

Community Health Needs Assessment

CLINTON COUNTY

BUCKTAIL MEDICAL CENTER | 1001 Pine Street, Renovo, PA 17764

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INTRODUCTION

The Affordable Care Act requires tax-exempt hospitals to complete a Community Health Needs Assessment (CHNA) as least once every three years and to adopt implementation strategies to meet the needs identified. This requirement is effective during tax years beginning after March 23, 2012, and subject to a penalty of a \$50,000 excise tax for failure to comply. Bucktail Medical Center has a tax-exempt status. This is documented in IRS form 990, Schedule H. The IRS will use the data submitted in the health needs assessment to determine whether the tax-exempt status is justified. The health needs assessment should include community input and public health expertise. This assessment will adopt an implementation strategy which will include prioritizing the needs which the assessment identifies.

Bucktail Medical Center (BMC) conducted a Community Health Needs Assessment (CHNA) to identify the unmet health needs in the communities the center serves. With this needs assessment, BMC will establish stronger, long-term relationships with the communities and its leaders. BMC will be better prepared to meet the present and future needs and, therefore, impact and improve community services.

The BMC was first known as the Renovo Hospital, established in 1909. In 1979 the hospital was relocated to South Renovo ; a new facility was built and the facility was renamed The Bucktail Medical Center (BMC). The BMC vision is *“To serve humanity through technology and family-oriented interactions with a commitment to a better quality of life”*. The Center currently includes a twelve (12) bed acute care hospital, an Emergency Room open 24/7/365, and a Basic Life Support (BLS) ambulance service. In 1997 a hospital-based Community Clinic was added.

In the Emergency Department, critical patients are stabilized in the facility and transferred via BLS, ALS ground, or ALS air to the nearest facility which can meet the patient's needs. Less critical patients are either admitted for treatment, admitted for observation, or discharged home. BMC offers other outpatient services including a medical laboratory and radiology (currently limited to X-Rays) for diagnostic services; Basic Life Support (BLS) ambulance service both for transfers from the hospital to other facilities and, at times, to respond to community ambulance calls; a Community Health Clinic that serves as the primary care provider for much of the community; and Occupational Therapy, and Physical Therapy. Therapies provide services to Swing Bed patients in the hospital in addition to outpatient services to the community.

POPULATION

The population of the area it serves is approximately 3,117, a decrease of twenty-seven people since 2022, and the square mile area is 338.00. BMC is a Critical Access Hospital (CAH) located in an isolated area in northcentral Pennsylvania surrounded by state parks and game land. There are many housing units that are not primary homes, rather, they serve as hunting camps or other seasonal getaways. While the full-time population is just over 3,000, that number can fluctuate significantly during hunting seasons and during the warmer summer months. Three local state parks also attract vacationers and travelers to the area. The geographic area is challenging with mountainous terrain and the clients served varied due to seasonal activities in the population. For the purposes of this

assessment, the service area is defined as Renovo Borough, Chapman Township, South Renovo Borough, Noyes Township, Leidy Township, Grugan Township, and East Keating Township.

Citation: U.S. Census Bureau (2020). *American Community Survey 5-year estimates*. Retrieved from *Census Reporter Profile page for East Keating township, Clinton County, PA* <http://censusreporter.org/profiles/06000US4203521328-east-keating-township-clinton-county-pa/>

Data

The CHNA includes both qualitative and quantitative (primary and secondary) components. The qualitative data includes data from various community stakeholders and data collected and analyzed from observations. The quantitative data includes education and economic measures, morbidity and mortality rates, incidence rates, and other health statistics for Clinton County. BMC developed their assessment based on the qualitative and quantitative data to prioritize public health issues and develop a community health implementation plan focused on meeting community needs.

The secondary data is primarily derived from state and national public secondary data sources such as the U.S. Census Bureau, Center for Disease Control and Prevention (CDC), National Cancer Institute (NCI), the Centers for Medicare and Medicaid Services (CMS).

Once indicators were identified, they were grouped and examined by topic area. These topic areas were identified as community needs. When available, state and national comparison statistics are provided as benchmarks for the BMC service area.

It should be noted that in some cases, additional secondary data was obtained from the PHC4 Hospital Performance Report and the Medicare Hospital Profile. In these two areas, BMC had too few cases and were not included in the averages. Bucktail Medical Center also participates in patient satisfaction scores in the inpatient and outpatient areas of service, but the low response rates make the results unreliable. Local-level data, therefore, is limited.

Income

The BMC service area is comprised of more than 87.7% Medicare (MC) and Medicaid (MA) insureds, making it the second highest combined total in the state of Pennsylvania. Elderly and low-income residents often share some of the same struggles. Transportation is an insurmountable hurdle for both low-income families and those over 65. Low-income families seldom have reliable transportation; people over 65 either do not have reliable transportation or are unable to safely make a trip of this magnitude independently. While the medical center does provide basic health services to the communities we serve, a patient requiring specialty services must travel between thirty (30) and more than one hundred (100) miles to receive specialty services.

Diagnostic Capabilities

BMC has limited diagnostic capabilities, most noticeably in imaging. For medical imaging, the only equipment currently in place is an X-Ray machine that is DR technology. The standard of imaging care both in emergency medicine and treatment of many chronic illnesses is through Computed Tomography (CT). Without this technology, many patients are transferred to a hospital with a CT Scanner; again, this is a trip of at least thirty miles.

Diagnostic Capabilities Implementation Strategies

When we receive a critically ill or injured patient, transport to a higher level of care, with a paramedic, is necessary because we cannot currently perform CT studies. Over the past few years, BMC has been working to bring CT imaging to the facility. We have faced a few challenges along the way. We originally selected an area at the end of our acute hall. Challenges to this plan included patient confidentiality, infection control, and HVAC requirements in the CT space. Then a mobile unit was brought in by previous administration, but the monthly rent was very costly and at that point (2023) the facility was in jeopardy of closing. The greatest challenge that remains though is funding. The addition of a CT scanner will require the purchase of a unit, renovation of appropriate space to include HVAC, Control room, and a patient changing area. BMC continues to search for ways to be able to fund this project.

Telemedicine

As a small frontier hospital, BMC must be prepared for any medical emergency. Our ER is staffed with one Physician (MD or DO), one Registered Nurse (RN), and one Licensed Practical Nurse (LPN). We do not have a dedicated cardiology team, or stroke team, or respiratory team.

While the communities in western Clinton County are smaller than many, BMC still sees the same medical needs; we see minor cuts and bruises, fractures, cardiac arrests, traumas, stroke, pregnancy, cancer, and infections. But we do not see enough of any diagnosis to support specialists in those fields. In the ER, that means the physicians and nurses must be prepared to diagnose and treat anyone that comes through the door, without assistance from a specialist. For our outpatients, this often means traveling for specialty care.

Telemedicine Implementation Strategies

BMC currently has a tele-burn program in place with Lehigh Valley Hospital. Based on referrals from our community clinic, the five most specialties, in addition to psychiatry are, in order, orthopedics, cardiology, podiatry, gastroenterology, and neurology. BMC has begun to explore

Community education on health and wellness are not available in the local community, so many patients do not have an opportunity to hear the latest in treatment options nor do they have the ability to learn from other members of the community. Often, they do not have an open line of communication with their care provider either. This leaves many patients trying to find reliable answers on their own. Bringing specialty services through tele-medicine can help educate patients while providing local treatment options.

Secondary Data

Clinton County's health indicators show major health disparities involving obesity, cardiovascular disease, osteoporosis, arthritis, Lyme disease, depression, tobacco use, and cancer. These indicators can be grouped in the following priority areas: Cancer, physical activity and nutrition, chronic and infectious disease, mental and behavioral health, and cancer.

Each of the obesity rates in Clinton County are over 20%; almost 1 in 4 people in Clinton County are considered obese. Obesity rates are typically higher in rural areas, but Clinton County's rates are among the highest of the 10 Pennsylvanian counties included in PORH's subscription to HCI.

Pennsylvania Cancer Incidence: Frequency Counts

Pennsylvania Cancer Incidence: Frequency Counts

Created: 12/30/2025

Primary Site or Type	County	Municipality	Year	Sex	Invasive Count
All Cancers	Clinton	Chapman Twp	2022	Total	6
Colon and Rectum	Clinton	Chapman Twp	2022	Total	0
Melanoma of the Skin	Clinton	Chapman Twp	2022	Total	0
All Cancers	Clinton	East Keating Twp	2022	Total	0
Colon and Rectum	Clinton	East Keating Twp	2022	Total	0
Melanoma of the Skin	Clinton	East Keating Twp	2022	Total	0
All Cancers	Clinton	Grugan Twp	2022	Total	1
Colon and Rectum	Clinton	Grugan Twp	2022	Total	0
Melanoma of the Skin	Clinton	Grugan Twp	2022	Total	1
All Cancers	Clinton	Leidy Twp	2022	Total	1
Colon and Rectum	Clinton	Leidy Twp	2022	Total	0
Melanoma of the Skin	Clinton	Leidy Twp	2022	Total	0
All Cancers	Clinton	Noyes Twp	2022	Total	3
Colon and Rectum	Clinton	Noyes Twp	2022	Total	0
Melanoma of the Skin	Clinton	Noyes Twp	2022	Total	0
All Cancers	Clinton	Renovo Boro	2022	Total	8
Colon and Rectum	Clinton	Renovo Boro	2022	Total	0
Melanoma of the Skin	Clinton	Renovo Boro	2022	Total	0
All Cancers	Clinton	South Renovo Boro	2022	Total	1
Colon and Rectum	Clinton	South Renovo Boro	2022	Total	0
Melanoma of the Skin	Clinton	South Renovo Boro	2022	Total	0
All Cancers	Clinton	West Keating Twp	2022	Total	0
Colon and Rectum	Clinton	West Keating Twp	2022	Total	0
Melanoma of the Skin	Clinton	West Keating Twp	2022	Total	0

Note: Frequency counts and rates for sex-specific cancers are not available for the opposite sex or Total sex. "ND" ("Not Displayed") will be returned for those rows in the results.

Source: Pennsylvania Cancer Registry Dataset

Physical Activity and Nutrition

Physical health, including injuries and physical illness, can be a good measure of recent health. Frequent physical distress emphasizes those who are experiencing more severe physical health issues. Smoking, obesity, diabetes, and lack of routine healthcare can all contribute to overall physical health.

Health Behaviors

Other common factors that influence overall health include access to exercise opportunities, the overall food environment in a community, and excessive alcohol use and alcohol impaired driving deaths.

Less evident factors that affect overall health can include food insecurity, limited access to healthy foods, insufficient sleep, and drug overdose deaths. Clinton county exceeds state and national averages for adults who smoke, adults who are obese, physical inactivity and access to exercise opportunities, – despite abundant prospects for outdoor activities – food insecurity, motor vehicle crash deaths, and insufficient sleep. Clinton County fares better than the averages with alcohol-

impaired driving deaths, sexually transmitted diseases, teen births, access to healthy foods, and drug overdose deaths.

The accessibility, availability and affordability of healthy and varied food options in the community increase the likelihood that residents will have a balanced and nutritious diet, therefore reducing the risk of chronic disease; however, about 4% of the population in Clinton County lack a mode of transportation to get to the grocery store. This 4% is likely to consume foods that are readily available at convenience stores and fast-food outlets.

Physical Activity and Nutrition Implementation Strategies

Education is likely the single most important factor in addressing the benefits of an active lifestyle and good nutrition. BMC started providing free education to the local communities just before the pandemic; BMC will continue an education program where staff and students completing a rotation at the medical center will present health education to the community as part of the programming. Telemedicine can also play a role in addressing orthopedics, cardiology, podiatry, gastroenterology, and neurology.

Chronic and Infectious Disease

Data on several chronic and infectious diseases show that the two main concerns faced by Clinton County include Lyme Disease and Campylobacter, a the most common bacterial cause of diarrheal illness in the United States.

Pennsylvania Communicable Diseases (Other than STDs): Crude/Age-Specific Rates per 100,000

Created: 12/30/2025

Communicable Disease	County/State	Year	Sex	Race/Ethnicity	Age	Count	Population	Crude/Age-Specific Rate	Lower Bound	Upper Bound
Campylobacter	Clinton	2023	Total	All Races	All Ages	11	37,607	29.2	12.0	46.5
Chickenpox	Clinton	2023	Total	All Races	All Ages	7	37,607	ND	ND	ND
Cryptosporidiosis	Clinton	2023	Total	All Races	All Ages	8	37,607	ND	ND	ND
Giardiasis	Clinton	2023	Total	All Races	All Ages	ND	37,607	ND	ND	ND
Haemophilus Influenzae	Clinton	2023	Total	All Races	All Ages	ND	37,607	ND	ND	ND
Hepatitis A	Clinton	2023	Total	All Races	All Ages	0	37,607	ND	ND	ND
Hepatitis B Acute	Clinton	2023	Total	All Races	All Ages	ND	37,607	ND	ND	ND
Hepatitis B Chronic	Clinton	2023	Total	All Races	All Ages	ND	37,607	ND	ND	ND
Lyme Disease	Clinton	2023	Total	All Races	All Ages	51	37,607	135.6	98.4	172.8
Neisseria meningitidis	Clinton	2023	Total	All Races	All Ages	0	37,607	ND	ND	ND
Pertussis	Clinton	2023	Total	All Races	All Ages	ND	37,607	ND	ND	ND
Salmonellosis	Clinton	2023	Total	All Races	All Ages	6	37,607	ND	ND	ND
Shiga toxin-producing E. coli	Clinton	2023	Total	All Races	All Ages	ND	37,607	ND	ND	ND
Shigellosis	Clinton	2023	Total	All Races	All Ages	0	37,607	ND	ND	ND
Tuberculosis	Clinton	2023	Total	All Races	All Ages	0	37,607	ND	ND	ND

ND (Count) = Not displayed when count is between 1 and 4 to avoid the potential identification of individual cases within certain geographic areas.

ND (Rate, Lower Bound and Upper Bound) = Not displayed when count < 10. Rates based on small numbers are considered unreliable for analysis.

WARNING: Race and Hispanic data on sexually transmitted diseases (STD's) and other communicable diseases may contain large percentages for unknown and other categories. To view the number and percentage of race and Hispanic data for the unknown and other categories [Click Here](#)

Source: Pennsylvania Department of Health, Bureau of Communicable Diseases

IMPORTANT: Counts for Salmonella do not include cases of typhoid and paratyphoid fever. Counts for Hepatitis B do not include cases of perinatal Hepatitis B. Chronic Hepatitis B data are not available before 2003 in EDDIE. Chickenpox, Cryptosporidiosis, Haemophilus Influenzae, Neisseria meningitidis, Pertussis, and Shiga toxin-producing E. coli data are not available prior to 2009 in EDDIE. See [EDDIE Help](#) for a description of how confirmed and probable cases are counted.

Note: A rate or ratio that appears in red for a county denotes a significantly higher value compared to Pennsylvania. A blue rate or ratio denotes a significantly lower value. Exported data may contain a + symbol indicating a significantly higher value or a - symbol indicating a significantly lower value compared to Pennsylvania.

Factors Affecting Health Status

Mental and Behavioral Health

According to the National Comorbidity Survey of Mental Health Disorders, people over the age of 60 have lower rates of depression than the general population; the rate in Clinton County, however, is higher than all other groups in the survey, and it is projected to climb higher in the next few years. The elderly senior population is growing exponentially due to the aging of baby boomers.

Frequent mental stress or inadequate social support may be at least partially responsible for the high prevalence of senior depression, at 21.60%. Adults with Frequent Mental Distress is also high in Clinton County, likely due to the lack of mental health services available in the immediate communities. Deaths of Despair is lowest of all groups.

Another behavioral issue in Clinton County is the rate of tobacco use with 21% of the population using tobacco; this rate might also be reflected in percent of non-smoking mother births, at 17.1%. Smoking is a behavior that hinders one's physical, mental, and dental health. Smoking brings premature death to almost half a million Americans each year, and it contributes to profound disability and pain in many others. Areas with a high smoking prevalence will also have greater exposure to secondhand smoke for non-smokers, which can cause or exacerbate a wide range of adverse health effects, including cancer, respiratory infections, and asthma.

Education

Health outcomes and job paths tend to increase with education. Clinton County is at a huge disadvantage in regards to both of these outcomes when compared to Pennsylvania and the United States. High school graduation rates in Clinton County do not differ much from those in the state and the nation; however, education attainment rates for bachelor's degrees are significantly lower.

Our providers also take the opportunity to do one-on-one education with patients during their appointments. Additionally, we provide education to the community through flyers and monthly blogs on our website and social media. We will also hold group sessions throughout the year.

Community Health Work

BMC is working to address the concerns identified through both the primary data and the secondary data. A review of both data sets revealed that the issues identified through the secondary data relate very closely with the primary data gathered from the community. Because the depth of these issues, in most cases, lead to base level services, we will address them through the primary data findings.

Transportation has improved somewhat but does remain a barrier; the county STEP program now offers transportation from Renovo to Lock Haven three times a week from 8:00 am through 4:00 pm.

The price per trip starts at \$1.00 with a maximum fare of \$7.50 compared to regular rates of \$18.30 to \$50.00 per trip. Reduced cost rides are available to persons aged 60 and up and those with disabilities. The van has scheduled stops at several locations including hospitals, physician offices,

and other medical providers. Telemedicine is another opportunity to address transportation challenges.

Over the past year, we have worked to develop a long-term plan to meet the ongoing healthcare needs of our communities. We have identified that an increase in diagnostic capabilities both in radiology telemedicine, and chronic disease care will be beneficial. We estimate an increase in both the number and kinds of outpatient services necessary to meet community needs.

Planning for the future

Strategic Takeaways

For the Bucktail Medical Center to realize their mission of providing comprehensive services and growing with the needs of the community, it was determined that the most immediate areas of need are diagnostic, telemedicine services and community education.

The diagnostic challenge for BMC is medical imaging. Currently there is one (1) DR quality X-Ray machine. A CT scanner will allow a new level in diagnostics and treatment for the medical center. Every observation or admission made as a result of the CT scanner will produce additional revenue for the medical center. Having a CT scanner on site will also be a draw for specialty physicians and should increase outpatient scans, again providing additional revenue for the facility. The CT Scanner is also required to attract more ambulance traffic through our ER. Currently, ambulance crews of medical command will divert to a facility with CT capability if they believe CT imaging will be required to diagnose or treat the patient.

We anticipate this will also increase our admissions; doing the scan here will allow us to complete many diagnoses at the facility rather than sending them to another facility for testing. Those patients we are able to treat will be treated here rather than at another facility.

Implementation Strategy

Out of each of the priority areas, the indicators most actionable include heart disease, chronic lower respiratory diseases, Alzheimer's disease, colorectal cancer, and diabetes. Recommendations for BMC to reduce the prevalence of these indicators using the aid of "promising practices" are listed below:

Health Programs for Obesity

- WalkWorks is an initiative between the Pennsylvania Department of Health and the Pennsylvania Downtown Center that supports the development and adoption of Active Transportation Plans in communities across the Commonwealth. Its mission is to increase access to and opportunities for physical activity, such as walking, biking, using a wheelchair or other micromobility device, and riding public transit. WalkWorks:
 - Provides funding to develop Active Transportation Plans to guide the establishment of safe, accessible, activity-friendly routes connecting everyday destinations.
 - Provides technical assistance for the development of said plans.

- Educates about the relevance and benefits of safe and accessible walking, biking, transit, and all forms of active mobility for people throughout the Commonwealth, no matter their zip code, income, or skin color, age, or mobility level.
- Offers support to communities that encourage walking, biking, using public transit, using a wheelchair or other personal mobility devices, etc., through events and programs.

Citation: <https://www.pa.gov/agencies/health/programs/healthy-living/walkworks>

- The [Child and Adult Care Food Program \(CACFP\)](#) is a federal program that reimburses participating early childhood education centers, day care homes, and adult day care centers for serving nutritious meals to eligible children and adults in their care. Meals served through CACFP provide young children with nutritious foods to support their growth and development and reduce disparities in food access. CACFP is often underutilized, even in areas with the highest need. The following are some of the most common reasons why eligible childcare centers may not be participating in CACFP:
 - 1. They are not aware that CACFP is available.
 - 2. They are uncertain about whether the children they serve qualify.
 - 3. The time and paperwork required to participate is confusing and/or time-consuming.
- The [Pennsylvania Department of Health, State Physical Activity and Nutrition \(SPAN\) Program](#) and Keystone Kids Go workgroup aims to support [childcare programs](#) that currently participate in CACFP and encourage more eligible programs to participate in an effort to increase access to nutritious meals and snacks and curb disparities in food access across the state. The SPAN program implements early childhood education strategies to prevent childhood obesity. In this map, we examine current CACFP participation in Pennsylvania in the context of food access and poverty in order to:
 - 1. Examine regional CACFP participation across Pennsylvania.
 - 2. Evaluate CACFP participation in regions where food insecurity and poverty rates are high.
 - 3. Identify regions where CACFP participation should be promoted and supported.

Citation: <https://cocoa.maps.arcgis.com/apps/Cascade/index.html?appid=3c069575f1314016b69681211bc0fb67>

Health Education and Screenings

- According to the CDC, more than 21,000 cases of Lyme disease are reported every year, making it the most common illness transmitted by bugs or animals in the United States. Most cases of Lyme disease can be treated successfully with a few weeks of antibiotics. Steps to prevent Lyme disease include using insect repellent, removing ticks promptly, landscaping, and integrated pest management. Some of these prevention techniques are showcased in the “BLAST Lyme Disease Prevention Program.” BLAST is an acronym for Bathe after outdoor activity, Look for ticks and rashes, Apply repellent, Spray the yard, and Treat pets. The BLAST program was created with a \$50,000 grant from the State of Connecticut and is currently funded by grants and private donations. The program engages health professionals and trained educators to teach the community about the prevention of tick-borne diseases and how to quickly identify early warning signs. BLAST is staffed by trained volunteers and offers its services for free at health fairs, schools, and community events throughout Fairfield County. The BLAST Prevention Program is

nationally recognized and was recommended by the CDC in 2008. In 2013, the regional coordinating body, Housatonic Valley Council of Elected Officials (HVCEO), granted \$4,000 to train BLAST Lyme Disease prevention educators for health events in the Greater Danbury area.

- The CDC encourages use of the one-on-one-education program for cancer prevention and control. One-on-one education delivers information to individuals about indications for, benefits of, and ways to overcome barriers to cancer screening with the goal of informing, encouraging, and motivating them to seek recommended screening. These messages are delivered by healthcare workers or other health professionals, lay health advisors, or volunteers, and are conducted by telephone or in person in medical, community, worksite, or household settings. The Community Preventive Services Task Force recommends the use of one-on-one education to increase screening for breast and cervical cancers on the basis of strong evidence of effectiveness. The Task Force also recommends the use of one-on-one education to increase colorectal cancer screening with fecal occult blood testing (FOBT) based on sufficient evidence of effectiveness. The CDC estimates that if all adults aged 50 or older had regular screening tests for colon cancer, as many as 60% of the deaths from colorectal cancer could be prevented. While 90% of colorectal cancer cases occur in adults aged 50 or older, it is essential for individuals with risk factors (those with a family history of colorectal cancer, inflammatory bowel disease, or heavy alcohol use) to seek regular screening earlier.

Conclusion

For BMC, it was important to take an all-inclusive look at what medical services are needed for the community to thrive. Our first steps are clear: We need more advanced diagnostic imaging and we need a robust telemedicine program. These two first steps will represent a major move toward helping the community. Chronic disease education and management will also be a major focus.