsylvania and the United States. It is clear that the proportion of uninsured population increases when focusing on income levels below 400% of federal poverty level versus all income levels. Tioga County lines up favorably when compared to the United States, yet unfavorably when compared to the state of Pennsylvania. The difference in income groups for Tioga County for the percent of uninsured under 65 is a 7.2% difference.

Exhibit 10
Soldiers & Sailors Memorial Hospital
Health Insurance Coverage Status by Age (under 65 years) and Income (below 400%) of Poverty
2009-2011 3-year Estimates

County	All Income Levels				Below 400% of FPL			
	Under 65 Uninsured	Percent Uninsured	Under 65 Insured	Percent Insured	Under 65 Uninsured	Percent Uninsured	Under 65 Insured	Percent Insured
Tioga County	5,164	15.9%	27,330	84.1%	4,751	23.1%	15,854	76.9%
Pennsylvania	1,225,714	11.8%	9,176,685	88.2%	1,055,797	16.5%	5,325,586	83.5%
United States	45,640,406	17.5%	215,786,240	82.5%	40,138,822	23.9%	127,905,808	76.1%

Source: U.S. Census Bureau, 2009-2011 American Community Survey 3-year estimates

Education

Exhibit 11 presents educational attainment by age cohort for individuals in Tioga County versus the state of Pennsylvania and the United States.

Exhibit 11
Soldiers & Sailors Memorial Hospital
Educational Attainment by Age - Total Population
2009-2011 3-year Estimates

State/ County	Age Cohort				
	18-24	25-34	35-44	45-64	65+
<u>Completing High School</u>					
Tioga County	89.4%	90.8%	93.9%	91.0%	79.1%
Pennsylvania	86.6%	91.3%	92.0%	91.0%	78.0%
United States	83.6%	87.3%	87.3%	87.7%	77.8%
<u>Bachelor's Degree or More</u>					
Tioga County	5.6%	23.6%	17.2%	17.0%	15.6%
Pennsylvania	11.4%	34.8%	31.9%	26.8%	16.9%
United States	9.2%	31.2%	31.4%	28.6%	21.3%
<u>Graduate or Professional Degree (Population 25 and over)</u>					
Tioga County	6.6%				
Pennsylvania	10.4%				
United States	10.5%				

Source: U.S. Census Bureau, 2009-2011 American Community Survey 3-year estimates

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. Tioga County compares unfavorably to Pennsylvania and the United States for all age levels in obtaining a bachelor's degree or higher. Persons obtaining a graduate or professional degree are much lower than the state and national averages. This is not due to Tioga County having low averages for high school graduates. On the contrary, when compared to the state and the United States, the average completing high school is as good as or better.

Health Status of the Community

This section of the assessment reviews the health status of Tioga County residents, with comparisons to the state of Pennsylvania. 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 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 percent of an individual’s health status is directly attributable to personal lifestyle decisions and attitudes. Persons who do not smoke, who 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:

<i>Lifestyle</i>	<i>Primary Disease Factor</i>
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

Lifestyle	Primary Disease Factor
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. However, law does not require reporting the incidence of a particular disease, except when the public health is potentially endangered. Various 50 infectious diseases in Pennsylvania must be reported to county health departments. Except for Acquired Immune Deficiency Syndrome (AIDS), most of these reportable diseases currently result in comparatively few deaths.

Due to limited morbidity data, this health status report relies heavily on death and death rate statistics for leading causes in death in Tioga County and the state of Pennsylvania. 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

Exhibit 12 reflects the leading causes of death for Tioga County residents and compares the rates, per hundred thousand, to the state of Pennsylvania average rates, per hundred thousand.

Exhibit 12
Soldiers & Sailors Memorial Hospital
Selected Causes of Resident Deaths: Number and Rate 2010 Rates per 100,000

	Tioga		Pennsylvania	
	Number	Rate	Number	Rate
Total Deaths, All Causes	440	1,048.1	123,473	972.0
All Cancers (Malignant Neoplasms)	111	264.4	28,809	226.8
Heart Disease	107	254.9	31,274	246.2
Stroke/Other Cerebrovascular Disease	21	50.0	6,629	52.2
Chronic Lower Respiratory Disease	21	50.0	6,164	48.5
Total Unintentional Injuries	20	47.6	5,607	44.1
Diabetes Mellitus	13	31.0	3,184	25.1
Kidney Disease	12	28.6	3,028	23.8
Pneumonia and Influenza	11	26.2	2,289	18.0
Suicide	9	21.4	1,547	12.2
Alzheimer's Disease	7	16.7	3,566	28.1

Source: PA Department of Health

Exhibit 13 compares the number of deaths for Tioga County residents, with U.S. Crude Rates and identifies causes of death that statistically differ from U.S. rates.

Exhibit 13
Soldiers & Sailors Memorial Hospital
Comparison of Rates for Selected Causes of Death: Rate per 100,000 Residents: Tioga County
2010

Selected Cause of Death	Number of Deaths	County Rate	PA Rate	US Rate	Percent County Difference from US
Total Deaths, All Causes	440	1,048.1	972.0	798.7	31.2%
All Cancers (Malignant Neoplasms)	111	264.4	226.8	185.9	42.2%
Heart Disease	107	254.9	246.2	192.9	32.1%
Stroke/Other Cerebrovascular Disease	21	50.0	52.2	41.8	19.7%
Chronic Lower Respiratory Disease	21	50.0	48.5	44.6	12.2%
Total Unintentional Injuries	20	47.6	44.1	38.2	24.7%
Diabetes Mellitus	13	31.0	25.1	22.3	38.9%
Kidney Disease	12	28.6	23.8	16.3	75.4%
Pneumonia and Influenza	11	26.2	18.0	16.2	61.7%
Suicide	9	21.4	12.2	12.2	75.7%
Alzheimer's Disease	7	16.7	28.1	27.0	-38.2%

Source: PA Department of Health, CDC.gov

Total death rates for Tioga County are significantly above the U.S. rate. Causes of death leading to this higher rate of death for the county include Cancer, Heart Disease, Diabetes, Kidney Disease, Flu, Pneumonia and Suicide. The significant differences lie with Kidney Disease at 75.4% of the national rate, and Suicide at 75.7% above national rates. Other causes of death with high differences when compared to the U.S. are Pneumonia and Influenza at 61.7% above, all Cancers at 42.2% above and Diabetes at 38.9% above. The rate for Alzheimer's disease is below the national rate, yet it is one of the top ten causes of death for the County.

Health Outcomes and Factors

An analysis of various health outcomes and factors for a particular community can, if improved, help make that community a healthier place to live, learn, work and play. A better understanding of the factors that affect the health of the community will assist with how to improve the community's habits, culture and environment. This portion of the community health needs assessment utilizes information from County Health Rankings, a key component of the Mobilizing Action Toward Community Health (MATCH) project, a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.

The County Health Rankings model is grounded in the belief that programs and policies implemented at the local, state and federal levels have an impact on the variety of factors that, in turn, determine the health outcomes for communities across the nation. The model provides a ranking method that ranks all 50 states and the counties within each state, based on the measurement of two types of health outcomes for each county: how long people live (mortality) and how healthy people feel (morbidity). These outcomes are the result of a collection of health factors and are influenced by programs and policies at the local, state and federal levels.

Counties in each of the 50 states are ranked according to summaries of a variety of health measures. Those having high ranks, *e.g.* 1 or 2, are considered to be the "healthiest." Counties are ranked relative to the health of other counties in the same state on the following summary measures:

- Health Outcomes - rankings are based on an equal weighting of one length of life (mortality) measure and four quality of life (morbidity) measures.
- Health Factors - rankings are based on weighted scores of four types of factors:
 - Health behaviors (six measures)
 - Clinical care (five measures)
 - Social and economic (seven measures)
 - Physical environment (four measures)

A more detailed discussion about the ranking system, data sources and measures, data quality and calculating scores and ranks can be found at the website for County Health Rankings (www.countyhealthrankings.org).

As part of the analysis of the needs assessment for the community, since the county comprises the majority of the community, it will be used to compare the relative health status of the county to the state of Pennsylvania as well as to a national benchmark. A better understanding of the factors that affect the health of the community will assist with how to improve the community's habits, culture and environment.

The following tables, from County Health Rankings, summarize the 2012 health outcomes for the county that holds the majority of the community for Soldiers & Sailors Memorial Hospital. Each measure is described and includes a confidence interval or error margin surrounding it – if a measure is above the state average and the state average is beyond the error margin for the county, then further investigation is recommended.

Health Outcomes - rankings are based on an equal weighting of one length of life (mortality) measure and four quality of life (morbidity) measures. *Exhibit 14* shows Tioga County health outcomes were higher than national benchmarks. Mortality outcomes were favorable compared to the state, ranking 19th and even more favorable for morbidity, ranking 12th. Each measure for the county was worse than national benchmarks showing many opportunities for improvement.

Tioga County

Exhibit 14
Soldiers & Sailors Memorial Hospital
Tioga County Health Rankings - Health Outcomes (2012)

	Tioga County	Error Margin	National Benchmark	PA	Rank (of 67)
<i>Mortality</i>					19
Premature death - Years of potential life lost before age 75 per 100,000 population (age-adjusted)	6,466	5,574-7,358	5,317	6,973	
<i>Morbidity</i>					12
Poor or fair health - Percent of adults reporting fair or poor health (age-adjusted)	14.0%	12.0-16.0%	10.0%	14.0%	
Poor physical health days - Average number of physically unhealthy days reported in past 30 days (age-adjusted)	3.0	2.7-3.4	2.6	3.5	
Poor mental health days - Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	3.2	2.4-3.9	2.3	3.6	
Low birth weight - Percent of live births with low birth weight (<2500 grams)	6.9%	6.0-7.9%	6.0%	8.4%	

Source: Countyhealthrankings.org

A number of different health factors shape a community's health outcomes. The County Health Rankings model includes four types of health factors: health behaviors, clinical care, social and economic and the physical environment.

Exhibit 14.1 summarizes the health factors for Tioga County. Areas for improvement include:

- Health Behavior/Adult Obesity
- Health Behavior/Physical Inactivity
- Health Behavior/Motor Vehicle Crash Death Rate
- Clinical Care/Dentists
- Clinical Care/Uninsured Adults
- Clinical Care/Primary Care Physicians
- Clinical Care/Preventable Hospital Stays
- Social & Economic Factors/Some College
- Social & Economic Factors/Children in Poverty

Exhibit 14.1
Soldiers & Sailors Memorial Hospital
Tioga County Health Rankings - Health Factors (2012)

	Tioga County	Error Margin	National Benchmark	PA	Rank (of 67)
<i>Health Behaviors</i>					32
Adult smoking - Percent of adults that report smoking at least 100 cigarettes and that they currently smoke	20.0%	17.0-23.0%	13.0%	21.0%	
Adult obesity - Percent of adults that report a BMI >= 30	32.0%	30.0-34.0%	25.0%	29.0%	
Physical inactivity - Percent of adults aged 20 and over reporting no leisure time physical activity	27.0%	25.0-29.0%	21.0%	26.0%	
Excessive drinking - Percent of adults that report excessive drinking in the past 30 days	15.0%	12.0-19.0%	7.0%	17.0%	
Motor vehicle crash death rate - Motor vehicle deaths per 100K population	23.0	18.0-30.0	10.0	12.0	
Sexually transmitted infections - Chlamydia rate per 100K population	167.0		92.0	374.0	
Teen birth rate - Per 1,000 female population, ages 15-19	28.0	25.0-31.0	21.0	29.0	
<i>Clinical Care</i>					42
Uninsured adults - Percent of population under age 65 without health insurance	15.0%	13.0-16.0%	11.0%	12.0%	
Primary care physicians - Ratio of population to primary care physicians	2,001:1		1,067:1	1,273:1	
Dentists - Ratio of population to dentists	2,443:1		1,516:1	1,801:1	
Preventable hospital stays - Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	87.0	79.0-95.0	47.0	70.0	
Diabetic screening - Percent of diabetic Medicare enrollees that receive HbA1c screening	90.0%	82.0-97.0%	90.0%	84.0%	
Mammography screening - Percent of female Medicare enrollees that receive mammography screening	72.0%	64.0-80.0%	73.0%	67.0%	
<i>Social & Economic Factors</i>					22
High school graduation - Percent of ninth grade cohort that graduates in 4 years	83.0%			83.0%	
Some college - Percent of adults aged 25-44 years with some post-secondary education	54.0%	50.0-58.0%	70.0%	60.0%	
Unemployment - Percent of population aged 16+ unemployed but seeking work.	6.7%		5.0%	7.9%	
Children in poverty - Percent of children under age 18 in poverty	22.0%	17.0-27.0%	14.0%	19.0%	
Inadequate social support - Percent of adults without social/emotional support	19.0%	16.0-23.0%	14.0%	21.0%	
Children in single-parent households - Percent of children that live in household headed by single parent	32.0%	28.0-36.0%	20.0%	32.0%	
Violent Crime rate - Violent crimes per 100,000 population (age-adjusted)	110.0		66.0	386.0	
<i>Physical Environment</i>					8
Daily fine particulate matter - The average daily measure of fine particulate matter in micrograms per cubic meter (PM2.5) in a county.	12.2	12.1-12.3	8.8	13.2	
Drinking water safety - Percentage of the population exposed to water exceeding a violation limit during the past year.	38.0%		0.0%	13.0%	
Access to recreational facilities - Rate of recreational facilities per 100,000 population.	10.0		16.0	11.0	
Limited access to healthy foods - Percent of population who are low-income and do not live close to a grocery store.	1.0%		1.0%	4.0%	
Fast food restaurants - Percent of all restaurants that are fast-food establishments	25.0%		27.0%	49.0%	

Source: Countyhealthrankings.org

Tioga County Health Synopsis: Tioga County has low rates of smoking, excessive drinking, sexually transmitted infections, teen birth rates, unemployment, and violent crime in comparison to the state. Tioga County has high rates of diabetic and mammography screenings and adequate social support in comparison to the state. The county is challenged by higher-than-desirable rates of motor vehicle crash death rates, obesity, physical inactivity, uninsured residents and children in poverty in comparison to the state. Overall morbidity factors are higher when compared to national benchmarks. Excessive drinking, smoking, sexually transmitted infections and teen birth rate are lower when compared to the state, but are still significantly higher than the national rates. The ratio of population to primary care is higher than the state and national benchmarks as well as the ratio for dentists. Overall physical environment for the county ranks highest for the categories of health factors (8 out of 67 counties) with clinical care health factors ranking among the lowest (42 out of 67 counties).

Health Care Resources

The availability of health resources is a critical component to the health of a community 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. This section will address the availability of health care resources to the residents of Tioga County.

Hospitals and Health Centers

The Hospital has 67 beds and is the only hospital located in Tioga County. Residents of the community also take advantage of services provided by hospitals in neighboring counties. *Exhibit 15* summarizes hospital services located in Pennsylvania available to the residents of the community:

Exhibit 15
Soldiers & Sailors Memorial Hospital
Summary of Acute Care Hospitals (2011 Cost Report Data)

		Facility Type	Miles from SSMH	Bed Size	Annual Discharges	Annual Patient Revenue
Soldiers & Sailors Memorial Hospital	32-36 Central Ave. Wellsboro, PA 16901	Acute Care	0.0	67	1,991	\$ 111,893,488
Troy Community	101 Elmira Street, Troy, PA 16947	Critical Access	29.8	25	505	\$ 31,111,528
Charles Cole Memorial Hospital	1001 E. 2nd. St., Coudersport, PA 16915	Critical Access	40.6	25	1,629	\$ 133,749,952
Jersey Shore Hospital	1020 Thompson St., Jersey Shore, PA 17745	Critical Access	43.6	25	1,021	\$ 65,184,640
Williamsport Regional Medical Center	777 Rural Ave., Williamsport, PA 17701	Acute Care	49.3	193	10,800	\$ 500,924,704
Memorial Hospital Inc. of Towanda	91 Hospital Drive, Towanda, PA 18848	Acute Care	49.5	43	1,379	\$ 89,115,200
Robert Packer Hospital	Guthrie Square, Sayre, PA 18840	Acute Care	55.7	234	13,904	\$ 651,120,768
Lock Haven Hospital	24 Cree Dr., Lockhaven, PA 17745	Acute Care	55.9	47	1,679	\$ 151,784,384
Bucktail Medical Center	Pine St., Renovo, PA 17764	Critical Access	60.8	21	63	\$ 9,192,597
Muncy Valley Hospital	215 E. Water St., Muncy, PA 17756	Critical Access	65.0	20	664	\$ 88,251,232
Geisinger Medical Center	100 N. Academy Ave., Danville, PA 17822	Acute Care	85.0	440	26,232	\$ 3,565,242,112

Source: Costreportdata.com

The following is a brief description of the health care services available at each of these facilities:

Robert Packer Hospital – is a teaching hospital serving the southern tier of New York and the northern tier of Pennsylvania. Services include Cardiac and Vascular, Cancer, Orthopedics, Primary Care, Imaging, Occupational Medicine, Surgical Services and other services.

Troy Community Hospital – A critical access hospital, Guthrie Troy Community Hospital offers a wide range of inpatient and outpatient services including diagnostic testing and rehabilitation as well as medical and surgical care. The hospital also maintains 24-hour emergency services as well as very successful, outcomes-based sub-acute and ventilator management programs.

Memorial Hospital – began as a maternity and convalescent home then grew over the years to now offer services such as emergency room, coronary intensive care, skilled nursing care, surgery, physical therapy, radiology, dialysis, and cardiac and pulmonary rehab and outpatient therapy.

Williamsport Regional Medical Center – is one of four hospitals of Susquehanna Health along with Divine Providence Hospital, Muncy Valley Hospital and Soldiers & Sailors Memorial Hospital.

Muncy Valley Hospital – is a critical access hospital and is one of the four hospitals of Susquehanna Health.

Geisinger Medical Center – along with a wide range of medical services, they also offer a Level 1 Trauma center, a six-helicopter LifeFlight program, and clinical research facilities.

Jersey Shore Hospital – is a rural health care facility located in the heart of north central Pennsylvania. With 25 inpatient beds, Jersey Shore Hospital is deemed as a Critical Access Hospital, and is one of only 13 in the state.

Lock Haven Hospital – offer services such as cardiopulmonary, emergency, rehabilitation services, primary care, women’s services, imaging, laboratory services, surgical services and others.

Bucktail Medical Center – is a not-for-profit corporation, serving the healthcare needs of those in north central Pennsylvania.

Charles Cole Memorial Hospital – is a critical access hospital in north central Pennsylvania.

Hospital Market Share

The market share of a hospital relative to that of its competitors may be based largely on the services required by patients and the availability of those services at each facility. For this study, the market share of the Hospital was considered based on the type of services required by those patients in the community. The ability to attain a certain relative market share (percentage) of the community varies based on a number of factors, including the services provided, geographical location and accessibility of each competing facility. *Exhibit 16* presents the relative market share of hospitals that had discharges of residents from Tioga County. This information provides an excellent summary of market share information as well as the outmigration of patients from the community.

Exhibit 16
Soldiers & Sailors Memorial Hospital
Discharges by Hospital

	Total Cases	%	Total Charges	%	Total Days	%
Soldiers & Sailors Memorial Hospital	2,483	54.7%	26,689,921	25.5%	9,389	48.2%
Robert Packer Hospital	963	21.2%	28,062,015	26.8%	4,183	21.5%
Williamsport Regional Medical Center	474	10.5%	14,728,169	14.1%	2,183	11.2%
Geisinger Medical Center/Danville	279	6.2%	22,064,679	21.1%	1,587	8.2%
Charles Cole Memorial Hospital	101	2.2%	865,965	0.8%	482	2.5%
Other Hospitals	237	5.2%	12,257,869	11.7%	1,636	8.4%
Total	4,537	100.0%	104,668,618	100.0%	19,460	100.0%

Source: Soldiers & Sailors Memorial Hospital

Other Health Care Facilities and Providers

Long-Term Care Facilities

- The Green Home, Wellsboro
- Carleton Senior Care and Rehabilitation Center, Wellsboro
- Broad Acres Health and Rehabilitation, Wellsboro

Personal Care Homes

- The Laurels, Wellsboro
- Country Terrace, Wellsboro
- Wellsboro Shared Homes, Wellsboro
- CARE, Mainesburg
- Baker Crest Home for the Elderly, Millerton

Primary Care Providers Practices

- Wellsboro Laurel Health Center FQHC, Wellsboro

- Guthrie Clinic, Wellsboro
- Mansfield Laurel Health Center FQHC, Mansfield
- Guthrie Clinic, Mansfield
- Elkland Laurel Health Center FQHC, Elkland
- Blossburg Laurel Health Center FQHC, Blossburg
- Westfield Laurel Health Center FQHC, Westfield
- Lawrenceville Laurel Health Center FQHC, Lawrenceville
- Charles Cole Memorial Hospital Health Center, Westfield

Surgical Practices

- Canyon Surgical Associates, Wellsboro

Internal Medicine

- Pine Creek Internal Medicine, Wellsboro
- John M. Terry, MD, Wellsboro

OB/GYN Practices

- Tioga OBGYN, Wellsboro

Orthopedic Practices

- Northern Tier Orthopedic Associates, Wellsboro

Pediatric Practices

- Wellsboro Pediatric Healthcare Associates

Urology Practices

- Tyoga Urological Associates

Podiatry Practices

- North Central Penn Podiatry, Wellsboro

Optometry/Ophthalmology Practices

- Grady Gafford, M.D. & Scott Rutkoski, O.D., Wellsboro
- David Fox, O.D., Wellsboro
- Stewart Opticians, Wellsboro
- Scott Lee, Wellsboro
- The Eye Center, Wellsboro
- Strohecker Vision Care, Mansfield
- Strohecker Vision Care, Elkland

Dental/Orthodontist Practices

- Linn Orthodontics, Wellsboro
- John Eaton, DDS, Wellsboro
- Nicole Quezada, DMD, Wellsboro
- Ronald Waclawik, DDS Wellsboro
- Stager and Coole, Mansfield
- R W Augustine, DMD, Mansfield
- Melissa Brown, DMD, Mansfield
- John Coole, DMD, Mansfield
- James Felli, DDS, Mansfield
- Ollock Dental Group, Blossburg
- Tioga Dental Services, Lawrenceville

Oral Surgery Practices

- Richard Black, DMD, Wellsboro

Physical Therapy

- Laurel Physical Therapy; Soldiers & Sailors Memorial Hospital, Wellsboro
- Laurel Physical Therapy, Wellsboro
- Laurel Physical Therapy, Blossburg
- Laurel Physical Therapy, Knoxville
- Elite Therapy, Mansfield
- Phoenix Rehabilitation and Health Services, Mansfield

Occupational Therapy

- Laurel Occupational Therapy; Soldiers & Sailors Memorial Hospital, Wellsboro

Speech Therapy

- Laurel Speech Therapy; Soldiers & Sailors Memorial Hospital, Wellsboro

Occupational Health & Wellness

- Laurel Occupational health & Wellness, Wellsboro

Chiropractic Services

- Tioga Integrated Medicine, Wellsboro
- Well Adjusted Chiropractic Center, Wellsboro
- Wellsboro Chiropractic, Wellsboro
- Laura Bellows, Wellsboro
- Davis Chiropractic Clinic, Wellsboro
- Woodworth Chiropractic Clinic, Covington
- Bull Family Chiropractic, Elkland
- Heffner Spine Clinic, Elkland
- Mansfield Family Chiropractic, Mansfield
- Nicholas Spanos, Canton

Mental Health Services

- Laurel Behavioral Health Inpatient Unit; Soldiers & Sailors Memorial Hospital, Wellsboro
- Laurel Behavioral Health Outpatient Services, Wellsboro
- Mental Health Associates, Mansfield
- Tioga Counseling Services, Mansfield
- Tioga Counseling Services, Elkland
- Tioga County Department of Human Services, Wellboro
- Concern Professional Services, Wellsboro

Home Health/Hospice Services

- Susquehanna Home Care & Hospice, Wellsboro
- Helpmates, Inc., Mansfield

Public Health/Community/Human Services

- Pennsylvania Department of Health, Wellsboro
- Maternal and Family Health Services WIC, Wellsboro
- Tioga County Partnership for Community Health, Wellsboro
- Tioga County Department of Human Services, Wellsboro
- Area Agency on Aging, Wellsboro
- Haven of Tioga County, Wellsboro

- Northcentral Pennsylvania AHEC, Wellsboro
- American Cancer Society, Wellsboro
- American Red Cross, Wellsboro
- Martha Lloyd Community Services, Troy
- Partners in Progress, Mansfield
- Bradford/Tioga Head Start, Blossburg

Fitness Centers

- Wellsboro Area High School Fitness Center, Wellsboro
- Canyon Motel Fitness Center, Wellsboro
- Penn Wells Hotel Fitness Center, Wellsboro
- Curves, Wellsboro
- Curves, Mansfield
- Laurel Fitness Center, Blossburg
- Laurel Fitness Center, Knoxville

Home Care Equipment and Medical Supplies

- Hub's Home Oxygen and Medical Supply, Wellsboro
- Guthrie-Med Supply Depot, Wellsboro
- American Homecare Supply Company, Mansfield

Estimated Demand for Physician Office Visits and Hospital Services

In order to define existing services and develop future plans that may affect the operations of the Hospital, this study includes an analysis of estimated demand for physician office visits, hospital emergency room visits and hospital discharges using national averages and population estimates. Current and future unmet need can be evaluated based on the changes in the size of the market for certain services as determined by applying these national average use rates to the population of the community. *Exhibit 17* summarizes estimated 2013 and projected 2018 physician office visits, emergency department visits and hospital discharges using 2009 national average use rates from the National Center for Health Statistics.

Exhibit 17
Soldiers & Sailors Memorial Hospital
Physician Office Visits, Emergency Department Visits, and Discharges
Estimated 2013

Age	2013 Community Population	Physician Office Visits per Person	Estimated Physician Office Visits	Emergency Department Visits per Person	Estimated Emergency Department Visits	Hospital Discharges per Person	Estimated Hospital Discharges
0-17	7,295	2.47	18,019	0.45	3,283	0.0342	249
18-44	12,113	2.34	28,344	0.49	5,935	0.0886	1,073
45-64	10,251	4.01	41,107	0.37	3,793	0.1210	1,240
65+	7,094	7.37	52,283	0.52	3,689	0.3549	2,518
Total	36,753		139,753		16,700		5,080
Primary Care Visits		55.9%	78,122				
Specialty Care Visits		44.1%	61,631				
Total			139,753				

Projected 2018

Age	2018 Community Population	Physician Office Visits per Person	Projected Physician Office Visits	Emergency Department Visits per Person	Projected Emergency Department Visits	Hospital Discharges per Person	Projected Hospital Discharges
0-17	7,422	2.47	18,332	0.45	3,340	0.0342	254
18-44	12,333	2.34	28,859	0.49	6,043	0.0886	1,092
45-64	9,877	4.01	39,607	0.37	3,654	0.1210	1,195
65+	8,076	7.37	59,520	0.52	4,200	0.3549	2,866
Total	37,708		146,318		17,237		5,407
Primary Care Visits		55.9%	81,792				
Specialty Care Visits		44.1%	64,526				
Total			146,318				

Source: www.cdc.gov, community populations from The Nielsen Company

Examination of the population demographics suggests that the aging of the “baby boom” population will actually slightly increase the overall utilization of hospital and primary care services within the community. For example, the projected change in the age category 65+ shows a significant increase. While the age category 65+ is projected to increase 13.8 percent from 2013 to 2018, the overall population of the community is projected to increase by only 2.6 percent.

Exhibit 18 illustrates the percentage change in the calculated utilization from *Exhibit 17* as an estimated percentage increase in utilization from 2013 to 2018.

Exhibit 18
Soldiers & Sailors Memorial Hospital
Estimated Difference in Utilization: Physician Office Visits,
Emergency Room Visits and Hospital Discharges
Estimated 2013 and Projected 2018

	Estimated 2013	Projected 2018	Percent Difference
Primary Care Physician Office Visits	78,122	81,792	4.7%
Specialty Care Physician Office Visits	61,631	64,526	4.7%
Total Estimated Physician Office Visits	139,753	146,318	4.7%
Emergency Department Visits	16,700	17,237	3.2%
Hospital Discharges	5,080	5,407	6.4%

Exhibits 19 and *20* provide detailed analysis of estimated acute care discharges, ambulatory procedures, hospital outpatient department visits and physician office visits. These exhibits categorize the utilization for estimated 2013 and projected 2018 by different age categories to assess possible growth areas. A review of each of the charts indicates that there is potential market growth in all of the acute care areas. The categories with highest percentage increase are operations on the respiratory system, cardiovascular system, and miscellaneous diagnostic and therapeutic procedures.

Exhibit 19
Soldiers & Sailors Memorial Hospital
Estimated and Projected Number of Ambulatory Surgery Procedures by Procedure Category and Age: Provider Service Area
Estimated 2013 and Projected 2018

Procedure Category	Estimated 2013					Projected 2018					Market Difference Percent
	Total	Under 15 years	15-44 years	45-64 years	65 years and over	Total	Under 15 years	15-44 years	45-64 years	65 years and over	
Total Provider Service Area Population	36,753	5,902	13,506	10,251	7,094	37,708	6,075	13,680	9,877	8,076	
All procedures	6,429	182	1,585	1,661	3,001	6,810	188	1,605	1,600	3,417	5.9%
Operations on the nervous system	163	18	36	43	66	172	19	37	42	75	5.2%
Operations on the endocrine system	16	0	4	7	6	17	0	4	7	6	3.6%
Operations on the eye	11	1	2	3	6	12	1	2	3	7	6.7%
Operations on the ear	4	2	1	0	1	5	2	1	0	1	5.5%
Operations on the nose, mouth and pharynx	33	5	10	8	10	34	5	10	8	11	4.1%
Operations on the respiratory system	166	0	17	49	100	178	0	17	47	114	7.4%
Operations on the cardiovascular system	1,076	0	78	337	660	1,156	0	79	325	752	7.4%
Operations on the hemic and lymphatic system	55	2	6	21	27	58	2	6	20	31	5.7%
Operations on the digestive system	814	21	134	234	424	866	22	136	225	483	6.5%
Operations on the urinary system	149	3	23	46	77	158	3	23	45	87	6.3%
Operations on the male genital organs	35	2	2	12	19	37	2	2	12	22	6.5%
Operations on the female genital organs	222	1	110	74	37	226	1	112	71	42	1.7%
Obstetrical procedures	756	1	753	2	0	766	1	763	2	0	1.3%
Operations on the musculoskeletal system	636	14	100	208	315	674	14	101	200	359	5.9%
Operations on the integumentary system	200	0	51	68	81	210	0	51	66	93	4.7%
Miscellaneous diagnostic and therapeutic procedures	2,052	75	259	548	1,169	2,199	78	262	528	1,331	7.2%

Source: CDC - National Health Statistic Report #29, October 26, 2010

Exhibit 20
Soldiers & Sailors Memorial Hospital
Estimated and Projected Number of Acute Care Discharges by Medical Diagnostic Category and Age: Provider Service Area
Estimated 2013 and Projected 2018

Procedure Category	Total	Estimated 2013				Total	Projected 2018				Market Difference Percent
		Under 15 years	15-44 years	45-64 years	65 years and over		Under 15 years	15-44 years	45-64 years	65 years and over	
Total Provider Service Area Population	36,753	5,902	13,506	10,251	7,094	37,708	6,075	13,680	9,877	8,076	
All Conditions	4,933	211	1,141	1,173	2,408	5,245	218	1,155	1,130	2,742	6.3%
Infectious and patristic diseases	182	13	24	39	106	196	13	25	38	120	7.6%
Neoplasms	242	4	26	87	125	257	4	26	84	143	6.0%
Endocrine, nutritional and metabolic diseases and immunity disorders	268	15	39	73	141	286	15	40	70	161	6.6%
Diseases of the blood and blood-forming organs	72	0	14	16	42	77	0	14	15	48	7.6%
Mental Disorders	295	14	135	100	46	300	15	137	96	52	1.7%
Diseases of the nervous system and sense organs	114	10	19	30	55	121	10	19	29	63	6.2%
Diseases of the circulatory system	969	3	47	242	677	1,055	3	47	233	770	8.8%
Diseases of the respiratory system	501	53	36	105	307	541	55	36	101	350	8.1%
Diseases of the digestive system	477	20	88	139	230	506	20	89	134	262	6.0%
Diseases of the genitourinary system	314	7	56	74	177	337	7	57	71	202	7.3%
Complications of pregnancy, childbirth and puerperium	53	0	53	0	0	53	0	53	0	0	1.3%
Diseases of the skin and subcutaneous tissue	105	8	21	32	44	111	8	21	31	50	5.2%
Diseases of the musculoskeletal system and connective tissue	291	3	29	94	165	311	3	30	91	188	6.8%
Congenital anomalies	10	0	3	4	3	10	0	3	4	3	2.8%
Certain conditions originating in the perinatal period	16	16	0	0	0	17	17	0	0	0	2.9%
Symptoms, signs and ill defined conditions	25	4	6	6	9	26	4	6	6	10	4.7%
Injury and poisoning	414	18	86	103	206	440	19	87	99	235	6.4%
Supplementary classifications	569	6	458	29	75	584	6	464	28	85	2.7%

Source: CDC - National Health Statistic Report #29, October 26, 2010

Estimated Demand for Physician Services

AmeriMed Consulting was engaged by Susquehanna Health to assist in the development of a Medical Staff Development Plan based on the healthcare needs of its medical service area. The plan was developed to serve as a guide for strategic staff planning for the Hospital, contribute to its effort to document community need for physicians, and fulfill the requirement put forth by federal physician recruiting regulations. Community need is based on the total number of physicians providing medical services to an area, not only those physicians on staff at a hospital where the hospital may be considering physician recruitment.

The approach used by AmeriMed Consulting to evaluate physician need was based on the following factors:

- Defining the demographic profile and payor mix of the client's service area.
- Researching unique service area factors that might influence the demand for healthcare services within the area.
- Identifying the total number of physicians by specialty in the defined service area.
- Developing a profile of the current Medical Staff using quantitative data and findings from the Physician Focus Interviews and Medical Staff Survey.
- Developing a profile of the patient market including demographic data and qualitative data from the Community Survey.
- Utilizing six established physician needs assessment models to identify potential physician surpluses or deficits in each medical specialty.
- Evaluating results of the above efforts in the context of their medical staffing and consulting experience.

AmeriMed concluded that despite the higher overall income medians, the service area for the Hospital has some household income-related factors that would drive an additional need for physician services within portions of the community. A lack of available resources to the indigent may increase volumes in the emergency room, as patients lacking primary care access often seek routine care through emergency services. *Exhibit 21* shows the physician needs identified by AmeriMed Consulting divided into community need and need created by retiring physicians.

Exhibit 21
Soldiers & Sailors Memorial Hospital
Summary of Physician Need by Specialty

Physician Group	Current Communitywide Need for Physician FTE's	Succession Planning FTE's	Total FTE's to Evaluate for Potential Recruitment
Primary Care			
Family Medicine	2.0	4.7	6.7
Internal medicine	2.0	0.5	2.5
Pediatrics	1.0	1.0	2.0
Total	5.0	6.2	11.2
Hospital Based Specialties			
Anesthesiology	1.0	1.0	2.0
Emergency Medicine	1.0	4.5	5.5
Pathology	0.0	1.0	1.0
Radiology	0.0	1.0	1.0
Total	2.0	7.5	9.5
Medical Specialties			
Cardiology	1.0	0.0	1.0
Dentistry	1.0	0.0	1.0
Dermatology	1.0	0.0	1.0
Gastroenterology	1.0	0.0	1.0
Hematology/Oncology	1.0	0.0	1.0
Nephrology	0.0	1.0	1.0
Neurology	1.0	0.2	1.2
Obstetrics/Gynecology	1.0	1.0	2.0
Psychiatry	1.0	1.0	2.0
Total	8.0	3.2	11.2
Surgical Specialties			
General Surgery	1.0	0.0	1.0
Ophthalmology	0.0	1.0	1.0
Oral/Maxillofacial Surgery	1.0	0.8	1.8
Orthopedic Surgery	1.0	0.0	1.0
Otolaryngology	1.0	0.0	1.0
Podiatry	0.0	1.0	1.0
Urology	0.0	1.0	1.0
Total	4.0	3.8	7.8
Total All Physicians	19.0	20.7	39.7

Recommendations

Recommendations were made based on information about physician population as supplied by Susquehanna Health that was current as of Fall 2012. 43 percent of primary care respondents to the Medical Staff Survey indicated that they were not currently accepting new Medicaid patients at the time of the survey. 24 percent were closed to new Medicare patients. AmeriMed's recommendations were made based on the current demographic profile of patients in the community at the time of the report as well as anticipated changes over the next five years. Primary care is estimated to have a high need for

physicians with Family Care being the highest physician group over all with an estimated need of approximately six physicians. For hospital based services, service line volumes and program parameters were the primary drivers to estimate needs. Anesthesiology and Emergency Medicine are identified with the highest physician needs in this category, with Emergency Medicine being the second highest physician group need overall. Eight percent of medical specialists that responded to the Medical Staff Survey indicated that they were no longer accepting new Medicaid or new Medicare patients at the time of the survey. The highest needs in this category were Obstetrics/Gynecology and Psychiatry, each with an estimated need of 2 physicians. 19 percent of surgeons that responded to the Medical Staff Survey report indicated they were not accepting new Medicaid patients at the time of the survey. Needs for surgical specialties were evaluated based on a community needs basis as well as in the context of hospital surgical capacity. An adequate supply of anesthesiologists, surgical professionals, space and equipment must all exist to provide necessary access to services. The highest physician group need in this category is an estimated need of approximately 2 physicians for Oral/Maxillofacial Surgery. There are several types of physician groups that were identified as only needing physicians for succession planning. These include: Pathology, Radiology, Nephrology, Ophthalmology, Podiatry and Urology.

Key Informant Interviews

Interviewing key informants (community stakeholders that represent the broad interests of the community with knowledge of or expertise in public health) 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

Interviews with 13 key informants were conducted February 19th and 20th, 2013. Informants were determined based on their a) specialized knowledge or expertise in public health, b) their affiliation with local government, schools and industry or c) their involvement with underserved and minority populations.

A representative from the Hospital contacted all individuals nominated for interviews. If the respective key informant agreed to an interview, an interview time and place was scheduled. Most of the interviews were conducted at Laurel Health System Administration.

All interviews were conducted using a standard questionnaire. A copy of the interview instrument is included in the Appendices. A summary of their opinions is reported without judging the truthfulness or accuracy of their remarks. Community leaders provided comments on the following issues:

- Health and quality of life for residents of the community
- Barriers to improving health and quality of life for residents of the community
- Opinions regarding the important health issues that affect Taney and Stone County residents and the types of services that are important for addressing these issues
- Delineation of the most important health care issues or services discussed and actions necessary for addressing those issues

Interview data was initially recorded in narrative form. Themes in the data were identified and representative quotes have been drawn from the data to illustrate the themes. Informants were assured that personal identifiers such as name or organizational affiliations would not be connected in any way to the information presented in this report. Therefore, quotes included in the report may have been altered slightly to preserve confidentiality.

This technique does not provide a quantitative analysis of the leaders' 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 Informant Profiles

Key informants from the community (see the Appendices for a list of key informants) worked for the following types of organizations and agencies:

- Social service agencies
- Local school system and community college
- Local city and county government
- Public health agencies
- Industry
- Faith community
- Medical providers

Key Informant Interview Results

The interview questions for each key informant were identical. The questions on the interview instrument are grouped into four major categories for discussion:

1. General opinions regarding health and quality of life in the community
2. Underserved populations and communities of need
3. Barriers
4. Most important health and quality of life issues

A summary of the leaders' responses by each of these categories follows. Paraphrased quotes are included to reflect some commonly held opinions and direct quotes are employed to emphasize strong feelings associated with the statements. This section of the report summarizes what the key informants said without assessing the credibility of their comments.

1. General Opinions Regarding Health and Quality of Life in the Community

The key informants were asked to rate the health and quality of life in their respective county on a scale of 1 to 10. They were also asked to provide their opinion whether the health and quality of life had improved, declined or stayed the same over the past few years. Lastly, key informants were asked to provide support for their answers.

All of the key informants rated the health and quality of life in their county at a 7 or higher. Three informants gave a 10 rating. Of the respondents that gave a ranking of 7, reasons listed include transportation issues, cost of insurance, low financial resources, drug abuse and lack of education on available healthcare for lower income individuals.

When asked whether the health and quality of life had improved, declined, or stayed the same, the responses were mixed with eight saying it had improved, two staying the same and three saying it had declined. One informant stated people are industrious and that the gas companies have sparked the economy. An informant that reported quality had stayed the same stated the county is fairly poor and people don't take advantage of available services. An informant that reported a decline stated drugs, obesity and asthma are issues.

Overall, key informants noted that services at Soldiers & Sailors Memorial Hospital and their new affiliation with Susquehanna Health contributed to the overall improvement of health and quality of life in the community. A growing drug and alcohol abuse problem, and lack of education of available health resources for the low income population were generally seen as the reasons behind poor health and poor quality of life. The park systems of the area and the gas industry were seen as some additional assets for the community.

“Everyone in the county is within 20 minutes of a clinic...Laurel does community blood profiles...personally knows this saved a life as abnormalities were found that led to a diagnosis and treatment of prostate cancer.”

“No taxi cabs, so people out drinking have to drive after drinking.”

“Gas workers have insurance out of the area and have to utilize the ER when problems arise.”

“A lot of people complain about the hospital but don't realize the economic impact. The hospital is a top employer, has many great community programs, and attracts new businesses. They keep up the facilities very nicely and are expanding. There are great opportunities for youth in healthcare with programs provided in the area.”

2. Underserved Populations and Communities of Need

Key informants were asked to provide their opinions regarding specific populations or groups of people whose health or quality of life may not be as good as others. They were also asked to provide their opinions as to why they thought these populations were underserved or in need. Each key informant was asked to consider the specific populations they serve or those with which they usually work. They identified the lower income populations, the elderly, the uninsured and high school youth as having the largest needs.

Respondents identified three main areas of need: education on free/low cost healthcare programs, access to care and alcohol/drug abuse. A high concentration in a population of elderly people contributes to the rise in health care costs. This in turn causes economic strain for the community, and especially the elderly that need the increased care. When the elderly and others like those in poverty have to choose between eating and paying for their care, this puts more demand on local charities and community centers. These people in rural areas have another layer of complexity with a transportation need to get the medical care they need. With limited resources, and the high demand of needs from the elderly, it increases the difficulty of providing quality care to the population as a whole. Those that avoid their health problems because of these issues and only seek care in emergent situations increase the strain on medical facilities.

Uninsured/underinsured are considered to have issues accessing care. Although services are available, some of the uninsured/underinsured do not have necessary knowledge to effectively access care. Some of the key informants identified that there is a perception that is hard to get past that healthcare is not available for the low income population.

The key informants were asked what could improve the health and quality of life in the area. The main responses were based on ideas for providing more access to care and ways to improve health habits. The following were included:

- Improving means of affordable public transportation.
- Recruit another psychiatrist.
- Somehow make obtaining insurance more affordable.
- Reach out to kids at an early age to provide education regarding health and the value of education or skill sets.
- Provide more education regarding the effects of drug and alcohol abuse.
- Bring in more specialists.
- Healthy living education.

“One thing for Laurel to do is try and dispel myth that service at the local hospital is not on par with larger systems.”

“...was going to have to wait a month to get an MRI and had to go elsewhere to get it sooner.”

“Would like to see hospitals or nursing homes partner with Red Cross and provide housing to special needs people in cases of disaster or emergency.”

“No inpatient services for drug and alcohol rehab, for pregnant women only one place in the state that will take them. There are recreational activities, but not many programs for mentally challenged.”

3. Barriers

The key informants were asked what barriers or problems keep community residents from obtaining necessary health services in their community. Responses from key informants included transportation issues, affordability of care, accessibility of mental healthcare, lack of education and mentality.

Affordability and the availability of health resources are seen as a primary barrier to health services. Education surrounding access to health services for the newly uninsured or underinsured persons is also identified as a community need. People do not understand how to access services and there is a general feeling that there is a population within the community that lacks the drive to seek out information on how to obtain free and/or low cost care. Mental health needs were listed by several informants as a barrier to be broken. They reported a growing dependence on heroin in the community.

Being a rural community with no public transportation system is viewed as a barrier to accessing regular health care for those without personal transportation. Those interviewed believe it is difficult to reach out to isolated or marginalized people in the community. There is a lack of transportation for low-income residents to receive services and a lack of personal “know-how” of the medically indigent for accessing needed services.

Lack of education and communication surrounding health issues and the effects of poor health choices is also seen as a primary barrier to health services. The overall perception is that people are not motivated to make the necessary changes to improve their lives. The elderly are set in their ways, and the youth are becoming more and more dependent on drugs. There is also a sense that health agencies need to offer more specialty services.

As previously noted, people's attitudes and culture surrounding health and lifestyle choices, are seen as a barrier. Bad habits are passed down from generation to generation and there are not enough resources to bring about a change.

“Lack of public transportation can be an issue for the parks and recreation systems. The fact that 80% of school kids ride the bus can make after school programs challenging.”

“Health insurance premiums are going up. Some employees do not take advantage of the wellness benefits. There is an overuse of the ER.”

“Drive, education and drug abuse are holding people back. There is a big heroin problem.”

4. Most Important Health and Quality of Life Issues

Key informants were asked to provide their opinion as to the most critical health and quality of life issues facing the community.

The issues identified most frequently were:

1. Drugs/alcohol abuse and mental health
2. Obesity/diabetes
3. Physician recruitment

Other issues that were reported are overuse of the emergency room due to lack of preventative care, dental health, elderly health issues, training in CPR/first aid, emergency preparedness, cancer, hypertension, sports medicine therapy, asthma and transportation.

“Heroin is the drug of choice. Leads to robberies, etc.”

“One psychiatrist in the community has over a one year waiting list.”

Key Findings

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

- Information and education on health issues and life choices is a problem. There is a need to inform, educate and counsel specific categories of the community.
- Drug and alcohol abuse are seen as a health and quality of life issue.
- Transportation is an issue for rural residents and low income households.
- The Hospital should work toward being the trusted leader in the community regarding innovative health education, screenings and initiatives. The Hospital should also take the lead role in bringing agencies and organizations together in addressing community health needs.

- There is a significant need for better benefits.
- Specific populations lack general knowledge regarding health services and/or how to access those health services as well as motivation to seek out answers regarding healthcare.

Community Health Input Questionnaire

The Hospital circulated community health input questionnaires, in order to gather broad community input regarding health issues. The input process was launched on February 8, 2013, and was closed on March 30, 2013.

The Community Health Questionnaire survey was intended to gather information regarding the overall health of the community. The results are intended to provide information on different health and community factors. Requested community input included demographics and socioeconomic characteristics, behavioral risk factors, health conditions and access to health resources.

Methodology

A web-based tool, Question Pro, was utilized to conduct the community input process. An electronic link to the questionnaire was posted on the Hospital's website for residents of the community to complete. Scheduled below is the questionnaire distribution report.

There were 276 questionnaires completed and returned. Sociodemographic characteristics such as age, education, income and employment status were fairly comparable to the most recent census data. Over 80 percent of the questionnaire respondents were female which is more than the 51 percent of the population of the community. Additionally, representation of those individuals 65 and older is less than that reported in the latest census data at slightly over percent.

Community Health Input Questionnaire

The instrument used for this input process was based largely on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), as well as various other public health surveys and customized questions. The final instrument was developed by the Hospital representatives in conjunction with BKD.

Community Health Input Results

The questionnaire was quite detailed in nature, including many specific questions regarding general health and demographic information. A compilation of the actual results are included in the Appendices to allow for a detailed analysis. Health needs indicated include:

- **Assessment of Personal Health**

When asked to assess their personal health status, 35 percent of the respondents described their health as being "excellent," while 57 percent stated that their overall health was "good."

When asked to rate their community as a "healthy community," approximately 12 percent of the respondents indicated their community was healthy or very healthy. More than 30 percent of the respondents indicated their community was unhealthy.

- **Health Care Access Issues**

Over 36 percent of the respondents reported having health insurance with nearly 72 percent of health insurance being provided by private insurance companies. Health care access issues are primarily related to costs. Respondents noted the following reasons for not having health insurance:

1. Cannot afford it
2. Not qualified for Medical Assistance
3. Have never applied for Medical Assistance

The other respondents either did not qualify for employer plans or their employers do not offer insurance.

- **Lifestyle Behavioral Risk Factors**

Proper diet and nutrition seem to be a challenge as only 21 percent of the respondents report eating the daily recommended servings of fruits and vegetables and 21 percent of the respondents report that they never exercise. Of those respondents, 43 percent report exercising at least three times per week. When asked about exercising at least five times per week, nearly 41 percent of the respondents answered “never.” Nearly 8 percent of the respondents always smoke cigarettes. Use of seat belts is high (over 91 percent) and when applicable, respondents’ children use seat belts and/or child safety seats with 3 percent reporting “Sometimes” and less than 1 percent reporting “Never.”

- **Social and Mental Health**

Nearly 9 percent of the respondents reported always being stressed out with over 73 percent responding that they were sometimes stressed out. Over 21 percent of the respondents rated their stress level as High or Very High. Over 18 percent of the respondents reported that they did less than they would like because of mental health or emotional issues.

Approximately 33 percent of respondents who reported that their current employment is stressful, while almost 26 percent reported that finances are stressful. Nearly 57 percent of the respondents worry about losing their job.

What do Citizens say about the Health of their Community?

The five most important “health problems:”

1. Obesity (adult)
2. Obesity (child)
3. Diabetes
4. Cancer
5. Mental Health Problems

The three most “risky behaviors:”

1. Drug abuse
2. Alcohol abuse
3. Lack of exercise

The five most important factors for a “healthy community:”

1. Affordable and available health care
2. Affordable and available healthy food sources
3. Healthy behaviors and lifestyles
4. Job security
5. Clean and safe environment

Prioritization of Identified Health Needs

The Hospital has accomplished much over the past several years and continues to work on the development and implementation of programs and initiatives that work toward the improvement of community health and wellness. Primary and secondary data from this assessment process will be a valuable resource for future planning. The community input findings obtained through interviews and the community input questionnaire should be especially useful in understanding residents’ health needs. The findings provide the Hospital a lot of information to act on. In order to facilitate prioritization of identified health needs, a ranking and prioritization process was used and is described in the section below.

Analysis of community health information, key informant interviews and the community health input questionnaire were all used to assess the health needs of the community in *Exhibit 22*:

Exhibit 22
Soldiers & Sailors Memorial Hospital
Ranking of Community Health Needs

Health Problem	Ability to evaluate and measure outcomes based on data	How many people are affected by the issue?	What are the consequences of not addressing this problem?	Prevalence of common themes	Sub Total	Ability of the Hospital to Impact Change	Total Score
Shortage of Physicians	3	4	4	4	15	8	23
Uninsured Residents	3	3	4	4	14	9	23
Cancer	4	4	4	4	16	6	22
Mental Health	3	3	4	4	14	8	22
Obesity	4	4	4	4	16	5	21
Substance Abuse	3	4	4	4	15	6	21
Diseases of the Heart	4	3	4	3	14	7	21
Affordable Healthcare	3	3	3	4	13	8	21
Diabetes	3	3	3	4	13	8	21
Access to Specialists	3	3	3	3	12	9	21
Dental Health	3	3	3	2	11	7	18
Transportation	2	3	3	3	11	7	18
Diabetic Screening	3	1	1	1	6	9	15
Respiratory	3	1	2	2	8	6	14
Children in Poverty	3	3	3	3	12	1	13
Low Birth Weight	3	1	2	1	7	6	13
Tobacco Use	2	2	3	2	9	3	12
Sexually Transmitted Disease	2	2	2	2	8	4	12
Access to Recreational Facilities/Limited Physical Activity	1	1	1	1	4	7	11
Motor Vehicle Crashes	3	2	2	2	9	1	10
Access to Healthy Foods	1	2	3	2	8	1	9
Teen Birth Rate	3	1	2	1	7	2	9

Health needs were ranked based on five factors:

1. The ability of the Hospital to evaluate and measure outcomes.
2. How many people are affected by the issue or size of the issue?
3. What are the consequences of not addressing this problem?
4. Prevalence of common themes.
5. The Hospital's ability to impact change

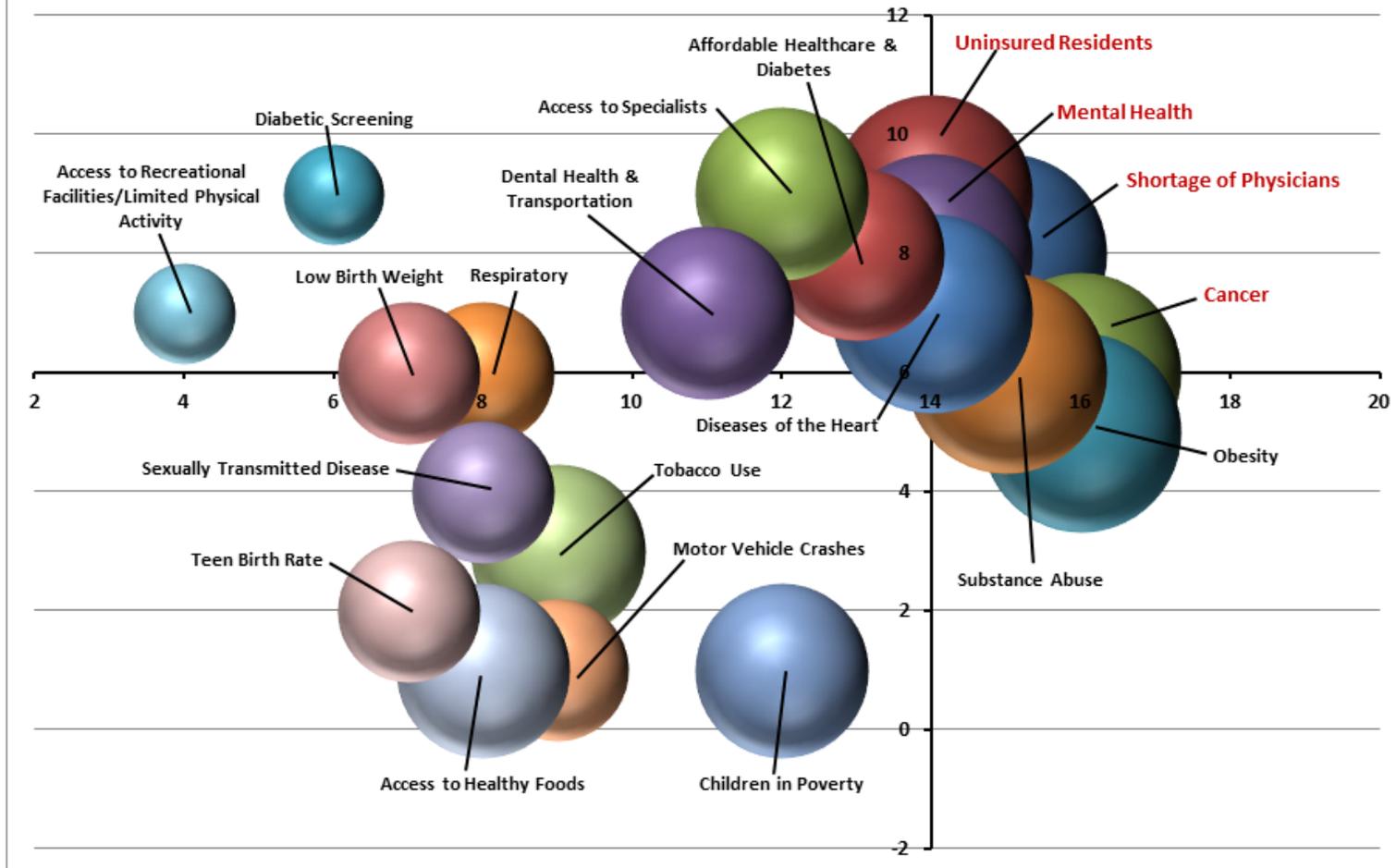
Health needs were then prioritized and charted on *Exhibit 22* taking into account their overall ranking, the degree to which the Hospital can impact long-term change and the identified health needs impact on overall health.

Utilizing the statistical value (8) as the horizontal axis, the overall ranking based on subtotal score was plotted on *Exhibit 23*. Next, each identified health need was assigned a value by Hospital management between 1 and 12 representing the perceived degree of impact the Hospital has on changing health outcomes related to the identified health need. Utilizing the statistical value (15) as the vertical axis, this value was charted.

Lastly, each health need was evaluated and assigned a rating between 1 and 4 regarding the health needs consequences of not being addressed. Those health needs receiving the highest rating are represented by the largest spheres.

The graphical representation included as *Exhibit 23* is intended to aid in identifying health priorities for the organization. By addressing those needs in the upper right quadrant, overall community health will likely improve as these needs have the greatest impact on overall health and the Hospital is more likely to influence a positive impact on these needs. The four top ranked health needs, identified in *Exhibit 22*, are seen in the graph in the upper quadrant. There are several other health needs grouped very close to the upper quadrant, which indicates there are other top priorities, but the Hospital may not be able to have as large an impact on, or they are not as an emerging health need as those that are ranked above them. These include: Cancer, Mental Health, Shortage of Physicians, Diabetes, Access to Specialists and Substance Abuse.

Exhibit 23
Soldiers & Sailors Memorial Hospital
Prioritization of Identified Health Needs



Considerations for Meeting Identified Health Needs

After compiling and analyzing all of the data in this assessment, we recommend that management consider the following benchmarking, targets, ideas and strategies in its implementation strategy plans. Some of the strategies will address multiple needs. These lists are not intended to be exhaustive and do not imply there is only one way to address the identified health needs.

Uninsured Residents

Affordable and available healthcare is ranked the top factor for a health community by the community input survey. Changes in this area can have a high impact to the overall health of the community.

Access to health services means the timely use of personal health services to achieve the best health outcomes. Limited access to health care impacts peoples' ability to reach their full potential, negatively affecting their quality of life. Prevention of disease and disability, preventable death, life expectancy and overall physical, social and mental health status are all affected by lack of access to health care. Health insurance coverage helps patients get into the health care system. Uninsured people are less likely to receive medical care, more likely to die early, and more likely to have poor health status.

Exhibit 24
Soldiers & Sailors Memorial Hospital
Uninsured Residents
Leading Health Indicators

County	County Health Rankings		Healthy People 2020 Targets
	S&SMH Community	US Benchmark	
Tioga County	Adult Obesity		Increase the proportion of persons with medical insurance
	85.0%	88.0%	100.0%
	2007 U.S. Baseline		Increase the proportion of persons with a usual primary care provider
	N/A	76.3%	83.9%
	2008 U.S. Baseline		Increase the proportion of persons of all ages who have a specific source of ongoing care
	N/A	86.4%	95.0%
County	Primary Care Physicians		
Tioga County	2,000:1	1,067:1	
County	Preventable Hospital Stays		
Tioga County	87.0	47.0	

Community and US Benchmark Source: County Health Rankings, healthypeople.gov

Health insurance coverage is one of four steps to providing better access to health care. The other three are: services, timeliness and workforce. Improving health care services depends in part on ensuring that people have a usual and ongoing source of care. Timeliness is the health care system’s ability to provide health care quickly after a need is recognized. Workforce refers to the important role that primary care physicians play in the communities they serve.

Strategies that address this priority area should consider the following:

- Education on obtaining free/reduced cost health care
- Partnering with local employers to offer coverage

Cancer

Cancer is the leading cause of death of the community for the Hospital. The most common risk factors for cancer are growing older, tobacco use, sunlight, ionizing radiation, certain chemicals and other substances, some viruses and bacteria, certain hormones, family history of cancer, alcohol use, poor diet, lack of physical activity and being overweight. Although cancer may strike at any age, it is more commonly a disease of middle and older age. From 2005-2009, all cancers caused an average of 29,128 deaths per year in Pennsylvania. 101 of these average deaths were from Tioga County.

Many cancers are preventable by reducing risk factors. Other cancers can be prevented by getting vaccinated against human papillomavirus and hepatitis B virus. Screening is effective in identifying some types of cancers including breast cancer, cervical cancer and colorectal cancer. It is critical to assess whether people understand and remember the information they receive about cancer screening. Research shows that a recommendation from a health care provider is the most important reason patients cite for having cancer screening tests.

Exhibit 25
Soldiers & Sailors Memorial Hospital
Cancer
Leading Health Indicators

	County Health Rankings		Healthy People 2020 Targets
	S&SMH Community	US Benchmark	
County	Cancer Death Rate		Reduce the overall cancer death rate
Tioga County	264.4	185.9	160.6
County			Increase the proportion of adults who receive a colorectal cancer screening based on the most recent guidelines
	N/A	N/A	70.5%
County			Increase the proportion of women who receive a breast cancer screening based on the most recent guidelines
	N/A	N/A	81.1%

Community and US Benchmark Source: County Health Rankings

Strategies that address this priority area should consider the following:

- Provision of increased clinical preventive services
- Logistical factors such as transportation.
- The challenges faced by the elderly population should be considered.

Mental Health

Mental disorders are among the most common causes of disability. The resulting disease burden of mental illness is among the highest of all diseases. Mental health disorders are the leading cause of disability in the United States and Canada, accounting for 25 percent of all years of life lost to disability and premature mortality. Suicide is the 11th leading cause of death in the United States, accounting for the deaths of approximately 30,000 people per year. Mental health plays a major role in people’s ability to maintain good physical health. Mental illnesses, such as depression and anxiety, affect people’s ability to participate in health-promoting behaviors. In turn, problems with physical health, such as chronic diseases, can have a serious impact on mental health and decrease a person’s ability to participate in treatment and recovery.

Exhibit 26
Soldiers & Sailors Memorial Hospital
Mental and Emotional Well Being
Leading Health Indicators

	County Health Rankings		Healthy People 2020 Targets
	S&SMH Community	US Benchmark	
County	Poor Mental Health Days		
Tioga County	3.2	2.3	
County	Suicide Death Rate		Reduce suicide rate
Tioga County	21.4	12.2	10.2
County			Reduce the proportion of adolescents ages 12 to 17 years who experience major depressive episodes
	N/A	N/A	7.4%

Community and US Benchmark Source: County Health Rankings

Strategies that address this priority area should consider the following:

- Increase the number of mental health providers
- Increase depression screenings by primary care physicians.

Health Issues of Uninsured Persons, Low-Income Persons and Minority Groups

Certain key informants were selected due to their positions working with low-income and uninsured populations. Several key informants were selected due to their work with minority populations. Based on information obtained through key informant interviews and the community health survey, the following chronic diseases and health issues were identified:

- Uninsured/low income population
 - ✓ Access to healthy foods
 - ✓ Substance abuse
 - ✓ Mental and emotional health
 - ✓ Education on access to health services
 - ✓ Obesity
- Hispanic population
 - ✓ Dental care
 - ✓ Prenatal care
 - ✓ Access to care due to not having legal status
 - ✓ Preventative care
 - ✓ Diabetes

APPENDICES

Acknowledgements

The project Steering Committee was the convening body for this project. Many other individuals including community residents, key informants, and community-based organizations contributed to this community health needs assessment.

Project Steering Committee

Special thanks to all of the following committee members for their time and commitment to this project:

Janie Hilfiger, President, Soldiers & Sailors Memorial Hospital
Ron Gilbert, Chief Financial Officer, Soldiers & Sailors Memorial Hospital
Steve Kramer, Director of Shared Services Operations, Soldiers & Sailors Memorial Hospital

Key Informants

Thank you to the following individuals who participated in our key informant interview process:

Jim Bodine, Police Chief, Wellsboro
Chris Morral, Superintendent, Wellsboro Area School District
Kathy Brodrick, Outpatient Program Director, Laurel Behavioral Health
Kathy Stine, Disaster Response Specialist, American Red Cross
Father John Chmil, St. Peter's Catholic Church
Rev. Glen Hallead, First Presbyterian Church
Ferlin Patrick, Administrator, Laurel Health Center
Glenn Poirier, GROW & MetalKraft Industries/Board Member
Pete Herres, Director, Parks & Recreation
Bob Blair, President/CEO, Tioga County Development Corp.
Julie VanNess, Executive Director, Wellsboro Chamber of Commerce
Natalie Kennedy, Editor, Wellsboro Gazette
Tom Young, Sheriff, Tioga County



Susquehanna Health
Soldiers + Sailors Memorial Hospital

Community Health Needs Assessment 2013

KEY INFORMANT INTERVIEW PROTOCOL



Name _____

Organization / Title _____

Background and experience in community _____

Rank overall health in community (1-10) _____

Has health improved / stayed the same / decline the past few years / why?: _____

Any groups particularly vulnerable / health or quality of life is not good? _____

What are barriers to health and quality of life issues in the area _____

What are most critical health and quality of life issues in the area? _____

What would you do to improve health / quality of life in area? _____

Anyone you feel we should be interviewing? _____

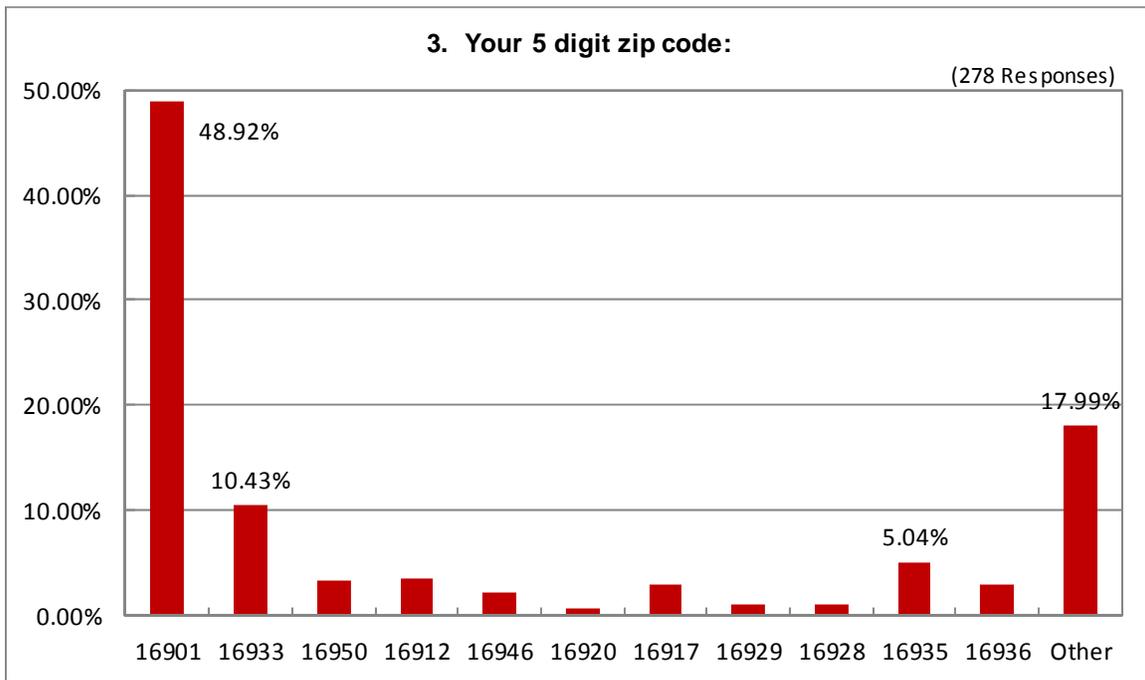
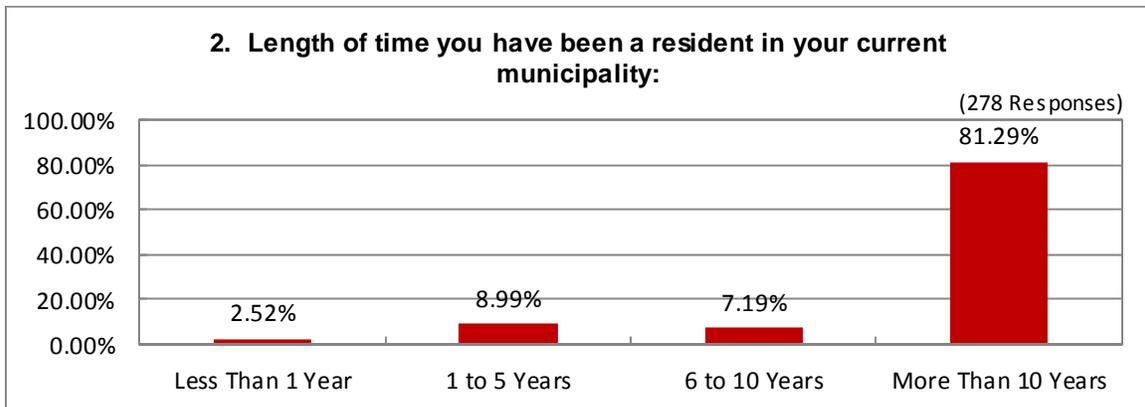
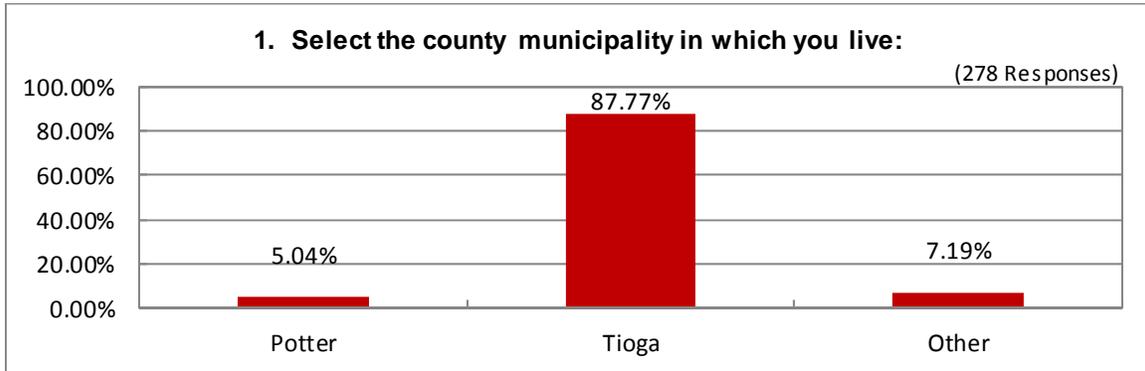
What is your assessment of health resources? Any particular comment on Hospital? _____

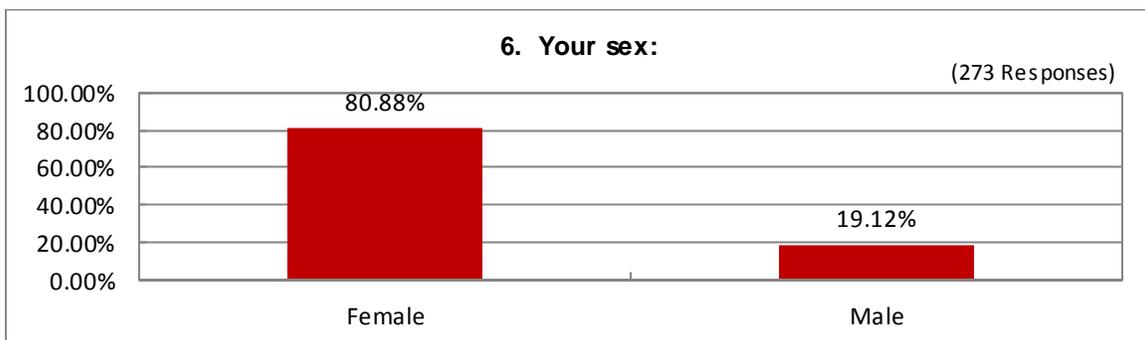
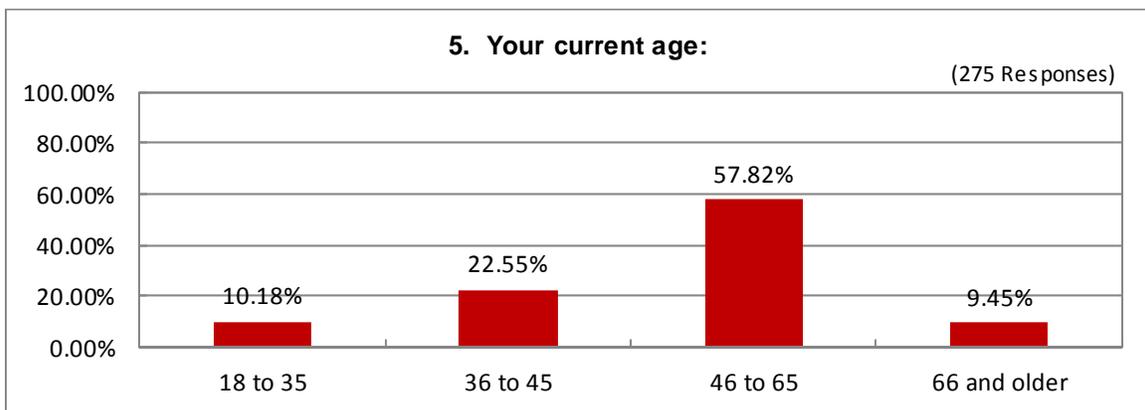
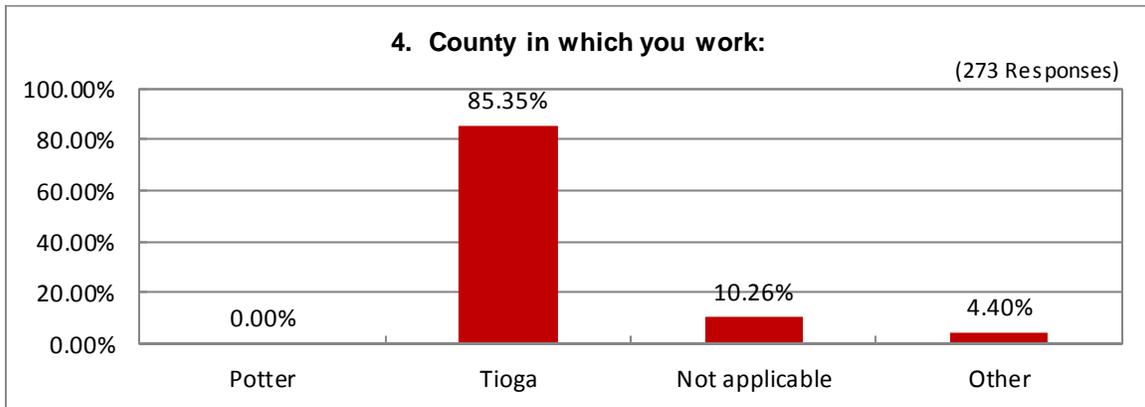


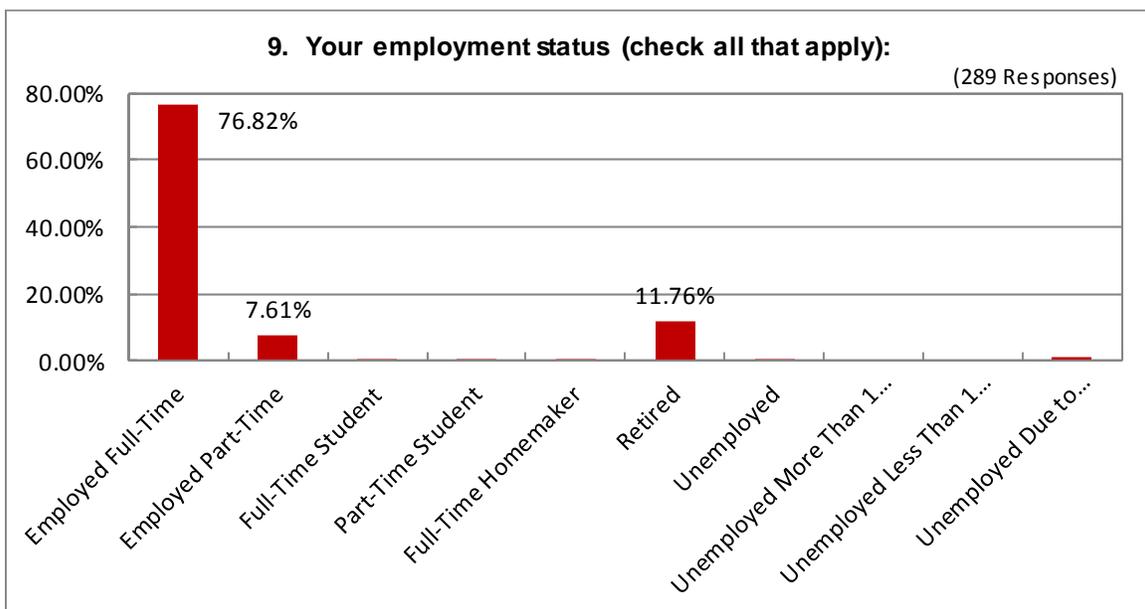
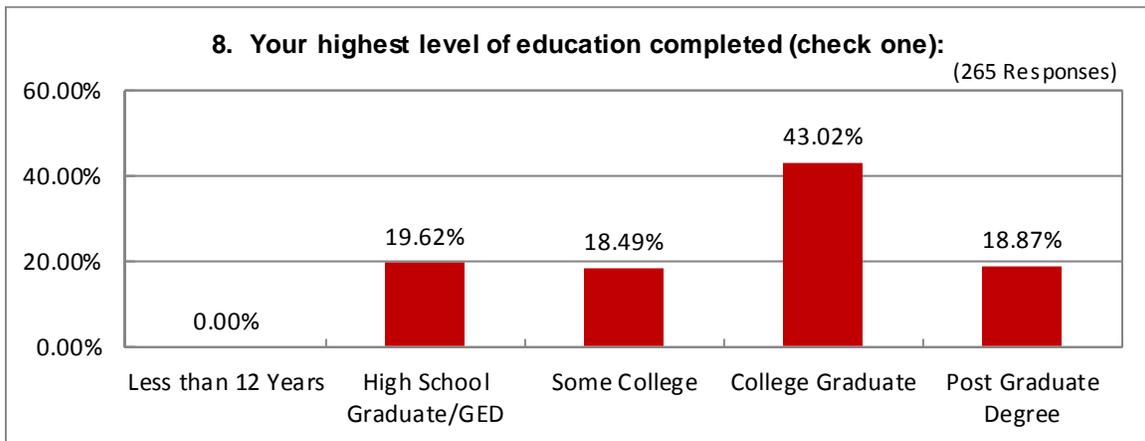
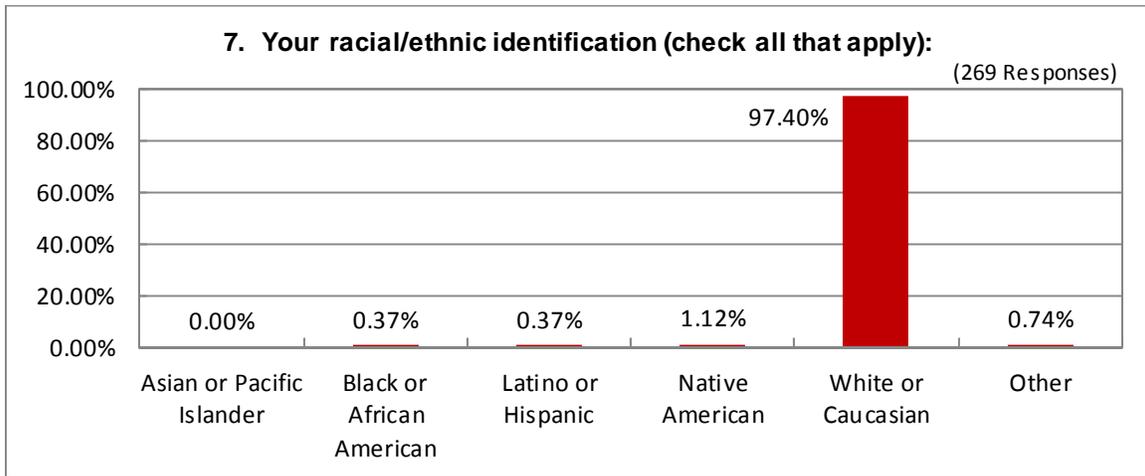
Susquehanna Health
Soldiers + Sailors Memorial Hospital

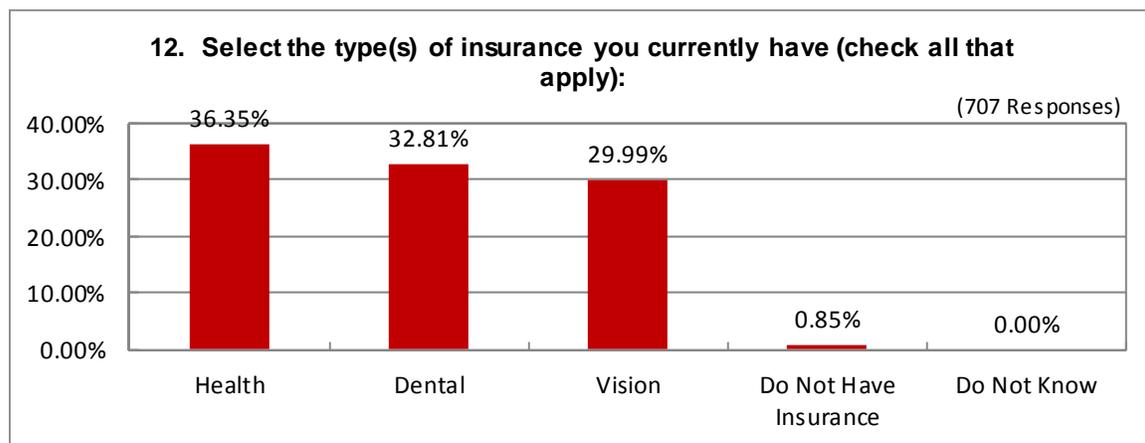
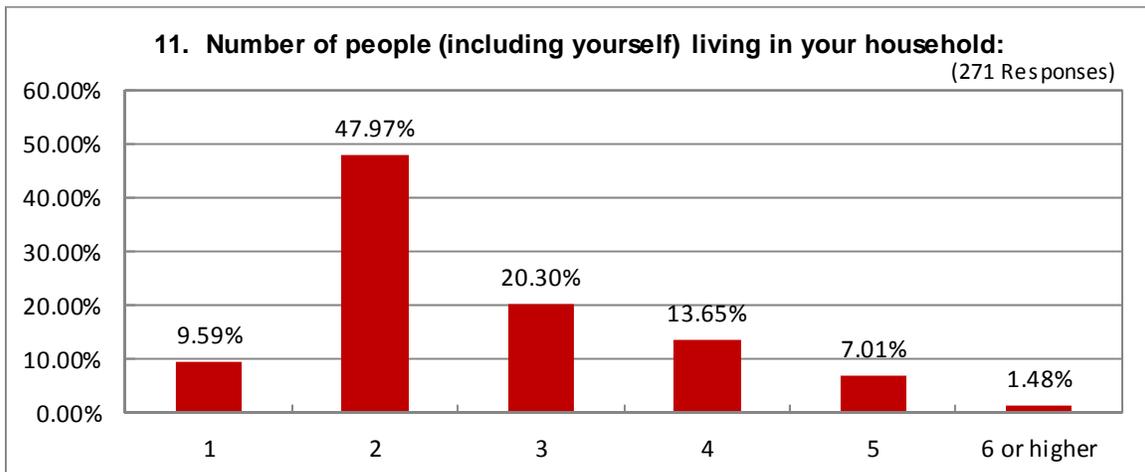
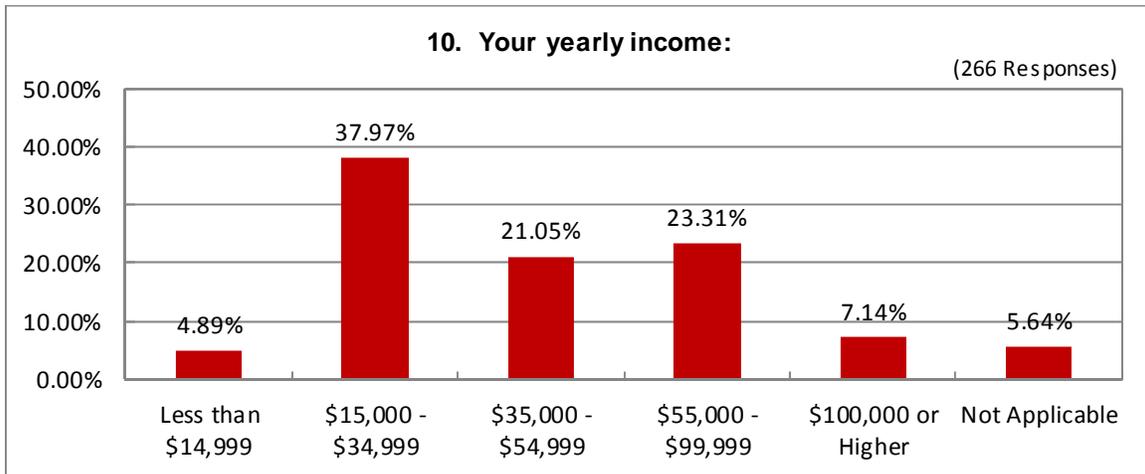
Community Health Needs Assessment 2013

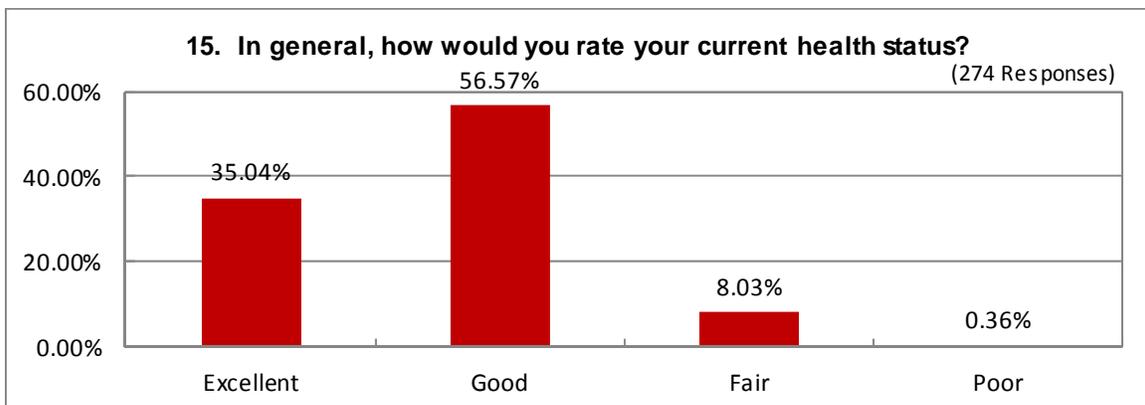
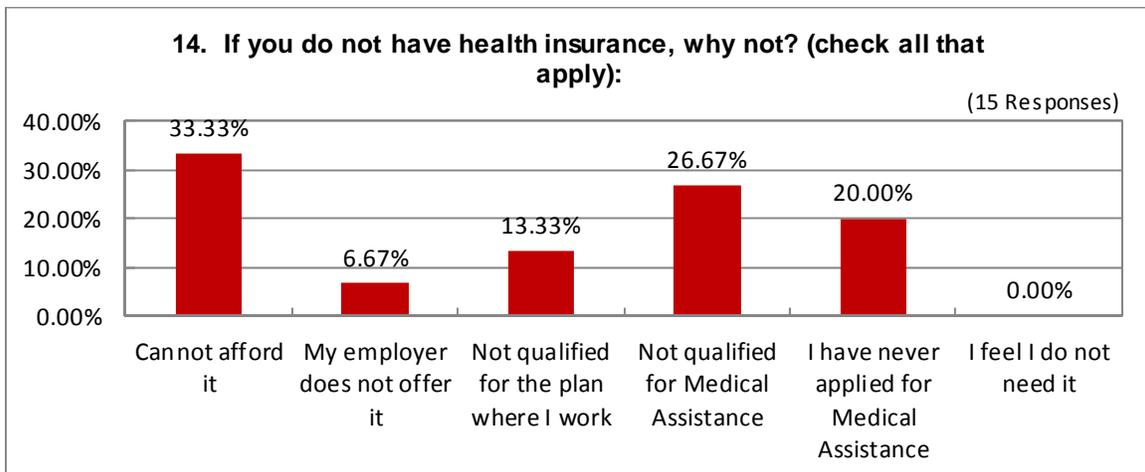
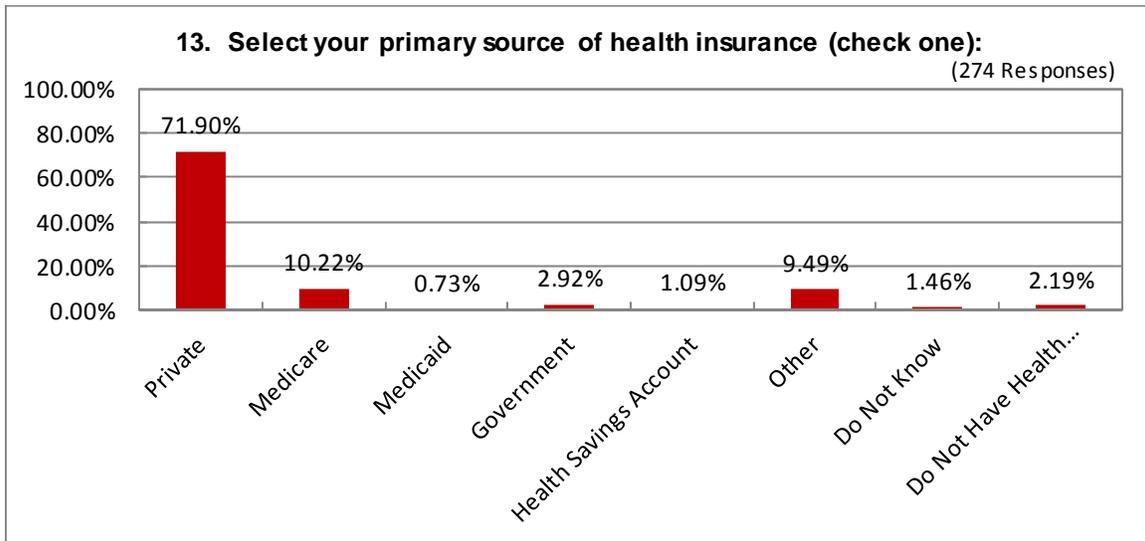
COMMUNITY HEALTH INPUT QUESTIONNAIRE DETAIL RESULTS

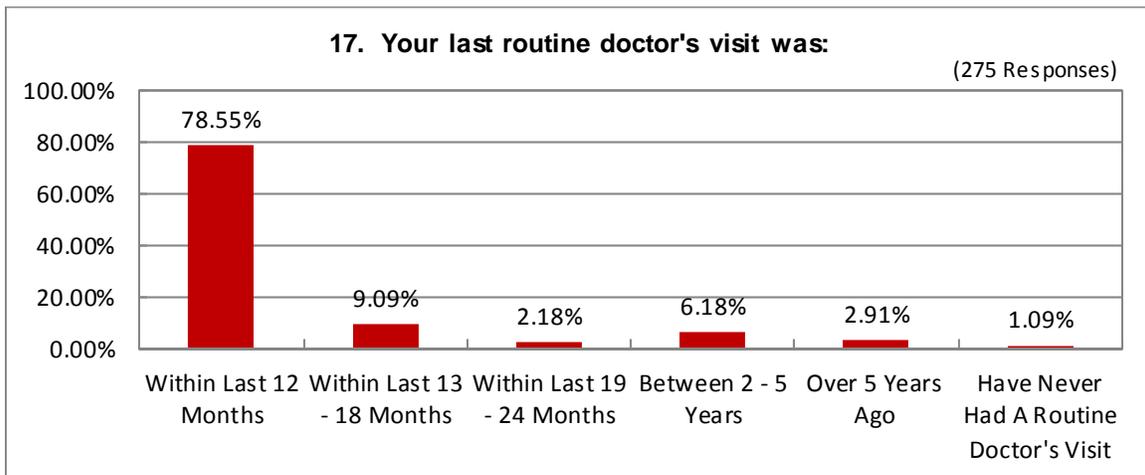
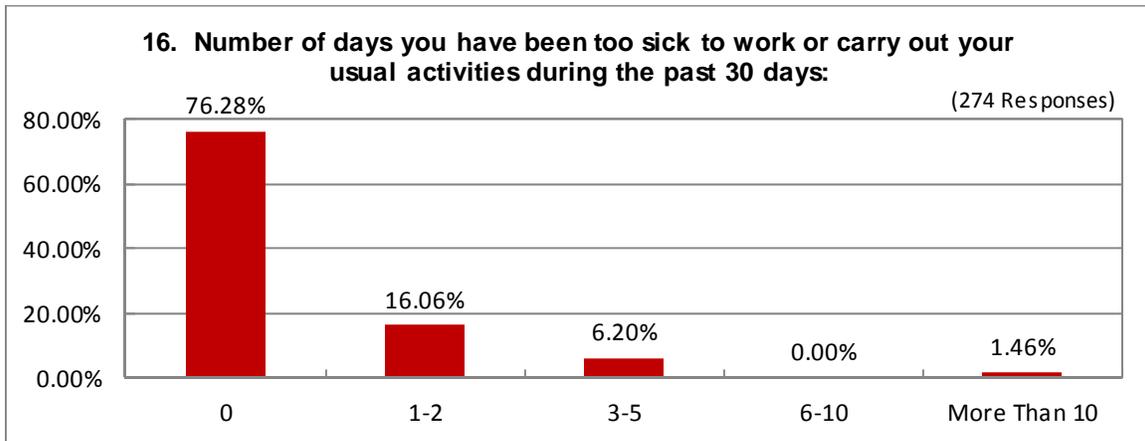


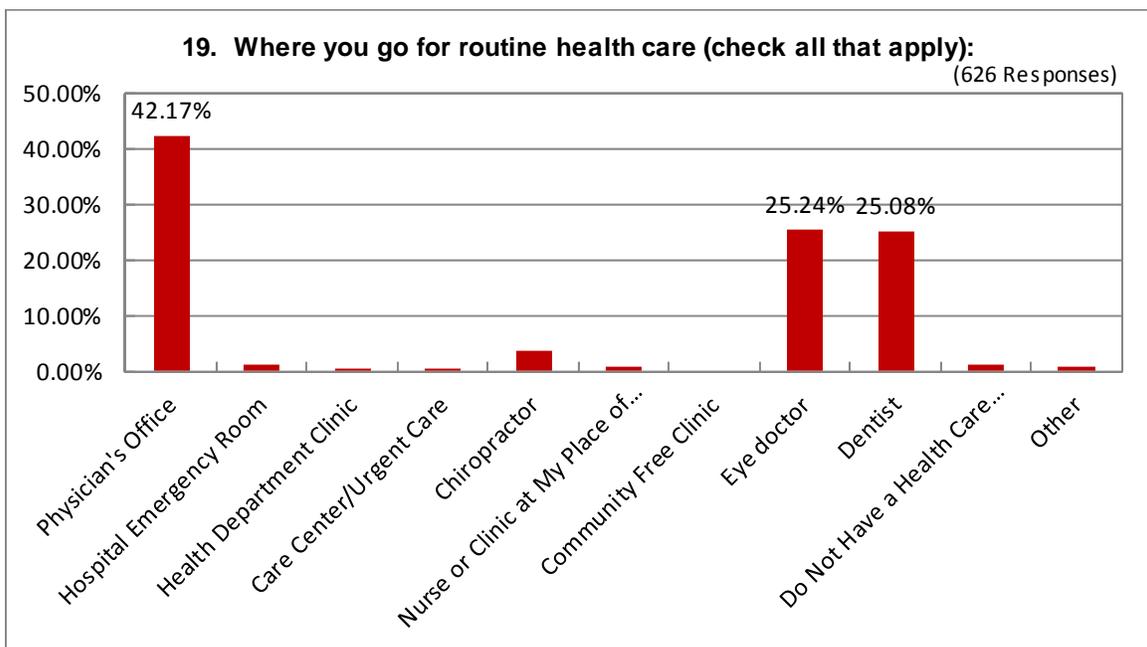
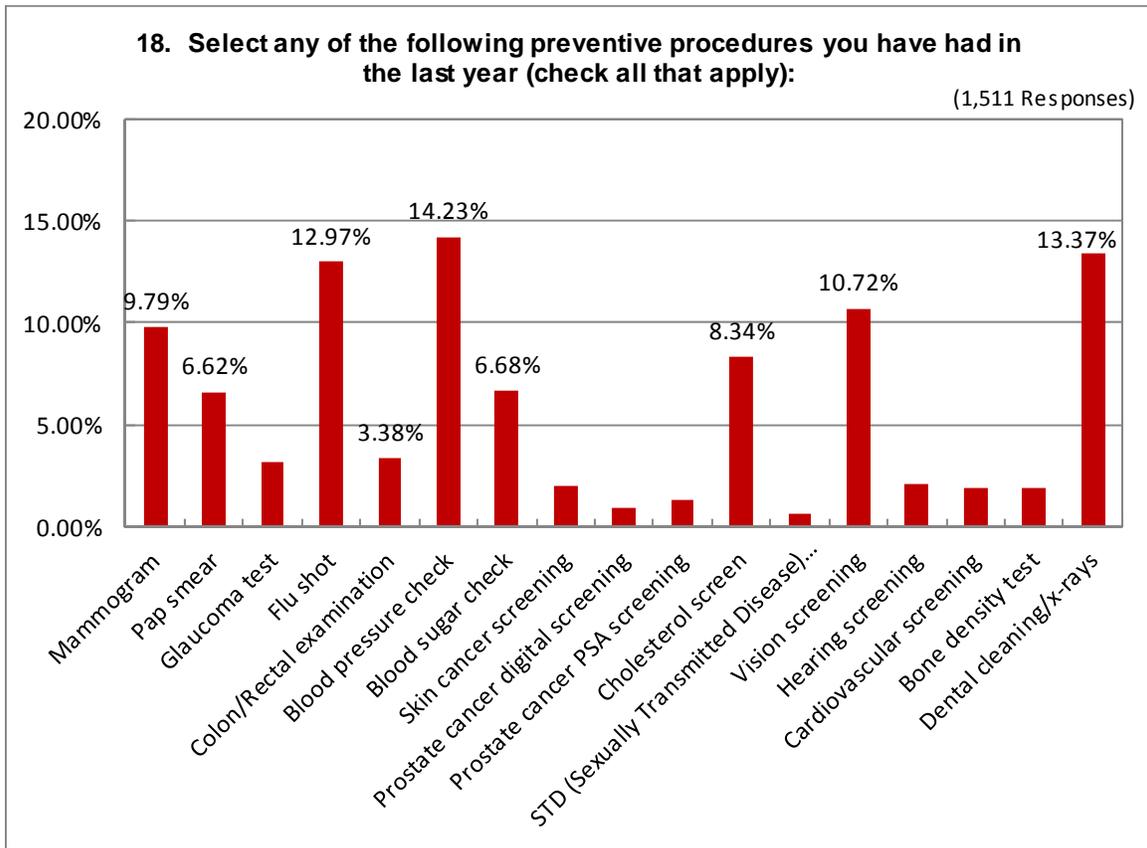


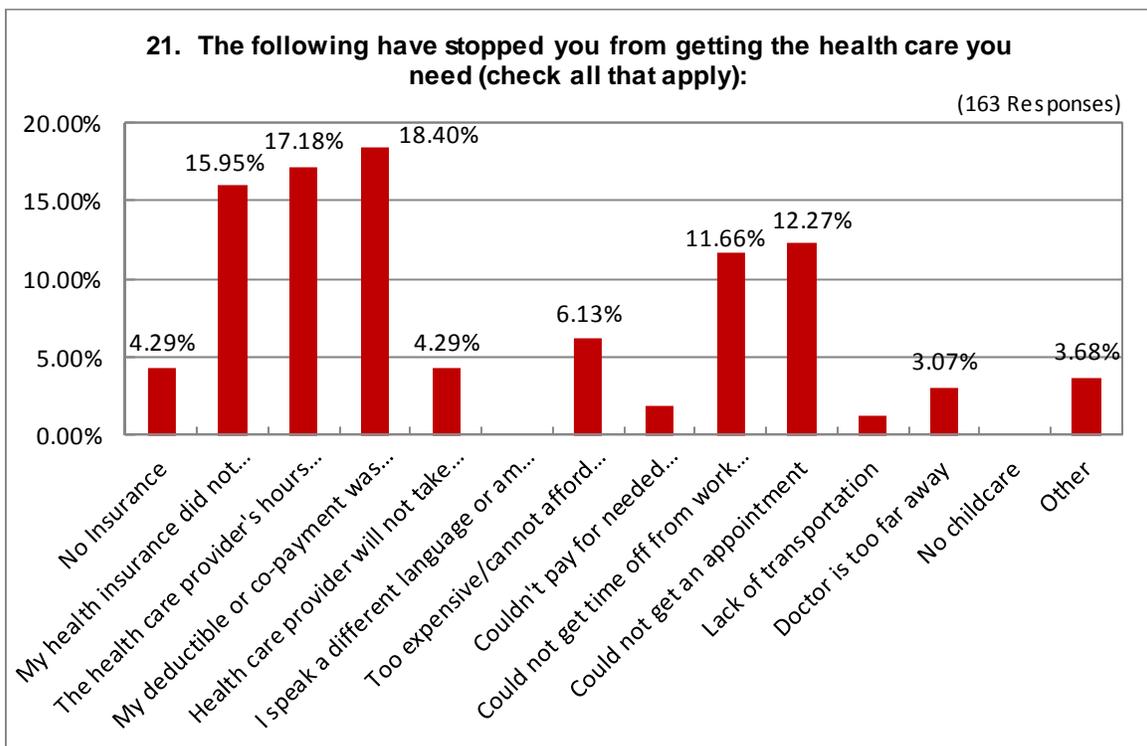
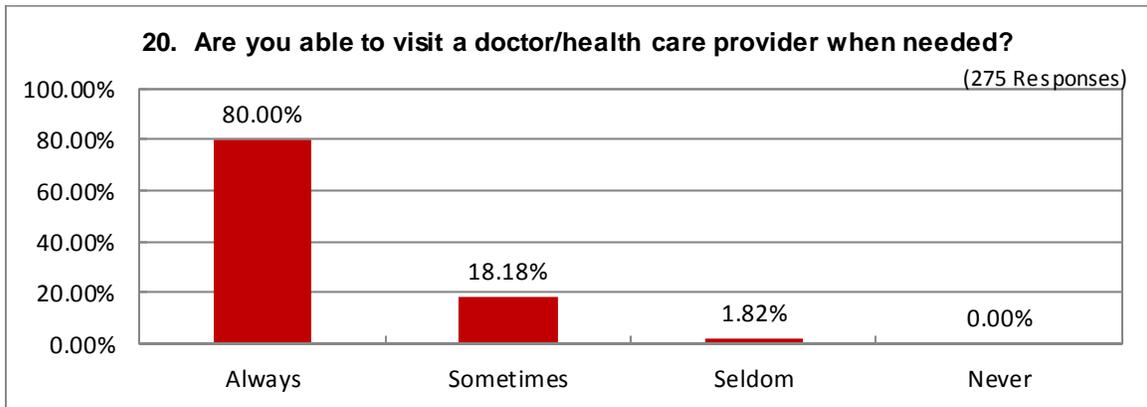


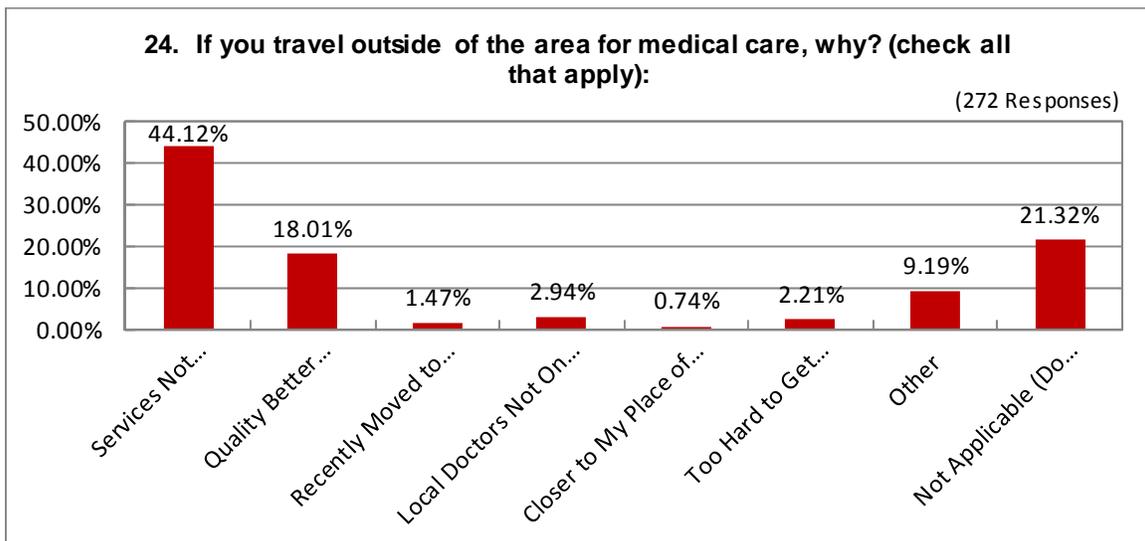
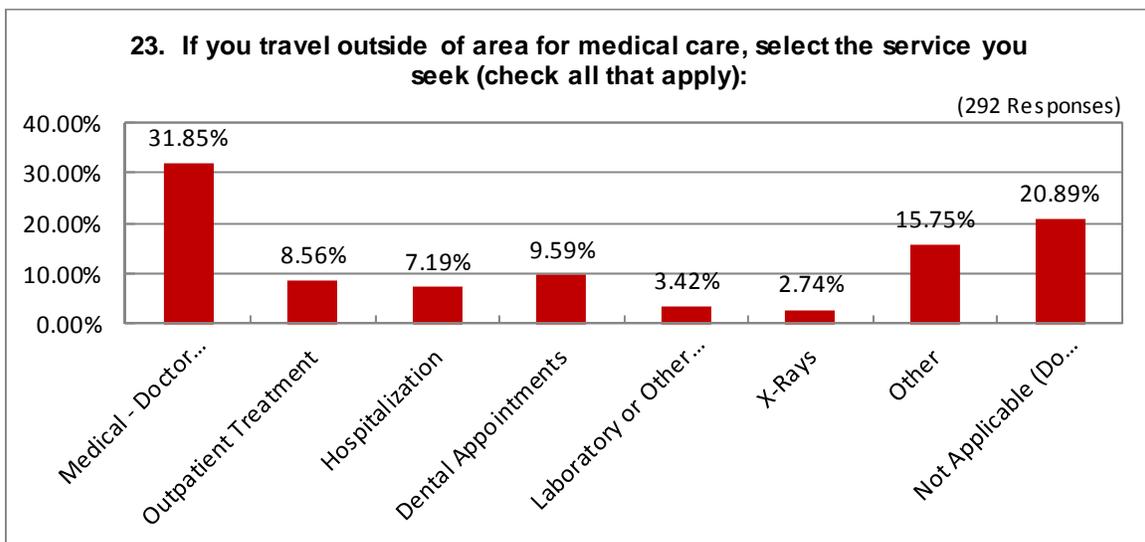
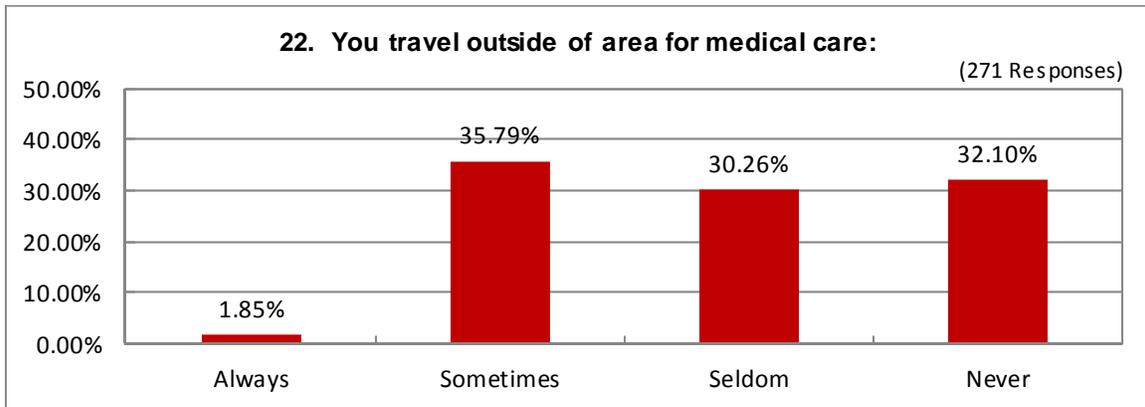


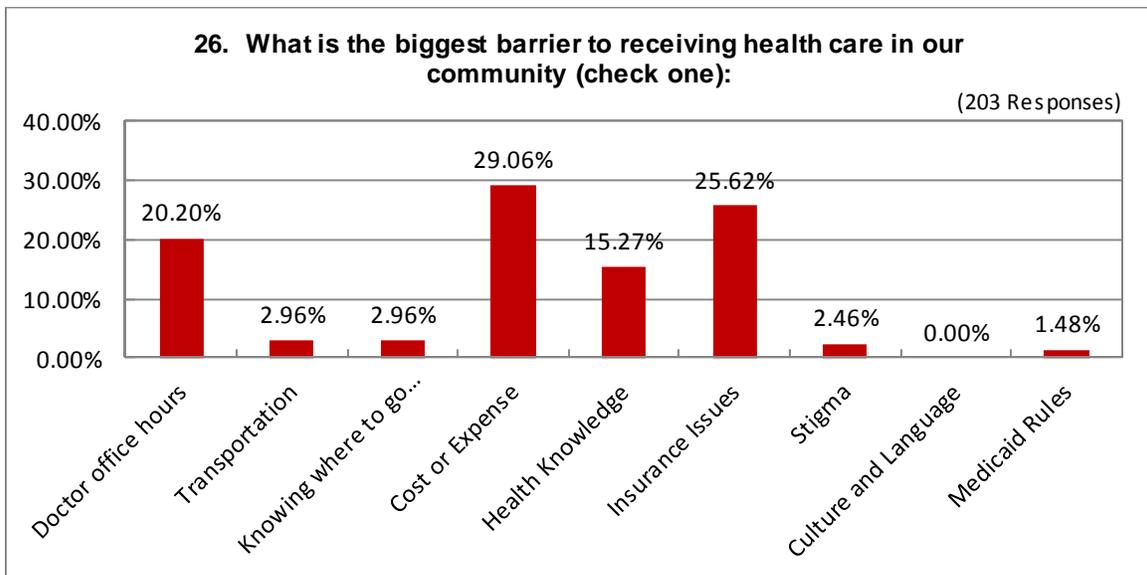
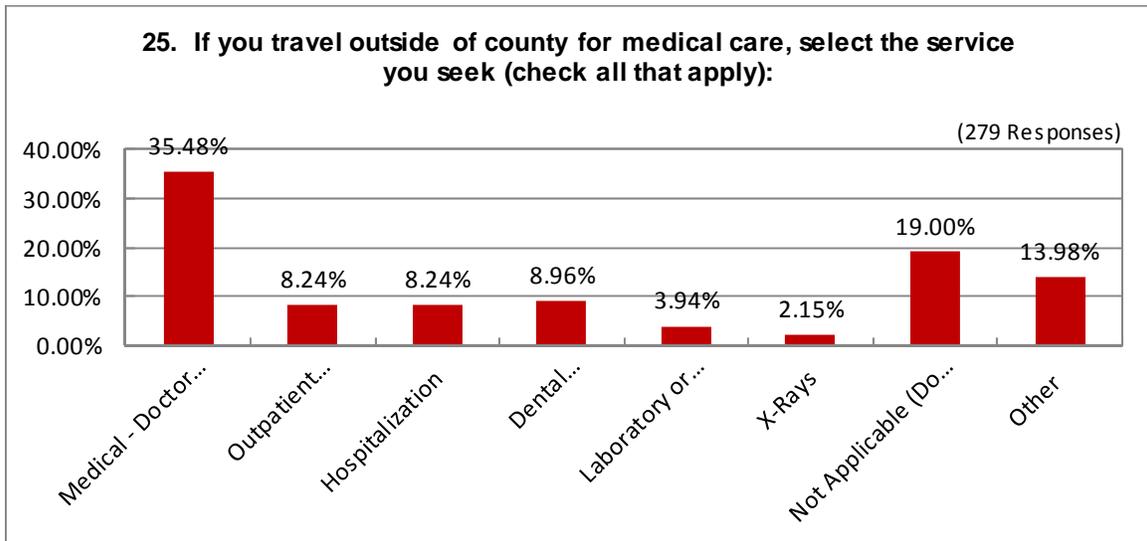


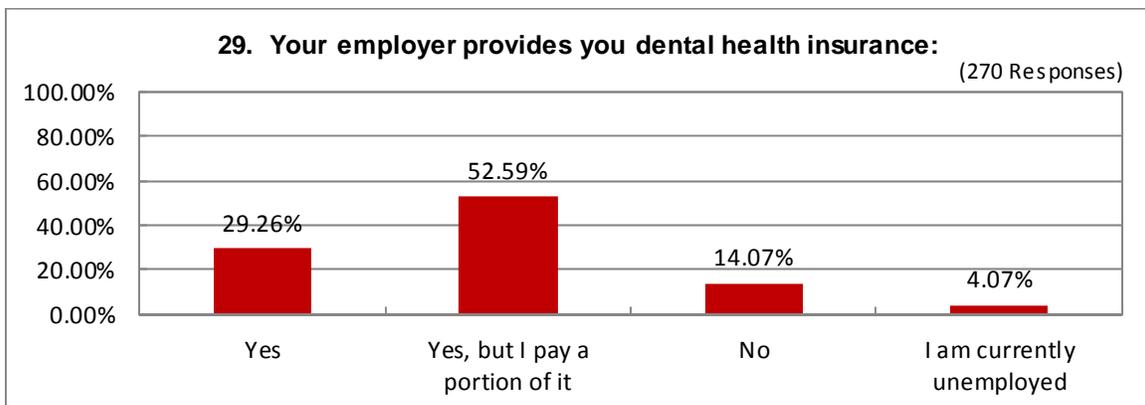
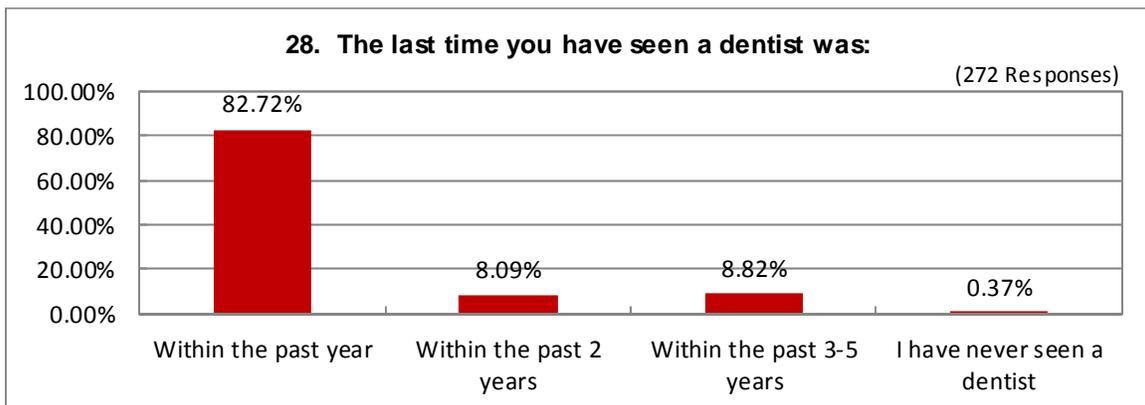
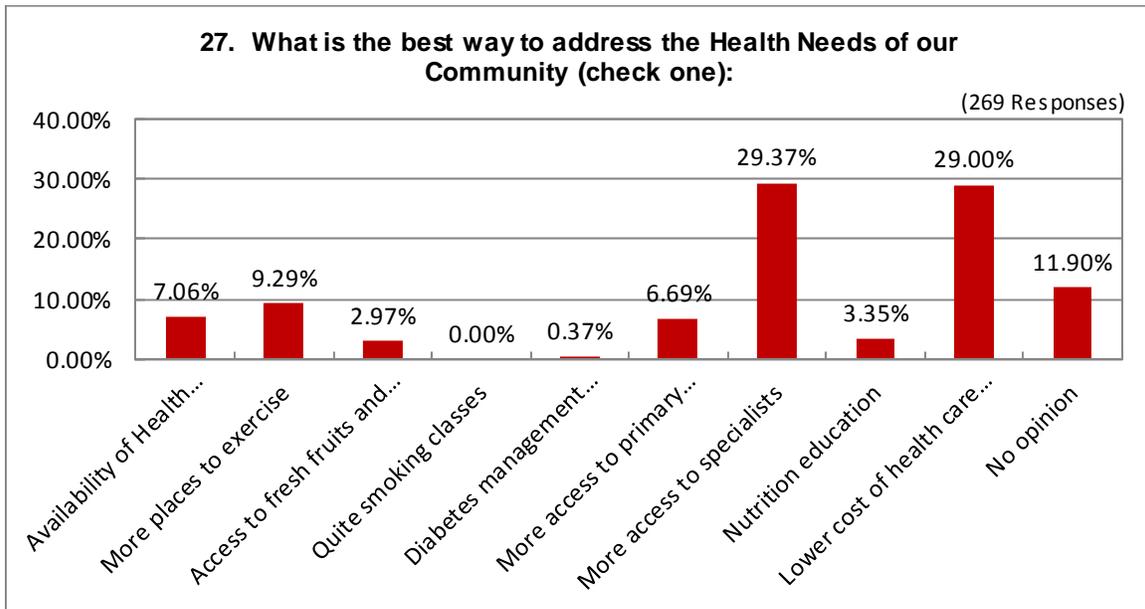


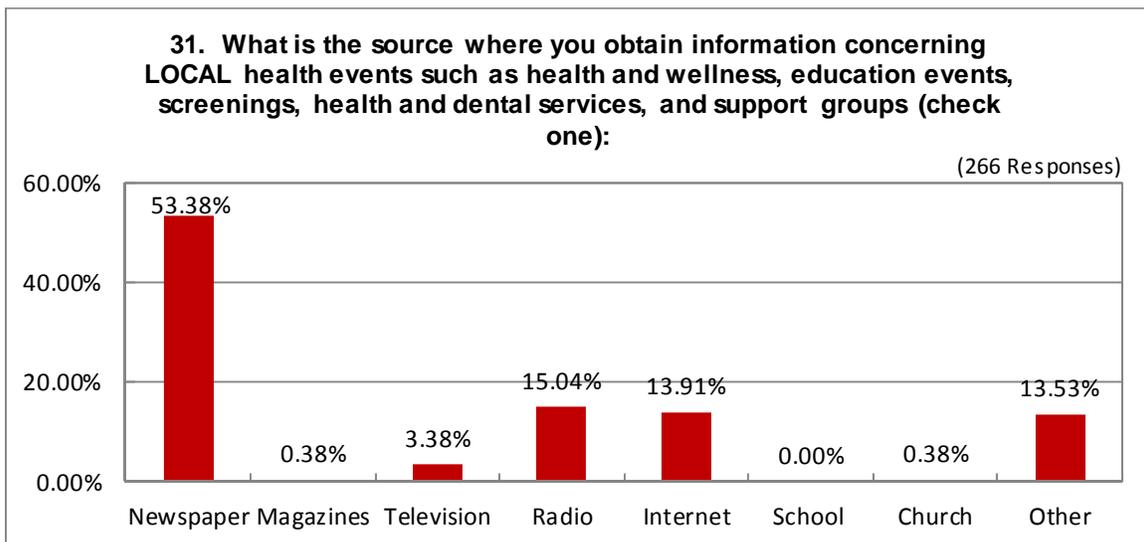
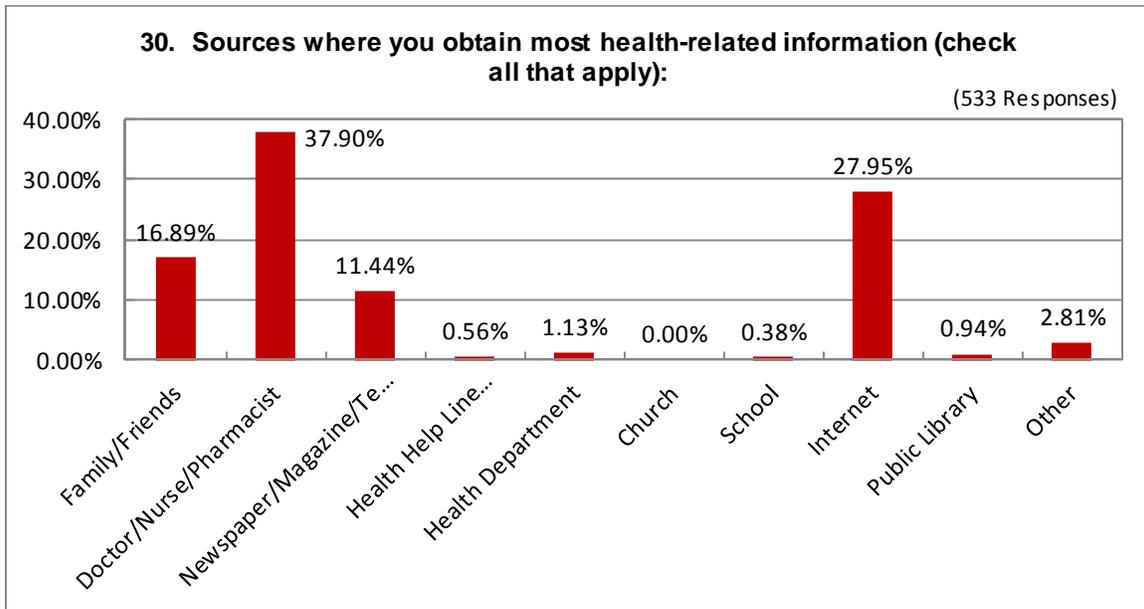


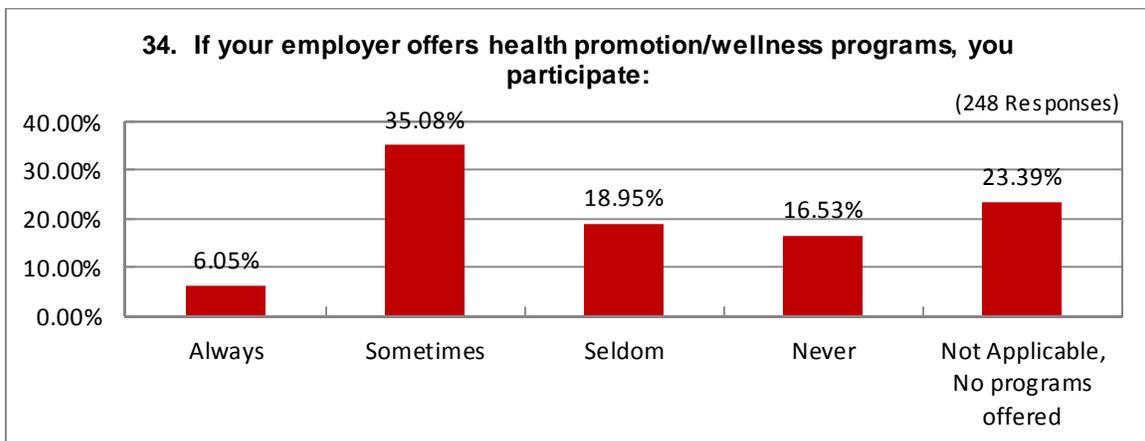
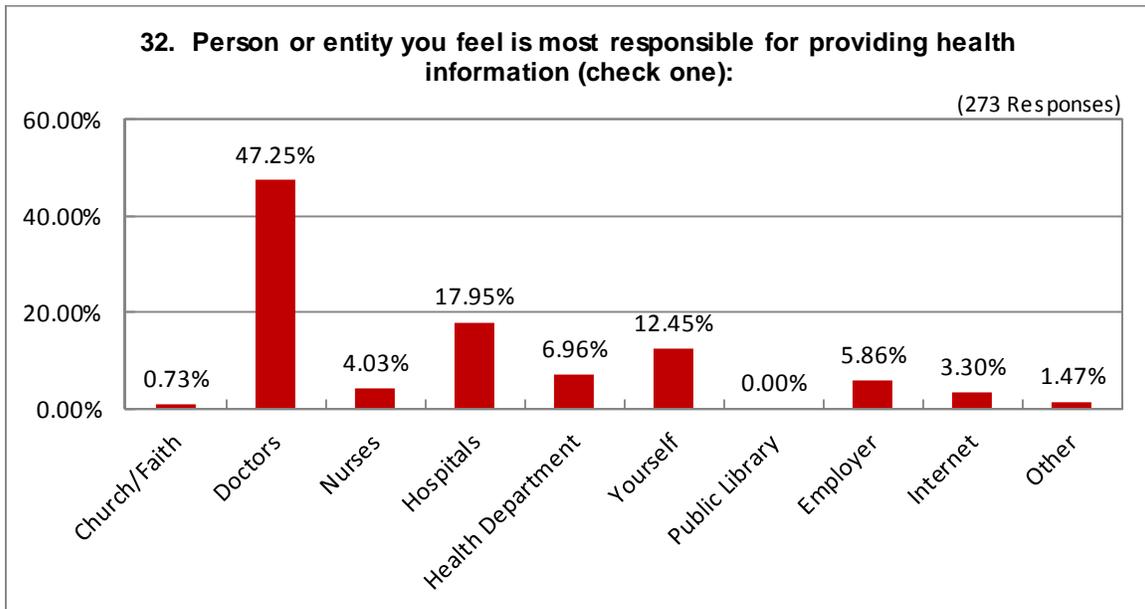


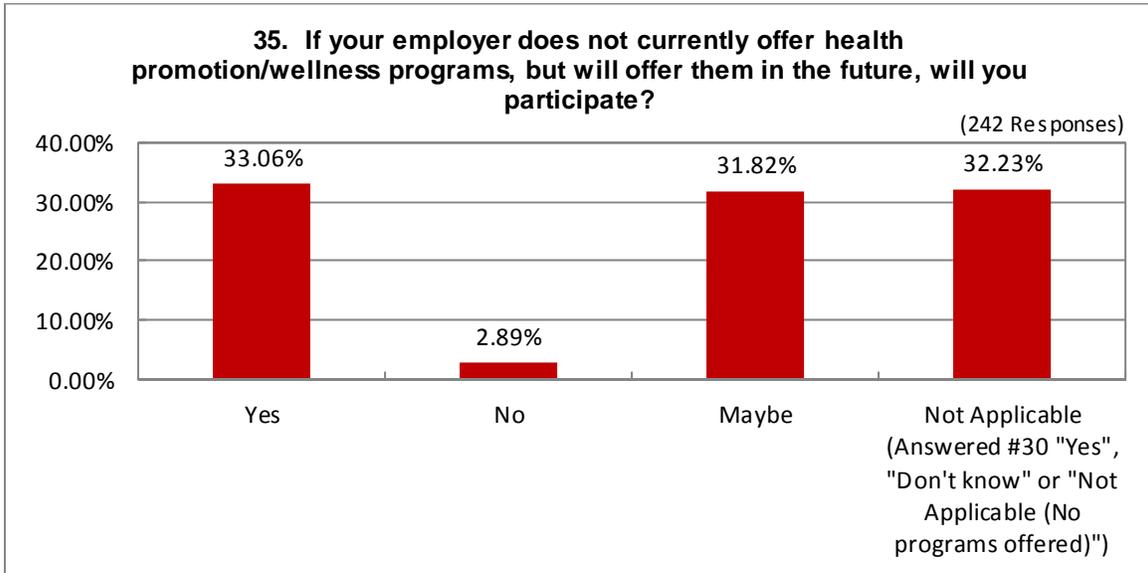


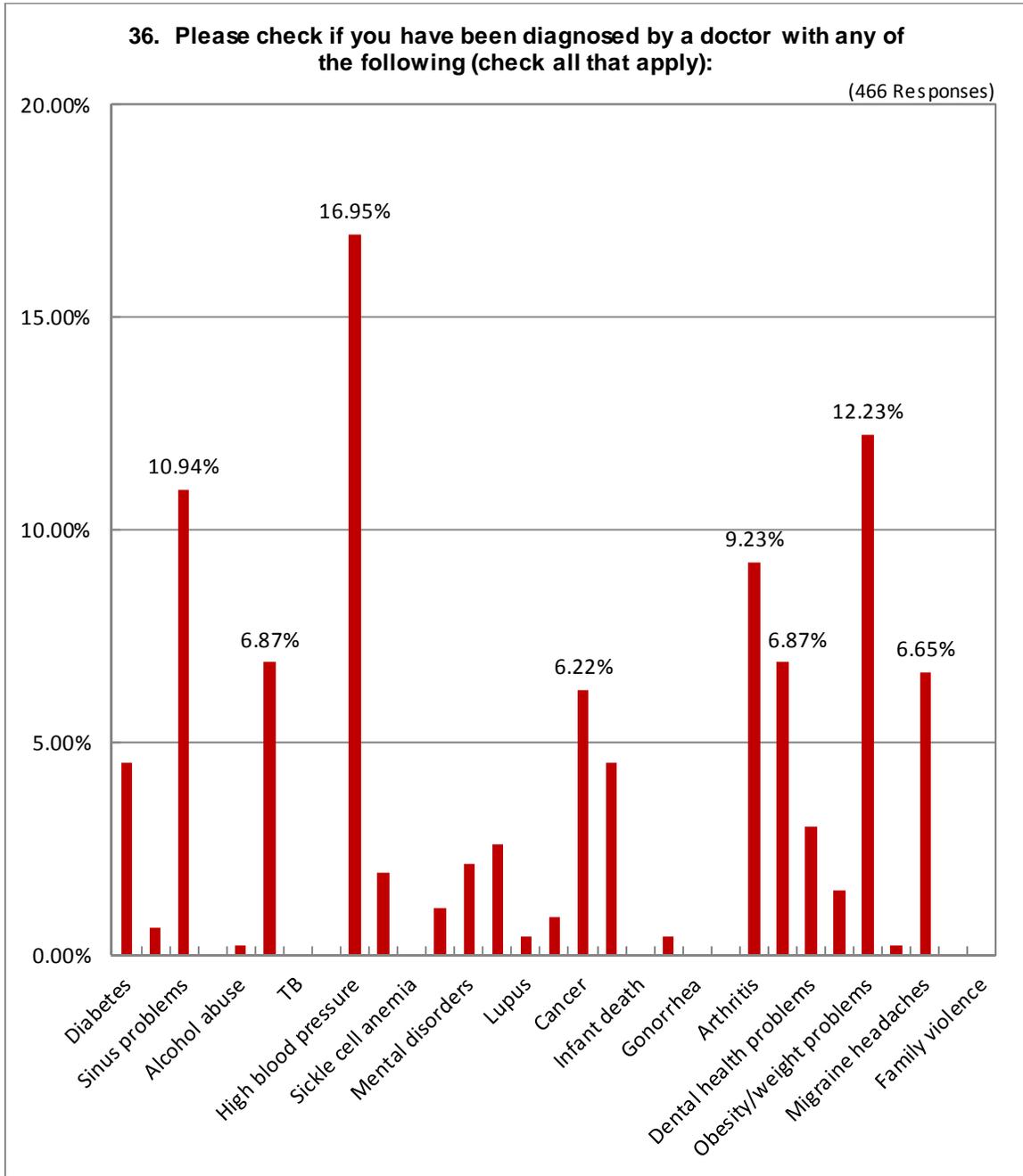






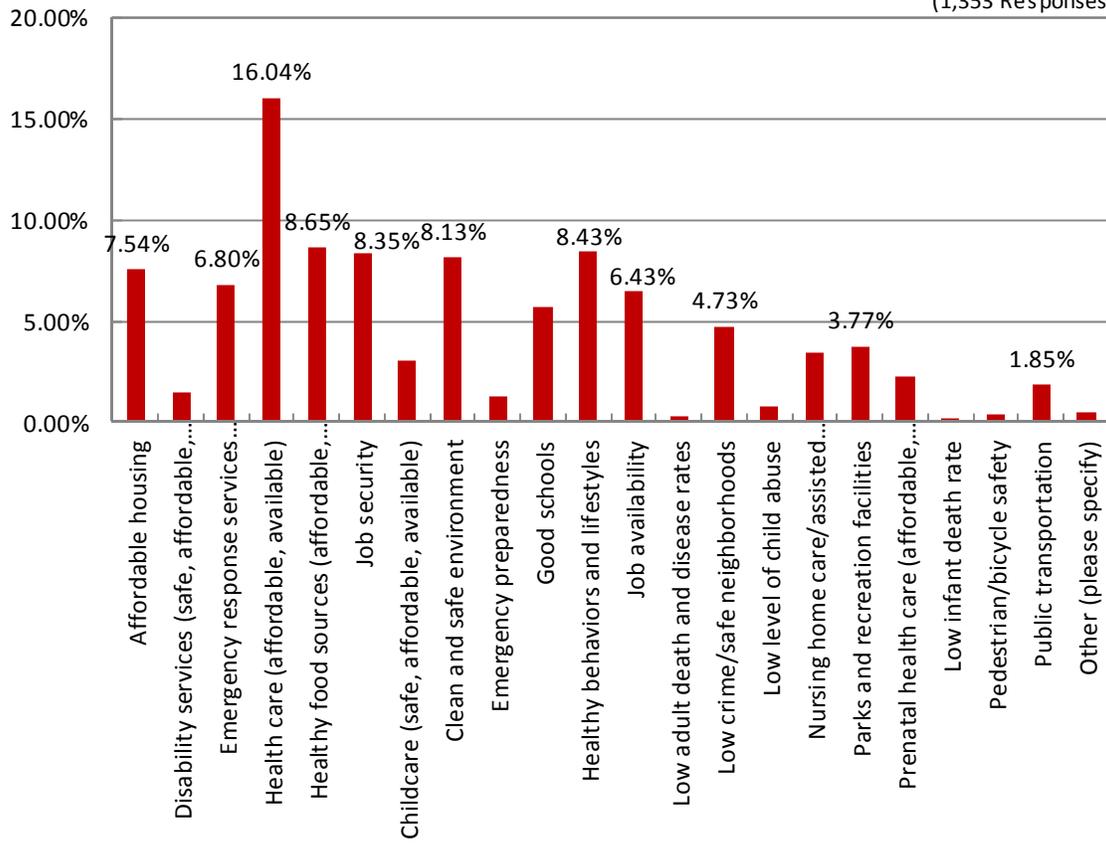






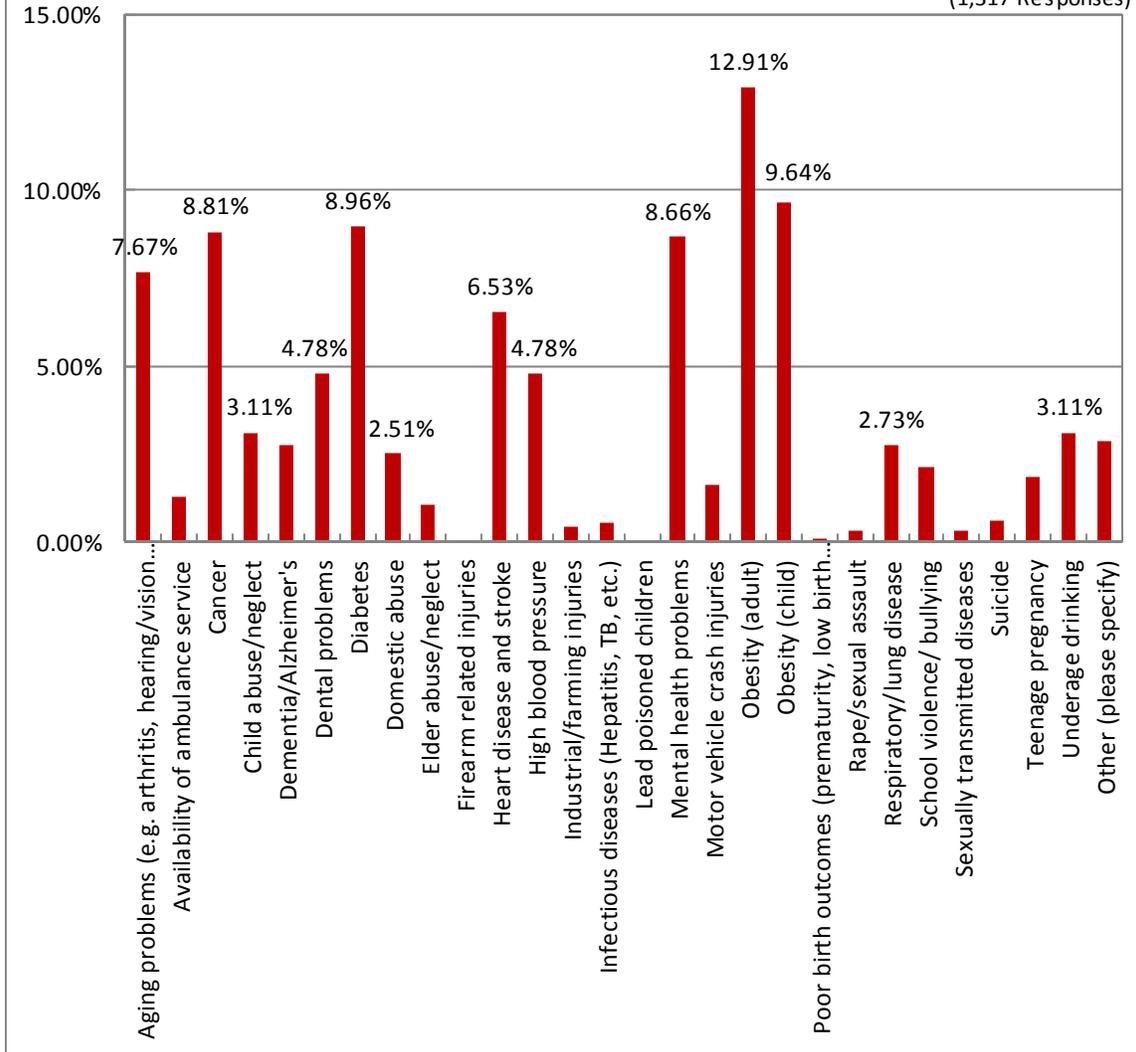
37. In the following list, please mark what you think are the FIVE MOST IMPORTANT FACTORS FOR A "HEALTHY COMMUNITY". (Those factors that most improve the quality of life in a community). CHECK ONLY FIVE:

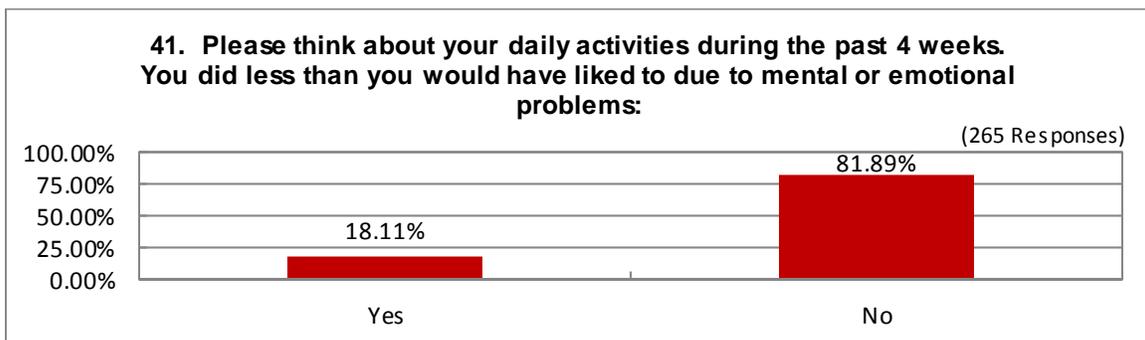
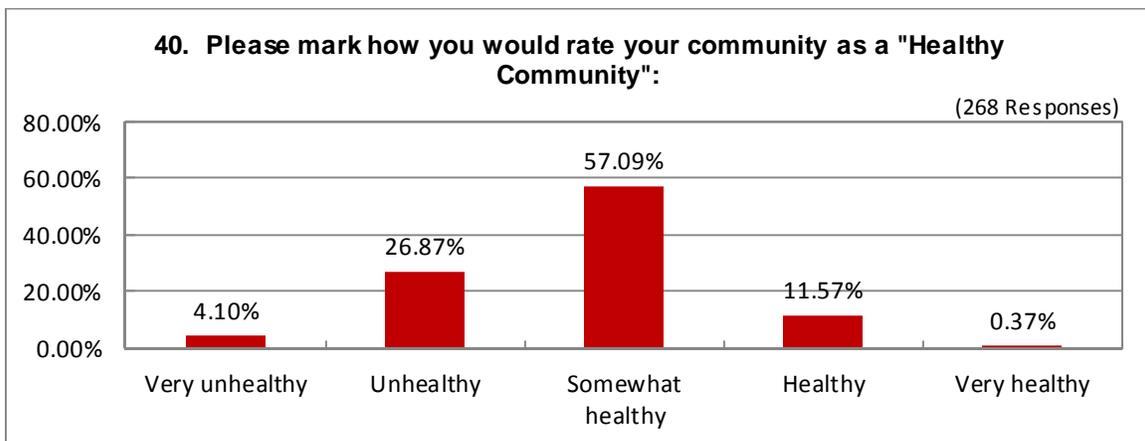
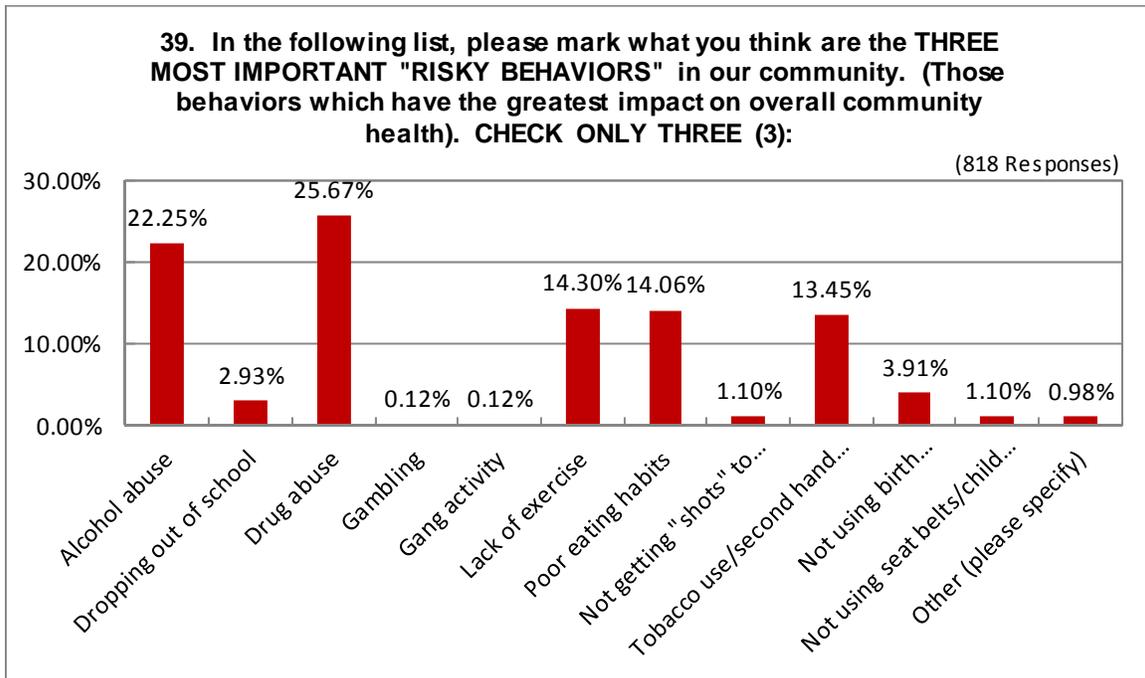
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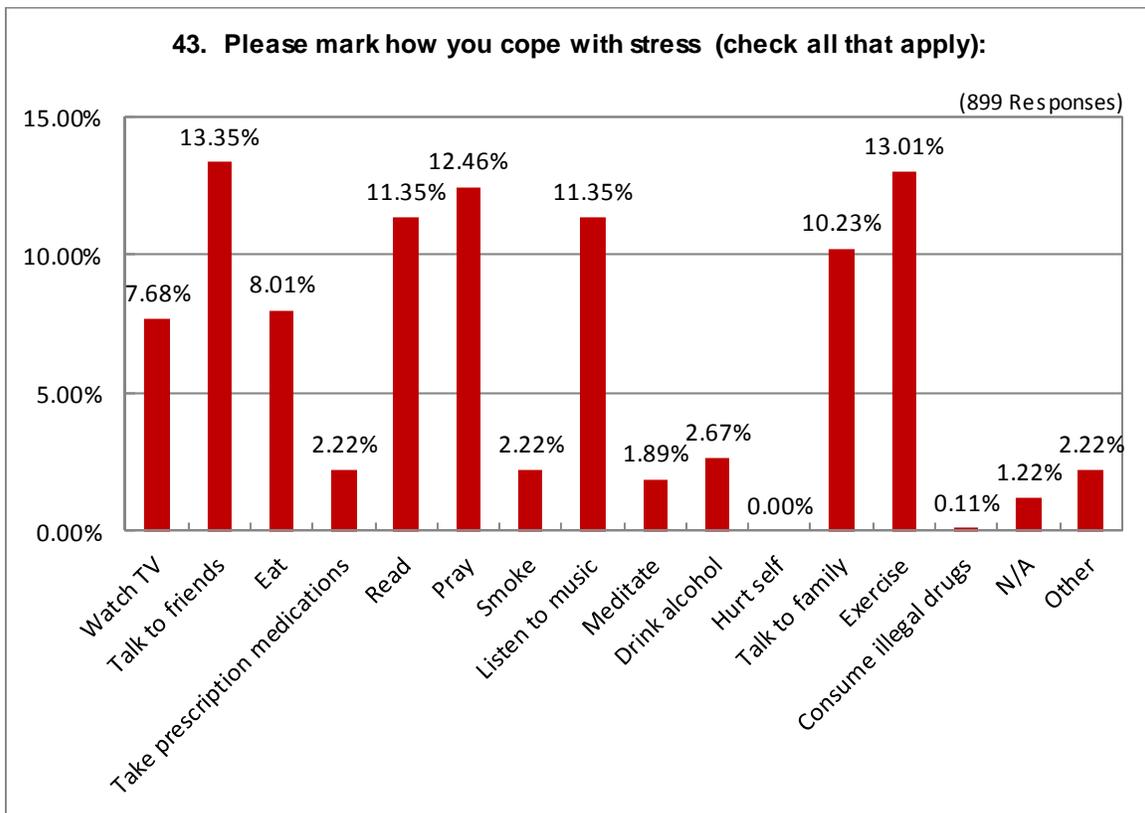
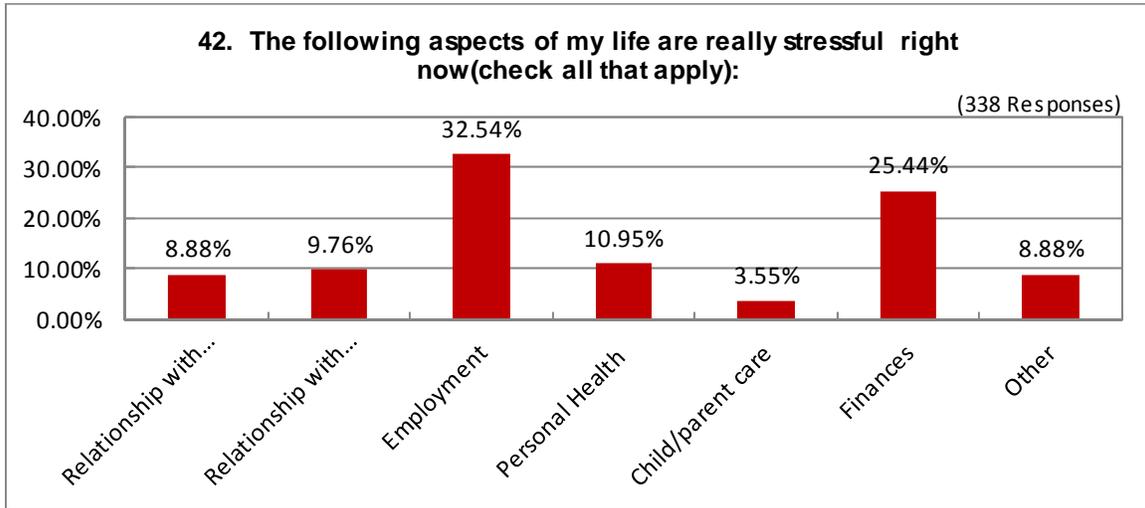


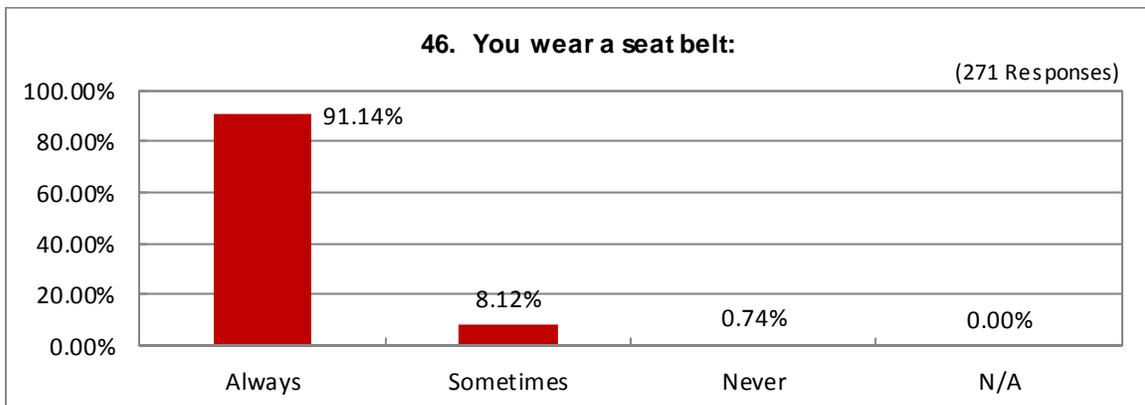
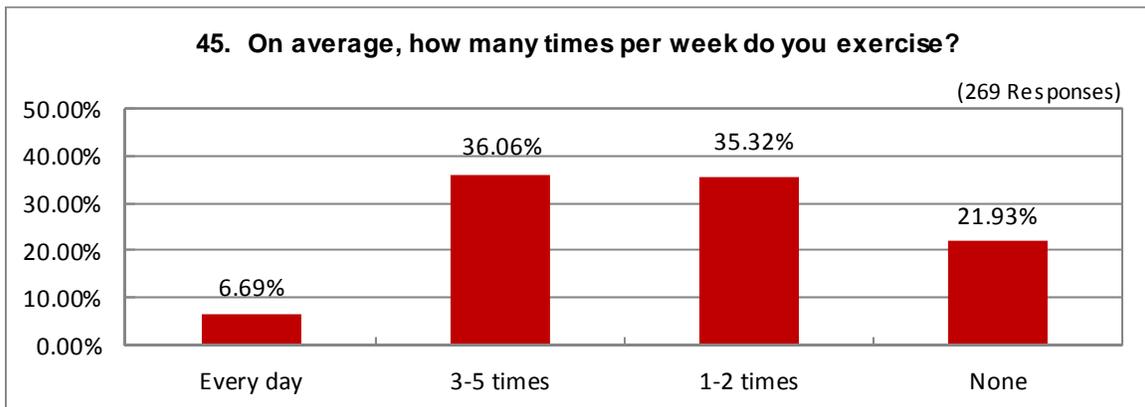
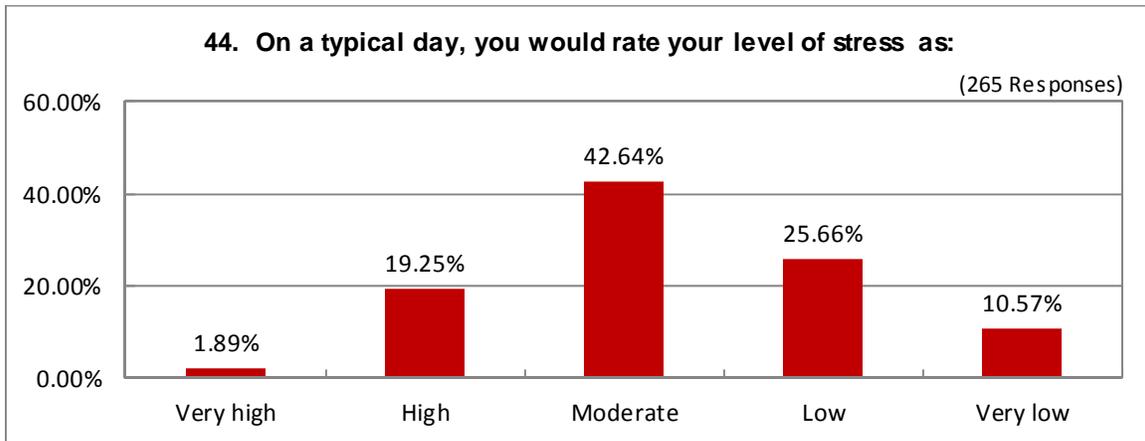
38. In the following list, please mark what you think are the FIVE MOST IMPORTANT "HEALTH PROBLEMS" in our community. (Those problems which have the greatest impact on overall community health). CHECK ONLY FIVE:

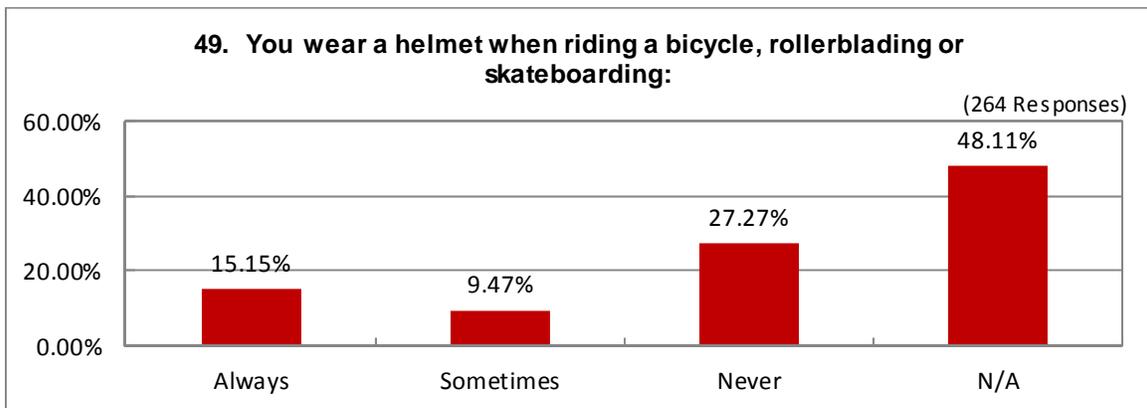
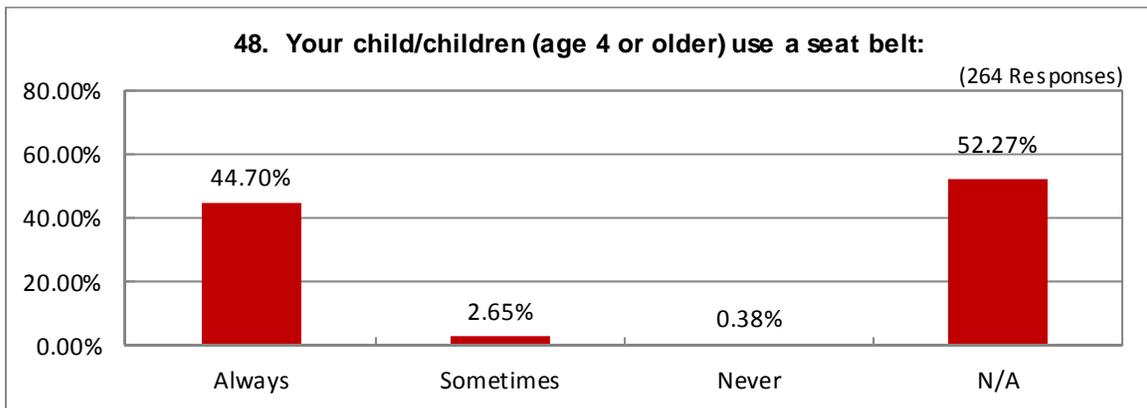
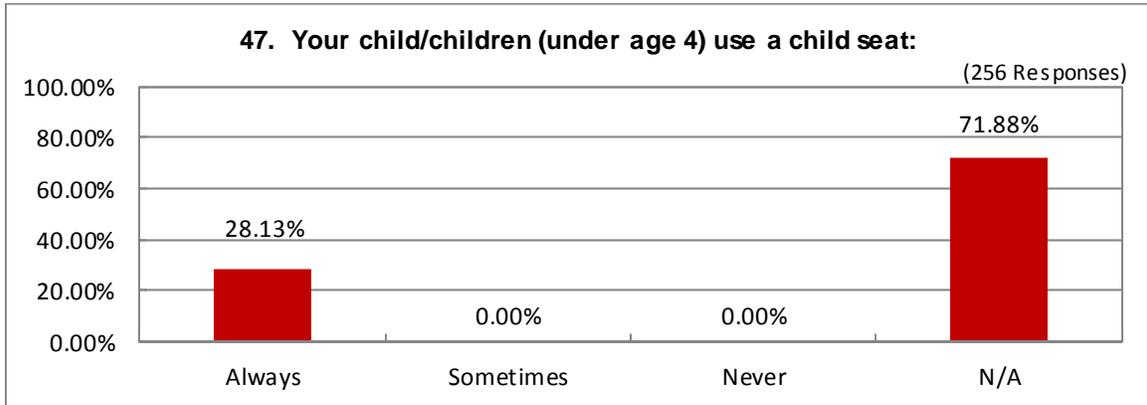
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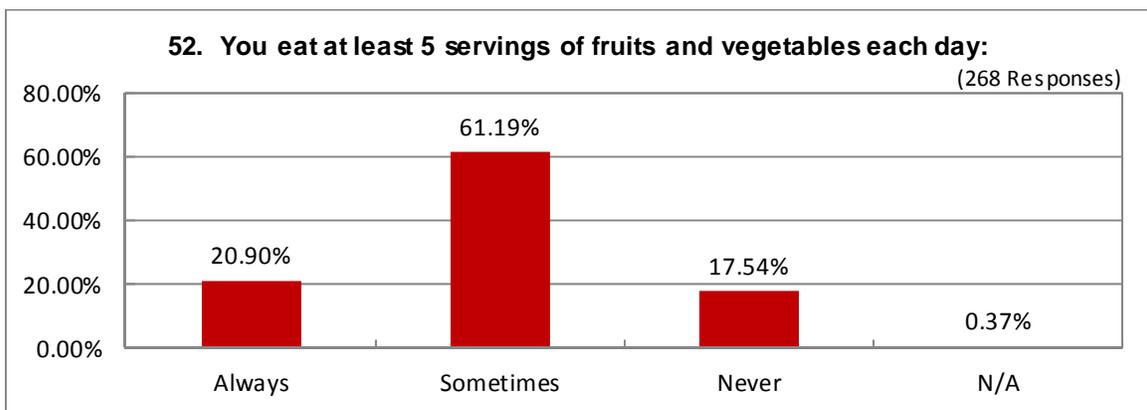
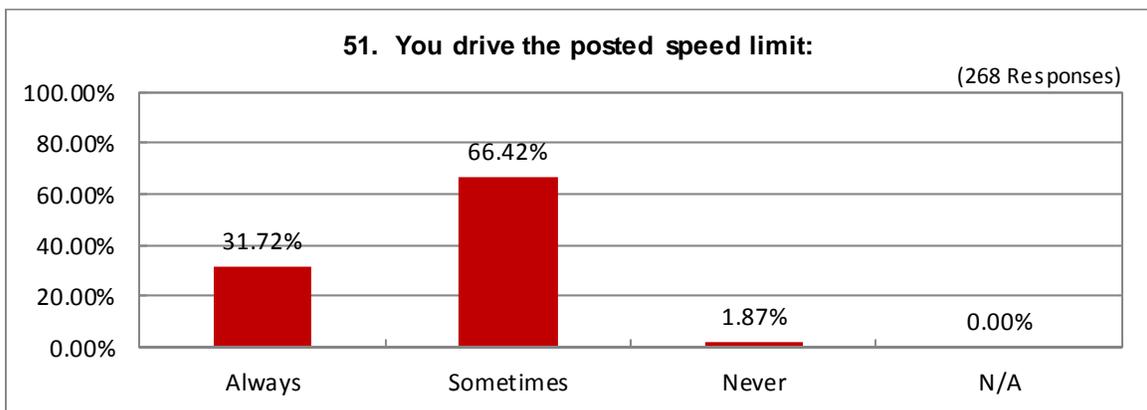
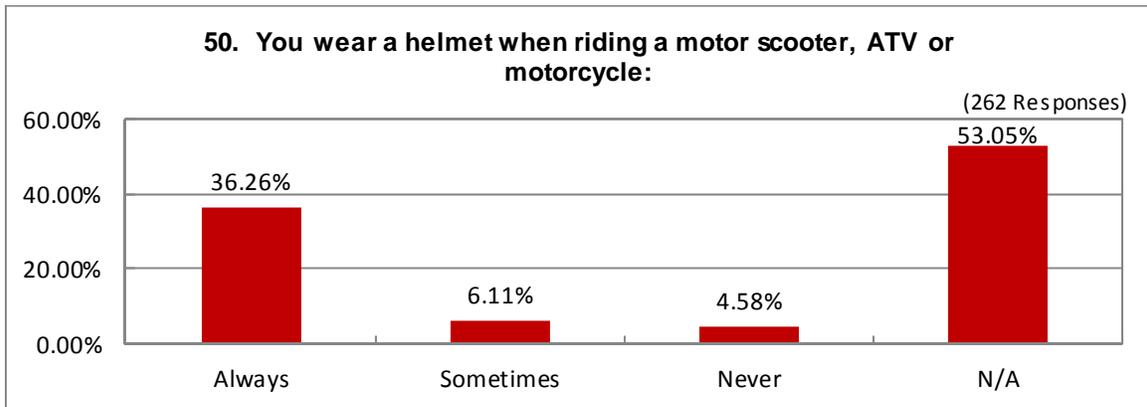


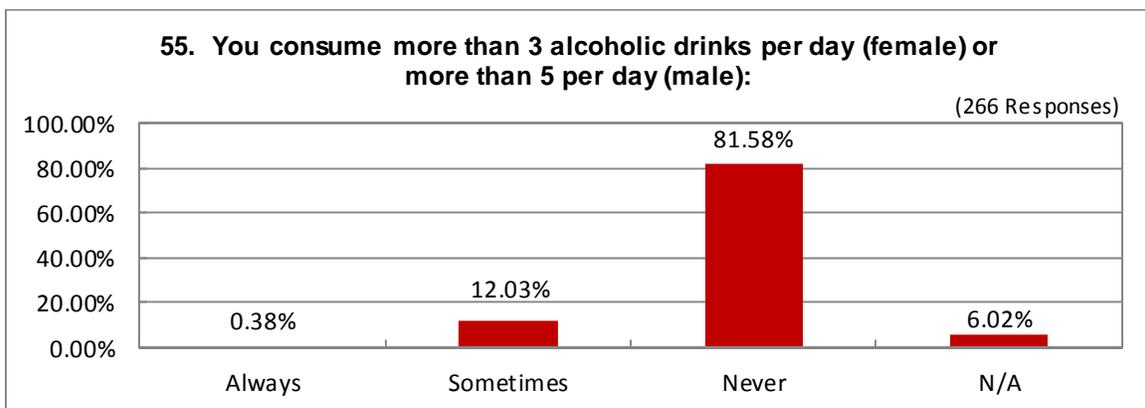
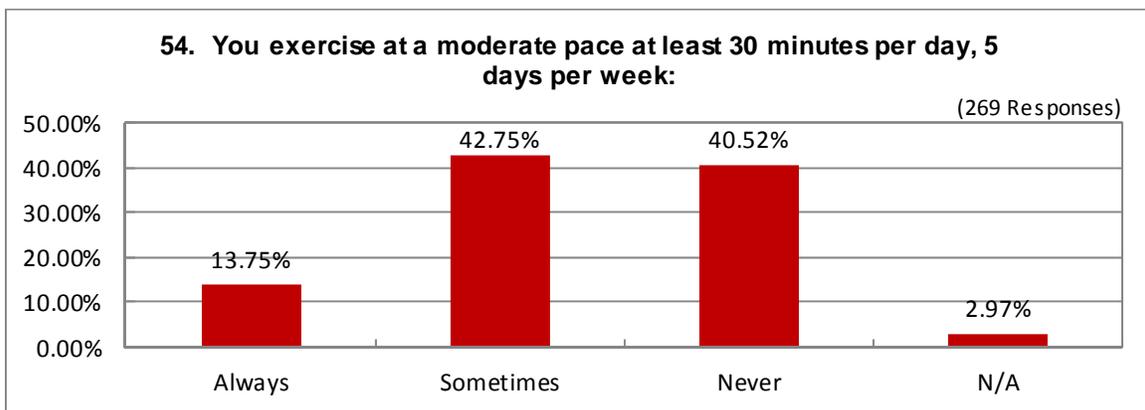
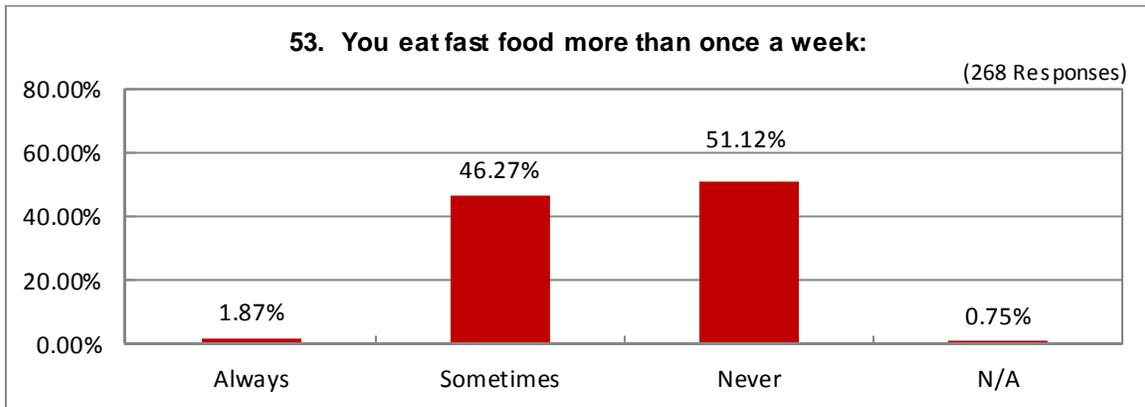


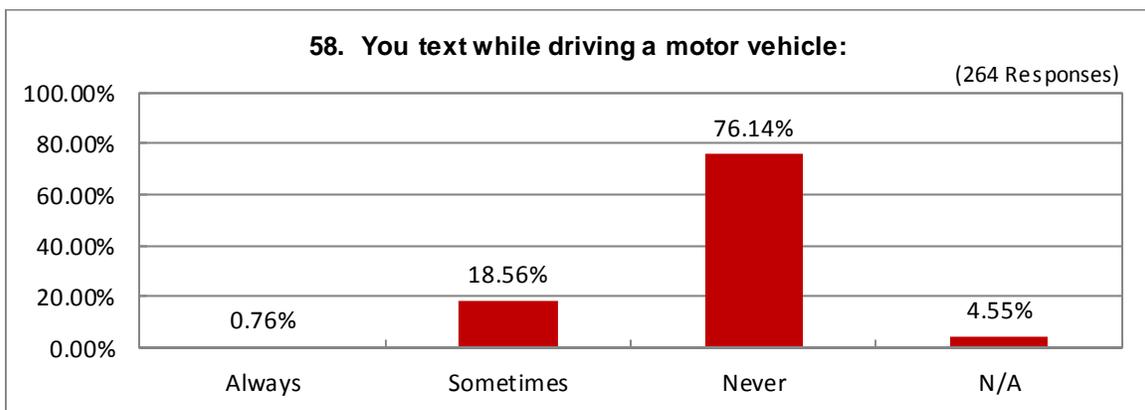
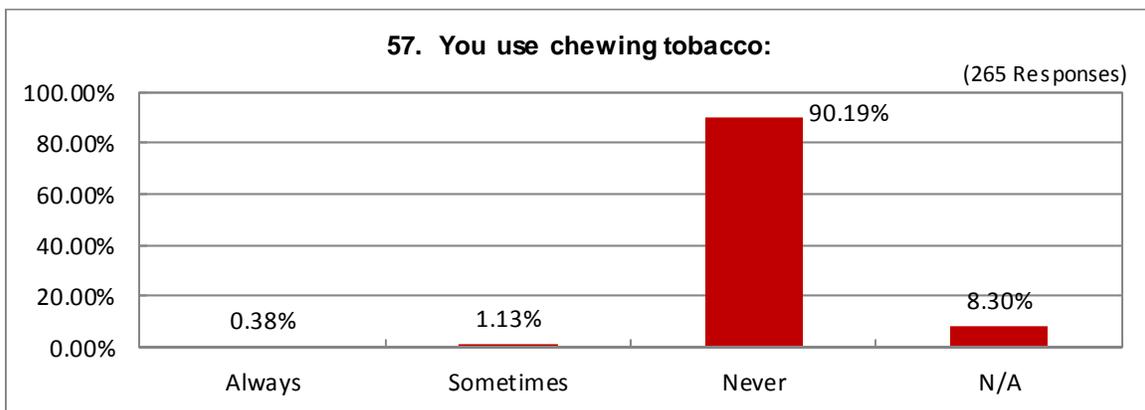
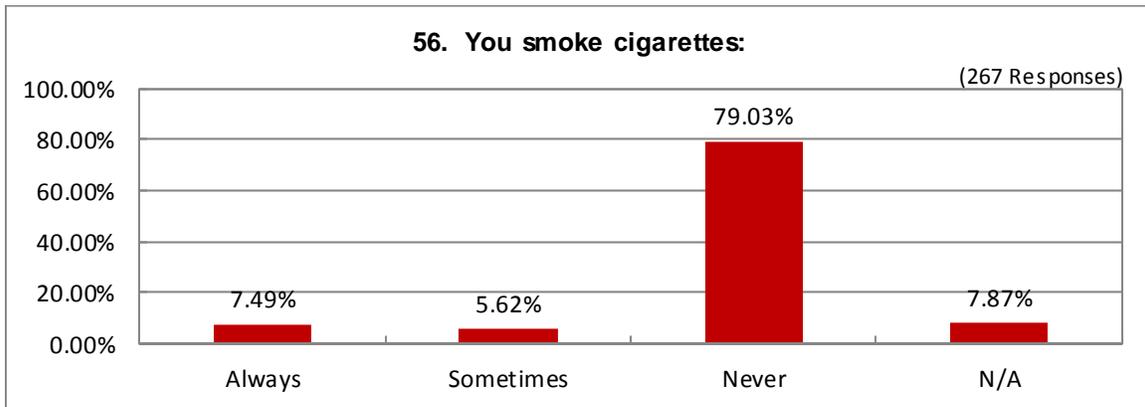


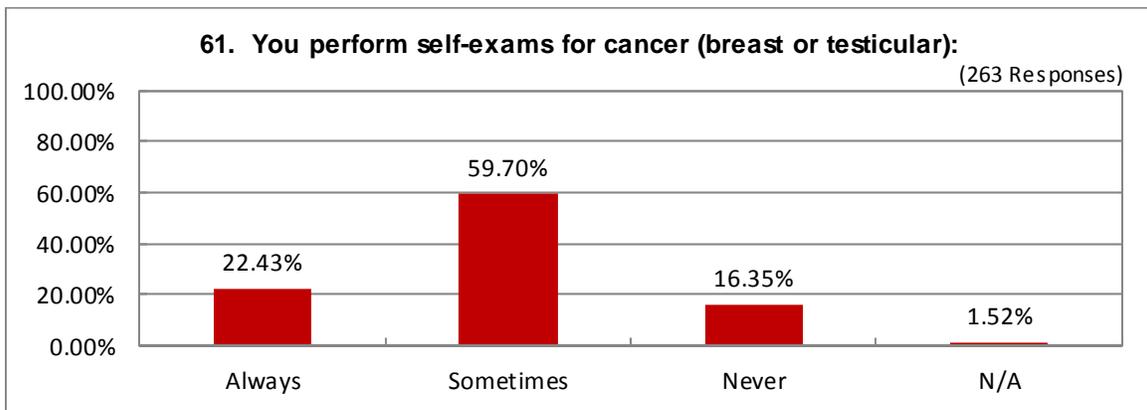
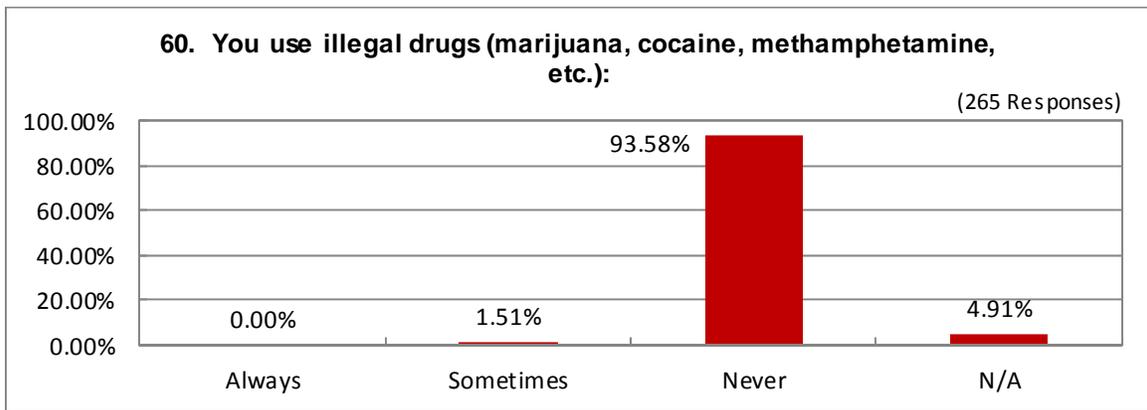
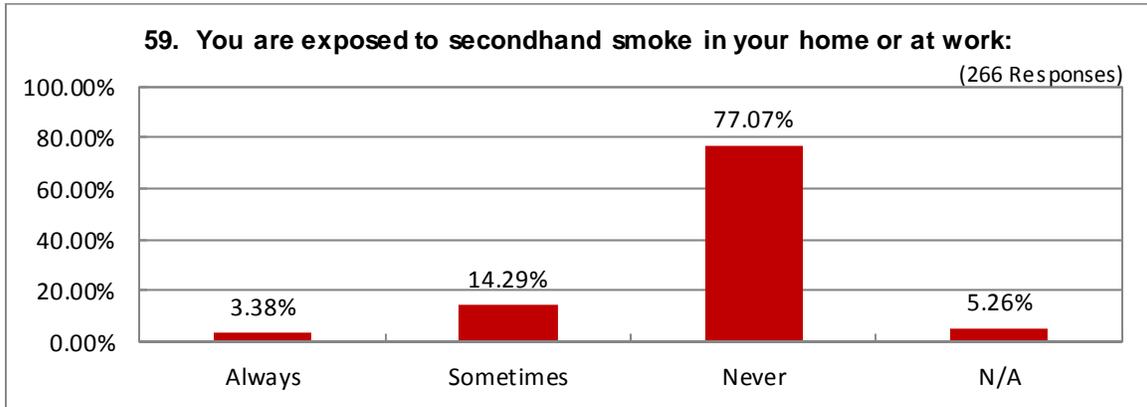


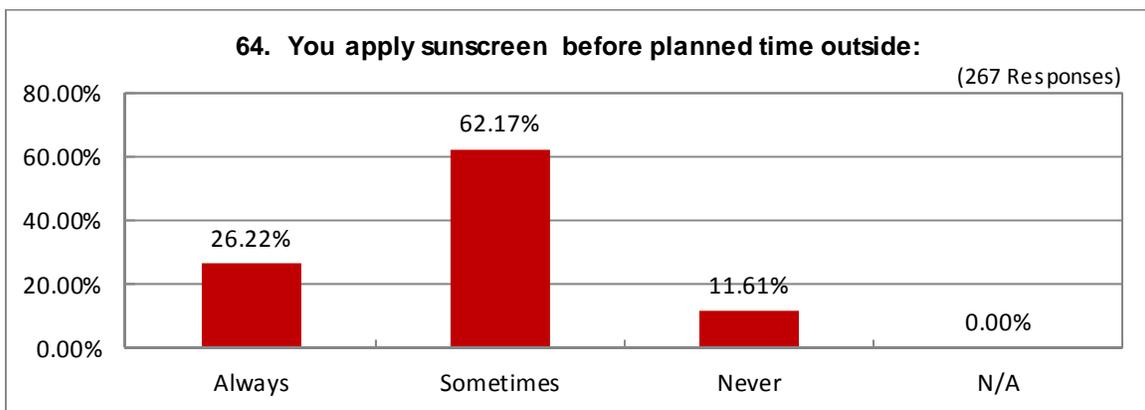
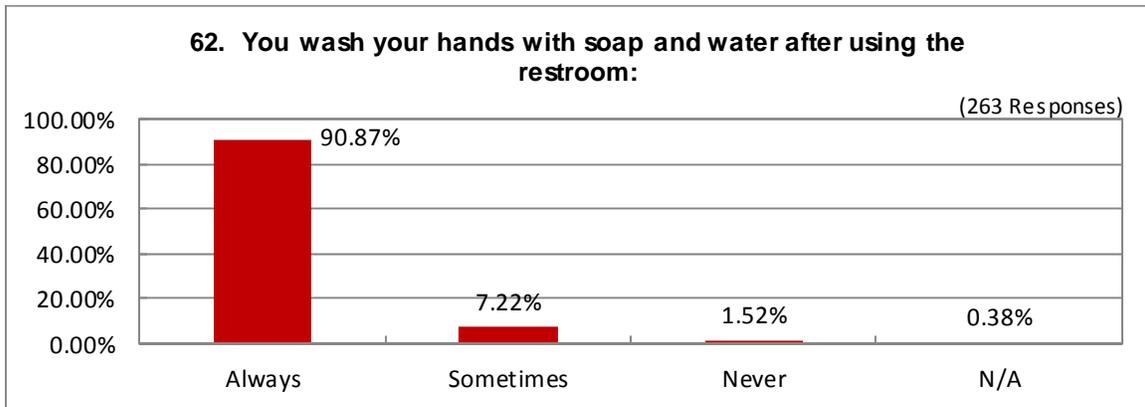


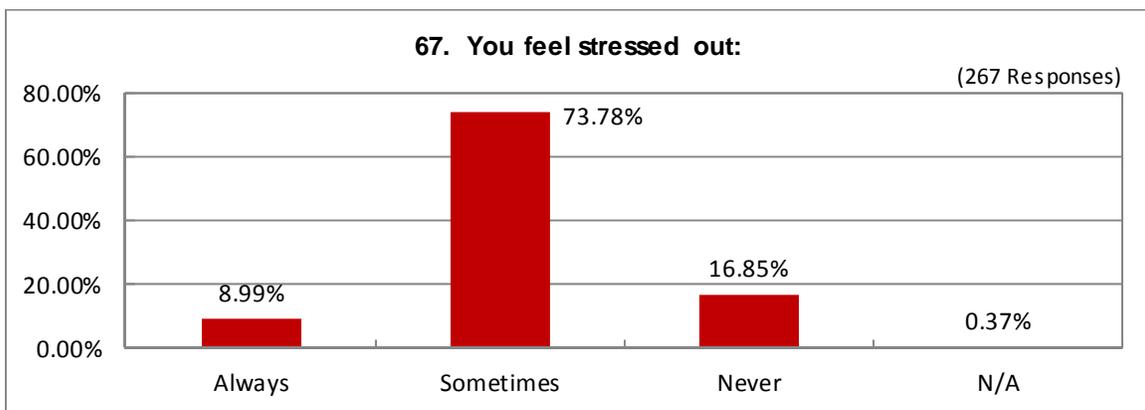
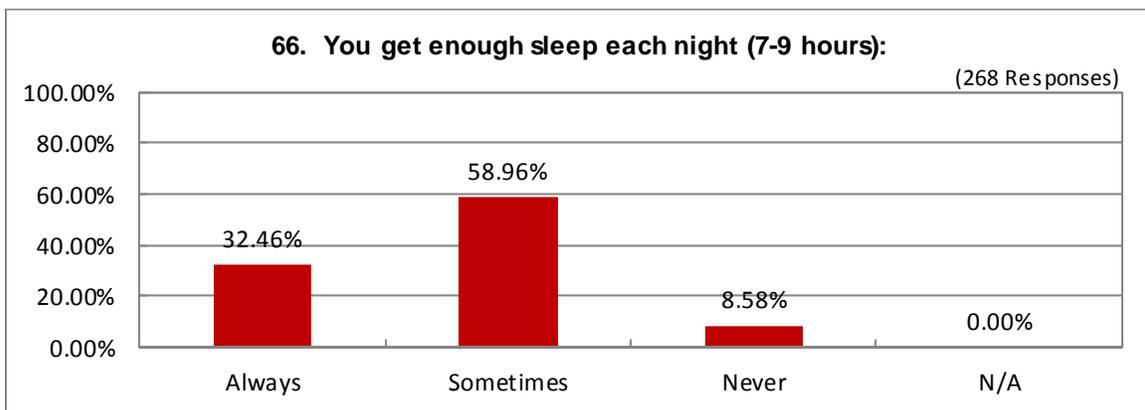
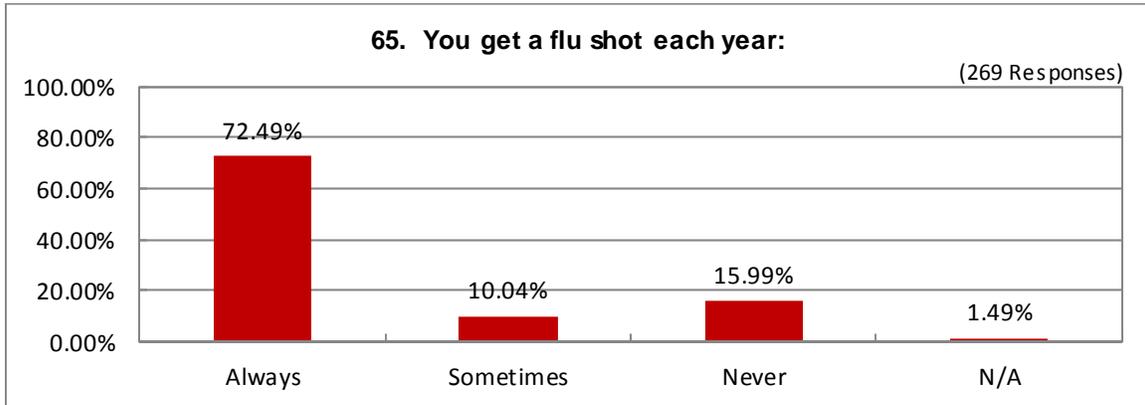


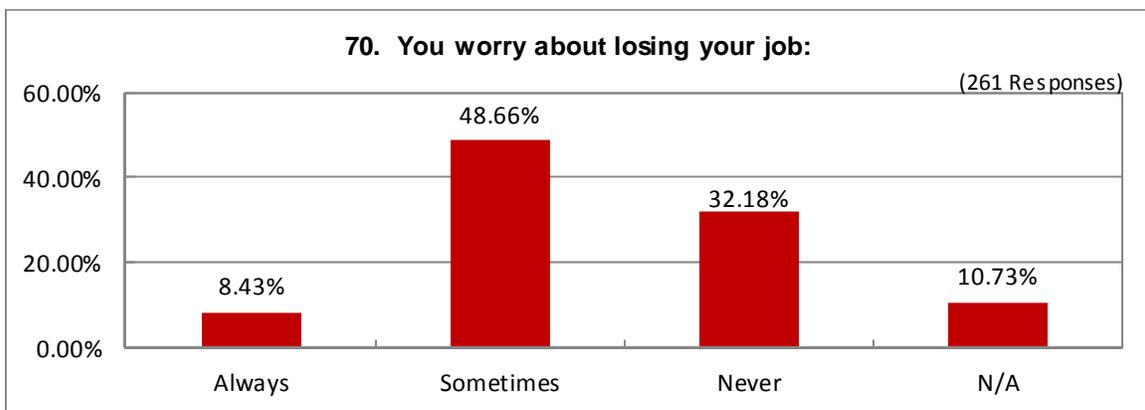
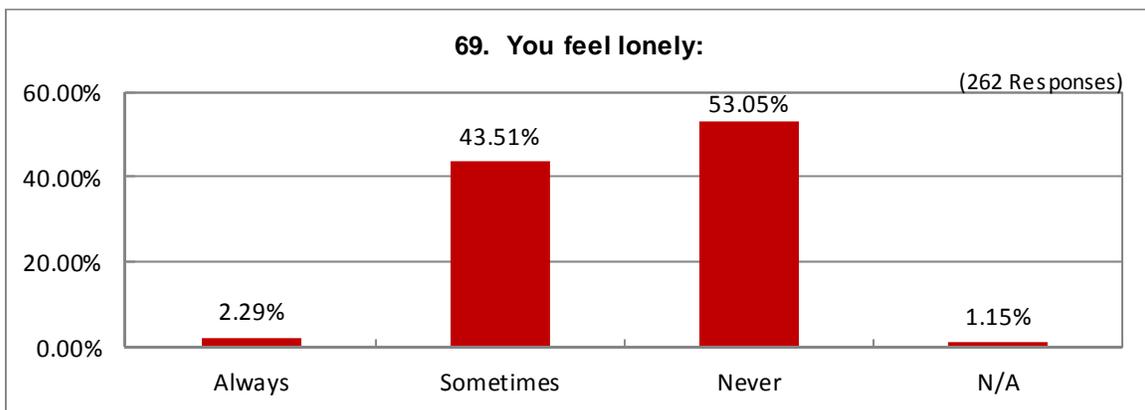
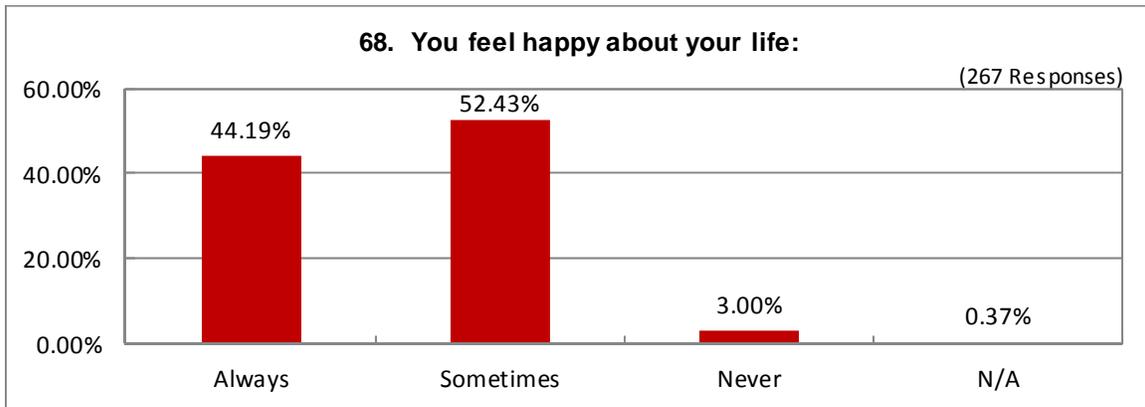


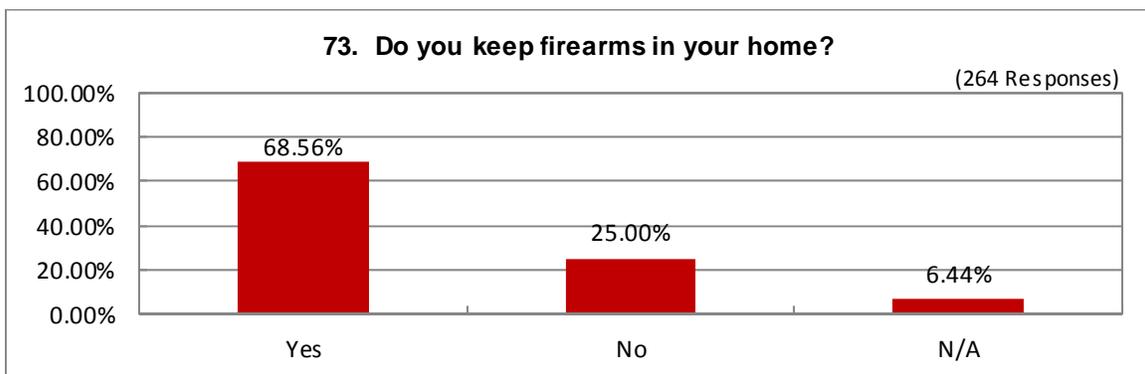
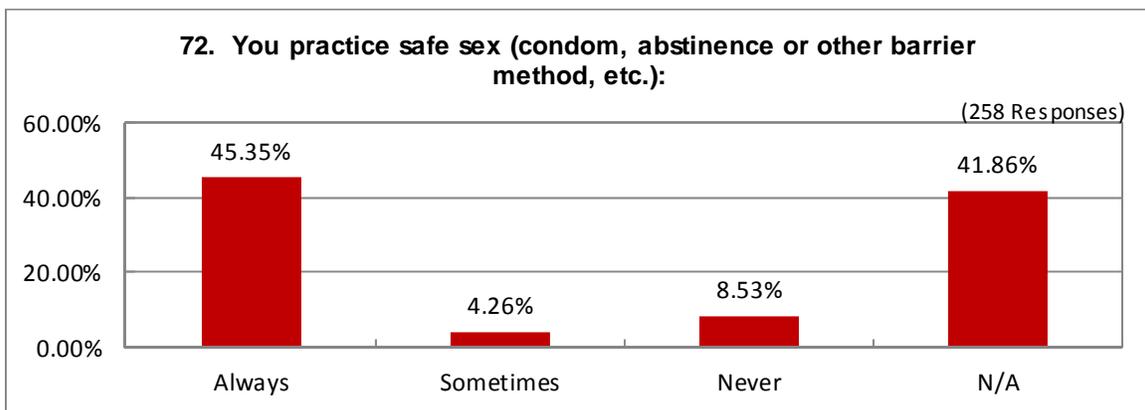
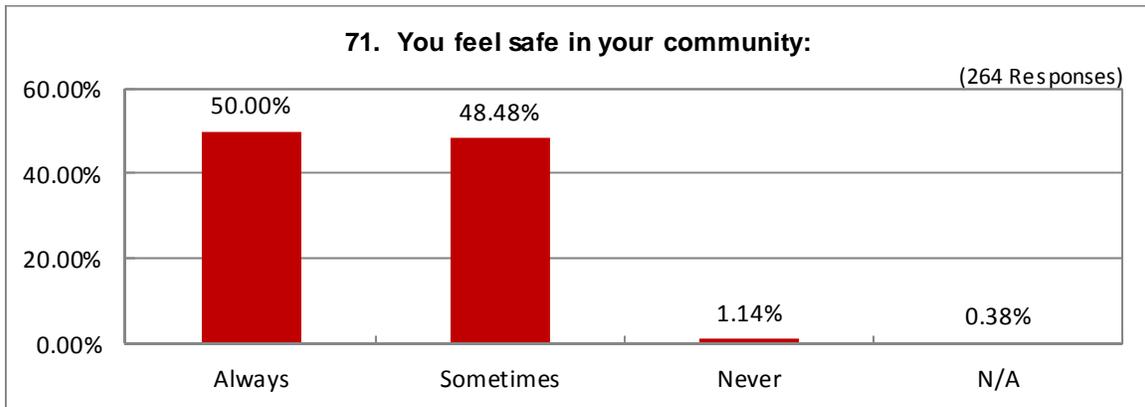


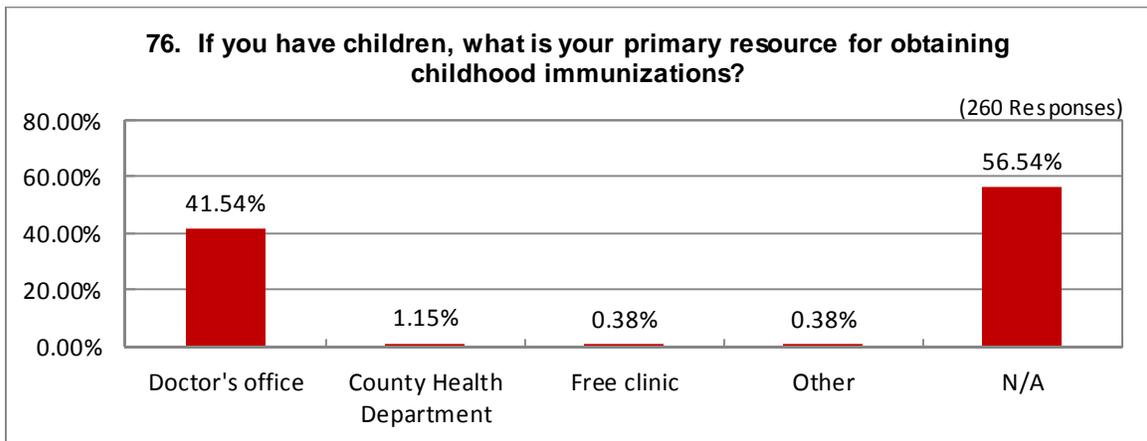
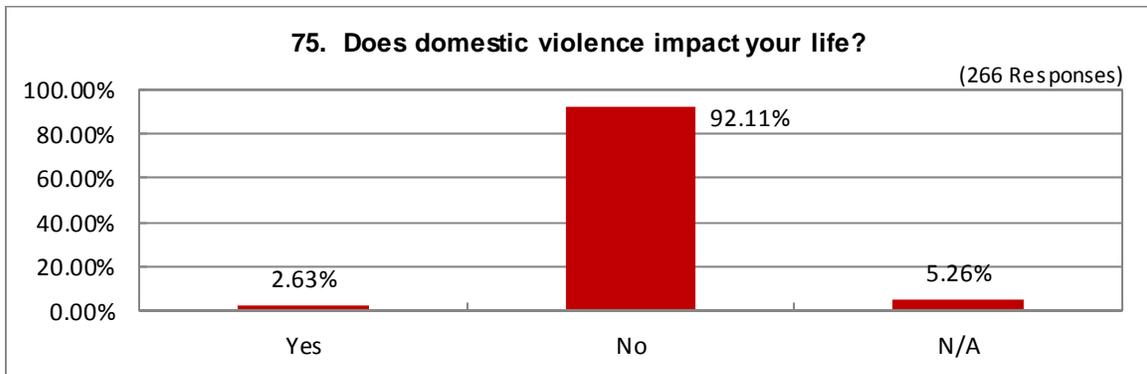
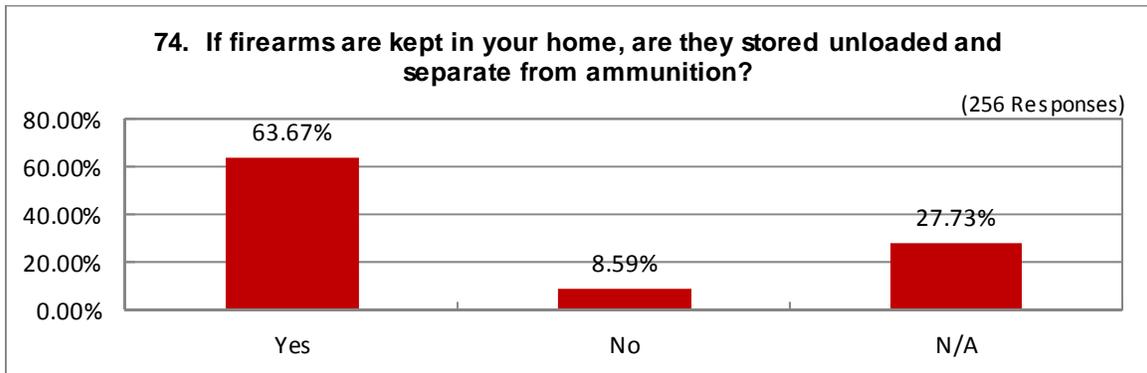














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**Soldiers and Sailors Memorial Hospital
Community Health Needs Assessment
2013 – 2015 Implementation Plan**

Overall Goal and Approach to Implementation Plan:

Soldiers and Sailors Memorial Hospital (S+SMH), located in Wellsboro, Pennsylvania, is one of four hospitals that comprise the Susquehanna Health System (the System) based in Williamsport, Pennsylvania. S+SMH is a community resource that is committed to the core values of the System: To CAREfully place patients and their families first, collaboratively share ownership among all caregivers and to gratefully lead with a servant's heart. S+SMH seeks to provide patient centered care through its commitment to the System Mission, "To extend God's healing love by improving the health of those we serve".

S+SMH primarily serves the Tioga County community. The Williamsport Regional Medical Center (WRMC), along with Divine Providence Hospital (DPH), both of which are located in Williamsport, Pennsylvania, and Muncy Valley Hospital (MVH), located in Muncy, Pennsylvania, primarily serve the Lycoming County community. The System's approach to providing community benefit is to leverage the assets and expertise of all four hospitals to meet the needs and improve the health status of those who reside in the communities located in Lycoming and Tioga counties.

Community Partners:

Soldiers and Sailors Memorial Hospital believes in the value of working with other agencies, organizations, and institutions to maximize the value provided to the community, as well as leveraging limited resources in the most effective manner. Listed below are some of the partners that S+SMH intends to collaborate with to accomplish desired outcomes for the health needs selected for this implementation plan.

- Public health agencies
- Health care providers
- Local school districts
- Local colleges and universities
- State, county and municipal governments
- Social service organizations
- Faith based organizations

Results of Needs Assessment:

The 2013 Community Health Needs Assessment identified a number of unmet or partially met health needs in the Community. Analysis of the community needs assessment data provided a means to evaluate and prioritize areas of greatest need. Health needs were ranked based on five factors:

- The ability of Soldiers and Sailors Memorial Hospital to evaluate and measure outcomes.
- How many people are affected by the issue?
- What are the consequences of not addressing the problem?
- Prevalence of common themes.
- The ability of Soldiers and Sailors Memorial Hospital to impact change.

The graphical representation on the following page aided in identifying the health priorities for Soldiers and Sailors Memorial Hospital. By addressing the needs in the upper right quadrant, community health will likely improve as these needs have the greatest impact on overall health and the hospital is more likely to have a positive impact on these needs. In this representation, the largest spheres represent the most significant health needs of the community.

Focus Areas:

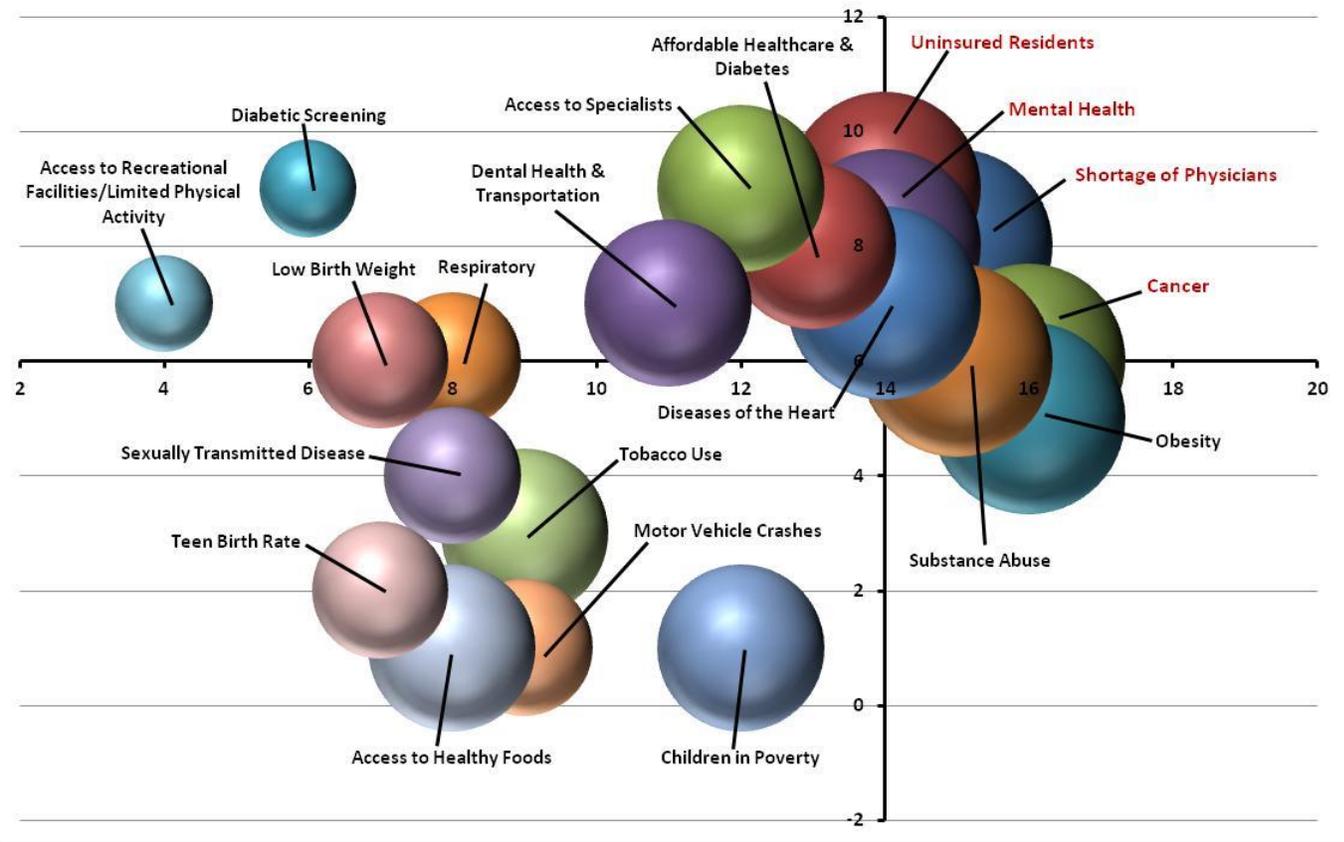
As a result of the analysis, **Shortage of Physicians, Cancer, and Mental Health** were identified as the priority areas on which we will focus.

Health Needs Not Addressed:

There were other areas of need located in the upper right quadrant of the sphere chart that are clearly important to improving the health of the community. However, they are deemed to have less immediate impact and will be considered for selection in a future plan, or if the opportunity arises, integrated into this plan as a sub-objective activity.

The most notable need not addressed at this time is uninsured residents. Unfortunately, much of America is experiencing an increasing number of uninsured residents and is without the resources to adequately address this significant issue impacting community health. In addition, much attention is currently being focused on this issue at the national and state levels through initiatives related to healthcare reform.

Exhibit 23
Soldiers & Sailors Memorial Hospital
Prioritization of Identified Health Needs



PRIORITY 1: Cancers

Objective 1: Increase access to cancer services in Tioga County.

- Strategies:**
- A. Develop outpatient facility plan for Medical Oncology services in Wellsboro, PA to include infusion, laboratory services, and physician offices.
 - B. Collaborate with the Susquehanna Health Cancer Center at the Divine Providence Hospital campus to improve the coordination of care for Radiation Oncology patients.

Objective 2: Identify and remedy Transportation barriers.

- Strategies:**
- A. Conduct focus group studies to identify and analyze transportation barriers to receiving diagnostic and treatment services.
 - B. Identify existing transportation options available to the Community and analyze the need and logistical challenges of expanding transportation opportunities directly or in collaboration with other community organizations.

Objective 3: Increase early detection and enhance patient awareness of resources available for treatment.

- Strategies:**
- A. Increase availability and access to screenings and preventive services.
 - B. Coordinate and offer free education programs that target high priority areas with greater incidence in Lycoming and Tioga Counties.
 - C. Make resources available that raise awareness of treatment options, counseling and prevention.

PRIORITY 2: Shortage of Physicians/Access to Specialists

Objective 1: Assess and document Community need for physicians.

- Strategies:**
- A. Assess Community needs based upon total number of physicians providing medical services to the area, not only those physicians on staff at the hospital.

B. Prepare a Medical Staff Development Plan.

Objective 2: Recruit high priority physician specialties.

- Strategies:**
- A. Develop a physician recruitment strategy.
 - B. Collaborate with and assist Federally Qualified Health Clinics in the Community with physician recruitment efforts.

Objective 3: Increase capacity of existing physician resources.

- Strategies:**
- A. Evaluate the potential of utilizing Advanced Practice Professionals to partner with existing physician compliment and to extend provider capacity and shorten wait times.
 - B. Evaluate the potential of extending physician office hours to provide evening and weekend access.

Objective 4: Increase the number of physicians and advanced practice professionals being developed locally.

- Strategies:**
- A. Collaborate with local medical school and colleges to facilitate the development of programs and rotations that showcase our practice and community opportunities.
 - B. Collaborate with local Family Practice Residency program to develop “Rural Track Students” program and provide additional rotations in Tioga County.

PRIORITY 3: Mental Health

Objective 1: Increase the number of mental health providers.

- Strategies:**
- A. Recruit additional physicians and mid-level providers to the community in the specialty of Psychiatry.

B. Evaluate the use of Tele-psychiatry to expand the availability of diagnostic and treatment services.

Objective 2: Increase access to mental health services.

- Strategies:**
- A. Identify inpatient and outpatient facility plan to meet the future needs of the Community, including increasing the number of inpatient beds to meet patient type and acuity demands.
 - B. Evaluate the expanded use of group therapies to provide greater access to treatment.
 - C. Develop an evidence-based collaborative model to include the emergency department, primary care physicians and community providers.

Objective 3: Increase early detection and improve evaluation of conditions affecting mental health and emotional well-being.

- Strategies:**
- A. Coordinate and offer education to primary care physicians for the early detection and treatment of mental health conditions.
 - B. Collaborate with other organizations and agencies in the Community to offer screenings and events that will facilitate early detection of conditions and promote awareness of the availability of Community resources.