





Broome County Health Department | Rebecca Kaufman, Director Public Health



UHS United Health Services | John Carrigg, President & CEO



Our Lady of Lourdes Hospital | Kathryn Connerton, President & CEO

ACKNOWLEDGEMENTS

On behalf of the residents of Broome County, we are pleased to present the Broome County Community Health Assessment 2019-2024

We hope that it serves to improve the health and well-being of all residents of Broome County.

With gratitude to the following individuals for their service on and contributions to the Broome County Community Health Assessment 2019-2024 Steering Committee:

Binghamton Housing Authority – Elaine Miller

Binghamton University – Leon Cosler, Diane Crews, Yvonne Johnston, Titilayo Okoror, Christine Podolak

Broome County Council of Churches – Michael Leahey

Broome County Health Department – Amy Chaluisant, Rebecca Kaufman, Mary McFadden,

Chelsea Reome-Nedlik, Dr. Christopher Ryan

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Broome County Mental Health Department – Lynne Esquivel, Emily Hotchkiss-Plowe, Megan Wise

Broome County Office for Aging - Lucia Esposito, Maria Fabrizi, Rita Fluharty, Lisa Schuhle

Broome County Planning Department - Stephanie Brewer

Broome Tioga BOCES – Alan Buyck

Broome County Urban League – Jennifer Lesko

Broome County YMCA - Gareth Sansom

Care Compass Network – Lisa Bobby, Shelbi DuBord

Cayuga Medical Associates – Jeffrey Penoyer

Cornerstone Family Healthcare – Marianne Buck, Kelly Wildey

Excellus Blue Cross Blue Shield – Melissa Klinko

Family and Children's Society – Lisa Hoeschele

Guthrie Medical Group, PC – Shawn Karney, Hillary Saxton, Sherry Salisbury

HealtheConnections (formerly HealthlinkNY) - Adam Hughes, Rachel Kramer

Mental Health Association of the Southern Tier – Kathy Eckert

Mothers and Babies Perinatal Network – Christy Finch

Our Lady of Lourdes Hospital – Deborah Blakeney, Susan Bretscher, Bernard Bush, Wayne Mitteer, Jeffrey Penoyer

Rural Health Network of SCNY – Pam Guth, Mary Maruscak, Jack Salo

Southern Tier Independence Center - Chad Eldred, Susan Ruff

SUNY Upstate Medical University Clinical Campus at Binghamton – Lenore Boris

Tioga County Health Department – Amy Fancher, Lisa McCafferty, Susan Medina, Heather Vroman

United Health Services Hospitals – Karen Bayer, Scott Hall, Robin Kinslow-Evans WEBB Consulting – Lea Webb

With grateful acknowledgement

to the Broome County Health Department:

Mary McFadden, Deputy Director

Chelsea Reome, MPA, Public Health Representative

and to the Binghamton University graduate students:

Amelia Martin, Luis Midence, and Emma Ospelt

Master of Public Health (MPH) Program

Margaret Reynolds

Biomedical Anthropology Program

For their substantive contributions to the preparation of this report and without whom this submission would not have been possible.

This report was submitted by the Broome County Community Health Assessment Coordinator, Yvonne Johnston, Drph, Mph, MS, RN, FNP.

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The Broome County Health Department works with the community to preserve, promote and protect the public health and quality of life of all Broome County residents.

OUR VISION:

"By 2024, Broome County will be distinguished as a community that maximizes the opportunity for all people to take responsibility for their own well-being and achieve their optimal quality of life. The health of the community will also be enhanced by a community wide partnership of organizations that will assess, prioritize and take action on initiatives to improve specific public health indicators and measures of community health status."

Steering Committee for the Broome County Community Health Assessment 2019-2024

BROOME COUNTY

COMMUNITY HEALTH ASSESSMENT (CHA) COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP) AND COMMUNITY SERVICE PLAN (CSP)

2019 - 2024

County covered: Broome County

Participating Local Health

Department:

Broome County Health Department

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Participating Hospitals: Our Lady of Lourdes Memorial Hospital, Inc.

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• UHS Binghamton General Hospital

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Coalition/entity completing assessment and plan:

Broome County Health Department







EXECUTIVE SUMMARY

The Community Health Assessment is a process for examining the health of a community. Importantly, this assessment serves as a baseline for evaluating progress toward the New York State's Prevention Agenda 2024 goals. These goals are designed to improve the health of all New Yorkers. This assessment also marks our progress toward Healthy People 2020 objectives. While completion of a community health assessment is required of local health departments and hospitals, there are many benefits to doing so.

The Broome County 2019-2024 Community Health Assessment is unprecedented in the fact that it has incorporated an unparalleled array of community voices, the institutional knowledge and experience of dedicated long-standing community partners, population-based health and evidence-based interventions, organic local level data, and a *health in all policies* approach. The recent evolution of changes in the health system landscape allowed Broome County to incorporate contemporary initiatives that focus more on social determinants of health and the priority populations impacted by them. These new initiatives and resources that have shaped the 2019-2024 Broome County Health Assessment/Improvement Plan include Broome County's Age Friendly Initiative, the Broome County Opioid Awareness Council, the Delivery System Reform Incentive Program - Care Compass Network, the Population Health Improvement Program, and Healtheconnections, the local regional health information organization.

As the lead agency for this multi-tiered collaborative process, the Broome County Health Department provided guidance, leadership, and direction working diligently with our local hospital systems, community based organizations, education institutions, business sector, faith based communities, and elected officials to conduct the assessment as prescribed and design a unified action plan that incorporates our community's most significant health priorities. This plan emphasizes the social determinants of health, incorporates evidence-based interventions with specific actions/roles by community partners, sustainable resources, and a focus on our community's most disparate populations.

Local public health priorities were identified in an iterative process by the Steering Committee beginning in April 2019 at the CHA Symposium event and formalized at the November 2019 CHA Steering Committee meeting. At their May 2019 meeting, the CHA Steering Committee discussed data presented at the Symposium and considered data collected during the Symposium using the Focus Area Ranking Tool as well as analysis of breakout session themes. The CHA Steering Committee recognized and valued the need to align selected CHA priority areas with other initiatives (e.g., DSRIP) and with hospital Community Service Plans (CSPs). The group spoke at length about how the social determinants of health play into the top-ranking focus areas, and current Broome County initiatives to address those issues.

The majority of data used to determine new efforts and continuing work on some existing priorities came from a broad set of data sources including:

 State and Federal: US Census Bureau American Community Survey, NYS Prevention Agenda Dashboard, NYS Expanded Behavioral Risk Factor Surveillance System (eBRFSS) Survey, NYS Statewide Planning and Research Cooperative System (SPARCS), NYS Community Health Indicators Reports (CHIRs), County Health Assessment Indicators (CHAI), NYS County Health Indicators by Race/Ethnicity (CHIRE), NYS Vital Statistics, NYS Sub-County Health Data Report for County Health Rankings-Related Measures,

- Foundations and Community Organizations: Robert Wood Johnson Foundation County Health Rankings, Rural Broome Counts Needs Assessment, NYS Population Health Improvement Project (PHIP) Community Dashboard (HealtheConnections), Care Compass Network (DSRIP).
- Local: To garner input from the broader community at the local level, four Community Health
 Surveys were issued electronically via the Broome County website and through social media of
 all community partners, along with printed copies, as requested to community
 partners/gatekeeper representing health disparities. The extensive data used in this process
 were compiled into appended documents to this report and are intended to serve as a reference
 for those seeking detailed information about our community.

The following New York State Prevention Agenda 2019-2024 priority areas, goals and focus areas have been identified by Broome County Community Health Assessment Steering Committee:

Priority Area #1: Prevent Chronic Disease

Focus Area 1: Healthy Eating and Food Security

Goal #1: Increase access to healthy and affordable foods and beverages

Goal #2: Increase skills and knowledge to support healthy food and beverage choices

Goal #3: Increase food security

Focus Area 2: Chronic Disease Preventative Care and Management

Goal #1: Increase cancer screening rates for breast, cervical, and colorectal cancer

Goal #2: Increase early detection of cardiovascular disease, diabetes, prediabetes and obesity

Goal #3: Promote evidenced-based care to prevent and manage chronic diseases including asthma, arthritis, cardiovascular disease, diabetes and prediabetes and obesity

Goal #4: In the community setting, improve self-management skills for individuals with chronic diseases, including asthma, arthritis, cardiovascular disease, diabetes and prediabetes, and obesity

Priority Area #2: Promote Well-Being and Prevent Mental & Substance Use Disorders

Focus Area 1: Mental and Substance Use Disorders Prevention

Goal #1: Prevent opioid and other substance misuse and deaths

Goal #2: Prevent and address adverse childhood experiences (ACES)

Goal #4: Reduce the prevalence of major depressive disorders

Goal #5: Prevent suicides

Several activities supported development of the combined Community Health Improvement Plan (CHIP) /Community Service Plans (CSPs). Once the Steering Committee determined the priority areas on which

to focus, the NYSDOH template was populated with information solicited from members of the Steering Committee and included identification of intervention strategies to be used, potential activities or action items, key stakeholders, roles, resources available and possible metrics to use for measuring process and outcomes. Steering committee members were asked to consider several elements while selecting the interventions used for the CHIP. Some of the elements included the evidence basis, current resources supporting potential interventions, and the ability to implement, evaluate and sustain the interventions. The draft document was distributed prior to Steering Committee meeting and discussed. The plan was refined over the course of several communications with members and final draft version of the CHIP was unanimously approved by the Steering Committee in December 2019. This CHIP will serve as the basis for ongoing Steering Committee meetings during which it will likely undergo further refinement. As the CHIP is implemented and evaluated, specific actions/interventions may be modified and new ones added in a continuous and dynamic plan, do, check, act (PDCA) cycle.

The Steering Committee will continue to meet on a monthly basis to assess progress to date and adapt the CHIP as circumstances direct. quarterly basis, community partners will complete a performance monitoring tool that tracks all CHIP related activities and process measures as well as incremental gains made on outcome objectives. Meetings will focus on successes and setbacks encountered as stakeholders implement the CHIP, and will serve as a forum for brainstorming and networking to ensure success of or make modifications to the plan based on changing circumstances or emergent issues. The Steering committee will analyze the functionality, responsiveness, and capacity of the community-health systems-government partnership to address public health needs. New members will be welcomed at any time to contribute to process. As part of ongoing analysis of performance, the Steering Committee will seek additional representation from sector specific community organizations and priority population representatives to assist with evaluating impact of CHIP.

In closing, it is important that we reflect on the magnitude of this assessment process and importance of producing an action plan that will undoubtedly shape the health outcomes of our community over the next several years. The undertaking of work from our community partners; including Binghamton University's Graduate Students, and support of our health department and hospitals' leadership fostered a comprehensive, in depth look into the health status of those who live here in Broome County. It is hoped that this information will help to inform policy, systems and environmental changes that will affect all levels of the health impact pyramid, while serving as a resource for academics and clinicians, and assisting individuals to focus on the health of their community and finding ways to improve it.

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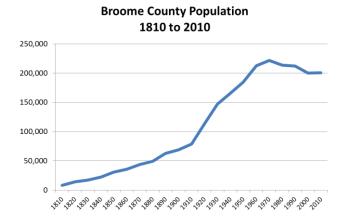
SECTION ONE - POPULATIONS AT RISK

A. Demographic and Health Status Information

Population

Broome County is located in the Southern Tier of New York State (NYS), which encompasses nine counties along the Pennsylvania border and is one of three counties in the central New York region. The estimated population of Broome County in 2018 was 191,659. The county covers a land area of 705.77 square miles yielding a population density of 272 persons per square mile. The county is comprised of 16 towns, 7 villages, and 1 city. Three towns (Chenango, Union, and Vestal) and one city (Binghamton) have populations greater than 10,000 and 14 towns have populations less than 10,000 (Figure 3). The largest concentrations of residents are located in the southwest section of the county, which includes the City of Binghamton and the towns of Vestal and Union (Figure 4). Broome County ranks 19th out of 62 counties in population size. State population maps appear in Appendix B1-B3.

Figure 1. Broome County Population, 1810–2010



The population of Broome County grew steadily from 1810 to 1970, peaking at 221,815 persons in 1970 (Figure 1). This growth was attributable to manufacturing opportunities offered by such businesses as Endicott-Johnson Shoe Company, International Business Machines (IBM), and Link Flight Simulation. Since 1970, Broome County has experienced a net out-migration due to economic forces resulting in a reversal of this trend (Table 1 and Figure 2).

SOURCE: US Census Bureau, Population of States and Counties of the United States: 1790 to 1990; American Fact Finder, 2000, 2010

Population projection estimates suggest that this decline is likely to continue through 2050 with a net population loss of approximately 5,000 persons over this period of time (Cornell University, Program on Applied Demographics [PAD] Projections, 2019). The population changes are not evenly distributed across municipalities. Between 2000 and 2018, the towns of Maine and Triangle experienced a net outmigration that exceeded 10% while the towns of Barker and Lisle experienced net population increases in excess of 15% and 5% respectively (Figure 5). Between 2010 and 2015, Conklin, City of Binghamton and Nanticoke experienced the largest population losses (2.7%, 2.8%, and 3.4%

respectively).¹ Both Conklin and Nanticoke have a high percentage of their populations located within the 1% and 0.2% flood boundaries (Conklin, 62.2% and 70.7% respectively; Nanticoke, 62.4% for both).² Flooding from severe storms particularly in September of 2004 and June 2006 may account for at least some of these population losses during the previous intercensal period, and population impacts from hurricane Irene and tropical storm Lee in 2011 and hurricane Sandy in 2012 may account for some of these losses during the current intercensal period.

Table 1. Population Estimates, Broome County, NY, 2000–2018

Year	Population	Population	Percent Change
(as of July 1)	Estimate	Loss	(from Previous Year)
2000	200,299	_	_
2001	199,958	341	-0.170
2002	199,670	288	-0.144
2003	198,326	1,344	-0.673
2004	197,453	873	-0.440
2005	196,127	1,326	-0.672
2006	195,942	185	-0.094
2007	195,477	465	-0.237
2008	195,018	459	-0.235
2009	194,630	388	-0.199
2010	200,272	5,642	+2.899
2011	199,031	1241	-0.620
2012	198,060	971	-0.488
2013	197,911	149	-0.075
2014	197,251	660	-0.333
2015	195,794	1457	-0.739
2016	194,345	1449	-0.740
2017	192,959	1386	-0.713
2018	191,659	1300	-0.674

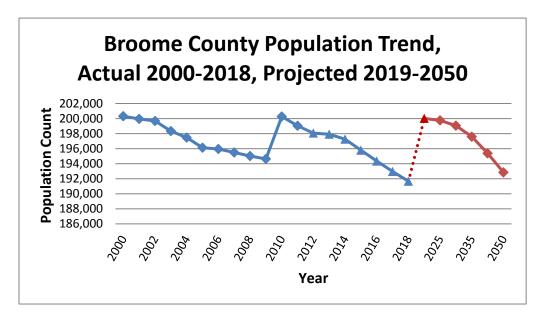
SOURCE: US Census Bureau, Population Estimâtes Program, 2000-2018

¹ Cornell Program on Applied Demographics. (2017). Broome County Profile 2017: A collection of recent demographic, social and economic data. Retrieved from https://pad.human.cornell.edu/profiles/Broome.pdf

² Broome County Hazard Mitigation Plan. (2013). *DMA 2000 Hazard Mitigation Plan Update – Broome County, New York*. Retrieved from

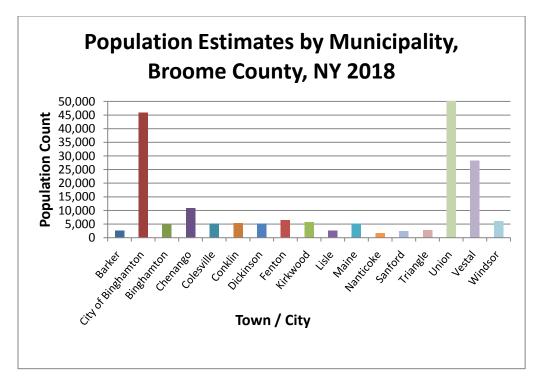
http://gobroomecounty.com/files/planning/ pdf/Hazard%20Mitigation/Final%20Draft%20For%20Approval/Section%205 4 1 %20b%20Flood%20February%202013%20low%20res.pdf

Figure 2. Population Trend, Broome County, NY, Actual 2000–2018, Projected 2019-2050



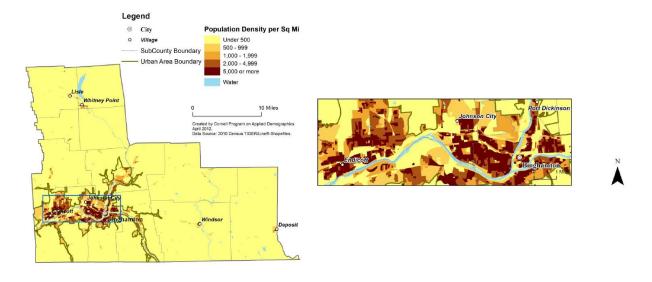
SOURCE: US Census Bureau, Population Estimates Program, 2000–2012; Cornell University, Program on Applied Demographics Projections, 2013

Figure 3. Population Estimates by Municipality, Broome County, NY, 2018



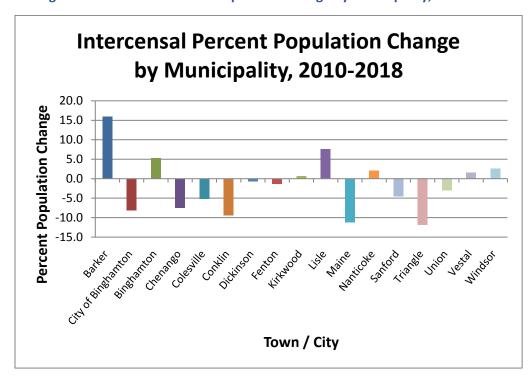
Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2018

Figure 4. Population Map of Broome County, NY (persons per square mile), Broome County, NY, 2010



SOURCE: Cornell University, Program on Applied Demographics Projections, 2017

Figure 5. Intercensal Percent Population Change by Municipality, 2010-2018



SOURCE: US Census Bureau Intercensal Population Estimates, 2010-2018

2018 Population Estimates by Age Category 85 years and over, 3% 80 to 84 years, 3% Under 5 years, 5% 75 to 79 years, 3% 5 to 9 years, 5% 70 to 74 years, 4% 10 to 14 years, 5% 65 to 69 years, 6% 60 to 64 years, 7% 15 to 19 years, 8% 55 to 59 years, 8% 20 to 24 years, 10% 50 to 54 years, 7% 25 to 29 years, 6% 45 to 49 years, 6% 30 to 34 years, 5% 40 to 44 years, 5% 35 to 39 years, 6%

Figure 6. Population Estimates by Age Category, Broome County, NY, 2018

SOURCE: US Census Bureau, Population Estimates Program, 2018

Age and Gender

Population estimates by gender for Broome County (2017) appear in Appendix B5. Specific age groups by gender (2017) appear in Appendix B4. The median age in Broome County is 38.1 years for males, 42.2 for females, and 39.6 overall, ranking it in the third quartile for NYS. In comparison, the median age is 38.4 years in NYS and 37.8 years in the US. Children under 18 years of age comprise 19.5% of the population; and adults age 65 and older, 17.9% (Figure 6), yielding a child dependency ratio³ of 31.4, an old age dependency ratio⁴ of 28.6, and an age dependency ratio⁵ of 60.1. These figures are 33.4, 23.9, and 57.3 for NYS, and 36.9, 23.9, and 60.8 for the US respectively. Maps from the Census 2010 showing counties by age concentrations appear in Appendix B6 and B7, and graphically depicts the lower concentration of youth and higher concentration of elderly relative to the rest of the state. Thus, Broome County experiences a greater burden of care for their elderly than NYS or the US.

For the estimated 2017 population, 48.8% are male and 51.2% are female. The population pyramid in Figure 7 depicts 5-year age groups or cohorts for both males (left side) and females (right side). Up to age 40, males outnumber females, but after age 50 women comprise the larger proportion of the total

 $^{^{3}}$ The child dependency ratio = [(the number of people age <18) \div (the number of people age 18-64)] x 100. This ratio reflects the burden of care for children on the working population.

⁴ The old age dependency ratio = [(the number of people age 65+) ÷ (the number of people age 18-64)] x 100. This ratio reflects the burden of care for elders on the working population.

⁵ The dependency ratio = [(the number of people age <18 + the number of people age 65+) ÷ (the number of people age 18-64)] x 100. This number reflects the care burden for the economically dependent members of society on the working population.

population. The sex ratio⁶ is 107.7 in the three youngest cohorts (ages 0 to 14) as compared to 62.1 in the three oldest cohorts (75 and older), which reflects the higher mortality rates among older men. Because women tend to have less economic security than men, widows who live alone may require more services or assistance to remain in their home. The "bulge" in the young adult population is likely attributable to college attendance at Broome Community College and Binghamton University, and the narrowing in the 30–39 age category suggests that graduates subsequently seek job opportunities outside Broome County. The outmigration of young adults and an aging population are responsible for the higher observed old age dependency ratio, which indicates the burden of care on working families in order to support an aging population.

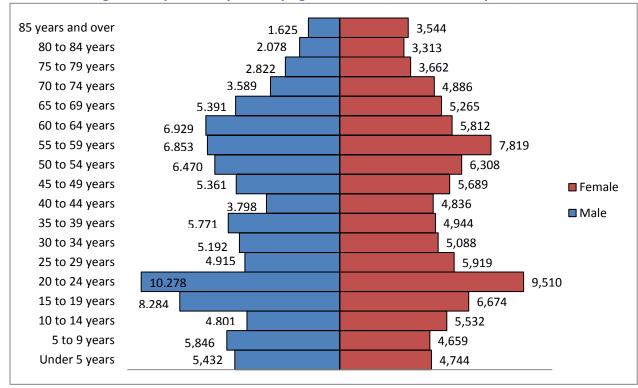


Figure 7. Population Pyramid by Age and Gender, Broome County, NY, 2017

SOURCE: US Census Bureau, Population Estimates Program, 2018

Figure 8 provides data for age distribution of populations across municipalities (see also Appendix B8). Municipalities with the largest percentage of population 65 years of age or older are the towns of Sanford (25.2%), Nanticoke (21.7%), and Kirkwood (20.0%). Municipalities with the largest proportion of population under the age of 15 years are the towns of Lisle (20.2%), Conklin (20.0%), and Triangle (19.6%). In this figure, each bar represents 100% of the population for each municipality. The different color lengths are sectioned based on the relative percentages of the age groups within each municipality. The age dependency ratios are graphically represented by the length of the top and bottom sections in relation to the middle section of each bar. Towns with the highest dependency ratios are Sanford, Nanticoke, and Kirkwood; and towns with the lowest dependency ratio are Barker, Colesville, and Vestal.

⁶ The sex ratio = [(the number males) ÷ (the number of females)] x 100

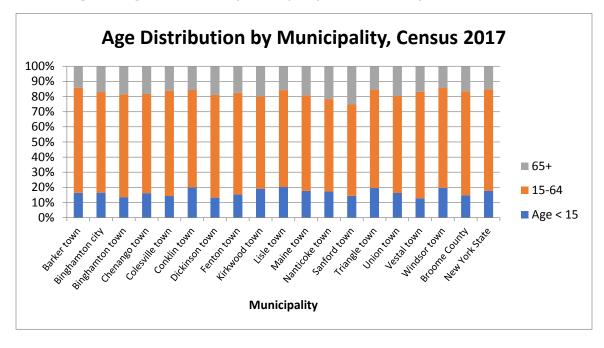


Figure 8. Age Distribution by Municipality, Broome County, NYS, Census 2017

SOURCE: US Census Bureau, Census 2017

Race and Ethnicity

The majority of Broome County's population is white and non-Hispanic (Table 2, see also Appendices B9 & B10). Population estimates indicate that the proportions of Blacks and Asians have increased between 2000 and 2017. For Black non-Hispanics, the population has increased from 3.3% to 5.8% and for Asian non-Hispanics from 2.8% to 4.2%. The proportion of Hispanics or Latinos, regardless of race, has also increased from 2.0% in 2000 to an estimated 4.0% in 2017. Population trends for Black non-Hispanics, Asians, and Hispanics indicate a continuous near linear increase. (Appendices B11-B13).

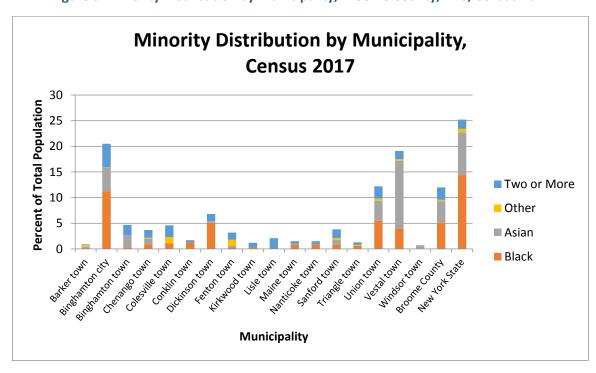
Rural areas of Broome County show less diversity than urban areas (Figure 9 and Appendix B14); and in all areas of Broome County, the proportion of non-white population is well-below NYS and US averages (Table 2). The municipalities with the highest percentage of Blacks include the City of Binghamton (11.2%), the town of Union (6.3%) and the town of Dickinson (5.1%). The municipalities with the largest concentration of Asians are Vestal (13.2%) and the City of Binghamton (4.6%). The largest concentrations of Hispanics are in the City of Binghamton (7.1%) and the towns of Kirkwood (7.0%) and Vestal (4.7%).

Table 2. Population Estimates by Race / Ethnicity Category, Broome County, NY, 2012, 2017

	Broome County				NYS		US			
Race / Ethnicity Category	2012	Percent	2017	Percent	2012	2017	2012	2017		
	Census	Percent	Estimate		%	%	%	%		
One race	193,793	97.8	196,124	97.2	97.3	95.9	97.1	96.9		
White	173,806	87.8	168,776	86.1	65.2	63.8	73.9	73.0		
Black or African American	9,993	5.0	11,279	5.8	15.6	15.7	12.6	12.7		
American Indian or Alaska	451	0.2	451	0.2	0.4	0.4	0.8	0.8		
Native	451	451	431	0.2	431	0.2	0.4	0.4	0.8	0.8
Asian	7,242	3.7	8,321	4.2	7.7	8.3	5.0	5.4		
Native Hawaiian or Other	182	0.1	71	.01	1	0.01	0.2	0.2		
Pacific Islander	102	0.1	/1	.01	1	0.01	0.2	0.2		
Other race	79	0.1	197	1.0	-	8.7	3.7	4.8		
Two or more races	4,267	2.2	5,480	2.8	2.7	3.0	2.9	3.1		
Not Hispanic or Latino	191,002	96.4	188,305	96.0	81.8	81.1	83.1	82.4		
Hispanic or Latino	7,058	3.6	7,819	4.0	18.2	18.9	16.9	17.9		
TOTAL	198,060	100.0	196,124	100.0	100.0	100.0	100.0	100.0		

SOURCE: US Census Bureau, Census 2010, Population Estimates Program 2017

Figure 9. Minority Distribution by Municipality, Broome County, NYS, Census 2017



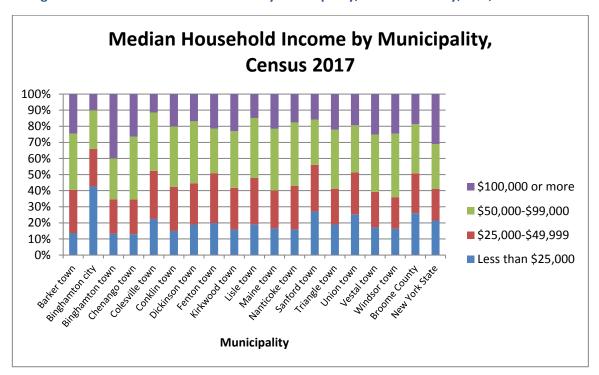
SOURCE: US Census Bureau, Census 2017

Income and Poverty Level

In Broome County, the median household income was \$49,064, which is lower than both NYS (\$55,972) and the US (\$51,484). These figures are based on three-year averages and expressed in 2017 inflation-adjusted dollars. Median income for nonfamily households is 36.4% of that for married families. The median earnings for an individual were \$27,112. Female earnings were 73% that of males. In addition, there is a positive association between earnings and educational attainment. On average, each increase in education level yields a 30% increase in earnings. Data tables and maps for income appear in Appendices B15-B22.

	2019 Federal Pov	erty Guidelines	
Person in	100% Poverty	130% Poverty	150% Poverty
family/household	Guideline	Guideline	Guideline
1	\$12,490	\$16,237	\$18,735
2	\$16,910	\$21,983	\$25,365
3	\$21,330	\$27,729	\$31,995
4	\$25,750	\$33,475	\$38,625
5	\$30,170	\$39,221	\$45,255
6	\$34,590	\$44,967	\$51,885
7	\$39,010	\$50,713	\$58,515
8	\$43,430	\$56,459	\$65,145
Each additional person	\$4,420	\$5,746	\$6,630

Figure 10. Median Household Income by Municipality, Broome County, NYS, Census 2017



SOURCE: US Census Bureau, Census 2017

There were 31,795 individuals below poverty level in Broome County, which represents 17.1% of the population for whom poverty status was determined (Table 3). For the period 2013-2017, the proportion of individuals below poverty was higher in Broome County (17.1%) than in NYS (15.1%) or the US (14.6%), and relates to the lower income levels observed for both individuals and households.

Detailed analyses of poverty level and demographic/social characteristics are provided for individuals and for families (Appendices B23-B33). The age group with the highest percentage below poverty level is children under 18 years of age (23.0%). The proportion of individuals below poverty level is 3.2 times higher for Blacks/African Americans and 2.7 times higher for Asians as well as 3.0 times higher for Hispanics (any race) than for whites (non-Hispanic). The percent below poverty level decreases with greater educational attainment; and over 34% of individuals who have less than a high school education are below poverty level. More than 20% of individuals who worked part-time year-round were below poverty level and 25.0% of individuals who did not work were below poverty level.

The differences in poverty level among type of household are particularly striking (Appendix B24). Families in which the head of household is female with no husband present have poverty rates that are more than seven times higher than married-couple families (e.g., 32.0% vs. 4.5%). These differences are compounded by significant racial and ethnic disparities. Over 61% percent of families receiving Supplemental Security Income and/or cash public assistance were below poverty level, and the poverty level was more than 64 % for families with 3 or more children in which the head of household was female with no husband present.

Municipalities with the highest percentage of individuals or families below poverty level included the City of Binghamton (33.3%) and the towns of Colesville (16.6%), Kirkwood (13.9%), Union (13.4%), Lisle (13.4%), Vestal (13.4%), and Fenton (13.0%) indicating that both rural and urban areas appear to experience higher levels of poverty than suburban areas (Appendix B32 & B33).

In relation to indicators of poverty for children and youth, rates in Broome County are higher than NYS. In 2017, there were 8,571 children under the age of 18 who were living below poverty level (23 per 100) and 8,272 received free or reduced-price school lunch in public schools (54.3 per 100). Between 2012 and 2017, slight decreases were observed across all poverty indicators for Broome County as well as NYS and the US (Table 3). Poverty in childhood is associated with a wide range of social, educational, and health-related problems, and this indicator offers an important leverage point for primary prevention.

Table 3. Poverty Indicators for Children and Youth, Broome County, New York State, US 2012 & 2017

	Broome	Broome	NYS	NYS	US	US
	2012	2017	2012	2017	2012	2017
	(%)	(%)	(%)	(%)	(%)	(%)
Children living below poverty	25.5	23.0	22.8	21.3	22.6	20.3
(age < 18 years)	25.5	23.0	22.0	21.5	22.0	20.5
Households receiving food						
stamp/SNAP benefits	17.0	16.0	15.5	15.2	13.6	12.6
(past 12 months)						
Families receiving public	39.6	38.1	36.5	33.2	32.7	28.0
assistance	39.0	56.1	50.5	55.2	32.7	26.0
Households receiving	7.0	5.6	6.6	6.9	5.4	6.7
Supplemental Security Income	7.0	5.0	0.0	0.9	5.4	0.7

SOURCE: US Census Bureau, American Community Survey, 2013-2017 (5-year estimates)

Employment

For the period 2013-2017, the three-year unemployment rate for Broome County was 9.1%. Young adults had the highest unemployment rates, with 15.9% of 16–19 year olds and 12.3% of 20–24 year-olds unemployed. Unemployment rates for Blacks/African Americans, Asians, and Hispanics (any race) were 16.7%, 8.1%, and 11.1% respectively. The rates for Blacks/African Americans and Hispanics were 2-3 times higher than for Whites (6.3%). More than 26% of the population 16 years of age or over and who were below the poverty level were unemployed. Of those who reported any type of disability, 15.3% were unemployed. Trends in employment are indicators of economic vitality. The economic conditions in NYS have resulted in similar fluctuations in unemployment for both Broome County and NYS (see Figure 11).

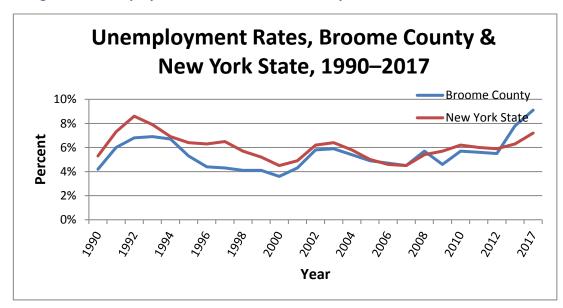


Figure 11. Unemployment Rates for Broome County and New York State, 1990–2017

SOURCE: New York State Department of Labor, 1990-2017

County-specific information for employment status also appears in Appendices B34-B41. For the period 2013-2017, the three-year employment rate for Broome County was 54.1%. Employment rates were lowest for the eldest and youngest populations and highest for the 55--64 age group (76.3.0%). Rates of employment were higher for whites (54.8%) than for Blacks/African-Americans (49.8%), Asians (42.8%), or Hispanics (47.4%). For those below poverty level, employment rates were 32.0% and for those with any type of disability 31.1%. Because insurance status is generally linked to employment, lower rates of employment are associated with lack of access to health care and health care coverage, which in turn are related to higher morbidity and mortality rates.

Municipalities with the highest employment among the population age 16 years and over were the towns of Kirkwood (63.9%), Barker (63.7%) and Windsor (62.6%). The highest unemployment among municipalities included the towns of Sanford (11.8%), Nanticoke (6.1%), Lisle (7.1%), and Colesville (6.4%), as well as the city of Binghamton (5.4%). Labor force refers to the number of people available for work—both those who are employed and those who are unemployed, but looking for work. Individuals who are not in the labor force include those who are going to school or are retired, those whose family

responsibilities keep them from working, and those who have given up trying to find a job. Municipalities with the largest proportion of the population age 16 and over who are not in the labor force were the towns of Dickinson (50.5%), Vestal (51.9%), and Sanford (50.3%) in addition to the city of Binghamton (44.9 %). These data are presented in Figure 12 below.

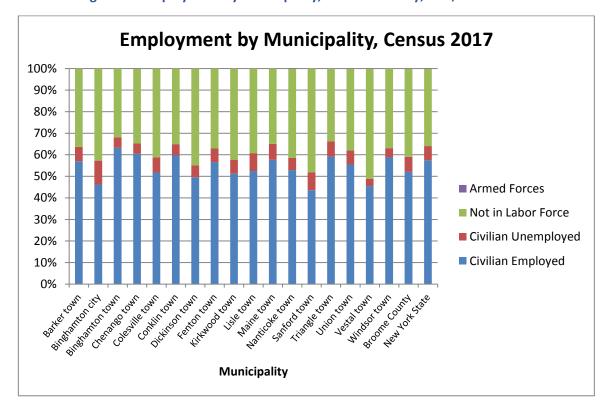


Figure 12. Employment by Municipality, Broome County, NYS, Census 2017

SOURCE: US Census Bureau, Census 2017

Education

Comparisons of three-year estimates for educational attainment appear in Table 4 and the data are shown in Figure 13. Among individuals 25 years of age and over, the percent population with less than a ninth-grade education is lower for Broome County (2.9%) than for NYS (6.5%) or the US (5.4%). The percent population who are high school graduates or who have an associate degree is higher than state and national averages. These data indicate a somewhat more educated public. Although the percent population enrolled in college or graduate school is higher in Broome County than in NYS or the US, a lower percentage of the adult population who reside in the county have earned a bachelor's degree or higher. These data suggest that college graduates who earn their degree in Broome County may migrate out of the local area.

Educational attainment by municipality is presented in Figure 13 and corresponding data appear in Appendix B46. The municipalities with the highest proportion of population who have less than a high

school education are the townships of Colesville (16.9%) and Lisle (12.6%), and the City of Binghamton (14.9%). These municipalities represent both inner city (urban) and rural areas. The municipalities with the highest percent population having a bachelor's degree or better are the towns of Vestal (44.1%) and Chenango (33.3%). These suburban areas are located near two major educational institutions: Broome Community College and Binghamton University, which may account for the more educated population in proximity.

School enrollment data are presented in Table 5. In Broome County, the percent of children enrolled in preschool is lower than both state and national averages (4.9% vs. 6.0% respectively) whereas the percent population enrolled in college or graduate school is higher for Broome County than either the state or the nation (40.9% vs. 31.0% and 28.0% respectively). Data for school enrollment by municipality is presented in Figure 15 and these data appear in Appendix B46. Municipalities with the highest proportion of the student population enrolled in college located in the town of Vestal (72.3%) and the city of Binghamton (44.8%). The annual dropout rate for Broome County for the 2016-2017 school year was 2.9%, which was higher than the 2.1% for NYS, and the percent of high school graduates intending to enroll in college was 88.4% compared to 84.0% for NYS. Appendices B42-B47 contain relevant education information.

Table 4. Educational Attainment for Broome County, New York State, and United States, 2013-2017

	Broome C	County	NYS	US
Educational Attainment	Population	Percent	Percent	Percent
	Estimate	(%)	(%)	(%)
Population 25 years and over	129,802			
Less than 9th grade	3,497	2.7	6.5	5.4
9th to 12th grade, no diploma	8,932	6.7	7.4	7.2
High school graduate (includes equivalency)	40,700	31.4	26.3	27.3
Some college, no degree	23,958	18.5	15.9	20.8
Associate's degree	16,307	12.6	8.7	8.3
Bachelor's degree	20,371	15.7	19.9	19.1
Graduate or professional degree	16,037	12.4	15.4	11.8
Percent high school graduate or higher		90.4	86.1	87.3
Percent bachelor's degree or higher		28.0	35.3	30.9

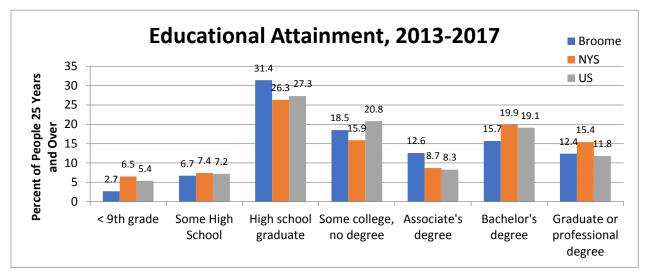
SOURCE: US Census Bureau, American Community Survey, 2013-2017

Table 5. School Enrollment for Broome County, New York State, and United States, 2013-2017

	Broome C	ounty	NYS	US
School Enrollment	Population Estimate	Percent (%)	Percent (%)	Percent (%)
Population 3 years and over enrolled in school	53,058			
Nursery school, preschool	2,612	4.9	6.0	6.2
Kindergarten	2,136	4.0	5.1	4.8
Elementary school (grades 1–8)	17,093	32.2	40.2	37.9
High school (grades 9–12)	9,530	18.0	20.8	20.4
College or graduate school	21,687	40.9	28.0	31.0

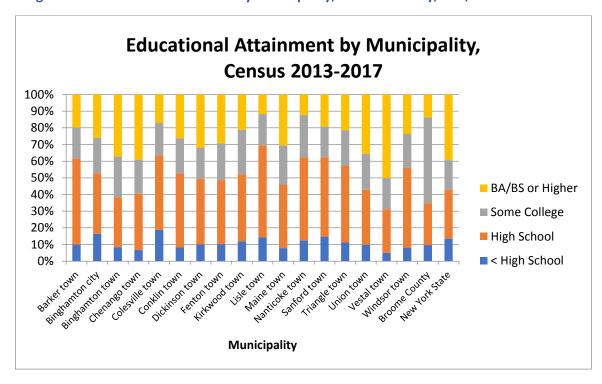
SOURCE: US Census Bureau, American Community Survey, 2013-2017

Figure 13. Educational Attainment, 2013-2017



SOURCE: US Census Bureau, American Community Survey, 2013-2017

Figure 14. Educational Attainment by Municipality, Broome County, NYS, Census 2013-2017



SOURCE: US Census Bureau, Census 2013-2017

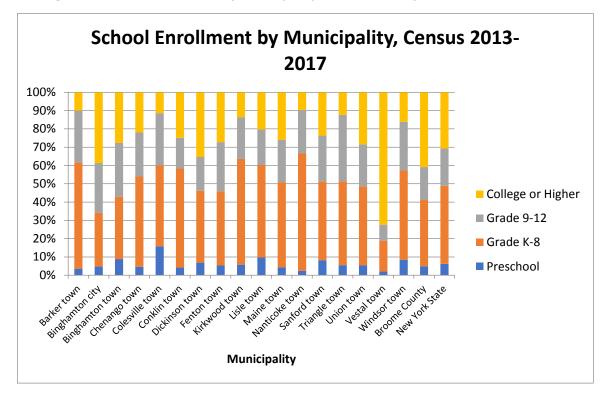


Figure 15. School Enrollment by Municipality, Broome County, NYS, Census 2013-2017

SOURCE: US Census Bureau, Census 2013-2017

Housing

Housing information can be found in Appendices B48. Between 2013 and 2017, Broome County had an estimated 90,727 housing units and an 86.9% occupancy rate. The majority of housing in Broome County (55.2%) was built before 1960 and only 10.9% of homes are newer (built since 1990). Of the total number of housing units, most are single-unit (62.9%), 32.2% are multi-unit and 4.9% are mobile homes. Of the occupied housing units, 65.7% are owner-occupied and 34.3% are renter-occupied. The median value of an owner-occupied home for the 2013-2017 period was \$113,100, which is 60% of the national median value (\$187,640) and only 63% of the median value of a home in NYS (\$179,500). Over 62.8% of occupied housing units use gas for heating, 11.7% use kerosene or fuel oil, 13.2% use electricity, 6.7% use propane, and 3.6% heat their homes with wood. Monthly owner costs for housing units with a mortgage were \$1,185 for those units without a mortgage, \$495, and for renters, \$734. Almost 20% of housing units with a mortgage had owner costs that were 26.0% or more of the household income, and this figure was only 12.8% for housing units without a mortgage. In contrast, 54.1% of renters spent 30% or more of the household income on rent. For transportation, 12.4% did not have access to a private vehicle while 50.8% had two or more vehicles.

Marital Status

Information about marital status can be found in Appendix B49. In Broome County, 45.4% of the male population over age 15 are currently married, 40.0% were never married, 9.8% are divorced, 2.8% are widowed, and 2.0% are separated (3-year estimates for 2013-2017). Among females over the age of 15, 41.7% are currently married, 33.6% were never married, 12.4% are divorced, 10.1% are widowed, and 2.2% are separated. In comparison to Whites, Blacks/African-Americans are more likely to be never married or separated and less likely to be currently married. Asians are more likely to be never married and less likely to be divorced or separated than Whites. Hispanics (any race) are more likely to be never married and less likely to be divorced than White, Non-Hispanics. Foreign born citizens have lower rates of divorce and separation than native citizens, which may relate to a traditional value placed on marriage by first generation immigrants. Females are more likely to be widowed than males (10.1% compared to 2.8%).

Households and Families

Household and family data are provided in Appendix B50. For the period 2013-2017, the total number of households in Broome County was estimated to be 78,821 and the average household size was 2.36 persons. Most households were comprised of families, both married-couple households (42.8%) and single head of household (16.5%, comprised of 11.5% female and 5.0% male). The remaining nonfamily households consisted of a person living alone (34.1%) or a person living with other non-related individuals (9%). Of those householders who live alone, 43% are over the age 65. These demographics represent an important consideration when planning for the delivery of care, particularly in relation to chronic disease management.

Grandparents

Information about grandparents is located in Appendix B52. An estimated 2,672 grandparents lived with their own grandchildren under the age of 18. Of these grandparents, 68.6% had primary responsibility for care of the children. Of those grandparents who were responsible for the care of their own grandchildren under the age of 18, 59.3% were female, 88% were between the ages of 30 and 59 years, 66.1% were married, 36.3% had some disability, 9.8% spoke a language other than English, 5.2% did not speak English very well, and 27.3% were below poverty level. In 20.1% of cases, no parent was present.

Language & Nativity

Although fairly homogenous in its racial make-up, Broome County has become more diverse, owing to its use as a resettlement site for Asian/Pacific Islander, Middle Eastern, African, and Eastern European refugees. Despite this influx, only 7.1% of people living in Broome County were foreign-born, less than half of the national average (14.3%) and nearly one-fourth of the NYS average (24.7%). Broome County has relatively higher rates of non-English speaking residents than many other rural upstate New York counties. For the period 2013-2017, an estimated 9.5% of individuals five years of age or older spoke a

language other than English in the home including Indo-European language (4.2%), Asian/Pacific Islander Language (2.6%), and Spanish (2.2%). Not surprisingly, individuals who speak a language other than English in the home are more likely to be foreign-born. Notably, these individuals are more likely to be below poverty level than those who are English-only speaking. Comparisons of educational attainment reveal an interesting dichotomy. Compared to those who speak English only, those who speak a language other than English in the home are more likely to have less than a high school education or to have a bachelor's degree or higher. Information about language and nativity can be found in Appendices B53 and B54.

Disability

For the period 2013-2017, an estimated 15.4% of individuals age 5 or more residing in Broome County had some type of disability; 9.3% had one disability and 8.7% had two or more disabilities. Males with disabilities outnumbered females by 2:1 in the 5 to 17 age category, which is likely associated with high risk behaviors and traumatic injuries that are more prevalent in this age group. In contrast, females outnumbered males by a factor of 1.3 in the 65 and over age group, which likely relates to the longevity of women and increased risk for disability that comes with age. Almost 35% of the total population age 65 and older reported some type of disability. Among those individuals over the age of 5 years for whom poverty status was determined, the proportion of those with any disability was 25% for Broome County, 11.3% for NYS, and 13.6% in the US. In Broome County, 25.6% percent of individuals with a disability have incomes below poverty level. This figure increases to almost 40% if the person has an employment disability (determined by asking individuals if they have a physical, mental, or emotional condition lasting 6 months or more that caused difficulty in working at a job or business). Information about disabilities is located in Appendices B55-B58.

Veteran Status

Ten percent of the civilian population aged 18 or older in Broome County has veteran status (Appendix B59). The majority of these individuals were veterans of the Vietnam War (34.9%), Korean War (12.7%), or Gulf War '90-01 (12.0%). Over 21% were from two recent Gulf War periods. Most veterans are white (95.6%), male (94.2%), and age 55 or older (76%). Compared to non-veterans, they are less than half as likely to be below poverty level (6.9% vs. 16.4%), but nearly twice as likely to have a disability (29.5% vs. 17.1%).

Commuting

Of the workers in Broome County age 16 or over, an estimated 88.8% used a privately-owned car, truck, or van to get to work. Of these commuters, only 8.4% carpooled and 80.4% drove alone. Alternative modes of transportation reported include: public transportation (excluding taxicab), 3.9%; walked to get to work, 4.0%; bicycle, 0.1%; and taxicab, motorcycle, or other, 1.0%. Over 4% of workers age 16 or older worked at home. 16.7% reported travel time as a half-hour or more and the mean travel time to work was just over 18 minutes. The vast majority work in NYS (98.5%) and most worked in Broome

County (88.6%). Because travel occurs predominantly by privately owned vehicle, those who live in rural areas, who are on fixed incomes, or who must travel distances may have difficulty accessing services in urban areas. Information about commuting is located in Appendices B60.

A summary of the US Census Bureau demographic data from the American Community Survey 2013–2017 is presented in Appendix B62.

The next section provides epidemiologic data for select areas of public health concern. In each section, applicable *Healthy People 2020* objectives are listed followed by analyses of data making comparisons between Broome County and NYS as well as Upstate NY. Where possible, trend data are also examined with data presented in chart format in the appendices.

To determine quartile rankings, rates among NYS counties are sorted in ascending or descending order and subsequently divided into four equal groups so that each quartile represents one-fourth of the data. The first quartile includes the top 25% of the data and the fourth quartile includes the bottom 25%. For rates of disease, the data are sorted in ascending order. For screenings or health behaviors, the data are sorted in descending order. In both cases, the first quartile or top 25% represents the best performance on that indicator. Maps of NYS with quartile rankings are provided in the appendices.

Achievement toward relevant *Healthy People 2020* objectives are explored. The *Prevention Agenda* indicators for tracking NYS public health priorities are presented in Appendix B162. Data come from a variety of sources compiled by the New York State Department of Health (NYSDOH) including the Prevention Quality Indicators (disparities in ambulatory care sensitive conditions), the Community Health Indicator Reports (CHIRS), and the County Health Indicators by Race/Ethnicity (CHIRE). The county's performance on specific indicators in relation to both state and national priorities is discussed in relevant sections that follow.

In 2012, NYSDOH developed the CHIRS which consolidated the Community Health Assessment Indicators (CHAI) and others within this new reporting system. The CHIRS provides data for over 300 health indicators at the county, regional, and state levels. In addition, data and maps are available that provide quartile rankings for counties within the state. Finally, the CHIRS offers access to information about trends over time (table and graphic form) with single- and three-year averages at the county-level as compared to Upstate New York. Numerous data sources are used in compiling these reporting systems including: vital statistics; hospitalization and emergency department data from the Statewide Planning and Research Cooperative (SPARCS); specific disease registries such as for cancer, AIDS/HIV, and sexually transmitted diseases; program-based data such as Student Weight Status Category Reporting System (SWSCR), Behavioral Risk Factor Surveillance System (BRFSS), Women's Infants, and Children (WIC) program, and Childhood Lead Prevention Program among others. The CHIRE contains a subset of these health indicators stratified by race/ethnicity in order to assist communities in addressing disparities among minority subgroups. The CHIRE data are located in Appendix B61 and are discussed in further detail in the Social Determinants of Health section. Citations for all data sources in this community health assessment are noted at the bottom of each data table or chart.

New York State (NYS) is composed of a total of 62 counties. Upstate New York (Upstate NY) refers to the 57 counties outside of the New York City metro area and thus excludes the Bronx, Kings, New York, Queens, and Richmond Counties.

Healthy People 2020 Objectives — Natality

FP-8. Reduce pregnancies among adolescent females.

FP-8.1 Reduce pregnancies among adolescent females aged 15 to 17 years

Target: 36.2 pregnancies per 1,000

FP 8.2 Reduce pregnancies among adolescent females aged 18 to 19 years

Target: 105.9 pregnancies per 1,000

Natality

Data related to family planning and natality can be found in Appendix B63 along with additional charts and maps in Appendices B64-B93.

The birth rate for Broome County was 10.2 live births per 1,000 women with almost no change in this rate for the past 5 years. This rate is somewhat lower than Upstate NY (10.6) and NYS (13.5). For the period 2014-2016, Broome County's fertility rate (i.e., births per 1,000 female population age 15–44) was 53.4 per 1,000. In comparison, the fertility rate was 58.5 per 1,000 for NYS and 57.2 per 1,000 for Upstate NY. Broome County's fertility rate was significantly lower. For Broome County, the teen fertility rate was: 0.6 per 1,000 for females age 10-14 years, 20.3 per 1,000 for females age 15-17 years, 26.9 for females age 15-19 years, and 32.8 for females age 18-19 years. The fertility rate among females age 15-17 years was significantly higher for Broome County than for Upstate NY and significantly lower among females age 18-19 years. The fertility rates among females age 15-19 years and 18-19 years were significantly lower for Broome County than for NYS as a whole. Broome County was in the second quartile for the overall fertility rate, in the third quartile for fertility rate among females age 10-14 and 15-17, in the second quartile for fertility rate among females age 15-19 years, and in the first quartile for fertility rate among females age 18-19 years. Over the last few years, teen fertility rates have trended slightly downward across all age groups.

For the 2014-2016 period, the pregnancy rate for females age 15–44 in Broome County was 75.2 pregnancies per 1,000 females compared to 83.8 for NYS (significantly lower) and 72.8 for upstate NY. This rate has increased slightly over the past five years. Age-specific rates were significantly lower for Broome County than for NYS among females aged 10–14, 15–17, 18-19, and 15–19. Although Broome County ranked in the fourth quartile for teen pregnancy among 15–17 year-olds and was significantly higher than all other Upstate NY counties, it was below the *Healthy People 2020* objective of 36.2 per 1,000. Trend data indicate that the three-year average pregnancy rate for 10–14 year-olds has declined slightly from 1.1 to 0.6between 2006 and 2016. The three-year average for pregnancy rate among 15–19 year-old females in Broome County has similarly decreased slightly from 45.8 in 2005 to 26.9 in 2016. There is considerable heterogeneity within the county in relation to pregnancy rates with the highest rates in the city of Binghamton (zip codes 13901, 13903, 13904, 13905), Johnson City (zip code 13790),

and Deposit (zip code 13754). Though pregnancy rates are generally lower than the state, fertility rate and trend data suggest close monitoring of and continued public health efforts in the area of teenage pregnancy.

Morbidity

Disease morbidity relates to the prevalence or occurrence of injury or illness in a population. Prevalence is calculated as a proportion and is defined as the number of individuals with a defined disease or condition divided by the total population at a given point in time. Prevalence measures are useful for assessing the public health impact of a specific disease within a community and for projecting the medical care needs of affected individuals. Incidence refers to the number of new cases that develop in a given period of time divided by the total population at risk. This figure provides an estimate of the probability or risk that an individual will develop a disease and is useful for examining antecedent exposures.

Detailed information is provided in each basic service area section that follows. A summary table of selected morbidity indicators is provided in Table 6 below. These indicators were selected as they represent areas in which Broome County underperformed relative to the state and provide opportunities for improvement. Comparisons of Broome County data were made to NYS and Upstate NY, and a check mark () appears in the column where the morbidity indicator for Broome County is significantly higher than NYS or Upstate NY. An additional column is provided to indicate morbidity indicators that are in the fourth quartile for the state (poorest performance), for which a check mark () appears in this column. The table includes both crude and age-adjusted rates. The former indicates the actual rate of disease in the population, and the latter is useful for state-level comparisons given the age differences between populations.

Table 6. Selected Morbidity Indicators, Broome County, 2014-2016

Morbidity Indicator	Number of Cases (3 years)	Rate	> NYS	> Upstate NY	4 th Quartile NYS
CHILD HEALTH					
Pneumonia hospitalization (age 0–4 years, per 10,000)	23	22.4			
Gastroenteritis hospitalization (age 0–4 years, per 10,000)	S	N/A			
Otitis media hospitalization (age 0–4 years, per 10,000)	S	N/A			
Incidence rate among children <72 months of age with confirmed blood lead level ≥10 mcg/dL (rate per 1,000 children screened)	86	11.3	√	√	√
ORAL HEALTH					
Dental caries experience (percent of 3 rd grade children) [2009-2011 data]	N/A	56.7	✓	N/A	✓
Untreated dental caries (percent of 3 rd grade children) [2012]	N/A	42.3	√	N/A	✓

Morbidity Indicator	Number of Cases (3 years)	Rate	> NYS	> Upstate NY	4 th Quartile NYS
Caries outpatient emergency department visits (age 3-5 years, rate per 10,000) [2016]	N/A	100.6	✓		1 st

Markidity Indicator	Number of Cases	Rate	> NYS	> Upstate	4 th Quartile
Morbidity Indicator	(3 years)	Nate	~ IV13	NY	NYS
COMMUNICABLE DISEASES					
Pneumonia/flu hospitalization	389	108.9	✓	✓	
(age 65+ years, rate per 10,000)					
Chlamydia case rate – ages 15-44 years	700	185.9	✓	✓	√
(rate per 100,000)					
Meningococcal incidence	N/A	N/A			
(rate per 100,000)					
OCCUPATIONAL					
Asbestosis hospitalization	S	N/A			
(rate per 10,000)					
INJURY					
Self-Inflicted injury hospitalization ⁺	143	8	✓	✓	√
(age-adjusted rate per 10,000)					
Unintentional injury hospitalization ⁺	1,802	72.0	✓	✓	
(age-adjusted rate per 10,000)					
Age 25-64 years	576	61.8	✓	✓	
Age 65 years and older	1,117	312.6	✓	✓	✓
Fall-related hospitalization ⁺	997	36.1	✓	✓	✓
(age adjusted rate per 10,000)					
Poisoning hospitalization ⁺	192	12.8	✓	✓	
(age-adjusted rate per 10,000)					
ALCOHOL & OTHER DRUGS					
Alcohol-related motor vehicle injuries & deaths	219	37.2			
Newborn drug related discharges		11.9	✓	✓	
(per 10,000 newborn discharges)		11.5			

SOURCE: New York State Community Health Indicators Reports, 2014–2016

Broome County was lower than or similar to NYS and Upstate NY for most hospitalization rates with several noteworthy exceptions. Pneumonia hospitalizations in children age 0–4 were significantly lower than both statewide rates and ranked in the second quartile. Pneumonia hospitalizations among adults age 65 and older were slightly higher in Broome County than in Upstate NY (Appendices D37 & D38). Hospitalization rates for children age 0-4 were suppressed for both gastroenteritis and otitis media. Child and adolescent health indicators are located in Appendix B172 with trend data and maps in Appendices B173-B189.

⁺ Age-adjusted hospitalization rate reported

^{*} Rate unstable, fewer than 10 events in numerator

Several categories for injury-related hospitalizations were identified as significant areas of need, including self-inflicted injury, unintentional injury (overall, age 25-64, and 65+), falls, and poisoning. In all categories, the rates observed in Broome County were higher than NYS and Upstate NY. In addition, Broome County ranked in the first quartile for self-inflicted injury hospitalizations, unintentional injury hospitalizations among adults aged 65 and older, and fall-related hospitalizations. Injury mortality and morbidity indicators can be found in Appendix C102 with additional tables, charts, and maps in Appendices C103-C143. An occupational hazard, asbestosis hospitalizations were higher in Broome County than in NYS and Upstate NY. Occupational health indicators are located in Appendix C12 and in Appendices C13-C25.

The incidence of high blood lead levels among children under the age of 6 years was significantly higher in Broome County than in Upstate NY. Blood lead levels and lead screening appear in Appendices C24 and C25 and discussed further in the lead poisoning section that follows. Dental caries among third grade children was significantly higher in Broome County than for NYS and the percent of third grade children with untreated dental caries was significantly higher in Broome County than Upstate NY. The number of emergency department visits for dental caries was higher in Broome County than in NYS but lower than Upstate NY. Oral health indicators can be found in Appendix D273 with additional information contained in Appendices D274-D290. Oral health is discussed further in the Dental Health Services section. Broome County ranked in the fourth quartile for blood lead levels, dental caries experience, and untreated dental caries, as well as in the highest quartile for emergency department visits for dental caries.

Alcohol-related motor vehicle injuries and deaths were significantly higher in Broome County than NYS; however, they were lower than Upstate NY (see Appendices C102 & C142-C143). Finally, the newborn drug-related discharge rate in Broome County was significantly higher than the statewide average, and Broome County ranked in the fourth quartile for this indicator (see Appendices C26 & C90).

The prevalence rates for asthma, diabetes, hypertension, cardiovascular disease, and overweight/obesity are listed in Table 7. Broome County was higher than NYS and Upstate NY on most of these measures.

Table 7. Selected Chronic Disease Indicators, Broome County, 2016

Morbidity Indicator	Prevalence (%)
CHRONIC DISEASE	
Asthma (adult)	12.2
Diabetes (adult)	8.6
High blood pressure (adult)	34.0
Cardiovascular disease (adult)	9.4
[diagnosis of heart attack, stroke, or angina]	9.4

SOURCE: New York State Community Health Indicators Reports, 2016

Table 7 (cont). Selected Chronic Disease Indicators, Broome County, 2014-2016

Prevalence (%)
25.7
16.4
15.5
18.3
17.7
15.7
20.7
34.1
31.3
39.1
22.3
33.5
13.9

SOURCE: New York State Community Health Indicators Reports, 2014-2016

The incidence rate for all cancers was significantly higher in Broome County as compared to NYS. However, incidence rates for specific cancers were not significantly higher than NYS or Upstate NY. Although Broome County ranked in the fourth quartile for prostate cancer, the rate was significantly higher than the upstate area or the state as a whole. Table 8 lists incidence rates cancer diagnoses. The cancers with the greatest number of newly diagnosed individuals were female breast (184.4), prostate (116.1), lung and bronchial (88.6), and colorectal (45.6).

Table 8. Cancer Incidence (descending order), Broome County, 2013-2015

Cancer Incidence (rates per 100,000)	Number of Cases (3 years)	Crude Rate	Age-Adjusted Rate
ALL CANCERS		622.1	481.4
Female breast	556	184.4	143.0
Prostate	338	116.1	88.2
Lung & bronchus	552	88.6	66.2
Colon & rectum	270	45.6	34.7
Lip, oral cavity & pharynx	99	16.7	13.0
Ovary	52	17.2	13.4
Cervix / uteri	22	7.3	6.0
Melanoma	11	3.3	2.5
LATE STAGE			
Female breast	155	51.4	43.0
Prostate	60	20.6	15.2

SOURCE: New York State, Community Health Indicator Reports, 2013-2015

Table 9 rank orders condition-specific hospitalizations. For the period 2014-2016, the conditions with the highest crude hospitalization rate are (descending order): diabetes (any diagnosis), cardiovascular disease, diseases of the heart, pneumonia, unintentional injury, falls, coronary heart disease, cerebrovascular disease, chronic lower respiratory disease, congestive heart failure, and heart attack. Public health interventions directed toward reducing the incidence of breast, lung, and colorectal cancers as well as hospitalizations related to diabetes, cardiovascular disease (all forms), unintentional injuries, and falls are likely to have the greatest public health impact on overall disease morbidity for residents of Broome County. The disproportionate ratios by race are evident in Table 10 in particular for diabetes and asthma among Blacks as compared to Whites. Additional information related to hospitalizations and emergency department visits can be found in Appendices B94-B133.

Table 9. Hospitalization Rates (descending order), Broome County, 2014-2016

Condition-Specific Hospitalization (rate per 10,000)	Number of Cases (3 years)	Crude Rate	Age-Adjusted Rate
Hypertension (any diagnosis)			
Diabetes (any diagnosis)	5,358	274.3	213.2
Cardiovascular Disease	3,239	165.8	123.1
Diseases of the Heart	2,152	110.2	81.7
Pneumonia (age 65+)	389	108.9	
Unintentional Injury	1,802	92.3	72.0
Fall-related	997	51.0	36.1
Coronary Heart Disease	732	37.5	28.7
Cerebrovascular	598	30.6	22.3
Chronic Lower Respiratory Disease	351	29.0	23.6
Congestive Heart Failure	508	26.0	18.0
Heart Attack	491	25.1	19.3
Diabetes (primary diagnosis)	350	17.9	16.7
Hypertension (age 18+)	236	15.0	
Traumatic Brain Injury	188	9.6	7.8
Asthma (age 0–17 years)	30	7.8	
Asthma		5.0	5.4
Cirrhosis	92	4.7	4.6

SOURCE: New York State, Community Health Indicators Reports, 2014-2016

Table 10. Hospitalization Rates by Race, Broome County, NY, 2014-2016

White	Black	Total	Ratio
182.2	358.0	189.3	2.0
83.5	105.9	84.2	1.3
23.5	41.0	23.8	1.7
28.8	31.9	29.2	1.1
24.4	27.8	24.7	1.1
12.9	35.3	14.2	2.7
12.0	19.6	12.8	1.6
9.3	20.0	9.9	2.2
5.4	19.9	6.0	3.7
	182.2 83.5 23.5 28.8 24.4 12.9 12.0 9.3	182.2 358.0 83.5 105.9 23.5 41.0 28.8 31.9 24.4 27.8 12.9 35.3 12.0 19.6 9.3 20.0	182.2 358.0 189.3 83.5 105.9 84.2 23.5 41.0 23.8 28.8 31.9 29.2 24.4 27.8 24.7 12.9 35.3 14.2 12.0 19.6 12.8 9.3 20.0 9.9

SOURCE: NYSDOH, Broome County Health Indicators by Race Ethnicity, 2014-2016

Prevention Quality Indicators for Adults and Children

The Prevention Quality Indicators (PQI) were developed by the Centers for Disease Control and Prevention for use in assessing the quality of outpatient care. This set of measures includes conditions for which appropriate outpatient care can potentially prevent the need for hospitalization or for which early intervention can prevent complications or more severe disease. These indicators are measured as rates of admission to the hospital for the condition in a given population and can be used to evaluate the overall quality of primary and preventive care. Thus, the Hospital Inpatient PQIs, as a set of population-based measures among NYS adults, identify "ambulatory care sensitive conditions" and are available for four areas: acute admissions, circulatory admissions, diabetes admissions, and respiratory admissions.

A similar set of population-based measures were developed for examining ambulatory sensitive conditions among children. The NYS Hospital Inpatient Prevention Quality Indicators for Pediatric Discharges (PDIs) include: acute discharges for gastroenteritis and urinary tract infections, short-term complications from diabetes (diabetic ketoacidosis), and asthma. Both the Urinary Tract Infection and Gastroenteritis PDIs include admissions for patients aged 3 months through 17 years. The Asthma PDI includes admissions for patients aged 2 through 17 years. Eligible admissions for the Diabetes Short-term Complications PDI includes admissions for patients aged 6 through 17 years.

Rates for the NYS PQIs and NYS PDIs are calculated using acute care, hospital discharge data from the Statewide Planning and Research Cooperative System (SPARCS) inpatient data for counts in the numerator and Claritas population information for the denominator. Datasets provide observed and expected rates as well as differences in rates by resident county. The Observed Rate is the number of discharges divided by the population then multiplied by 100,000. The Expected Rate is the number of discharges adjusted by age group, gender and race/ethnicity divided by the population then multiplied by 100,000. The Difference in Rates is the Observed Rate minus the Expected Rate. The PDI database also includes risk-adjustment, calculated as the Observed PDI Rate divided by the Expected PDI Rate and multiplied by the statewide PDI rate. Data are available for years 2009-2016 and include composite rates as indicated in the table below:

COMPOSITE RATE	PQI Conditions	PDI Conditions
	Bacterial Pneumonia	Gastroenteritis
Acute	Dehydration	Urinary Tract Infection
	Urinary Tract Infection	
	Angina	
Circulatory	Heart Failure	
	Hypertension	
	Diabetes Short-Term Complications	Diabetes Short-Term Complications
Diabetes	Diabetes Long-Term Complications	
Diabetes	Lower-Extremity Amputations	
	Uncontrolled Diabetes	
Respiratory	Asthma in Younger Adults	Asthma
Respiratory	COPD or Asthma in Older Adults	
	Circulatory Discharges	Diabetes Discharges
Chronic Disease	Diabetes Discharges	Respiratory Discharges
	Respiratory Discharges	
Overall	All PQI Discharges	All PDI Discharges

PQI data tables and charts are located in Appendices B100-B118 and PDI information in Appendices B119-B133. Limitations for interpretation of estimated rates are noted as follows:

- Outmigration for healthcare services: Broome County borders Pennsylvania and some
 individuals who live in Broome County seek services outside the local area. Previous
 examination of this concern revealed that approximately 5% of individuals seek care outside
 Broome County, though no differential bias in relation to the type of care was noted. Thus, the
 outmigration for healthcare services may attenuate the rates, but only to a small extent and not
 for any particular type of hospital admission.
- Version Changes: There may be modifications of the quality indicator logic incorporated into
 version changes of the PDI software. Therefore, trends in rates must be interpreted with
 caution when completing longitudinal analysis across years that utilize different versions of the
 PDI software.
- Transition from ICD-9-CM to ICD-10-CM Coding System: To mitigate the impact of ICD-10 compliance and PDI software version changes, as well as to facilitate trending of the PDI data, a staggered 12-month analysis period was used to represent 2015 PDI data. Therefore, PDI rates calculated for CY 2015 discharges should be treated with caution as they might reflect the change in the coding system and not the trends in PDI rates.
- Other Sources of Bias: Missing demographic information and zip codes as well as the stability of
 rates for categories in which there are small counts can be a source of imprecision and bias in
 these estimates.

Prevention Quality Indicators for Adult Discharges

Among acute care hospitalizations, the highest volume condition was <u>bacterial pneumonia</u>, followed by urinary tract infection, and then dehydration (Appendix B 100). Trend analysis for bacterial pneumonia reveals a steady decline in the observed rate between 2009 (446.3 hospitalizations per 100,000 population) and 2016 (282.1 hospitalizations per 100,000 population), which is a 36.8% reduction over the eight year period. In 2016, the adjusted hospitalization rate for Broome County was considerably higher than NYS (199.1 vs. 110.6 per 100,000, rate ratio 1.80). [Appendix B101]

In 2016, the adjusted rate for <u>dehydration</u> in Broome County was 144.7 hospitalizations per 100,000 population, which was appreciably higher than NYS (95.7 per 100,000, rate ratio 1.58). In Broome County, trends in hospitalizations for dehydration show a U-shaped pattern with rates declining between 2009 and 2013 and then increasing between 2013 and 2016 compared to NYS, which has had a modest and gradual decline for most of the period. [Appendix B102]

In 2016, the adjusted rate for hospitalizations due to <u>urinary tract infections</u> was slightly higher in Broome County than NYS (151.9 vs. 133.7 per 100,000, rate ratio 1.14). Both Broome County and NYS experienced a consistent and slight decline in hospitalizations due to urinary tract infections over the 8-year period. [Appendix B103] For all acute conditions, there was a steady decline in hospitalizations for both Broome County and NYS, though hospitalization rates for Broome County were notably higher than statewide. [Appendix B104]

For hospitalizations due to <u>circulatory</u> conditions, the highest volume condition was heart failure. In 2016, the adjusted hospitalization rate for Broome County was higher than NYS (443.4 vs. 328.9 per 100,000, rate ratio 1.35). Trend analysis for heart failure reveals an increasing trend in the observed rate

between 2010 (361.7 hospitalizations per 100,000 population) and 2016 (443.4 hospitalizations per 100,000 population), which is a 22.6% increase over the eight year period. [Appendix B106] Data charts for hypertension and angina appear in Appendices B105 & B107 respectively, and the circulatory composite in Appendix in B108. Hospitalization rates for both hypertension and angina revealed a declining trend and these declines appear to attenuate the notable increase in heart failure hospitalizations such that the overall circulatory composite was relatively stable over time.

For hospitalizations due to diabetic complications, the highest volume condition was for long-term complications associated with diabetes; data for lower extremity amputation was sparse. In 2016, the adjusted hospitalization rate for <u>diabetes long-term complications</u> in Broome County was lower than NYS (66.9 vs. 79.1 per 100,000, rate ratio 0.85). [Appendix B110] Although the observed hospitalization rates for diabetes long-term complications increased over the period, the adjusted rates showed a modest decline.

The adjusted hospitalization rates for <u>diabetes short-term complications</u> in Broome County were similar to NYS across the period and were relatively stable. [Appendix B109] Although there were fewer cases of <u>lower extremity amputations</u> among patients with diabetes, the rates and trends were similar for Broome County and NYS. [Appendix B11]. The observed hospitalization rate for uncontrolled diabetes in Broome County declined 61.6% between 2009 and 2015 from 26.3 to 10.1 hospitalizations per 100,000 population. Rates for this indicator were similar to NYS rates as was the downward trend over time. However, for both Broome County and NYS, there was a sudden and steep spike in uncontrolled diabetes hospitalizations and it is not clear if this increase is an artifact of the change in ICD codes or represents a meaningful trend. [Appendix B112]

For hospitalizations due to <u>respiratory</u> conditions, the highest volume condition was chronic obstructive pulmonary disease (COPD) or asthma among older adults. Trend analysis for <u>COPD</u> shows a 20% decrease in the observed rate between 2009 and 2012 (549.3 to 438.9 hospitalizations per 100,000 population), and slightly higher rates over the last three years, with an observed rate of 502.7 per 100,000 population in 2016 (Appendix B115). Adjusted rates for COPD hospitalizations were slightly lower for Broome County than for NYS (432.8 vs. 461.5 per 100,000 population, rate ratio 0.94) in 2016, and both Broome County and NYS showed similar decreasing trends in hospitalization rates for COPD over the 8-year period. Hospitalization rates for asthma in young adults revealed a similar declining trend and the overall respiratory composite rate was relatively stable with mild fluctuations over time.

For all <u>chronic conditions</u> and for the <u>overall composite</u>, there was an absolute reduction in the number of potentially preventable hospitalizations. There were approximately 19 fewer potentially preventable hospitalizations per 100,000 population for chronic conditions (2% decrease between 2009 and 2016), 171 per 100,000 fewer for acute conditions (21.4% decrease between 2009 and 2016), and 190 per 100,000 fewer overall (10.4% decrease between 2009 and 2016). The difference in reductions between chronic and acute hospitalizations likely reflects the more challenging nature of preventing exacerbations associated with chronic health conditions.

Prevention Quality Indicators for Pediatric Discharges (PDI)

For pediatric hospitalizations due to acute conditions in 2016, the observed rates for Broome County were slightly higher for gastroenteritis (34 per 100,000 population) than for urinary tract infections (29 per 100,000 population). [Appendix B119] Trend analysis for gastroenteritis showed a decline in hospitalization rates over the 8-year period. [Appendix B120] In Broome County, there was a 61% reduction in the observed rate for gastroenteritis (the rate decreased from 87.3in 2009 to 34.1 per 100,000 in 2016). The hospitalization rates for urinary tract infection showed greater variability in the trend line (Appendix B122). Still, there was a 34% reduction in rates between 2009 and 2016 (from 43.6 to 28.8 per 100,000 population). The adjusted rates for gastroenteritis were similar between Broome County and NYS and they shared a similar downward trend. The adjusted rates for urinary tract infections were similar between Broome County and NYS, though the trend was less discernable. When adjusting for risk, however, NYS rates were flat as compared to Broome County, which showed a pronounced decline (Appendix B123).

For pediatric hospitalizations due to <u>diabetes short-term complications</u> in 2016, the observed rate for potentially preventable hospitalizations in Broome County was 22.9 per 100,000 population (Appendix B126). The adjusted hospitalization rates for Broome County were similar to NYS and trend analysis revealed similar stable/flat rates over the 8-year period between 2009 and 2016.

For pediatric hospitalizations due to <u>asthma</u> in 2016, the observed rate for potentially preventable hospitalizations in Broome County was 60.7 per 100,000 population (Appendix B128). In 2016, the adjusted hospitalization rates for Broome County were considerably lower for Broome County than for NYS (141.3 vs. 208.5 per 100,000 population respectively, rate ratio 0.49). Trend analysis revealed similar stable rates between 2009 and 2016, though Broome County rates were appreciably lower throughout the entire 8-year period.

The <u>acute composite</u> for PDIs includes hospitalizations for gastroenteritis and urinary tract infections. Although there was variability in the observed hospitalization rates, a downward trend was observable for Broome County over the 2009-2016 period (Appendix B124). In 2016, the adjusted hospitalization rate for the acute composite was just slightly lower in Broome County than in NYS (50.8 vs. 57.2 per 100,000 population, rate ratio 0.88). In Broome County, the observed hospitalization rate for acute conditions was 58.8 per 100,000 population in 2009 and 34.3 per 100,000 population in 2016 (a rate difference of 89.7 fewer hospitalizations per 100,000, rate ratio 0.58).

The <u>chronic composite</u> for PDIs includes hospitalizations for both diabetes short-term complications and asthma. Similar to acute conditions, there was notable variability in the observed hospitalization rates for the chronic composite in Broome County, though a trend was less discernable (Appendix B130). In 2016, the adjusted hospitalization rates for the chronic composite was appreciably lower in Broome County than for NYS (117.1 vs. 164.6 per 100,000 population, rate ratio 0.71). In Broome County, the observed hospitalization rate for chronic conditions was 154.4 per 100,000 in 2009 and 64.7 per 100,000 population in 2016 (a rate difference of 24.5 fewer hospitalizations per 100,000, rate ratio 0.42).

The risk adjusted hospitalization rate for the <u>overall composite</u> showed a decreasing trend for both Broome County and NYS between 2009 and 2016. Although the trends were similar, Broome County had consistently lower hospitalizations rates overall than NYS. A spike in hospitalization rates for the overall composite was observable in 2015 and it is not clear if it is an artifact of the change in ICD codes.

Healthy People 2020 Objectives — Mortality

MICH-3 Reduce the rate of child deaths.

MICH 3.1 Reduce the rate of deaths among children aged 1-4 (26.5 deaths per 100,000 population)

MICH 3.2 Reduce the rate of deaths among children aged 5-9 (12.4 deaths per 100,000 population)

MICH- 4 Reduce the rate of adolescent and young adult deaths.

MICH 4.1 Adolescents aged 10 to 14 years (14.8 deaths per 100,000 population)

MICH 4.2 Adolescents aged 15 to 19 years (54.3 deaths per 100,000 population)

MICH 4.3 Adolescents aged 20 to 24 years (88.3 deaths per 100,000 population)

Mortality

Mortality relates to the occurrence of death in a population. Mortality rates for various conditions appear in Appendix B136. Additional information is provided in Appendices B137-B161.

The crude mortality rate for Broome County in 2016 was 1,057.8 per 100,000 population. The crude mortality rate was 973.0 per 100,000 population for Upstate NY and 769.8 per 100,000 population for NYS. The crude mortality rate has remained relatively stable over the past 10 years.

The top five leading causes of death in descending order are: heart disease, cancer, stroke, and chronic lower respiratory diseases (CLRD), and unintentional injuries. For all of these conditions, Broome County experiences a higher mortality rate than Upstate NY and the state as a whole (Table 12). Leading causes of premature death (age 35-64 years) in descending order are: cardiovascular disease, diseases of the heart, coronary heart disease, and cerebrovascular disease. For nearly all of these causes, Broome County experiences a higher mortality rate than Upstate NY and the state as a whole.

Table 12. Leading Causes of Death, Broome County, Upstate New York, New York State 2014-2016

Cause of Death	Broome	County	NYS	Upstate NY
(rate per 100,000 population)	Number	Rate	Rate	Rate
LEADING CAUSES OF DEATH				
Heart Disease	1,552	173.3	178.1	174.4
Cancer	1,296	156.9	149.2	155.4
Stroke	243	27.5	25.6	28.3
Unintentional Injury	314	50.2	30.2	36.5
Chronic Lower Respiratory Diseases	351	40.3	28.9	34.6
Liver Disease	95	13.4	6.8	7.4
Pneumonia				20
CAUSES OF PREMATURE DEATH				
Cardiovascular Disease	288	132.4	102.4	101.0
Diseases of the Heart	234	107.6	83.4	82.8
Coronary Heart Disease	150	68.9	66.4	60.5
Cerebrovascular Disease	29	13.3	10.5	10.3
Congestive Heart Failure	8	3.7*	2.5	3.3

SOURCE: New York State, Community Health Indicators Reports, 2014-2016

NOTE: * = unstable rate

A summary table of selected mortality indicators is provided in Table 13, below. Comparisons of Broome County data were made to Upstate NY and NYS, and a check mark (\checkmark) appears in the column where the mortality rate for Broome County is significantly higher. An additional column is provided to indicate mortality rates which are in the highest quartile for the state (top 25% of all counties in NYS), for which a check mark (\checkmark) appears in this column. Conditions were not included in this table if the crude mortality rate was significant but the age-adjusted rate was not. The mortality indicators in this table represent opportunities for improvement and public health intervention.

In general, mortality rates have remained relatively stable or slightly declined over the past 16 years (2000–2016). For many conditions, the age-adjusted rates are significantly higher for Broome County than both NYS and Upstate NY including: diabetes and cirrhosis mortality; premature death and pretransport mortality due to cardiovascular disease; pre-transport mortality for diseases of the heart, coronary heart disease, and cerebrovascular disease; and for infant and neonatal mortality. Rates for these conditions placed Broome County in the fourth quartile relative to the rest of the state. The absolute number of deaths (3-year total) was highest for cardiovascular disease (1,961), diseases of the heart (1,552), all cancers (1,296), and coronary heart disease (1,299).

Thus, there are few areas in which Broome County does not experience a disproportionate share of deaths. Although the AIDS mortality rate in Broome County was in the fourth quartile for the state, it is nonetheless significantly lower than NYS. Mortality rates in Broome County relative to other NYS counties were in the first quartile for: childhood mortality (age 15-19 years), suicide mortality (age 15-19 years), age-adjusted motor vehicle mortality, and alcohol-related motor vehicle injuries and deaths. In all other areas of mortality, Broome County was not significantly different than Upstate NY or NYS.

Table 13. Selected Mortality Indicators, Broome County, 2014-2016

Mortality Indicator	Number of Cases (3 years)	Crude Rate	Age-Adjusted Rate	> Upstate NY	> NYS	4 th Quartile NYS
CANCER (2014-2016)	1,296	2180.7	156.9	✓	✓	
Lung and bronchus	330	40.3	48.7		✓	
Prostate	59	16.6	23.5			
Ovarian	27	5.4	10.9			✓
DIABETES	168	28.5	20.6	✓	✓	✓
CIRRHOSIS	95	16.1	13.4	✓	✓	✓
CARDIOVASCULAR	1,961	332.8	218.8	✓	✓	✓
Premature death (age 35-64)	288	132.4		✓	✓	✓
Pretransport mortality	1,224	207.7		✓	✓	✓
Diseases of the heart	1,552	263.4	173.3	✓	✓	✓
Premature death (age 35-64)	234	1076		✓	✓	
Pretransport mortality	1,006	179.9		✓	✓	✓
Coronary heart disease	977	165.8	136.2			
Premature death (age 35-64)	150	68.9		✓	✓	
Pretransport mortality	654	111.0		✓	✓	✓
CEREBROVASCULAR DISEASE	243	41.2	27.5	✓	✓	✓
Premature death (age 35-64)	29	13.3		✓	✓	✓
Pretransport mortality	111	18.8		✓	✓	✓
Homicide	13	2.2	2.8			
Unintentional injury	314	53.3	50.2	✓	✓	✓
Alcohol Related Motor Vehicle Injuries and Deaths	273	37.2			✓	
INFANT MORTALITY (per 1,000 births)						
Infant (<1 year)	35	5.8		✓	✓	✓
Neonatal (<28 days)	24	4.0		✓	✓	✓
Post-neonatal (1 month to 1 year)	11	1.8		✓	✓	✓
Perinatal (20 weeks gestation to 28 days of life)	56	9.2		✓	✓	
Chronic Lower Respiratory Diseases (COPD)	351	59.6	40.3	✓	√	
AIDS	10	1.7	1.4	✓	✓	

SOURCE: New York State Community Health Indicators Reports, 2014-2016

Premature Death and Years of Productive Life Lost

For any given death, the years of productive life lost (YPPL) is the number of years prior to age 75 that the death occurred. Deaths over age 75 neither add to nor subtract from the tally of YPLLs. Thus, the YPLLs for a county as a whole will increase a lot with the death of one child, although those cases are rare. A county's YPLLs will increase only a little with the death of one older adult, but the higher frequency of that occurrence can contribute much to the total YPLLs.

The single year and 3-year averages for YPLL in Broome County as compared to Upstate NY for 2001-2016 appear in Appendix B134. In 2016, the YPPL among Broome County residents was higher than among Upstate NY residents (7,795 vs. 6,352 per 100,000 population, rate ratio 0.81) and Broome County ranked in the fourth quartile for this indicator among NYS counties. Between 2001 and 2016, there was an increasing trend in the YPLL among Broome County residents as compared to Upstate NY, whose trend was relatively stable over the same period.

A possible explanation for this increase is that chronically ill individuals (of any age) who are unable to relocate remain in the county whereas healthy young and middle-aged adults can leave the area for jobs or retirement. For the chronically ill who remain, each early death adds to the YPLL for the county. For the healthy who leave, they not included in either the numerator (if they should have an untimely death) or in the denominator (total population). Thus, high rates of outmigration among younger, healthier residents can result in substantial increases in the YPLL. If similar patterns exist across geographic regions, then the outmigration would likely result in non-differential bias and the relative comparisons between regions should remain valid.

Because YPLLs place greater emphasis on deaths among youths and adolescents, these losses have a greater impact on the metric than deaths from chronic disease among older individuals. Thus, increases in the number of deaths due to violence, suicide, and overdose among adolescents and young adults would contribute to a larger number of YPLLs. Individuals who do not have access to healthcare resources are more likely to die younger, and includes those who are economically disadvantaged, those with a disability, and/or those who reside in neighborhoods where there are higher rates of violent crime and drug abuse. These social determinants have disproportionate impacts on the health of Black and Hispanic residents; those who are Asian tend to experience better health outcomes. Thus, the YPPL among these population sub-groups are higher, and such disparities were evident in YPPL for White Non-Hispanics compared to Black Non-Hispanics and Hispanics in Broome County for the period 2009-2013.

Age-adjusted Years of Potential Life Lost (YPLL, before age 75, rate per 100,000population), Broome County, Southern Tier, Upstate New York, New York State, 2009-2013

COUNTY SUB-POPULATION	TOTAL PREMATURE DEATHS	YEARS OF POTENTIAL LIFE LOST (rate per 100,000 population)		
RACE / ETHNICITY				
White Non-Hispanic	3,369	6,735		
Black Non-Hispanic	179	10,040		
Other Non-Hispanic	39	3,063		
Hispanic	71	7,189		
TOTAL				
Broome County	3,684	6,819		
Southern Tier	7,781	6,069		
Upstate New York	178,012	5,528		
New York State	292,218	5,352		

SOURCE: New York State Department of Health, Sub-County Health Data Report for County Health Rankings-Related Measures 2016: Broome County

Basic Service Area: Family Health

Dental Health Education

Information on oral health indicators can be found in appendices (D279-D296). The age-adjusted percentage of adults who have had a dental visit within the last year in Broome County in 2016 was 67.9% compared with NYS (68.4%). Broome County ranked in the third quartile for this indicator. The percentage of Medicaid enrollees with at least one dental visit within the last year and at least one preventive dental visit within the last year for the three-year period 2015-2017 was (33.2%, 28.4% respectively) and compares similarly with NYS for both indicators. Broome County ranks in the first and second quartile for these indicators. There is still limited data available in relation to knowledge about oral health, but from 2007-2009 the age-adjusted incidence of Lip, Oral, and Pharynx Cancer was 16.7 per 100,000 in Broome County compared with NYS (12.9 per 100,000).

The School-Based Health Center Dental Program provides education on brushing, flossing, and nutrition at every dental visit. Oral health status indicators are presented in the Dental Health Services section, and the data for oral health come from screenings performed on third grade children. These data indicate a significant proportion of third grade children experience untreated dental caries, 42.3% in Broome County from 2009-2011. Although a significant proportion of third graders experience untreated dental caries, 80.6% have had at least one dental visit in the last year, and 88.5% have dental insurance. The data support the ongoing and critical need for dental education in order to preserve permanent dentition and maintain oral health. Poor dental health can lead to localized infections of the bone and surrounding structures and has been linked to obesity and other chronic diseases including cardiovascular disease and diabetes.

Healthy People 2020 Objectives — Primary & Preventive Health Care

C-15 Increase the proportion of women who receive a cervical cancer screening based on the most recent guidelines.

Target: 93.0%

C-16 Increase the proportion of adults who receive a colorectal cancer screening based on the most recent guidelines.

Target: 70.5%

C-17 Increase the proportion of women who receive a breast cancer screening based on the most recent guidelines.

Target: 81.1%

HDS-4 Increase the proportion of adults who have had their blood pressure measured within the preceding 2 years and can state whether their blood pressure was normal or high.

Target: 92.6%

HDS-5 Reduce the proportion of persons in the population with hypertension.

HDS-5.1 Reduce the proportion of adults with hypertension. (26.9%)

HDS-5.2 Reduce the proportion of children and adolescents with hypertension. (3.2%)

HDS-6 Increase the proportion of adults who have had their blood cholesterol checked within the preceding 5 years.

Target: 82.1%

Primary and Preventive Health Care Services

Data for primary and preventive health care is from the Expanded Behavioral Risk Factor Surveillance System (BRFSS) and can be found in Appendix B164-B170. In Broome County for 2016 the age-adjusted percent of women aged 21-65 who received a Pap smear within the past three years was 82.9%, which was similar to New York State (82.2%). Broome County was in the third and fourth quartiles respectively for the state and well below the *Healthy People 2020* objective of 93%. The percent of women in 2016 aged 50-74 who received a mammogram within the last 2 years was 58.8% in Broome County, and was significantly lower than NYS (71.2%). The percent of women in 2016 aged 50-74 in Broome County who received breast cancer screening was 71.3% compared with 79.7% for New York State, and is slightly below the *Healthy People 2020* objective of 81.8%. Broome County ranked in the first quartile for this indicator. In 2016, the percentage of adults receiving a colonoscopy in the past 10 years for both age groups 50-64, and 50-75, Broome County (68.5% and 72.9% respectively) was slightly higher than NYS (63.1%, 68.5%).

The percentage of adults who have had their cholesterol checked in the last 5 years was 79.9% for Broome County from 2013-2014, both males and females experienced similar percentages, and those aged 65+ had the highest percentages. Broome County ranked in the second quartile for this indicator. The percent of adults who were diagnosed with high blood pressure in was 34.0% for Broome County for 2016 compared with NYS (28.9%), and Broome County ranked in the fourth quartile for this indicator.

Healthy People 2020 Objectives — Lead Poisoning

EH-8 Reduce blood lead levels in children.

EH-8.1 Eliminate blood lead levels in children. (no applicable measure)

EH-8.2 Reduce the mean blood lead levels in children.

(1.4 μg/dL average blood lead level in children age 1 to 5)

OSH-7. Reduce the proportion of persons who have elevated blood lead concentrations from work exposures.

Target: 20.2 persons per 100,000 employed adults

Lead Poisoning

Information about blood lead levels and lead screening can be found in Appendices C1-C11. The incidence of children < 72 months of age with confirmed blood lead levels ≥ 10 mcg/dL in Broome County was 11.3 per 1,000 children from 2014-2016, which decreased from 18.8 per 1,000 children in 2013. However, this most recent metric for Broome County (11.3) is significantly higher than NYS (4.2 per 1,000), and Broome County ranks in the third quartile for this indicator.

The percent of children born in 2013 with a lead screening by 9 months was 0.4% and was significantly lower than NYS (1.9%) and Upstate NY (1.2%). For this same cohort of children, 58.8% in Broome County had received a lead screening by 18 months compared to NYS (74.8%) and Upstate NY (71.7%), and 38.2% had at least two lead screenings by 36 months, compared to NYS (62.8%) and Upstate NY (55.9%). The percentage of children receiving a lead screening by 18 months and at least two by 36 months is significantly lower in Broome County compared with NYS for both indicators. Broome County ranks in the first quartile in NYS for lead screenings for all age categories (lowest performance) and in the third quartile for incidence of elevated blood lead levels among children under the age of six (higher rate).

Examination of trends shows substantial improvement of rates in lead screening among children (by age 36 months) with rates increasing from 31.7% in 2004 to 54.3% in 2013. However, there has been a decrease in the percentage of children receiving at least one screening by 36 months in recent years, decreasing from 67.1 in 2011 to 54.3 in 2013, and holding steady rates of about 38.0% for those receiving at least two screenings by 36 months. Simultaneously, the incidence of elevated blood lead levels among children under the age of 6 appears to be declining in most recent years, decreasing from 15.8 per 1,000 in 2015 to 7.9 per 1000 in 2016.

Despite these gains, additional effort in the area of lead screening is needed to prevent lead exposure and identify children with high blood lead levels, especially when comparing Broome County to the state of New York for the percentages of children receiving at least one or two blood lead tests by 36 months.

For employed persons age 16 and older, rates for elevated blood lead levels (≥10 mcg/dL) in Broome County were significantly lower from 2014-2016 than both NYS and Upstate NY (5.7 per 100,000 vs. 17.3 and 19.1 respectively). Broome County ranked in the first and second quartile for this indicator and has

met the *Healthy People 2020* objective of less than 20.2 per 100,000 employed persons for this indicator (Appendix C12 and C24-C25).

		Healthy People 2020 Objectives – Prenatal Care & Infant Mortality
MICH-1	Reduce feta	al and infant deaths.
	MICH-1.1	Fetal deaths at ≥ 20 weeks gestation
		(5.6 fetal deaths per 1,000 live births & fetal deaths)
	MICH-1.2	Fetal & infant deaths during perinatal period (28 weeks gestation to ≥ 7 days
		after birth; 5.9 per 1,000 live births & fetal deaths)
	MICH-1.3	Infant deaths (within 1 year)
	MICH-1.4	Neonatal deaths (within the first 28 days of life)
	MICH-1.5	Postneonatal deaths (between 28 days & 1 year)
MICH-3	Reduce chil	d deaths.
	MICH-3.1	Children age 1 to 4 years (25.7 deaths per 100,000 population)
	MICH-3.2	Children age 5 to 9 years (12.3 deaths per 100,000 population)
MICH-4	Poduco ado	elescent and young adult deaths.
WIICH-4	MICH-4.1	Children age 10 to 14 years (15.2 deaths per 100,000 population)
	MICH-4.2	Children age 15 to 19 years (15.7 deaths per 100,000 population)
	MICH-4.3	Children age 20 to 24 years (88.5 deaths per 100,000 population)
		omaren age 20 to 21 years (oors deaths per 100)000 population,
MICH-5	Reduce mat	ternal deaths.
	Target:	11.4 maternal deaths per 100,000 live births.
MICH-10	Increase the	e proportion of pregnant women who receive early and adequate prenatal care.
	MICH-10.1	Care beginning in first trimester of pregnancy (77.9%)
	MICH-10.1	Early and adequate prenatal care (77.6%)

Prenatal Care and Infant Mortality

Maternal and infant health indicators including prenatal care and infant mortality can be found in Appendix C26. Appendices C27-C101 contains additional charts and maps for each indicator. For the period from 2014–2016, the percent of births with early prenatal care (those who began prenatal care in the first trimester) was 74.0% for Broome County, compared with both NYS (75.2%) and Upstate NY (78.4%). Broome County ranked in the third quartile on this indicator and falls below the *Healthy People 2020* objective of 77.9%. The proportion of births with late (in the third trimester) or no prenatal care from 2014 to 2016 was higher in Broome County than for Upstate NY (5.3% vs. 4.6%), but similar to NYS (5.6%), was in the third quartile for the state. Although Broome County appears to outperform NYS, there has been an increasing trend over the past 5 years, which is a concern.

The Kotelchuck Index is one measure used to examine the level of prenatal care and is defined as the percentage of births to women who began care in the first trimester of pregnancy and completed at least 80% of the expected prenatal visits. For Broome County, the percent receiving adequate prenatal care as defined by this index was (79.9%) from 2014 to 2016, and meets the *Healthy People 2020* objective of 77.6%. This percentage in Broome County was higher than both NYS (74.0%) and Upstate NY (75.7%). Broome County ranked in the first/second quartile for this indicator and was above the *Healthy People 2020* objective of 77.6%. The percentage of women in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC Program) with early (first trimester) prenatal care from 2009-2011 was 83.9% for Broome County, and was lower when compared with both NYS (86.5%) and Upstate NY (87.2%). For this low-income group, the *Healthy People 2020* objective is currently being met. Trend data indicate that early prenatal care had declined over a five-year period between 2011 and 2016, and the percentage of births with late or no prenatal care had increased from 3.6% in 2011 to 5.6% in 2016. Thus, continued efforts in this this area will assist in reaching/maintaining achievement of *Healthy People 2020* objectives.

From 2014-2016, infant (age < 1 year) mortality for Broome County was 5.8 per 1,000 live births compared with NYS and Upstate NY (4.5 and 5.0 respectively). From 2015-2016 the infant (age < 1 year) mortality rate decreased from 6.6 per 1,000 to 5.0 per 1,000 in Broome County. From 2014-2016, Neonatal (age < 28 days) mortality for Broome County was 4.0 per 1,000 live births compared with NYS and Upstate NY (3.1 and 3.5 respectively). Broome County ranked in the third quartile for both infant and neonatal mortality indicators.

From 2014-2016, perinatal mortality for 20 weeks gestation to 28 days of life was 9.2 per 1,000 live births in Broome County compared with NYS (9.1) and Upstate NY (8.2). This rate decreased in Broome County, with 11.1 per 1,000 live births in 2015 to 8.5 per 1,000 live births in 2016. From 2014-2016, perinatal mortality for 28 weeks gestation to 7 days of life was 5.9 in Broome County, compared with NYS (5.1) and Upstate NY (5.4). The post-neonatal (1 month to 1 year) mortality rate was 1.8 per 1,000 live births in the three-year period from 2014-2016 and was similar to statewide rates. Broome County ranked in the third quartile for the perinatal and post-neonatal indicators.

The fetal death rate (> 20 weeks gestation) was 5.2 per 1,000 live births over the same three-year period, compared with NYS (6.0) and Upstate NY (4.8). Again, Broome County ranked in the third quartile. Trend data for infant deaths, neonatal deaths, post-neonatal deaths, and spontaneous fetal deaths appear in Appendix C60-C72. On average, in Broome County fetal and infant death rates have trended slightly downward in recent years, however some of these rates include fewer than 10 events and are considered unstable. Notably, the infant mortality rate has trended downward from 2015-2016 in Broome County.

The maternal mortality rate for Broome County was 16.5 per 100,000 live births, for 2014-2016 (Appendices C73), compared with NYS (20.4) and Upstate NY (17.8). With this rate Broome County is considered higher than the *Healthy People 2020* objective of 11.4 per 100,000 live births, however, there were fewer than 10 events in the numerator, so this rate is considered unstable.

	Н	ealthy People 2020 Objectives — Family Planning
FP-5	Reduce the	proportion of births occurring within 24 months of a previous birth.
	Target:	29.8%
FP-8	Reduce preg	gnancies among adolescent females.
	FP-8.1	Age 15 to 17 years (36.2 pregnancies per 1,000)
	FP-8.2	Age 18 to 19 years (105.9 pregnancies per 1,000)
MICH-8	Reduce low	birth weight (LBW) and very low birth weight (VLBW).
	MICH-8.1	Low birth weight (LBW) (7.8%)
	MICH-8.2	Very low birth weight (VLBW) (1.4%)
MICH-9	Reduce pret	erm births.
	MICH-9.1	Total preterm births (11.4%)
	MICH-9.2	Late preterm or live births at 34 to 36 weeks of gestation (8.1%)
	MICH-9.3	Live births at 32 to 33 weeks of gestation (1.4%)
	MICH-9.4	Very preterm or live births at less than 32 weeks of gestation (1.8%)

Family Planning

For the 3-year period from 2014-2016, the percentage of births within 24 months of a woman's previous pregnancy was higher in Broome County (35.9%), compared with both NYS and upstate NY (31.2%, and 33.0% respectively). Broome County ranked in the fourth quartile for this indicator. Broome County exceeded the *Healthy People 2020* target of 29.8% for this metric. The percentage of births to teens aged 15–17 was 1.6% and for teens age 15-19 was 5.4%. Although the percentage for the younger age group was similar to NYS, the percentage for teens age 15-19 was higher than both NYS and Upstate NY (3.8% and 4.2% respectively). Broome County ranked in the third quartile for the former and in the second quartile for the latter. The percent of births to women 35 years of age and older was 13.7% for Broome County, appreciably lower than the 22.1% for NYS and 20.2% for Upstate NY. The teen fertility rate per 1,000 females in Broome County has trended downward from 2001 to 2016 for all three age categories 15-17, 15-19, and 18-19 years, decreasing from 16.5% to 8.3%, 27.1% to 13.9%, and 37.2% to 18.8% respectively. These data are located in Appendix B under Family Planning (Appendices B63 and B65-B89).

In Broome County, the three-year total for induced abortions was 2,128. Of these, 253 or 11.9% occurred in the 15–19 age group. The abortion ratio (the number of induced abortions per 1000 live births) was 350.8 for all women. For women aged 15 to 19, the abortion ratio was 778.5, which is more than twice the overall ratio. For all ages, and in particular for the 15–19-year-old age group, the abortion ratio was significantly lower than NYS. However, these metrics were higher than Upstate NY (231.7 and 653.3 respectively). These data are located in Appendix B under Family Planning (Appendices B90-B93).

The percentage of births to women 25 years of age or older who did not have at least a high school education was 7.9% as compared to 12.8% for NYS and 10.1% for Upstate NY. These differences were statistically significant, and Broome County ranked in the first/second quartile for this indicator. The percent of births to out of wedlock mothers was 47.7% for Broome County, which was significantly

higher than the 39.3% for NYS and 38.1% for Upstate NY. Broome County ranked in the third quartile for this indicator. The percent of first births was 37.8% for Broome County, and compared similarly to Upstate NY (39.0%) but significantly lower than NYS (41.2%). The percent of births that were multiple births was 3.7% for Broome County, which was similar to Upstate NY and NYS. The Caesarian section rate for Broome County was 34.5% which was also similar to NYS and Upstate NY. Broome County ranked in the third quartile for this indicator. Trend data indicate that the percentage of out-of-wedlock births, the percentage of multiple births, and the percentage of births delivered by Cesarean section have all trended slightly upward or held relatively stable between 2006 and 2016 (Appendices C26-C35, also C58 & C59).

In relation to premature births and low birthweight from 2014-2016, Broome County figures were similar to NYS and Upstate NY for: very low birthweight (<1.5 kg, 1.2%) and very low birthweight among singleton births (0.7%). In Broome County the percentage of low birthweight (<2.5 kg, 7.2%) was slightly lower when compared with NYS (7.9%) and Upstate NY (7.7%). The percentage of low birthweight among singleton births (<2.5 kg) in Broome County (1.3%) was similar to Upstate NY and NYS. Broome County ranked in the first and second quartiles for all categories of low birthweight. The percent of premature (births <32 weeks in gestation) was 1.3% for Broome County, ranking in the first and second quartiles for the state. This percentage was 7.1% for 32 to < 37 weeks gestation and 8.5% overall (<37 weeks gestation). The rates for prematurity were not significantly different than statewide rates. Broome County was lower than both the *Healthy People 2020* objectives for all gestational time points and the *Prevention Agenda 2017* target of 10.2% for preterm births. Trend data for low birthweight reveals that from 2007 to 2016, percentages of low birthweight and very low birthweight in Broome County have trended slightly downward or remained relatively stable over the past years. Information about birthweight can be found in Appendices C74-C81.

The percent of births with a 5-minute APGAR score of less than 6 was 0.7% for Broome County and performed similarly compared with statewide percentages. Broome County ranked in the first/second quartiles for this indicator (Appendices C88 & C89).

In Broome County for 2014, newborns with withdrawal syndrome and/or affected by narcotics via placenta or breast milk was 11.9 per 1,000 delivery hospitalizations/newborn discharges. This rate is significantly higher than NYS (5.9 per 1,000), and Broome County ranked in the third quartile for this indicator (Appendix C90). The number of newborns with withdrawal syndrome and/or affected by narcotics via placenta or breast milk represents a growing concern for Broome County.

		Healthy People 2020 Objectives — Nutrition
NWS-21	Reduce iron	deficiency among young children and females of childbearing age.
	NWS-21.1	Children age 1 to 2 years (14.3%)
	NWS-21.2	Children age 3 to 4 years (4.3%)
	NWS-21.3	Females aged 12 to 49 years (9.4%)
NWS-22	Reduce iron	deficiency among pregnant females.
	Target:	14.5%
MICH-21	Increase the	proportion of infants who are breastfed.
	MICH-21.1	Infants who are ever breastfed (81.9%)
	MICH-21.2	Infants who are breastfed at 6 months (60.6%)
	MICH-21.3	Infants who are breastfed at 1 year (34.1%)
	MICH-21.4	infants who are breastfed exclusively through 3 months (46.2%)
	MICH-21.4	infants who are breastfed exclusively through 6 months (25.5%)
MICH-22	Increase the	proportion of employers that have worksite lactation support programs.
	Target:	38%
MICH-23	Reduce the p	proportion of breastfed newborns who receive formula supplementation
	within the fi	rst 2 days of life.
	Target:	14.2%

Nutrition

The percent of pregnant women participating in the WIC program who have anemia in the third trimester was significantly lower for Broome County (32.9%) than for both NYS (37.3%) and Upstate NY (36.0%) from 2009-2011. Broome County ranked in the fourth quartile for the state. The prevalence of anemia among low income pregnant women was more than twice the *Healthy People 2020* objective of 14.5%. From 2010-2012, the percentage of pregnant women in WIC that were pre-pregnancy obese (BMI 30 or higher) was significantly higher in Broome County (33.5%) compared with NYS (24.2%) and Upstate NY (28.6%). From 2010-2012, the percentage of pregnant women in WIC that were pre-pregnancy overweight but not obese (BMI 25 to < 30) was significantly lower in Broome County (22.3%) compared with NYS (26.6%) and Upstate NY (26.4%). Broome County ranked in the fourth quartile for obesity and in the first quartile for overweight.

For Broome County, from 2014 to 2016 the percentage of infants who were fed any breast milk in the delivery hospital was 80.5%, which was significantly lower than NYS (87.3%) and Upstate NY (83.8%). The percentage of infants who were exclusively breastfed in the hospital was 71.0%, and this figure was higher than both NYS (45.2%) and Upstate NY (52.4%) and the Prevention Agenda 2017 objective of 48.1%. Broome County ranked in the third quartile for any breastfeeding but in the first/second quartile for exclusively breastfeeding in the hospital. The percentage of WIC mothers who breastfed for at least six months over the three-year period 2014-2016 was 22.3%, and Broome County was significantly lower than both NYS (40.3%) and Upstate NY (30.7%) for this indicator. High performance on these indicators may reflect the baby friendly focus and policy initiatives in Broome County, though more effort is

needed in relation to sustaining breast feeding through the first six months after delivery. Information about breastfeeding is located in Appendices (C53-C57).

Healthy People 2020 Objectives — Injury Prevention

IVP-9 Prevent an increase in poisoning deaths.

IVP-9.1 Among all persons (13.1 deaths per 100,000 population)

IVP-11 Reduce unintentional injury deaths.

Target: 36.0 deaths per 100,000 population

IVP-12 Reduce nonfatal unintentional injuries.

Target: 9.2 deaths per 100,000 population

IVP-13 Reduce motor vehicle crash-related deaths.

IVP-13.1 12.4 deaths per 100,000 population

IVP 23 Prevent an increase in fall-related deaths.

IVP-23.2 Among adults age 65 and older (45.3 deaths per 100,000 population)

OA-11 Reduce the rate of emergency department (ED) visits due to falls among older adults.

Target: 4,711.6 ED visits per 100,000

IVP-29 Reduce homicides.

Target: 5.5 homicides per 100,000 population

Injury Prevention

Due to the change in ICD codes, the comparisons between years 2014 and 2016 cannot be made. The rate for 2015 was excluded due to SPARCS data transitioning on October 1, 2015 from ICD-9-CM to ICD-10-CM diagnosis codes. Since ICD-9CM and ICD-10-CM are not comparable, an annual rate for 2015 cannot be calculated, and data for 2016-and-forward should not be compared with data for 2014-and-prior. For 2016-year data, ICD-10-CM codes were used. The data table for injury indicators is located in Appendix C102 with charts and graphs in Appendices C103-C143.

The age-adjusted suicide mortality rate per 100,000 for 2014 to 2016 was 11.8 in Broome County and was higher than both NYS (8.0) and Upstate NY (9.9). Broome County ranked in the third quartile for this indicator (Appendices C103-C106). The age-adjusted hospitalization rate for self-inflicted injury was significantly higher for Broome County (8.0 per 10,000) than for NYS (3.5 per 10,000) and Upstate NY (4.2 per 10,000). For the 15–19 age category, the hospitalization rate for self-inflicted injury was 14.5 per 10,000 in Broome County, and was significantly higher than both NYS (7.6 per 10,000) and Upstate NY (8.7 per 10,000). Broome County was ranked in the fourth quartile overall and in the 15-19 age group (Appendices C107-C109). The age-adjusted assault-related hospitalization rate in Broome County (2.9 per 10,000) was similar to NYS (3.2 per 10,000) and slightly higher than Upstate NY (2.2 per 10,000). Broome County was ranked in the fourth quartile for this indicator (Appendices C110-C111).

For unintentional injuries, the age-adjusted mortality rate per 100,000 in Broome County from 2014-2016 was 50.2 per 100,000 and was significantly higher than both NYS (30.2 per 100,000) and Upstate NY (41.7 per 100,000). Broome County ranked in the fourth quartile for this indicator. The age-adjusted hospitalization rate for unintentional injuries in Broome County was 72.0 per 10,000, which was significantly higher than NYS and Upstate NY (55.7 and 57.0 respectively) and Broome County was ranked in the fourth quartile for this indicator. The unintentional injury hospitalization rate was highest in the 65 years and older age category (312.6 per 10,000), significantly higher than both NYS (260.9) and Upstate NY (239.3). The unintentional injury hospitalization rate was also high in the 25–64 age group (61.8 per 10,000) and was statistically higher than statewide rates NYS (41.3) and Upstate NY (42.7). The unintentional injury hospitalization rate was lowest in 10-14 age group (12.3 per 10,000) and slightly lower rates were observed for Broome County in the 15-24 age bracket (18.5 per 100,000) compared with 23.1 per 100,000 for both NYS and Upstate NY (Appendices C112-C122).

In Broome County, the age-adjusted hospitalization rate for poisoning was 10.0 per 10,000 from 2014-2016 and was significantly higher than both NYS (6.9) and Upstate NY (7.0). For this indicator, Broome County ranked in the fourth quartile. For traumatic brain injury, the age-adjusted hospitalization rate was 7.8 per 10,000 from 2014-2016 and was similar to the state averages (Appendices C140-C141). Notably, the age-adjusted hospitalization rates for self-inflicted injury have shown a decrease in Broome County from 2012- 2014 from 11.6 in 2012 to 8.0 in 2014. Similar trends were observed for unintentional injury hospitalizations among those age 25-64 years as well as 65 and older. Finally, the age-adjusted hospitalization rate for poisoning from 2012-2014 trended downward from 16.2 in 2012 to 10.2 in 2014. Although these rates appear to trend downward between 2012-2016, valid interpretations cannot be made to the change in ICD codes. Despite these limitations in the trend data, the significantly higher rates for the various injury indicators for Broome County when compared to NYS should suggest that efforts be focused on improving mental and emotional health in Broome County.

The age-adjusted hospitalization rate related to falls was slightly higher for Broome County than for the state (36.1 per 10,000 vs 32.2 or NYS and 32.8 for Upstate NY). Broome County ranked in the fourth quartile for this indicator. The rates of fall hospitalizations for age <10 and age 10-15 were lower in Broome County than in NYS. For the three oldest age groups (65–74, 75–84, and 85+ years), the hospitalization rates were higher than NYS, and these differences were significant for those 65-74 and 85+ years of age. Broome County ranked in the first quartile for fall hospitalizations among children age 10-14 years. The county ranked in the fourth quartile for falls hospitalizations for ages 25-64, 65-74, 75-84, and 85+. Trends in fall-related hospitalizations across multiple age groups appear in Appendix C124-C133. In general, no appreciable patterns were observed for younger age groups. In 2016, the percentage of adults who had a fall that resulted in an injury in Broome County was significantly higher (59.3%) when compared with NYS (42.0%). For falls occurring in the past 12 months, females age 65+ experienced a higher percentage of falls when compared with males (32.8% vs. 28.8%). Again, due to the change in ICD codes, assessment of trends in fall hospitalization rates from 2014-2016 cannot be made. However, due to the significant differences between falls resulting in injury in Broome County for 2016 compared with NYS, and other 2016 data showing higher percentages of falls among various age groups, it is apparent that continuing effort is needed to reduce falls among residents of Broome County.

Basic Service Area: Disease Control

Healthy People 2020 Objectives — Sexually Transmitted Diseases

- STD-1 Reduce the proportion of adolescents and young adults with *Chlamydia trachomatis* infections.
 - **STD 1.1** Females aged 15 to 24 years attending family planning clinics (6.7%)
 - **STD 1.2.** Females aged 24 years and under enrolled in National Job Training Program (11.5%)
 - STD 1.3 Males aged 24 years and under enrolled in National Job Training Program (6.3%)
- STD-5 Reduce the proportion of females aged 15-44 years who have ever required treatment for pelvic inflammatory disease (PID)

Target: 3.8%

- STD-6 Reduce gonorrhea rates.
 - **STD 6.1** Females aged 15 to 44 years (251.9 new cases per 100,000 population)
- STD-7 Reduce sustained domestic transmission of primary and secondary syphilis.
 - **STD 7.1** Females (1.3 new cases per 100,000 population)
 - STD 7.2 Males (6.7 new cases per 100,000 population)

Sexually Transmitted Diseases

Information on sexually transmitted diseases (STDs) appears in Appendices D1-D35. For the time period 2014-2016, there were 26 cases of early syphilis (primary, secondary or latent of less than one-year duration) in Broome County, which corresponds to a rate of 4.4 cases per 100,000 population. This rate was significantly lower than for NYS or Upstate NY (25.1 and 9.1 respectively). Because of the small number of cases, the local rate is considered unstable and demonstrates more fluctuation over time (Appendices D14 & D15). This rate is just slightly above the *Healthy People 2020* objective of 1.7 cases per 100,000 population.

For gonorrhea, there was a 3-year total (2014-2016) of 234 cases across all age groups for males (199.3 per 100,000 population) and 198 for females (174.3 per 100,000 population). These indicators were mostly similar to NYS and Upstate NY. For the 15–19 age group specifically, there was a total of 46 cases for a case rate of 144 per 100,000 population, which was significantly lower than NYS (305.8 per 100,000) and Upstate NY (238.3 per 100,000). Broome County was in the second quartile for early syphilis and in the fourth quartile for gonorrhea in both genders (age 15-44 years). For gonorrhea among 15–19 year-olds, Broome County ranked in the third quartile. The gonorrhea rate in Broome County is well below the *Healthy People 2020* rate of 251.9 per 100,000 population. Gonorrhea rates had decreased in 2004 and 2005, increased significantly between 2007 and 2014, and appears to have leveled off. (Appendices D16-D21).

For this same time period, there were 700 cases of Chlamydia among males and 1,312 cases among females (age 15-44 years). For males, this equates to a case rate of 596.3 per 100,000 population, which was significantly lower than NYS (875.7 per 100,000) but not Upstate NY (618.0 per 100,000). For females, this equates to a case rate of 1,155 per 100,000 population, which was also significantly lower than both NYS (1,577.4) and Upstate NY (1,351.6). Among males in the 15–19 age group and 20–24 age group, case rates were appreciably higher (499.4 per 100,000 and 918.2 per 100,000 respectively). For females, the age-specific rates were 2,080.8 per 100,000 for 15–19 year-olds and 1,795.7 per 100,000 for 20–24 year-olds. For both males and females across all age categories, the Chlamydia rate was significantly lower than statewide rates. The Chlamydia rates for males placed Broome County in the fourth quartile for the 15-44 age group, the third quartile for the 15-19 age group, and the second quartile for the 20-24 age group. For females, Broome County ranked in the second (ages 20-24, and 15-44 years) or third quartile (age 15-19) among NYS counties. Chlamydia rates have been steadily climbing for males, though at a slower rate for Broome County than for NYS overall and remained relatively stable for females (Appendices D22-D33).

The pelvic inflammatory disease (PID) hospitalization rate for Broome County was suppressed between 2014 and 2016 (see Appendix D34 & D35).

Healthy People 2020 Objectives — Tuberculosis

IID-29 Reduce tuberculosis.

Target: 1.0 new case per 100,000 population

Tuberculosis

The incidence of tuberculosis in Broome County ranked in the third quartile for the state at a rate of 1.0 per 100,000 population (excluding prison inmates) representing only 6 cases for the 3-year period 2014–2016 (see Appendices D36 & D51-D52). The tuberculosis rate in NYS was 3.9 per 100,000, which is clearly much higher than the county. In this area, Broome County ranked in the third quartile. Because of the small number of cases (<20), the rate is considered unstable and demonstrates more fluctuation over time. The incidence of tuberculosis infection met the *Healthy People 2020* objective of 1.0 new case per 100,000 population.

Healthy People 2020 Objectives — Communicable Diseases

IID-3 Reduce meningococcal disease.

Target: 1,094 cases per 100,000 population

IID-23 Reduce hepatitis A.

Target: 0.3 cases per 100,000 population

IID-25 Reduce hepatitis B.

Target: 1.3 cases per 100,000 population (age 19 and older)

IID-26 Reduce new hepatitis C infections.

Target: 0.25 new cases per 100,000 population

Communicable Diseases

Pertussis

In Broome County, from 2014 to 2016, the incidence of pertussis (whooping cough) was 3.4 per 100,000 with a total of 20 cases (see Appendices D30 & D39-D40). This rate was slightly lower than the rate for NYS (5.1 per 100,000) and significantly lower than Upstate NY (5.9 per 100,000). For pertussis incidence, Broome County ranked in the second quartile. Trend data from 2001 to 2016 reveal three spikes. One outbreak occurred during 2004 when the incidence rose to 56.1 per 100,000 population, another during 2006 with an incidence of 23.4 per 100,000, and the most recent spike occurred in 2012 with an incidence of 49.5 per 100,000. Rates have remained low since 2013. Pertussis is spread through airborne contact with respiratory droplets or discharges. Most fatalities occur in children less than 1 year of age, and even then the case fatality rate is low. Pertussis is a vaccine-preventable disease but protection often only lasts through childhood. A resurgence of disease in adults and adolescents poses a public health threat to infants who have not been vaccinated.

Mumps

In Broome County from 2014 to 2016, there were 2 reported case of mumps for a crude rate of 0.34 per 100,000 (Appendices D36 & D41-D42). The incidence rate was 1.1 per 100,000 for NYS and 1.9 per 100,000 for Upstate NY. The low number of cases results in an unstable rate and meaningful comparisons to statewide rates cannot be made. Although trend data from 2001 to 2016 reveals a small increase in 2007, the incidence of mumps has remained very low for most of this period.

Meningococcal Disease

In Broome County from 2014 to 2016, there were 4 reported cases of meningococcal disease (Appendix D36 & D43-D44). This rate was 0.7 per 100,000 for Broome County as compared to 0.1 per 100,000 for

both NYS and Upstate NY. The low number of cases results in an unstable rate and meaningful comparisons to statewide rates cannot be made. Although trend data between 2001 and 2016 show considerable variability, the three-year averages suggest that there has been a general upward trend in incidence between 2005 and 2016.

Haemophilus influenzae

Haemophilus influenzae type b (Hib) causes infections of the blood, pneumonia, and acute bacterial meningitis. Fifteen cases of Haemophilus influenzae were diagnosed during 2014 to 2016 in Broome County for an incidence of 2.5 per 100,000 population (Appendices D36 & D45-D46). It is just slightly higher than the rates observed across NYS (1.5) and Upstate NY (2.1). Immunization against Hib can reduce the incidence of invasive diseases and, in particular, early childhood meningitis.

Hepatitis A

Hepatitis A is an acute, self-limiting infectious disease caused by the Hepatitis A virus (HAV), which is transmitted by the fecal-oral route via contaminated food or drinking water. This illness is often associated with travel to areas with poor hygiene standards. Infection with the virus confers lifelong immunity and can be prevented by vaccination. From 2014 to 2016, there was only one reported case of Hepatitis A in Broome County with an incidence 0.2 per 100,000 population, which was similar to the rate for NYS (0.5) and Upstate NY (0.4). The low number of cases results in an unstable rate. Broome County ranked in the first quartile among NYS counties for this metric. Trend data shows the rare instances of cases from 2006-2016. The rate was lower than the *Healthy People 2020* objective for this indicator (0.3 per 100,000 population). (Appendices D36 & D47-D48)

Hepatitis B

Hepatitis B is caused by infection with the Hepatitis B virus (HBV) and transmission results from exposure to infectious blood or body fluids via unprotected sexual contact, blood transfusions, re-use of contaminated needles and syringes, and vertical transmission from mother to child during childbirth. The disease causes an inflammation of the liver that can result in cirrhosis or cancer and potentially death. This infection may be acute or chronic and can be prevented by administering a series of vaccinations. Post-exposure prophylaxis with immunoglobulin is also available. From 2014 to 2016, three cases of Hepatitis B were diagnosed in Broome County (Appendices D36 & D49-D50). Due to the small number of cases, the incidence rate of 0.5 per 100,000 population is unstable and trend data shows considerable variability. Broome County ranked in the second quartile with statewide rates just slightly higher. The overall incidence was lower than the *Healthy People 2020* target of 1.3 cases per 100,000 population.

Escherichia coli

Infection with *Escherichia coli* O157:H7, a foodborne illness, can cause severe bloody diarrhea and may result in acute kidney failure from destruction of red blood cells. The young and elderly are particularly susceptible with *E. coli* being the leading cause of kidney failure in children. A major source of infection is undercooked ground beef. From 2014 to 2016, 15 cases of *E. coli* were diagnosed in Broome County (Appendices D36 & D53-D54) yielding an incidence rate of 2.5 per 100,000 population. Broome County ranked in the fourth quartile, and this rate was slightly higher than statewide rates. The incidence of *E. coli* demonstrates considerable variability over time due to the small number of cases with minor outbreaks evident in 2014, 2015, and 2016.

Salmonella

Salmonella infection may be caused by a number of different species which are pathogenic for both animals and humans causing acute abdominal pain and diarrhea. Salmonellosis is considered a foodborne illness and often goes unrecognized unless a point source outbreak occurs. Transmission can be prevented by avoiding raw or undercooked eggs, poultry, and meat. For 2014–2016, there were 50 cases of Salmonella in Broome County. The incidence of salmonella infection was 8.5 per 100,000, which was significantly lower than NYS (11.6 per 100,000) or Upstate NY (12.0 per 100,000). Trend data suggests that the number of cases for salmonella has been decreasing since 2004. Broome County ranked in the first quartile for this indicator (see Appendices D30 & D48-D49).

Shigellosis

Shigellosis infection also involves a number of different species and causes an acute bacterial diarrhea. Transmission occurs via the fecal-oral route and prevention is directed at isolation during acute illness and through safe food handling and hand hygiene. The incidence of *Shigella* (3-year estimate) in Broome County was 1.4 per 100,000 population with 8 cases reported between 2014-2016. This rate was significantly lower than both NYS (3.9 per 100,000) and Upstate NY (2.0 per 100,000). The small number of cases results in an unstable rate with variability from small fluctuations in the number of cases (Appendices D36 & D57-D58).

Lyme disease

Lyme disease, a tick-borne zoonosis caused by *Borrelia burgdorferi*, is characterized by a distinctive skin lesion and has systemic neurologic, rheumatologic, and cardiac manifestations. Seasonal and geographic patterns are evident with initial infection occurring primarily during summer months in the Northeastern US. The 3-year estimate (2014-2016) of Lyme disease incidence for Broome County was 109.8 per 100,000 resulting from a reported 647 cases (Appendices D36 & D59). This rate was three times the rate for NYS (38.0 per 100,000) though was similar to Upstate NY (110.3 per 100,000). Broome County ranked in the fourth quartile for this indicator.

Pneumonia and Influenza

Comparison of pneumonia and influenza hospitalization rates among those 65 and older were higher for Broome County than for NYS and Upstate NY (108.9 per 10,000 vs. 87.3 and 93.7 respectively) (Appendices D36-D37). In comparison to other counties in the state, Broome County was in the third quartile with a total of 389 hospitalizations for the 2014-2016 period. These data reflect International Classification of Diseases (ICD) codes 480–487.

Healthy People 2020 Objectives — Immunizations IID-12 Increase the percentage of children and adults who are vaccinated annually against seasonal influenza. IID12.1 Children age 6 to 23 months (80%) IID12.2 Children age 2 to 4 years (80%) IID12.3 Children age 5 to 12 years (80%) IID12.4 Children age 13-17 years (80%) Noninstitutionaled adults age 18 to 64 (80%) IID12.5 Noninstitutionaled high-risk adults age 18 to 64 (90%) IID12.6 IID12.7 Noninstitutionaled adults age 65 and older (90%) IID12.8 Institutionaled adults age 18 and older (90%) Healthcare personnel (90%) IID12.9 IID12.10 Pregnant women (80%) IID-13 Increase the percentage of adults who are vaccinated against pneumococcal disease. **IID-13.1** Pneumococcal vaccine (90%)

Immunizations

Information about immunizations for adults is located in Appendices D62-D66. For Broome County in 2016, the percent of adults age 65 and over who received a flu shot in the past year was 55.8% but was significantly different than the 59.5% for NYS or 59.6% for Upstate NY. The percent of adults age 65 and older who have ever received the pneumococcal pneumonia vaccine was 70.3% for Broome County, which was also similar to NYS (69.3%) and Upstate NY (73.8%). While these proportions ranked Broome County in the second and third quartiles respectively, they were well below the *Healthy People 2020* objective of 90% and the *Prevention Agenda 2017* objective of 66.2% for flu immunization among adults age 65 and older.

Healthy People 2020 Objectives — Cancer

C-1 Reduce the overall cancer death rate.

Target: 160.6 deaths per 100,000 population

C-2 Reduce the lung cancer death rate.

Target: 45.5 deaths per 100,000 population

C-3 Reduce the female breast cancer death rate.

Target: 20.6 deaths per 100,000 females

C-4 Reduce the death rate from cancer of the uterine cervix.

Target: 2.2 deaths per 100,000 females

C-5 Reduce the colorectal cancer death rate.

Target: 14.5 deaths per 100,000 population

C-6 Reduce the oropharyngeal cancer death rate.

Target: 2.3 deaths per 100,000 population

C-7 Reduce the prostate cancer death rate.

Target: 21.2 deaths per 100,000 males

C-8 Reduce the rate of melanoma cancer deaths.

Target: 2.4 deaths per 100,000 population

C-11 Reduce late stage female breast cancer.

Target: 41.0 new cases per 100,000 females

Chronic Diseases: Cancer

Cancer data are presented in Appendices D67-D151. These data are based on select County Health Assessment Indicators from the NYS Department of Health which are drawn from the NYS Cancer Registry for the years 2013-2015. Early stage cancer is defined as invasive cancers that are limited to the tissue of origin. Small area analyses were available for colorectal, lung, breast and prostate cancers. These analyses calculated the expected incidence as the number of people in a given zip code that would be expected to develop cancer within a 5-year period if the zip code had the same rate of cancer as the state as a whole. Zip codes with small numbers are combined with larger neighboring zip codes.

Each year an estimated 1,229 people are diagnosed with cancer, and it is responsible for 432 deaths per year in Broome County. Incidence and mortality is somewhat higher for males than females. Between 2000 and 2015, overall cancer rates in Broome County remained relatively stable. For the period 2013-2015, the crude mortality from all cancers was 218.7 per 100,000 population and the age-adjusted mortality was 156.9 per 100,000 population. Although the overall rate is significantly higher than NYS as a whole (149.2 per 100,000), it ranks Broome County in the third quartile. The crude rate is higher than the *Healthy People* 2020 objective of 160.6 deaths per 100,000 population.

Cancer incidence and mortality by gender are provided in Appendices D68-D70. The greatest burden of disease based on absolute number of cases results from prostate cancer in men with an average 120 cases per year and breast cancer in women, with an average 184 cases per year. An estimated 46 persons are diagnosed each year with colon, rectal, or colorectal cancer and 89 persons with lung cancer. Lung cancer is responsible for an estimated 110 deaths per year; colon, rectal, or colorectal cancer for 38 deaths per year; breast cancer for 28 deaths per year in women and prostate cancer for 20 deaths per year in men.

For the period 2013-2015, the incidence of cancer of the oral cavity and pharynx was 16.7 per 100,000 for Broome County (third quartile) and the age-adjusted mortality rate was 2.5 per 100,000. Incidence rates were significantly higher than NYS (10.9 per 100,000). Early diagnosis occurs in about one-third of cases for both males and females. The age-adjusted mortality was slightly higher than the *Healthy People 2020* objective of 2.3 per 100,000 population. (Appendices D79-D86)

For colorectal cancer in Broome County, the age-adjusted incidence rate was 34.7 per 100,000 (first/second quartile) and the age-adjusted mortality rate was 13.9 per 100,000 (third quartile) for the period 2013-2015. The age-adjusted incidence rate for Broome is less than NYS and Upstate (39.3 and 37.2 respectively). Almost half of all colorectal cancers are diagnosed at an early stage for both males and females. For the period 2000-2015, both the incidence and mortality have been relatively stable. Colorectal cancer mortality was lower than the *Healthy People 2020* objective of 14.5 per 100,000 population.

In Broome County, the age-adjusted incidence of cancer of the lung and bronchus was higher than NYS (66.2 vs. 59.2 per 100,000). Broome County was similar to Upstate NY and ranked in the first/second quartile statewide. Only about 15% of lung cancers are diagnosed at an early stage. Lung and bronchial cancer mortality was not significantly higher in Broome County (40.3 per 100,000 population) than for NYS (36.9 per 100,000). County rankings within the state placed Broome County in the second quartile. Both the incidence and mortality remained level over the period 2013-2015. Broome County is currently meeting the *Healthy People 2020* objective of reducing the lung cancer death rate to below 45.5 per 100,000 population. The incidence of lung and bronchial cancer among males was 67.0 per 100,000 as compared to 53.2 per 100,000 among females. Gender-specific mortality rates were 44.5 per 100,000 for males and 30.8 per 100,000 for females. (Appendices D99-D106)

Broome County ranked in the third quartile for mortality from melanoma, a highly malignant form of skin cancer. The mortality rate for Broome County was 2.4 per 100,000 population compared to the NYS rate of 2.3 per 100,000. In this area, Broome County did meet the *Healthy People 2020* objective of 2.4 per 100,000. Melanoma incidence was nearly twice as high for males as for females (23.2 vs. 14.6 per 100,000) and two times as high for mortality (2.9 vs. 1.3 per 100,000). Given the small number of deaths (n=14), these rates should be interpreted cautiously. Fortunately, given the aggressive nature of this form of cancer, approximately 83.3% of malignant melanomas are diagnosed at an early stage. (Appendices D95-D98)

The age-adjusted incidence of female breast cancer in Broome County was 143.0 per 100,000 females, which was higher than NYS (132.8) and not significantly different from Upstate NY (133.8). More than two-thirds of these are diagnosed at an early stage. The age-adjusted mortality rate for female breast cancer was 20.1 per 100,000 and was similar to both NYS and Upstate NY. Broome County has met the

Healthy People 2020 objective of reducing the female breast cancer death rate to less than 20.6 per 100,000. In Broome County, only 43.0 per 100,000 female breast cancers were diagnosed at a late stage (similar to NYS and Upstate NY), which was also above the incidence set by Healthy People 2020 of less than 41.0 new cases per 100,000 females. Broome County ranked in the third quartile for incidence and in the fourth quartile for mortality and late stage diagnosis. (Appendices D107-D118)

Broome County ranked in the first and third quartile for age-adjusted incidence of cancer of the cervix or uterus (6.0 per 100,000) and age-adjusted mortality (2.0 per 100,000). Compared to NYS, Broome County experienced similar rates and no temporal pattern was evident. Though the number of deaths due to this type of cancer was small, making the mortality rate unstable, it was nonetheless below the target rate of 2.2 per 100,000 females set by *Healthy People 2020*. Broome County ranked in the third quartile for age-adjusted incidence of ovarian cancer (13.4 per 100,000 females) and in the first quartile for age-adjusted mortality (5.4 per 100,000 females). The incidence for Broome County was higher than both Upstate NY and NYS (12.2 per 100,000 for both). Early stage diagnosis for cervical and uterine cancer is 50.0% and 78.1% respectively. In comparison, prompt diagnosis of ovarian cancer remains elusive with only 19.4% of cases being recognized in its earliest stages. (Appendices D119-D126 for cervical cancer and D127-D134 for ovarian cancer)

The age-adjusted incidence of prostate cancer in Broome County was 88.2 per 100,000 males, and this figure was significantly lower than NYS (123.4) and Upstate NY (122.2). This rate placed the county in the first/second quartile. Prostate cancer has the highest rate of early diagnosis at almost 90%. The age adjusted prostate cancer mortality was 16.6 per 100,000 males, which was similar to NYS and Upstate NY, ranking Broome County in the first/second quartile. Diagnosis of prostate cancer at a late stage occurred at for 5.8 per 100,000 males, which was similar to NYS and Upstate NY. Broome County is currently meeting the *Healthy People 2020* objective of reducing the prostate cancer death rate to below 21.2 per 100,000 males. (see Appendices D135-D146)

Information about childhood cancers can be found in Appendices D147-D151. The overall incidence of childhood cancer is lower for Broome County (200.0 per 100,000 children age 0–19) than NYS (213.9 per 100,000) and Upstate NY (213.5 per 100,000). In NYS, the most common cancers in children age 0–4 are leukemias, malignant central nervous system tumors, and renal tumors. For children aged 5–9, cancers with the highest incidence are leukemias, non-Hodgkin lymphomas, soft tissue sarcomas, and malignant bone tumors. For children aged 10-14 and 15-19, cancers with the highest incidence are leukemias, lymphomas, soft tissue and osteosarcomas. In addition, for children aged 15–19, gonadal neoplasms are more common than for younger aged children. Cancer is responsible for approximately 30–40 deaths per year in NYS. Across all age groups, childhood cancers with the highest mortality are leukemias and malignant central nervous system tumors. In the 15–19 year-old age group, tumors of the bones and joints also have a relatively high mortality, but in all cases the rate does not exceed 10 deaths per 100,000 children.

Healthy People 2020 Objectives — Cardiovascular Disease

HDS-2 Reduce coronary heart disease deaths.

Target: 100.8 deaths per 100,000 population

HDS-24 Reduce hospitalizations of older adults with congestive heart failure as the principal diagnosis.

HDS-24.1 Adults aged 65 to 74 years (8.8 per 1,000 population)

HDS-24.2 Adults aged 75 to 84 years (20.2 per 1,000 population)

HDS-24.3 Adults aged 85 years and older (38.6 per 1,000 population)

HDS-12 Reduce the proportion of adults with hypertension whose blood pressure is under control.

Target: 61.2%

HDS-20 Increase the proportion of adults with coronary heart disease who have their low density lipoprotein (LDL)-cholesterol at or below recommended levels.

Target: Developmental

Chronic Diseases: Cardiovascular Disease

Data for cardiovascular disease mortality and morbidity appear in Appendices D152-D200 and are based on selected County Health Assessment Indicators for 2014-2016 from the NYS Department of Health. Mortality data are derived from Vital Records and morbidity from the Statewide Planning and Research Cooperative System (SPARCS) both located at the Bureau of Biometrics and Health Data, NYS Department of Health. The category of cardiovascular disease includes International Statistical Classification of Diseases and Related Health Problems 10th Revision (ICD-10) codes I00–I99. Disease of the heart include ICD-10 codes for rheumatic heart disease (codes I00–I09), hypertensive heart disease (code I11), hypertensive heart disease and hypertensive renal disease (code I13), ischemic heart disease, coronary heart disease and disease of pulmonary circulation, pericarditis and endocarditis, and cardiomyopathies (codes I20–I51).

In Broome County, cardiovascular disease is responsible for an average of 654 deaths per year, almost twice as many as for all cancers combined, and is the leading cause of death. Specific data for crude and age-adjusted mortality rates were presented previously and will not be repeated here. Rather, this section will describe in greater detail premature deaths (ages 35–64) and pre-transport mortality as well as hospitalization rates.

The mortality rate for premature death is higher in Broome County than in NYS for all cardiovascular diseases (132.4 vs. 102.4 per 100,000), for diseases of the heart (107.6 vs. 83.4 per 100,000), and for coronary heart disease (68.9 vs. 66.4 per 100,000). These differences are significant for all cardiovascular disease and diseases of the heart, but not for coronary heart disease. Moreover, the mortality rate for premature death was significantly higher in Broome County than Upstate NY in all three categories. Premature death from heart failure is relatively uncommon; and there were only 8 cases in Broome County over the 3-year period from 2014-2016. Since these rates are age specific rates, differences in premature death are not likely accounted for by variability in age distribution of the populations.

In relation to pre-transport mortality, the rates were significantly higher in Broome County than NYS for all cardiovascular diseases (207.7 vs. 153.2 per 100,000), for diseases of the heart (170.7 vs. 131.0 per 100,000), and for coronary heart disease (110.0vs. 105.0 per 100,000). Because of the large distances required for emergency responders to reach rural county residents, response times in these areas are typically longer. Thus, comparisons against Upstate NY rates may be more appropriate. Even considering similar geography; however, premature death from all cardiovascular disease, diseases of the heart, coronary heart disease, and heart failure are significantly higher in Broome County relative to the rest of the state. Broome County ranked in the third and fourth quartile for nearly all indicators. This finding suggests that there may be reasons, other than rurality that account for the higher pre-transport mortality rates.

Disparities in hospitalizations for cardiovascular disease were previously described. This section will discuss cardiovascular morbidity in relation to the county as a whole. On average in Broome County, there are 3,239 hospitalizations per year related to cardiovascular disease, 2,152 hospitalizations per year for diseases of the heart, 732 hospitalizations per year for coronary heart disease, and 508 hospitalizations per year for heart failure. Age-adjusted hospitalization rates in Broome County are significantly lower than both NYS and Upstate NY for all comparison categories. The age-adjusted hospitalization rate for all cardiovascular disease was 123.1 per 10,000 for Broome County versus 125.6 for NYS and 120.3 for Upstate NY. For diseases of the heart, the age-adjusted hospitalization rate for Broome County was 81.7 per 10,000 versus 83.7 for NYS and 81.6 for Upstate NY. For coronary heart disease, the age-adjusted hospitalization rate for Broome County was 28.7 per 10,000 versus 29.0 for NYS and 27.4 for Upstate NY. And finally for heart failure, the age-adjusted hospitalization rate for Broome County was 18.0 per 10,000 versus 20.4 for NYS and 19.4 for Upstate NY. In relation to the county rankings within NYS, Broome County placed in the second and third quartile for many cardiovascular hospitalization rate indicators. Broome County did not meet the Prevention Agenda 2017 targets in relation to the age-adjusted heart attack hospitalization rate (19.3 vs. 14.0 per 10,000). Hospitalization rates for this disease are considered "ambulatory sensitive" meaning that, with appropriate outpatient management, hospitalization may be avoidable. Healthy People 2020 provides only age-specific targets for congestive heart failure and not overall, but comparison indicates that the hospitalization rate for this condition in Broome County would only meet the current objective if all or most of the hospitalizations were among residents age 85 or older. While Broome County outperformed NYS on hospitalization rates and both hospitalization and mortality rates appear to be declining, the number of deaths per year and high mortality rates warrant continued focus on the cardiovascular health of Broome County residents.

Healthy People 2020 Objectives — Cerebrovascular Disease

HDS-3 Reduce stroke deaths.

Target: 33.8 deaths per 100,000 population

Chronic Diseases: Cerebrovascular Disease (Stroke)

Data for cerebrovascular disease mortality and morbidity appear in Appendices D201-D215 and are based on selected County Health Assessment Indicators for 2014 to 2016 from the NYS Department of Health. Mortality data are derived from Vital Records and morbidity from the Statewide Planning and Research Cooperative System (SPARCS) both located at the Bureau of Biometrics and Health Data, NYS Department of Health. The category of cerebrovascular disease includes ICD-10 codes I60–I69.

In Broome County, approximately 81 deaths per year are attributable to cerebrovascular disease and there is an average 598 hospitalizations each year. The age-adjusted mortality rate in Broome County was 27.5 per 100,000 population and was higher than both NYS (25.6 per 100,000) and lower than Upstate NY (29.1 per 100,000). Broome County ranked in the first quartile for age-adjusted cerebrovascular mortality and has met the *Healthy People 2020* objective of 33.8 deaths per 100,000. The pre-transport cerebrovascular disease mortality rate for Broome County (18.8 per 100,000) was significantly higher than for NYS (12.4 per 100,000) and similar to Upstate NY (17.4 per 100,000). Broome County ranked in the third quartile in the state for this indicator. The age-adjusted hospitalization rate for cerebrovascular disease was 22.3 per 10,000 population in Broome County, which was higher than both NYS (21.2 per 10,000) and Upstate NY (20.8 per 10,000). Broome County ranked in the third quartile for this indicator. The high pre-transport mortality for stroke suggests that a focus on public health interventions directed toward raising awareness of stroke symptoms, early recognition of evolving stroke, and early activation of emergency medical services continue to be critical public health messages.

Healthy People 2020 Objectives — Diabetes Mellitus

D-1 Reduce the annual number of new cases of diagnosed diabetes in the population.

Target: 7.2 new cases per 1,000 population age 18-84

D-3 Reduce the diabetes death rate.

Target: 65.8 deaths per 100,000 population

D-4 Reduce the rate of lower extremity amputations in persons with diagnosed diabetes.

Target: [not applicable]

D-5 Improve glycemic control among persons with diabetes

- **D-5.1** Reduce the proportion of persons with diabetes with an A1c value greater than 9%
- **D-5.2** Increase the proportion of the diabetic population with an A1c value < 7%
- D-6 Improve lipid control among persons with diagnosed diabetes.

Target: 58.4%

D-7 Increase the proportion of persons with diagnosed diabetes whose blood pressure is under control.

Target: 57.0%

D-8 Increase the proportion of persons with diagnosed diabetes who have at least an annual dental examination.

Target: 61.2%

D-9 Increase the proportion of adults with diabetes who have at least an annual foot examination.

Target: 74.8%

D-10 Increase the proportion of adults with diabetes who have an annual dilated eye examination.

Target: 58.7%

D-11 Increase the proportion of adults with diabetes who have a glycosylated hemoglobin measurement at least twice a year.

Target: 71.1%

D-12 Increase the proportion of persons with diagnosed diabetes who obtain an annual microalbumin measurement.

Target: 71.1%

D-13 Increase the proportion of adults with diabetes who perform self-blood glucose-monitoring at least once daily.

Target: 70.4%

D-14 Increase the proportion of persons with diagnosed diabetes who receive formal diabetes education.

Target: 62.5%

D-15 Increase the proportion of persons with diagnosed diabetes whose condition has been diagnosed.

Target: 80.1%

Chronic Diseases: Diabetes Mellitus

Data for diabetes mortality and morbidity appear in Appendices D216 and D225-D239. These data are based on selected County Health Assessment Indicators for 2014 to 2016 from the NYS Department of Health. Mortality and morbidity data sources have been previously described. The ICD-10 codes for diabetes mellitus mortality include E10 to E14.

In Broome County, there is an average of 56 deaths per year due to diabetes mellitus. The age-adjusted diabetes mortality rate was estimated to be 20.6 per 100,000 population, and this rate was higher than both NYS (17.0 per 100,000) and Upstate NY (15.4 per 100,000). Among NYS counties, Broome County ranked in the third quartile for diabetes. The diabetes mortality was less than the 65.8 deaths per 100,000 population objective set by *Healthy People 2020*.

The average number of hospitalizations per year was 350 for diabetes as a primary (admitting) diagnosis and 4,971 for any diabetes diagnostic code associated with the hospitalization. The age-adjusted hospitalization rate for those with a primary (admitting) diagnosis of diabetes was 16.7 per 10,000 population compared with 15.9 per 10,000 for NYS and 13.8 per 10,000 for Upstate NY. The age-adjusted hospitalization rate for those with any diagnosis of diabetes was 213.2 per 10,000 population for Broome County compared to 209.9 per 10,000 for NYS and 188.9 per 10,000 for Upstate NY. In both of these areas (primary or any diagnosis of diabetes), Broome County was higher than both NYS and Upstate NY for hospitalizations of individuals with diabetes.

Based on the BRFSS conducted by NYS in 2016, the age-adjusted prevalence of diabetes among adults in Broome County was 8.6%, which is somewhat lower than the 9.5% for NYS. In relation to diabetes prevalence, Broome County ranked in the second quartile. Based on *Prevention Agenda 2017* indicators, the hospitalization rate for short-term complications of diabetes among 6-17 year-old children was 5.4 per 10,000 for Broome County between 2014-2016 which was higher than NYS (3.2 per 10,000) and higher than the target of 3.06 per 10,000 set by the NYS Department of Health. For short-term complications among adults age 18 or older, the hospitalization rate for short-term complications of diabetes was 6.4 per 10,000 as compared to 4.0 for NYS and the target of 4.86 in the NYS *Prevention Agenda 2017*. While the hospitalization rates for diabetes as a primary diagnosis have been relatively stable over the time period 2001-2016, the trend line for hospitalization rates for diabetes (any diagnosis) has been leveling off.

Healthy People 2020 Objectives — Cirrhosis

SA-11 Reduce cirrhosis deaths.

Target: 8.2 deaths per 100,000 population

Chronic Diseases: Cirrhosis

Data for cirrhosis mortality and morbidity appear in Appendices D216-D24 and are based on selected County Health Assessment Indicators for 2014-2016 from the NYS Department of Health. Mortality and

morbidity data sources have been previously described. The ICD-10 codes for cirrhosis mortality are K73 and K74.

In Broome County, there were, on average, 32 deaths per year attributable to cirrhosis of the liver. The age-adjusted mortality rate for cirrhosis in Broome County was 13.4 per 100,000 population, which was significantly higher than the 6.8 per 100,000 for NYS and the 8.1 per 100,000 for Upstate NY. Broome County ranked in the fourth quartile for this indicator. In Broome County, cirrhosis of the liver accounted for approximately 92 hospitalizations per year. The age-adjusted cirrhosis hospitalization rate in Broome County was 4.6 per 10,000 population compared to 3.0 per 10,000 for NYS and 2.8 per 10,000 for Upstate NY. Like other hospitalization rates, Broome County was lower than statewide rates though this difference was not statistically significant. Between 2001 and 2016, the mortality and hospitalization rates have been rising consistently. Broome County has not met the *Healthy People 2020* target of 8.2 deaths per 100,000 population for this indicator.

Healthy People 2020 Objectives — Asthma

RD-1 Reduce asthma deaths.

- **RD-1.1** Children and adults under age 35 (not applicable)
- **RD-1.2** Adults aged 35 to 64 years (6.0 per million)
- **RD-1.3** Adults aged 65 years and older (22.9 per million)

RD-2 Reduce hospitalizations for asthma.

- **RD-2.1** Children under age 5 years (18.1 per 10,000)
- RD-2.2 Children and adults aged 5 to 64 years (8.6 per 10,000)
- **RD-2.3** Adults aged 65 years and older (20.3 per 10,000)

RD-3. Reduce hospital emergency department visits for asthma.

- **RD-3.1** Children under age 5 years (95.6 per 10,000)
- **RD-3.2** Children and adults aged 5 to 64 years (49.7 per 10,000)
- **RD-3.3** Adults aged 65 years and older (13.8 per 10,000)

Chronic Diseases: Asthma

Data for asthma mortality and morbidity appear in Appendices D240 and D249-D272. These data are based on selected County Health Assessment Indicators for 2014 to 2016 from the NYS Department of Health. Mortality and morbidity data sources have been previously described. The ICD-10 codes for asthma mortality are J45 and J46.

In Broome County, an average of 4 deaths per year were due to asthma. The age-adjusted asthma mortality rate for Broome County at 1.6 per million population was similar to NYS (1.3 per million) and Upstate NY (0.9 per million), though the Broome County rate is unstable due to fewer than 20 events. Although the mortality is low, the morbidity for this disease is relatively high. The number of hospitalizations for asthma in Broome County was an estimated 217 per year. The age-adjusted asthma hospitalization rate for Broome County was 5.4 per 10,000 population. The asthma hospitalization rate for Broome County was significantly lower than NYS (11.4 per 10,000) but higher than Upstate NY (6.8

per 10,000). Stratification of asthma hospitalizations by age group shows the highest morbidity for the 0–4 age group (9.7 per 10,000) and the 5-14 age group (7.2 per 10,000). Broome County ranked in the third quartile for asthma hospitalizations overall as well as across most age groups. They were in the fourth quartile for the asthma hospitalization rate for the 25-44 age group. Moreover, Broome County met all of the age-specific *Healthy People 2020* objectives for asthma hospitalizations. The asthma hospitalization rate of 7.8 per 10,000 for the 0–17 age group also met the *Prevention Agenda 2017* goal of 17.3 per 10,000. Trend data from 2003–2016 shows a steady decrease in hospitalizations for asthma. Based on NYS *Prevention Agenda* indicators, emergency room visits for asthma were 71.2 per 10,000 for children age 0-4 which one-third the rate for NYS and well below the target of 205.7 per 10,000. In addition, Broome County's hospitalization rate for all asthma-related emergency department visits was 54.0 per 10,000 which was almost half the rate for NYS and 40% less than the 75.1 target for the NYS Prevention Agenda.

Based on the BRFSS conducted by NYS in 2016, the age-adjusted prevalence of asthma in Broome County was 12.2%, higher than the 9.6% for NYS and 10.4% for Upstate NY. In relation to asthma prevalence, Broome County ranked in the third quartile. Like diabetes management, asthma management has been a targeted focus for local community intervention and the success of these efforts is evident in the lower asthma morbidity experienced by residents of Broome County relative to the rest of the state.

Healthy People 2020 Objectives — Chronic Obstructive Pulmonary Disease

RD-10 Reduce deaths from chronic obstructive pulmonary disease (COPD) among adults.

Target: 98.5 deaths per 100,000

RD-11 Reduce hospitalizations for chronic obstructive pulmonary disease (COPD).

Target: 50.1 hospitalization per 10,000

RD-12 Reduce emergency department (ED) visits for chronic obstructive pulmonary

disease (COPD).

Target: 57.3 visits per 10,000

Chronic Diseases: Chronic Obstructive Pulmonary Disease

COPD refers to a condition of chronic airway obstruction associated with permanent remodeling of the airway as well as chronic symptoms and possible exacerbations. This condition includes the categories of chronic bronchitis and emphysema. Although many individuals with COPD also experience asthma symptoms, pure asthma is defined by its reversible nature. Thus, the ICD-9 codes for COPD included only chronic bronchitis and emphysema. With the 10th revision of the ICD codes COPD was renamed to CLRD and expanded to include other conditions of the lower respiratory tract such as asthma, status asthmaticus, and tracheitis.

Mortality and morbidity data for chronic lower respiratory disease (CLRD, formerly COPD) appear in Appendix D240-D248 and are based on selected County Health Assessment Indicators for 2014-2016

from the NYS Department of Health. Mortality and morbidity data sources have been previously described. The ICD-10 codes for CLRD mortality include J40 to J47.

CLRD accounted for, on average, about 1,177 deaths and approximately 566 hospitalizations per year in Broome County. The age-adjusted mortality rate for CLRD in Broome County was 40.3 per 100,000 population, which was significantly higher than NYS (28.9 per 100,000) and Upstate NY (34.4 per 100,000). The age-adjusted hospitalization rate for CLRD in Broome County was 23.6 per 10,000, which was lower than NYS (27.6 per 10,000) but not Upstate NY (23.4 per 10,000). Broome County ranked in the second quartile for both CLRD mortality and hospitalization rate. For all three indicators (deaths, hospitalizations, and emergency department visits), Broome County was well below the *Healthy People 2020* objectives. Although the temporal patterns for mortality remained relatively stable from 2001 to 2016, the hospitalization rates for CLRD have increased from a low of 19.6 per 10,000 in 2005 to a high of 23.6 in 2016. Thus, continued efforts for managing chronic lung disease in the community will be needed to maintain this rate below the *Healthy People 2020* objective.

Healthy People 2020 Objectives — HIV & AIDS

HIV-4 Reduce new AIDS cases among adolescents and adults.

Target: 12.4 new cases per 100,000 population

HIV-12 Reduce deaths from HIV infection.

Target: 3.3 deaths per 100,000 population

Human Immunodeficiency Virus (HIV) & Acquired Immunodeficiency Syndrome (AIDS)

The newly diagnosed HIV case rate (age-adjusted) for Broome County was 8.8 per 100,000 population, which was higher than Upstate NY (7.0 per 100,000) and was half the NYS rate (16.0 per 100,000). The AIDS case rate (age-adjusted) for Broome County was 4.8 per 100,000 population, which was lower than NYS (7.7 per 100,000) but higher than Upstate NY (3.2 per 100,000). Broome County's case rate was in the fourth quartile for HIV and AIDS. Although the age-adjusted AIDS mortality rate was lower in Broome County than in NYS (1.4 vs. 2.6 per 100,000), the age-adjusted rate was higher than the Upstate area (0.9 per 100,000). The HIV case rate was approximately one-half of the target set by the *Prevention Agenda 2017* (14.7 per 100,000). The AIDS case rate was one-third the target set by the *Healthy People 2020* objective of 16.1 new cases per 100,000. The trend chart for the AIDS case rate in Broome County shows that the rate appears to have peaked in 2006 and has been stable ever since. It is uncertain whether this represents normal variability due to small numbers or a reversal of the previous increase between 2003 and 2016. (Appendices D1-D13)

Optional Service Areas

Healthy People 2020 Objectives — Dental Health

- CH-1 Reduce the proportion of children and adolescents who have dental caries experience in their primary or permanent teeth.
 - **CH-1.1** Children age 3 to 5 years with dental caries experience in their primary teeth. (30%)
 - **CH-1.2** Children age 6 to 9 years with dental caries experience in their primary and permanent teeth. (49.0%)
 - **CH-1.3** Adolescents age 13 to 15 with dental caries experience in their permanent teeth. (48.3%)
- CH-2 Reduce the proportion of children and adolescents with untreated dental decay.
 - CH-2.1 Children age 3 to 5 with untreated dental decay in their primary teeth (21.4%)
 - CH-2.2 Children age 6 to 9 with untreated dental decay in their primary and permanent teeth (25.9%)
 - CH-2.3 Adolescents age 13 to 15 with untreated dental decay in their permanent teeth (15.3%)
- CH-6 Increase the proportion of oral and pharyngeal cancers detected at the earliest stage.

Target: 35.8%

CH-8 Increase the proportion of low income children and adolescents who received any preventive dental service during the past year.

Target: 33.2%

- CH-12 Increase the proportion of children and adolescents who have received dental sealants on their molar teeth.
 - **CH-12.1** Children aged 3 to 5 years who have received dental sealants on one or more of their primary molar teeth (1.5%)
 - **CH-12.2** Children age 6 to 9 years who have received dental sealants on one or more of their permanent first molar teeth (28.1%)
 - **CH-12.3** Adolescents age 13 to 15 who have received dental sealants on one or more of their permanent molar teeth (21.9%)

Dental Health Services

The Oral Health Survey of third grade children covers the 3-year period from 2009–2011. Data from this survey showed significant differences between Broome County and Upstate NY (Appendix D273-D279). The percent of third grade children with dental caries experience was 56.7% for Broome County which was significantly higher than the 45.4% for Upstate NY. And, the dental caries experience of third grade children in Broome County exceeds the *Healthy People 2020* target of 49.0% by an appreciable amount. The proportion of third grade children with untreated dental caries was 42.3% for Broome County as

compared to 24.0% for Upstate NY, a statistically significant difference. Broome County ranked in the third quartile for percent of third grade children with caries and in the fourth quartile for untreated caries. The prevalence of untreated tooth decay in children in Broome County (42.3%) was considerably higher than the *Prevention Agenda 2017* target of 21.6% and the *Healthy People 2020* Objective of 25.9%.

Although the oral health of children in Broome County is well below the rest of the state, the percent of third grade children with dental sealants was significantly higher in Broome County (64.9%) than in Upstate NY (41.9%). Insurance coverage for dental care was also significantly different with a higher percentage of third grade children having dental insurance in Broome County than in the rest of the state (88.5% vs. 81.8%). In relation to having at least one dental visit in the last year, Broome County was significantly lower than Upstate NY (80.6% vs. 83.4%). Just over half of third grade children in Broome County reported taking fluoride tablets on a regular basis, which was significantly higher than the statewide average (41.9%).

Oral health data related to Medicaid clients in Appendix D273. Additional charts and graphsfor Medicaid clients and for outpatient visits can be found in Appendices D280-D290. Among children ages 3 to 5 years, the emergency department visit rate specifically for dental caries was 100.6 per 10,000 children, which was similar to NYS (90 per 10,000) and upstate NY (119.7 per 10,000). For this indicator, Broome County ranked in the fourth quartile for the state. In addition, three-year averages for dental caries emergency department visits among children age 3 to 5 years have increased steadily from 107.1 per 10,000 in 2006 to 182.0 per 10,000.

In the low income population, 33.2% of Medicaid enrollees in Broome County had at least one dental visit within the last year; this figure was 47.6% for those between the age of 2 and 20. More than 25% of Medicaid enrollees in Broome County had at least one preventive dental visit within the last year. For these three indicators, Broome County was ranked in the first quartile and preventive care in particular was above the *Healthy People 2020* target of 25.4%. In 2016, the age-adjusted percentage of all adults who had a dentist visit within the past year was 67.9% and was similar to Upstate NY. Broome County ranked in the third quartile for this indicator.

As well, Broome County ranked in the third quartile for oral cancer with an age-adjusted incidence of 16.7 per 100,000 and an age-adjusted mortality of 2.5 per 100,000. These rates were similar to both NYS and Upstate NY. In Broome County, the proportion of oral cancers diagnosed at an early stage was 33.3% for females and 31.6% for males, which nears the Healthy People 2020 target of 35.8%. While use of dental care services were generally higher and showed improving trends, the dental health of children and adults in Broome County was below statewide averages suggesting that expansion of, or enhancements to, current public health efforts may be needed to reduce morbidities associated with poor oral health.

Home Health Services

Under the Maternal Child Health and Development division, the Broome County Health Department operates a Licensed Home Care Services Agency for Maternal Child Health. Under this program, registered nurses provide home visits to growing families. Home visiting services include: a skilled nursing assessment, provision of prenatal guidance and birthing information, assistance with obtaining health insurance, and linking families to resources in the community such as prenatal care, family planning, well-child exams, immunizations, breastfeeding, and child care. The nurses are trained to recognize if a child or family has special needs and promote optimal physical, psychosocial and developmental health and well-being for childbearing and child-rearing families. Thus, this program is designed to help families receive the evaluation and treatment services they need.

Optional Other Service Areas / Programs

Medical Examiner

The county does not have a medical examiner. No information is submitted for this section.

Emergency Medical Services

The Emergency Medical Services (EMS) is a department within the county government. Information about EMS can be found in Section 3B under "Access to Care."

Laboratories

The Broome County Health Department does not operate a full-service laboratory, though limited microscopy is performed as part of the clinic services. Therefore, no information is submitted for this section.

B. Behavioral Risk Factors

Leading Health Indicators

- Access to Health Services
- Clinical Preventive Services
- Environmental Quality
- Injury and Violence
- Maternal, Infant and Child Health
- Mental Health
- Nutrition, Physical Activity, and Obesity
- Oral Health
- Tobacco Use
- Reproductive and Sexual Health
- Social Determinants
- Substance Abuse
- Tobacco

The Leading Health Indicators, selected from the *Healthy People 2020* objectives, are used as measures of population health reflecting the major health concerns in the United States. These indicators are of public health importance because of their ability to influence disease morbidity and mortality. There are a total of 26 indicators that cover 12 topic areas which are listed in the box to the left. These indicators depend to some extent on behavioral factors and access to health care as well as environmental, economic, and social conditions. As sexually transmitted diseases, injury, and immunization have been previously discussed, this section will address physical activity, overweight and obesity, tobacco use, substance abuse, and mental health. Access to Health Care is covered in Section Three.

Data for this section are drawn primarily from the NYS Expanded Behavioral Rick Factor Surveillance System

(BRFSS). This national survey is conducted annually statewide using probability sampling and random digit dialing to permit calculation of point estimates. This telephone-based surveillance system is used to monitor modifiable behaviors and other risk factors contributing to the leading causes of morbidity and mortality in the adult population.

Healthy People 2020 Objectives — Physical Activity

PA-1 Reduce the proportion of adults who engage in no leisure-time physical activity.

Target: 32.6%

- PA-2 Increase the proportion of adults who meet current Federal physical activity guidelines for aerobic physical activity and for muscle strengthening activity.
 - **PA-2.1** Aerobic physical activity of at least moderate intensity for 150 minutes/week, or 75 minutes/week of vigorous intensity, or an equivalent combination (47.9%)
 - PA-2.2 Aerobic physical activity of at least moderate intensity for more than 300 minutes/week, or more than 150 minutes/week of vigorous intensity or an equivalent combination (31.3%)
 - PA-2.3 Muscle-strengthening activities on 2 or more days of the week (24.1%)
 - PA-2.4 Aerobic physical activity and muscle strengthening activity (20.1%
- PA-3 Increase the proportion of adolescents who meet current Federal physical activity guidelines for aerobic physical activity and for muscle strengthening activity.
 - **PA-3.1** Aerobic physical activity (20.2%)
 - **PA-3.2** Muscle strengthening (developmental)
 - PA-3.3 Aerobic physical activity and muscle strengthening activity (developmental)
- PA-4 Increase the proportion of the Nation's public and private schools that require daily physical education for all students.
 - PA-4.1 Elementary schools (4.2%)
 - PA-4.2 Middle and junior high schools (8.6%)
 - **PA-4.3** High schools (2.3%
- PA-5 Increase the proportion of adolescents who participate in daily school physical education.

Target: 36.6%

- PA-6 Increase regularly scheduled elementary school recess
- PA-7 Increase the proportion of school districts that require or recommend elementary recess for an appropriate period of time.
- PA-8 Increase the proportion of children and adolescents who do not exceed recommended limits for screen time. [no more than 2 hours per day]
 - **PA-8.1** Age 0-2, no television or videos on an average weekday (44.7%)
 - **PA-8.2.1** Age 2-5 (83.2%)
 - **PA-8.2.2** Age 6-14 (86.8%)
 - **PA-8.2.3** Grades 9-12 (73.9%
- PA-9 Increase the number of states with licensing regulations for physical activity in child care.
- PA-10 Increase the proportion of public and private schools that provide access to physical spaces and facilities outside of school hours for physical activity
- PA-11 Increase the proportion of physician's office visits that include counseling or education related to physical activity
- EH-2 Increase use of alternative modes of transportation for work. [Trips to work made by]
 - **EH-2.1** Bicycling (0.6%)
 - **EH-2.2** Walking (3.1%)
 - **EH-2.3** Mass transit (5.5%)

Physical Activity

Data for physical activity comes from the 2013-2017 Expanded Behavioral Risk Factor Surveillance System (BRFSS) for adults. These data are presented in Appendices E24-E31. The 2008 Physical Activity Guidelines recommend moderately intense physical activity for at least 150 minutes per week, vigorously intense physical activity for 75 minutes per week, or an equivalent combination distributed throughout the week. Moderate intensity is exemplified by brisk walking, and means working hard enough to raise heart rate and break a sweat, yet still being able to carry on a conversation. Vigorous intensity is exemplified by jogging, and causes rapid breathing and a substantial increase in heart rate. This recommendation applies to healthy adults aged 18-65 and is considered a minimum requirement for maintaining health and reducing the risk of chronic disease. Additional health benefits can be gained by increasing aerobic physical activity to 300 minutes per week of moderate intensity, or 150 minutes per week of vigorous intensity, or equivalent combination. Importantly, adults should avoid inactivity and perform muscle strengthening activities for all major muscle groups on 2 or more days per week.

In 2014-2016, 26.4% of Broome County adults reported no leisure-time physical activity which was higher than NYS (23.7%). Stratified analyses indicate that women are almost twice as likely as men to report no leisure time physical activity (22.7% for females vs. 13% for males). Individuals who are between the ages of 35 and 44 are the most active age group with only 11.2% reporting no leisure-time physical activity. Individuals over the age of 45 are twice as likely to have no leisure-time physical activity. Between 22% and 25% of adults above age 45 report no leisure-time physical activity. In addition, those with lower levels of both education and income are more likely to report no leisure-time physical activity.

For older adults who cannot perform 150 minutes per week of moderate intensity physical activity due to chronic health conditions, the *Physical Activity Guidelines* recommend that they be as physically active as the extent of their capabilities permit. In addition, older adults should perform physical activities to improve or maintain muscle strength and balance in order to reduce risk of falls.

For children and adolescents, the *Physical Activity Guidelines* recommend 60 minutes of physical activity daily including moderate or vigorous intensity aerobic activity (3 days a week of vigorous intensity), muscle strengthening (3 days per week), and bone strengthening (3 days per week).

Recent county-level data for physical activity among children and adolescents is lacking. The Youth Risk Behavior Surveillance System (YRBSS) is a national school-based survey conducted by the Centers for Disease Control and Prevention and administered to high school students. Similar to the BRFSS, this survey is used to monitor health risk behaviors that contribute to the leading causes of death and disability. Data from this survey are available at the state, local (major municipalities) and territorial levels as well as for native populations, but are not available at the county level. (Appendices E30-E31)

In 2017, 23.2% of students in grades 9 through 12 in NYS reported being physically active for at least 60 minutes per day for 7 days per week indicating that three-fourths of all adolescents are not meeting the current guidelines for physical activity. Nearly 42.4% reported being physically active for at least 60 minutes per day on less than 5 days per week and 15.0% of students were not physically active for 60 minutes on any day. Over 80% did not attend physical education classes five days per week, over 50% did not play on a sports team, and over 40.8% watched television or used computers more than 3 hours

per day. A significantly larger proportion of females are not meeting current guidelines and they were less likely than males to play on sports teams. Trends in three or more hours of television viewing appear to be decreasing in NYS at a faster pace than the rest of the nation. Among WIC participants in Broome County, a lower percentage of children had less than 2 hours of television viewing as compared to NYS (83.9% vs. 85.0%).

Healthy People 2020 Objectives — Nutrition

NWS-1 Increase the number of states with nutrition standards for foods and beverages provided to preschool-aged children in child care.

Target: 34 states

- NWS-2 Increase the proportion of schools that offer nutritious foods and beverages outside of school meals.
 - NWS-2.1 Schools that do not sell or offer calorically sweetened beverages to students (21.3%)
 - **NWS-2.2** School districts that require schools to make fruits or vegetables available whenever other food is offered or sold (18.6%)
- NWS-3 Increase the number of states that have state-level policies that incentivize food retail outlets to provide foods that are encouraged by the *Dietary Guidelines for Americans*.

Target: 18 states

- NWS-6 Increase the proportion of physician office visits that include counseling or education related to nutrition or weight.
 - **NWS-6.1** Adult patients with a diagnosis of cardiovascular disease, diabetes, or hyperlipidemia (22.9%)
 - **NWS-6.2** Adult patients who are obese (22.9%)
 - **NWS-6.3** All children or adult patients (15.2%)
- NWS-14 Increase the contribution of fruits to the diets of the population aged 2 years and older.

Target: 0.9 cup equivalent per 1,000 calories

- NWS-15 Increase the variety and contribution of vegetables to the diets of the population aged 2 years and older.
 - **NWS-15.1** Total vegetables (1.1 cup equivalent per 1,000 calories)
 - **NWS-15.2** Green and orange vegetables and legumes (0.3 cup equivalent per 1,000 calories)
- NWS-16 Increase the contribution of whole grains to the diets of the population aged 2 years and older.

Target: 0.6 ounce equivalent per 1,000 calories

- NWS-17 Reduce consumption of calories from solid fats and added sugars in the population aged 2 years and older.
 - **NWS-17.1** Solid fats (16.7%)
 - **NWS-17.2** Added sugars (10.8%)
 - **NWS-17.2** Solid fats and added sugars (29.8%)
- NWS-18 Reduce consumption of saturated fat in the population aged 2 years and older.

Target: 9.5%

NWS-19 Reduce consumption of sodium in the population aged 2 years and older.

Target: 2,300 mg

Diet & Nutrition

Data for diet and nutrition come from the NYS Expanded BRFSS (adults). There is evidence to suggest that consumption of fresh fruits and vegetables not only provides important macro- and micro-nutrients for good health, but also decreases the risk for certain types of cancers, cardiovascular disease, and stroke as well as overweight and obesity.

The *Dietary Guidelines for Americans 2010* recommend balancing calories to manage weight, reducing/increasing specific foods and food components, and building healthy eating patterns. To manage body weight, the guidelines recommend controlling caloric intake, particularly for people who are overweight or obese, as well as increasing physical activity. In relation to specific foods to reduce, the guidelines recommend decreasing daily sodium intake to less than 2,300 mg/day, consuming less than 10% of calories from saturated fatty acids, consuming less than 300 mg/day of cholesterol, reducing intake of calories from solid fats and added sugar, and limiting consumption of refined grains. In relation to specific foods to increase, the guidelines recommend consuming more fruits and vegetables especially dark green and red/orange ones, whole grains, and low- or fat-free fat dairy products as well as eating a greater variety of protein sources including seafood, lean meats, beans/peas, soy products, and nuts/seeds. Finally, attention to healthy eating patterns throughout the day can ensure that all of the foods and beverages that are consumed fit the caloric and nutrient needs of an individual over time.

The Expanded BRFSS data from 2013-2017 revealed only 31.9% of adults in NYS ate 1 or less servings of fruits and vegetables per day. This value was similar to NYS in which only 31.5% of adults consumed 1 or less servings of fruits and vegetables. (Appendices E32-E33)

Like physical activity, county-level data for nutrition among children and adolescents is currently lacking. The Youth Risk Behavior Surveillance System (YRBSS) provides one of the few sources of data about dietary intake for adolescents; however this survey is conducted only every two years with limited information for specific localities. (Appendices E34-E36)

In 2017, 19.3% of students in grades 9 through 12 reported eating fruit or drinking 100% fruit juice 3 or more times per day, 32% reported 2 or more, and 60.8% reported one or more than once a day. 7.3% reported not eating fruit or fruit-drinks at all. 36.3% reported not drinking a can, bottle or glass of soda or pop within the past week, 13.7% drank soda/pop at least once a day, 8.6% twice a day, and 4.9% three times per day. Dietary consumption of fruits and vegetables as well as sugary drinks was similar across age groups and grade levels. Trend data indicate that, for the US, the proportion of students who report eating fruit or drinking 100% fruit juice less than three times per day has been decreasing since 2005 as compared to NYS which experienced its first decline in this indicator in 2009.

Healthy People 2020 Objectives — Overweight & Obesity

NWS-5 Increase the proportion of primary care physicians who regularly assess the body mass

index of their patients.

NWS-5.1 Adults (53.6%)

NWS-5.2 Children and adolescents (54.7%)

NWS-6 Increase the proportion of physician office visits that include counseling or education

related to nutrition or weight.

NWS-6.2 Adult patients who are obese (22.9%)

NWS-8 Increase the proportion of adults who are at a healthy weight.

Target: 33.9%

NWS-9 Reduce the proportion of adults who are obese.

Target: 30.5%

NWS-10 Reduce the proportion of children and adolescents who are considered obese.

NWS-10.1 Children aged 2 to 5 years (9.6%) NWS-10.2 Children aged 6 to 11 years (15.7%)

NWS-10.3 Adolescents aged 12 to 19 years (16.1%)

NWS-10.4 Children and adolescents aged 2 to 19 years (14.5%)

Overweight and Obesity

A healthy weight in adults is defined as a Body Mass Index (BMI) greater than or equal to 18.5 but less than 25 kg/m². Overweight is defined as a BMI greater than or equal to 25 but less than 30 kg/m² and obesity is defined as a BMI greater than or equal to 30 kg/m². BMI is calculated as weight (in kilograms) divided by square height (in meters) and is used as a body weight standard and an indicator of the degree of adiposity. This index is also used to provide an estimate of relative risk for disease such as heart disease, diabetes, and hypertension. Information about obesity related indicators are located in Appendix E38 and additional tables, charts, and maps appear in Appendices E39-E62 for both adults and children.

In 2016, the prevalence of overweight among adults was 29.0% and the prevalence of obesity was 25.5%, yielding a combined total of 54.5%, with an increase over the period between 2004 and 2016. Based on the 2013-2017 Expanded BRFSS survey data reported by the NYS Department of Health, Broome County ranked in the second quartile in the state for obesity and in the third quartile for the combined categories of overweight and obesity. The rate of obesity among adult residents of Broome County exceeded the *Prevention Agenda 2017* objective of 23.2%, but was below the target of 30.5% for *Healthy People 2020*. In previous surveys, only 23.2% of adults reported receiving advice about their weight by a health professional. While this figure is similar to the proportion who are obese, 64% of individuals are overweight or obese, have increased risk based on weight status, and could be considered potential candidates for counseling about weight. Of those who reported receiving advice

about their weight, 87.7% were advised to lose weight. Thus, in the majority of cases when weight status is addressed, clinicians seem to be providing clear advice to lose weight.

In children, BMI standards are based on growth chart percentiles with overweight defined as a BMI at or above the 85th percentile but below the 95th percentile for BMI by age and gender, and obese as a BMI at or above the 95th percentile for BMI by age and gender.

Until recently, the Youth Risk Behavior Surveillance System data was the only source of information about weight status for adolescents. BMI and weight category were based on self-reported height and weight. Biannual data was available at the state but not county level, and no data were available for children in elementary school. Now, weight category data can be drawn from the NYS Student Weight Status Category Reporting System (SWSCR). BMI data are collected for pre-kindergarten, kindergarten, second and fourth grade students from elementary schools, for seventh grade from middle schools, and for tenth grade from high schools. Data are reported in aggregate as weight status category and middle and high school data are reported together. These data are available for 2015-2017, the last two years of reporting with this new system.

Among elementary schools, the prevalence of overweight was 15.5% and the prevalence of obesity was 15.7% for a combined total of 31.3% for the category overweight or obese. For these indicators, Broome County was similar to Upstate New York and ranked in the second quartile for obesity and in the third quartile for the combined overweight/obese category. These data for obesity among elementary school children indicate that Broome County meets the 15.7% target for the *Healthy People 2020* among children age 6 to 11 and the 16.7% objective for the NYS *Prevention Agenda 2017*.

Among middle/high schools, the prevalence of overweight was 18.3% and the prevalence of obesity was 20.7% for a combined total of 39.1% for the category overweight or obese. For these indicators, Broome County was similar to Upstate New York and ranked in the third quartile for the state. These data for obesity among middle/high school adolescents indicate that Broome County fell above the 16.1% target for the *Healthy People 2020* among children age 6 to 11 and the 16.7% objective for the NYS *Prevention Agenda 2017*.

Because actual height and weight data are used to calculate BMI data reported to the state by schools instead of self-report, these data may provide a more valid estimate of prevalence than self-report. However, another important consideration is the opt out option parents may choose in relation to data submission by NYS schools. Parents of children who are overweight or obese may be more likely to opt out leading to estimates that are lower than the true prevalence of obesity and overweight among school-age children. Although the YRBS includes data from high school students only, noticeable differences can be seen in the weight status categories for SWSCR as compared to the self-report measures from the YRBS for a similar time period. As might be expected, the data collected from the SWSCR reveals a higher prevalence of overweight and obesity than the self-reported data from the YRBS. The obesity epidemic, especially among youth, raises concerns about its health consequences including the metabolic syndrome, diabetes, and associated short- and long-term complications.

Information about student weight status category by school district is presented in table format and includes identification of each school district's Need to Resource Capacity category as defined and designated by the NYS Department of Education (Appendix E48). These data are also presented in graphic format for both elementary schools (Appendix E49) and middle/high schools (Appendix E50).

Four out of the six school districts with the highest rates of obesity (above the 50th percentile) are also categorized as high need to resource capacity.

For women participating in the WIC program, a significantly lower percentage of pregnant women were overweight prior to pregnancy in Broome County as compared to NYS and Upstate NY (22.3% vs. 26.6% and 26.4% respectively) and Broome County was in the second quartile for this indicator. However, an appreciably higher percentage was obese prior to pregnancy for Broome County than for NYS and Upstate NY (33.5% vs. 24.2% and 28.6% respectively) and Broome County ranked in the fourth quartile for this indicator. (Appendices C44-C49) For Obesity among children aged 2-4 who participated in the WIC program, Broome County ranked in the second quartile for the state (13.9%). This figure was not significantly different than the state as a whole or the upstate area. Obesity among preschool age children was below the *Prevention Agenda 2017* goal of 16.7% for children and adolescents, but it is well above the 9.6% target for obesity among children age 2 to 5 years old set by *Healthy People 2020*. (Appendix E51)

Healthy People 2020 Objectives — Tobacco Use TU-1 Reduce tobacco use by adults. [current smoker] TU-1.1 Cigarettes (12%) TU-1.2 Smokeless tobacco (0.3%) TU-1.3 Cigars (0.2%) TU-2 Reduce tobacco use by adolescents. [past month] TU-2.1 All tobacco products (21%) TU-2.2 Cigarettes (16%) TU-2.3 Smokeless tobacco (6.9%) TU-2.4 Cigars (8%) TU-3 Reduce the initiation of tobacco use among children, adolescents, and young adults. Adolescents age 12 to 17 years TU-3.1 All tobacco products (5.7%) TU-3.2 Cigarettes (4.2%) TU-3.3 Smokeless tobacco (0.5%) TU-3.4 Cigars (2.8%) Young adults age 18 to 25 years TU-3.5 All tobacco products (8.8%) TU-3.6 Cigarettes (6.3%) TU-3.7 Smokeless tobacco (0.2%) TU-3.8 Cigars (4.1%) Increase smoking cessation attempts by adult smokers. TU-4 Target: 8% TU-5 Increase recent smoking cessation success by adult smokers. Target: TU-6 Increase smoking cessation during pregnancy. Target: 30% TU-7 Increase smoking cessation attempts by adolescent smokers. Target: 64% TU-9 Increase tobacco screening in health care settings. TU-9.1 Office-based ambulatory care (68.6%) TU-9.2 Hospital ambulatory care (66.2%) TU-9.3 Dental care (developmental) TU-9.4 Substance abuse (developmental) TU-10 Increase tobacco cessation counseling in health care settings. **TU-10.1** Office-based ambulatory care (21.1%) **TU-10.2** Hospital ambulatory care (24.9%) **TU-10.3** Dental care (developmental) **TU-10.4** Substance abuse (developmental) TU-11 Reduce the proportion of nonsmokers exposed to secondhand smoke. **TU-10.1** Age 3 to 11 (47%) **TU-10.2** Age 12 to 17 (41%) **TU-10.3** Age 18 and older (33.8%)

Tobacco Use

Data for smoking behaviors come from the BRFSS (adults), the YRBS (high school students), and the 2018 Prevention Needs Assessment Survey (grades 7-12). Information about tobacco use can be found in Appendices E63 and E64-E75. Based on the 2016 NYS Expanded BRFSS, smoking prevalence among adults in Broome County was 26.8% which was somewhat higher than NYS (29.9%) and slightly lower than Upstate NY (38.8%). Broome County ranked in the fourth quartile for this indicator. This rate is higher than the *Healthy People 2020* objective of 12%. The percentage of adults living in homes where smoking is prohibited was 79.3% for Broome County (second quartile) and not significantly different than statewide.

Trend analysis for BRFSS data between 1995 and 2017 showed that prevalence peaked in 1998 at 24.1% and that there was a steady decrease in prevalence from 23.2% in 2001 and to 15.5% in 2010. Unfortunately, the prevalence of smoking appears to be increasing with a prevalence of 18.1% in 2012 and 21.2% in 2017.

For Broome County, Prenatal Care Assistance Program (PCAP)/Medicaid Obstetrical and Maternal Services (MOMS) Program data related to smoking during pregnancy showed a prevalence (3-year average) of 32% in 2007, 29% in 2008-2010, and 23.0% in 2017. Although three-year averages provide more stable rates, these data are collected from new patients at the first prenatal visit and smoking during pregnancy is often underreported. Thus, these data may not provide a true estimate. Smoking during pregnancy and environmental exposure to tobacco smoke are associated with perinatal and infant morbidity and mortality, including higher rates of pre-term labor, low birth weight, premature rupture of membranes, abruption placentae, placenta previa, miscarriage, and fetal death. Pregnant women should be counseled at the earliest point, preferably preconception, about the potential dangers of smoking during pregnancy. Decreasing smoking during pregnancy may represent a leverage point for reducing the county's infant mortality.

Data for smoking behaviors among youth is available through the YRBSS though not at the county level. In 2018 for NYS, 29.3% of high school students reported ever trying cigarette smoking even one or two puffs. In addition, during the 30 days before the survey, 11.5% reported smoking cigarettes on at least one day (past month), 3.5% reported smoking on 20 or more days (frequent smoker), and 3.7% reported smoking more than 10 cigarettes per day (heavy smoker). Among the students who reported they were currently smoking, 54.9% had not tried to quit in the past year. Over 7% of high school students reported using chewing tobacco, snuff, or dip in the past month. Trend analysis indicates that although the percentage of students who report ever trying cigarettes has decreased steadily between 1999 and 2018, the proportion of students who report smoking more than 10 cigarettes per day in the past month (heavy use) has been increasing since 2006.

Local data was available from the 2006 and 2018 Prevention Needs Assessment county-specific reports through the KYDS Coalition in Broome County. Data from the Prevention Needs Assessment Survey is presented in Appendix E57 for cigarette use (past month) and Appendix E59 for heavy cigarette use. With each higher grade, there is a monotonic increase in both cigarette use in the past month and heavy cigarette use. In 2018, the proportion of students who reported smoking on at least one day during the previous 30 days (past month) was 2.4% overall. The proportion of students who reported heavy

cigarette use was less than 1% for 7th and 8th grade students. For high school adolescents, the prevalence of heavy use was 0.4% for 9th grade, 0.6% for 10th, 0.3% for 11th and 0.6% for 12th grade. Although conclusions drawn from comparisons across different surveys should be interpreted cautiously, there is some evidence to suggest that Broome County has lower prevalence of heavy smoking among adolescents than NYS. For cigarette smoking in the past month, Broome County was below the *Healthy People 2020* target of 16% for cigarettes across all grade levels.

Healthy People 2020 Objectives — Substance Abuse		
SA-2 Increase the proportion of adolescents never using substances.		
0	SA-2.1	Alcohol among adolescents age 12 to 17 (11%)
	SA-2.2	Marijuana among adolescents age 12 to 17 (88.9%)
	SA-2.3	Alcoholic beverages among high school seniors (30.5%)
	SA-2.4	Illicit drugs among high school seniors (58.6%)
SA-3	Increase	the proportion of adolescents who disapprove of substance abuse.
	SA-3.1	Having one or two alcoholic drinks nearly every day among 8 th graders (86.4%)
	SA-3.2	Having one or two alcoholic drinks nearly every day among 10 th graders (85.4%)
	SA-3.3	Having one or two alcoholic drinks nearly every day among 12 th graders (77.6%)
SA-4	Increase the proportion of adolescents who perceive great risk associated with substance abuse.	
	SA-4.1	Consuming five or more alcoholic drinks at a single occasion once or twice a week
		among adolescents age 12 to 17 (44%)
SA-13	Reduce past-month use of illicit substances.	
	SA-13.1	Use of any alcohol or any illicit drugs during the past 30 days among adolescents age 12 to 17 (16.6%)
	SA-13.2	Use of marijuana during the past 30 days among adolescents age 12 to 17 (6%)
	SA-13.3	Use of any illicit drug during the past 30 days among adults age 18 years and older (7.1%)
SA-14	Reduce the proportion of persons engaging in binge drinking of alcoholic beverages.	
	SA-14.1	Binge drinking (past 2 weeks) among high school seniors (22.7%)
	SA-14.2	Binge drinking (past 2 weeks) among college students (37%)
	SA-14.3	Binge drinking (past month) among adults age 18 and older (24.4%)
	SA-14.4	Binge drinking among adolescents age 12 to 17 years (8.6%)

Substance Abuse

Based on data from the Statewide Planning and Research Cooperative System (SPARCS), between 2014-2016 there were 219 alcohol-related motor vehicle injuries and deaths among adults equating to a rate of 37.2 per 100,000, which is significantly higher than NYS (29.9 per 100,000) but similar to Upstate NY

(39.6 per 100,000). For this indicator, Broome County ranked in the first quartile. For this same time period, there were 46 discharges among neonates due to drug related causes equating to a rate of 29.8 per 10,000 newborn discharges. This rate was significantly higher for Broome County than for NYS (10.1.0 per 10,000 newborn discharges) but not for Upstate NY. For this indicator Broome County ranked in the fourth quartile. Broome County's three-year age-adjusted estimate for drug-related overdose hospitalizations was 94.0 per 10,000, which was significantly lower than both NYS (64.2 per 10,000) and Upstate NY (71.5 per 10,000). Trend data seem to show that for all three of these indicators (alcohol-related motor vehicle injuries and deaths and newborn drug-related hospitalization rates, and drug-related hospitalizations); Broome County rates appear to be increasing.

Data from the Expanded BRFSS for 2016 indicate that 20.1% of adults engaged in binge drinking (5 or more drinks in a row) compared to 18.3% for NYS and 19.1% for Upstate NY. For binge drinking, Broome County ranked in the third quartile. For this indicator, Broome County is not only ranked below the county-level median with this health behavior, but is also below the *Healthy People 2020* objective of 24.4% for binge drinking among adults. The prevalence of binge drinking is higher among males than females with males being 2.2 times more likely to binge. Binge drinking among males is above the *Healthy People* target. Prevalence is also higher among adults age 35-44 than among older adults (age 65+) and among those with lower educational attainment. Men in the younger age group are 5 times more likely to binge than men 65 and older, and those with a high school diploma or less education are 2 times more likely to binge that men with a college degree. Trend data for binge drinking was relatively stable from 2004 to 2012, but more recent data suggest this pattern is changing towards an increase. Although Broome County is below the *Healthy People 2020* target for binge drinking, continued observation may be warranted given recent shifts in prevalence. (Appendices E76-E79)

Heavy drinking in the past month is defined as an adult male having more than two drinks per day or adult female having more than one drink per day. Among adults in Broome County, 7.2% of adults report heaving drinking in the past month. Like binge drinking, heavy drinking is higher among males in the 35-44 age group. Trend data for heavy drinking follows a similar pattern to binge drinking with stable rates until 2010 followed by an upward trajectory. Between 55% and 60% of adults in NYS have had at least one drink in the past month without considerable variation in this indicator over time.

Data from the 2018 Prevention Needs Assessment Survey revealed that 10.4% of students engaged in binge drinking and there was a monotonic increase in the percent of students who engaged in binge drinking by grade level (Appendix E81). The percent binge drinking among 12–17 year-olds (7th through 12th grade) was higher than the *Healthy People 2020* objective of 8.6%. In 2018, the percent of 12th graders who reported binge drinking was 23.7%, however comparisons to the *Healthy People 2020* objective cannot be made as this objective refers to binge drinking in the past two weeks (versus past month), which will inflate the proportion.

In 2018, 20.4% of 7th to 12th grade students reported using alcohol in the past month, 20.4% reported using marijuana, 2.4% reported using cigarettes, 22.3% reporting using E-cigarette use, 3.3% reported chewing tobacco use, 1.7% reported using amphetamines, 1.9% reported using sedatives, 1.9% reported using other narcotics, and 3.6% reported using inhalants. Overall, 16.6% of students reported using any drug, which is above the *Healthy People 2020* target of 16.6 percent. There was a similar gradient by grade level observed for lifetime use of alcohol, with 34.1% of all 7th to 12th grade students in Broome County using alcohol at some time during their life. For lifetime use of any drug, 10.2% had smoked

cigarettes, 26.5% had used E-cigarettes, 20.4% had used marijuana, 7.0% had used chewing tobacco, 1.9% had used inhalants, 1.7% had used amphetamines, 1.9% had used other narcotics, and 1.9% had used sedatives. While comparisons to a similar survey conducted by Monitoring the Future indicate that the rates are not significantly higher than those observed across the country, they are nonetheless disturbing, particularly for parents. Marijuana use now equals or exceeds the prevalence of cigarette smoking and is 3 times greater than the target objective for *Healthy People 2020*. (Appendix E80 for alcohol use, Appendix E83 for marijuana use)

Data from the 2018 Prevention Needs Assessment also show that 72.3% of 7th through 12th grade students think people risk harming themselves if they have five or more drinks of an alcoholic beverage once or twice a week. This figure is higher than the *Healthy People 2020* objective (SA-4.1 target 44%). In addition, 71.1% of 8th graders, 60% of 10th graders, and 66% of 12th graders either strongly or somewhat disapprove of having someone their age having one or two drinks of an alcoholic beverage nearly every day. These figures are considerably lower than the *Healthy People 2020* objective SA-3 (targets are 86.4%, 85.4%, and 77.6% respectively).

Healthy People 2020 Objectives — Mental Health

MHMD-1 Reduce the suicide rate.

Target: 10.2 suicides per 100,000 population

MHMD-4 Reduce the proportion of persons who experience major depressive episodes.

MHMD-4.1 Adolescents age 12-17 (7.4%)
MHMD-4.2 Adults age 18 and older (5.8%)

MHMD-5 Increase the proportion of primary care facilities that provide mental health treatment

onsite or by paid referral.

Target: 87%

MHMD-6 Increase the proportion of children with mental health problems who receive treatment.

Target: 75.8%

MHMD-9 Reduce the proportion of adults with mental health disorders who receive treatment.

MHMD-9.1 Serious mental illness (64.6%)
MHMD-9.2 Major depressive episodes (78.2%)

MHMD-10 Increase the proportion of persons with co-occurring substance abuse and mental

disorders who receive treatment for both disorders.

Target: 3.0%

MHMD-11 Increase depression screening by primary care providers.

MHMD-11.1 Adults age 19 and older (2.4%)

MHMD-11.2 Youth age 12-18 (2.3%)

Mental Health

Based on the 2016 Expanded BRFSS, 9.9% of Broome County adults reported 14 or more days with poor mental health (Appendix E11-E15). This proportion was 10.7% for NYS and 11.2% for Upstate NY. Adults in Broome County were 1.2 times more likely to report poor mental health for at least 2 weeks out of the past month. Similarly, 11.4% of adults in Broome County reported that their physical health was not good for 14 or more out of the past 30 days (Appendix E7). In 2016, over 30% of Broome County adults reported having arthritis and more than half of those with arthritis were over 65 years of age. Almost 25% of adults reported having a disability (Appendix E17) and 68.8% of those with a disability were over the age of 55. For all of these indicators, higher percentages were reported for those who were older (≥ age 55), less educated (high school education or less), and had incomes less than the Broome County median individual income (<\$25,000). Physical health and mental health share a dyadic relationship with reciprocal interactions. Individuals with chronic conditions often experience depression, and those with depression often have physical manifestations. It is interesting to note that as many adults reported poor mental health as did poor physical health. Among children, data from the 2018 Prevention Needs Assessment Survey indicated that 37.2% of adolescents (7th-12th grade) reported depressive symptoms.

Poverty, Crime, & Delinquency among Youth

Economic security means living in a household where there is enough money and resources to meet basic needs. Children living in poverty experience food insecurity and compromised physical health associated with poor nutrition. Extreme economic deprivation is the single most important risk factor associated with problem behaviors in youth, substance abuse, violence, sexual acting out and teenage pregnancy, delinquency, poor academic performance, and dropping out of school.

In 2018, 21.2% of children in Broome County ages birth to 17 years lived in poverty, a 3.2% decrease from 2011, though lower to Upstate NY and NYS (19.9% and 15.7%). In addition, the percentage of Broome County children receiving food stamps increased from 17.9% in 2005 to 27.7% in 2016. The percentage of Broome County youth in families receiving public assistance also rose over this same time period (from 7.2% to 8.4%), and is higher than for Upstate NY and NYS (6.3% and 4.1%). 3.5% of children and youth in Broome County receive supplemental security income (SSI) as compared to 2.1% in the rest of the state. Approximately 53% of Broome County children received free or reduced lunches in 2016, compared with 47.5% in Upstate NY and NYS. In three of the five indicators of economic security (poverty level, public assistance, and supplemental security income), Broome County has a higher percentage of children in poverty than NYS. (Appendix E89)

Physical health and emotional health are interdependent, as evidenced by self-inflicted injuries, such as suicide attempts. Between 2012-2014, 22 children age 15-19 had self-inflicted injuries that required hospitalization (110.3 per 100,000 youth aged 15–19). The suicide mortality rate in 2012-2014 was favorable. One suicide occurred among adolescents age 10-19 for the three-year period. (Appendix E90) Still, the numbers of children who experience depression, anxiety, or bipolar disorder and the impact these have on their emotional, cognitive, and academic abilities remains concerning.

Data for youth arrests and violent crime can be found in Appendix E91. Broome County youth aged 16 to 21 had a lower rate of arrests for driving while intoxicated (15.3 per 10,000) than NYS (17.5 per 10,000) but lower than Upstate NY (25.2 per 10,000). In Broome County, this same age group also has a higher rate of arrests for property crime (146.7 per 10,000) than NYS (106.7 per 10,000) or Upstate NY (99 per 10,000). There were 57 intakes for juvenile delinquency among Broome County youth ages 7 to 15 years, which was less than half the number of intakes in 2005 (Appendix E92).

Results from the 2018 Prevention Needs Assessment Survey revealed a disturbing array of antisocial behaviors in school (past year) among 7th through 12th graders (Appendix E84). In 2018, 8.7% reported being drunk or high at school, 6.4% reported being attacked by another person with intent to harm, 8.4% of students were suspended from school, 4.5% reported gang involvement, 3.5% reported selling illicit drugs, 2.3% reported having been arrested, 4.1% reported having carried a handgun, though only 1.0% reported carrying a handgun to school. Opportunities and rewards for pro-social involvement with peers, school, family, and community act as protective factors. In contrast, poor family management, family conflict, and exposure to adult antisocial behavior can contribute to delinquent behaviors.

National Data indicate that 1 in 10 children suffer from serious emotional disturbance, only 30% of them graduate with a high school diploma and suicide is the third leading cause of death in 15-24 year olds. According to the NYS Office of Mental Health, approximately 5% of NYS children have emotional disturbances with intensive need for specialty services and 12% have at-risk behaviors with need for early identification and intervention.

Depression in the Elderly

Along with children, elders are members of our community considered among the most vulnerable to mental health problems and their consequences. Factors such as social isolation, cognitive changes, financial stressors, and diminished physical capacity can exacerbate mental and emotional problems. In the most serious situations, these conditions leave elders highly vulnerable to abuse and/or neglect.

Population studies among the elderly indicate a prevalence of depression ranging from 1% to 20%. Consequences of depression include reduced life satisfaction and quality of life, social deprivation and loneliness, increased use of health and home care services, cognitive decline and impairments in activities of daily living as well as suicide and non-suicide mortality.

Social Determinants of Health

County Health Indicators by Race/Ethnicity (CHIRE) for 2012-2016 were made available by the New York State Department of Health (see Appendix B61). These indicators provide information about racial/ethnic differences in socio-demographic, general health, birth- and injury-related indicators as well as differences across multiple health conditions including respiratory diseases, heart disease and stroke, diabetes, cancer, and substance abuse/mental health.

Based on census data, non-Hispanic Blacks/African Americans comprised 6.0% of the county population, non-Hispanic Asian/Pacific Islanders comprised 4.8%, and Hispanics 4.1%. Income was lower and poverty was higher among these minority populations. Median household income (2012-2016) was \$2,680 for non-Hispanic Blacks/African Americans, \$39,837 for non-Hispanic Asian/Pacific Islanders, and \$24,463 for Hispanics as compared to \$50,20 for non-Hispanic Whites. The percent of families below poverty (2012-2016) was 3.5 times higher for non-Hispanic Blacks/African Americans, 1.5 times higher for non-Hispanic Asian/Pacific Islanders, and 3.5 times higher for Hispanics than for non-Hispanic Whites (32.7%, 13.8%, 32.6% respectively vs. 948%). These data indicate that minority populations in the county face more difficult economic circumstances than Whites.

While total mortality rates were similar for non-Hispanic Blacks/African Americans and non-Hispanic Whites, the percentage of premature deaths (< 75 years) for non-Hispanic Blacks/African Americans was almost double that for non-Hispanic Whites (69.1% vs. 36.8%). The premature deaths among this minority group contributed to more years of productive life lost (10,167 vs. 7,279 per 100,000). And while the overall mortality rate for non-Hispanic Asian/Pacific Islanders was less than half that of non-Hispanic Whites, the percentage of premature deaths among this minority group was higher than that of non-Hispanic Whites (44.4% vs. 36.8%). For Hispanics, the total mortality was slightly lower than that for non-Hispanic Whites, but the percent of premature deaths was larger (38.1% vs. 36.8%). Based on the Indicators for Tracking Public Health Priorities (Appendix 167), the ratio of premature deaths (before age 65) was 2.5 for non-Hispanic Blacks and 2.3 for Hispanics as compared to non-Hispanic Whites. These ratios were higher than NYS and higher than the 2018 NYS Prevention Agenda objective of 1.87 and 1.86 respectively.

Natality indicators showed similar disparities. The percent of births with early (1st trimester) prenatal care and the percent of births with adequate prenatal care (Kotelchuk Index) was considerably lower for non-Hispanic Blacks/African Americans than for non-Hispanic Whites (early prenatal care 61.5% vs. 76.8% and adequate prenatal care 69.7% vs. 82.2%). These differences in prenatal care may account for the higher percentage of premature births and low birthweight births among non-Hispanic Blacks/African Americans than among non-Hispanic Whites (premature births 12.1% vs. 7.9% and low birthweight births 12.6% vs. 6.4%). Although the ratio of preterm births for non-Hispanic Blacks as compared to non-Hispanic Whites in Broome County was lower than NYS (1.7 for Broome County vs. 1.6 for NYS), it was nonetheless slightly higher than the 2018 NYS Prevention Agenda objective (1.42 ratio). The teen pregnancy rate among females aged 15-17 was 4.1 times higher for this minority group than for non-Hispanic Whites (52.9 vs. 13.2 per 1,000). Among Hispanics, the teen pregnancy rate for females aged 15-17 was 4.4 times higher than that for non-Hispanic Whites (58.8 vs. 13.2 per 1,000).

With respect to disease morbidity, the number of events among specific minority populations is often less than 20, creating unstable rates even for three-year averages. Because of the small number of cases, comparisons for non-Hispanic Asian/Pacific Islanders and for Hispanics cannot be made. For non-Hispanic Blacks/African Americans, differences are evident in asthma hospitalizations. The age-adjusted hospitalization rate (all ages) for non-Hispanic Blacks/African Americans was 2.2 times the rate for non-Hispanic Whites (20.0 vs. 9.3 hospitalizations per 10,000). Moreover, the asthma hospitalization rate among youth aged 0-17 years was 19.6 per 10,000 for non-Hispanic Blacks/African Americans compared to 12.0 per 10,000 for non-Hispanic Whites.

Similar differences exist for diabetes. The age-adjusted hospitalization rate for diabetes as a primary diagnosis was 35.3 per 10,000 for non-Hispanic Blacks/African Americans compared to 12.9 per 10,000 for non-Hispanic Whites. For hospitalizations in which diabetes was coded as a co-morbidity (any diagnosis), non-Hispanic Blacks/African Americans experienced higher hospitalization rates than non-Hispanic Whites (358.0 vs. 182.2 per 10,000). Further, the age-adjusted hospitalization rate for short-term complications secondary to diabetes was likewise higher for non-Hispanic Blacks/African Americans than for non-Hispanic Whites (19.9 vs. 5.4 per 10,000).

Economic disadvantage, poverty, and minority status can affect health and well-being. These social determinants likely reflect disparities in mortality and morbidity within Broome County. Minority populations experience a disproportionate share of early deaths, poor birth outcomes, and disease burden due to asthma and diabetes.

C. The Local Healthcare Environment

The Physical Environment - Geography & Climate

Broome County includes the upper regions of the Appalachian Mountain Chain. Although the county is a small metropolitan area, with a Rural Urban Continuum Code (RUCC) of 2, it is often referred to as rural particularly at the upper and eastern edges. According to the 2019 Broome County Agricultural Economic Development Plan, farmland accounts for 18% of the land mass within Broome County. The number of farms in Broome County has continued to decline. The most recent statistics from the 2012 USDA Census of Agriculture indicated there were 563 farms covering 79,676 acres within the county. These figures represent a 3% decrease in the number of farms and an 8% decrease in acreage since 2007.

The county has two large population centers, surrounding suburban areas, and, for the largest portion of the land area, predominantly rural townships with small village centers. The roadways in these latter areas lack sidewalks except in the small villages. Many, if not most, of the residential suburban areas lack sidewalks as well. This deficit has made "walk-to-school" programs difficult. However, even in the more populated areas where sidewalks are present, traffic and safety issues often prevent parents from allowing their children to walk to school. Residents have also expressed concerns about sidewalk maintenance, particularly in the winter, due to snow and ice. The risk of falling is of particular concern among the elder population.

On the other hand, the community has made significant investment in a "Greenway" Project as well as walking trails such as can be found in Otsiningo Park, the "Rail Trail" in Vestal, and a newly completed trail in Whitney Point. The Greenway Project follows the natural contours of the area's waterways and provides opportunities for both walking and bicycling in addition to beautifying the community and preserving green space. Most of these sites have the added benefit of being located in relatively flat areas in contrast to the surrounding hills. Creating alternative indoor options for walking such as schools that are readily accessible in rural areas was achieved through past innovative chronic disease initiatives.

Travel distances make accessibility to health services located largely in urbanized areas more difficult both for those who seek health care services as well as for those who deliver them such as home care, hospice, and emergency medical services. The northern climate with its mixture of snow and ice deters travel on roadways during winter and often late fall and early spring. Public transportation is available in urbanized areas, but there are limited transit services outside these areas, most of which are "ondemand." BC Lift provides a transportation option for handicapped riders, though this service is also by request. These services may be cost-prohibitive for the rural poor. Public transportation in rural areas was rated as the second most important concern by emergency medical personnel. An intersection of two major highways, I-81 and the recently developed I-86, previously Highway 17, brings economic benefits as well as challenges such as traffic congestion and motor vehicle accidents.

Like many areas, residents express concern about air and water quality, industrial waste contamination in soil and groundwater, as well as lack of inspection of private wells. The discovery of natural gas within the Marcellus Shale formation and its potential extraction raised many environmental concerns. In 2014 however, high-volume hydraulic fracturing was banned and currently is not permitted in New York State. Environmental issues remain a top priority with a desire for a "greener environment," more ecofriendly buses, and greater recycling. Most urbanized areas, excluding Johnson City, have municipal water systems that are fluoridated; however, most residences in rural areas have private wells, so access to and consistent use of fluoride supplements creates a challenge for dental care in this county.

Topography and location influence the climate of Broome County. Broome County is primarily pleasantly cool with an average annual temperature of 45.8° F and moist. This area has about 48% of the annual average available sunshine, primarily in the summer months. The area has a reported 212 cloudy days with 80% or greater overcast per year. Inclement weather is often cited as a barrier to being more physically active. In relation to regional climate, the impacts of global warming continue to be a concern with its potential for more severe weather events and devastating floods. Mitigation in response to the severe flooding that occurred in 2005, 2006, and 2011 continues, and information about flooding as well as response to other weather-related hazards by the county and its municipalities can be found in the 2019 Broome County Hazard Mitigation Plan.

Legal Aspects - Laws & Regulations

The Broome County Legislature is composed of 15 elected legislators representing county residents. The Legislature is the policy-making body and taxing authority of Broome County Government. Through its power is to legislate and approve appropriations, the County Legislature shapes the direction of Broome County Government. The Broome County Charter defines the duties and powers of the Legislature. The County Legislature is responsible for the adoption of all local legislation and levy of property taxes. The county operates the county legal systems, handling the prosecution of crimes committed within the county with sole authority over felony trials and shares authority with local courts in misdemeanor cases. The county operates the sheriff's office and probation services; provides social services, maintains public records, is responsible for the delivery of public health, oversees the county landfill, maintains and constructs county highways, and provides public transportation.

Social Aspects

Social isolation, particularly for rural elders, is a major issue. Census data from 2013-2017 reports 11,279 elders, 65 years of age and older live alone. A comparison between the 2009 Census data and 2017 in the age range of and 65 above continue to increase. The lower end of this age spectrum reflects the initial impact of the aging of the "Baby Boom." Unfortunately, the core volunteers for senior centers and vital services such as Meals on Wheels tend to be in their middle ages, which is a shrinking cohort in Broome County. Another issue of concern is the potential increase in the need for in-home services resulting from the predicted growth of the very old (85+ years) population.

In 2018-2019, the Broome County Office for Aging conducted nine focus groups and collected over 2,000 surveys. The data revealed that almost 28% of older adults reported feeling socially isolated, especially those with incomes less than \$19,999 and between the ages of 55-65 years. Previous surveys in Broome County indicated that 19% of seniors living alone did not socialize with family, friends, or neighbors in the past week and experienced decreased motivation to cook for self, which raises concerns about their nutritional status. The outmigration of younger family members, often to seek employment in more urban settings contributes to the social isolation of elders. Lack of social networks contributes to isolation of elders, particularly among the oldest cohort and those living in poverty. Intergenerational concerns related to elders include but are not limited to the issue of grandparents caring for grandchildren and the stress on family caregivers for the elderly, particularly with chronic and debilitating health issues.

Health Care and Economics

Diminishing funding from both private and public sources along with a rise in the number of unemployed and uninsured/underinsured are placing an ever increasing strain on health care resources. As cost control measures are being undertaken in the health care sector, more of the cost burden for care is being shifted to the county level. A concern is the resulting strain on the portion of the system that serves as a safety net within our county including The Dr. Garabed A. Fattal Community Free Clinic (Community Free Clinic). Many governmental agencies and offices are functioning with tight budgets. Although Broome County has been successful in running many health promotion and education programs that are grant funded, both public and private foundation grant funding has been curtailed and successful programs may be less sustainable without these types of funding. Efforts to ensure sustainability of existing services have focused on expanding and diversifying funding sources.

Institutions - Schools

There are 12 public school systems serving K-12 in Broome County in addition to Catholic and other religious related systems. These school systems serve parts of four counties in addition to Broome. The Board of Cooperative Educational Services (BOCES) serves 15 school districts in Broome and Tioga

counties. Post-secondary education is offered in colleges and technical schools located in Broome County including: Binghamton University, State University of New York at Binghamton, Broome Community College, Davis College, and Ridley-Lowell Business and Technical Institute. Fourteen colleges and universities are located within a one-hour drive of Binghamton.

Care and education of very young children is an important part of the community. Because childcare is provided in both formal and informal settings, the ability to accurately determine service providers and service usage is limited. Preschools in NYS provide early childhood education, laying a solid foundation for future growth and learning. NYS is involved in an ongoing effort to have preschools approved by the Department of Education. According to the NYS Education Department (NYSED) State Education Department Reference File (SEDREF) database, there are 37 preschool programs operating in Broome County, however only six of these programs are on the approved list of special education programs pursuant to section 4410 of the NYS Education Law.

Agriculture

Agricultural issues continue to have ramifications for the health of citizens of Broome County. Dairy and fruit and vegetable farming remain the mainstays of the local agricultural picture. Farm workers have distinct risks for health issues as well as access to health care services. Rural dwellers, particularly farmers often define health as the ability to work, delaying health care until unable to work. This cultural aspect of how health is defined is compounded by the preference for use of informal networks, the nature of self-employment, which limits access to health insurance, and the hands-on nature of farming which leads many agricultural workers to seek health care only when they can no longer ignore the problem. This delay may result in an emergent situation, raising the cost of treatment. One advantage of a strong agricultural system within the region is the ability to accentuate the use of locally grown/produced foods. The Cornell Cooperative Extension (CCE) along with may regional partners including the Rural Health Network of South Central New York (RHNSCNY) are focusing on bringing locally grown/produced foods to public institutions within the county. Growing Health, a food tasting symposium has served to help raise awareness about the advantages of using locally grown foods. Food safety is of concern throughout the country with many recent examples of food contamination. Moreover, in an era of mass production and distribution of food supplies, the source is often difficult to discern. Food safety concerns may encourage the use of locally grown/produced foods.

Media Messages

Broome County has four local television stations serving the area. Cable television services also include a regional news channel, with one focus area being the Southern Tier of New York. In addition, the area has multiple radio stations. The Press and Sun Bulletin is the local daily newspaper and provides an electronic site entitled pressconnects.com. Each of these media outlets is a source for health information and public service announcements (PSAs). These PSAs have provided support for several programs including Sodium Reduction in Communities, Steps to a HealthierNY, BC Walks, and the Rock

on Cafe. Use of social marketing and media for health messages are a means of effecting changes in diet, physical activity, and tobacco use making healthy choices normative and creating a healthy lifestyle culture.

Laws and Regulations

New York State has been highly successful in promoting tobacco free environments through laws and regulations regarding tobacco use in public areas, use of taxes to deter tobacco consumption, and focus on enforcement of regulations on tobacco sales to minors. The most recent success was demonstrated through the amendment to the Adolescent Tobacco Use Prevention Act (ATUPA), in effect as of November 13, 2019, which has raised the minimum age of sale from 18 to 21 for tobacco products, including electronic cigarettes. The greatly reduced access of these products to minors will ideally prevent a generation from acquiring costly and potentially deadly addictions. For almost two decades, tobacco-free workplace regulations have been in place and have become more stringent, now covering entrances to public institutions such as hospitals and libraries prohibiting individuals from congregating just outside doorways to smoke. Smoking is prohibited at New York Playgrounds between sunrise and sunset if anyone under the age of twelve is present. Many recent amendments to these laws have included electronic cigarettes otherwise known as vaping into their jurisdiction as well. In 2017, Binghamton University was also recognized as a Tobacco Free Campus, as part of a Tobacco Free initiative.

Environmental Management

Broome County enjoys the active participation of its citizens in shaping environmental policy through the Broome County Environmental Management Council (EMC). Initially established by the Broome County Legislature, the EMC seeks to preserve, protect, and enhance the local environment. Its members include members of the community with environmental concerns who serve as Broome County's government citizen advisory board on environmental matters. Since 1971, volunteer members of the EMC have conducted meetings and public information sessions in addition to preparing reports, plans, and advisory resolutions. Topics of concern to the EMC include natural resource management, water resource protection, land use planning, and sustainable development as well as hazardous and solid waste management.

SECTION TWO — LOCAL HEALTH UNIT CAPACITY PROFILE

Broome County Health Department

<u>Mission:</u> The Broome County Health Department is committed to working proactively in collaboration with the community to preserve, promote and protect the public health and quality of life of all Broome County Residents.

<u>Vision:</u> Leading the community to the promise of a healthy future

Introduction

Public health responsibilities encompass preventing epidemics and the spread of disease, protecting against environmental hazards, preventing injuries, encouraging healthy behavior, helping communities to recover from disasters, and ensuring the quality and accessibility of health services.

Public health employees are dedicated to providing safe environments and services to help the people who are most at risk to thrive. While the core functions of public health are health assessment, policy development as it relates to matters pertaining to health, and assurance of a healthy environment through surveillance, the end result of these functions is to improve the health of our residents and communities. Private and public organizations, individuals, government officials and public health employees work together to accomplish this mission.

The focus of health programming in our community is determined by the needs of the population and is data driven and evidence based. Public health employees monitor the health status of the community through surveillance of local information regarding disease states and environmental hazards. Additionally, employees review data collected by the New York State Department of Health and the needs assessments of various community agencies to compile a Broome County Community Health Assessment. Health related issues are diagnosed and investigated with the intent to inform, educate, and empower the community, thereby giving residents the voice and responsibility for action. In support of community efforts, the Health Department then develops policies and plans in response to the identified areas of action.

Public health response also includes enforcement of laws and regulations that protect health. Food service inspections, along with compliance checks for retail tobacco outlets are two examples of how public health employees monitor areas of concern to protect the health and safety of community members.

Working with at-risk populations, those who are uninsured or underinsured, the Health Department links people to necessary services and assures the availability of healthcare options.

Operational planning is an important part of public health. To assure a competent public health workforce, the Health Department will continue to work with institutions of higher education to train and develop expertise in employees, ensuring that they meet or exceed established standards.

The department will continue to evaluate effectiveness, accessibility and the quality of both personnel and population-based health programming, and will use data to research innovative, community focused solutions to health problems.

The Broome County Health Department has adopted ten essential public health services that are integral to assuring the health of the community (see also Appendix F2).

The Ten Essential Public Health Services

- 1. **Monitor** health status to identify community health problems.
- 2. Diagnose and investigate health problems and health hazards in the community.
- 3. Inform, educate, and empower people about health issues.
- 4. **Mobilize** community partnerships to identify and solve health problems.
- 5. **Develop policies and plans** that support individual and community health efforts.
- 6. **Enforce** laws and regulations that protect health and ensure safety.
- 7. **Link** people to needed personal health services and assure the provision of health care when otherwise unavailable.
- 8. **Assure** a competent public health and personal healthcare workforce.
- 9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
- 10. Research for new insights and innovative solutions to health problems.

Organization

The Broome County Health Department is a full-service health department. In addition to statemandated core basic services, a range of preventive and population-based services is provided to ensure public health and wellness. The ability of the health department to provide preventive services and chronic disease support and education (e.g., breast cancer screening) strengthens the existing health care delivery system with the goal of taking a proactive role in helping to improve the overall health status of community residents. Divisions within the Broome County Health Department include Clinic Services, Administration, Environmental Health Services, Health Promotion and Disease Prevention, Children with Special Health Care Needs, Maternal Child Health and Development. The Fiscal Services Unit and Health Promotion and Outreach (grants) are part of the Administration Division (refer to Organizational Chart in Appendix F1).

Local health departments in New York State are required by NYS Public Health Law to conduct Community Health Assessments as part of the application to obtain state aid for local public health services. Priorities and recommendations identified in the Community Health Assessment are the basis for measuring and evaluating the array and quality of local public health services provided to county residents. Health Department administration is responsible for this important activity. A complete description of the process used to conduct the community health assessment can be found in Section 3 d. of this report.

Broome County Health Department is committed to heightening public awareness of preventable health conditions through community health education and promotion. Lifestyle choices and personal health habits are important factors in the prevention of disease.

Several programs are designed to assist and motivate individuals to voluntarily practice and sustain positive changes in their health-related behaviors are available. Staff specializing in health education and disease prevention within various Health Department Divisions described below is available to provide educational materials and presentations to the public on a variety of topics. The programs listed within each Division provide an array of health education and promotion activities throughout Broome County. Many programs offer health education and promotion throughout multiple counties.

County taxes help support health department services. Although some services are free to Broome County residents, most services have a fee based on cost, with fees adjusted on ability to pay. Medicaid, Medicare, and private insurance may be used to pay for care. Fees are also charged for most Environmental Health Division services.

Staffing & Skill Level

The health department is headed by a Public Health Director and staffed with 60 full time-equivalent (FTEs) employees. The health department employs a part-time Medical Director and a Health Advisory Board provides administrative consultation. The Public Health Director is responsible for initiating and managing the local public health programs and has the general powers and duties specified in Section 352 of the NYS Public Health Law. The Director is responsible for maintaining a high standard of public health services in accordance with the general policies and objectives of the County Executive and County Legislature and with applicable State and local health laws and ordinances. General supervision is exercised over the environmental health, sanitation, medical and public and/or community health nursing services.

There are six division directors: Environmental Health Division Director, Director of Clinic Services, WIC Nutrition Services Director, Director of Children with Special Health Care Needs, Director of Maternal Child Health and Fiscal Services Administrator. In addition, there are Supervising Public Health Educators, Supervising Public Health Nurses, part-time physicians (practicing in the sexually transmitted disease clinic, chest clinic, and employee health), full-time and part-time Nurse Practitioners, Registered Professional Nurses in a variety of roles, Public Health Engineers, Senior Public Health Sanitarians Groundwater Management Specialists, and a Public Health Preparedness Coordinator. Descriptions of the administration and divisions are detailed in the sections that follow.

Expertise & Technical Capacity

The Director is responsible for the conduct of the Community Health Assessment. The Health Department has the privilege of having tenured staff member, Yvonne Johnston, DrPH, MPH, MS, RN, FNP, also an Associate Professor and the Founding Director Master of Public Health Program Binghamton University, direct and author the last two Broome Community Health Assessments. In addition to her above-mentioned roles, this individual has served as the local evaluator for multiple NYSDOH and CDC grant projects led by the Health Department. Many of these local program evaluation analyses provided input to the document and informed the decision-making process.

A variety of data sources were used to conduct this assessment in addition to the use of pencil-andpaper surveys, online surveys using Survey Monkey, and focus groups. Access to online data has improved the ability to obtain relevant and meaningful local statistics, many of which are available through the NYS Department of Health website including the NYSDOH Prevention Agenda Dashboard, Community Health Assessment Indicators, Community Health Data Set, Delivery System Reform Incentive Program (Care Compass Network), which are publicly available, as well as SPARCS data and other sources available through the Regional Health Information Organization; HealtheConnections and the Health Commerce System.

Expansion of data that is geocoded and which can be mapped provides rich information for public health assessment and planning. In addition, the county provides Geographic Information System and Mapping Services through an online portal, and this service was used for developing some of the maps in this document. The conduct of the Community Health Assessment and the preparation of this document is a daunting task and requires a considerable amount of human resources. This process, however, is invaluable in relation to development of collaborative efforts with local hospital systems. Fortunately, the Southern Tier Population Health Improvement Program (PHIP); through HealtheConnections, provided tremendous support and financial resources. The Health Department was able to hire and train several part-time, temporary public health representatives to assist with gathering and updating data and writing sections of the 2019-2024 CHA/CHIP. Continued efforts to build the capacity of local health departments to conduct comprehensive, meaningful and user-friendly Community Health Assessments are still necessary. Constrained by its budget, increasing service demands, and need to respond to emerging public health threats, the local health department look to the state for direction and support of these efforts.

Adequacy & Deployment of Resources

Administration

Mission: Administration exists to establish and maintain the necessary infrastructure to assure the quality and consistency of public health services provided to the community in a cost-effective manner. The department strives to reduce inefficiencies, provide economies, and ensure compliance with regulations, accreditation standards and laws established by governing bodies. Administration serves as a "hub" between external recipients and internal recipients of services.

Administration

Administrative services include: coordination of community health assessment; public health planning; annual reports; preparation and analysis of complex financial and statistical reports; provision of information and guidance in fiscal matters; coordination of departmental budget process; payroll and personnel processing; accounts payables/receivables; cash management; statistical and financial analysis; billing; claiming; grants management; representing the department to the public; general distribution of communications and written materials from Administration and the outside community to the department; and preparing departmental staff and the community to respond to public health emergencies. Health Department staff regularly participates in emergency preparedness drills/exercises designed to test response protocols and procedures. Staff routinely provides presentations to

community groups on emergency preparedness and emerging public health topics. The Emergency Preparedness Program, explained at the end of this Administration Division section, also oversees the development of the Broome County Medical Reserve Corps—a cadre of medical and non-medical professionals that have volunteered to provide various services during emergencies and disasters. In addition, the contracted services of the Public Health Medical Director are based in Administration.

Description of Services

The Administration Division is composed of three units: Fiscal, Departmental Support, and Administration.

Fiscal is responsible for all facets of the Health Department's finances. Under the direction of the Fiscal Services Administrator, the fiscal staff provide payroll and personnel processing, accounts payable and receivables, cash management, statistical and financial analysis, billing, claiming and grants management. In addition, the unit prepares complex financial and statistical reports including cost reports, state aid applications, and various reports for Health Department programs. Staff provides information and guidance on fiscal matters to the other divisions. Fiscal staff act as liaisons to agency and non-agency staff regarding fiscal and program operations, departmental budget requests, and grant programs. The Fiscal Services Administrator coordinates the budget process, fiscal procedures, and personnel activities for the entire Health Department.

> Administration:

- Plans, directs, and administers all public health programs and services according to applicable laws and regulations as described in the Broome County Charter, Public Health Law and federal regulations.
- Serves as a primary and expert resource for establishing and maintaining public health policies, practices and capacity.
- O Conducts public health surveillance, investigates public health issues, and evaluates public health interventions targeting chronic disease prevention and control, emerging infectious disease outbreaks, toxic exposures, environmental health problems, injuries, unintentional child fatalities, injuries or deaths due to motor vehicle, pedestrian and bicycle crashes, communicable diseases, maternal child health morbidity, and tobacco control and preventive cancer services.
- O Directs the 2019-2024 Community Health Assessment and Community Health Improvement Plan process and functions as a community liaison in the process.
- Provides direct supervision and direction of departmental community health education and promotion activities. Coordinates and administers health education and health promotion activities in collaboration with other community agencies, stakeholders, residents and elected officials.
- Provides direct supervision and direction to the fiscal and departmental support staff.

> Administration:

Public Health Standards:

Investigate health problems and environmental public health hazards to protect the community

- Conduct timely investigations of health problems and environmental public health hazards.
- ➤ Contain/mitigate health problems and environmental public health hazards.
- Analyze public health data to identify trends in health problems, environmental public health hazards, and social and economic factors that affect the public's health.

- Maintain a plan with policies and procedures for urgent and non-urgent communications.
- > Inform and educate about public health issues and functions.
- > Provide health education and health promotion policies, programs, processes, and interventions to support prevention and wellness.
- > Provide information on public health issues and public health functions through multiple methods to a variety of audiences.
- > Develop public health policies and plans.
- > Serve as a primary and expert resource for establishing and maintaining public health policies, practices, and capacity.
- Conduct a comprehensive planning process resulting in a Community Health Improvement Plan.
- > Maintain a Public Health Emergency Preparedness and Response Plan for all threats and hazards.
- > Enforce public health laws.
- > Review existing laws and work with governing entities and elected/appointed officials to update as needed.
- Educate individuals and organizations on the meaning, purpose, compliance, and benefit of public health laws and how to comply.
- ➤ Conduct and monitor public health enforcement activities and coordinate notification of violations among appropriate agencies.
- > Evaluate and continuously improve processes, programs and interventions.
- ➤ Use a performance management system to improve organizational practice, processes, programs, and interventions.
- > Develop and implement quality improvement processes integrated into organizational practice, programs, processes and interventions.
- Maintain administrative and management capacity.
- > Develop and maintain an operational infrastructure to support the performance of public health functions.
- Establish effective financial management systems.
- Maintain capacity to engage the public health governing entity.
- ➤ Maintain current operational definitions and statements of the public health roles, responsibilities, and authorities.
- > Provide information to the governing entity regarding public health and the official responsibilities of the health department and of the governing entity.
- > Encourage the governing entity's engagement in the public health department's overall obligations and responsibilities.

2020 Administration Objectives

- Engage in meaningful research of community health status, measured by jurisdictional mortality, incidence, or prevalence. Assess county characteristics such as poverty, health disparities, and health literacy to determine health behaviors, adverse health events, and populations at risk.
- > Coordinate stakeholders from all sectors to participate in the Community Health Improvement Plan.

- ➤ Develop a well-trained and competent workforce through assessing training needs and collaborative planning with institutions of higher learning to maintain the technological tools of the public health infrastructure that are necessary to support all essential public health services.
- ➤ Increase awareness of chronic disease prevention through evidence-based health promotion and education activities and strategies that encourage lifestyle changes and engages community members where they live, learn, work, play, and pray.
- > Build the capacity of community organizations to provide health information and programming as part of "doing business" offering cost-effective programs that impact health outcomes and are easy to replicate.
- > Collaborate with institutions of higher learning to bring in expertise in planning and evaluation, epidemiologic studies, data collection, and management.
- Continue to support and coordinate and develop the Broome Opioid Abuse Council (BOAC) along with strengthening the planning capacity of the county to reduce the social and health harms related to the misuse of opioid drugs. The multidisciplinary council, led by the Broome County Opioid Overdose Coordinator seeks to improve the county's response to the growing opioid abuse crisis facing residents and to reduce the incidence and prevalence of opioid addiction and death. Goals have been established within the structure of subcommittees intending to: educate the public about addiction and available services; facilitate the development of appropriate treatment and prevention services; and strengthen the capacity of law enforcement and the courts to protect the community.
- The Public Health Emergency Preparedness Program will utilize grant funding to enhance infrastructure for responding to emerging infectious diseases such as Ebola and the Zika Virus which may affect the health and safety of Broome County residents. This may include meeting with hospital personnel, convening drills, practicing donning and doffing of personal protective equipment, and communication exercises with EMS, hospital CMOs, and the County Executive Office.

2020 Administration Program Highlights

- ➤ Continue to maintain emphasis on reducing the opioid crisis with the direction of the Broome County Opioid Prevention Coordinator and Overdose Data to Action Grant to help build and support the county response infrastructure.
- Maintain health education activities to provide for coordination of efforts to prevent diseases and encourage healthy lifestyles by building the capacity of community organizations and by seeking insurance reimbursement where appropriate.
- > Improved community health assessment and surveillance activities through coordination with other community agencies.
- > Continued maximization of grant funding to support operating budget as the focus of public health shifts from direct services provision to surveillance, assurance, and policy development.
- > Prioritization of expenses to reflect identified staff needs for education and technology, while focusing on equitable salary levels for recruiting and retaining staff.

The Broome County Health Department, under the direction of both state and federal governments, is responsible for emergency response plans and active response to any type of emergency affecting the public health including: natural events (i.e., floods, ice storms) and deliberate malicious acts (terrorism). Additionally, the Emergency Preparedness Program provides training and exercises to test and train public health response staff. The Program also oversees the Medical Reserve Corps (MRC) which consists of medical professionals and non-medical volunteers who donate their time and expertise to prepare for and respond to emergencies of any kind. The MRC also engages in chronic disease initiatives and programs offered by the Health Department.

The Broome County Public Health Emergency Preparedness and Response Plan is developed by the Public Health Emergency Management Program within the Broome County Health Department. The Plan is an annex of the Broome County Comprehensive Emergency Management Plan Emergency Support Function #8 – Public Health and Medical Services.

The Plan utilizes an all-hazards approach to planning and is based upon standards and guidance provided by the New York State Department of Health, the Centers for Disease Control and Prevention, the National Association of County and City Health Officials Project Public Health Ready, and the Public Health Accreditation Board.

While Broome County's Emergency Support Function - Public Health and Medical Services establishes the strategy for public health emergency management in Broome County, the Public Health Emergency Preparedness and Response Plan expands upon the strategy by defining tactical and operational guidelines for utilization by the Broome County Health Department and its response partners. The Plan includes annexes which further define the operational procedures of the Broome County Health Department when providing public health emergency response.

This Plan is a living document continuously updated to reflect new evidence-based guidance, after-action reports and improvement plans, and lessons learned from real world events. It is developed in collaboration with partners across all phases of public health and medical emergency management. The Broome County Health Department provides services focusing on improving the health and well-being of individuals, families, and the greater community of Broome County. The Broome County Health Department accomplishes this task by consistently assessing and addressing the health needs of the community through the offering of routine services, policy and plan development and implementation, and by preparing for and responding to emergencies.

An emergency can occur at any time, suddenly and without warning. Proper planning is essential to minimize the impact of any emergency on the community. The PHEPRP is designed to facilitate a timely, effective, efficient, and coordinated emergency response to events affecting the population within Broome County.

Maternal Child Health and Development

Mission: Promote the growth and development of children with special needs and their families through identification, assessment, education, and service provision. Improve the health of women, infants and children through health teaching, health counseling, and early identification of real and potential health problems.

Maternal Child Health and Development

Description of Services

Maternal Child Health and Development: The assurance of optimal physical, psychosocial and developmental health and wellbeing for childbearing and child-rearing families is the goal through maternal child programs designed to help families receive the evaluation and treatment services they need. Some children may experience delays in their development, and early detection and treatment may make a difference...for the child, the family, and the community.

The programs offered through the Maternal Child Health and Development Division help ensure physical, psychosocial and developmental health and well-being for childbearing and child-rearing families in Broome County. Some children may experience delays in their development. Early detection and treatment of these delays may make a difference for the child, the family, and the community. This division offers several programs designed to help families access the detection and treatment services they need.

Early Intervention Program (EIP) service coordinators work closely with families of children with developmental delays and/or diagnosed conditions with a high probability of delay, to identify the families' concerns and priorities for their children. Individualized family service plans are constructed by the service coordinator with the family and agreed upon by the family and the Early Intervention Official/Designee. Early Intervention service coordinators also offer referral information to families regarding a variety of topics, including childhood lead poisoning, health insurance and community events where families can connect with other families of children with developmental disabilities and delays. The Early Intervention Program is a federally mandated statewide program offering evaluations and therapeutic support services for infants and children (from birth up to three years of age) with special needs and their families.

Child Find: component of the Early Intervention Program focuses on ensuring at-risk children are engaged in primary health care, will receive appropriate developmental surveillance and screening from a primary care provider, are referred to the Early Intervention Program for a multi-disciplinary evaluation when indicated and have health insurance coverage. There were 76 new referrals to the Child Find Program in 2018 with 207 children actively enrolled. There were 105 new referrals to the Child Find Program in 2017 with 251 children actively enrolled. There were 532 new referrals to the Early Intervention Program in 2018 with 842 children actively enrolled. There were 487 new referrals to the Early Intervention Program in 2017 with 748 children actively enrolled. The decrease in referrals and subsequent active enrollment in Child Find is likely reflective of the increase in Early Intervention referrals and active enrollment.

Preschool Special Education Program: from Early Intervention, a child may transition into the for children aged three to five with suspected or confirmed delays which will affect learning. Children aged three to five may also be referred directly to the Preschool Special Education Program. Resources including special education and therapy (occupational, physical, and speech), are available to assist

parents of preschool children with disabilities to help them prepare their children for the transition to school (kindergarten). Participation in quality learning experiences is important for all children to achieve high educational standards. Allowing children with and without disabilities opportunities to learn together in the least restrictive environment, whenever possible, benefits all children. Outreach is provided to community agencies, schools, and primary care providers to streamline the referral process for children with and at risk for developmental delays.

Education to Handicapped Children's Program (EHCP) Committee on Preschool Special Education (CPSE) (ages 3–5 years): The Education to Handicapped Children's Program is a federal and state mandated program for children, ages three through five, with suspected or confirmed delays, that will affect learning. This program is directed through the New York State Department of Education with the objective being the transition of identified children into the formal school system.

As with other programs, the family is an important part of the team in developing a plan based on the identified needs of their child. The EHCP process determines placement opportunities and services to benefit both the child and the family.

Children with Special Health Care Needs (CSHCN) Program: assists families in ascertaining community resources, as well as providing outreach throughout the community to increase awareness of resources available, to identify unmet health and related needs, and to collaborate with community partners to develop plans to overcome barriers and increase access to services. Outreach activities include participation in community health fairs and events, presentations at meetings of community and health organizations, and informational sessions sponsored by the CSHCN grant.

Healthy Families Broome (HFB): is part of a statewide initiative, Healthy Families New York. This program is a comprehensive prevention program that focuses on the safety of children while supporting families. A Public Health Educator (PHE) trained by Prevent Child Abuse New York serves as a Family Resource Specialist. The PHE offers eligible expectant families a home visit. During the home visit, the PHE completes an in-depth psychosocial assessment with the expectant parents to assess their strengths, needs, and challenges. The PHE provides referrals to community agencies, and eligibility is determined for the long-term home visiting program.

Broome County Child Fatality Review Team: established in 2008, recently expanded to become the **Broome-Tioga Regional Child Fatality Review Team**. This is a multidisciplinary team of professionals established in 2019 pursuant to New York State Social Services Law (SSL) to review the death of any child under the age of 18 whose death is unexpected or unexplained. The Team is authorized to review any unexpected or unexplained death, but priority is given to instances where.

- > any child for whom Child Protective Services has an open case.
- > any child for whom at the time his/her death has an open preventive services case in Broome County or Tioga County.
- > any child who at the time of his/her death was in the care and custody or guardianship and custody of Social Services or a voluntary authorized agency.

➤ a report was made to the New York Statewide Central Register of Child Abuse and Maltreatment involving the death of a child.

The mission of the B-T CFRT is to improve our understanding of how and why children die, develop and promote a regional system of child death review and response, and to identify systemic and policy issues, and public health interventions to improve child health, safety and protection. Our ultimate goal is to prevent future deaths and to promote child safety through a confidential review process which is thorough, comprehensive, and multidisciplinary. The Broome County Health Department and key stakeholders from Tioga County Public Health and both counties' departments of Social Services, County Attorney, District Attorney, Sheriff, Emergency Medical Services, and Coroners; as well as New York State Police; UHS Pediatrician; and representatives from several community agencies meet monthly for case review. The Broome County CFRT has discussed 104 child fatality cases from 2009 through December 2018 and has developed a formal process to identify system-based impediments to child health and safety that will ultimately reduce the number of child deaths. The B-T CFRT adopted this same strategy. Some interventions targeted at preventing child deaths have been recommended and implemented by the Family Violence Prevention Council, Mothers and Babies Perinatal Network, Broome County Health Department Maternal Child Health Division, and the Sheriff's Department.

Licensed Home Care Services Agency (LHCSA): home visits are made to prenatal, postpartum, and pediatric clients. The Public Health Nurses (PHN) provide skilled nursing assessments, discuss concerns and answer questions about health care, childcare, and child growth and development. One of the PHN staff is a certified lactation counselor to better serve and support breastfeeding efforts in the community. Additional areas of expertise include: home safety, psychosocial assessment, community referrals for substance abuse, domestic violence, mental health, and ongoing parent education.

Certified Medication Administration Training (MAT): is available for child-care providers to educate them on appropriate medication administration techniques utilizing the curriculum developed by SUNY Training Strategies Group.

Maternal and Child Health Nursing: Broome County's commitment to families begins before the birth of a child, with a home visit available to expectant families from a Maternal Child Health Nurse. Receiving high quality prenatal and postnatal care increases the likelihood that each child has a solid foundation of health from the beginning of life. Our nurses offer care that is essential to this mission, including skilled psychosocial assessments of maternal and child health, including breastfeeding support, monitoring infant growth and development, providing referrals to providers and community agencies, and promoting healthy behaviors and practices. Working closely with other Health Department programs, such as WIC, Early Intervention, and Environmental Health, our nurses help ensure that all of the resources provided by Broome County are mobilized to support our young families. The physical, psychosocial, and developmental wellbeing of our childbearing and childrearing families is critical to the overall viability and health of our community, and Maternal Child Health nurses are instrumental in achieving that goal.

The Health Department has sponsored the **Women, Infants and Children's (WIC)** Program in Broome County since 1979. The WIC Program is a supplemental food program that services approximately 5,000 participants throughout the county. Clinics are held almost daily with evening and weekend hours to meet the needs of the families enrolled. WIC nutrition staff provides nutrition education and support to families who receive a prescribed food package every month to assist with growth and proper development during pregnancy, lactation, infancy and early childhood up to the child's fifth birthday. Staff makes referrals to community agencies to assist the families with meeting their needs and goals. The program offers an enhanced peer counseling program to support and promote breastfeeding. Anthropometric measurements and hemoglobin levels are obtained to assist with assessment of the clients' health status and the staff communicates with health care providers as needed. WIC staff also screens for elevated lead levels for children in collaboration with the Maternal Child Health and Environmental Health staff.

YTD 2012 **Program Data** (N) Total # of Participants Served 17187 # Clinic Days 264 Average # of Participants/Day 786 255 # New Pregnant Women # New Women (Postpartum and Breastfeeding) 95 # New Infants 109 # New Children 95 **Total New Participants** 554

Table 16. Broome County Women, Infants, Children (WIC) Program Data, 2018

2020 Maternal Child Health and Development Objectives

- ➤ Increase the number of prenatal visits to ensure early and continuous comprehensive prenatal care to reduce infant mortality, decrease low-birth-weight babies, and increase positive birth outcomes.
- ➤ Increase the number of evaluation visits to postpartum/ newborn clients to minimize environmental hazards to reproduction/growth/development through evaluation of home settings, health habits and nutrition status.
- ➤ Continue to improve breastfeeding initiation rates and duration through education provided to prenatal clients and through support of postpartum women and infants as soon after delivery as possible.
- ➤ Continue to provide home visiting, nursing assessment and education to children with identified elevated blood lead levels and refer at risk dwellings for assessment.
- > Train PHN staff as Certified Lactation Counselors.
- > Train PHN to offer bereavement support to families dealing with the loss of a child.
- > Ensure appropriate newborn bloodspot screening, follow-up testing, and referral to services.
- ➤ Continue to provide training in medication administration to child-care providers.

- > Reduce fetal, infant and child death by early identification of problems, developing and implementing interventions and providing community education.
- ➤ Increase the number of children screened for lead poisoning at age one and two by providing information to parents, communicating with physicians and providing referrals to the Environmental Health division and continuing screening of children enrolled in WIC.
- Continue to meet nutritional demands of women, infants and children through the WIC program, continue to improve breastfeeding initiation and duration through support of the WIC Nutrition and peer counseling staff and breast pump program.
- ➤ Maximize use of preventive health services through education and collaboration with local health care providers, the Clinic Division, Department of Social Services, schools, New York State Department of Health, and child-care providers.
- Expand Healthy Family Broome (HFB) program throughout Broome County and increase the number of families served.
- ➤ HFB's Public Health Educator offers assessments to expectant and new families to assess their strengths and needs. Offer families information regarding local community resources and connect eligible families to Healthy Families Broome home visiting program.
- ➤ Continue to review and update Quality Assurance Corporate Compliance Plan in the division to ensure program integrity, accuracy, appropriate authorization of service and quality of care.
- Ongoing and increasing need for services in both the Early Intervention Program and the Preschool Special Education Program demands assurance of adequate capacity of needed services for infants and children identified as having developmental and/or learning delays and/or being at risk for developmental delays. Continue working to identify new service providers, including expansion of individual contracts in the Preschool Special Education Program.
- Continue to work successfully to accommodate billing changes in the Early Intervention Program, working with families and providers to obtain all information required to maximize third party insurance payments.
- > Develop procedures to monitor and review the payment of Early Intervention Program services not covered by third party insurance through the Escrow account billed to the county.
- ➤ Continue to strive to meet both federal and state performance standards in the Early Intervention Program.
- Collecting and reporting child outcomes is a requirement of the Individuals with Disabilities Act (IDEA). The performance of the New York State Part C Early Intervention Program on improving child outcomes is now reported in the Annual Performance Report. Strive to improve child outcomes for children enrolled at least six months in the Broome County Early Intervention Program.
- ➤ Improving family perceptions and outcomes of the Early Intervention Program is now also included in the Annual Performance Report. Actively participate in the Improving Family Centeredness Together State initiative to identify and address needs to help Early Intervention families fee more connected.
- > Identify and participate in various community organizations to better foster collaboration and increase awareness of available services.

- ➤ Continue conservative fiscal management of the Children with Special Needs Programs while meeting Federal and State regulations.
- Continue to work with and utilize the preschool software program intended for billing Medicaid to maximize reimbursement of eligible services and efficiently capture data that will be useful in completing reports to assist in better program management.
- Work with the preschool software program to develop procedures to review and address denied Medicaid claims.
- ➤ Continue to develop procedures for monitoring of services provided in the Early Intervention and Preschool Special Education Program to ensure that plans developed for each child match both their needs and their ability to participate.
- ➤ Continue dialogue with Committee on Preschool Special Education Chairpersons, tuition-based programs, and NYS Education Regional Associates to ensure that eligible children are receiving Free Appropriate Public Education (FAPE) in the Least Restrictive Environment (LRE).
- > Continue to identify models and procedures which will promote efficient use of providers' time as well as maximizing desired results for children and families.
- ➤ Work with New York State BEI and regional/local agencies to determine the impact of Health Homes for Children and respond accordingly.

2020 Maternal Child Health and Development Budget Highlights

- > Continue to identify vulnerable families and implement areas of collaboration with Department of Social Services and other human service providers to prevent child abuse/neglect.
- ➤ Continue to develop better infrastructure to supplement operating budget costs with third party insurance revenue, state aid and grant funding.
- ➤ Continue to assist families in ascertaining community resources to meet their health care needs, through referrals and linkages with community agencies.
- > Use local data to expand resources and motivate action toward elimination of lead poisoning in collaboration with the Environmental Health Division and more community agencies.
- > Review salary of PHN position in order to be more competitive and better able to recruit registered nurses for employment.
- The New York State Department of Health still does not have a target date when system reports in NYEIS will be fully operational. The Bureau of Early Intervention has been routinely providing reports not currently available in NYEIS to municipalities to improve the ability to meet federal and state performance standards.
- ➤ The New York State Early Intervention State Fiscal Agent continues to work to maximize insurance payments for covered services in the Early Intervention Program. Third party insurance coverage of services in the Early Intervention Program remains marginal, with Medicaid and Escrow funds bearing the majority of the costs. Work to ensure that Medicaid coverage is fully utilized before payments are made from Escrow funds.
- Ongoing and increasing requirements of children with disabilities and developmental delays will continue to challenge the department to find resources to meet their needs. As the national incidence of young children diagnosed as having Autism rises, the increase is being seen at the local level as well. This will continue to present a challenge to identify appropriate services that will adequately support them and meet their needs.

> Understanding of the effects of Adverse Childhood Experiences is emerging. Focus efforts to increase awareness and develop ways to support survivors

Environmental Health

Mission: To promote the public health and prevent communicable disease, chronic conditions and injury by providing technical assistance to the regulated community and education to the public in various program areas, including but not limited to food service, emergency preparedness, water and air quality, rabies control, lead poisoning prevention, swimming pool inspections and public health nuisances. The Division is charged with the enforcement of the New York State Sanitary Code, the Broome County Sanitary Code and sections of the Public Health Law.

Environmental Health

Description of Services

The Division of Environmental Health conducts routine inspections of approximately 1,500 regulated facilities, responds to complaints of public health nuisances, rabies control, enforces the Clean Indoor Air Act and the Adolescent Tobacco Use Prevention Act, reviews plans for public water and private sewage disposal systems, permitting and regulation of swimming pools, bathing beaches, mobile home parks, hotels/motels, food facilities, campgrounds, children camps, coordinates lead poisoning prevention efforts and the Healthy Neighborhood Program, Lyme disease education, conducts communicable disease outbreak investigations and educates facility operators with training courses and the general public with appearances and media releases. The Division of Environmental Health also responds to emergencies and participates in other department emergency planning initiatives.

The programs offered by the Environmental Health Division strive to preserve and protect the public and the quality of the environment as it impacts the public health of Broome County and to prevent illness and injuries caused by environmental factors. This division is charged with providing information on and the necessary enforcement of state and local health laws, codes and standards that apply to various facilities and systems. The services performed include the following:

Water quality (public supplies), Residential sewage systems, food safety, lead poisoning prevention, public health nuisances, regulation of bathing beaches, public swimming pools, children's camps, hotels and campgrounds, Indoor Air Quality / Clean Indoor Air Act, Toxins / Environmental Assessments, Youth Tobacco Use Prevention, Rabies, Emergency Preparedness and Response, Mobile Home Parks, Tick-Borne Disease Prevention, Healthy Neighborhoods, Educational Materials Only on West Nile Virus, Tattoos and Body Piercings, Bed Bugs, and Tanning.

Lead Poisoning Prevention:

Childhood Lead Poisoning Prevention: Lead poisoning is caused by eating, drinking or breathing anything with lead in it. It can slow a child's normal growth and development and can cause mental retardation, kidney disease, liver damage, blindness or death. Regular testing on children up to six years of age is required to identify the problem early. The Lead Poisoning Prevention Program is managed by the Broome County Health Department with testing done by health department clinic staff, private physicians, and medical clinics. Advice on cleaning the child's environment, nutrition, housekeeping, working with landlords/property owners and physicians, and retesting are part of the follow-up when an elevated lead level is found. Data for the lead prevention program for 2018 are detailed below.

Childhood Lead: The Broome County Health Department offers services to all children with elevated blood lead levels through the Childhood Lead Program. This program coordinates appropriate follow-up for lead poisoned children. Staff members educate parents about strategies to prevent lead exposure to reduce lead hazards as well as conduct environmental investigations. Referrals are made to other agencies and programs as needed and staff coordinate communications between the Regional Lead Poisoning Resource Center, health care providers and parents.

Primary Prevention: Primary prevention staff educates, identifies, and requires correction of lead-based paint hazards in high-risk housing prior to a child being diagnosed with an elevated blood lead level.

Lead Hazard Control Grant (HUD): This program is designed to fund the cost of controlling lead paint hazards in low-income housing. Grant funding is available in the form of five-year forgivable loans for both rental and owner-occupied housing units built before 1978. This program accepts referrals from partner agencies, property owners and tenants to inspect older homes with young children. To be eligible, units must house or be regularly visited by at least one child age six or younger or a pregnant woman. All work is completed by certified lead abatement contractors selected by the program.

Table 17. Blood lead tests by age group of the child at testing during the selected time frame 01/01/2018 – 12/31/2018

Lead Values (mcg/dL)							
	0 to <5	5 to <10	10 to14	15 to 19	20 to 44	45 to 69	70+
# Children	2801	163	27	18	27	5	2

			0-, 0-, -0-0	,,			
Age Group (months)							
Blood Lead Level (mcg/dL)*	< 9 months	9 to < 18 months	18 to < 36 months	36 to < 48 months	48 to < 60 months	60 to < 72 months	72+ months
0 to < 5	41	1225	1014	208	139	61	113
5 to < 10	1	48	72	25	9	2	6
10 to 14	0	4	15	3	0	0	5
15 to 19	0	2	7	4	3	0	2
20 to 44	0	3	8	8	7	0	1
45 to 69	0	0	1	4	0	0	0
70+	0	0	0	2	0	0	0

Table 18. Blood lead tests by age group of the child at testing during the selected time frame 01/01/2018 – 12/31/2018

Healthy Neighborhoods: The Healthy Neighborhoods Program addresses the environmental and health needs of residents living in geographically targeted neighborhoods within Broome County. Grant funds are used to implement a program designed to reduce residential injuries, childhood lead poisoning, hospitalizations due to asthma, and exposure to indoor air pollutants.

Water Supplies: Inspect, survey, educate and monitor the various public water supplies in accordance with Part 5 of the NYS Sanitary Code. Review plans for the construction, addition, or modification of any public water supply to assure compliance with State and Federal Regulations. Require correction of any violations and provide technical assistance to water supply operators to comply with Part 5 of the NYS Sanitary Code. Provide technical information to well owners.

Wastewater Treatment: Division of Environmental Health staff reviews, inspects, educates and takes enforcement actions as needed, designs, and provides approval of existing residential systems seeking modifications or corrections. Plan reviews are completed for new systems as well as enforcement of nuisance complaints regarding failing systems. Permits and approvals are provided in accordance with both New York State and Broome County Sanitary Codes. Staff review and provide approval of all proposed wastewater disposal systems (10,000 gallons) for new construction or modifications to existing systems. Approval is issued in accordance with NYS Department of Environmental Conservation SPDES (State Pollutant Discharge Elimination System) Permits and Standards for Waste Treatment Works.

Emergency Response: Staff responds to events resulting in the discharge of liquid, gaseous or solid materials that may produce an environmental hazard. Follow-up action is coordinated to eliminate problems and determine that all public hazards are eliminated. Environmental Health is an active member of the Local Emergency Planning Committee to plan and respond to natural and manmade disasters.

Subdivisions: Review and provide approvals for plans and specifications for realty subdivisions. This includes the development of water supplies and design of wastewater disposal systems.

Adolescent Tobacco Use Prevention & Clean Indoor Act: Staff enforces NYS Public Health Law requirements for the sale of tobacco products including vaping products, provides community awareness on tobacco issues, and enforces the Clean Indoor Air Act prohibiting smoking in enclosed public areas.

Indoor Air Quality (non-tobacco): Investigate complaints of impacted indoor air quality. Provide recommendations concerning corrective action and suggest laboratories for required analyses or collection of necessary samples. Recent air quality problems have involved PCBs, asbestos, chlordane, radon and chlorinated solvents.

Toxic/Solid Waste Dumpsites: Investigate and report on dumpsites in Broome County which may present a potential public health problem. Review and comment on any reports completed concerning remedial actions, hydrogeological data collected, and proposed construction. Respond to chemical emergencies that may produce hazards; review remediation activities to reduce public health hazards.

Food Service: Inspect, investigate, educate and take enforcement action as needed over all regulated food service facilities in Broome County.

Mobile Home Parks: Inspect, educate and take enforcement action on any violations for mobile home parks per Part 17 of the NYS Sanitary Code including public water supplies and sewage systems.

Temporary Residences, Campgrounds and Children's Camps: Inspect, educate and take enforcement action on any violations for hotel/motels, travel trailer campgrounds and children's camps per Part 7 of the NYS Sanitary Code. This includes reviewing and approving plans for construction, alteration and/or modification of proposed or existing buildings as well as children's camp supervision and safety requirements. Regulation of sewage and water supplies as well.

Rabies Control: Staff members investigate reports of animal exposures, ship suspected rabid animals to the state laboratory, and provide outreach and education. Staff enforce 10-day confinement periods and quarantine, support free rabies clinics and provide authorization of rabies prophylaxis.

Swimming Pools and Beaches: The Division of Environmental Health inspects, educates and takes enforcement actions as needed on all public swimming pools and bathing beaches in Broome County in accordance with Part 6 of the NYS Sanitary Code.

Public Health Nuisances: The Division of Environmental Health responds to or makes referrals to appropriate agencies to report rodents, outdoor burning, household garbage complaints, and sale of Bath Salts and Synthetic Marijuana.

General Environmental Health educational information is available on the following topics: **West Nile Virus, Lyme disease, Mold, Bedbugs, Tattoo Guidance and Tanning.**

2020 Environmental Health Objectives

- ➤ Continue to monitor and reduce public health hazards found during inspections within program areas, along with increased education and enforcement actions.
- Implement new program policies and procedures to maintain accountability and efficiency.
- Modify Environmental Health staff roles to meet the increasing demands with limited staff and funding.
- ➤ Prioritize program objectives to those of high risk. Cut or limit non-mandated programs to meet budget constraints.
- > Modify inspection protocols to increase program efficiency and minimize excessive travel.
- > Increase educational awareness of Environmental Health issues via free in-house and on-line training courses, smart phone apps and media.
- > Develop partnerships with all municipal code enforcement officers to minimize residential environmental hazards.

2020 Environmental Health Budget Highlights

- > Continue to pursue grants to decrease net county support.
- ➤ Minimize unnecessary and costly human post exposure prophylaxis by providing health care specialists the tools necessary to make sound judgments when providing treatment.
- ➤ Continue to meet all New York State Department of Health program deliverables with a limited and static budget.

Clinic Services

The Broome County Health Department Clinic Services Division focuses on prevention of the transmission of infection and communicable diseases through the coordination of community resources, surveillance, health education, consultation and direct care based on community need.

Clinic Services

Description of Services

The Clinic Division provides specialized clinic services in an outpatient care setting. The primary site is located at 225 Front Street and immunization and outreach services are provided at several locations throughout the County. The division is comprised of six basic program areas: Communicable Disease, Employee Health, HIV Testing, Immunization, Sexually Transmitted Diseases, and Tuberculosis. The Clinic Division currently manages three grants which enable the department to provide additional HIV testing, both anonymous and confidential, outreach and education on HIV counseling, testing, referral, and partner notification. The Immunization Action Plan grant is designed to increase immunization rates through surveillance and education of local healthcare providers as well as outreach to homeless shelters and the County corrections facility to improve Hepatitis A and B and Influenza immunization rates. Descriptions of the services previously listed are explained further in the following section. The

addition of program Data will provide an understanding of the array of programs offered to the public and the impact that this division has on the community.

Communicable Disease Control: An important role of the local health department is to investigate diseases that the New York State Department of Health designates as reportable. When an individual contracts a disease such as measles, hepatitis, or meningitis, reports to the Health Department are required from physicians, hospitals, and laboratories. The nurses who work in disease control speak with the person or parent/ guardian to determine the source of the disease, identify others at risk, and recommend needed treatment. All information is protected and treated confidentially. Fact sheets and printed materials are also available to the public by request. Mandated diseased reported in 2016 was 496 and 551 in 2017. The largest reporting of any disease was 246 Chronic Hepatitis C cases. Lyme disease cases increased from 66 to 105 in 2017. Group B Strep cases decreased from 35 in 2016 to 27 in 2017.

Table 19. Communicable Disease Investigation Report, 2018

COMMUNICABLE DISEASE REPORT -YEAR 2018		
DISEASE	#	
DISEASE	Reported	
Amebiasis	1	
Campylobacteriosis	16	
Crytosporidia	4	
E coli: Shiga toxin producing	3	
Giardiasis	8	
Salmonellosis	23	
Shigellosis	4	
Yersiniosis		
Hepatitis A	1	
Hepatitis B, acute	2	
Hepatitis B, pregnant carrier	1	
Hepatitis B, chronic unduplicated	15	
Hepatitis C, acute	41	
Hepatitis C, chronic unduplicated	208	
Measles		
Mumps	2	
Rubella		
Pertussis	5	
Aseptic/ viral meningitis	8	
Group A Strep, invasive	7	
Group B Strep, invasive	28	
Haemophilus influenzae, invasive	2	
Meningococcemia, Meningococcal Meningitis	1	
Pneumococcal infection, sensitive to penicillin	24	
Pneumococcal infection, resistant to penicillin	1	
Other bacterial meningitis		
West Nile infection	2	

COMMUNICABLE DISEASE REPORT -YEAR 2018		
DISEASE	# Reported	
Other viral encephalitis		
Legionella	10	
Listeriosis	1	
Anaplasmosis	12	
Babesiosis		
Ehrlichiosis	5	
Lyme disease	58	
Malaria		
Rocky Mountain Spotted Fever	4	
Miscellaneous	1	
TOTAL	498	

Tuberculosis Control Clinic: The Tuberculosis (TB) Control Clinic provides for the diagnosis, treatment, prevention, and control of TB in Broome County. An individual who is suspected of having TB is interviewed by a clinic nurse and referred for a chest x-ray and other tests, as indicated. The clinic physician discusses treatment recommendations with the individual. Medication is provided through the clinic and follow-up appointments are made for the client. As with other communicable diseases, it is sometimes necessary for other family members, or close contacts of the client, to be tested/examined at the clinic as well.

The Tuberculosis Control Clinic reaches out to identify individuals in targeted populations at high risk for exposure to TB who have been infected but are not yet contagious. Staff will conduct outreach to find these individuals and provide treatment before they become ill and contagious to others. The Clinic serves as a resource for other health professionals, health care facilities, and congregate living establishments in the community. Referrals from these sources are welcome. The clinic nurse is available to answer questions and to provide educational presentations and materials.

Hepatitis C Testing: In accordance with NYS law, Hepatitis C testing is offered to all persons born between 1945-1965. People in this age group account for the majority of those infected with Hepatitis C. Risk factors specific to Hepatitis C include sharing a needle to inject drugs (even once many years ago), receiving a blood transfusion before 1992, receiving clotting factors before 1987 or having been on long tern kidney dialysis, having tattoos or piercings done in an unprofessional setting, or snorting drugs.

Program Data	
Clinic Visits	627
Patients Seen	314
Mantoux Administered	152
Patients Started on Preventative Treatment	58
Medication Refills	134
Suspect TB Cases and Investigations	0
Confirmed Active TB Cases	5
DOT (Directly Observed Therapy)	341

Table 20. Chest Clinic – Program Data, 2018

Immunization Action Plan Grant: The Immunization Action Plan is a grant that is funded by the New York State Department of Health. The goals of the grant are to increase childhood, adolescent and adult immunization rates in Broome County, to ensure that all vaccination records are completely and accurately entered in NYSIIS (NYS Immunization Information System), and to increase immunization focused education, information, and training opportunities to local health department staff, the public, health care providers, local schools and day care centers. Our objectives are to increase 4:3:1:3:3:1:4 childhood immunization coverage among county children aged 19-35 month and increase HPV vaccination coverage among county girls and boys aged 13 years according to targets described in the vaccination coverage guidance document. In addition, we are commissioned with ensuring that Perinatal Hepatitis B Prevention Program (PHBPP) case management is completed consistent with CDC guidance and NYS public health law 2500e and regulations by 24 months of age; to increasing county specific influenza vaccination coverage among adults aged 18+ years by five percentage points from the 2016 baseline as measured through eBRFSS; achieving a measurable improvement in underserved population using evidence-based interventions.

Immunizations: There is a clinic at the Broome County Health Department that offers all of the routine childhood immunizations: Polio, Hepatitis B, Hepatitis A, Diphtheria-Tetanus-Acellular Pertussis (DTAP), HPV, Rotavirus, Hemophilus Influenzae B (Hib), Pneumococcal Conjugate, Measles-Mumps-Rubella (MMR), and Varicella. Tetanus-diphtheria (Td), Tdap for adults, and meningococcal vaccine are offered for college students. Flu vaccine is offered during flu season at the Broome County Health Department. Flu vaccine is given to persons at risk on a seasonal basis.

Table 21. Immunization Clinics – Program Data, 2018

Program Data	Routine (N)
Sessions	79
Visits	334
Immunizations	1,576

Table 22. Immunization/Vaccine Data, 2018

Type of Vaccine Administered	YTD 2018 (N)
Pediatric Pneumococcal	2
DtaP	12
Rotavirus	1
Varicella	38
TD	17
HIB	2
IPV	35
MMR	67
Flu	998
Pneumococcal	2
HPV	65
Pediatric Hep B	27
Adult Hep B	8
Tdap	112
Hep A/Hep B (Twinrix)	8
Pediatric Hep A	22
Typhoid	0
Yellow Fever	0
Meningitis 4	103
Meningitis B	9
Rabies	9
Adult Hep A	9
DTAP & IPV	10
DTAP, IPV & HIB	0
Pediarix (DTAP & Hep B & IPV)	2

Sexually Transmitted Disease (STD) Clinic: The Sexually Transmitted Disease (STD) Clinic is available to those people who are at risk or may have come in contact with one or more sexually transmitted diseases. There is no charge to Broome County residents for STD testing and treatment. A confidential interview by a professional staff member includes asking about the clients' symptoms, their sexual activities and other information important to the diagnosis of their problem.

Following the interview is an examination, which will include getting samples of blood, discharges or other specimens for laboratory testing. Some of the tests will be done at the time of the visit so the results are known immediately. Other tests will take approximately 1 week to get back results. Once the diagnosis has been made, medication is either prescribed or given at a time of the visit, depending upon the diagnosis. Instructions will be given on how to take the medicine, how to prevent re-infection and how to obtain lab results. Recommendations for partner treatment are made, if needed.

Rapid HIV testing is offered to anyone attending the STD Clinic. Both confidential and anonymous rapid HIV testing is offered. Everything that is discussed in the STD Clinic, including test results, is confidential. Nothing can be discussed with someone else without the client's written consent.

Table 23. STD Clinic – Program Data, 2017

Program Data	2017 (N)
STD Clinic Visits	1,285
STD Clinic Total Sessions	171
Broome County Jail Clinic Visits	592

Table 24. STD Clinic Diagnosis – Program Data, 2017

Most Frequent Diagnoses	2017 (N)
Nongonococcal/Urethritis	85
Human Papilloma Virus	97
Chlamydia*	87
Gonorrhea**	31
Syphilis	15
Trichomoniasis	56

^{*605} cases diagnosed in Broome County, 87 of which were diagnosed at the Broome County Health Department

^{**114} cases diagnosed in Broome County, 31 of which were diagnosed at the Broome County Health Department

HIV Counseling and Testing Services: Clinical testing is the only way to determine if a person is infected with HIV, the virus that leads to AIDS. Early diagnosis and treatment can improve the quality of life for a person with the virus. Confidential and anonymous HIV testing is available through the STD Clinic (778-2839), but there are also times set aside specifically for HIV testing with trained HIV test counselors. The Broome County Health Department does rapid HIV testing and accurate results are available in 10-20 minutes. Call 1-800-562-9423 to make an appointment for anonymous HIV testing at the Health Department, Southern Tier AIDS Program, or throughout the region. Specially trained staff can provide information and programs about HIV/AIDS to individuals and groups.

Prep Grant: This grant is funded through NY State and has been awarded to United Health Services (UHS), we have been subcontracted to provide education and outreach services in Broome, Tioga, and Chenango county. The focus of the grant is to educate, medical providers and personnel as well as populations that are at very high risk for HIV, on Prep (Pre-Exposure Prophylaxis). Prep is an evidence-based, biomedical intervention with proven efficacy to prevent HIV infection in individuals at highest risk for HIV. Prep is part of Governor Cuomo's 3-point plan to end the AIDS epidemic in NY State and decrease the number of new HIV infections by 2020.

Southern Tier AIDS Anonymous Program (STAP): The New York State Department of Health provides funding with a Broome County match for a HIV Program Representative who provides the anonymous testing at the Broome County Health Department, the Southern Tier AIDS Program (STAP) office, and many community-based organizations that provide services to individuals at risk for HIV infection.

School Based Dental Sealant Program Grant: This grant is funded by the NYS Department of Health. The Broome County Health Department has subcontracted with the Lourdes Hospital Center for Oral Health to render services in five local school district elementary schools (Thomas Jefferson, Horace Mann, Calvin Coolidge, MacArthur, and Woodrow Wilson) using their mobile van units to enhance health promotion and disease prevention activities and provide underserved children a point of entry into the dental health care system. The objectives of the grant include establishing or expanding preventive service models for providing dental prevention services (specifically dental sealants) to underserved populations, to improve participation rates of dentists in public insurance programs, and to develop case management models to address the needs of difficult-to-reach school-aged populations.

Table 25. School-Based Health Center Dental Program (SBHC-D), 2018-2019

Program Data	2018-2019 Grant Year
Number of consent forms returned	384
Number of children who received oral screening/ examination	194
Number of children who received oral prophylaxis	104
Number of children who received topical fluoride	149
Number of children who received sealants	35
Number of children who received oral health education	174
Number of children who received treatment services on site at the SBHC-D	26
Number of children who were referred for treatment to off-site dental services of the	44
Article 28 operator or in the community	

Program Data	2018-2019 Grant Year
Number of 2nd and 3rd grade children who returned consent forms	101
Number of 2nd grade children who received sealants through the School Based Sealant Program (SBSP)	6
Number of 3 rd grade children who received sealants through the SBSP	1
Number of 3rd grade children whose sealants were applied by the SBSP were retained at next reassessment (6-15 mos.)	1
Number of 2nd and 3rd grade children who received treatment services on site at the SBSP	12
Number of 2nd and 3rd grade children who were referred for treatment to off-site dental services of the Article 28 operator or in the community	34
Number of 2nd and 3rd grade children who were referred for urgent dental treatment to off-site dental services of the Article 28 operator or in the community	16
Number of 2nd and 3rd grade children who were referred for urgent dental treatment to off-site dental services who completed a follow-up visit	1
Number of 2nd and 3rd grade children who received oral prophylaxis	34
Number of 2nd and 3rd grade children who received topical fluoride	49

2020 Clinics Objectives

- Through a coordinated effort, participate in and collaborate with community agencies in a community-wide emergency preparedness response plan including development and implementation of regional stockpile distribution and mass immunization/prophylaxis clinics.
- > The community will continue to be served by a system to monitor infectious diseases by subgroup.
- > Prevent and minimize vaccine-preventable diseases by providing education, surveillance and direct service as needed.
- > Reduce the transmission of sexually transmitted diseases by providing education, surveillance and direct service as needed.
- ➤ Prevent HIV infection in individuals at highest risk for HIV, through outreach and education on PrEP (Pre-exposure Prophylaxis). PrEP is part of Governor Cuomo's 3-point plan to end the AIDS epidemic in NY State and decrease the number of new HIV infections by 2020. Continue to offer confidential and anonymous HIV testing.
- ➤ Evaluate for tuberculosis infection and reduce transmission by providing targeted testing, education, surveillance and direct service to populations at risk.
- > Provide oral health education and preventive dental services to elementary school children through contracted services with Lourdes Center for Oral Health.
- > Implement an electronic medical record system and become bi-directional with the local RHIO.

2020 Clinics Budget Highlights

- ➤ Continue to expand revenue collection procedures for all services, including sexually transmitted disease services by establishing contracts with third party payers and continuing to bill for sexually transmitted disease services with patient approval.
- Maximize grant revenues to support the operating budget. Several grants help maintain our operating costs down, these include the IAP (Immunization Action Program) Grant, PrEP Grant,

- the STAP (Southern Tier Aids Program) Anonymous Grant, and the Broome County Sheriff's Correctional Facility Grant.
- ➤ Increase staff development and training in their fields of expertise and programs, i.e. Tuberculosis, sexually transmitted disease, immunizations, and communicable disease.
- ➤ Insight software training on the Electronic Medical Records (EMR) Modules to smoothly implement the EMR system.

Chronic Disease and Injury Prevention Program Grants

Cancer Services Program of the Southern Tier (CSP): The Broome County Health Department has been the lead agency for the Cancer Services Program, serving Broome and surrounding counties for over twenty years. Currently, the Cancer Services Program of the Southern Tier serves Broome, Chemung, Chenango, Schuyler, and Tioga Counties. This is a unique collaboration of government, community-based organizations and health care partners that promote services through outreach, education, and case management to overcome healthcare barriers and increase cancer screening rates in our area. The NYS Department of Health and the Centers for Disease Control and Prevention (CDC) provide funding for local community health care practitioners to offer clinical breast exams, mammograms, Pap tests/pelvic exams, colorectal screenings, and limited diagnostic follow-up procedures.

The Medicaid Cancer Treatment Program provides Medicaid Health Insurance Coverage for CSP clients utilizing the CSP income eligibility criteria. The CSP does not reimburse for prostate cancer screenings but provides Medicaid Cancer Treatment Program coverage for uninsured men diagnosed with the disease if they are eligible

Table 26. Cancer Services Program of the Southern Tier Data, 2018

	Procedure	2018
Car	Cancer Screenings Reimbursed Through Broome, Chemung, Chenango, Schuyler and Tioga	
Cou	unties	
	Clinical Breast Exams	213
	Mammogram Screening / Diagnostic Mammograms	191/44
	Pap Test/Pelvic Exam	63
	Colorectal FIT	109
Me	Medicaid Cancer Treatment Program Applications	
	New Breast Cancer/ Renewal 6n – 1.3 R	

The Community Cancer Prevention in Action Grant (CPiA): is a five-year (2018-2023) public health imitative funded by the New York State Department of Health's Bureau of Chronic Disease with the goal of supporting local cancer prevention and risk reduction interventions using a policy, systems, and environmental change approach. Broome County was one of only four grantees in the state awarded the grant and covers targeted areas in Broome and Tioga Counties. CPiA works within 6 school districts and their respective communities, businesses, and health care organizations to promote the grant initiatives.

These areas include: Binghamton, Deposit, Harpursville, Johnson City, Maine-Endwell, and Owego-Appalachian. The primary goals of CPiA include: increasing knowledge of the dangers of indoor tanning and UV radiation, increasing sun safety policies, increasing policies for paid leave time for cancer screenings, and increase community knowledge of the HPV vaccine.

Tobacco Free Broome & Tioga: Advancing Tobacco Free Communities Grantee, is working to change the community environment to support New York State's tobacco-free norm through youth action and community engagement. Our goal is to educate, engage, and mobilize youth, parents, and community leaders to take action in creating lasting changes that will decrease tobacco industry impact in our community. Our Community Engagement and Reality Check coordinators work together to: reduce the negative influence of tobacco product marketing on youth and adults at retail outlets, increase number of public outdoor areas where tobacco use is prohibited (parks, public grounds) to promote clean air, eliminate second hand smoke exposure in multi-unit housing with an emphasis on protection of low-income residents, and promote policies that reduce tobacco use imagery in youth rated movies, on the internet and social media.

Policies Obtained in Broome County	Impact
Tobacco/Smoke Free Parks (partial or entire park)	15 municipalities
Tobacco/Smoke Free Grounds (businesses/libraries/agencies)	55
Tobacco Free College Campus	4
Smoke Free Housing	6 low income Housing Management Companies have adopted 100% tobacco free indoor policies
Letters of Support to Reduce the Density of Tobacco Retailers or Their Proximity to Schools/Playgrounds/Parks	Over 50

Table 27. Recent Policies Enacted in Broome County

Broome County Traffic Safety/Injury Control: The Broome County Traffic Safety Community Education Project seeks to reduce the number of traffic related injuries and fatalities through community education programs and service. This program heightens public awareness on issues such as child passenger safety, bike/pedestrian safety, teen safe driving, occupant restraint use, older driving safety, veteran safety and motorcycle safety.

Table 28. Community Programs by the Broome County Traffic Safety
Community Education Project, 2018-2019

Traffic Safety Focus Area	Traffic Safety Measures	# between 10/1/18-9/30/19
Child Passenger Safety (CPS)	Child Safety Seat Misuse Percentage	81%
	# Child Safety Seat Inspections	300
	# Child Safety Seats Distributed	165
	# Educational Programs	22

Traffic Safety Focus Area	Traffic Safety Measures	# between 10/1/18-9/30/19
	# Child Safety Seat Check Events	8
	# Certified CPS Technicians	30
Bike/ Pedestrian Safety	# Educational Programs	14
	# Bicycle Helmets Distributed	158
	# Elementary Schools that received Bike/ Ped Poster	
Teen Driver Safety	Held the 7 th Annual Teen Traffic Safety day (School Districts; Students)	20; 650
	# of teen driver safety presentations	25
Motorcycle Safety	# of Lawn Signs Distributed	125
Older Driver Safety	# of CarFit Events (Events; Drivers Evaluated)	3; 33

Creating Healthy Schools and Communities (CHSC): is a five-year (2015-2020), public health initiative of the New York State Department of Health (NYSDOH) with the goal of reducing major risk factors of obesity, diabetes, and other chronic diseases in 85 high-need school districts and associated communities. In 2015, the Broome County Health Department was awarded the CHSC grant and has worked with four high-needs school districts and their communities to decrease the risk of chronic disease associated with poor diet and inactivity. The targeted areas include Binghamton, Deposit, Harpursville, and Johnson City. The Broome County Health Department has worked with the CHSC school districts and communities to improve access to healthy, affordable foods and opportunities for physical activity. Examples of these measures include implementing Complete Streets policies; increasing physical activity physical activity in the community, at child care centers, and before, during, and after the school day; promoting healthful eating for all students in grades K-12 by increasing the availability of local fruits and vegetables and increasing access to healthier foods and beverages; increasing access to chronic disease preventative services and community-based resources; and incorporating Safe Routes to School within CHSC school districts.

Older Adult Fall Prevention Grants: From 2010 until 2015, The Broome County Health Department was the lead agency for a five-year Fall Prevention Grant funded by the New York State Department of Health. The purpose of the program was to reduce falls among older adults by employing evidence-based strategies within the community and health care delivery system. The grant program funded three evidence-based community programs and one pilot project called STEADI (STopping Elderly Accidents, Deaths and Injuries) that supports the implementation of health care provider fall risk assessments into the local health care delivery system. The three evidence-based community programs are Tai Chi-Moving for Better Balance, Stepping On Program, and Otago Program. Since April 2017, the Broome County Health Department, Binghamton University and United Health Services were funded by the National Network of Public Health Institutes (NNPHI) to evaluate the STEADI program. Broome County served as an alpha test site for STEADI as requested by the Centers of Disease Control and Prevention. As part of the evaluation, an initial manuscript article was published with the NYSDOH,

NNPHI, CDC, and Binghamton University. The link to the publication: https://www.ncbi.nlm.nih.gov/pubmed/30239774

SECTION THREE — PROBLEMS AND ISSUES IN THE COMMUNITY

A. Profile of Community Resources

The following list of community resources is inclusive but by no means exhaustive of the many health-related services available in Broome County. Much of the information about the agencies listed here was gathered from a combination of community resource guides including United Way's First Call for Help Directory, the United Way's Broome County Family and Youth Services Guide, and the Broome County Elder Services Guide published by Actions for Older Persons. Additionally, these agencies and others that provide community services and resources can be found online at their respective websites. A directory of non-profit community agencies and services can be found online at: http://www.unitedwaybroome.org/ Detailed information about these agencies can be found in Appendix G1 and includes the name of the service provider, the target population served, and a brief description of services provided.

Broome County is known among area providers as a "resource rich" community. There are a large number of health and human service programs and agencies that share a common goal of improving the health status of area residents in different ways, yet each has their own specific mission, objectives, and target population.

There have been significant efforts at the county level to develop an *integrated planning* approach to services. Broome County's Integrated County Planning (ICP) Committee represents a customer-oriented system for delivering human services that builds on community and individual strengths and relies on standards, best practices, and outcomes that are valid and measurable. It seeks to accomplish this by combining several existing planning processes into a more streamlined and understandable process that guides the allocation and management of resources. The purpose of this approach is to foster collaboration among community organizations and minimize or eliminate duplication and maximize effective use of resources. This approach also assists department heads in health and human services to be aware of resources allocations for specific population groups and concerns. An online, web-based process for community agencies to request letters of support from county departments has streamlined communication among agencies applying for grant funding.

Assessment of Services

As part of the Community Health Assessment process, an extensive list of community resources was compiled. This "Resource Guide" appears in Appendix G and will also be published separately on the Broome County website along with the 2019-2024 Community Health Assessment (CHA), the 2019-2024 Community Health Improvement Plan (CHIP), and all supporting Appendices. This Resource Guide contains information about location, hours of operation, and social media presence for community agencies and is topically organized for ease in locating a service provider. The following sections provide

details on many of these agencies, the services that they provide, and their current capacity for addressing the health needs of our community.

B. Access to Care

Hospitals

Broome County has two major hospital systems operating within its geographic boundaries: Our Lady of Lourdes Memorial Hospital (Lourdes) and United Health Services (UHS) Hospitals. The Lourdes system has one acute care facility with 242 licensed beds and UHS has two acute care facilities, Wilson Medical Center (Wilson) which has 280 licensed beds and Binghamton General Hospital (BGH) with 220 licensed beds (Table 34). Both health care systems are well known and respected in the community. Both systems have multiple programs including community outreach education as well as primary care sites. Their primary service areas include Broome, Chemung, Chenango, Cortland, Delaware, and Tioga Counties, though each draws from different zip codes within the local area.

Lourdes is part of Ascension Health, which is a Catholic not-for-profit system and has a main hospital campus that includes a hospice program, regional cancer center, breast care center, and ambulatory surgery center. Lourdes is designated as a Level 1 Perinatal Center, Primary Stroke Center, and is one of forty-three Sexual Assault Forensic Examiner (SAFE)-Designated hospitals in NYS that provides specialized care to sexual assault patients.

United Health Services (UHS) is a locally owned, not-for-profit healthcare system governed by an all-volunteer Board of Directors, which includes community residents. UHS operates four hospitals, two of which are located in Broome County — Wilson Medical Center and Binghamton General. Wilson Medical Center is a university affiliated teaching hospital and a Level II Adult Trauma Center with Life Flight capability that serves as the Regional Trauma Center for South Central New York State and Northern Pennsylvania. In addition, this facility is a state-designated Primary Stroke Center and offers state-of-the-art stereotactic radiosurgery at their Cyberknife Center of New York. The hospital is also designated by NYS as a Level 3 Perinatal Center. Binghamton General provides certified mental health services which includes rehabilitation for chemical dependence and withdrawal as well as a comprehensive psychiatric emergency program.

In conjunction with the Community Health Assessment, the area hospitals completed their Community Service Plans (CSPs). The 2019 Community Service Plans provide details on the major health systems' efforts and progress toward addressing the priorities identified by the 2019-2024 Community Health Assessment. The CSPS will be published online at the following addresses:

- The Community Service Plan for United Health Services Hospitals will be published to the following web address: https://www.nyuhs.org/about-us/community-service-reports/
- The Community Service Plan for Ascension Our lady of Lourdes Memorial Hospital will be published to the following web address: https://healthcare.ascension.org/CHNA

Table 34. Area Hospitals - Licensed Number to Operate and Type of Beds, Broome County, NY

Care Unit	Binghamton General	Lourdes	Wilson Medical Center
Coronary Care			16
Intensive Care	8	12	12
Maternity		25	34
Medical-Surgical	86	194	190
Neonatal Continuing Care			2
Neonatal Intensive Care			6
Neonatal Intermediate Care			6
Pediatric		11	14
Chemical Dependence - Rehabilitation	20		
Coma Recovery	1		
Transitional Care	20		
Physical Medicine/Rehabilitation	24		
Psychiatric/Mental	56		
Trauma Brain Injury	5		
Total	220	242	280

Primary Care & Other Healthcare Services

The list of area primary care centers appears in Appendix G2 and map of locations in Appendix G9. The catchment area served by both health care systems extends beyond Broome County into Tioga and surrounding counties. Lourdes operates eighteen primary care offices, eight of which are located in Broome County including four in Binghamton, two in Vestal, and one in each of Endicott and Whitney Point. Of these locations, three provide care to pediatric clients including one specifically for endocrinology (Appendix G3). In addition, Lourdes operates three walk-in clinics in Broome County, two located in Binghamton and one in Endicott (Appendix G5). UHS operates 10 primary care offices in Broome County: four are in Binghamton and one each located in Deposit, Endicott, Endwell, Johnson City, Vestal and Windsor. Of these locations, three provide care to pediatric clients with two locations in Binghamton and one in Vestal (Appendix G3). In addition, UHS operates four walk-in clinics in Broome County located in Binghamton, Chenango Bridge, Endicott, and Vestal (Appendix G5). UHS also maintains two school-based health centers in two high-need elementary schools (Appendix G6).

Specialty services in Broome County are available through both Lourdes and United Health Services. The medical staffs of the system's four hospitals in Broome, Chenango and Delaware counties include more than 500 doctors representing a wide range of medical specialties and primary care options.

One additional healthcare system with regional operations in Tioga County and Northeastern Pennsylvania, Guthrie Medical, operates a clinic in Vestal. This clinic provides family care services and other specialty services including ophthalmology, endocrinology, audiology, cardiology, optometry, and urology. This location is one of the primary practice sites responsible for out-migration of health care services from the county, as patients from this practice generally are referred to Robert-Packer Hospital in Sayre, Pennsylvania.

Cornerstone Family Healthcare Federally Qualified Health Center

Cornerstone Family Healthcare (Cornerstone) is a non-profit Federally Qualified Health Center with a mission to provide high quality, comprehensive, primary and preventative health care services (Appendix G4). Cornerstone operates 18 locations in Orange, Rockland, and Ulster counties in NY and Pike County in PA as well as one site in Broome County. Cornerstone has over six hundred employees including more than 50 Board Certified/Board Eligible physicians, dentists, nurse practitioners, physician's assistants, dentists, social work and counseling staff who provide care to more than 40,000 individuals and families annually. A Registered Dietitian and Certified Nutritionist is on staff 5 days a week and is an integral part of the patient care team, and works one-on-one with patients providing nutrition and weight loss counseling and chronic disease management. Cornerstone also provides wellness programs, educational health talks and support groups, chronic disease management services, health assessments, clinical screening, and health coaching around the topic through a Certified Patient Educator. Cornerstone also operates a fleet of mobile health and mobile dentristry units. Cornerstone is nationally recognized as a Patient Centered Medical Home (PCMH) receives US Department of Health and Human Services funding, and has Federal Public Health Service (PHS) deemed status.

Stay Healthy Center

UHS Hospitals operates the Stay Healthy Center for Community Health located at the Oakdale Mall in Johnson City to assist area residents with health education needs and referrals to health care services. This center also collaborates with numerous community agencies and promotes healthy lifestyles. The Center is open to the public 9 am to 5 pm Monday through Friday and is closed on Saturdays and Sundays. They offer access to computers for people to perform literature searches on health topics, have a lending health library, and have a Senior Security program that works with older individuals and groups.

The staff at Stay Healthy offers several programs and services to individuals, schools and businesses. These programs are designed to improve the health of the community and include many partnerships with local organizations. The center also provides insurance counseling. In addition, community groups in need of speakers with expertise in specific health-related areas can access this resource through the center. Programs are available for asthma, eating disorders, healthy living, cancer, and tobacco cessation among others. Services offered include lactation consultants to work with new mothers, child birth and parenting classes, Care-A-Van shuttle service, Stay Healthy Seniors and Stay Healthy Kids.

The Stay Healthy Center includes a Nurse Direct call center. This call center allows anyone to call in and talk to a nurse. Callers can request information about UHS programs or ask a health question. This service can be accessed either by phone or online. The center is staffed with nurses from 7 am to 9 pm, seven days a week and provides computer assisted: physician referral service, referral triage using nationally developed and locally reviewed guidelines, and health information for disease management of asthma, diabetes, and congestive heart failure as well as smoking cessation, weight management, and prenatal care. In addition to information, the registered nurses at Nurse Direct can provide referrals to other health education and community services.

Mission in Motion

In addition to services offered through primary care office sites, Lourdes provides services through two mobile medical van units through its Mission in Motion program. Both mobile medical unit vans make health care accessible by providing primary care and cancer screening services to those in underserved and rural areas in the Southern Tier. One medical unit, the Mobile Mammography van, is a member of the Cancer Services program funded by NYS and provides no cost/low cost mammograms, pelvic exams, and Pap tests. This van also provides health care services for women including breast exams, digital mammography screenings, routine gynecological screenings, and education. The other mobile van, a primary care medical unit, is used for general wellness and health screenings throughout the area, as well as a wide variety of occupational health service screenings. It offers a wide range of health care services to the public including: cancer screenings, health promotion, disease prevention, education and information, physical exams, occupational health testing, and cholesterol testing. Both mobile units travel to a wide variety of community sites such as churches, schools, senior centers, and worksites.

Center for Oral Health

In January 2005, in response to a long standing need for dental care in the community, Lourdes opened a dental clinic, entitled the Center for Oral Health. This center was opened in order to provide increased access to dental services for children who are uninsured, on Medicaid, or on NY Child's Health Plus program, a population that is underserved for dental services in the Broome County area. The initial start-up grant application was submitted jointly by Lourdes Hospital and the Broome County Health Department to the NYS Department of Health's Dental Bureau. This effort was also supported by UHS Hospitals, who felt the need far exceeded current capacity to serve the dental needs of low income children and their families. Services are provided by dentists and registered dental hygienists through the Center for Oral Health include routine cleanings, patient education, fluoride treatments, sealants, xrays, urgent care, filings, and extractions. All services offered at the Center of Oral Health are available on the Lourdes Mobile Dental Clinic and all children at participating schools are eligible to receive a free dental education, screening, and a parent report to bring home. These services, in turn, are coordinated with the Broome County Health Department, which has a long-standing dental sealant program in area schools, so that services are maximized and not duplicated. Lourdes also offers a Patient Financial Assistance Program to help patients who meet specific guidelines and who are not eligible for any other available program. The Center for Oral Health is conveniently located in Binghamton, next door to the Broome County Health Department.

UHS Dental Clinic

Supported by UHS Hospitals, UHS also has a fully operating dental clinic located within Binghamton General Hospital. The clinic provides care for all ages, from children to the elderly and offers many treatment options, such as anesthesia or sedation, for patients with special needs, or for those who have sever handicap limitations or who are compromised medically. Additionally, the clinic provides patient screenings for oral cancer and treatment for patients undergoing radiation or chemotherapy for head or neck cancer. It also provides education about oral hygiene, complete examinations, X-rays,

cleanings, fluoride treatments, fillings, fittings of crowns, bridges and dentures, and extractions and minor oral surgery. Dental services are offered on a sliding fee scale that covers between 20-60% off a patient's bill if they qualify for financial assistance. The clinic is open five days per week by appointment for patient dental care.

Broome County Mental Health Department

The Broome County Mental Health Department is responsible for planning, developing, and evaluating mental hygiene services in Broome County. These mental hygiene services include alcoholism and substance abuse services, mental health programs, and services for mentally retarded and developmentally disabled citizens. Beyond its regulatory role as the local governmental unit, the Department of Mental Health is also licensed to operate mental health and chemical dependency programs.

The Broome County Department of Mental Health directly operates both mental health and chemical dependency programs. These programs include outpatient programs for adults, adolescents and children. The New York State Office of Mental Health (OMH) licenses the mental health programs. The New York State Office of Alcoholism and Substance Abuse Services (OASAS) licenses the addiction programs.

Three subcommittees advise the Mental Health Commissioner: Mental Health Subcommittee, Alcoholism/Substance Abuse Subcommittee, and the Mental Retardation/Developmental Disabilities Subcommittee. A number of programs operate in each of these three areas such as adult clinic, child and adolescent clinic, chemical dependency services unit, and the Keep Youth Drug-free and Safe Coalition among others. In addition to its operations in the three service areas, the Broome County Department of Mental Health has established contracts with a number of area private, not-for-profit agencies including Catholic Charities of Broome County, Fairview Recovery Services, Family & Children's Society, Our Lady of Lourdes Memorial Hospital, and the Mental Health Association of the Southern Tier.

Emergency Medical Services

Emergency medical services (EMS) are provided by Broome County as well as private emergency squads. The emergency response provided by the county is a separate department under county government. Emergency medical response for Broome County is provided by a combination of ambulance services and non-transporting first response services (Appendix G7-G9). These responders are the physical link between local hospitals and the geographic townships and serve as the "ultimate safety net." Unfortunately, there is no level of government that is responsible for providing EMS to all municipalities. The success of EMS in the county is tenuously sustained by the support and cooperation of many community agencies and volunteers. The EMS leadership in the county strives to ensure the availability of emergency services through recruitment, education, training, and mentoring of EMS personnel. Despite the fact that communities are not required to have or support EMS, most have some form of volunteer service agency. In addition to their critical emergency response role, EMS often provide education and outreach to community members teaching them about recognition of heart attack and stroke symptoms and when to activate EMS.

Long Term Care Facilities & Home Care Services

A total of eleven skilled nursing facilities are licensed to operate in Broome County; four are located in Binghamton, two in Endicott, two in Johnson City, two in Vestal and one in Endicott. Willow Point is a county facility and the only public option. Although occupancy rates vary, all but one of the facilities have consistently been at or above 90%. While all provide baseline services, Elizabeth Church Manor and James G. Johnston Memorial Nursing Home provide outpatient occupational, physical and speech therapy. Ideal Senior Living Center offers a clinical laboratory and radiology diagnostics on site.

Susquehanna Nursing and Rehabilitation Center operates an Adult Medical Day Care on the premises. Three of the nine facilities offer the provision for respite care while all nine are contracted to provide hospice care through Hospice at Lourdes. An updated list of these facilities appears in Appendix G19. Among these facilities, there are 1,832 skilled nursing beds, a 13% increase from 2013.

CHHAs provide part time, intermittent, skilled services including preventative, therapeutic, rehabilitative, health guidance and/or supportive care to persons at home. Home health services include nursing, home health aides, medical supplies, durable medical equipment and appliances as well as at least one additional service that may include physical therapy, occupational therapy, speech pathology, nutritional services, or medical social services. Services provided by CHHAs may be reimbursed by Medicare, Medicaid, private payment, and commercial health insurers. In Broome County, there are three Certified Home Care Agencies serving Medicare and Medicaid clients. All three agencies provide similar services, with Lourdes at Home offering audiology and respiratory therapy. Client census rates vary among the three.

In addition, there are 15 licensed home care services agencies: six are located in Binghamton, five in Johnson City, two in Vestal, and two in Endicott. Six provide services exclusively in Broome County while the remaining agencies service one or more counties in addition to Broome County. These facilities offer home care services to clients who pay privately or have private insurance coverage. These agencies may also contract to provide services to Medicare/Medicaid beneficiaries whose cases are managed by another provider or entity, such as providing home health aide services to a certified home health agency patient or providing a licensed practical nurse for a Medicaid prior-approved private duty nursing shift.

Broome County has one freestanding hospice program operated by the Hospice at Lourdes. Hospice is a program that provides care to terminally ill individuals focused on easing symptoms rather than treating disease. The emphasis of the program is to help individuals remain at home for as long as possible. The hospice program provides physical, psychological, social, and spiritual support and care for the patient and their family. Services offered through hospice include nursing and physician services, medical social services, counseling (including nutrition and bereavement counseling), and physical and occupational therapy. In addition, hospice can provide home health aide and homemaker services, medical supplies and appliances, speech therapy, and short-term inpatient care. Hospice is available through Medicaid, Medicare, private payment and some health insurance carriers. Referrals to hospice may come from any source, but must have physician certification that the patient has a terminal illness with a life expectancy of fewer than six months.

Elder Care Programs & Services

A number of programs and services are available through the Broome County Office for Aging (Appendix G22). These programs and services include: caregiver services, foster grandparent program, health and wellness program, health insurance counseling, home delivered meals, home energy assistance, home repair, in-home services (including homemaker, personal care, shopping, and emergency response services for the home bound), resource assistance, legal services, and mental health services. In addition, 10 senior sites off socialization, nutritious meals, and wellness activities. Transportation services are also available. A list of apartment options for seniors and those with disabilities is provided in Appendix G23.

Diagnostic and Treatment Centers

Diagnostic and Treatment Centers (Clinics) are free-standing clinics that are separately-owned and are not operated by a hospital. By contrast, clinics that are owned and operated by a hospital are known as Hospital Extension Clinics. These free-standing clinics include centers that are federally certified to provide specialized services, such as surgery or dialysis. In Broome County, there is only one free-standing Diagnostic Treatment Center, Bridgewater Center for Dialysis, which is located in Binghamton and has a service capacity of 8 clients. There are three Diagnostic and Treatment Center Extension Clinics that operate in Broome County, Vestal Healthcare (service capacity 24), LLC, Vestal Healthcare - UHS Dialysis on Pennsylvania Ave (service capacity 15), and Vestal Healthcare - UHS Dialysis on Park Avenue (service capacity 24). All four centers provide renal dialysis services for patients with end stage renal disease (ESRD) with a combined total service capacity of 71 clients.

Healthcare Workforce

Physicians

Though not exhaustive of all practicing physicians in the county, 106 physicians from a broad range of specialties are listed as members of the Broome County Medical Society as of December 2019. In 2016 the NYS Health Workforce Planning Data Guide (Appendix G10) noted 664 active patient care physicians in the county 250 in primary care, 94 in general internal medicine, 36 in general pediatrics, 29 in general surgery, and 25 in obstetrics/gynecology.

In The Southern Tier, which includes Broome, Chenango, Delaware, Tioga, and Tompkins counties, 50% of physicians are age 50 or older. In 2016, just over 25% of physicians were female and only 3.5% were from underrepresented minorities (URM) in the Southern Tier of NYS. Compared to 2013, there was a small increase in the proportion of female physicians (up from 22%) but a large decrease in the percentage of physicians from URMs (down from 6.1%). There is notably less diversity in the physician workforce in the Southern Tier than NYS as a whole, which is 31.8% female and 10.6% underrepresented minority. Compared to NYS, there is a larger proportion of physicians age 50 or older and a smaller proportion that is female, and the physician workforce is less diverse.

Physician shortages for the area are captured in the Federal Health Professional Shortage Areas (HPSA). Primary Care HPSAs are based on a physician to population ratio of 1:3,500 and does not take into account the number of physician assistants or nurse practitioners. The Health Resources and Services Administration data for HPSAs indicate a primary care shortage for the low-income population within the county, and Broome County is designated as a Medicaid Eligible Population HPSA for mental health, dental health, and primary care. The HPSA primary care designation for these areas represents service needs for 67,691 residents or 34.1%% of the Broome County population (NYS Health Workforce Planning Data Guide, 2016). These figures are a substantive increase (169%) from 2013 for which, there were identified service needs for only 23,713 residents or 12.1% of the Broome County population (NYS Health Workforce Planning Data Guide, 2013).

In addition, the University of the State of New York Regents report of Designated Physician Shortage Areas (2013) identified the Deposit service area (including the towns of Colesville, Sanford, and Windsor) and the Greater Binghamton service area (including the towns of Barker, Binghamton, Chenango, Conklin, Dickinson, Fenton, Kirkwood, Lisle, Maine, Nanticoke, Triangle, Union, and Vestal as well as the City of Binghamton) as Primary Care Regents Physician Shortage Areas. In addition, Broome County is designated as a shortage area for primary care physicians and psychiatrists within the Developmental Disabilities Services Office. In the category of non-primary care shortage areas, Broome County is designated for preventive medicine. Both United Health Services hospitals are eligible under the Primary Care and Non-Primary Care designations.

Like most of the health professions, physicians will be "aging out" in large numbers over the next decade. Given the sizeable increase in HPSA service need over the past three years, the demand for primary care services appears to exceeding the supply of primary care providers in Broome County. Moreover, significant gaps have been noted by local health systems in specialty areas including ophthalmology, urology, psychiatry, and pathology.

Nurses

Registered Nurses comprise the largest proportion of the healthcare sector workforce. The Center for Health Workforce Studies (CHWS) reports there are 2,792 Registered Nurses (RNs), 745 Licensed Practical Nurses (LPNs), and 210 Nurse Practitioners (NPs) in Broome County (Appendix G10). Across all levels of preparation, the number of nurses was relatively unchanged from 2013.

Nurses staff hospitals, nursing homes, assisted living facilities, home care agencies, outpatient clinics, primary care and specialty practices, health departments, and hospice programs. For the period 2008 to 2018, the US Bureau of Labor Statistics projected a 22% increase in employment for nurses adding 581,500 new RNs and 155,600 new LPNs to the workforce. In addition, 458,000 RNs and 80,100 LPNs will be needed to replace nurses who are expected to retire or leave the field during this time period. For New York State, the 2016 report by the CHWS examined the balance between supply and demand for the registered nursing workforce. Their analysis concluded that there was currently a relative balance that would likely be maintained over the next decade if current training and retirement patterns

⁷ The Center for Health Workforce Studies (2011). *The health care workforce in New York, 2009: Trends in the supply and demand for health workers.* Albany, NY: Author.

remained stable. However, the report also indicated that small changes (as little as 10%) in entry into or exit from the profession or a 2-year change in retirement could significantly alter their projection.⁸

Furthermore, recent practice patterns indicate that nursing positions are shifting from the traditional hospital setting to home health, ambulatory care, and nursing homes. Current workforce models provide varying estimates and many factors contribute to supply and demand. On the demand side, the aging population and increasing prevalence of chronic diseases such as diabetes contribute to the expected need for more healthcare workers. Economic factors and healthcare policy changes are more difficult to predict. The Affordable Care Act and Medicaid Redesign as well as policy recommendations of the Institute of Medicine are likely to increase demand while education cycles, training capacity, and faculty shortages are likely to limit supply. Overall, the net effect nationally is long-term projected shortages in the nursing workforce.

Between 2016 and 2026, employment in healthcare is predicted to grow faster than other sectors of the economy, and within the healthcare sector, employment is expected to grow most rapidly for home health care and in provider practices, whereas hospital employment is projected to be less robust (Figure 18). In fact, it is anticipated that half of the fastest growing occupations will be in healthcare with the highest demand for home health aides, personal care aides, physician assistants, and nurse practitioners (Figure 18). At present, the number of nurses employed in hospital settings still greatly exceeds those in homecare, long term care, and office settings (Appendix G17).

⁸ The Center for Health Workforce Studies (2016). *Health Workforce Analysis Guide: 2016 Edition*. Albany, NY: Author. Retrieved from http://www.healthworkforceta.org/wp-content/uploads/2016/10/Health-Workforce-Analysis-Guide 2016-Edition.pdf

⁹ Keckley, PH., & Coughlin, S. (2012). The new health care workforce: Looking around the corner to future talent management. Available from the Deloitte Center for Health Solutions.

¹⁰ Institute of Medicine. (2010). *The future of nursing: Leading change, advancing health*. Washington, DC: National Academies Press.

¹¹ Salsberg, E. & Martiniano, R. (2018, May 9), Health care jobs projected to continue to grow faster than jobs in the general economy [Health Affairs blog]. DOI: 10.1377/hblog20180502.984593

70% 57.3% 60% 54.2% 50% drowth 40% qof 21.1% 21.3% 14.3% 13.0% 12.5% 10% 0% Home Health Care Offices of Health Nursing and Residential Hospitals Practitioners Care Facilities ■ 2006-2016 ■ 2016-2026 (projected)

Figure 17. Job Growth in Selected Settings within the Health Care Sector, 2006-2016 and Projected 2016-2026

SOURCE: Bureau of Labor Statistics, employment projections, 2016–26: Table 1.9: 2016–26 Industry-occupation matrix data, by industry; Table 2.7: Employment and output by industry, 2006, 2016, and projected 2026; Current Employment Statistics national estimates for employment, hours, and earnings. Image retrieved from https://www.healthaffairs.org/do/10.1377/hblog20180502.984593/full/

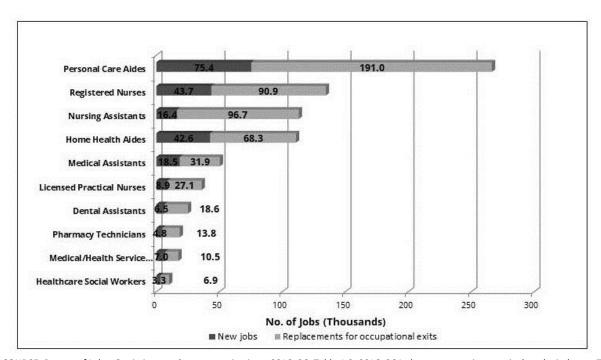


Figure 18. Projected Annual Need for New Workers among Health Care Occupations with the Greatest Need, 2016-2026

SOURCE: Bureau of Labor Statistics, employment projections, 2016–26: Table 1.9: 2016–26 Industry-occupation matrix data, by industry; Table 2.7: Employment and output by industry, 2006, 2016, and projected 2026; Current Employment Statistics national estimates for employment, hours, and earnings. Image retrieved from https://www.healthaffairs.org/do/10.1377/hblog20180502.984593/full/

Public Health Practitioners & Other Allied Health Professionals

A study of public health workforce needs conducted in six states, including NY, noted that public health agencies, particularly those in rural areas had difficulty recruiting RNs. These recruitment issues are most often related to budgetary constraints, non-competitive salaries, availability of RNs and adequacy of numbers prepared with the desired level of education. Recommendations from the public health workforce report relevant to nursing professionals include: providing support and assistance to educate graduate and undergraduate nurses with essential knowledge, skills, and competencies for public health practice; developing service obligated scholarship or loan repayment programs similar to the National Health Service Corps; encouraging educational institutions to be responsive to the needs of local public health agencies; providing incentives for collaboration between academia and public health agencies; developing best practice models; supporting curricula for public health in schools of nursing; and monitoring the size and composition of the public health workforce.

Data extracted from the CHWS 2016 Health workforce Planning Guide for a variety of allied health professionals are located can be found in Appendices G11 (Healthcare Providers) and G12 (Allied Health). These tables provide information about the absolute number of providers as well as the number of providers per 100,000 population for Broome County as well as comparative statistics for the Southern Tier, Upstate NY, and NYS. Provider rates for select health occupations are presented in graphic form in Appendices G15 (Healthcare Providers) and G16 (Allied Health). Broome County exceeds regional provider rates for most of the allied health professions including dentists, occupational therapists, pharmacists, physical therapists, and speech language pathologists. However, the regional availability of these allied health professionals, across rural Upstate NY and especially in the Southern Tier, is woefully inadequate to meet the service needs of the population.

Health Professions Education

Broome County has benefitted from having two schools of nursing located within the area (Appendix G18). Broome Community College prepares Associate Degree nurses and Binghamton University (BU), Decker College of Nursing and Health Sciences prepares nurses with Baccalaureate, Masters, and Doctoral (PhD) degrees. The Baccalaureate program includes both traditional students and those seeking a second degree. In addition, RNs can obtain a BS or MS degree at BU. A majority of the students prepared that the Masters level stay in the Upstate NY region often serving in Health Profession Shortage Areas. The PhD program is the only doctorate focused on rural nursing in the country.

The clinical campus for SUNY Upstate College of Medicine is located in Binghamton with approximately one-fourth of third and fourth year students complete their clinical experiences at this location. The Clinical Campus is affiliated with United Health Services Hospitals and a network of family care centers.

The Decker School of Nursing has expanded to become the Decker College of Nursing and Health Sciences offering graduate degrees in Public Health, Physical Therapy, Occupational Therapy, and Speech Language Pathology. The Decker College will be located in Johnson City next to the New College of Pharmacy and Pharmaceutical Sciences. Development of interprofessional experiences and competencies along with advanced simulation training are included in all health profession curricula.

Primary Care & Preventive Health Services Utilization

Southern Tier Cancer Services Program

The Cancer Services Program of the Southern Tier (CSP) serves Broome, Chemung, Chenango, Schuyler and Tioga Counties. The purpose of the program is to increase breast, cervical and colorectal cancer screenings by offering reimbursement for these services for the uninsured. The program offers breast and cervical screenings to individuals age 40-64 and colorectal screenings to individuals ages 50-64. There are exceptions to the age groups in cases where there are increased risk factors (as determined by the program guidelines). If an individual is diagnosed with breast, cervical, colorectal or prostate cancer, staff can meet with him or her to determine if they are eligible for the Medicaid Cancer Treatment Program, utilizing the Cancer Services Program income eligibility criteria. This program provides Medicaid insurance coverage through the duration of their treatment.

The Cancer Services Program is a program of the New York State Department of Health and funding is provided by New York State and the Centers for Disease Control and Prevention. The program is only available to New York State residents.

The majority of individuals who participate in the program are low-income, working, and uninsured individuals. Recently there has been an increase in the number of individuals contacting the program, usually through referrals, who have lost their jobs and their health insurance coverage.

Triaging Clients for Public Health Insurance Programs:

The CSP of the Southern Tier screens clients for eligibility over the phone. There is no need for proof of income or insurance status in order to receive program screening services. Clients are sent a NYS attestation, stating that they are over 40 and that the insurance status and income information is accurate. At this time, callers are offered referrals for local insurance navigation programs as a resource to assist them with reviewing their eligibility for public health coverage program options. Clients are also referred to Patient Financial Assistance Programs offered through United Health Services and Lourdes Hospitals. These programs offer uninsured patients billing discounts or charity care based on their income

Medicaid Cancer Treatment Program Coverage:

The Medicaid Cancer Treatment Program Coverage (MCTP) is a program specifically designed to serve clients who have been diagnosed through the CSP or who have no health insurance and are in need of cancer treatment services/procedures. CSP staff meets with clients who have been diagnosed with breast, cervical, colorectal or prostate cancer and those who have been diagnosed with pre-cancerous cervical conditions, and complete the MCTP application on behalf of Medicaid Enrollment Officers who work directly with NYSDOH CSP. The income guidelines are higher, allowing the client to make up to 250% of the Federal Poverty Guideline. In cases of a breast or cervical diagnosis, there is no income exclusion. The application process is expedited. If approved, the client receives full Medicaid coverage for a determined timeframe. Generally, if the client is diagnosed with cancer, they receive coverage for a full year, with annual renewals. CSP staff again meets with the client to complete the recertification application. In order to be eligible, the client must still be receiving or in need of treatment.

C. Emerging Issues in the Community

Emerging issues in the community were identified by the Broome County Community Health Assessment Steering Committee through analysis of health indicators, discussion of partner experiences and observations of serving client needs, through local surveys conducted by community agencies, from priorities set by state and local government, and based on current events affecting community members' daily lives. The topics identified related to

- Prevalent conditions affecting peoples' lives, especially youth, and resulting in high mortality and years of productive life lost: the opioid epidemic and the vaping scourge
- State and national priorities to improve people's lives across the lifespan: the Age Friendly initiative, and
- Underlying social determinants of health: housing, transportation, and access to affordable healthcare

For the first time, Master of Public Health (MPH) graduate students enrolled in a newly established program of study at Binghamton University were available to participate in the Community Health Assessment process. These MPH students together with an intern from Binghamton University's Anthropology department participated in and contributed to nearly every facet of the MAPP process. Funding for their work was possible through the Population Health Improvement Program. These students not only gained invaluable public health knowledge, skills, and competencies but also significantly expanded local public health capacity to conduct the Community Health Assessment and to advance the health of Broome County residents through development of the Community Health Improvement Plan.

The sections that follow reflect the work of these students who were tasked with conducting a review of the topics: (a) investigating the nature of the issue in Broome County, (b) examining best practices and the evidenced-base for interventions, (c) exploring strategies currently employed by community partners to address the issue, and (d) appraising evidence informed solutions that have the potential to significantly and positively impact the issue.

The Opioid Epidemic

Background

According to the Centers for Disease Control and Prevention (CDC), from 1999 to 2017, more than 702,000 people have died from a drug overdose. Unintentional injury is now the leading cause of death in the United States for ages 1-44, and drug overdose is the leading cause of unintentional injury for ages 25-64. In 2017 more than 70,000 people died from a drug overdose, and of those deaths almost 68% involved a prescription or illicit opioid. Two out of three drug overdose deaths involve an opioid and have been responsible for over 47,000 deaths in 2017 (CDC, 2019). The total economic burden for

prescription opioid misuse alone in the United States is 78.5 billion per year. In addition to the rising numbers of overdoses, the National Institute on Drug Abuse reported an increase in the incidence of neonatal opioid withdrawal syndrome (NOWS) and neonatal abstinence syndrome (NAS) from 2004 to 2014 (1.5 cases per 1000 hospital births to 8.0 cases per 1000 hospital births). The cost of the rising incidence of NAS and NOWS increased from 93 million in 2004 to 563 million in 2014 (National Institute on Drug Abuse, 2019).

According to the New York State Department of Health, opioid overdose deaths have significantly worsened from 2015-2016 with 15.1 deaths per 100,000 population in 2016 in New York state. The overdose death rate involving heroin in 2016 was 6.5 deaths per 100,000 and deaths involving opioid pain relievers was 11.7 deaths per 100,000. A subcategory of opioid pain relievers, synthetic opioids excluding methadone, contributed to 8.3 deaths per 100,000, including illicit fentanyl products. Higher rates of overdose deaths were seen in males compared with females in 2016 in New York State. An increase from 7.5 deaths per 100,000 population in 2010 to 22.3 deaths per 100,000 in 2016 was seen among males, compared with 3.4 deaths per 100,000 in 2010 to 8.1 deaths per 100,000 in 2016 among females. In 2016 rates of overdose deaths were highest for White non-Hispanics, 19.8 per 100,000 compared with 10.5 per 100,000 for Black non-Hispanics and 12.6 per 100,000 for Hispanics (New York State Department of Health, Opioid Dashboard)

In Broome County, the crude rate of overdose deaths involving any opioid significantly worsened from 2015 to 2016 with an increase from 14.2 deaths per 100,000 in 2015 to 29.2 deaths per 100,000 in 2016. The crude rate of overdose deaths involving any opioid aged 18-44 significantly worsened from 2015 to 2016 increasing from 24.3 per 100,000 to 52.0 deaths per 100,000 in Broome County. This rate is significantly higher for Broome County than seen in the Southern Tier and NYS excluding NYC. The overdose deaths involving any opioid age adjusted rate significantly worsened from 2015 to 2016, with an increase from 16.0 per 100,000 in 2015 to 32.1 per 100,000 in 2016 (New York State Department of Health, Opioid Dashboard). The Broome County District Attorney reported 24 overdose deaths in 2017, 13 overdose deaths in 2018 and 9 overdose deaths in 2019 as of September (Broome County Health Department).

The aged-adjusted rate per 100,000 for overdose deaths involving heroin in Broome County significantly worsened from 2015 to 2016, increasing from 8.0 per 100,00 to 15.4 per 100,000. This rate is significantly higher than those seen in the Southern Tier and NYS. The age-adjusted rate for overdose deaths involving opioid pain relievers per 100,000 population in Broome County was 18.2 in 2016 compared with 12.0 in NYS. Both the crude and age adjusted rates for overdose deaths involving synthetic opioids other than methadone have significantly worsened from 2015 to 2016. The age adjusted rate for all emergency department visits (including outpatients and admitted patients) in 2016 involving any opioid overdose was 139.7 per 100,000 compared with 56.0 per 100,000 in NYS. The crude rate of emergency department visits in 2016 (including outpatients and admitted patients) aged 18-24 years involving any opioid overdose was 170.8 per 100,000 compared with 104.5 per 100,000 in NYS, and for ages 25-44 was 316.0 per 100,000 compared with 103.4 per 100,000 in NYS. The age adjusted rate for all emergency department visits (including outpatients and admitted patients) in 2016 involving any opioid overdose was 139.7 per 100,000 compared with 56.0 per 100,000 in NYS (New York State Department of Health, Opioid Dashboard).

These significant increases in overdose deaths and emergency department visits in Broome County highlight the need for immediate action. It is essential to identify risk factors and eliminate barriers to

life saving treatment by increasing access and availability to overdose reversal trainings and medication assisted treatment. The community approach must be further utilized to continue developing interventions and decreasing the stigma associated with those suffering from opioid addiction, in order to decrease the prevalence of fatal opioid overdoses in Broome County.

Evidence Base & Best Practices

The CDC has listed several evidence-based interventions that address the opioid overdose crisis. Many of these practices are already being implemented in Broome County, including, targeted Narcan training and education, Medication Assisted Treatment (MAT), and Academic Detailing (CDC). Targeted Narcan distribution ensures that those who are greatest risk of overdose or those who are most likely to encounter someone who is at risk of overdosing receives Narcan training and is provided with a Narcan kit. Other evidence-based strategies for Narcan distribution include community distribution and equipping first responders. Medication Assisted Treatment (MAT) combines behavioral therapy and FDA approved medications to treat substance use disorders by preventing painful opioid withdrawal symptoms. Many studies have shown that MAT contributes to significant reductions in opioid use and overdose. Academic detailing is an educational strategy that is designed to provide tailored training and technical assistance to healthcare providers, done so by trained professionals using marketing techniques, to help providers use best practice methods when prescribing opioids to their patients. When a series of tailored educational sessions were used for a group of providers on Staten Island, a 29 percent decrease in the rate of prescription opioid overdoses on Staten Island was observed (Carroll, Green, Noonan, 2018).

Current Interventions

Broome Opioid Awareness Council

The Broome Opioid Awareness Council (BOAC) was created in 2014 in response to a significant increase in opioid related overdoses and fatalities. BOAC focuses on identifying barriers and developing solutions for the issues resulting from the increase of drug abuse in Broome County. The council functions as a coalition together with community agencies from treatment and prevention services, law enforcement and peer response, statistics and data, community education, rural communities, and media and advocacy sectors to increase community collaboration, with the goal of decreasing youth and resulting adult substance use and its impact on the community. The focus areas of BOAC encompass an entire community response including community education, outreach and prevention, law enforcement response, substance abuse treatment, and educating medical professionals. BOAC seeks to target factors existing in Broome County that place youth at risk for substance abuse, reduce risk factors and enhance protective factors, increase community collaboration and awareness, and overall create a healthier, safer community. Through support from the Broome County Health Department, BOAC has worked towards implementing multiple response strategies to reduce deadly drug overdoses including education and public information messaging, harm reduction strategies, and the use of law enforcement to prosecute fentanyl drug dealers and increased paroling of drugged drivers, which is funded through STOP-DWI and DA's office for Advanced Roadside Impaired Driving Enforcement (Broome County Health Department).

Drug Free Communities

Drug Free Communities (DFC), a federally funded grant through Substance Abuse and Mental Health Services Administration, was enacted in 2016 and addresses the factors in a community that increase the risk of substance use and promotes protective factors that minimize those risks. It also focuses on strengthening community coalitions with a goal of reducing substance abuse among youth and adults and works with and supports BOAC's mission and goals. One of the ways DFC measures current substance use, risk factors and protective factors is through the administration of the Prevention Needs Assessment to local schools. This assessment is used to provide data and serves as a tool for education purposes for the youth and adults of Broome County (Broome County Health Department).

Naloxone Trainings

Naloxone trainings and overdose recognition education are offered through Truth Pharm, Southern Tier Aids Program, Addiction Center of Broome County, Lourdes Youth Services Alcohol and Drug Education Prevention Team (ADEPT), and Binghamton University. Binghamton University has become the first University to be certified as an Opioid Overdose Prevention Site.

Medication Assisted Treatment

Medication Assisted Treatment (MAT) is offered through the Addiction Center of Broome County (ACBC), United Health Services Southern Tier Drug Abuse Treatment Center and New Horizons. ACBC provides a Vivitrol Program, the Southern Tier Drug Abuse Treatment Center offers a Methadone Clinic and New Horizons provides Suboxone (Buprenorphine). MAT will be available through the Family & Children's Society soon.

Inpatient/Outpatient services and treatments

Fairview Recovery Services offers community residence for both men and women, as well as supportive living, shelter and housing plus care. Helio Health provides medically supervised withdrawal and stabilization services, as well as inpatient rehabilitation services. United Health Services New Horizons offers both an inpatient and outpatient unit. The Addiction Center of Broome County is providing intensive outpatient groups and outpatient rehabilitation groups. The Family and Children's society provides an outpatient substance use treatment program.

Prescription drop box locations

There are numerous prescriptions drop box locations available in Broome County to return unused prescription opioids for destruction including the Endicott police dept, Broome County office building, Broome County Library, and Broome County Sheriff's Office. Prescription take back days are also offered through the Broome County Health Department.

Connection to Resources

There are many crisis hotlines available 24 hours a day including the Drug Abuse Crisis Line provided through United Health Services New Horizons and HOPEline provided through New York State's Office of Alcohol Substance Abuse Services (OASAS). The Broome County District Attorney's office created Operation S.A.F.E. (Save Addicts from Epidemic) as a hotline for family members or those facing addiction who need support and resource assistance for treatment options and other available resources in Broome County. The Broome County Sheriff's Office developed the Assisted Recovery Initiative to assist individuals that are suffering from substance use disorder who are voluntarily seeking treatment.

Potential Interventions

To further strengthen the interventions already present in Broome County there are potential interventions to be considered including an Opioid Fatality Review Team, expanded Naloxone trainings offered more frequently through multiple organizations in Broome County, strengthening peer response efforts, as well as more organizations offering MAT in Broome County.

Other states such as Maryland and Utah have created local Overdose Fatality Review Teams in response to the rising number of opioid overdose fatalities. Some of the major goals of these review teams are to identify missed opportunities for prevention and gaps in the system, build working relationships between local stakeholders and improve communication within a jurisdiction, recommend policies, programs or changes to local law to prevent more overdose deaths, and inform local and state overdose and opioid misuse prevention strategy. (Maryland Department of Health, 2015)

The National Association of County and City Health Officials (NACCHO) provides funding for Opioid Overdose Epidemic Toolkit for local health departments. This Toolkit monitoring and surveillance, prevention, harm reduction and response, linkages to care, stakeholders and partnerships (NACCHO)

Summary

In response to the increasing rates of overdose deaths involving opioids in Broome County, community partners and organizations have begun implementing interventions that identify risk factors, provide lifesaving treatment, and help those who are suffering with addiction get connected with help and treatment. Although there has been a positive response from the community, there is opportunity to strengthen this response even further in Broome County, and expand these interventions while reducing the stigma surrounding opioid drug use.

The Broome County Community Health Improvement Plan (CHIP) interventions that address this issue focus on increasing availability and access to overdose reversal trainings and medication-assisted treatment options, promoting prescriber education and familiarity with opioid prescribing guidelines, establishing additional permanent safe disposal sites for prescription drugs and organized take-back days, and building support systems to care for opioid users or those at risk of an overdose. Most of these interventions reflect evidence-based strategies that have been implemented in other jurisdictions and have shown to be effective at reducing overdoses or other risk factors that may increase the likelihood of an overdose to occur (CDC, 2018).

References

Centers for Disease Control and Prevention (CDC). (2018). Understanding the Epidemic. Retrieved from https://www.cdc.gov/drugoverdose/epidemic/index.html

National Institute on Drug Abuse (2019). New York Opioid Summary. Retrieved from https://www.drugabuse.gov/opioid-summaries-by-state/new-york-opioid-summary

Carroll, J., Green, T., Noonan, R. (2018). Evidence-Based Strategies for Preventing Opioid Overdose: What's working in the United States. *Centers for Disease Control and Prevention, 1-40.* Retrieved from https://www.cdc.gov/drugoverdose/pdf/pubs/2018-evidence-based-strategies.pdf

New York State Department of Health Opioid Dashboard (2018). State and County Level Opioid Data

New York State Department of Health (2018). Opioid Annual Data Report. Retrieved from https://health.ny.gov/statistics/opioid/data/pdf/nys_opioid_annual_report_2018.pdf

National Association of County & City Health Officials. Opioid Overdose Epidemic Toolkit. Retrieved from https://www.naccho.org/programs/community-health/injury-and-violence/opioid-epidemic/local-health-departments-and-the-opioid-epidemic-a-toolkit

Maryland Department of Health. Overdose Fatality Review Program. Retrieved from https://bha.health.maryland.gov/OVERDOSE PREVENTION/Pages/OFR-.aspx

Broome County Health Department (2019). Broome Opioid Awareness Council
Broome County Health Department (2019). Treatment Resources in Broome County

The Vaping Scourge

Opportunity

Electronic cigarettes, also known as vapes, e-cigarettes, vape pens, electronic nicotine delivery systems (ENDS), have been the most commonly used tobacco product among youth since 2014. They contain a battery that heats a flavored liquid into an aerosol that is inhaled. The liquids usually contain nicotine, which is a highly addictive substance, and flavorings in a base of propylene glycol and vegetable glycerin (CDC & NYS Dept of Health). At this time, vaping is not approved by the Food and Drug Administration (FDA) as a smoking cessation aid, and is not considered to be an FDA-approved form of nicotine replacement therapy (CDC, 2019)

According to the Centers for Disease Control and Prevention, in 2018 more than 3.6 million middle and high school students used e-cigarettes in the past 30 days in the United States. This included 4.9% of middle school students and 20.8% of high school students. Youth are more likely than adults to use e-cigarettes and use them more than cigarettes, cigars, smokeless tobacco and hookah. In 2017 only 2.8% of U.S. adults were current e-cigarette users and among the e-cigarette users in adults in 2015, 58.8% were current regular cigarette smokers, 29.8% were former cigarette smokers, and 11.4% had never been regular cigarette smokers. In 2015, among adult e-cigarette users, only 1.3% had never been cigarette smokers, and among youth e-cigarette users aged 18-24 years, 40% had never been regular cigarette smokers (CDC, 2018).

In New York state, according to the NYS Youth Tobacco Survey, from 2014 to 2016, the e-cigarette usage among youth doubled from 10.5% to 20.6%, and from 2014 to 2018 this rate increased fully 160%. In 2018, according to the Youth Tobacco Survey 27.4% of high school students reported e-cigarette use. About five times as many high school students in New York state use e-cigarettes compared with smoking cigarettes. Few students plan to try smoking cigarettes, but an increasing amount are open to e-cigarettes and more than half of teenagers believe that nondaily e-cigarette use causes little or some harm. Of those youth who do use e-cigarettes, a third of them believe nondaily e-cigarette usage is harmless. Youth and young adults claim their reasons for trying and using e-cigarettes are flavor, taste, curiosity, and belief that they are less harmful than other tobacco products. The use of e-cigarettes does not prevent youth from smoking, and those who use e-cigarettes are at an increased risk for starting

smoking and continuing to smoke. More than half of high school students and young adults who smoke also use e-cigarettes, known as dual use (NYSDOH). A statewide health advisory on vaping associated pulmonary illness was issued by the New York State Department of Health in August 2019. From August 2019 to November 2019, NYSDOH reported an increase in the number of Vaping-Related Illness reports they received, increasing from about 10 the week of August 6th to about 200 as of November 11th. The highest spike in cases reported weekly was the week of September 10th with more than 25 cases reported (New York State Vaping-Related Illness Investigation, NYSDOH).

In Broome County, according to the latest Prevention Needs Assessment conducted in 2018, there was a reported increase in students that use e-cigarettes. 26.5% of students surveyed reported using an e-cigarette in their lifetime and 28.8% used one in the past 30 days. These rates are significantly higher than the national data for past 30-day use, 20.8% in the United States compared with 28.8% in Broome County, and higher than the state level of high school student e-cigarette use as well (28.8%, 27.4%).

Current Interventions

New York has been a leading state in implementing and amending public health laws to decrease use of tobacco products, including e-cigarettes, among its residents. Some of these laws include the Clean Indoor Air Act and the Adolescent Tobacco Use Prevention Act (ATUPA). The Clean Indoor Air Act was enacted in 1989 and amended in 2017 to include e-cigarettes. This act prohibits the smoking of tobacco products in almost all places of employment, including restaurants and bars in all of New York state. ATUBA was enacted in 1992, and prohibits the sale of any tobacco product to minors that are under the age of 18. Amendments were made to ATUBA to include e-cigarettes under the term "tobacco products". Effective November 13th, 2019, the minimum age of sale will be increased to 21 years of age in all of New York State. Smoking and vaping are prohibited at New York playgrounds between sunrise and sunset if anyone under the age of twelve is present and smoking or vaping outside on hospital grounds is prohibited as well. Since the early 2000's many youth anti-cigarette smoking campaigns and educational programs were developed including NYS Tobacco Control Program and Reality Check. These programs have now expanded to include anti-vaping messages and provide educational programs for schools educating youth on the dangers of vaping.

In Broome County, many policies have been implemented and laws amended to limit availability and public use of e-cigarettes. Public policy, educational programs, and community awareness events have been utilized as preventative methods in the county. The Prevention Coalition of Broome County, which is comprised of 12 sectors from within the community, has been a leader in planning, implementing and evaluating prevention practices and programs in the community. The coalition uses data from the Prevention Needs Assessment conducted in Broome County to highlight certain substances as high priority areas among youth to focus prevention efforts. In 2018, they selected alcohol, marijuana, and tobacco as high priority substances. Tobacco Free Broome and Tioga, which functions as a community partner of the New York State Tobacco Control Program and is funded by a grant from the New York State Department of Health, is a partnership of community-based organizations and individuals committed to building healthier communities through tobacco-free living. Some of the programs supported by Tobacco Free Broome and Tioga include Tobacco-Free Outdoors, Point of Sale, Smoke-Free Media, Smoke-Free Multi-Unit Housing, and Reality Check. Reality Check is an educational program targeted at youth to empower and engage them to produce changes and prevent the use of tobacco products, including e-cigarettes.

As of August 2017, Binghamton University has transitioned to a tobacco free campus as a part of a Tobacco Free Initiative. Under this initiative, the tobacco free policy prohibits the use of any tobacco products, including e-cigarettes, on all university property. The main goal of this policy is to provide a healthy campus environment and to promote the well-being and safety of all Binghamton University faculty, staff, students, and visitors. As a part of this initiative, the University provides smoking cessation programs and devices that are readily available.

Many public policies have been enacted and amended, with educational programs strengthened in Broome County to prevent youth from engaging in vaping related activities. However, vaping rates among youth are still on the rise prompting a need for further strengthening of these interventions.

References

- Centers for Disease Control and Prevention (CDC) (2019). About Electronic Cigarettes. Retrieved from https://www.cdc.gov/tobacco/basic information/e-cigarettes/about-e-cigarettes.html
- New York State Department of Health. (2019). Get the Facts- Electronic Cigarettes (E-cigarettes) and similar Vapor Products. Retrieved from https://www.health.ny.gov/prevention/tobacco control/campaign/e-cigarettes/
- New York State Department of Health. (2019). Tobacco Control Policies in NYS. Retrieved from https://www.health.ny.gov/prevention/tobacco control/current policies.htm
- New York State Department of Health. (2019). Electronic Cigarette Use by Youth increased 160% between 2014 and 2018. Retrieved from <a href="https://www.health.ny.gov/prevention/tobacco_control/reports/statshots/volume12/n1_electronic_sig_use_increase.pdfhttps://www.health.ny.gov/prevention/tobacco_control/reports/statshots/volume12/n1_electronic_sig_use_increase.pdf
- New York State Department of Health. (2019). New York State Vaping-Related Illness Investigation.

 Retrieved from https://www.health.ny.gov/prevention/tobacco control/docs/vapireport.pdf
- Binghamton University. (2019). Tobacco Free Campus Policy. Retrieved from https://www.binghamton.edu/operations/policies/security-and-safety/tobacco-free-campus-policy.html

Prevention Needs Assessment, 2018

https://www.stopbinghamtonvaping.com/

Tobacco Free Broome and Tioga. Who we are. Retrieved from http://tobaccofreebt.org/whoweare

The Age Friendly Initiative

Integrating the Domains of Livability into Prevention Agenda Priorities

As people are living longer lives it has become essential to create and support initiatives to improve the experiences of aging. A statewide executive order issued by Andrew Cuomo directs state agencies to include New York State Prevention Agenda priorities and the AARP/World Health Organization eight domains of livability for Age Friendly communities, where appropriate, in agency policies, procedures, and procurements. As a result of his efforts and those of groups and individuals throughout the state, NYS has been named by AARP and the World Health Organization as the first Age Friendly state in the nation. Broome County, with rates of residents aged 60 years and older above the state and national figures, is working to become an Age Friendly community through integrating these priorities and domains of livability into our county Prevention Agenda.

The inclusion of Age Friendly concepts in the Prevention Agenda highlights the need for community participation in efforts to improve the health and quality of life of aging adults. Their inclusion means that Age Friendly concepts will be focused on as priorities for action, that tangible goals will be set, and that related interventions will be undertaken by agencies throughout the county. The goal of the project is for all people in our communities to: feel safe in the community, participate in community activities, be treated with respect, have access to safe, appropriate and affordable housing and transportation, have access to recreational opportunities and health services, know what services and activities are available and have access to information by a means they prefer (e.g. online, in print, in person), be active, vital contributors to the economic, civic, and social life of the community, and receive appropriate support if they can no longer look after themselves.

Improvements will be brought about through targeted actions and investments by the county, like the pioneering of multi-faceted programs that support aging in place and the implementing of smart growth reforms that directly support the prevention agenda goals and ultimately the eight domains of livability. Such actions and investments are achieved through system level changes, like offering incentives to agencies in the county for integrating Age Friendly concepts into their action plans, establishing new procurement guidelines and financing models, and implementing regulatory changes.

This new strategic focus on improving the wellness of people across their lifespan will help to create and foster a healthier, more integrated, sustainable, and equitable Broome in which people of all ages can easily receive services, take part in, and move around their community.

Broome Survey

In 2018-2019, nine focus groups were conducted and over 2,000 surveys were collected to assess the health and wellness of our older adults and identify areas for improvement.

The survey results reveal areas in need of the most urgent attention: Housing, Transportation, Mental Health, Physical Health, Caregiving, Financials, and Social Integration. A summary of the survey findings is below.

Housing

Most older adults reported that their community was a good place to live, and that they were somewhat confident that they will be able to continue living in their current residence as long as they like. Many do not plan on moving from their current home (37.92%), but those who would consider moving would do so to reduce living costs (22.36%) or because they can no longer maintain their home (36.17%). Over 27% reported that their home needed major repairs that would cost \$1,000 or more to fix, and about 28% reported that their home needed small repairs that they were unable to take care of themselves. Repairs can be costly and contractors hard to find, and because some older adults are not physically able to do the work that they need done themselves, many of their homes need repairs to be livable.

Participants in the survey commented that a need for home repairs, a lack of reliable and affordable contractors (especially in rural areas), and a lack of Aging in Place organizations (allowing older adults to help each other as they age) are all major issues that make it hard to stay in their homes. Seniors who choose to move from their homes are faced with the trouble of finding safe, affordable and clean housing. Wait lists for subsidized housing can be very long, and affordable options in Broome are often in areas with high crime rates. They reported a desire for more housing options, including housing for middle income seniors with a clubhouse/pool, housing that can be purchased rather than rented, one level housing options and town houses, and senior housing communities with access to transportation, social meeting places, and walking paths. Many also reported a desire to live in a walkable community with accessible public green spaces, easy access to outdoor cafes, shopping, sitting areas, and bike trails.

Transportation

Difficulty accessing medical care within the county was the most common issue for older adults caused by lack of transportation options. This issue, along with difficulty attending social events and obtaining food, was primarily reported by individuals with incomes below 19,999/ year, compared to higher income groups. These individuals were also less likely to drive, to ask others for help, more commonly had physical impairments that prevented them from driving, and more often reported that public transportation was inconvenient. Accessibility of transportation for older adults is related to their income in Broome.

These issues have caused isolation in older adults, especially those in rural areas, because of a lack of transportation options, door to door transportation, and affordable and convenient transportation. Together these issues prevent seniors from attending social events and necessary appointments. Survey participants reported a desire for improved transportation options including rural areas, park and ride to help access downtown area, more information on transportation options, and bus stops and shelters to protect them from the elements.

Health

The survey found that the health of older adults in Broome varies between income levels. Those with incomes below \$19,999 were more likely to report fair to poor physical health than those with higher incomes. This may in part have to do with the increased difficulty lower income individuals have with accessing both the limited home care options and aids available to help with healthy aging in the community and the limited geriatric health care options for both primary and secondary care needs. Individuals in this income group also reported less exercise or physical activity. Physical health factors are also reported to vary based on the age of the senior. Increased age was not directly associated with

exercise rates, as the 60-65 age group reported less exercise or physical activity than other age groups. However, older age was associated with increased falls and higher rates of reporting those falls to primary care providers than younger seniors. Both income and age are negatively correlated with physical health in Broome.

Those with incomes below \$19,999 were also more likely to report fair to poor mental health than those with higher incomes. However, individuals in this income group were less likely to report barriers to getting mental health services (22%) than those with higher incomes did (40%), though high costs of services were one of the most reported barriers to access. This discrepancy may be due to differences in rates of seeking mental health assistance, and so noticing barriers to access. Survey participants reported other common barriers to getting mental health services: a lack of mental health professionals and resultingly long wait lists, difficulty navigating available mental health services and finding a starting point for a referral, hours of operation for existing mental health services, and stigma associated with mental health issues. Poor mental health among older adults may be then be due to several factors. These factors include difficulty of accessing available services, limited respite options for caregivers and grandparents raising grandchildren and social isolation. These barriers and contributing factors to mental health in older adults are more likely to negatively influence the health of individuals with lower incomes.

Caregiving

More than half of older adults surveyed considered themselves current or former caregivers and reported that various supports would be helpful for themselves or other caregivers. The most common improvement idea reported as potentially helpful was an increase in information about available resources for caregivers in the community (51.33%). Other supports that would be helpful include assistance with transportation (45.26%), short breaks/ respite from caregiving tasks (44.75%), assistance securing paid help (39.57%), assistance in completing forms and applications (36.03%), assistance with finding accurate medical information (including understanding medical bills) (32.62%), and connecting with other caregivers (25.41%).

The participants surveyed would like a place in Town of Chenango for caregivers to drop off their loved ones when they need a break from their duties, more grief support groups, more paid caregivers to help them age in place, and some solution to reduce caregivers' guilt about seeking help to care for their loved ones.

Financial

During the past year, 23.31% of older adults were unable to pay for some essential health or housing bill. The top financial issues faced differed between age groups. Adults aged 50-59 years had the most trouble paying for rent/ mortgage/ taxes, utility bills, and dental care. Adults aged 60-65 and 66-74 years had trouble paying for dental care, eyeglasses, and rent/ mortgage/ taxes. Adults aged 75 and over faced issues paying for dental care, eyeglasses, and hearing aids. Older adults during the last year were also not always able to buy food (6.96%), fill a prescription for medicine (4.89%) pay for health insurance premiums (3.03%), or obtain needed medical care (2.71%). Many seniors are unable to pay for services they need because they are over the income threshold to qualify for assistance like Medicaid. Some did not adequately prepare for the financial expenses brought on by aging. Survey participants reported a desire for help paying for hearing aids, glasses and dental expenses, and prescriptions.

Social

Almost 28% of older adults reported feeling socially isolated, especially those with incomes less than \$19,999 and between the ages of 55-65 years. Older adults do not engage in social activities they would enjoy primarily because of physical (38.21%) and financial (31.18%) constraints, and because they have a hard time finding activities that interest them (32.51%). Other reported barriers to social engagement include a lack of awareness about activities that are available (28.33%), lack of transportation (19.01%), a feeling that they are not welcome (13.12%), and safety concerns (7.22%).

Participants desired more activities for younger seniors, like yoga classes, low impact exercise options at senior centers, walking clubs, dances and dinners, and meet and greet activities. They reported a need for more multi-generational programs, like kids at senior centers and seniors in schools. Participants also commented on tandem/wheelchair bikes on the Rail Trail and classes on how to use iPhones.

Results

The survey has helped to illuminate specific issues that older adults in Broome are facing and has provided an avenue for respondents to be part of the solution-making process. This information will help to inform initiatives around the county, and as these initiatives and others currently underway unfold, future survey results and Prevention Agenda contents will likely be different, reflecting progress made. As a result of adopting an Age Friendly framework for action through the integration of Age Friendly concepts into the county Prevention Agenda, the physical, mental, social, and economic wellness of residents of all ages in Broome are already seeing major improvements.

The Housing Crisis

Opportunity for Action

Housing Affordability

Housing is a prominent issue in our nation with several different demographics being affected. Housing is classified as affordable when it consumes less than 30% of a household's income. Out of the 7.3 million households in New York State 2.8 million reported having housing costs that account for 30% or more of their income. The figures become even more disparate when you split the households between renters and homeowners. Nearly half of all renters and more than one in four homeowners are above the affordability threshold. The U.S. Department of Housing and Urban Development (HUD) was tasked with forming a benchmark for severely burdened households. This measure is for households whose housing costs account for half or more of their income.

These housing concerns become even worse when you realize the favorable economic trends in New York City and its surrounding areas. Over last decade, 2007-2017, the median household income for renters in New York increased by \$1,042 to \$42,073. That increase equals about a 2.5% increase. For homeowners their median household income increased by \$1,800 to reach a figure of \$89,035. When you compare Broome County to New York State and National values the differences are apparent. Broome County median household income is \$49,064 compared to the New York State's Median household income of \$66,426. Income is an important variable in calculating housing burden but there

are other factors affecting one's ability to afford housing such as taxes and utilities which vary across the different areas of New York State.

When you separate the renter and homeowner household incomes the disparities become more noticeable. Only 56.9% occupied housing units in Broome County reporting household incomes that exceed \$35,000. For New York State the average increases to 69.2% of housing units making more than \$35,000. These two values are still behind the national average of 76.7% of housing units reporting more than \$35,000 in income. When you limit the households to only represent renters the differences become even more apparent. Of the renter-occupied households in Broome County only 38% of those households reported having a household income above \$35,000. New York State had 55% of its rented units reporting income above \$35K with the national average dipping slightly to 52.1%. Depending on the area's distribution of households the burden might be different which is why it is important to know more about your area's housing information.

Housing affordability is measured in relation to household income so changes in incomes for renters and homeowners can have a significant impact on affordability. Homeowners in Broome County have a median household income of \$64,205 which is \$20,000 less than the New York State reported median value of \$86,273. When compared to the national and New York State averages Renters in Broome County have a median household income of \$24,911 while the corresponding New York State value is \$40,357. These differences in incomes and resources available must be considered when Broome County's place among New York State counties is explained. Across the board for renters and homeowners alike a lower median household income is reported and is significantly less than State and the metropolitan area median incomes.

Both low and high-income households could devote larges percentages of their income to housing costs, but lower income individuals are more likely to suffer harmful impacts from the fiscal burden. Housing cost burdens can increase the financial stress for individuals and households. All aspects of life are affected. It is harder to put funds aside for emergency, education, savings or retirement. Some households could be facing eviction or other repercussions. The fiscal stress can conclude in households moving to lower-cost locations which could have broader implications for New York State's economy.

While rental and homeowner costs are generally thought to be higher in downstate regions, Broome County has not been exempt from this issue as housing costs have been on the rise in the Southern Tier. When comparing housing costs between renters and homeowners the figures appear to favor the belief that housing costs decrease as you head away from the New York metropolitan area. Median rental costs which include rent and utilities were less than the national average and almost half the rental costs of New York State. Broome County median monthly costs to renters was reported as \$734 where New York State had a median rental cost of \$1200. The same trend is seen in homeowner households that do not have a mortgage. The median owner costs for Broome County is \$495 which is slightly above the national median value of \$474. New York State reported homeowners have a median cost of \$728. The surprise is in homeowners in Broom County who are currently paying mortgage. Homeowners report a median cost of \$2,064 which is a sizable difference to the median cost of \$1,185 reported for the New York State homeowners who

Rural and urban areas have been affected just as hard as the income and resource gaps become more pronounced. Broome county had the second highest percentage of rental households above the Affordability Threshold in the Southern Tier with 49.9% of rental households. The highest rate in the

Southern Tier area was Tompkins with 54.8% of rental households being at or above the affordability threshold. For New York State Tompkins county and Broome county are part of the top 15 counties in percentages of renter households above the affordability threshold. For the Severe cost burden Broome had the second highest percentage of households with 29% of rental households reporting severe cost burden with Tompkins having a 33.3% of renter households reporting Severe cost burden. Broome and Tompkins are part of the top ten counties with Severe cost burden percentages relating to renter-occupied households. Renters in Broome County are a highly burdened group that is being disproportionately affected by housing costs.

For homeowner-occupied households the Southern Tier area was in the bottom groupings for both housing burden measures. 20.2% of homeowner households were reported as being above the affordability threshold. 7.2% of owners were reported experiencing severe cost burden. Although Broome county is not the top 15 counties for owner-occupied households experiencing housing burdens, the 20.2% of owner-occupied households experiencing this burden represents a significant percentage of our county's population. In 2017 54% of New York State households were classified as homeowner-occupied. Broome County's rate of 65.7% is not only an increase compared to the State average but is also larger than the national average of 63.8%. Another factor is the difference in property values when you head further upstate. For New York State 16.1% of its owner-occupied units have property values under \$100,000. The national average for owner units valued under \$100,000 is 22.2%. Broome County has double those values with 41.8% of owner units being valued under \$100,000. Although we have a higher percentage of homeowners compared to other parts of New York State our property values do not aide homeowners in giving them that extra capital like downstate properties do. Homeowners in Broome county represent a large percentage of the county's households which reinforces the cause of concern and interventions to both homeowners and renters.

Opportunity

The Southern Tier benefits from a strategic location nestled in Upstate New York. Located in the Southern Tier are multiple world-renowned colleges and universities which provide a robust pipeline of Science, technology, education and mathematic (STEM) graduates. Add to that the thousands of farms and top manufacturers in the area and it becomes clear why the state is investing in the area. The Southern Tier has a strong foundation to continue its economic growth with the assistance of New York State programs. Broome County has an alluring appeal for different demographics. Broome County housing costs are dwarfed by the expensive rates observed in the NYC metropolitan area. Broome County boasts a metropolitan area of over a quarter-million people.

With the growth of the universities in the Southern Tier we have witnessed a larger percentage of students and young professionals being retained in the area which only adds to the appeal. This is an alluring characteristic for investors. Of the 79,000 occupied household units in Broome County 34.3% or 28,000 households are rentals. This number is higher in the Binghamton metropolitan area as a myriad of professional workers, students, and families compromise the city's inhabitants.

The government has provided financial incentives to help reach this demand. For homeowners and investors interested in renting or developing rental units there are tax credits, subsidy programs, and grants that can aid in diminishing costs. Subsidies from the state help renters and the owners alike. The rent revenue stream is not interrupted while financial stress is alleviated for the renters. Rental assistance is offered by many different programs which include Section 8 housing vouchers, Housing

assistance from the state, and the USDA Rental assistance for rural units. Since the elderly demographic is a significant percentage of Broome County they also have their own programs for assistance. For overburdened elderly and disabled households, the department of HUD has Section 202 and 811 programs for assistance.

For current and prospective homeowners, the Federal and State government provide programs and grants to those who are eligible so that they can acquire affordable housing. Multiple programs by the HUD administration and housing authority of Broome County work to empower Broome residents by aiding income eligible households and persons to become homeowners. It is important to note that the HUD administration and Housing department adds no local tax burden and is fully funded by HOME and CDBG annual block grants. This entity manages and monitors all housing rehabs for qualified homeowners and works closely with affordable housing agencies to improve access to safe, sanitary, and quality housing for income qualified tenants. Compared to the rest of the state Broome County has a larger percentage of household units that are occupied by owners when compared to national, state and metropolitan averages.

• HUD entitlement Funds

CDBG

 CDBG program addresses a variety of community development needs that must meet one of three national objectives: benefit low/moderate income persons; eliminate/prevent slum and blight; address an urgent need that poses a threat to the health/welfare of the community.

Emergency Solutions grant

 ESG program is there to help prevent individuals to enter the cycle of homelessness and re-house homeless individuals into permanent housing situations. Components of WESG include street outreach, emergency shelter, homeless prevention, rapid re-housing, data collection via HUD mandated homeless management information system

Home investment partnership

 The Home program is designed exclusively to create affordable housing for income eligible persons.

• HUD low-income housing tax credit program

- Provides tax credit to states which then offer them to developers of eligible low-income housing projects.
 - Help continue to facilitate economic growth while improving living conditions for the community
 - Improve health and appeal of the area
 - Applicable for all potential investors or homeowners
- Appeal of affordable housing to for-profit investors.
 - Can produce consistent, steady income from renters. In many housing markets they are fully occupied dependable performers which can result in a safer investment that conventional luxury housing.
 - Large population (students) with need for rental properties as well as professionals in the area.

• Growth of area alongside educational institutions, manufacturers, and growing cities.

Interventions (current)

- Local services
 - Broome Housing authority
 - Assists with public housing as well as information distribution
 - HUD certified CHDO
 - Opportunities for Broome Inc.
 - receives funding assistance from the City, State, and Federal governments to improve local housing conditions.
 - Has several low-income housing units

In 2015 Governor Cuomo started the Upstate Revitalization Initiative (URI) which is meant to focus on growing and further developing upstate areas. The name giving to the URI winning plan for the area was Southern Tier Soaring. It is play on words on the great expectations for the area.

Upstate Revitalization Initiative

- Create long-term regional plans
- o ST strategic position.
- Southern Tier Soaring
 - URI-winning plan
- Binghamton Gateway Project
 - o Front street homes renovated
 - Aimed to create housing for low to moderate income while not sacrificing amenities.
- Community Renewal Act/Grant; state initiative
 - Most projects in Broome were financed through NYS Homes and Community Renewal
 - o Home (housing trust fund) Programs in Stueben, Tioga etc. counties
 - o Community development block grant in Tompkins and Broome
 - Projects overseen by First Ward Action Council
 - o First ward action council is a part of Southern Tier Soaring
 - Front Street renovations
 - Next renovations are houses on Meadow street and Spring Forest avenue
 - North and Crandall street renovations
 - Funded the state house trust fund (Home), community investment fund and 8 million in federal low-income housing credit equity.
 - Additional funding came from NYSERDA, broome county land bank and the city of Binghamton
 - E.J apartments in Endwell
 - Funded by the NYS HOME program, OPDD office, federal historic tax credits and the NYS energy research and development agency (NYSERDA)

• Century Sunrise: Mix-income communities

Private venture but still has mixed income so it is an option for lower SES households

Possible Interventions

- After the Crandall Street project is completed, Binghamton also will be working on a housing project on the North Side. According to Leonard Skrill, the assistant commissioner of NYS Homes and Community Renewal, there are 15 ongoing projects in the Southern Tier, including three projects in Elmira, four in Tompkins County and two in Steuben County.
 - \$1.1 million community development block grants, \$12.8 million in low income tax credit NYS Homes and Community Renewal, \$1.3 million from HCR's Housing Trust Fund corporation, \$2 million from Rural and Community investment fund, \$2.3 in equity raised by brownfield tax credits allocated by the DEC, \$100,000 from the City of Binghamton Home and \$48,000 incentive grant from New York State Energy Research and Development Authority.

Overview of Community Health Improvement Plan Strategies

- Look over the documents coming in regarding the CHIP interventions, initiatives, and measures.
 I need to associate certain government agencies/department with proving housing assistance, consultation, or direction.
- Economic development related to housing security
 - How increased employment opportunities, increased social services due to the growth of the area, alongside any independent actions by the partners.

Transportation Troubles

Transportation has been identified by clients, caregivers, and providers alike as well as in the professional literature as a barrier to accessing needed healthcare services. This barrier to care can lead to missed medical appointments or delays in diagnostic testing, gaps in treatment and poor adherence, delays in obtaining prescription medications, poor management of chronic diseases resulting preventable exacerbations, and irreversible progression of conditions that would be curable if caught early. The net effects of these disruptions to clinical care are poor health outcomes for clients and increased costs to the healthcare system.

Transportation barriers are thought to disproportionately affect economically disadvantaged individuals who cannot afford to own or operate a private vehicle, those with disabilities who require specialized equipment or transport, those with functional deficits who may limit when or how they drive to care, suburban and rural residents for whom public transportation is not available and who bear a heavier cost burden due to travel distances, and those who are socially isolated and do not have the networks of family and friends to assist with rides. These vulnerabilities may exist not only for the client in need healthcare services but also for caregivers, family members, and friends.

To examine these issues in our community, HealthLinkNY, the Population Health Improvement Program agency, funded a pilot project to examine transportation vulnerability in the Southern Tier region. The goals of the project were two-fold: (1) to collect data on transportation needs and (2) to create a referral mechanism to connect patients with identified transportation vulnerability to mobility management services to help them keep their healthcare appointments. A select set of slides detailing the key findings of the pilot project are included in Appendix G. These results were presented to the Transportation Workgroup, a sub-committee of the Population Health Improvement Program at HealtheConnections (formerly HealthLinkNY), and prompted further discussion of the benefits, limitations, scalability, sustainability, and implications of the findings for strategic planning related to reducing transportation barriers to care.

The project also involved a large media campaign to "spread the word" about availability of transportation services and resources in the community. Getthere, the mobility management organization for the southcentral region of NY, also had a prominent presence on the Rural Health Network website. And, Thompkins 2-1-1, the mobility management organization for Thompkins County had a prominent presence on the Human Services Coalition website.

During check-in, either the patient or caregiver received a brief questionnaire, which was returned to the office staff at checkout. The anonymous survey collected the following information: survey respondent (e.g., client, family member), demographic (e.g., age, gender), insurance (status, type), geographic (e.g., zip code, rurality), travel (i.e., mode of transport to/from appointment), trouble with transportation in the past, and need for transportation to their next appointment. At checkout, the office staff asked two key questions: (1) Did the client have any transportation concerns about getting to their next appointment? And for those who answered affirmatively, (2) Would the client like to receive a call about transportation assistance options for your next appointment? If indicated, the office staff made either a "hard referral" faxing the client's information to mobility management services, or a "soft referral" providing the client with information on accessing mobility management services. In response to any inquiry, mobility management serviced the referral and flagged it as part of the pilot project.

Five pilot sites participated in the project including three different hospital systems with representation from hospital clinics, primary care, pediatrics, and Cornerstone, the Federally Qualified Health Center. The sites were located in five different contiguous counties in the Southern Tier and Central region of NYS. A total of 3,622 surveys were collected over a 9-month period between June 2017 and February 2018. Data were collected in two formats: (a) Survey responses were entered into an Access database and exported into Excel spreadsheets, and (b) as hard copies with surveys entered manually by a research assistant on the project.

The data were analyzed by pilot site, county, rurality, and age group. Key findings from this pilot study revealed differences in transportation vulnerability across each of these variables. The demographics primarily reflected the characteristics of the population served by each pilot site.

• Cornerstone had the highest proportion of Medicare clients (69%). Since the clinic is located in an urban area of Binghamton, these clients had the largest proportion of survey respondents who walked or rode a bicycle to their appointment (39%). This group also had high transportation vulnerability with 38% reporting difficulty in the past as well as getting to their next appointment.

- Individuals from rural Tioga County also had a high proportion of Medicaid survey respondents (41%) but only reported moderate transportation vulnerability 21% reported difficulty in the past and 12% had difficulty getting to their next appointment. A substantial proportion used a medivan/taxi to get to their current appointment (11%)
- Individuals from the rural areas of Thompkins County had a larger proportion of older individuals (48% Medicare) with high levels of transportation vulnerability 36% reporting difficulty in the past and 26% had difficulty getting to their next appointment. A substantial proportion used a medivan/taxi to get to their current appointment (9%)
- Pilot sites located in suburban areas of Chenango County had a larger proportion of clients with private insurance (>60% for two sites) and younger clients (pediatric) and had low levels of transportation vulnerability (3-5% reported difficulty in the past and 2-3% had difficulty getting to their next appointment. Most drove themselves to get to their current appointment (50-70%).

Significant differences were noted in transportation vulnerability based on age and with the largest proportion of individuals who reported difficulty in the past, difficulty getting to their next appointment, and requesting referral services. Females were more likely to experience transportation vulnerability, as were individuals in the 30 to 64 age group. Interestingly, no significant differences were found for self-reported geographic residence across the rural-suburban-urban continuum.

Analysis of referrals to the two mobility management organizations involved in the project revealed a proportionate number of hard and soft referrals relative to the number of individuals who requested them. Utilization of the services however was low. It is unclear whether this finding is spurious due to insufficient data collection or due to clients finding alternative options for getting to their next appointment. Clearly, the mechanism for linking records of clinical care and transportation needs is lacking. One potential solution is a population health platform currently being implemented by Care Compass Network in which community based organizations and healthcare providers can share information on clients through a common client care plan and would be able to manage transportation needs and referrals through this portal.

Follow-up discussion considered the acceptability of services. Feedback from clients using mobility management services reported their cultural aversion to using public transportation citing loss of independence, inconvenience, and accommodation limitations. A potential solution discussed was the cost of bring clients to services versus bring the services to the client. Most of the healthcare systems are in the process of establishing telehealth services. This option can provide timely access at an early stage of a health issue and elicit a prompt clinical response to avoid the need for spending the time and money to travel distances for appointments.

Discussion also explored possible reasons for the higher transportation vulnerability among middle-aged adults as compared to older adults. One hypothesis was that older individuals may have already adapted to limitations in getting to appointments either by developing a network of people and resources on which they could rely to get to their appointments (many reported getting to their current appointment by getting a ride with someone else) or by limiting their activity. Perhaps for the middle-aged adult who may be experiencing significant chronic health issues for the first time in their lives, they have not developed the same coping behaviors and social networks in relation to their transportation needs as

older adults. They may be more aware of and sensitized to their vulnerability because of a transition in their lives from robust independence to needing to accept help and assistance.

Finally, some of the discussion focused on aging in place. Mobility management services include not only transportation to receive clinical care, but also for picking up prescriptions, grocery shopping, and other instrumental activities of daily living. Many community members are not aware of the range of services available to them. In addition, in the age of online shopping and home delivery, there is emerging technology that can provide services and deliver goods without having to leave home. Self-driving cars and drones are two examples. Discussion then turned to, well if people don't need to leave their home, what impact will that have on social isolation? Is it possible to design housing and active living communities that can overcome some of the transportation issues resulting from the way residential areas are designed and community resources geographically distributed? These questions remain unanswered.

The role of social factors in accessing healthcare services were evident in this pilot project. The findings strongly support an association between socioeconomic resources and transportation vulnerability. As the population of Broome County ages, the issues around "getting there" will become manifest and have a more prominent role in how care is managed and the extent to which effective clinical management can be optimized and the most favorable health outcomes can be realized.

Burdens of the Uninsured

The US Census Bureau considers individuals to be "uninsured" if, for the entire year, they were not covered by any type of health insurance. However, the Kaiser Family Foundation notes that 27% of individuals without health insurance in 2006 were without health insurance for less than a year, suggesting rates may be even higher than reported by the U.S. Census Bureau.

Multiple barriers exist to obtaining health insurance including opportunities for full-time employment in that offer such benefits. While improving, awareness of existing programs remains a barrier to accessing publicly-funded insurance. This issue is particularly relevant for uninsured children who live in working families. New York State has a variety of publicly funded programs and collaborates with employers to educate the community about existing programs. Additionally, with the advent of facilitated enrollment, access to locations where enrollment can occur has improved. Facilitated enrollment has also streamlined the process, but staff acknowledges that the form remains lengthy, questions can appear ambiguous, and obtaining the necessary written documents can be challenging.

Not having health insurance is a substantial health issue as people are less likely to receive preventive care and more likely to be hospitalized for conditions that could have been prevented. The financial burden strains family as well as hospital budgets. Uninsured families, who already struggle financially to meet basic needs, may be financially devastated by medical bills, even for a minor problem; and hospital/provider systems bear the increasing cost of charitable care.

Information on Health Insurance Coverage can be found in Appendix G24-G32. The percent of uninsured adults in Broome County was estimated to be 4.8% in 2017, translating to 4,495 persons. The uninsured

rate has dropped significantly since the last community health assessment was conducted. At that time, it was estimated 10.5% of the population was uninsured, equating to 20,500 individuals going without health insurance. In 2010, a historic shift transpired with health insurance coverage in the United States. The Affordable Care Act was passed and a new government sponsored health insurance model was initiated in September 2013. For New York State residents, New York opened its health plan Marketplace, NY State of Health, in October 2013. The Marketplace's one stop health insurance experience offers high quality comprehensive health plans. NY State of Health is the only place where consumers can qualify to get help paying for coverage through premium discounts or tax credits. Eligible New Yorkers can also enroll in Medicaid, Child Health Plus and the Essential Plan through the Marketplace all year. In Broome County there are two NY State of Health facilitated enrollment agencies for the Marketplace: Mothers and Babies Perinatal Network and the Southern Tier Independence Center.

Examining the demographic breakdown of Broome County residents and health insurance coverage is as follows; the age group with the highest uninsured rate is that of the 19-64, males have a higher uninsured percentage than do females, individuals with household incomes of \$25,000 or less have a higher rate of being uninsured. Other demographic correlations depicting lack of health insurance coverage are seen in populations that have a low poverty threshold and those that classify their race as African American also seem to have a higher uninsured rate. Over all, from 2000 to 2016 Broome County has seen a steady increase in adults age 18-64 that who health insurance coverage. Broome County residents report that 87.6% have a regular healthcare provider and 93.4% report having coverage. Broome County is higher than NYS in both of these categories. As hopeful as that sounds, there is still 7.2% of the Broome County population that forgoes care because they are unable to afford to pay for it. (Appendix G25). As for children over the age of 19 in Broome County, there also has been a steady increase in health insurance coverage with 97.5% of children reported to be insured, ranking Broome in the highest quartile of NYS.

D. Broome County Community Health Assessment 2019-2024 Process

Collaborative Partners

The 2019-2024 Community Health Assessment (CHA) has involved a variety of partners from a broad cross-section of community and human services agencies in Broome County (Appendix G1). The committee has benefitted tremendously from a stable membership of committed leaders as well as inclusion of new members who brought fresh perspectives to the work of the group.

In collaboration with the Public Health Director and the CHA Coordinator, these Steering Committee members provided the leadership for guiding selection of the mutually derived priorities. The Steering Committee's work was also supported by a Supervising Public Health Educator who led the chronic disease risk reduction interventions and who served as health department liaison on the mental health and prescription drug initiatives.

Health department senior staff, which included the division directors and department supervisors, was updated on the ongoing activities of the Steering Committee and CHA process. In addition, they provided input by making in-house data available and keeping the CHA Coordinator apprised of relevant changes to programs and services.

In May 2019, Broome County Health Department was awarded a grant from HealtheConnections as part of the Population Health Improvement Program (PHIP) New York State contract for the Southern Tier region. Grant funds were used to hire three temporary, part-time Public Health Representatives to provide support in updating the CHA and CHIP. These individuals were recruited via the newly-founded Binghamton University Master of Public Health (MPH) program. Partnership with the PHIP and MPH program was crucial for the completion of the CHA and CHIP documents.

The core support team consisted of the Broome County Health Department Director and the Medical Director as well as administrative, technical, and interdisciplinary planning support team members.

Collaborative Efforts

Since the last Community Health Assessment, the Steering Committee met on a monthly basis. The Steering Committee serves as an active workgroup not only monitoring progress on implementation of the previous Community Health Improvement Plan but also actively seeking new opportunities for collaboration including funding for evidence-based and promising strategies to address community needs.

Committee meetings focused on re-evaluating the health status of the county and conducting specific activities to inform the *2019-2024 Community Health Assessment*. The meetings were chaired by the CHA Coordinator and attendance averaged about 10 members per meeting. Minutes were taken by

Broome County Health Department staff members. Agendas and meeting minutes were e-mailed to committee members. In addition, all agendas, meeting minutes, and materials are electronically archived on the Broome County Health Department shared drive as a formal record of the CHA process.

Bi-weekly meetings between the CHA Coordinator and BCHD staff members were held to assess progress and to plan for upcoming CHA meetings and activities. Between meetings, Steering Committee members completed assessment tools and surveys and during meetings contributed to interpretation of data analyses, providing a contextual understanding of issues underlying observed differences in the occurrence and rates of disease among residents of the county.

Vision

The vision statement developed by the Steering Committee for the 2010-2013 Community Health Assessment, and reaffirmed for the 2013-17 Community Health Assessment, continues to reflect the ongoing work of the Steering Committee.

Community Themes & Strengths Assessment

The Community Themes and Strengths assessment examines topics of interest, engages the community in relation to their perceptions about quality of life, and explores community assets. A series of four Community Surveys were conducted via Survey Monkey. These surveys were provided to community organizations via an email link as well as in portable document format (PDF). Partners were asked to engage their respective service sectors in completing the surveys and a link to the survey was made available on the county website.

Particular effort was invested in surveying specific vulnerable groups. The surveys were conducted at the Dr. Garabed A. Fattal Community Free Clinic where uninsured residents obtain free health services. In addition, participation was obtained from nearly every senior center in the county to reach rural elders. All four surveys asked residents about their mental and physical health and overall general health. Each survey asked participants about topics exclusive to that survey, such as their use of medical, dental or mental health services; their perceptions about quality of life in the county; concerns and issues about their community being a safe and healthy place to live; the adequacy of health services available; and their prioritization of health issues. A summary of the results from this survey appear in Appendices G46-G65 and are presented in narrative further below.

Community Health Status Assessment

The Community Health Status Assessment examines the health status, quality of life, and risk factors for disease present in the community. A variety of data sources were used for this assessment including: the

NYS Prevention Agenda Indicators for Tracking Public Health Priorities, 2019-2024; the County Health Indicators by Race/Ethnicity (CHIRE); the Community Health Indicators Reports (CHIRS); the County Health Assessment Indicators (CHAI); the Expanded Behavioral Risk Factor Surveillance System (BRFSS); and data from the Statewide Planning and Research Cooperative System (SPARCS). These data were publicly available from the New York State Department of Health website. In addition, other county level data available online such as from the Census Bureau were downloaded, analyzed, and reviewed by the Steering Committee with comparisons made to NYS *Prevention Agenda 2019* goals.

Furthermore, Steering Committee members presented information about their agency, the populations they serve, the services they provide, and identified needs and gaps in services during meetings. Steering Committee members were asked to provide the group with recent assessments or data from their organization that would inform the process. Annual reports and other publications from community partners and agencies that service specific population sectors were compiled and reviewed. Steering Committee members readily shared materials and information.

Local Public Health System Assessment

The Local Public Health Assessment measures the capacity of the local public health system to conduct essential public health services. The local public health system is viewed as all organizations and entities within the community that contribute to the public's health and not limited to the local public health department.



To assess the scope of services provided by community organizations in relation to the Prevention Agenda priorities, community organizations were asked to complete the tables in Appendices H1 and H2, indicating how their programming aligned with Prevention Agenda 2019-2024 priority areas, focus areas, goals and objectives. The tables were disseminated via email across healthcare organizations, county governmental departments, higher education, community-based organizations, and non-governmental agencies. The

information provided by partners via these tables was used to select Community Health Improvement Plan interventions and metrics.

Forces of Change Assessment

The Forces of Change Assessment identifies factors that are currently affecting or may affect the community or local public health system. Typically, these factors involve issues that are broader than the community such as domestic economic and healthcare policy, or uncontrollable elements such as catastrophic events, or transformations in societal attitudes or values. These factors are important to identify because they may influence health outcomes. Awareness of these forces can help public health leaders to proactively anticipate change and formulate a managed response. Further, such analysis can

provide insight into the gaps that exist between the current situation and ideal circumstances, and thereby inform public health planning.

Several methods were used for this assessment including analysis of the narrative responses from the Community Survey, Focus Area Ranking Tool and breakout session themes from the CHA Symposium, informal discussions with key community leaders, and examination of local headlines as well as national news events. The data obtained through these activities are woven into discussions within relevant sections of this report. Some topics were identified as more pressing issues in Broome County. These key emerging issues are: age friendly communities, the opioid epidemic, vaping and e-cigarette use, housing, transportation, and food insecurity. They are described in-depth in Section 3c: Emerging Issues.

Development of the Community Service Plans & Community Health Improvement Plan

Representatives from both area hospital systems served on the Steering Committee. Our Lady of Lourdes developed its own Community Service Plan (CSP), but endorsed the Broome County Community Health Improvement Plan (CHIP) and assisted with its development. In partnership with the Steering Committee, UHS submitted the CHIP as its CSP.

Committee meetings focused on assessment information and data analyses, which were presented and discussed in detail during meetings. Representatives from area agencies on the Steering Committee also presented information specific to their target populations and service sector. This process included quantitative reports of local data as well as qualitative evidence derived from personal experience and expert knowledge. The information resources and rich discussions provided the basis for examining the public health priorities for the county. This process is discussed separately in Section 4. The tool and scoring results appear in Appendix E.

Several activities supported development of the *Community Health Improvement Plan (CHIP)* and *Community Service Plans (CSPs)*. First, attendees of the CHA Symposium in April 2019 and CHA Steering Committee members voted on the Prevention Agenda Priority areas they felt most important for Broome County using the Focus Area Ranking Tool (Appendix H3). Breakout session notes from the Symposium were also analyzed for key themes. Results from the Focus Area Ranking Tool and breakout session key themes guided discussion and selection of two public health priority areas from the Prevention Agenda 2019-2024.

To determine objectives and interventions for the CHIP, Steering Committee members completed the two tables in Appendices H1 and H2, indicating how their organization's current programming aligned with selected Prevention Agenda 2019-2024 focus areas, goals and objectives of the selected priority areas. The resulting collection of local interventions served as an inventory for the Steering Committee to explore current strategies being used and to consider additional opportunities for action. These completed documents provided a framework for thoughtful consideration of and discussions about evidence-based strategies. Collated responses to these tables was shared with Steering Committee members and was the basis for developing the work plan.

Once the Steering Committee determined the priority areas on which to focus, a template was developed for the *Community Health Improvement Plan* (*CHIP*). The template was populated with information solicited from members of the Steering Committee and included identification of intervention strategies to be used, potential activities or action items, key stakeholders, and possible metrics to use for measuring process and outcomes. This information provided the data elements for the initial draft of the *CHIP*. The draft document was distributed prior to the November Steering Committee meeting and discussed. The plan was refined over the next month based on Steering Committee input. The final version of the *CHIP* was unanimously approved by the Steering Committee. This *CHIP* will serve as the basis for ongoing Steering Committee meetings during which it will likely undergo further refinement. As the CHIP is implemented and evaluated, specific actions/interventions may be modified and new ones added in a continuous and dynamic plan, do, check, act (PDCA) cycle. The Steering Committee will continue to meet on a monthly basis to assess progress to date and adapt the CHIP as circumstances direct.

Community Health Assessment Symposium

The Symposium was conceived of by the CHA Steering Committee in spring of 2018 as a way for stakeholders from various sectors to engage with local, regional, and state level data, in order to make data-informed prioritizations of local health issues. A Symposium sub-committee was convened in August 2018 to plan and execute the Symposium, which occurred April 12, 2019.

All CHA Steering Committee members were invited to the Symposium, as were other organizations whose work aligns with the five NYS Prevention Agenda Priority Areas. Invitees representing organizations were each asked to invite one client served by their organization, who could represent the community. In total, 40 individuals from 17 organizations attended (Appendix H4). None brought a client.

The Symposium was separated into a morning and afternoon session (Appendix H5). The morning session consisted of presentations by local organizations. The opening keynote by Dr. Yvonne Johnston provided valuable context for the current state of public health in Broome County and the frameworks for the CHA and Prevention Agenda (Appendix H6). Each subsequent presenter shared the work their organization is doing to address public health in Broome County and data collected by their organizations. The data presented broadly illustrated current public health issues, social determinants of health, health disparities, and progress being made by specific programs. The Broome County Community Health Assessment Community Survey results were also presented during the morning session.

The afternoon session consisted of five breakout sessions. Each breakout session aligned with one of the five New York State Prevention Agenda 2019-2024 priority areas. Symposium attendees cycled through each of the five breakout sessions, which lasted 20 minutes per session. A scribe took notes during each session. Local subject matter experts led the breakout sessions, facilitating discussion about their priority area around the following criteria:

- Total health care costs

- Absolute number of individuals affected
- Worsening trend over the past five years
- Broome County performance compared to US/ NYS health goals
- Presence of health disparities
- Measurability/ indicators to monitor change
- Opportunity to continue current, local interventions
- Feasibility for potential intervention
- Availability of funding for initiative
- Social determinants of health: transportation, housing, socio-economic status, education and employment

At the end of the Symposium, attendees used the Focus Area Ranking Tool (Appendix H3) to rank the top five New York State Prevention Agenda 2019-2024 focus areas they felt most important. Attendees were given a list of all 20 New York State Prevention Agenda 2019-2024 focus areas separated by priority area and asked to rank only their top five in order of importance, with 1 being the most important and five being the least important. They were instructed to base their ranking on the data presentations and breakout sessions during the Symposium.

Symposium Data

Scoring the Focus Area Ranking Tool

Unweighted Totals

For each of the 20 focus areas, the total number of votes for each ranking (e.g. 1, 2, 3, 4, 5) was added. These totals were then added together for each focus area to obtain the Unweighted Total for each focus area (Appendix H7).

Weighted Totals

Being that there were 20 focus areas in total, and that a ranking of 1 was considered most important of the top five focus areas and a ranking of 5 was least important of the top five focus areas, weights were assigned to numerical rankings as follows:

- 1- weight of 1.0
- 2- weight of 0.95
- 3- weight of 0.90
- 4- weight of 0.85
- 5- weight of 0.80

For each focus area, the unweighted total for each ranking was multiplied by its respective weight as described above to obtain the Weighted Total for each focus area (Appendix H7).

Results for the Focus Area Ranking Tool

Analysis of the "importance" assigned to each focus area, as obtained through weighted and unweighted totals, was used to generate the Top 5 Focus Areas list (Appendix H8 "Focus Area Ranking

Tool Results"). Notably, the same five focus areas appeared in the same order when ranked by their weighted and unweighted totals (Appendix H8).

Themes from Breakout Discussions

Scribes took notes during each breakout session. Notes from each session were aggregated and a content analysis was performed to identify key themes in each of the five breakout sessions. Of note, social determinants, health across the lifespan, and educating the general public about availability of resources all emerged as themes in multiple breakout sessions (Appendix H8 "Breakout Group Themes").

Community Survey

Responses from the Community Surveys are located in Appendix G46-G65. There were four surveys which addressed the topics of community health concerns (Survey #1), community health resources (Survey #2), quality of life (Survey #3), and environmental quality (Survey #4). The number of responses to each survey were 348 to Survey #1, 67 to Survey #2, 380 to Survey #3 and #259 to Survey #4.

Demographic Information

The same ten demographic questions were asked on all four surveys. The majority of respondents were female (70.7%) and White, non-Hispanic (83.2%) which is reflective of the county's demography and higher response rate for females (Appendices G46, G48). All age groups were represented with the modal age group 50 to 59 years old (Appendix G47).

When asked about highest education level achieved, 8.4% of respondents indicated that they had less than a high school education, 5.8% had a high school education, and 78.4% had more than a high school education (Appendix G49). Most respondents were employed in the last year, with 60.9% employed full time and 10.5% employed part time. Others indicated that they were either retired (16.7%), unemployed (2.7%) or a stay-at-home parent or caregiver (1.3%) (Appendix G50).

When asked about disability status, 10.9% of respondents indicated they have a non-developmental disability and 1.1% answered that they have an intellectual disability (Appendix G51). Most respondents have employer-based insurance (67.9%), while 17.5% have Medicare, 6.5% have Medicaid, 2.0% have direct-purchase, 1.5 have military insurance, 7.4% have another insurance, and 1.5% are uninsured (Appendix G52).

Twenty percent of chose not to provide information about household income. Seven percent reported annual household incomes of less than \$20,000, 8.2% reported \$20,000 to \$29,999, 16.6% reported \$30,000 to \$49,999; 8.8% reported \$50,000 to \$59,999; 6.4% reported \$60,000 to \$69,999; 5.8% reported \$70,000 to \$79,999; and 26.9% reported \$80,000 or more (Appendix G53).

Almost one tenth (9.1%) did not live in the county (Appendix G54).

Survey #1: Community Health Concerns

This survey asked respondents about their perceptions of health concerns in Broome County. From a list of 12 community health concerns, respondents were instructed to pick the top five that were of greatest importance for Broome County and rank them from one (highest priority) to five (lowest priority).

Access to quality healthcare was the biggest community health concern identified. Of the 348 respondents to Survey #1, 233 ranked access to quality healthcare in their top five community health concerns (Appendix G55). It also had the largest ranking of 1 (indicating greatest importance) with 107 rankings of 1. Behind access to quality healthcare, the other health concerns in the top five were mental health, substance use (includes alcohol), developmental/ other disability services, and chronic disease (Appendix G55).

This survey also asked respondents if a number of health conditions were concerns for them or someone they know, and if they know where to go for help with that concern. The percent of respondents concerned about a health condition was more or less the same as those knowing where to go for help with it, for most conditions. Of note, although adult overweight/obesity, depression, and mental health are each concerns for half of respondents, only 40%, 43.7%, and 41.1% (respectively) know where to go for help with it (Appendix G56).

Survey #2: Community Health Resources

This survey asked about the formal and informal mechanisms by which individuals receive health resource information and healthcare services. When asked about where they get information about health resources in their community, a whopping 80.6% of respondents reported using the Internet (Appendix G57). This suggests that education via websites, news outlets and social media may be an effective way to reach Broome County residents regarding health resources.

With regards to engagement with the healthcare system, 79.1% of respondents reported having a healthcare provider they see regularly (Appendix G58). Almost one third of respondents (31.3%, 21 individuals) needed healthcare in the last year but did not seek it (Appendix G59). The most often cited reasons for this was too long of a wait time for an appointment (n=9), cost (n=6) and fear or distrust of the healthcare system (n=5) (Appendix G60).

Respondents were also asked to rate the availability, accessibility and adequacy of various health and human services including general health services; emergency services; maternal and child health services; elder services; substance use services; disability services; food access and food insecurity; and other/ community-based services. Of note, respondents rated the following services inadequate: inpatient mental health services (47.8%), outpatient mental health services (44.8%), inpatient youth mental health services (41.8%), transportation (41.8%), affordable housing (41.8%) and worksite wellness programs (41.8%). Also of note is that respondents generally rated food access sites as available/ sufficient: grocery stores (50.7%), farmers' markets (43.3%) and food pantry/ emergency food programs (47.8%) (Appendix G61).

Survey #3: Quality of Life

Survey #3 asked about activities, resources, and services that influence the quality of life for Broome County residents. Respondents rated these items as poor, fair, good, very good or excellent (a "no opinion" option was also included).

There were several noteworthy findings with regard to quality of life. One quarter (25.7%) of participants rated the quality of economic opportunities in Broome County as poor, and an additional 40.1% rated them as fair. Broome County was also not rated favorably as a place to age (14.3% poor, 28.8% fair) or in terms of safety (14.4% poor, 29.6% fair). Overall quality of life was rated as satisfactory (41.5% good, 22.5% very good). Respondents also rated Broome County as a satisfactory place to raise children (34.3% good, 22.9% very good). Schools were rated very positively by respondents (39.7% good, 21.2% very good, 10.8% excellent), as was community engagement opportunities (36.5% good, 21.1% very good, 8.1% excellent) and support during times of stress (13.6% excellent) (Appendix G62).

Survey #4: Environmental Quality

The final survey asked respondents about their perceptions of environmental quality in Broome County. They did so by identifying myriad environmental issues as no problem, a small problem, a moderate problem, a large problem, or a major problem ("I don't know" was also an option).

Road maintenance/ repair emerged as a large issue; 25.5% of respondents said it was a large problem and 50.6% said it was a major problem. Flooding (27.4% large problem, 30.1% major problem) and abandoned buildings (24.3% large problem, 34.4% major problem) were also identified as issues negatively impacting Broome County (Appendix G63).

The issues identified as least problematic from an environmental quality standpoint were inadequate garbage collection (32.0% no problem, 32.4% small problem), noise pollution (22.8% no problem, 43.2% small problem) and pedestrian crosswalks (31.3% no problem, 30.1% small problem) (Appendix G63).

Healthy Behaviors

In addition to the ten demographic questions on every survey, there were another two questions that appeared on all four versions of the survey. The first asked, "What keeps you from making healthier choices such as quitting smoking, exercising more, or eating healthier?" The second asked "What changes would you like to see in Broome County to make it a healthier place to live?"

The most-frequently cited impediment to healthy choices was time constraints (13.9%). Lack of willpower or motivation (8.3%), work-life balance (5.2%), and cost of healthy food (4.7%) were other high-ranking barriers to making healthy choices. Roughly half of respondents did not answer this question (Appendix G64).

When asked about changes that would make Broome County a healthier place, increased/improved mental health services was cited most often (10.3%). Improved walkability and bikability (7.4%); reduced crime and improved neighborhood safety (7.0%); increased/improved primary and general healthcare services (6.3%); and reduced environmental impact and pollution (5.5%) followed. A total of 43.4% of respondents did not answer this question Appendix G65).

SECTION FOUR - LOCAL HEALTH PRIORITIES

A. Prevention Agenda Priorities

The following New York State Prevention Agenda 2019-2024 priority areas and goals were identified by the Broome County Community Health Assessment Steering Committee as the local health priorities for the *Broome County Community Health Assessment 2019–2024*:

1. **Priority Area:** Prevent Chronic Disease

Focus Area 1.: Healthy Eating and Food Insecurity

Goal #1: Increase access to healthy and affordable food and beverage choices

Goal #2: Increase skills and knowledge to support healthy food and beverage choices

Goal #3: Increase food security

Focus Area 2: Chronic Disease Preventative Care and Management

Goal #1: Increase cancer screening rates for breast, cervical, and colorectal cancer

Goal #2: Increase early detection of cardiovascular disease, diabetes, prediabetes and obesity

Goal #3: Promote evidenced-based care to prevent and manage chronic diseases including asthma, arthritis, cardiovascular disease, diabetes and prediabetes and obesity

2. Priority Area: Promote Well-Being and Prevent Mental and Substance Use Disorders

Focus Area 1: Mental and Substance Use Disorders Prevention

Goal #1: Prevent opioid and other substance misuse and deaths

Goal #2: Prevent and address adverse childhood experiences (ACES)

Goal #3: Reduce the prevalence of major depressive disorders

Goal #4: Prevent Suicides

Summary of the Process for Identification of Local Public Health Priorities

Local public health priorities were identified in an iterative process by the Steering Committee beginning in April 2019 at the CHA Symposium event (described in Section 3d) and formalized at the November 2019 CHA Steering Committee meeting.

The CHA Steering Committee discussed data presented at the Symposium and data collected from the Symposium (via the Focus Area Ranking Tool and breakout session themes) at their May 2019 meeting (Appendix H8). The need to align selected CHA priority areas with other initiatives (e.g. DSRIP) and with hospital Community Service Plans (CSPs) was indicated. The group spoke at length about how the social determinants of health play into the top-ranking focus areas, and current Broome County initiatives to address those issues and related social determinants of health.

At the June 2019 meeting, the CHA Steering Committee voted unanimously to select the priority area of Prevent Chronic Disease for inclusion in the 2019-2024 Broome County Community Health Improvement Plan. This decision was based in part on voting from the Symposium. Three of the five highest-ranking focus areas are focus areas under the Prevent Chronic Disease priority area (Appendix H8). This decision was also due to the fact that many programs already exist in Broome County to prevent or mediate chronic disease, and which actively measure their performance. These programs and data gathered from them can be utilized in the CHIP to measure progress towards selected metrics.

The CHA Steering Committee also voted unanimously to select the priority area of Promote Well-Being and Prevent Mental and Substance Use Disorders. One of the remaining five highest-ranking focus areas from the Symposium voting were related to this priority area (Appendix H8). In addition, local data indicate that Broome County has been hard-hit by the opioid epidemic. Opioid-related hospitalizations, emergency department visits and deaths are occurring at higher rates in Broome County than New York State or the Southern Tier. In many cases, these rates have only worsened in the last four years.

The group also voted unanimously not to include the priority area Promote Healthy Women, Infants and Children, but to address this topic via goals, objectives and interventions under the two selected priority areas. Upon reviewing the themes from the Symposium breakout sessions, the Steering Committee agreed that social determinants of health and adverse childhood experiences (ACEs) in particular are critical to address during childhood, in order to yield positive long-term health outcomes.

Also of note, during the September 2019 meeting, the CHA Steering Committee discussed at length the emerging public health issue of vaping and e-cigarettes, especially in light of recent, nationwide unexplained vaping-associated pulmonary illness. Vape and e-cigarette use is of particular concern among youth. Committee members agreed not to include this topic as a focus area within the CHIP, since interventions are still fledgling and may not have a strong evidence base. Instead, this topic is addressed as an "emerging public health issue" for the 2019-2024 CHA (Section 3c).

The Steering Committee considered the many current interventions taking place in Broome County for inclusion in the CHIP during the October and November meetings. During this time, BCHD staff was also in touch with community and healthcare organizations to glean further information on their activities and metrics for evaluating progress (Appendix H1 and H2).

The final CHIP was presented at the December 2019 meeting. The Steering Committee voted unanimously to accept it. With regards to the unselected priority areas of the Prevention Agenda, the Steering Committee certainly appreciated that these three priority areas involve very important public health issues. Even as we recognized their significance to the health of a community, other areas were given higher priority for reasons described below.

HIGH PRIORITY: Promote Well-Being and Prevent Mental & Substance Use Disorders- Mental and Substance Use Disorders Prevention

Since the 2013-17 CHA, mental and substance use disorders (especially opioid use) has transitioned from an emerging public health issue to a public health crisis. Local data indicate that Broome County is experiencing a higher rate of opioid-related hospitalizations, emergency department visits and deaths than the Southern Tier or New York State. Many organizations have launched interventions to address the growing opioid epidemic since the 2013-2017 CHA. These interventions have led to improvements in opioid-prescribing practices, expansion of medication-assisted therapy (MAT) and increased naloxone trainings for the general public. These and other established interventions currently exist and are gathering data on their performance, which will allow the Steering Committee to measure progress towards CHIP metrics.

HIGH PRIORITY: Prevent Chronic Diseases – Healthy Eating and Food Security

The Focus Area of "Reduce Obesity in Children and Adults" was one of selected focus areas of the 2013-17 CHA. Since 2012, NYSDOH has revised Prevention Agenda focus areas and "Reduce Obesity in Children and Adults" no longer exists. However, the overarching goal of the new "Healthy Eating and Food Security" focus area is "Reduce obesity and the risk of chronic disease".

There are currently several well-established interventions taking place in Broome County to address healthy eating and food security. Community partners have been working in this area since at least 2012 when the 2013-2017 CHA was written; in many cases, organizations have been working on this issue for even longer. This collection of evidence-based programs that already exist and are actively collecting data in the community was part of the reason this focus area was selected for the 2019-2024 CHIP.

HIGH PRIORITY: Prevent Chronic Diseases – Chronic Disease Preventive Care and Management

Broome County has a larger percent of the population aged 65 years or older (18.3%) than the Southern Tier (17.8%) or New York State (15.4%) (National Center for Health Statistics Population Data, 2016). As the population continues to age, the number of chronic diseases are expected to increase. Effective chronic disease prevention and self-management has the potential to improve health outcomes and decrease Medicare and Medicaid spending. There are a number of established chronic disease self-management programs in Broome County, which will feed into the 2019-2024 CHIP.

Summary

Mental health disorders are medical conditions that affect cognition, mood, social relationships, coping, and functional ability. Substance use disorders involve the recurrent use of drugs and alcohol, and can disrupt an individual's physical, mental, and social well-being. Prevention at the community level, including interventions that address social determinants of health, will likely decrease the morbidity of mental and substance use disorders overall. In particular, adverse childhood experiences (ACEs) can have a lifelong impact on mental health and well-being and are thus a modifiable risk factor. Further, mortality among people with substance use or mental health disorders can be reduced through interventions delivered at the individual, community, and health systems level (e.g. Narcan trainings, tobacco cessation).

Chronic disease refers to a medical condition that is persistent or recurrent. Cardiovascular disease and diabetes are common chronic diseases responsible for a large proportion of hospitalizations that result in excess morbidity for individuals and place a heavy cost burden on the healthcare system. A common underlying and potentially modifiable risk factor for both conditions is diet. Unfortunately, a portion of the population suffers from lack of knowledge of or access to healthy food choices. Thus, interventions directed at improving dietary choices and increasing food security can prevent the onset of these conditions and therefore offer an opportunity for primary prevention. For individuals with existent disease, efforts are tertiary in nature and seek to maximize health and minimize short-term and long-term complications that can result in expensive hospitalizations. Chronic disease self-management can also have beneficial effects as tertiary prevention of disease morbidity for both cardiovascular disease and diabetes.

SECTION FIVE — OPPORTUNITIES FOR ACTION: THE COMMUNITY HEALTH IMPROVEMENT PLAN

This section presents the 2019-2024 Community Health Improvement Plan (CHIP) developed collaboratively with community partners in a narrative format. A CHIP is a strategic roadmap for addressing public health issues in a community. This CHIP was generated from the results of the preceding Community Health Assessment (CHA) and was developed collaboratively with a broad coalition of community partners and stakeholders. The CHIP operationalizes the Broome County vision for maximizing the opportunity for all people to take responsibility for their own well-being and achieve their optimal quality of life. And, the CHIP details how our local public health department and our community will work together to improve the health of Broome County residents.

In addition to making the CHA planning process explicit and the ensuing wrokplan available to the community in this document, a separate spreadsheet will be simultaneously submitted to NYS Department of Health and this file includes all of the detailed information below. This format provides New York State Department of Health with a data collection tool that can be used across all 62 counties in NYS to assess the CHA/CHIP planning that has occurred over the intervening year or more of planning and conducting the CHA and developing the CHIP. This format is also used for monitoring ongoing assessments of the process and progress toward implementation the CHIP as well as evaluation of stated objectives and achievement of defined goals.

Priority Area #1: Prevent Chronic Disease

Focus Area #1: Healthy Eating and Food Security

Goals: 1.0 Reduce obesity and the risk of chronic disease, 1.1 Increase access to healthy and affordable foods and beverages, 1.2 Increase skills and knowledge to support healthy food and beverage choices

According to the Centers for Control and Prevention (CDC), obesity and overweight are the second leading cause of preventable death in the United States (US), which may quickly top tobacco as the leading preventable cause of death. The CDC also states by the year 2050, if obesity trends continue as they are, life expectancy in the US is predicted to be shortened by 2-5 years. Obesity is a risk factor for many chronic conditions including high blood pressure, high cholesterol, stroke, heart disease, type 2 diabetes, asthma, some cancers, and osteoarthritis. Alarmingly, these conditions are now appearing in adolescents and children. Currently, the percent of adults who are obese in Broome County is 25.7%, which is higher than the NYS Prevention Agenda target. The percent of children and adolescents who are obese in Broome County is 17.7%, which is higher than the rest of the state and the NYS Prevention Agenda 2 target 16.7% (2016 NYS Expanded Behavioral Risk Factor Surveillance System). To reduce the incidence, prevalence, and burden of obesity and chronic disease, it is necessary for communities to create environments that support healthier behaviors and make healthy choices, easier choices. This involves engaging and mobilizing key stakeholders, decision makers, and community partners to work within all levels of the health impact pyramid and across all sectors to promote "health in all policies."

Focused efforts in this area include increasing healthy eating and food security, while collectively working to eliminate racial/ethnic and socioeconomic health disparities.

Overview and Measures

Goal 1.0: Reduce the percentage of children who are obese in Broome County

Objective 1.1: By 2024, reach a childhood obesity rate of 12.9% among the target demographic, a reduction from the baseline of 13.9%.

To accomplish this, the Broome County Health Department (BCHD) WIC Program will continue to provide a decreased fat WIC food package, education once a year for children ages 2-4 about healthy lifestyles including diet and exercise, and measure BMIs for children receiving nutrition counseling. Progress towards this objective will be evaluated based on self-report measures gathered from WIC participants regarding their knowledge and consumption of healthy foods and beverages, in addition to their BMI data. Partner roles and resources include:

- BCHD provides promotion of healthy lifestyle education and services of the WIC program.
- UHS will oversee and administer UHS Stay Healthy Kids Program.
- LOURDES will oversee the activities conducted by the PACT program.
- Both UHS and Lourdes will ensure communication to providers about referrals to the Broome County WIC program, for pregnant women, lactating women, post-partum women, infants and children up to 5 years of age.

Objective 1.2: By 2024, decrease the percentage of school age children with obesity by 1 % from 17.7% to the Prevention Agenda goal of 16.7%.

Several interventions will be used to reach this objective; they include: UHS - 1) UHS Stay Healthy Kids Coordinator continues to work with Head Start schools to provide monthly classes on site, to children age 3-5. Healthy eating and exercise tips are provided to children and their parents. The program is 18 classes per month. (2) The "Kids on Track" 8-week program continues in the Spring and Fall for children 5-13. This program covers exercise and nutrition appropriate to the age group. K-12 Schools - 1) School Wellness Programs/Policies - establish and incorporate strong nutrition standards for food marketed, provided and sold in schools, provide healthy eating learning opportunities through rock on cafe, students using walking or biking to get to school, schools providing universal breakfast, grab and go options, breakfast in the classroom, incorporating smarter lunch room strategies to increase access and promote healthy eating, participating in Farm to School. The partners' roles and resources include:

- UHS provides a Stay Healthy Kids Coordinator who educates headstart students, public school age children/parents on healthy eating and beverage consumption choices,
- Care Compass Network innovation funding to UHS for Community based Nutrition Wellness (education to take place at Cornell Cooperative Extension of Broome County).
- BCHD will work with school districts to ensure wellness policies are following the required standards set forth by the Healthy Hunger Free Kids Act, and provide technical assistance and support to assist with any updates.

Objective 1.3: By 2024, decrease the percentage of adults ages 18 years and older with obesity, from 25.7% to 23.7%.

Several interventions will be used to reach this objective: BCHD - Work with community based organizations, worksites and recreation venues to create policies related to sugary drink reductions,

healthy meeting guidelines and/or food procurement standards, LOURDES - Develop medical weight loss program to support people aged 18 years and above with a BMI >30 in achieving a decrease in their BMI and improvement in overall health, BCHD- Utilize NYSDOH, CDC, and locally developed messaging to garner earned media on healthy eating, & promoting healthy beverages

Goal 1.1: Increase access to healthy and affordable foods and beverages

Objective 1.1.1: By 2024, decrease the percentage of adults from 31.9% to 27.9%, who consume less than one fruit and less than one vegetable per day.

Several interventions will be used to reach this objective: Increase CHOW mobile markets in high risk neighborhoods, Cornell Cooperative Extension to provide nutrition education, menu and budget planning to SNAP recipients, OFA - Provide healthy meals & snack at Senior Centers and community events, increase redemption of Office for Aging and WIC participants farmer's market coupons, open grocery store on Northside of Binghamton (food desert) Volunteers Improving Neighborhood Program (VINES) will increase access to and number of community gardens and Farm Share opportunities, in high risk neighborhoods.

Goal 1.2: Increase skills and knowledge to support healthy food and beverage choice

Objective 1.2.1: By 2024 LOURDES (Adults) Increase the number of adults by 100 (from 200 to 300) that improve their knowledge of and engagement in healthy eating habits by utilizing the Fruit and Veggie RX Program.

To accomplish this LOURDES Dieticians in Lourdes Primary Care practices offer referred patients information on healthy eating habits and "coupons" to purchase fruits and veggies. This is in collaboration with Rural Health Network and Care Compass Network.

Objective 1.2.2: By 2024, Increase by 10%, from 22% to 32%, the percentage of WIC infants who continue to be breastfed until 6 months.

To achieve this objective all WIC prenatal clients will be offered breastfeeding peer counseling and free breastfeeding classes once a month, once baby is delivered peer counseling services will be provided frequently and consistently to ensure increased duration.

Goal 1.3: Increase food security

Objective 1.3.1: Decrease percentage of population who did not have access to a reliable source of food during the past year from 13.8% to 12.6%.

Interventions employed to achieve this objective include: 1) Promote and support screening of pediatric patients by healthcare providers, facilitate referral and support active connection to WIC and/or SNAP; 2) Promote screening of older-adult populations for food insecurity, facilitate referral and support active connection to SNAP 3) Continue to provide universal breakfast and lunch for k-12 in all schools 4) Increase participation in summer lunch sites that serve families throughout Broome County.

Measures for these objectives include:

WIC Obesity -1) Number of WIC participants receiving a reduced fat food package, percentage of children with obesity (among children ages 2-4 years participating in the Special Supplemental Nutrition Program for Women, Infants, and Children [WIC]) 2) Number of WIC participants receiving general nutrition education and active learning information and being assessed for height/weight every year.

School Age Obesity: 1) Number of students impacted by specific policies that address healthier nutrition standards for food and beverages sold in schools (2) Number of school districts adopting specific policies that address healthier nutrition standards for food and beverages sold in schools (3) Number of school district wellness policies that address free drinking water, 4) Number of school districts participating in Universal Breakfast 5) Number of students participating in Breakfast in the Classroom/Grab n' Go Breakfast, 6)Number of school districts participating in Breakfast in the Classroom/Grab n' Go Breakfast education classes 7) Percentage of children who are overweight [defined as having an age and gender specific BMI at >85th to 95th percentile] 8) Percentage of children who are obese [defined as having an age and gender specific BMI at >95th percentile] 9) Number of students using active transport methods to/from school.

Adult Obesity: 1) Percentage of adults ages 18 years and older with obesity 2) Percentage of adults who consume more than one or more sugary drink per day 3) Number of policies or food procurement standards adopted in worksites, community based organizations, recreation venues and health care institutions.

Increase access to healthy and affordable foods and beverages: 1) Percentage of adults who consume less than one fruit and less than one vegetable per day, 2) Number of SNAP recipients educated on nutrition, budget and meal planning, 3) Number of OFA Senior Sites providing healthy meals, 4) Number of Seniors participating in OFA's Healthy Meals on Wheels, 5) Sales revenue from WIC, EBT, and SNAP benefits for new grocery story on Northside Binghamton, 6) EBT, SNAP sales at Regional Farmer's Market, 7) Number of CHOW mobile markets serving high risk neighborhoods

Increase skills and knowledge to support healthy food and beverage choices: Fruit and Veggie Rx Program: 1) Number of adult patients participating in the fruit and veggie RX program 2) Number of adult patients to redeem fruit and veggie Rxs 3) Number/percentage of adult patients who improve knowledge of and engagement in healthy eating by using Rx program.

WIC Breastfeeding Program: 1) Percentage of WIC infants breastfed for 6 months 2) Number of WIC prenatal clients linked with breastfeeding peer counselor, 3) Number of WIC prenatal clients attending breastfeeding classes.

Increase Food Security: 1) Percentage of population who did not have access to reliable source of food during the past year 2) Number of pediatric/primary care healthcare providers screening and providing referrals to WIC/and or SNAP, 3) Percentage of households receiving SNAP, 4) Percentage of population with low income and low access to grocery stores.

Focus Area #2: Preventive Care and Management

The CDC estimates that six out of ten Americans have at least one chronic disease, and four out of ten have two or more. The productivity and quality of life for people living with a chronic disease such as diabetes, heart disease, stroke and cancer is limited which in turn impacts their families as well. Most chronic diseases are preventable and can be managed successfully with healthy behavior changes. In Broome County, some populations suffer disproportionately from preventable chronic disease conditions. Non-Hispanic and Black populations have significantly higher levels of mortality and hospitalizations associated with heart/stroke and diabetes indicators. In addition, other health determinants such as poverty and lower education status increase the need for chronic disease

management models, especially for many enrollees of Medicaid Managed Care plans who consistently rely on hospital emergency rooms for emergent care of preventable health conditions. It is critical that the Delivery System Reform Incentive Program (DSRIP) focuses on helping Medicaid members reduce their risk and help manage chronic diseases and their risk factors. Chronic diseases need to be appropriately diagnosed and managed in order to reduce the complications, burden of morbidity, hospitalizations, poor function status and mortality that comes with chronic disease. Necessary collaborations with healthcare systems and other community sectors need to ensure that successful strategies exist for chronic disease management opportunities, especially where the most vulnerable and high risk populations are concerned.

Overview and Measures

Goal: 4.1 Increase cancer screening rates

Objective 4.1: By 2024, increase the percentage of adults by 5% who receive a colorectal cancer screening based on the most recent guidelines (ages 50 to 75 years) from 72% to 78%

Interventions include: Removal of structural barriers to cancer screening such as providing flexible clinic hours, offering cancer screening in non-clinical settings (mobile mammography vans, flu clinics), offering on-site translation, transportation, patient navigation and other administrative services and working with employers to provide employees with paid leave or the option to use flex time for cancer screenings, work with CSP to enhance marketing and communication efforts around colorectal cancer screening in the priority population.

Goal 4.2: Increase early detection of cardiovascular disease, diabetes, prediabetes and obesity

Objective 4.1.2: By 2024, increase the percentage of children and adolescents ages 3 -17 years with an outpatient visit with a primary care provider or OB/GYN practitioner during the measurement year who received appropriate assessment for weight status during the measurement year by 5% (baseline 75%).

Intervention to achieve this objective is based on utilizing the US Preventive Service Guidelines and HIT, to consistently implement screening practices/policies to identify children at risk for overweight or overweight, and refer to behavioral and nutritional education programs.

Objective 4.2.2: By 2024, promote at least 3 strategies that improve the detection of undiagnosed hypertension in health systems. The evidence based intervention that will be used to promote strategies that improve the detection of undiagnosed hypertension in health systems is the CDC Million Hearts Program.

Goal 4.3: Promote evidence-based care to prevent and manage chronic diseases including asthma, arthritis, cardiovascular disease, diabetes and prediabetes and obesity

Objective 4.3.1: By 2024, decrease the percentage by 5% of adult Medicaid members, identified through DSRIP with diabetes whose most recent HbA1c level indicated poor control (>9%).

Interventions employed for this objective include: UHS and Lourdes Primary care network offices to work closely with the diabetes centers to implement standards of medical care in diabetes, work with HIT to implement/modify EMR to include reminder system for screening, follow up and case management activities.

Goal 4.4: In the community setting, improve self-management skills for individuals with chronic diseases, including asthma, arthritis, cardiovascular disease, diabetes and prediabetes and obesity

Objective 4.4.1: By 2024, increase from 225 to 325 the number of adults with chronic conditions (arthritis, asthma, CVD, diabetes, CKD, cancer) who have been identified and referred to take a course or class to learn how to manage their condition.

Both hospital systems will provide standards of care to identify and assist with management of diabetes by: 1. Promote testing for prediabetes, and risk for future diabetes in asymptomatic people in adults of any age with obesity and overweight (BMI 25 kg/m2 or 23 kg/m2 in Asian Americans) and who have one or more additional risk factors for diabetes, including first degree relative with diabetes, high risk race/ethnicity, and history of cardiovascular disease. 2. Promote testing for all other patients beginning at 45 years of age. 3. Promote repeat testing at a minimum of 3-year intervals, with consideration of more frequent testing depending on initial results and risk status 4. Refer patients who are diagnosed with obesity, CVD, or diabetes to community chronic disease self-management program (Stamford Evidence Based Chronic Disease Self Management Program)

Measures for these objectives include:

Cancer screening: 1) Number of health systems that implement or improve provider and patient reminder systems 2) Number of patients reached through patient reminder systems 3) Compliance with screening guidelines among patients reached through patient reminder systems/among patients of health systems that adopted systems 4) Provider, clinic or insurer breast and colorectal cancer screening rates,

Early detection of chronic diseases- obesity: 1) Percentage of children who are overweight [defined as having an age and gender specific BMI at ≥85th to 95th percentile 2) Percentage of children who are obese [defined as having an age and gender specific BMI at ≥95th percentile] 3) Number & Percent of children screened 4) Number of primary care providers conducting BMI screening 5) Number of hospital systems implementing childhood BMI screening policy/system change.

Early detection of chronic diseases-hypertension: 1) Number of health systems with policies/practices to identify patients with undiagnosed HTN 2) Number/percentage of patients served by health systems with policies/practices in place 3) Number of patients identified with undiagnosed HTN.

Promote evidence-based care to prevent and manage chronic diseases- diabetes: 1) Screening rate for diabetes and pre-diabetes among adults age 45+ 2) Number of patients identified as having diabetes or pre-diabetes who receive follow-up by Stay Healthy Center 3)Number of patients receiving diabetes education 4) Percentage of adults (age 45+) diagnosed with pre-diabetes or type 2 diabetes who are referred to diabetes self-management training (DSMT) 5) Number of rural residents participating in chronic disease self-management 6) Number of rural residents participating in chronic disease self-management, 7) Percent of adult Medicaid members with diabetes identified through DSRIP with controlled HbA1c

Chronic disease management in the community setting: 1) Number of health systems with policies/practices to identify, refer patients with diabetes or prediabetes, obesity, CVD 2) Number/percentage of patients served by health systems with policies/practices in place 3) Number of patients identified with diabetes/prediabetes 4) Number of patients referred to community based chronic disease self-management programs like Stamford Chronic Disease Self-Management Program or National Diabetes Prevention Program.

Priority Area #2: Promote Mental Wellbeing and Prevent Mental & Substance Use Disorders

Focus Area #!: Prevent Mental and Substance User Disorders

In the United States, age adjusted mortality rates related to prescription opioids have increased contemporaneously with heroin drug poisoning over the past decade. A similar pattern is evident in NYS with mortality rates increasing simultaneously with heroin drug overdose. The increase in opioid-related deaths has not been evenly distributed across age groups nor concentrated primarily among youth. In fact, middle-aged adults (25-34, 35-44, and 45-64 years of age) have experienced a disproportionate share of this epidemic. Opioid-related emergency department visits and inpatient hospital admissions have across the state. Counties within NYS with core urban areas are in the worst quintile. Broome County has one of the highest opioid overdose death rate in NYS. The Steering Committee recognizes the opioid epidemic as an emerging threat to the health and well-being of Broome County residents. A task force, the Broome Opioid Abuse Council (BOAC), was formed in December of 2014 to formally coordinate efforts directed toward addressing the opioid abuse crisis. The coalition is led by the Director of the Broome County Health Department and comprised of multi-disciplinary team members who serve on four subcommittees: community education, treatment and prevention, law enforcement, and education of medical professionals. They are tasked with identifying critical priorities, developing a unified plan, and implementation solution-oriented strategies that will have a substantive impact. BOAC reports are available on the Broome County Health Department website. Issues associated with substance disorders are closely connected to that of mental well-being, and adverse childhood experiences. Broome County is seeing a substantial need for mental health and suicide prevention interventions. Destigmatizing mental health and substance use disorders is critical in developing community resilience. Building capacity for improved mental health diagnosis, treatment and recovery is something that the Broome County community has clearly demanded attention of. The 2019-2024 Community Improvement Plan has dedicated the next section to improving our community's mental health and substance use disorders needs.

Overview and Measures

Goals: 2.2 Prevent opioid overdose deaths

Objective 2.2.1: By 2024, reduce the age-adjusted overdose deaths involving any opioid from 32.1% to 22.1% per 100,000 population.

Several interventions conducted by a vast array of community partners are underway to make an impact on this objective: UHS: Medication Assisted Treatment (MAT) in the Broome County Sheriff's Correctional Facility. Counseling in the jail to engage inmates in treatment after their release, the continuing of patients on MAT if they were on MAT at the time of their arrest, detoxification protocols for inmates with OUD, same day access to MAT for inmates leaving the jail, MAT maintenance program, Care Compass Network (DSRIP), LOURDES, Addiction Center Broome County, Fairview Treatment and Recovery Center, Helio Health, Broome County Schools, Mental Health Association of the Southern Tier and UHS: Adopting evidence based substance use screening tools for early identification, intervention, and referral to resources and treatment (Alcohol Use Disorders Identification Test)-AUDIT, The Drug

Abuse Screening Test - DAST, Screening Brief Intervention to Treatment-SBIRT) Expansion of Inpatient Recovery and Rehabilitation Services through Helio Health. Identification Test-AUDIT, The Drug Abuse Screening Test - DAST, Screening Brief Intervention to Treatment-SBIRT), Expansion of Outpatient Recovery and Rehabilitation Services through the Addiction Center of Broome County at second facility in Endicott, Compass Network Innovation funding to Truth Pharm, Inc.: Administration and evaluation of Clearing the Confusion education program- in process seeking accreditation from OASAS and SAMHSA. UHS and Lourdes: Initiate Medication-Assisted Treatment in Binghamton General Hospital Emergency and Lourdes Hospital Emergency Rooms.

Objective 2.2.2: By 2024, increase the number by 10 per year of providers attending Buprenorphine trainings.

This objective will rely on the **c**ollaboration with Care Compass Network (DSRIP), UHS and LOURDES Health Care Systems to promote trainings, recruit providers and conduct trainings.

Objective 2.2.4: By 2024, expand Peer Support Services by increasing engagement of priority population from 50% to 80%.

To achieve this objective it will be necessary to recruit, train, and retain peers, coordinate peer response efforts for hospital ERs, law enforcement agencies, and first responders, engage additional first responders to develop and implement protocol for peer referrals to patients who want services, enhancing and/or updating peer response model/language protocol.

Objective 2.2.4: By 2024, expand Peer Support Services by engagement of priority populations in emergency departments from 0 to 10%.

This primary intervention engages and work with local hospitals to develop protocol for referrals to peers in emergency departments.

Objective 2.2.5: By 2024, implement 2 prevention and response strategies by establishing 1) linkages to care and 2) working with grassroots organizations and agencies to increase harm reduction education projects.

The intervention needed to achieve this objective is to link community members with agencies who provide narcan training and education.

Objective 2.2.6: By 2024, build capacity for a more effective, comprehensive and sustainable local prevention and response effort by strengthening the infrastructure of the Broome Opioid Overdose Awareness Council (BOAC)

Goal 2.3: Prevent and address adverse childhood experiences

Objective 2.3.1: By 2024, (developmental objective) Increase communities reached by opportunities to build resilience by at least 10 %.

The primary intervention to help achieve this objective is Care Compass Network (DSRIP) conducting ACE's and Youth Mental Health Fist Aid trainings in schools.

Goal 2.4: Reduce the prevalence of major depressive disorders

Objective 2.4.1: By 2024, (developmental objective) Increase communities reached by opportunities to build resilience by at least 10 %.

The intervention associated with this objective is reliant on the Prevention Coalition conducting Prevention Needs Assessment Survey in Broome County schools to determine risk and protective factors, using data to develop evidence-based action plans.

Objective 2.4.2: By December 31, 2024, reduce by 5% the past year prevalence of major depressive episode among adults aged 18 or older. Baseline TBD ICD 10 codes

In order to achieve this objective the following interventions will be employed: Execution of Care Compass Network (DSRIP) projects related to integration of behavioral health (BH) in LOURDES and UHS primary care sites (3ai, behavioral health/ substance use screens 4.a.ii. and crisis stabilization 3.a.ii.) Adopting evidence based behavioral health screening for early identification, intervention and referral to resources/treatment. Focusing on Medicaid and uninsured) ages 18-64 with a Patient Health Questionnaire (PHQ) -9 score of 10 and above. Ensure sound referral process to a behavioral health consultant for those screened at high risk. Recruit and train behavioral health consultants, social workers who are trained in Eye Movement Desensitization and Reprocessing (EMDR) evidence based recovery and the medical model. A uniformed approach to provider education and patient education. The development of tools to engage patients. Addressing social determinants with an emphasis on transportation.

Objective 2.4.3: By December 31, 2024, reduce by 5% the past-year prevalence of major depressive episodes among adolescents aged 12-17 years. Baseline TBD ICD 10 codes

The interventions necessary to achieve this objective include: 1) Adapted integration model of BH in UHS and LOURDES primary care clinics for use in pediatric and family care: Adopt evidence based behavioral health screening for early identification, intervention and referral to resources/treatment specifically for adolescents 2) Implementation of Recovery High School Model at Broome Tioga BOCES.

Goal 2.5: Prevent suicides

Objective 2.5.1: By 2024, reduce suicide attempts by Broome County adolescents (youth grades 9 to 12) who attempted suicide one or more times in the past year. Baseline TBD ICD 10 codes

In order to achieve this objective it is necessary to use the following interventions: Integrate use of Zero Suicide evidence based intervention, Dialectic Behavioral Therapy, suicidal ideation workflows adoption and safety planning in primary care and Cognitive Therapy Programs for at risk youth and families in primary care settings

Objective 2.5.2: By 2024, reduce Age-adjusted suicide death rate per 100,000 population from 11.8% to 8.0%

In order to achieve this objective it is necessary to use the following interventions: Address compassion fatigue with specialized mental health trainings targeting mobile crisis team members, primary care and behavioral health providers, ER staff, law enforcement, Broome County Suicide Awareness For Everyone (BC SAFE) presence in the community at events to advocate for Suicide awareness and education.

Measures for these objectives include:

Open Access Program: 1) Age-adjusted overdose deaths involving any opioid, 2) Number of opioid overdose deaths, 3) Outpatient emergency department visits, hospitalizations. 4) Number unique clients admitted to OASAS-certified chemical dependence treatment programs.

MAT in Broome County Correctional Facility: 1) Number of inmates receiving MAT 2) Number of inmates receiving counseling 3) Number of inmates provided same day access to MAT maintenance program upon release.

Adoption of substance use screening tools in primary care: 1) Number of healthcare, education, mental health agencies adopting screening tools 2) Number of healthcare, education, mental health agencies adopting practices, policies, protocol for evidence based screening tools.

Expansion of inpatient services in Helio Health: 1) Number of unique individuals receiving in patient services through Helio Health.

Expansion of outpatient services in ACBC second location: 1) Number of unique individuals receiving outpatient services from ACBC,

Truth Pharm Clear the Confusion Educational Series: 1) Pre/Post education test results measuring knowledge, attitude changes 2) Number of educational sessions conducted 3) Number of attendees at educational sessions,

Initiate Medication-Assisted Treatment in Binghamton General Hospital Emergency and Lourdes Hospital Emergency Rooms: 1) Number of hospital system emergency departments providing MAT 2) Number of emergency department providers trained to prescribe MAT 3) Reduce the age-adjusted overdose deaths involving any opioid, 4) Number of opiod overdose deaths, 5) Outpatient emergency department visits, hospitalizations 6) Number unique clients admitted to OASAS-certified chemical dependence treatment programs.

Buprenorphine training for health care providers: 1) Number of providers attending training 2) Number of providers prescribing MAT 3) Number of Primary Care Sites providing MAT

Expansion of Peers in identified areas of Broome County: 1) Number of peers recruited, trained and retained 2) Number of hospital systems engaged to create protocol for peer referrals in emergency departments 3) Number of first responders, including law enforcement agencies that develop and implement protocol for making referrals to the peer response team.

Collaborating with Community Based Organizations to increase harm reduction messaging and narcan training: 1) Number of agencies partnering to increase harm reduction education messaging and narcan training.

Increasing Community Resilience: 1) Number of schools participating in First Aid for Youth Mental Health Training. 2) Number of educational professionals trained in Youth Mental Health Training 3) Number of health care providers trained in Youth Mental Health Trainings. 1) Number of Broome County Schools conducting PNA. 2) Number of schools developing and implementing actions plans to address risk and protective factors.

Integrating behavioral health into primary care, pediatric, family practice: 1) Percentage of adults with poor mental health for 14 or more days in the past month, 2) Number of primary care clinic adopting BH screening for early identification, intervention and referral to resources/treatment. 3) Number of Medicaid and uninsured ages 18-64 with PHQ 9/10 score, referred to and established with treatment resources within a two-week timeframe, 4) Number of providers/social workers/health consultants trained in behavioral health, 1) Number of primary care clinics/pediatric/family care adopting BH screening for early identification, intervention and referral to resources/treatment for adolescents 2) Number of youth referred to and established with treatment resources within a two week timeframe, 3) Number of providers and support staff trained in Youth Mental Health First Aid, 4) Number of

middle/high school youth referred and served in out of school time programs and or individualized supports, 5) Number of youths who report improvement in emotional and mental health, 6) Increase compliance with behavioral health appointments among youth.

Prevention of suicides with training in compassion fatigue for healthcare, law enforcement and other front line professions that deal with crisis situations regularly: 1) Number of healthcare, behavioral health, crisis management, law enforcement professionals trained in compassion fatigue and mental health first aid, 2) suicide death rate per 100,000 population.

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APPENDIX A

APPENDIX ADISSEMINATION PLAN

The full text of this document as well as all appendices will be published online with active links to tables for easy navigation within the document. This design should allow researchers and grant writers to easily find information about the health status of Broome County residents. It is hoped that the depth and breadth of this assessment provides the groundwork for a variety of projects that support the health of Broome County residents. The Steering Committee felt strongly about individuals and communities taking personal responsibility for their health. For that reason, this community health assessment and the planned community report card seek to provide them with useful tools.

These documents will be published as follows:

• The *Broome County Community Health Assessment 2019-2024* will be published to the following web address:

http://www.gobroomecounty.com/hd/cha

In conjunction with the Community Health Assessment, the area hospitals completed their Community Service Plans (CSPs). These will be published online at the following addresses:

 The Community Service Plan for United Health Services Hospitals will be published to the following web address:

https://www.nyuhs.org/about-us/community-service-reports/

• The Community Service Plan for Ascension Our lady of Lourdes Memorial Hospital will be published to the following web address:

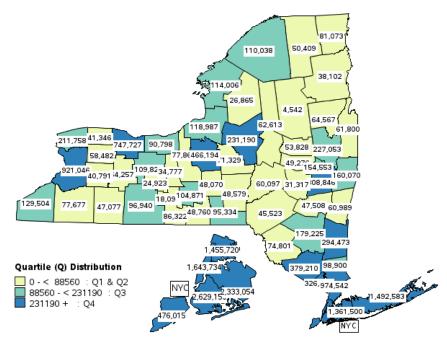
https://healthcare.ascension.org/CHNA

APPENDIX B

APPENDIX BSECTION 1 DATA TABLES

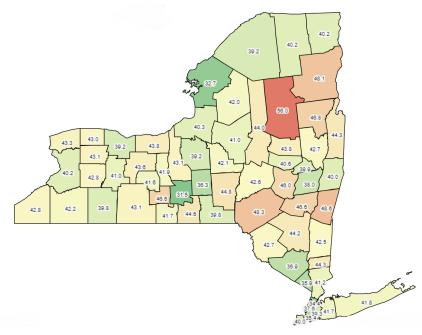
POPULATION

B 1. Total Population, New York State Counties, 2016

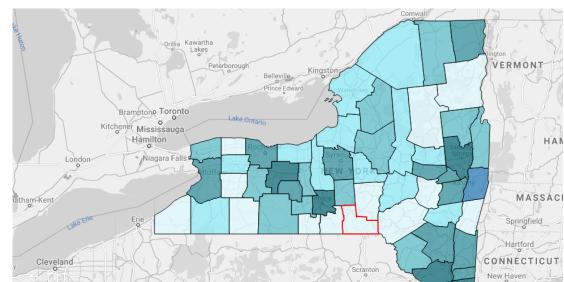


SOURCE: National Center for Health Statistics Population Data as of July 2017

B 2. Median Age, New York State Counties, 2018



SOURCE: Cornell University, Program for Applied Demographics, 2018



B 3. Percent Population Change, New York State Counties, 2018

SOURCE: US Census Bureau, 2017-2018

-8.4% - -4.5% --4.4% - -3.4% --3.3% - -2.2% -2.1% - 1% 1.1% - 4.8%

Canton

AGE

B 4. Population Estimates by Specific Age Groups and Gender, Broome County, NY, 2017

PENNSYLVANIA

Age Group	Males	% Males	Females	% Females	Total	% Total
5 to 14 years	10,993	11.4	10,203	10.2	21,196	10.8
15 to 17 years	3,646	3.8	3,404	3.4	7,050	3.6
under 18 years	19,935	20.7	18,559	18.6	38,494	19.5
18 to 24 years	14,320	14.9	13,508	13.5	27,828	14.2
15 to 44 years	39,099	40.6	37,744	37.9	76,843	39.2
16 years and over	78,872	81.8	83,668	83.9	162,540	82.9
18 years and over	76,474	79.3	81,156	81.4	157,630	80.4
21 years and over	69,855	72.5	75,104	75.3	144,959	73.9
60 years and over	21,201	22.0	26,690	26.8	47,891	24.4
62 years and over	18,492	19.2	24,217	24.3	42,709	21.8
65 years and over	14,998	15.6	20,096	20.2	35,094	17.9
75 years and over	6,448	6.7	10,433	10.5	16,881	8.6
TOTAL	96,409	49.2	99,715	50.8	196,124	100.0

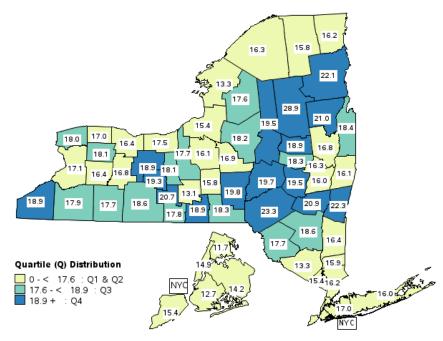
SOURCE: US Census Bureau, 2018 Demographic Profile Data

B 5. Population Estimates by Five-Year Age Groups and Gender, Broome County, NY, 2018

	Male	Male %	Female	Female %	Total
Under 5 years	5,432	5.7%	4,744	4.8%	10,176
5 to 9 years	5,846	6.1%	4,659	4.7%	10,505
10 to 14 years	4,801	5.0%	5,532	5.6%	10,333
15 to 19 years	8,284	8.7%	6,674	6.8%	14,958
20 to 24 years	10,278	10.8%	9,510	9.7%	19,788
25 to 29 years	4,915	5.2%	5,919	6.0%	10,834
30 to 34 years	5,192	5.4%	5,088	5.2%	10,280
35 to 39 years	5,771	6.0%	4,944	5.0%	10,715
40 to 44 years	3,798	4.0%	4,836	4.9%	8,634
45 to 49 years	5,361	5.6%	5,689	5.8%	11,050
50 to 54 years	6,470	6.8%	6,308	6.4%	12,778
55 to 59 years	6,853	7.2%	7,819	8.0%	14,672
60 to 64 years	6,929	7.3%	5,812	5.9%	12,741
65 to 69 years	5,391	5.6%	5,265	5.4%	10,656
70 to 74 years	3,589	3.8%	4,886	5.0%	8,475
75 to 79 years	2,822	3.0%	3,662	3.7%	6,484
80 to 84 years	2,078	2.2%	3,313	3.4%	5,391
85 years and over	1,625	1.7%	3,544	3.6%	5,169
TOTAL	95,435	49.3	98,204	50.7	193,639

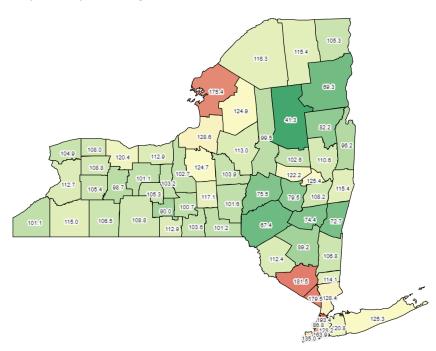
SOURCE: US Census Bureau, Demographic Profile Data 2018

B 6. Percent of Population Over Age 65, New York State Counties, 2016



SOURCE: National Center for Health Statistics Population Data, July 2017

B 7. Population 0-17 per 100 persons aged 65+, New York State Counties, 2017



SOURCE: Cornell University, Program for Applied Demographics, 2018

B 8. Age Group by Municipality, Broome County, New York State, Census 2017

	Р	Percent Population by Age Group				
Municipality	< 15 years	15 to 24 years	25 to 64 years	65 + years	Median Age (years)	
Barker town	16.2	11.3	57.2	14.1	46.2	
Binghamton city	16.5	18.7	47.8	17.0	36.4	
Binghamton town	13.5	13.3	54.5	18.5	47.8	
Chenango town	16.1	12.2	53.2	18.2	44.4	
Colesville town	13.5	12.2	53.7	15.4	41.7	
Conklin town	20.0	12.8	51.6	15.7	43.4	
Dickinson town	13.2	16.8	51.2	18.9	41.2	
Fenton town	15.2	17.6	49.6	17.5	44.7	
Kirkwood town	19.1	12.0	48.9	20.0	44.8	
Lisle town	20.2	14.8	49.2	15.7	40.2	
Maine town	17.7	10.6	52.4	19.4	45.0	
Nanticoke town	17.2	12.2	48.9	21.7	45.4	
Sanford town	14.4	11.7	48.6	25.2	49.3	
Triangle town	19.6	14.0	50.9	15.7	39.6	
Union town	16.3	13.4	50.7	19.7	41.6	
Vestal town	12.2	36.0	30.7	16.1	26.4	
Windsor town	19.7	11.3	54.5	14.4	42.4	
Broome County	16.0	17.8	66.2	17.9	39.6	
New York State	17.6	13.4	53.7	15.2	38.4	

SOURCE: US Census Bureau, 2017

RACE & ETHNICITY

B 9. Population Estimates by Race, Broome County, NY, 2017

Race Category	Population Estimate	% Population
RACE		
Total population	196,124	
One race	190,644	97.2
Two or more races	5,480	2.8
One race	190,644	97.2
White	168,776	86.1
Black or African American	11,279	5.8
American Indian and Alaska Native	451	0.2
Asian	8,321	4.2
Asian Indian	2,337	1.2
Chinese	2,996	1.5
Filipino	433	0.2
Japanese	168	0.1
Korean	537	0.3
Vietnamese	530	0.3
Other Asian	1,320	0.7
Native Hawaiian & Other Pacific Islander	71	.01
Some other race	1,746	0.9
Two or more races	5,480	2.8
White and Black or African American	2,453	1.3
White and American Indian and Alaska Native	708	0.4
White and Asian	1,252	0.6
Black or African American and American Indian and	126	0.1
Alaska Native		
RACE ALONE OR IN COMBINATION WITH ONE OR MORE		
OTHER RACES		
Total population	196,124	
White	173,871	88.7
Black or African American	14,222	7.3
American Indian and Alaska Native	1,524	0.8
Asian	9,832	5.0
Native Hawaiian and Other Pacific Islander	129	0.1
Some other race	2,287	1.2

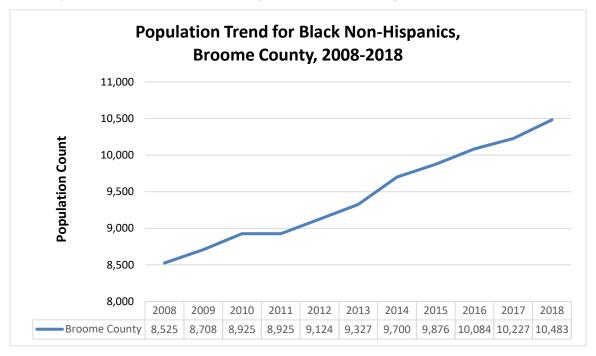
SOURCE: US Census Bureau, Population Estimates Program, 2017

B 10. Population Estimates by Ethnicity and Race, Broome County, NY, 2017

Ethnicity / Race Category	Population Estimate	% Population
HISPANIC OR LATINO AND RACE		
Total population	196,124	100%
Hispanic or Latino (of any race)	7,819	4.0
Mexican	1,095	0.6
Puerto Rican	3,704	1.9
Cuban	316	0.2
Other Hispanic or Latino	2,704	1.4
Not Hispanic or Latino	188,305	96.0
White alone	164,841	84
Black or African American alone	9,933	5.1
American Indian and Alaska Native alone	336	0.2
Asian alone	8,269	4.2
Native Hawaiian and Other Pacific Islander alone	53	0.01
Some other race alone	197	0.1
Two or more races	4,676	2.4

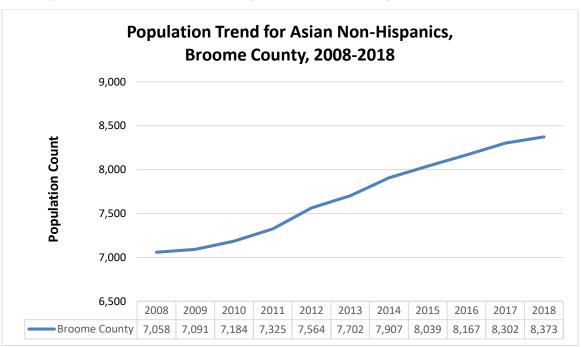
SOURCE: US Census Bureau, Population Estimates Program, 2017





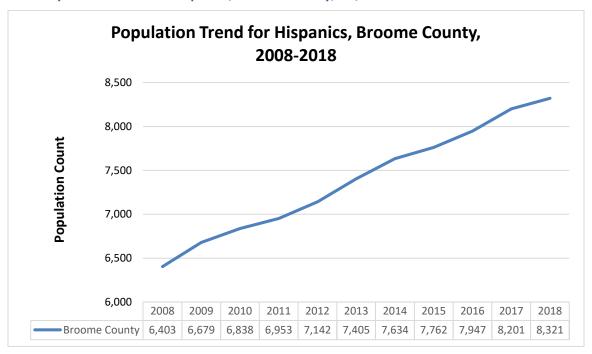
SOURCE: Cornell University, Program on Applied Demographics Projections, 2018

B 12. Population Trend for Asian Non-Hispanics, Broome County, NY, 2008-2018



SOURCE: Cornell University, Program on Applied Demographics Projections, 2018

B 13. Population Trend for Hispanics, Broome County, NY, 2008-2018



SOURCE: Cornell University, Program on Applied Demographics Projections, 2018

B 14. Race and Ethnicity by Municipality, Broome County, New York State, Census 2017

8.6	Race				Hispanic	
Municipality	White (%)	Black (%)	Asian (%)	Other (%)	Two or More (%)	(any race, %)
Barker town	97.5	0.0	0.4	0.4	0.1	1.5
Binghamton city	72.3	11.2	4.6	0.1	4.6	7.1
Binghamton town	94.1	0.3	2.4	0.0	2.0	1.1
Chenango town	95.7	0.9	1.1	0.2	1.5	0.5
Colesville town	94.8	1.1	0.0	1.2	2.3	0.5
Conklin town	95.0	1.3	0.0	0.0	0.4	3.2
Dickinson town	90.7	5.1	0.3	0.0	1.4	2.5
Fenton town	96.8	0.3	0.3	1.2	1.4	0.0
Kirkwood town	91.8	0.3	0.0	0.0	0.9	7.0
Lisle town	97.8	0.0	0.0	0.0	2.1	0.1
Maine town	96.6	0.8	0.2	0.0	0.5	1.9
Nanticoke town	98.0	0.9	0.0	0.0	0.6	0.6
Sanford town	92.8	0.9	0.9	0.3	1.7	3.4
Triangle town	96.0	0.6	0.0	0.2	0.5	2.7
Union town	84.4	5.5	3.9	0.4	2.4	3.6
Vestal town	76.1	4.0	13.2	0.3	1.6	4.7
Windsor town	97.4	0.1	0.4	0.0	0.2	1.9
Broome County	84.0	5.1	4.2	0.3	2.4	4.0
New York State	55.9	14.4	8.3	0.7	1.8	18.8

SOURCE: US Census Bureau, 2017

INCOME

B 15. Income in the Past 12 months by Household (in 2017 Inflation-Adjusted Dollars), Broome County, NY, 2013-2017

Income Level	Households	Families	Married Couple Families	Nonfamily Households
Total number	78,821	46,737	33,760	32,084
Less than \$10,000	7.8%	4.6%	1.5%	13.6%
\$10,000 to \$14,999	6.4%	3.1%	1.4%	11.6%
\$15,000 to \$24,999	11.9%	7.3%	3.8%	19.4%
\$25,000 to \$34,999	10.5%	8.9%	7.3%	13.5%
\$35,000 to \$49,999	14.2%	13.7%	12.0%	14.9%
\$50,000 to \$74,999	18.3%	20.3%	21.8%	14.5%
\$75,000 to \$99,999	12.3%	15.7%	18.5%	6.1%
\$100,000 to \$149,999	12.1%	16.6%	21.1%	4.6%
\$150,000 to \$199,999	3.7%	5.6%	7.3%	0.8%
\$200,000 or more	2.9%	4.2%	5.5%	0.9%
Median income (dollars)	49,064	65,022	77,506	28,244
Mean income (dollars)	65,202	80,302	94,092	40,544

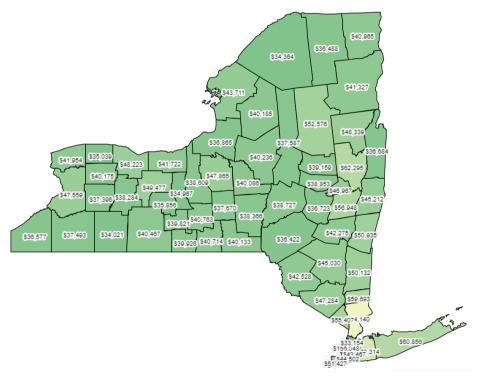
SOURCE: US Census Bureau, American Community Survey, 2013-2017 (5-year estimates)

B 16. Earnings in the Past 12 Months (in 2017 Inflation-Adjusted Dollars), Broome County, NY, 2013-2017

Earnings	Male	Female	Total
Population 16 years and over with earnings	52,690	48,002	100,692
Median earnings (dollars)	31,613	23,093	27,112
Full-time, year-round workers with earnings	32,093	23,927	56,020
\$1 to \$9,999 or loss	1.7%	1.4%	1.6%
\$10,000 to \$14,999	2.8%	3.1%	3.0%
\$15,000 to \$24,999	11.3%	17.5%	14.0%
\$25,000 to \$34,999	16.1%	20.5%	18.0%
\$35,000 to \$49,999	22.0%	22.4%	22.2%
\$50,000 to \$64,999	14.7%	16.1%	15.3%
\$65,000 to \$74,999	8.4%	6.5%	7.6%
\$75,000 to \$99,999	9.5%	7.5%	8.7%
\$100,000 or more	13.3%	4.9%	9.7%
Median earnings (dollars)	46,521	38,218	42,543
Mean earnings (dollars)	61,346	47,044	55,237
MEDIAN EARNINGS BY EDUCATIONAL ATTAINMENT			
Population 25 years and over with earnings	40,559	30,302	34,903
Less than high school graduate	25,679	14,991	20,266
High school graduate (includes equivalency)	31,286	22,756	27,220
Some college or associate's degree	37,343	28,367	32,090
Bachelor's degree	55,391	38,406	46,111
Graduate or professional degree	78,017	52,928	59,959

SOURCE: US Census Bureau, American Community Survey, 2013-2017 (5-year estimates)

B 17. Per Capita Income, New York State Counties, 2017



SOURCE: US Census Bureau, American Community Survey, 2013-2017

B 18. Median Income in the Past 12 Months (in 2011 Inflation-Adjusted US Dollars), Broome County, NY, 2013-2017

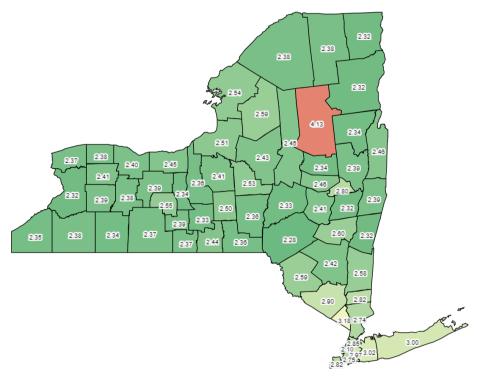
Median Income	Total	Median Income (Dollars)
Households	78,821	49,064
One Race~		
White	89.9%	51,527
Black or African American	4.7%	20,936
American Indian or Alaska Native	0.2	N
Asian	3.1%	36,658
Native Hawaiian and Other Pacific Islander	N	N
Some Other Race	0.5%	17,762
Two or More Races	1.5%	22,806
Hispanic or Latino Origin (of any race)	2.9%	25,829
White Alone, not Hispanic or Latino	88.4%	51,847
Household Income by Age or Householder	·	
15-24 years	5.9%	19,358
25-44 years	26.2%	51,922
45-64 years	38.9%	62,390
65 years and over	29.0%	38,604
Families	46,737	65,022
With own children under 18 years	39.0%	57,356
With no own children under 18 years	61.0%	68,136
Married Couple Families	72.2%	77,506
Female Householder, No Husband Present	19.4%	32,072
Male Householder, No Wife Present	8.3%	39,464
Non-Family Households	32,084	28,244
Female Householder	54.8%	26,522
Living Alone	45.2%	24,193
Not Living Alone	9.6%	46,803
Male Householder	45.2%	31,138
Living Alone	33.5%	27,704
Not Living Alone	11.7%	43,903

SOURCE: US Census Bureau, American Community Survey, 2013-2017 (5-year estimates)

(X) means that the estimate if not applicable or not available

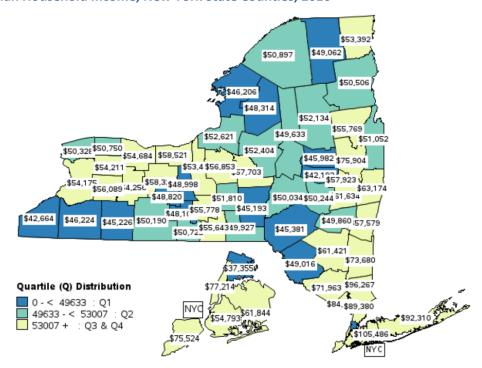
N means the data for this geographic area cannot be displayed because the number of sample cases is too small

B 19. Median Household Size, New York State Counties, 2017



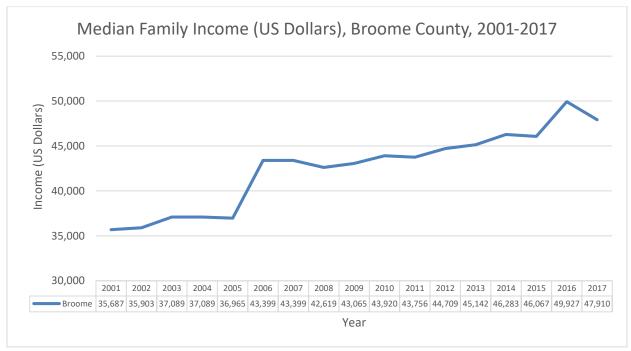
SOURCE: Cornell University, Program for Applied Demographics, 2018

B 20. Median Household Income, New York State Counties, 2016



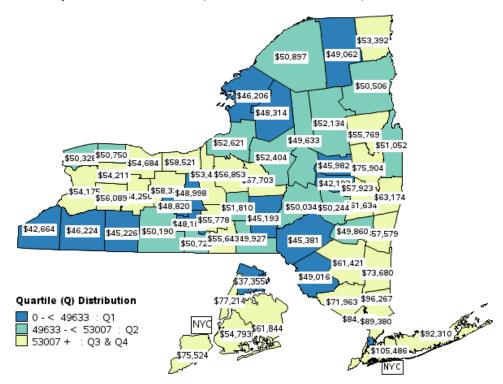
SOURCE: US Census Bureau, 2018





SOURCE: New York State Department of Health, County Health Indicator Reports, 2001-2018

B 22. Median Family Income in U.S. Dollars, New York State Counties, 2016



SOURCE: U.S. Census Bureau, May 2018

POVERTY

B 23. Poverty Status in the Past 12 Months, Broome County, NY, 2013-2017

Individual Poverty Level	Below Poverty Level	% Below Poverty Level	Total
Population for whom poverty status is determined	31,795	17.1	185,949
AGE	·		·
Under 18 years	8,571	23.0	37,278
Related children under 18 years	8,282	22.4	36,987
18 to 64 years	20,757	18.0	115,170
65 years and over	2,467	7.4	33,501
GENDER			
Male	14,476	15.8	91,353
Female	17,319	18.3	94,596
RACE AND HISPANIC OR LATINO ORIGIN			
One race	N	%	N
White	21,802	13.5	161,478
Black or African American	4,451	42.6	10,450
Asian	2,476	36.3	6,818
Some other race	916	58.1	1,577
Two or more races	1,985	38.8	5,122
Hispanic or Latino origin (of any race)	2,726	39.9	6,840
White alone, not Hispanic or Latino	20,849	13.2	158,194
EDUCATIONAL ATTAINMENT			
Population 25 years and over	16,112	12.7	127,201
Less than high school graduate	4,016	34.2	11,728
High school graduate (includes equivalency)	5,702	14.4	39,533
Some college, associate's degree	4,401	11.1	39,756
Bachelor's degree or higher	1,993	5.5	36,184
EMPLOYMENT STATUS			
Civilian labor force 16 years and over	9,405	10.1	92,738
Employed	6,953	8.1	86,095
Male	2,817	6.3	44,596
Female	4,136	10.0	41,499
Unemployed	2,452	36.9	6,643
Male	1,335	33.1	4,038
Female	1,117	42.9	2,605
WORK EXPERIENCE			
Population 16 years and over	24,160	15.7	153,464
Worked full-time, year-round in the past 12 months	1,462	2.6	55,823
Worked part-time or part-year in the past 12 months	8,378	20.7	40,444
Did not work	14,320	25.0	57,197

Individual Poverty Level	Below Poverty Level	Percent Below Poverty Level	Total
ALL INDIVIDUALS BELOW			
50 percent of poverty level	(X)	(X)	15,491
125 percent of poverty level	(X)	(X)	40,423
150 percent of poverty level	(X)	(X)	49,255
185 percent of poverty level	(X)	(X)	61,606
200 percent of poverty level	(X)	(X)	66,682
Unrelated individuals for whom poverty status is determined	15,159	32.4%	46,727
Male	7,084	32.0%	24,600
Female	8,075	32.8%	24,600
Mean income deficit for unrelated individuals (dollars)	(X)	(X)	7,059
Worked full-time, year-round in the past 12 months	556	3.8%	14,715
Worked less than full-time, year-round in the past 12 months	5,533	46.6%	11,879
Did not work	9,070	45.1%	20,133

⁽X) means that the estimate is not applicable or not available

N means that the data for this geographic area cannot be displayed because the number of sample cases is too small

B 24. Poverty Status in the Past 12 Months of Families, Broome County, NY, 2013-2017

Family Poverty Level	All families		Married-couple families		Female householder, no husband present	
ranning Poverty Level	Total	% below Poverty	Total	% below Poverty	Total	% below Poverty
Families	46,737	10.8	33,760	4.5	9,075	32.0
With related children under 18 years	19,780	19.5	11,824	7.5	5,660	44.8
RACE AND HISPANIC OR LATINO ORIGIN						
Families with a householder who is						
One race	N	%	N	%	N	%
White	42,546	8.8	31,602	3.8	7,548	27.4
Black or African American	1,917	37.3	580	9.1	1,025	58.8
Asian	1,302	14.0	1,105	9.2	133	46.6
Hispanic or Latino origin (of any race)	1,280	33.9	573	23.9	506	52.0
White alone, not Hispanic or Latino	41,920	8.7	31,271	3.7	7,376	27.7
EMPLOYMENT						
Householder worked	31,780	7.8	22,963	3.3	5,944	24.1
Householder worked full-time, year-	-					
round in the past 12 months	21,887	3.5	16,102	2.1	3,623	9.3
Householder 65 years and over	11,075	3.3	9,117	2.7	1,430	5.2
Family received —	,		,			
Supplemental Security Income (SSI)						
and/or cash public assistance income in	5,145	38.1	2,323	16.2	2,197	61.2
the past 12 months	,		,			
Social security income in the past 12	15 126	г.с	11 020	2.7	2.420	10.6
months	15,126	5.6	11,826	2.7	2,438	18.6
EDUCATIONAL ATTAINMENT						
Less than high school graduate	3,791	37.5	1,965	20.9	1,371	60.9
High school graduate (includes	12 111	42.4		4.6	2.760	26.0
equivalency)	12,441	13.4	8,165	4.6	2,760	36.9
Some college, associate's degree	15,955	9.3	11,155	3.4	3,438	28.0
Bachelor's degree or higher	14,550	3.1	12,475	2.9	1,506	5.7
NUMBER OF CHILDREN IN HOUSEHOLD						
No child	26,957	4.4	21,936	3.0	3,415	10.7
1 or 2 children	16,030	16.6	9,449	4.5	4,535	40.2
3 or 4 children	3,417	31.6	2,159	18.3	1,035	64.1
5 or more children	333	34.8	216	29.6	90	57.8
NUMBER OF PEOPLE IN FAMILY						
2 people	24,380	8.1	17,358	3.5	4,580	21.7
3 or 4 people	17,988	12.3	12,900	3.4	3,734	41.2
5 or 6 people	3,794	19.8	3,035	12.9	662	53.3
7 or more people	575	17.6	467	17.8	99	18.2
NUMBER OF WORKERS IN FAMILY						
No workers	8,831	23.1	6,369	8.3	1,833	66.4
1 worker	15,278	15.8	8,123	8.2	4,751	31.3
2 workers	17,442	3.2	14,923	2.2	1,874	10.0
3 or more workers	5,186	0.6	4,345	0.5	617	1.8

⁽X) means that the estimate is not applicable or not available

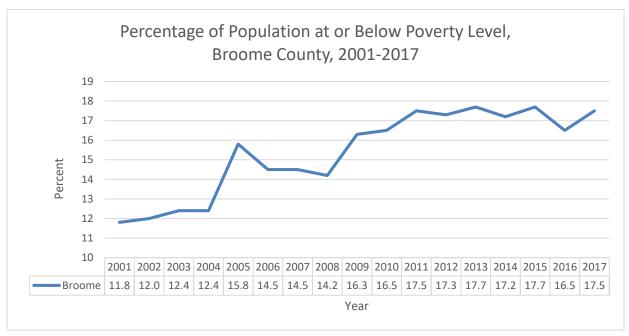
B 25. Food Stamps/SNAP, Broome County, NY, 2013-2017

Food Stamps/SNAP	Total	Households Receiving Food Stamps	Households Not Receiving Food Stamps
Households	78,821	12,456	66,365
With one or more people 60 years and over	42.3%	32.7%	44.0%
With children under 18 years	25.8%	42.0%	22.7%
Poverty Status in the Past 12 Months			
Below Poverty Level	16.0%	53.5%	9.0%
Disability Status			
With one or more people with a disability	29.3%	53.5%	24.8%
Race and Hispanic or Latino Origin of Householder			
One Race	N	%	N
White	89.9%	79.1%	92.0%
Black or African American	4.7%	13.5%	3.0%
American Indian and Alaska Native	0.2%	0.7%	0.1%
Asian	3.1%	1.1%	3.5%
Native Hawaiian and Other Pacific Islander	N	%	N
Some Other Race	0.5%	2.4%	0.2%
Two or More Races	1.5%	3.3%	1.1%
Hispanic or Latino Origin (of any race)	2.9%	7.4%	2.1%
White Alone, not Hispanic or Latino	88.4%	76.5%	90.6%
Household Income in the Past 12 Months (in 2011 Inflation-Adj	usted Dollars		
Median Income (Dollars)	49,064	16,975	56,334
Work Status			
Families	46,737	6,984	39,753
No workers in the past 12 months	18.9%	30.4%	16.9%
One worker in past 12 months	32.7%	50.5%	29.6%
Two or more workers in past 12 months	48.4%	19.1%	53.6%

SOURCE: US Census Bureau, American Community Survey, 2013-2017 (5-year estimates)

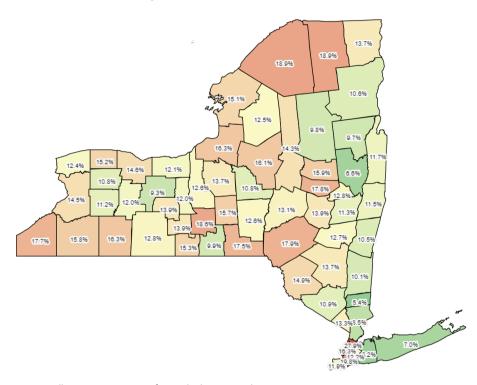
N means that the data for this geographic area cannot be displayed because the number of sample cases is too small

B 26. Percentage of Population at or Below Poverty Level, Broome County (single year), NY, 2001-2017 [Crude Rate]



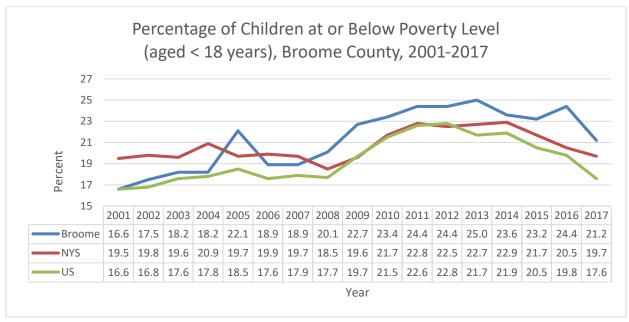
SOURCE: New York State Department of Health, County Health Indicator Reports, 2001-2018

B 27. Percent of Households in Poverty, New York State Counties, 2017



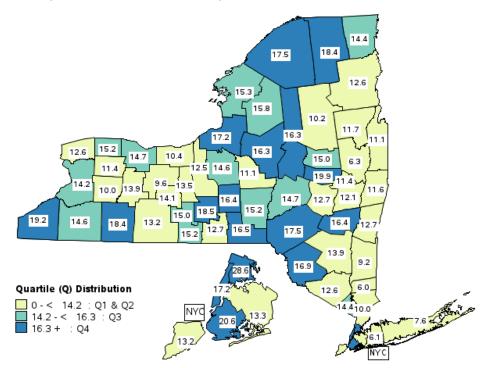
 ${\tt SOURCE: Cornell\ University,\ Program\ for\ Applied\ Demographics,\ 2018}$





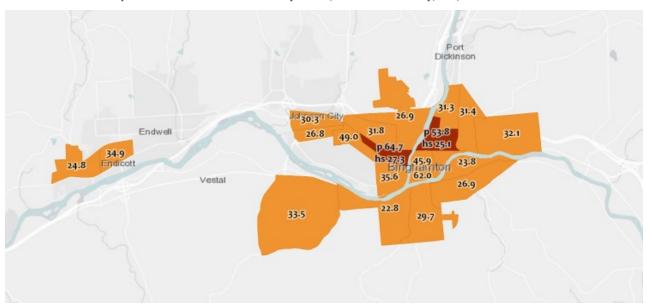
SOURCE: New York State Department of Health, County Health Indicator Reports, 2001-2018

B 29. Percent of Population at or Below Poverty Level, New York State Counties, 2016



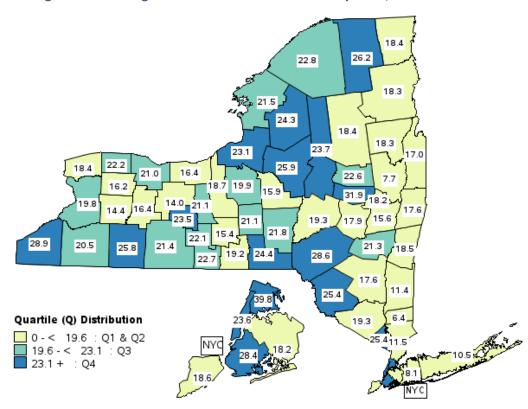
SOURCE: U.S. Census Bureau Data, May 2018

B 30. Percent of Population at or Below Poverty Level, Broome County, NY, 2016



SOURCE: Community Commons Map generated by data from the American Community Survey, 2013-2017

B 31. Percentage of Children Ages < 18 Years at or Below Poverty Level, New York State Counties, 2016



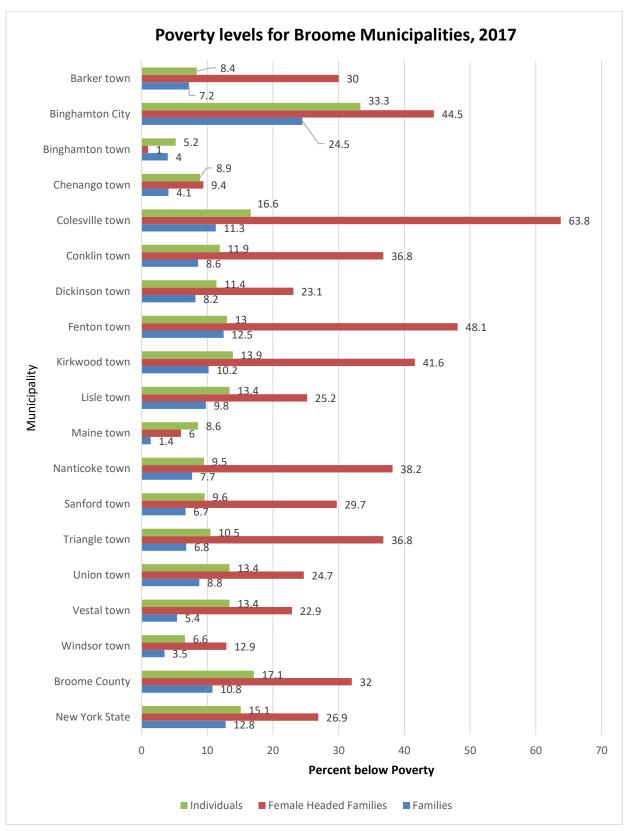
SOURCE: National Center for Health Statistics Population Data, July 2017

B 32. Income and Poverty Status by Municipality, Broome County, New York State, 2013-2017

	Median			2017 Poverty Status (Percent below poverty)		
Municipality	Family Income	Per Capita Income	Median Earnings	Families	Female Headed Families	Individuals
Barker town	\$71,500	\$27,356	\$34,559	7.2%	30.0%	8.4%
Binghamton city	\$45,518	\$21,710	\$20,599	24.5%	44.5%	33.3%
Binghamton town	\$84,219	\$39,428	\$36,604	4.0%	1.0%	5.2%
Chenango town	\$78,535	\$34,339	\$36,232	4.1%	9.4%	8.9%
Colesville town	\$61,179	\$22,133	\$28,869	11.3%	63.8%	16.6%
Conklin town	\$63,958	\$27,213	\$31,109	8.6%	36.8%	11.9%
Dickinson town	\$68,309	\$26,629	\$28,218	8.2%	23.1%	11.4%
Fenton town	\$66,453	\$28,711	\$33,773	12.5%	48.1%	13.0%
Kirkwood town	\$62,583	\$30,224	\$31,549	10.2%	41.6%	13.9%
Lisle town	\$56,328	\$23,495	\$28,974	9.8%	25.2%	13.4%
Maine town	\$70,916	\$27,799	\$30,081	1.4%	6.0%	8.6%
Nanticoke town	\$60,625	\$23,577	\$30,250	7.7%	38.2%	9.5%
Sanford town	\$53,056	\$24,165	\$23,508	6.7%	29.7%	9.6%
Triangle town	\$69,423	\$25,960	\$34,464	6.8%	36.8%	10.5%
Union town	\$66,234	\$28,166	\$30,457	8.8%	24.7%	13.4%
Vestal town	\$77,881	\$27,106	\$19,458	5.4%	22.9%	13.4%
Windsor town	\$76,377	\$28,811	\$31,146	3.5%	12.9%	6.6%
Broome County	\$65,022	\$26,790	\$27,112	10.8%	32.0%	17.1%
New York State	\$77,141	\$35,752	\$36,230	N/A	26.9%	15.1%

SOURCE: US Census Bureau, American Community Survey, 2013-2017 5-Year Estimates; [2017 inflation-adjusted dollars]

B 33. Percent Below Poverty Level by Municipality among Families, Broome County, New York State, 2017



SOURCE: US Census Bureau, American Community Survey, 2013-2017, 5-Year Estimates [2017 inflation-adjusted dollars]

EMPLOYMENT

B 34. Employment Status by Selected Demographic Characteristics, Broome County, NY, 2013-2017

Demographic Characteristic	Total	% In Labor Force	% Employed	Unemployment Rate (%)
Population 16 years and over	165,000	59.6	54.1	9.1
AGE				
16 to 19 years	13,388	33.2	27.8	15.9
20 to 24 years	19,350	68.2	59.8	12.3
25 to 44 years	11,203	80.3	73.3	8.7
45 to 54 years	10,755	81.0	74.8	7.6
55 to 64 years	20,007	81.4	76.3	6.2
65 to 74 years	25,468	77.4	73.8	4.6
75 years and over	14,478	73.8	70.5	4.5
RACE AND HISPANIC OR LATINO ORIGIN				
One race	N	%	%	%
White	142,352	58.5	54.8	6.3
Black or African American	8,266	59.7	49.8	16.7
Asian	7,343	46.5	42.8	8.1
Hispanic or Latino origin (of any race)	5,393	53.6	47.4	11.1
White alone, not Hispanic or Latino	139,411	58.6	54.9	6.3
Population 20 to 64 years	114,058	74.2	69.1	6.8
GENDER				
Male	57,165	77.6	71.3	8.0
Female	56,893	70.7	66.8	5.5
With own children under 6 years	3,929	69.3	64.7	6.6
POVERTY STATUS IN THE PAST 12 MONTHS				
Below poverty level	19,597	43.6	32.2	26.2
DISABILITY STATUS				
With any disability	14,869	36.7	31.1	15.3
EDUCATIONAL ATTAINMENT				
Population 25 to 64 years	94,708	75.4	71.0	5.8
Less than high school graduate	8,196	48.2	41.3	14.2
High school graduate (includes equivalency)	26,612	69.0	63.6	7.8
Some college or associate's degree	31,401	80.1	75.2	6.0
Bachelor's degree or higher	28,499	84.1	81.7	2.7

SOURCE: US Census Bureau, American Community Survey, 2013-2017 (5-year estimates)

N means that the data for this geographic area cannot be displayed because the number of sample cases is too small

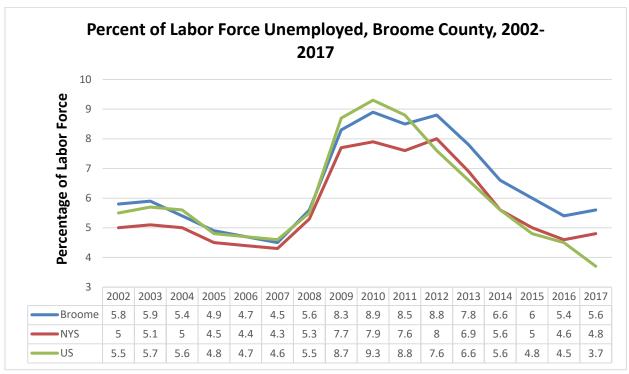
B 35. Work Status in the Past 12 Months, Broome County, NY, 2013-2017

Work Status	Total	Male	Female
Population	127,446	63,874	63,572
Weeks Worked	•		
Worked 50-52 weeks	51.0%	54.4%	47.4%
Worked 40-49 weeks	7.0%	6.3%	7.7%
Worked 27-39 weeks	4.9%	4.7%	5.0%
Worked 14-26 weeks	4.9%	5.1%	4.6%
Worked 1-13 weeks	6.5%	6.6%	6.4%
Did not work	25.8%	22.8%	28.8%
Usual Hours Worked	•		
Usually worked 35+ hours per week	52.0%	59.3%	44.7%
40 or more weeks	46.1%	52.1%	40.1%
50-52 weeks	42.3%	48.3%	36.3%
Usually worked 15-34 hours per week	17.3%	14.0%	20.6%
40 or more weeks	10.4%	7.8%	12.9%
50-52 weeks	7.6%	5.5%	9.8%
Usually worked 1-14 hours per week	4.8%	3.9%	5.8%
40 or more weeks	1.4%	0.8%	2.1%
50-52 weeks	1.0%	0.6%	1.4%
Did not work	25.8%	22.8%	28.8%
Mean usual hours worked for workers	36.6	38.7	34.2

B 36. Employment Characteristics of Families, Broome County, NY, 2013-2017

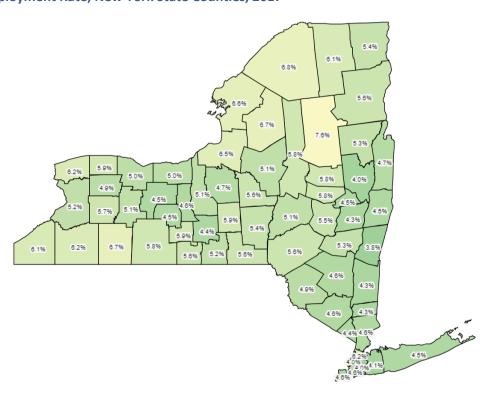
Employment Characteristics	Total	Families with own children under 18 years
Families	46,737	18,233
Employment Status Characteristics		
Married Couple Families	33,760	11,327
Both husband and wife in labor force	48.6%	67.2%
Husband in labor force, wife not in labor force	18.8%	24.0%
Wife in labor force, husband not in labor force	9.2%	5.7%
Both husband and wife not in labor force	22.6%	2.1%
Other Families	12,977	6,906
Female householder, no husband present	69.9%	70.3%
In labor force	45.6%	53.2%
Not in labor force	24.3%	17.1%
Male householder, no wife present	30.1%	29.7%
In labor force	21.7%	26.6%
Not in labor force	8.3%	3.0%
Work Status Characteristics		
Families	46,737	18,233
No workers in the past 12 months	18.9%	7.6%
One worker in the past 12 months	32.7%	40.1%
Two or more workers in the past 12 months	48.4%	52.3%
Married-Couple Families	33,760	11,327
Householder worked full-time, year-round in the past 12	47.7%	66.4%
Spouse worked full-time, year-round in the past 12 months	25.2%	33.9%
Householder worked part-time or part-year in the last 12	20.3%	21.3%
Spouse worked part-time or part-year in the past 12 months	5.6%	5.4%
Householder did not work in the past 12 months	32.0%	12.3%
Spouse did not work in the past 12 months	20.6%	2.3%

B 37. Percentage of Labor Force Unemployed (single year), Broome County, New York State & U.S., 2002-2017 [Crude Rate]



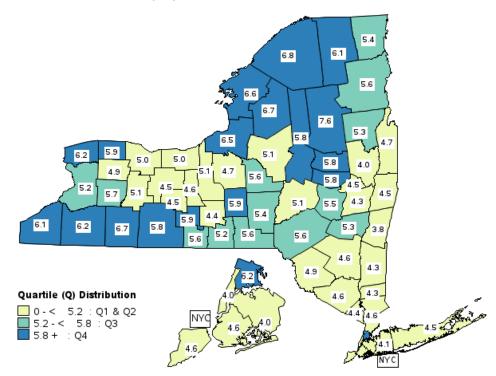
SOURCE: New York State Department of Health, County Health Indicator Reports, 2001-2017

B 38. Unemployment Rate, New York State Counties, 2017



SOURCE: Cornell University, Program for Applied Demographics, 2018

B 39. Percent of Labor Force Unemployed, New York State Counties, 2017

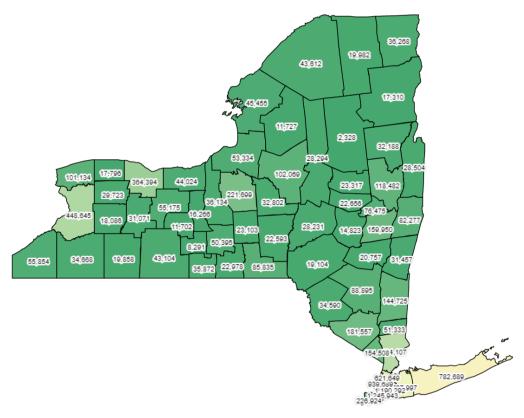


SOURCE: United States Department of Labor Data, July 2018

B 40. Educational Attainment, Broome County, NY, 2013-2017

Educational Attainment	Total	Males	Females
Population 18-24 years	27,828	14,320	13,508
Less than high school graduate	9.7%	10.3%	9.1%
High school graduate (includes equivalency)	25.1%	26.3%	23.8%
Some college or associate's degree	51.6%	50.5%	52.9%
Bachelor's degree or higher	13.6%	13.0%	14.3%
Population 25 years and over	129,802	62,154	67,648
Less than 9 th grade	2.7%	2.6%	2.8%
9 th to 12 th grade, no diploma	6.9%	6.7%	7.1%
High school graduate (includes equivalency)	31.4%	32.6%	30.2%
Some college, no degree	18.5%	18.5%	18.4%
Associate's degree	12.6%	11.1%	13.9%
Bachelor's degree	15.7%	16.3%	15.1%
Graduate or professional degree	12.4%	12.2%	12.5%
Percent high school graduate or higher	90.4%	90.7%	90.2%
Percent bachelor's degree or higher	28.0%	28.5%	27.7%
Population 25 to 34 years	21,958	11,306	10,652
High school graduate or higher	91.4%	92.6%	90.1%
Bachelor's degree or higher	35.3%	32.1%	38.7%
Population 35 to 44 years	20,007	9,827	10,180
High school graduate or higher	92.3%	91.7%	92.9%
Bachelor's degree or higher	30.0%	27.4%	32.5%
Population 45-64 years	52,743	26,023	26,720
High school graduate or higher	91.0%	90.6%	91.4%
Bachelor's degree or higher	28.0%	27.2%	28.7%
Population 65 years and over	35,094	14,998	20,096
High school graduate or higher	87.9%	88.9%	87.2%
Bachelor's degree or higher	22.5%	28.7%	17.9%
Poverty rate for the population 25 years and over for whomattainment	m poverty status is deterr	nined by educa	ational
Less than high school graduate	34.2%	31.3%	36.8%
High school graduate (includes equivalency)	14.4%	13.0%	15.8%
Some college or associate's degree	11.1%	8.7%	13.0%
Bachelor's degree or higher	5.5%	4.8%	6.2%
Median earnings in the past 12 months (in 2011 inflation-a	adjusted dollars	<u> </u>	
Population 25 years and over with earnings	34,903	40,559	30,302
Less than high school graduate	20,266	25,679	14,991
High school graduate (includes equivalency)	27,220	31,286	22,756
Some college or associate's degree	32,090	37,343	28,367
Bachelor's degree	46,111	55,391	38,406
Graduate or professional degree	59,959	78,017	52,928

B 41. Total Labor Force Participation, New York State Counties, 2017



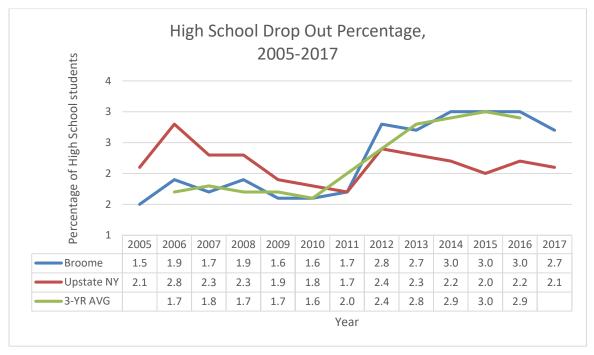
SOURCE: Cornell University, Program for Applied Demographics, 2018

EDUCATION

B 42. School Enrollment, Broome County, NY, 2013-2017

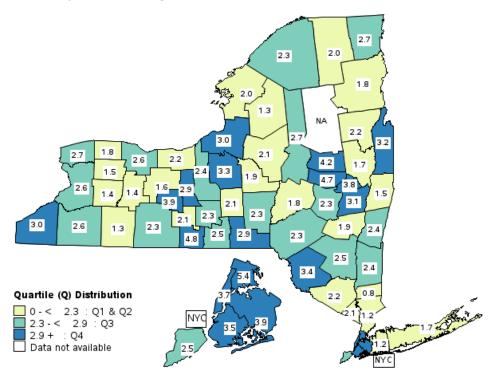
School Enrollment	Total	Percent of Enrolled Population	
		Public School	Private School
Population 3 years and over enrolled in school	53,058	91.8%	8.2%
Nursery school, preschool	2,612	77.2%	22.8%
Kindergarten to 12 th grade	28,759	93.4%	6.6%
Kindergarten	2,136	92.3%	7.7%
Elementary: grade 1 to grade 4	8,329	93.3	6.7%
Elementary: grade 5 to grade 8	8,764	95.4%	4.6%
High school: grade 9 to grade 12	9,530	91.9%	8.1%
College, undergraduate	17,992	92.1%	7.9%
Graduate, professional school	3,695	88.0%	12.0%
Percent of age group enrolled in school			
3 and 4 years	49.7%	77.8%	22.2%
5 to 9 years	96.9%	92.6%	7.4%
10 to 14 years	98.5%	94.7%	5.3%
15 to 17 years	98.6%	93.6%	6.4%
18 and 19 years	87.8%	92.7%	7.3%
20 to 24 years	52.6%	92.8%	7.2%
25 to 34 years	15.0%	89.2%	10.8%
35 years and over	2.1%	78.7%	21.3%
Population 18 years and over	157,630	(X)	(X)
Enrolled in college or graduate school	39.4%	88.4%	11.7%
Population 18 to 24 years	27,828	(X)	(X)
Enrolled in college or graduate school	58.3%	93.3%	6.7%
Males 18 to 24 years	14,320	(X)	(X)
Enrolled in college or graduate school	57.8%	92.4%	7.6%
Females 18 to 24 years	13,508	(X)	(X)
Enrolled in college or graduate school	58.8%	94.2%	5.8%

B 43. High School Drop Out Percentage, Broome County (single year & 3-year average) & Upstate New York, 2005-2017 [Crude Rate]



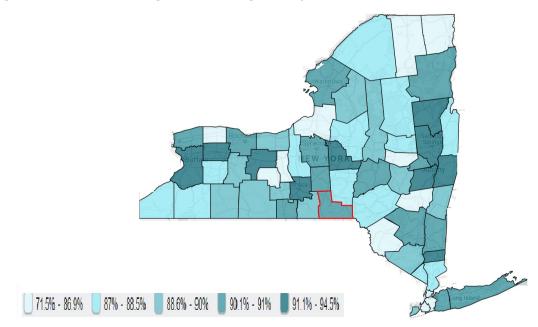
SOURCE: New York State Department of Health, County Health Indicator Reports, 2005-2017

B 44. High School Drop Out Percentage, New York State Counties, 2015-2017



SOURCE: NYS Department of Education, June 2018

B 45. High School Graduate or Higher, Persons aged 25+ years, New York State Counties, 2017



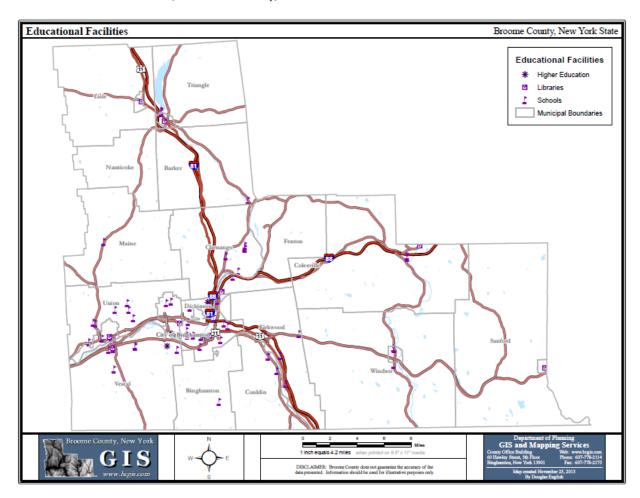
SOURCE: US Census Bureau, 2018

B 46. Educational Attainment and School Enrollment by Municipality, Broome County, NY, 2013-2017

		Educational Attainment				
Municipality	Population 25 +	0–12 Years of School	HS Diploma	Some College	BA/BS or Higher	Population Age 3 + and enrolled in school
Barker town	1,940	8.6%	44.9%	16.1%	17.1%	559
Binghamton city	29,784	14.9%	32.9%	19.4%	23.5%	12,529
Binghamton town	3,526	6.4%	22.9%	18.6%	28.4%	1,023
Chenango town	7,795	5.7%	28.8%	17.4%	33.3%	2,331
Colesville town	3,555	16.9%	40.1%	17.4%	15.3%	977
Conklin town	3,560	7.2%	39.0%	18.4%	23.1%	1,304
Dickinson town	3,624	8.3%	32.3%	15.4%	26.2%	1,023
Fenton town	4,361	8.9%	33.2%	19.2%	25.3%	1,522
Kirkwood town	3,917	10.7%	35.7%	23.8%	18.8%	1,380
Lisle town	1,754	12.8%	49.1%	16.8%	10.4%	628
Maine town	3,780	7.1%	34.6%	21.2%	27.6%	1,319
Nanticoke town	1,150	10.7%	43.2%	22.1%	10.5%	332
Sanford town	1,743	12.6%	40.7%	15.8%	16.3	476
Triangle town	1,905	9.8%	40.5%	18.6%	18.8%	748
Union town	38,574	8.4%	28.2%	18.5%	30.3%	12,376
Vestal town	14,621	4.4%	23.1%	16.5%	44.1%	12,933
Windsor town	4,213	7.0%	41.3%	17.3%	20.4%	1,498
Broome County	129,802	9.6%	31.4%	18.5%	28.1%	43,475
New York State	13,660,809	13.9%	26.3%	15.9%	35.3%	4,526,948

SOURCE: US Census Bureau, American Community Survey, 2013-2017

B 47. Educational Facilities, Broome County, NY



HOUSING

B 48. Selected Housing Characteristics, Broome County, NY, 2013-2017

Selected Housing Characteristics	Estimate	Percent
HOUSING OCCUPANCY		
Total housing units	90,727	100%
Occupied housing units	78,821	86.90%
Vacant housing units	11,906	13.10%
Homeowner vacancy rate	1.7	(X)
Rental vacancy rate	8	(X)
UNITS IN STRUCTURE		
Total housing units	90,727	100%
1-unit, detached	55,072	60.70%
1-unit, attached	2,000	2.20%
2 units	10,197	11.20%
3 or 4 units	7,077	7.80%
5 to 9 units	4,642	5.10%
10 to 19 units	3,078	3.40%
20 or more units	4,238	4.70%
Mobile home	4,415	4.90%
Boat, RV, van, etc.	8	0.00%
YEAR STRUCTURE BUILT		
YEAR STRUCTURE BUILT		
Total housing units	90,727	100%
Built 2014 or later	288	0.30%
Built 2010 to 2013	920	1.00%
Built 2000 to 2009	3,277	3.60%
Built 1990 to 1999	5,486	6.00%
Built 1980 to 1989	8,548	9.40%
Built 1970 to 1979	9,531	10.50%
Built 1960 to 1969	12,455	13.70%
Built 1950 to 1959	13,584	15.00%
Built 1940 to 1949	9,254	10.20%
Built 1939 or earlier	27,384	30.20%
ROOMS		
Total housing units	90,727	100%
1 room	2,028	2.20%
2 rooms	1,477	1.60%
3 rooms	7,329	8.10%
4 rooms	12,690	14.00%
5 rooms	15,914	17.50%
6 rooms	17,678	19.50%
7 rooms	12,472	13.70%
8 rooms	9,183	10.10%
9 rooms or more	11,956	13.20%
Median (rooms)	5.8	(X)

Selected Housing Characteristics	Estimate	Percent
BEDROOMS		
Total housing units	90,727	100%
No bedroom	2,206	2.40%
1 bedroom	9,975	11.00%
2 bedrooms	23,795	26.20%
3 bedrooms	35,746	39.40%
4 bedrooms	15,226	16.80%
5 or more bedrooms	3,779	4.20%
HOUSING TENURE		
Occupied housing units	78,821	100%
Owner-occupied	51,769	65.70%
Renter-occupied	27,052	34.30%
Average household size of owner-occupied unit	2.48	(X)
Average household size of renter-occupied unit	2.11	(X)
YEAR HOUSEHOLDER MOVED INTO UNIT		
Occupied housing units	78,821	100%
Moved in 2015 or later	7,695	9.80%
Moved in 2010 to 2014	21,398	27.10%
Moved in 2000 to 2009	19,544	24.80%
Moved in 1990 to 1999	11,706	14.90%
Moved in 1980 to 1989	7,333	9.30%
Moved in 1979 and earlier	11,145	14.10%
VEHICLES AVAILABLE		
Occupied housing units	78,821	78,821
No vehicles available	9,797	12.40%
1 vehicle available	29,025	36.80%
2 vehicles available	27,796	35.30%
3 or more vehicles available	12,203	15.50%
HOUSE HEATING FUEL	,	
Occupied housing units	78,821	100%
Utility gas	49,473	62.80%
Bottled, tank, or LP gas	5,256	6.70%
Electricity	10,394	13.20%
Fuel oil, kerosene, etc.	9,245	11.70%
Coal or coke	513	0.70%
Wood	2,828	3.60%
Solar energy	5	0.00%
Other fuel	745	0.90%
No fuel used	362	0.50%
SELECTED CHARACTERISTICS	- 3-	
Occupied housing units	78,821	100%
Lacking complete plumbing facilities	226	0.30%
Lacking complete kitchen facilities	588	0.70%
No telephone service available	1,888	2.40%

Selected Housing Characteristics	Estimate	Percent
OCCUPANTS PER ROOM		
Occupied housing units	78,821	100%
1.00 or less	77,741	98.60%
1.01 to 1.50	695	0.90%
1.51 or more	385	0.50%
VALUE		
Owner-occupied units	51,769	100%
Less than \$50,000	4,579	8.80%
\$50,000 to \$99,999	17,109	33.00%
\$100,000 to \$149,999	13,531	26.10%
\$150,000 to \$199,999	8,314	16.10%
\$200,000 to \$299,999	5,408	10.40%
\$300,000 to \$499,999	1,948	3.80%
\$500,000 to \$999,999	649	1.30%
\$1,000,000 or more	231	0.40%
Median (dollars)	113,100	(X)
MORTGAGE STATUS AND SELECTED MONTHLY OWNER COSTS		
Owner-occupied units	51,769	100%
Housing units with a mortgage	28,594	100%
Less than \$500	505	1.80%
\$500 to \$999	8,687	30.40%
\$1,000 to \$1,499	11,129	38.90%
\$1,500 to \$1,999	4,615	16.10%
\$2,000 to \$2,499	2,078	7.30%
\$2,500 to \$2,999	821	2.90%
\$3,000 or more	759	2.70%
Median (dollars)	1,185	(X)
Housing units without a mortgage	23,175	100%
Less than \$250	1,859	8.00%
\$250 to \$399	5,225	22.50%
\$400 to \$599	8,343	36.00%
\$600 to \$799	4,222	18.20%
\$800 to \$999	2,014	8.70%
\$1,000 or more	1,512	6.50%
Median (dollars)	495	(X)
SELECTED MONTHLY OWNER COSTS AS A PERCENTAGE OF HOUSEHOLD INCOME		. ,
Housing unit with a mortgage	28,499	100%
Less than 20.0 percent	13,745	48.20%
20.0 to 24.9 percent	4,534	15.90%
25.0 to 29.9 percent	2,879	10.10%
30.0 to 34.9 percent	2,034	7.10%
35.0 percent or more	5,307	18.60%
Not computed	95	(X)

Selected Housing Characteristics	Estimate	Percent
Housing unit without a mortgage	23,049	23,049
Less than 10.0 percent	9,073	39.40%
10.0 to 14.9 percent	5,059	21.90%
15.0 to 19.9 percent	2,957	12.80%
20.0 to 24.9 percent	1,804	7.80%
25.0 to 29.9 percent	1,047	4.50%
30.0 to 34.9 percent	711	3.10%
35.0 percent or more	2,398	10.40%
Not computed	126	(X)
GROSS RENT		
Renter-occupied units	25,868	100%
Less than \$500	3,982	15.40%
\$500 to \$999	16,862	65.20%
\$1,000 to \$1,499	3,665	14.20%
\$1,500 to \$1,999	799	3.10%
\$2,000 to \$2,499	232	0.90%
\$2,500 to \$2,999	88	0.30%
\$3,000 or more	240	0.90%
Median (dollars)	734	(X)
No Rent paid	1,184	(X)
GROSS RENT AS A PERCENTAGE OF HOUSEHOLD INCOME		
Renter-occupied units	24,967	100%
Less than 15.0 percent	3,686	14.80%
15.0 to 19.9 percent	2,891	11.60%
20.0 to 24.9 percent	2,442	9.80%
25.0 to 29.9 percent	2,448	9.80%
30.0 to 34.9 percent	1,946	7.80%
35.0 percent or more	11,554	46.30%
Not computed	2,085	(X)

MARITAL STATUS

B 49. Marital Status, Broome County, NY, 2013-2017

Demographic Characteristic	Now Married	Widowed	Divorced	Separated	Never Married	Total
Population 15 years and over	43.5%	6.6%	11.1%	2.1%	36.7%	164,680
AGE AND GENDER						
Males 15 years and over	45.4%	2.8%	9.8%	2.0%	40.0%	80,120
15 to 19 years	1.2%	0.0%	0.0%	0.1%	98.6%	7,957
20 to 34 years	19.4%	0.0%	1.8%	0.7%	78.1%	21,315
35 to 44 years	58.4%	0.6%	11.5%	3.3%	26.3%	9,827
45 to 54 years	61.5%	0.8%	14.9%	4.1%	18.7%	12,531
55 to 64 years	63.9%	2.3%	18.4%	3.5%	11.9%	13,492
65 years and over	67.2%	11.9%	13.0%	1.1%	6.8%	14,998
Females 15 years and over	41.7%	10.1%	12.4%	2.2%	33.6%	84,560
15 to 19 years	1.5%	0.0%	0.0%	0.0%	98.5%	7,571
20 to 34 years	45.4%	2.8%	9.8%	2.0%	40.0%	19,993
35 to 44 years	1.2%	0.0%	0.0%	0.1%	98.6%	10,180
45 to 54 years	19.4%	0.0%	1.8%	0.7%	78.1%	12,937
55 to 64 years	58.4%	0.6%	11.5%	3.3%	26.3%	13,783
65 years and over	61.5%	0.8%	14.9%	4.1%	18.7%	20,096
RACE AND HISPANIC OR LATINO ORIGIN						
One race	43.9%	6.6%	11.2%	2.1%	36.2%	161,750
White	45.9%	7.1%	11.8%	2.1%	33.1%	144,141
Black or African American	20.7%	3.5%	9.8%	3.3%	62.7%	8,436
American Indian or Alaska Native	23.8%	8.5%	13.8%	3.2%	50.8%	378
Asian	34.1%	1.5%	2.1%	1.1%	61.2%	7,397
Two or more races	18.1%	3.2%	8.5%	2.3%	67.9%	2,930
Hispanic or Latino origin (of any race)	28.1%	3.7%	6.1%	2.8%	59.3%	5,511
White alone, not Hispanic or Latino	46.3%	7.2%	11.8%	2.1%	32.6%	141,177
LABOR FORCE PARTICIPATION						
Males 16 years and over	46.1%	2.9%	9.9%	2.1%	39.1%	78,872
In labor force	49.7%	0.8%	9.0%	2.4%	38.0%	49,318
Females 16 years and over	42.1%	10.2%	12.5%	2.2%	32.9%	83,668
In labor force	45.4%	2.7%	13.3%	2.2%	36.5%	44,868

HOUSEHOLDS & FAMILIES

B 50. Households and Families, Broome County, NY, 2013-2017

	Type of Household								
Household & Family Characteristic	Married- Couple	Male Householder, no Wife Present	Female Householder, no Husband Present	Nonfamily	Total				
HOUSEHOLDS									
Total households	33,760	3,902	9,075	32,084	78,821				
Average household size	3.04	3.1	3.23	1.29	2.36				
FAMILIES									
Total families	33,760	3,902	9,075	(X)	46,737				
Average family size	3.02	2.58	3	(X)	2.98				
AGE OF OWN CHILDREN									
Households with own children under 18 years	11,327	2,049	4,857	(X)	18,233				
Under 6 years only	22.1%	36.5%	22.1%	(X)	23.7%				
Under 6 years and 6 to 17 years	18.0%	13.1%	19.8%	(X)	17.9%				
6 to 17 years only	59.8%	50.5%	58.1%	(X)	58.3%				
SELECTED HOUSEHOLDS BY TYPE									
Households with one or more people under 18 years	35.3%	59.7%	62.4%	1.3%	25.8%				
Households with one or more people 60 years and over	42.5%	27.7%	25.2%	48.6%	42.3%				
Householder living alone	(X)	(X)	(X)	78.8%	32.1%				
65 years and over	(X)	(X)	(X)	35.2%	14.3%				
UNMARRIED-PARTNER HOUSEHOLDS									
Same gender	(X)	(X)	(X)	(X)	0.4%				
Opposite gender	(X)	(X)	(X)	(X)	7.7%				
UNITS IN STRUCTURE									
1-unit structures	83.9%	59.9%	58.6%	49.0%	65.6%				
2-or-more-unit structures	11.5%	30.4%	35.2%	47.1%	29.7%				
Mobile homes and all other types of units	4.5%	9.7%	6.2%	4.0%	4.8%				
HOUSING TENURE									
Owner-occupied housing units	86.4%	63.4%	49.6%	48.7%	65.7%				
Renter-occupied housing units	13.6%	36.6%	50.4%	51.3%	34.3%				

FERTILITY

B 51. Fertility, Broome County, NY, 2013-2017

	Women with Births in the Past 12 Months						
Fertility	Number	Percent Distribution	Rate per 100 Women	Percent who were Unmarried	Total		
Women 15 to 50 years	1,970	(X)	44	47.50%	44,910		
15-19 years	146	7.40%	19	91.80%	7,571		
20-34 years	1,436	72.90%	72	49.70%	19,993		
35 to 50 years	388	19.70%	22	22.70%	17,346		
Race and Hispanic or Latino Origin							
White	1,527	77.50%	42	42.50%	36,628		
Black or African American	266	13.50%	85	77.40%	3,135		
Asian	80	4.10%	27	0.00%	2,956		
Two or More Races	17	0.90%	12	0.00%	1,366		
Hispanic or Latino Origin (of any race)	2,302	238	12.10%	103	86.60%		
White alone, not Hispanic or Latino	35,578	1,460	74.10%	41	41.50%		
Nativity							
Native	1,773	90.00%	43	49.70%	41,044		
Foreign Born	197	10.00%	51	26.90%	3,866		
Educational Attainment							
Less than high school graduate	480	24.40%	67	77.30%	7,148		
High school graduate (includes	289	14.70%	32	57.40%	9,149		
equivalency)	209	14.7076	32	37.4070	9,149		
Some college or associate's degree	688	34.90%	40	51.90%	17,113		
Bachelor's degree	303	15.40%	44	10.90%	6,821		
Graduate or professional degree	210	10.70%	45	3.80%	4,679		
Poverty Status in the past 12 months							
Women 15 to 50 years for whom poverty status is determined	1,962	(X)	47	47.20%	41,732		
Below 100 percent of poverty level	653	33.30%	65	84.70%	9,974		
100 to 199 percent of poverty level	467	23.80%	62	37.90%	7,493		
200 percent of more above poverty level	842	42.90%	35	23.40%	24,265		
Labor Force Status							
Women 16 to 50 years	1,970	(X)	45	47.50%	44,018		
In labor force	1,302	66.10%	44	52.50%	29,814		
Public Assistance income in the past 12 mont	hs						
Women 15 50 50 years	1,970	(X)	44	47.50%	44,910		
Receive public assistance income	262	13.30%	121	86.30%	2,158		
Did not receive public assistance income	1,708	86.70%	40	41.50%	42,752		

GRANDPARENTS

B 52. Grandparent Characteristics, Broome County, NY, 2013-2017

Current Characteristic	Percent dist	Total		
Grandparent Characteristic	30 to 59 years	60 years and over	Total	Total
Living with own grandchildren under 18 years	992	626	366	2,672
RACE AND HISPANIC OR LATINO ORIGIN				•
White	88.0%	85.0%	93.2%	89.3%
White alone, Not Hispanic or Latino	88.0%	85.0%	93.2%	89.1%
GENDER				•
Male	33.3%	28.9%	40.7%	33.7%
Female	66.7%	71.1%	59.3%	66.3%
MARITAL STATUS		<u> </u>		
Now married (including separated and spouse absent)	54.5%	47.8%	66.1%	53.9%
Unmarried (never married, widowed, and divorced)	45.5%	52.2%	33.9%	46.1%
LABOR FORCE STATUS		I .	I	
In labor force	53.6%	65.7%	33.1%	47.5%
NATIVITY		<u> </u>	<u>I</u>	
Native	93.9%	96.0%	90.2%	89.4%
Foreign born	6.1%	4.0%	9.8%	10.6%
LANGUAGE SPOKEN AT HOME AND ABILITY TO SPEAK ENGLISH			l	
Speak other language	7.2%	5.6%	9.8%	10.5%
Speak English "very well"	3.7%	3.2%	4.6%	4.1%
Speak English less than "very well"	3.4%	2.4%	5.2%	6.4%
DISABILITY STATUS		L		
Civilian grandparents living with own grandchildren < 18 years	992	626	366	2,672
With any disability	35.3%	34.7%	36.3%	32.9%
POVERTY STATUS IN THE PAST 12 MONTHS		<u> </u>	<u> </u>	
Grandparents living with own grandchildren under 18 years for whom poverty status is determined	992	626	366	2,672
Income in the past 12 months below poverty level	36.5%	41.9%	27.3%	18.2%
Income in the past 12 months at or above poverty level	63.5%	58.1%	72.7%	81.8%
Grandparents living with own grandchildren under 18 years in households	992	626	366	2,668
PRESENCE OF PARENT(S) OF GRANDCHILDREN		•	<u>.</u>	
Householder or spouse responsible for grandchildren with no parent of grandchildren present	54.0%	45.5%	68.6%	20.1%
HOUSEHOLDS		<u>. </u>		
Households	(X)	(X)	(X)	78,821
With grandparents living with grandchildren	(X)	(X)	(X)	2.6%

LANGUAGE & NATIVITY

B 53. Characteristics of Residents by Language Spoken at Home, Broome County, NY, 2013-2017

Resident Characteristic	speak a lar	oution of people who guage other than English	People who speak only English	Total
	Total	Spanish or Spanish Creole	only English	
Total population 5 years and over	17,617	4,055	168,259	185,876
AGE				
5 to 17 years	14.4%	19.4%	15.3%	15.2%
18 to 64 years	72.4%	73.6%	65.2%	65.9%
65 years and over	13.3%	7.1%	19.5%	18.9%
NATIVITY AND CITIZENSHIP STATUS				
Native population 5 years and over	45.6%	77.6%	97.9%	92.9%
Foreign-born population 5 years and over	54.4%	22.4%	2.1%	7.1%
Naturalized U.S. citizen	29.3%	14.6%	1.3%	3.9%
Not a U.S. citizen	25.1%	7.8%	0.9%	3.2%
POVERTY STATUS IN THE PAST 12 MONT	'HS			
Population 5 years and over for whom poverty status is determined	15,490	3,663	160,445	175,935
Below poverty level	32.1%	41.5%	15.1%	16.6%
At or above poverty level	67.9%	58.5%	84.9%	83.4%
EDUCATIONAL ATTAINMENT				
Population 25 years and over	10,455	2,273	119,347	129,802
Less than high school graduate	19.9%	26.2%	8.7%	9.6%
High school graduate (includes equivalency)	19.4%	21.6%	32.4%	31.4%
Some college or associate's degree	22.6%	22.8%	31.8%	31.0%
Bachelor's degree or higher	38.1%	29.3%	27.2%	28.0%

B 54. Language Spoken at Home, Broome County, NY, 2013-2017

	Percent of Specified Language Speakers					
Language	Speak English "very well"	Speak English less than "very well"	Total			
Population 5 years and over	97.0%	3.0%	185,876			
Speak only English	(X)	(X)	90.50%			
Speak a language other than English	68.0%	32.0%	9.5%			
Spanish or Spanish Creole	68.1%	31.9%	2.2%			
Other Indo-European languages	73.9%	26.1%	4.2%			
Asian and Pacific Island languages	57.7%	42.3%	2.6%			
Other Languages	70.9%	29.1%	0.5%			
Speak a language other than English						
Spanish or Spanish Creole	68.1%	31.9%	4,055			
5-17 years	69.9%	30.1%	785			
18-64 years	68.2%	31.8%	2,984			
65 years and over	61.5%	38.5%	286			
Other Indo-European languages	73.9%	26.1%	7,771			
5-17 years	80.4%	19.6%	1,258			
18-64 years	74.2%	25.8%	4,922			
65 years and over	68.1%	31.9%	1,591			
Asian and Pacific Island languages	57.7%	42.3%	4,830			
5-17 years	69.9%	30.4%	352			
18-64 years	60.7%	39.3%	4,124			
65 years and over	11.3%	88.7%	354			
Other languages	70.9%	29.1%	961			
5-17 years	68.6%	31.4%	137			
18-64 years	75.5%	24.5%	719			
65 years and over	41.9%	58.1%	105			
Citizens 18 years and over	98.0%	2.0%	152,197			
Speak only English	(X)	(X)	92.8%			
Speak a language other than English	72.8%	27.2%	7.2%			
Spanish or Spanish Creole	71.4%	28.6%	1.9%			
Other languages	73.3%	26.7%	5.3%			

DISABILITY

B 55. Disability Characteristics by Gender, Broome County, NY, 2013-2017

		MALE		FEMALE			TOTAL		_
Population Base: Total civilian non- institutionalized population	Population	# with Disability	% with Disability	Population	# with Disability	% with Disability	Population	# with Disability	% with Disability
ANY DISABILITY									
Under 5 years	5,296	32	0.6	4,952	55	1.1	10,248	87	0.8
5 to 17 years	14,542	1,741	12.0	13,575	851	6.3	28,117	2,592	9.2
18 to 34 years	25,252	1,919	7.6	24,064	1,739	7.2	49,316	3,658	7.4
35 to 64 years	35,429	5,448	15.4	36,630	6,381	17.4	72,059	11,829	16.4
65 to 74 years	8,326	2,024	24.3	9,415	2,189	23.3	17,741	4,213	23.7
75 years and over	6,244	2,952	47.3	9,516	4,423	46.5	15,760	7,375	46.8
Total	95089	14,116	14.8	98,152	15,638	15.9	193,241	29,754	15.4
HEARING									
Under 5 years	5,296	28	0.5	4,952	55	1.1	10,248	83	0.8
5 to 17 years	14,542	146	1.0	13,575	87	0.6	28,117	233	0.8
18 to 34 years	25,252	234	0.9	24,064	273	1.1	49,316	507	1.0
35 to 64 years	35,429	1,282	3.6	36,630	1,122	3.1	72,059	2,404	3.3
65 to 74 years	8,326	898	10.8	9,415	688	7.3	17,741	1,586	8.9
75 years and over	6,244	1,652	26.5	9,516	1,549	16.3	15,760	3,201	20.3
Total	95,089	4,240	4.5	98,152	3,774	3.8	193,241	8,014	4.1
VISION									
Under 5 years	5,296	4	0.1	4,952	25	0.5	10,248	29	0.3
5 to 17 years	14,542	275	1.9	13,575	71	0.5	28,117	346	1.2
18 to 34 years	25,252	305	1.2	24,064	288	1.2	49,316	593	1.2
35 to 64 years	35,429	726	2.0	36,630	1,107	3.0	72,059	1,833	2.5
65 to 74 years	8,326	324	3.9	9,415	321	3.4	17,741	645	3.6
75 years and over	6,244	409	6.6	9,516	724	7.6	15,760	1,133	7.2
Total	95,089	2,043	2.1	98,152	2,536	2.6	193,241	4,579	2.4
COGNITIVE									
5 to 17 years	14,542	1,534	10.5	13,575	719	5.3	28,117	2,253	8.0
18 to 34 years	25,252	1,240	4.9	24,064	1,080	4.5	49,316	2,320	4.7
35 to 64 years	35,429	2,147	6.1	36,630	2,620	7.2	72,059	4,767	6.6
65 to 74 years	8,326	564	6.8	9,415	443	4.7	17,741	1,007	5.7
75 years and over	6,244	562	9.0	9,516	1,242	13.1	15,760	1,804	11.4
Total	89,793	6,047	6.7	93,200	6,104	6.5	182,993	12,151	6.6
AMBULATORY									
5 to 17 years	14,542	177	1.2	13,575	131	1.0	28,117	308	1.1
18 to 34 years	25,252	192	0.8	24,064	319	1.3	49,316	511	1.0
35 to 64 years	35,429	2,913	8.2	36,630	3,480	9.5	72,059	6,393	8.9
65 to 74 years	8,326	980	11.8	9,415	1,499	15.9	17,741	2,479	14.0
75 years and over	6,244	1,390	22.3	9,516	3,072	32.3	15,760	4,462	28.3
Total	89,793	5,652	6.3	93,200	8,501	9.1	182,993	14,153	7.7

		MALE			FEMALE			TOTAL		
Population Base: Total civilian non- institutionalized population	Population	# with Disability	% with Disability	Population	# with Disability	% with Disability	Population	# with Disability	% with Disability	
SELF-CARE										
5 to 17 years	14,542	239	1.6	13,575	227	1.7	28,117	466	1.7	
18 to 34 years	25,252	145	0.6	24,064	190	0.8	49,316	335	0.7	
35 to 64 years	35,429	1,037	2.9	36,630	1,075	2.9	72,059	2,112	2.9	
65 to 74 years	8,326	308	3.7	9,415	425	4.5	17,741	733	4.1	
75 years and over	6,244	665	10.7	9,516	1,210	12.7	15,760	1,875	11.9	
Total	89,793	2,394	2.7	93,200	3,127	3.4	182,993	5,521	3.0	
INDEPENDENT LIVING										
18 to 34 years	25,252	784	3.1	24,064	695	2.9	49,316	1,479	3.0	
35 to 64 years	35,429	1,857	5.2	36,630	2,511	6.9	72,059	4,368	6.1	
65 to 74 years	8,326	462	5.5	9,415	822	8.7	17,741	1,284	7.2	
75 years and over	6,244	1,095	17.5	9,516	2,294	24.1	15,760	3,389	21.5	
Total	75,251	4,198	5.6	79,625	6,322	7.9	154,876	10,520	6.8	

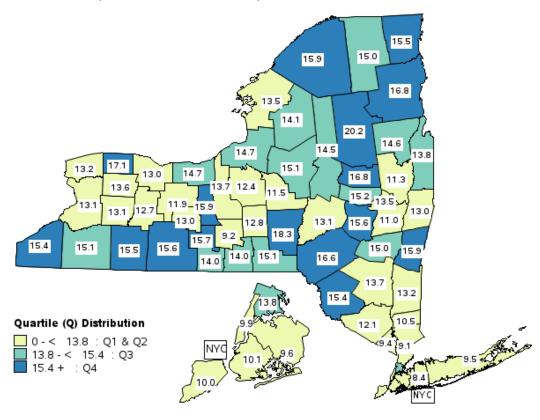
SOURCE: US Census Bureau, American Community Survey, 2013-2017 (5-year estimates)

B 56. Disability Characteristics, Broome County, NY, 2013-2017

Disability Characteristics	Total	# with Disability	% with Disability
Total civilian non-institutionalized population	193,241	29,754	15.4%
Population under 5 years	10,248	87	0.8%
With a hearing difficulty	(X)	83	0.8%
With a vision difficulty	(X)	29	0.3%
Population 5 to 17 years	28,117	2,592	9.2%
With a hearing difficulty	(X)	233	0.8%
With a vision difficulty	(X)	346	1.2%
With a cognitive difficulty	(X)	2,253	8.0%
With an ambulatory difficulty	(X)	308	1.1%
With a self-care difficulty	(X)	466	1.7%
Population 18 to 64 years	121,375	15,487	23.8%
With a hearing difficulty	(X)	2,911	2.4%
With a vision difficulty	(X)	2,426	2.0%
With a cognitive difficulty	(X)	7,087	5.8%
With an ambulatory difficulty	(X)	6,904	5.7%
With a self-care difficulty	(X)	2,447	2.0%
With an independent living difficulty	(X)	5,847	4.8%
Population 65 years and over	33,501	11,588	70.50%
With a hearing difficulty	(X)	4,787	29.2%
With a vision difficulty	(X)	1,778	5.3%
With a cognitive difficulty	(X)	2,811	8.4%
With an ambulatory difficulty	(X)	6,941	20.7%
With a self-care difficulty	(X)	2,608	7.8%
With an independent living difficulty	(X)	4,673	28.7%
GENDER			
Male	95,089	14,116	14.8%
Female	98,152	15,638	15.9%

Disability Characteristics	Total	# with Disability	% with Disability
RACE AND HISPANIC OR LATINO ORIGIN			
White alone	166,272	26,522	16.0%
Black of African American alone	10,976	1,688	15.4%
Asian alone	8,314	464	5.6%
Two or more races	5,461	683	12.5%
White alone, not Hispanic or Latino	162,436	26,119	16.1%
Hispanic or Latino (of any race)	7,659	955	12.5%
Population Age 16 and Over	159,772	27,453	
EMPLOYMENT STATUS	<u> </u>	<u> </u>	
Employed Population Age 16 and Over	87,365	5,632	20.5%
Not in Labor Force	65,666	20,919	76.2%
OCCUPATION	<u> </u>	<u> </u>	
Management, business, science, and arts occupations	32,937	1,431	25.4%
Service occupations	17,036	1,312	23.3%
Sales and office occupations	21,404	1,526	27.1%
Natural resources, construction, and maintenance occupations	6,028	411	7.3%
Production, transportation, and material moving occupations	9,960	952	16.9%
COMMUTING TO WORK	3,500	332	20.070
Workers Age 16 and over	85,387	5,356	
Car, truck, or van - drove alone	68,651	3,771	70.4%
Car, truck, or van - carpooled	7,173	343	9.1%
Public transportation (excluding taxicab)	2,647	29	8.4%
Walked	3,330	(X)	5.4%
Taxicab, motorcycle, bicycle, or other means	939	(X)	2.1%
Worked at home	2,647	(X)	4.5%
EDUCATIONAL ATTAINMENT	2,047	(//)	4.570
Population Age 25 and over	127,242	25,363	
Less than high school graduate	11,706	4,641	18.3%
High school graduate (includes equivalency)	39,572	10,272	40.5%
Some college or associate's degree	39,827	6,721	26.5%
Bachelor's degree or higher	36,137	3,728	14.7%
		3,728	14.770
EARNINGS IN PAST 12 MONTHS (IN 2017 INFLATION ADJUSTED DO Population Age 16 and over with earnings	1	6 903	
\$1 to \$4,999 or loss	100,402	6,892 1,558	22.6%
\$1 to \$4,999 or loss \$5,000 to \$14,999	14,960 16,566	1,744	25.3%
\$15,000 to \$24,999			
\$15,000 to \$24,999 \$25,000 to \$34,999	15,261 13,253	1,082	15.7% 11.7%
		806	
\$35,000 to \$49,999	14,659	662	9.6%
\$50,000 to \$74,999	14,659	682	9.9%
\$75,000 or more	11,145	365	5.3%
Median Earnings	\$27,100	\$16,722	
POVERTY STATUS IN THE PAST 12 MONTHS		T	
Population Age 16 and over for whom poverty status is determined	153,418	27,174	
Below 100 percent of the poverty level	24,087	6,957	25.6%
100 to 149 percent of the poverty level	2,096	3,533	13.0%
At or above 150 percent of the poverty level	1,584	16,685	61.4%

B 57. Percent Disabled, New York State Counties, 2012-2016



SOURCE: U.S. Census, American Community Survey, June 2018

B 58. Disability among Adults, Broome County, NY, 2016

Health indicator	Broome County	Upstate New York	New York State
Percentage of adults with a disability (Based on 6 ACA questions)	24.9% (19.4%-30.3%)	21.2% (20.2%-22.2%)	21.6% (20.7%-22.5%)

 $SOURCE: New York State \ Expanded \ Behavioral \ Risk \ Factor \ Surveillance \ System \ (BRFSS), Broome \ County, \ 2016$

VETERAN STATUS

B 59. Veteran Status, Broome County, NY, 2013-2017

Veteran Characteristic	Veterans	Nonveterans	Total
Civilian population 18 years and over	12,094	145,472	157,566
PERIOD OF SERVICE			
Gulf War (9/2001 or later) veterans	9.4%		
Gulf War (8/1990 to 8/2001) veterans	12.0%		
Vietnam era veterans	34.9%		
Korean War veterans	12.7%		
World War II veterans	6.4%		
GENDER			
Male	94.2%	44.7%	48.5%
Female	5.8%	55.3%	51.5%
AGE			
18 to 34 years	6.0%	33.7%	31.6%
35 to 54 years	18.1%	29.7%	28.8%
55 to 64 years	19.0%	17.2%	17.3%
65 to 74 years	24.4%	10.5%	11.6%
75 years and over	32.6%	8.9%	10.7%
RACE AND HISPANIC OR LATINO ORIGIN			
One race			
White	95.6%	87.2%	87.8%
Black or African American	2.2%	5.1%	4.9%
Asian	0.7%	4.9%	4.5%
White alone, not Hispanic or Latino	94.7%	85.4%	86.1%
MEDIAN INCOME IN THE PAST 12 MONTHS (In 2007 Inflation-Adjusted Dollars)			
Civilian population 18 years and over with income	35,119	24,495	25,555
Male	35,524	30,159	
Female	24,483	21,103	
EDUCATIONAL ATTAINMENT			
Civilian population 25 years and over	12,027	117,729	129,756
Less than high school graduate	6.4%	9.9%	9.6%
High school graduate (includes equivalency)	37.3%	30.8%	31.4%
Some college or associate's degree	33.2%	30.8%	31.0%
Bachelor's degree or higher	23.1%	28.5%	28.0%
EMPLOYMENT STATUS			
Civilian population 18 to 64 years	5,199	117,273	122,472
Labor force participation rate	74.2%	71.7%	71.8%
Civilian labor force 18 to 64 years	3,857	84,117	87,974
Unemployment rate	7.6%	7.1%	7.1%

Veteran Characteristic	Veterans	Nonveterans	Total
POVERTY STATUS IN THE PAST 12 MONTHS			
Civilian population 18 years and over	11,821	136,804	148,625
Below poverty in the past 12 months	6.9%	16.4%	15.6%
DISABILITY STATUS			
Civilian population 18 years and over	11,821	136,804	148,625
With any disability	29.5%	17.1%	18.0%

SOURCE: US Census Bureau, American Community Survey, 2013-2017 (5-year estimates)

COMMUTING

B 60. Commuting Characteristics, Broome County, NY, 2013-2017

Commuting Characteristic	Male	Female	Total
Workers 16 years and over	44,381	41,052	85,433
MEANS OF TRANSPORTATION TO WORK			
Car, truck, or van	88.5%	89.2%	88.8%
Drove alone	80.1%	80.9%	80.4%
Carpooled	8.4%	8.3%	8.4%
In 2-person carpool	6.7%	6.8%	6.8%
In 3-person carpool	0.9%	0.9%	0.9%
In 4-or-more person carpool	0.8%	0.6%	0.7%
Workers per car, truck, or van	1.05	1.05	1.05
Public transportation (excluding taxicab)	3.2%	3.0%	3.1%
Walked	3.6%	4.2%	3.9%
Bicycle	0.5%	0.2%	0.4%
Taxicab, motorcycle, or other means	1.0%	0.5%	0.7%
Worked at home	3.2%	2.9%	3.1%
PLACE OF WORK			
Worked in state of residence	97.9%	99.0%	98.5%
Worked in county of residence	85.2%	92.4%	88.6%
Worked outside county of residence	12.8%	6.6%	9.8%
Worked outside state of residence	2.1%	1.0%	1.5%
TRAVEL TIME TO WORK			
Less than 10 minutes	15.3%	18.1%	16.6%
10 to 14 minutes	21.1%	22.6%	21.8%
15 to 19 minutes	22.2%	22.8%	22.5%
20 to 24 minutes	17.6%	16.5%	17.1%
25 to 29 minutes	5.2%	5.4%	5.3%
30 to 34 minutes	7.4%	7.4%	7.4%
35 to 44 minutes	2.8%	2.1%	2.5%
45 to 59 minutes	2.5%	2.1%	2.3%
60 or more minutes	6.0%	2.9%	4.5%
Mean travel time to work (minutes)	21.3	17.9	19.7
VEHICLES AVAILABLE			
Workers 16 years and over in households	43,726	40,404	84,130
No vehicle available	4.8%	5.3%	5.0%
1 vehicle available	20.5%	24.7%	22.5%
2 vehicles available	43.9%	42.0%	43.0%
3 or more vehicles available	30.8%	28.0%	29.5%

SOURCE: US Census Bureau, American Community Survey, 2013-2017 (5-year estimates)

COUNTY HEALTH INDICATORS BY RACE / ETHNICITY (CHIRE)

B 61. Broome County Health Indicators by Race/Ethnicity, 2014-2016

		Non-Hisp	anic		
Health Indicator	White	Black	Asian/Pacific Islander	Hispanic	Total
Socio-Demographic Indicators					
Population (2016)	165,864	11,719	9,310	8,000	195,334
Percentage of population (2016)	84.9%	6.0%	4.8%	4.1%	100.0%
Median annual household income in US dollars (2012-2016)~	50,207	22,680	39,837	24,463	47,744
Percentage of families below poverty (2012-2016)~	9.4%	32.7%	13.8%	32.6%	11.2%
General Health Indicators					
Total mortality per 100,000 population, age-adjusted	741.0	875.5	212.6	577.3	740.3
Percentage of premature deaths (< 75 years)	36.8%	69.1%	44.4%	66.2%	38.1%
Years of potential life lost per 100,000 population, ageadjusted	7,278.7	10,166.7	1,171.5	6,634.8	7,237.7
Birth-Related Indicators					
Number of births per year (3-year average)	1,607	141	71	120	2,022
Percentage of births with early (1st trimester) prenatal care	76.8%	61.5%	69.5%	63.9%	74.0%
Percentage of births with adequate prenatal care (APNCU)*	82.2%	69.7%	76.6%	67.3%	79.9%
Percentage of premature births (< 37 weeks gestation - clinical estimate)	7.9%	12.1%	8.0%	7.6%	8.5%
Percentage of low birthweight births (< 2.5 kg)	6.4%	12.6%	9.9%	8.1%	7.3%
Teen pregnancies per 1,000 females aged 15-17 years	13.2	52.9	0.0*	58.8	20.2
Pregnancies per 1,000 females aged 15-44 years	71.7	107.2	26.2	82.2	75.2
Fertility per 1,000 females aged 15-44 years	53.7	47.9	24.7	58.0	53.4
Infant mortality per 1,000 live births	5.4	11.8*	0.0*	8.3*	5.8
Injury-Related Indicators					
Motor vehicle-related mortality per 100,000 population, age-adjusted	7.4	6.3*	0.0*	0.0*	6.9
Unintentional injury mortality per 100,000 population, ageadjusted	51.5	48.0	0.0*	71.0	50.2
Unintentional injury hospitalizations per 10,000 population, age-adjusted (2014-2016)	65.0	56.4	13.7	19.1	65.0
Poisoning hospitalizations per 10,000 population, ageadjusted (2014-2016)	12.8	16.4	S	12.4	12.8
Fall hospitalizations per 10,000 population, aged 65+ years (2014-2016)	224.8	69.3	S	S	222.4
Suicide mortality per 100,000 population, age-adjusted	12.0	10.7*	5.8*	23.6*	11.8

		Non-Hispa	ınic		
Health Indicator	White	Black	Asian/Pacific Islander	Hispanic	Total
Respiratory Disease Indicators					
Asthma hospitalizations per 10,000 population, ageadjusted (2014-2016)	9.3	20.0	S	18.8	9.9
Asthma hospitalizations per 10,000 population, aged 0-17 years (2014-2016)	12.0	19.6	0.0*	S	12.8
Chronic lower respiratory disease mortality per 100,000 population, age-adjusted	40.2	33.5*	8.7*	26.4*	40.3
Chronic lower respiratory disease hospitalizations per 10,000 population, age-adjusted (2012-2014)	25.4	40.0	S	31.1	26.0
Heart Disease and Stroke Indicators					
Diseases of the heart mortality per 100,000 population, age-adjusted	172.9	211.9	51.9*	83.9*	173.3
Diseases of the heart hospitalizations per 10,000 population, age-adjusted (2012-2014)	83.5	105.9	15.2	26.2	84.2
Cerebrovascular disease (stroke) mortality per 100,000 population, age-adjusted	26.9	46.8*	35.2*	12.9*	27.5
Cerebrovascular disease (stroke) hospitalizations per 10,000 population, age-adjusted (2012-2014)	24.4	27.8	16.0	9.4	24.7
Coronary heart disease mortality per 100,000 population, age-adjusted	108.9	152.9	25.3*	55.5*	109.0
Coronary heart disease hospitalizations per 10,000 population, age-adjusted (2012-2014)	28.8	31.9	8.5	10.7	29.2
Congestive heart failure mortality per 100,000 population, age-adjusted	15.9	12.1*	14.4*	0.0*	15.9
Congestive heart failure hospitalizations per 10,000 population, age-adjusted (2012-2014)	23.5	41.0	3.5*	S	23.8
Diabetes Indicators					
Diabetes mortality per 100,000 population, age-adjusted	20.3	49.4*	0.0*	20.4*	20.6
Diabetes (primary diagnosis) hospitalizations per 10,000 population, age-adjusted (2012-2014)	12.9	35.3	S	12.2	14.2
Diabetes (any diagnosis) hospitalizations per 10,000 population, age-adjusted (2012-2014)	182.2	358.0	68.2	119.2	189.3
Diabetes short-term complications hospitalizations per 10,000 population aged 6-17 years (2012-2014)	6.6	S	0.0*	S	6.8
Diabetes short-term complications hospitalizations per 10,000 population aged 18+ years (2012-2014)	5.4	19.9	S	5.5*	6.0

		Non-Hispa	nic		
Health Indicator	White	Black	Asian/Pacific Islander	Hispanic	Total
Cancer Indicators					
Lung cancer incidence per 100,000 population, ageadjusted (2013-2015)	66.1	117.4	S	S	66.2
Colorectal cancer mortality per 100,000 population, ageadjusted (2013-2015)	14.2	S	S	0.0*	13.9
Colorectal cancer incidence per 100,000 population, ageadjusted (2013-2015)	34.8	27.6*	43.4*	S	34.7
Female breast cancer mortality per 100,000 female population, age-adjusted (2013-2015)	18.4	64.6*	S	S	20.1
Female late stage breast cancer incidence per 100,000 female population, age-adjusted (2013-2015)	42.3	71.5*	S	S	43.0
Cervix uteri cancer mortality per 100,000 female population, age-adjusted (2013-2015)	2.1*	0.0*	0.0*	0.0*	2.0*
Cervical cancer incidence per 100,000 female population, age-adjusted (2013-2015)	5.7	S	0.0*	S	6.0

SOURCE: New York State Department of Health, County Health Indicators by Race/Ethnicity, 2014-2016

^{*} Fewer than 10 events in the numerator, rate/percentage unstable

s Total number suppressed for confidentiality

[~] Hispanics are not excluded from the Black and Asian/Pacific Islander categories. Pacific Islanders are not included in the Asian/Pacific Islander category

DEMOGRAPHIC SUMMARY TABLE

B 62. SUMMARY TABLE: Demographic, Social, Economic, and Housing Profile Comparisons, Broome County, New York State, United States, 2013-2015

Domographia	Br	oome Cour	nty	Ne	w York Sta	te	United States			
Demographic	2013	2014	2015	2013	2014	2015	2013	2014	2015	
				19.4	19.5	19.6	309.3	311.6	313.9	
TOTAL POPULATION	200,000	199,000	198,000	million	million	million	million	million	million	
GENDER (percent)										
Males	49	50	49	48	49	49	49	49	49	
Females	51	51	51	52	52	52	51	51	51	
MEDIAN AGE (years)	40.1	40.7	41	38	38.1	38.1	37.2	37.3	37.4	
AGE CATEGORY (percent)										
Under 18	20	20	20	22	22	22	24	24	24	
18 to 24	14	12	12	10	10	10	10	10	10	
25 to 44	22	23	23	27	27	27	27	26	26	
45 to 64	28	28	28	27	27	27	26	27	26	
65 and over	16	17	17	14	14	14	13	13	14	
RACE – of those reporting single race (percent)										
White	89	89	88	66	65	65	74	74	74	
Black or African American	4	5	5	16	16	16	13	13	13	
American Indian or Alaska Native	<0.5	<0.5	<0.5	<0.5	<0.5	<0.5	1	1	1	
Asian	3	4	4	7	7	8	5	5	5	
Native Hawaiian or Other Pacific Islander	0	0	< 0.5	0	0	0	< 0.5	< 0.5	< 0.5	
Other	1	<0.5	1	8	9	8	5	5	5	
ETHNICITY (percent)										
White, non-Hispanic	86	86	86	58	58	57	64	63	63	
Hispanic (any race)	3	4	4	18	18	18	16	17	17	
LANGUAGE (percent) – at least 5 years of age										
Language other than English at home	8	7	10	30	30	30	21	21	21	
Spanish	2	2	2	15	15	15	13	13	13	
Other language	6	5	7	15	15	16	8	8	8	
Does not speak English very well	3	3	3	14	14	13	9	9	9	
TYPE OF HOUSEHOLD (percent)										
Married-couple families	45	44	45	45	44	44	49	48	48	
Other families	18	14	16	20	20	20	18	18	18	
People living alone	30	36	32	29	30	30	27	28	28	
Other nonfamily households	8	7	7	7	6	7	6	6	6	

Domographic	Br	oome Cour	nty	Ne	ew York Sta	ite	United States				
Demographic	2013	2014	2015	2013	2014	2015	2013	2014	2015		
AVERAGE HOUSEHOLD SIZE (number of persons)	2.4	2.4	2.3	2.6	2.6	2.6	2.6	2.6	2.6		
NUMBER OF HOUSEHOLDS	80,000	80,000	82,000	7.2 million	7.2 million	7.2 million	114.6 million	115 million	116 million		
GEOGRAPHIC MOBILITY (percent)											
Same residence	87	87	84	89	89	89	85	85	85		
Different residence, same county	9	8	11	7	7	7	9	9	9		
Different county same state	3	4	3	2	2	2	3	3	3		
Different state	1	2	2	1	2	1	2	2	2		
Abroad	0	0	1	1	1	1	1	1	1		
NATIVITY (percent)											
Foreign born	5	6	6	22	22	23	13	13	13		
Native	95	95	94	78	78	77	87	87	87		
Born in New York *Born in state of residence	76	76	75	64	64	64	59*	59*	59*		
EDUCATIONAL ATTAINMENT (percent)											
Graduate or professional degree	11	13	13	14	14	14	10	11	11		
Bachelor's degree	13	14	15	19	19	19	18	18	18		
Associate's degree	12	11	11	8	8	9	8	8	8		
Some college, no degree	20	18	19	16	16	17	21	21	21		
High school diploma or equivalency	34	33	33	28	28	27	29	28	28		
Less than high school	10	12	10	15	15	15	14	14	14		
SCHOOL ENROLLMENTS (percent)											
Nursery school and kindergarten	10	10	10	11	11	11	11	11	11		
Elementary or high school	52	49	49	59	58	58	61	60	60		
College or graduate school	38	41	41	30	31	31	28	29	29		
Total school enrollment	53,000	55,000	55,000	5.0 million	5.0 million	5.0 million	82.7 million	83.1 million	83.1 million		
INCOME											
Median household income (US dollars)	\$46,913	\$44,931	\$45,175	\$57,.024	\$56,343	\$56,448	\$52,617	\$51,324	\$51,371		
Percent of households receiving earnings	73	71	73	78	77	77	78	78	78		
Percent receiving retirement income other than Social Security	23	26	25	17	17	18	18	18	18		

Dama anarilita	Bre	oome Cour	nty	Ne	w York Sta	ite	United States			
Demographic	2013	2014	2015	2013	2014	2015	2013	2014	2015	
Percent receiving Social Security	34	35	34	28	29	29	28	29	29	
Average Social Security income (US dollars)	\$17,399	\$17,054	\$16,983	\$17,529	\$17,191	\$17,247	\$17,098	\$16,993	\$16,977	
POVERTY RATES (percent)										
People age 65 and over	7	6	9	11	12	11	9	9	10	
Related children under 18 years	24	25	24	21	22	23	21	22	22	
All families	12	11	12	12	12	12	11	12	12	
Female householder families	38	34	32	28	29	28	30	31	32	
All people	17	18	18	15	16	16	15	16	16	
DISABILITY (percent)										
Under 18	5	4	9	4	4	4	4	4	4	
Age 18 to 64	11	11	12	8	9	8	10	10	10	
Age 65 and older	36	35	33	34	34	34	37	37	36	
Total	14	14	15	11	11	11	12	12	12	
HOUSING UNITS	91,000	91,000	90,000	8.1 million	8.1 million	8.1 million	131.8 million	132.3 million	132.5 million	
Percent vacant	12	12	9	11	12	11	13	13	12	
HOUSING CHARACTERISTICS (percent)										
Single-unit structures	63	63	64	47	47	47	67	67	67	
Multi-unit structures	31	32	32	51	51	51	26	26	26	
Mobile homes	6	5	5	2	3	2	7	7	6	
PAYING 30% OR MORE OF INCOME FOR HOUSING (percent)										
Owners with mortgage	28	24	26	41	41	39	38	37	34	
Owners without mortgage	14	16	14	22	23	23	16	16	15	
Renters	53	54	52	53	54	54	53	53	52	
MEDIAN MONTHLY HOUSING COSTS (US dollars)										
Mortgaged owners	\$1,180	\$1,158	\$1,114	\$2,071	\$2,016	\$1,967	\$1,579	\$1,517	\$1,460	
Non-mortgaged owners	\$476	\$473	\$449	\$698	\$699	\$683	\$454	\$451	\$434	
Renters	\$678	\$686	\$680	\$1,071	\$1,075	\$1,079	\$897	\$886	\$884	
OCCUPIED HOUSING CHARACTERISTICS										
Number of occupied housing units	80,000	80,000	82,000	7.2 million	7.2 million	7.2 million	114.5 million	115 million	116 million	
Percent owner occupied	67	66	66	54	54	54	65	65	64	
Percent renter occupied	33	34	34	46	46	46	35	35	36	

D	Bro	ome Cour	nty	Ne	w York Sta	te	United States			
Demographic	2013	2014	2015	2013	2014	2015	2013	2014	2015	
Percent of households without telephone service	3	3	2	3	3	3	3	3	3	
Percent of households without access to a car, truck, or van for private use	11	12	12	29	30	30	9	9	9	
Percent of households with 2 vehicles	36	36	34	27	27	26	38	38	37	
Percent of households with three or more vehicles	16	15	17	12	11	11	20	19	19	
EMPLOYMENT BY INDUSTRY (percent)										
Educational services, health care, and social assistance	27	31	30	28	28	27	23	23	23	
Manufacturing	12	11	10	7	7	7	10	10	11	
Retail trade	14	13	12	11	11	11	12	12	12	
Arts, entertainment, and recreation, and accommodation and food services	10	7	8	9	9	9	9	9	10	
Professional, scientific, and management, and administrative and waste management services	9	8	9	11	11	11	11	11	11	
Construction	5	6	6	6	6	6	6	6	6	
Finance and insurance, and real estate and rental and leasing	5	6	4	8	8	8	7	7	7	
OCCUPATIONS (percent)										
Management, business, science, and arts occupations	35	38	35	39	38	39	36	36	36	
Sales and office occupations	27	23	26	24	24	24	25	25	25	
Service occupations	19	18	19	20	21	20	18	18	18	
Production, transportation, and materials moving	12	10	11	10	9	10	12	12	12	
Natural resources, construction, and maintenance occupations	7	10	8	8	8	7	9	9	9	
EMPLOYMENT										
Private wage and salary workers	75	74	73	77	78	78	78	79	79	
Federal, state, or local government workers	19	22	21	17	16	16	15	15	15	

Damasus his	Bro	ome Cour	nty	Ne	w York Sta	te	United States			
Demographic	2013	2014	2015	2013	2014	2015	2013	2014	2015	
Self-employed workers (in own non- incorporated business)	6	5	7	6	6	6	6	6	6	
TRAVEL TO WORK (percent)										
Drove to work alone	80	80	79	54	54	54	77	76	76	
Carpooled to work	9	8	9	7	7	7	10	10	10	
Took public transportation to work	3	3	3	27	27	27	5	5	5	
Other means	1	1	1	2	2	2	2	2	2	
Worked at home	4	4	4	4	4	4	4	4	4	
Average time to get to work (minutes)	17.9	18.1	19.7	31.3	31.5	31.8	25.3	25.5	25.7	

SOURCE: US Census Bureau, American Community Survey, 2013-2017 (3-year estimates)

FAMILY PLANNING

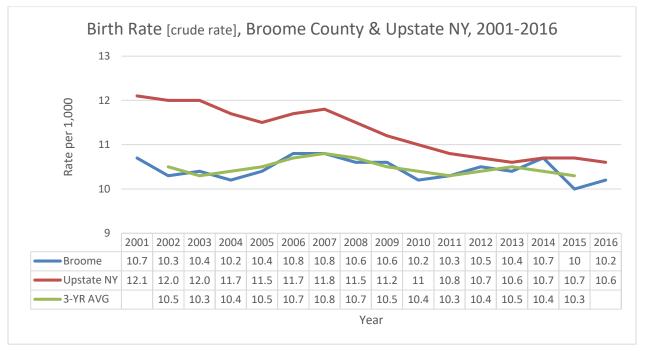
B 63. Family Planning / Natality Indicators, Broome County, Upstate New York, New York State, 2014-2016

Indicator	3 Year Total	Broome County	Upstate NY	New York State	Quartile Ranking
% of births within 24 months of previous pregnancy	1,064	35.9	33	31.2	4 th
% of births to teens (15-17 years)	99	1.6	1.1	1	3 rd
% of births to teens (15-19 years)	325	5.4	4.2	3.8	2 nd
% of births to women 35+ years	831	13.7	20.2	22.1	2 nd
Fertility rate per 1,000 (all births/female population 15-44)	6,066	53.4	57.2	58.5	2 nd
Births to mothers:					
10-14 years	4	0.3*	0.2	0.2	3 rd
15-17 years	99	9.5	6	6.6	3 rd
15-19 years	325	14.6	13.3	14.6	2 nd
18-19 years	226	19.2	22.9	25.6	1 st
Pregnancy rate per 1,000 (all pregnancies/ females 15-44 years)	8,547	75.2	72.8	83.8	3 rd
Teen pregnancy rate per 1,000					
10-14 years	9	0.6*	0.4	0.6	2 nd
15-17 years	212	20.3	11	15.1	4 th
15-19 years	597	26.9	22.3	29.8	2 nd
18-19 years	385	32.8	37.5	50.1	1 st
Abortion Ratio (induced abortions per 1000 live					
births)					
15-19 years	253	778.5	653.3	990.8	3 rd
All ages	2,128	350.8	231.7	370.9	4 th

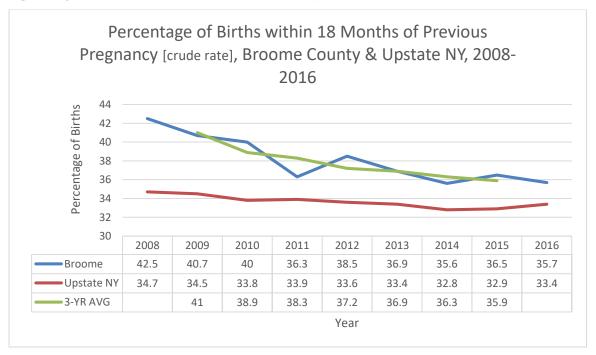
SOURCE: New York State Department of Health, County Health Assessment Indicators, 2014-2016

^{*} Fewer than 10 events in the numerator, rate/percentage unstable



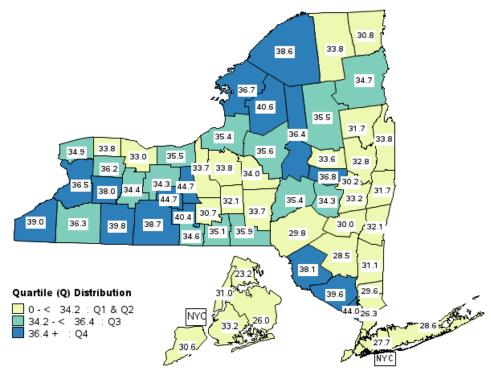


B 65. Percentage of Births within 18 Months of Previous birth, Broome County (single year & 3-year average) & Upstate New York, 2008-2016 [Crude Rate]

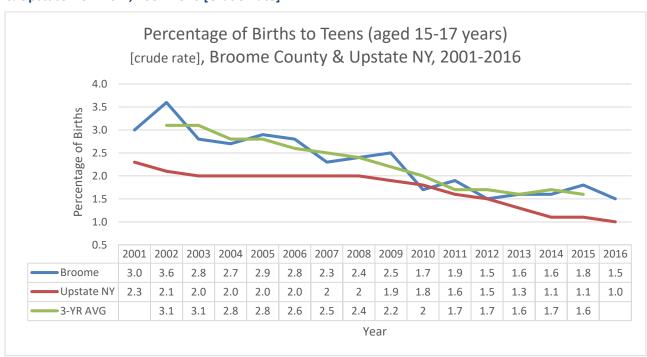


SOURCE: New York State Department of Health, County Health Indicator Reports, 2008-2016

B 66. Births within 18 Months of Previous Birth, New York State Counties, 2014-2016

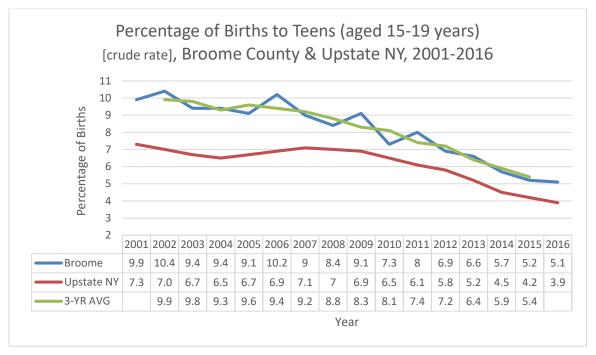


B 67. Percentage of Births to Teens (aged 15-17 years), Broome County (single year & 3-year average) & Upstate New York, 2001-2016 [Crude Rate]

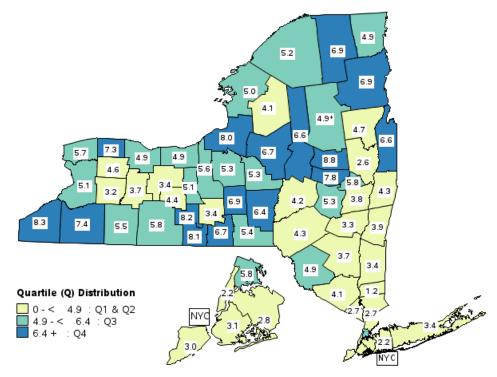


SOURCE: New York State Department of Health, County Health Indicator Reports, 2001-2016

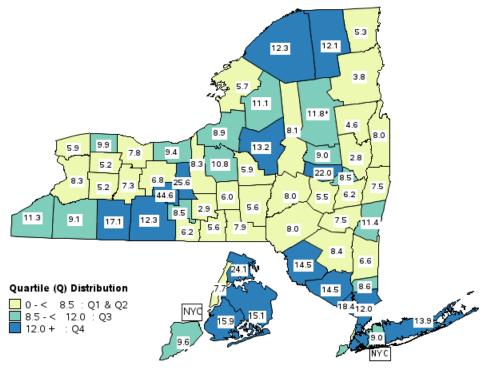
B 68. Percentage of Births to Teens (aged 15-19 years), Broome County (single year & 3-year average) & Upstate New York, 2001-2016 [Crude Rate]



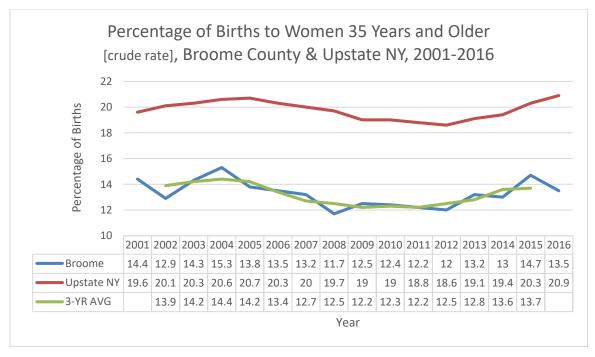
B 69. Percentage of Births to Teens (aged 15-19 years), New York State Counties, 2014-2016



B 70. Percentage of Births to Women 25 Years and Older Without High School Education, New York State Counties, 2014-2016

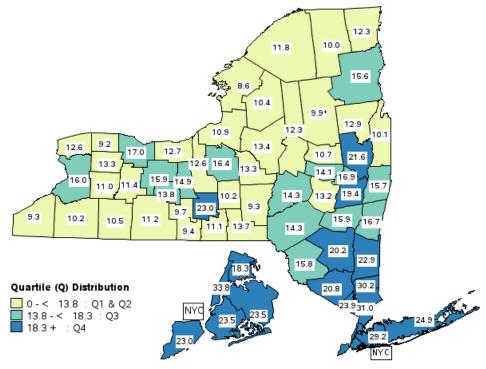


B 71. Percentage of Births to Women 35 Years and Older, Broome County (single year & 3-year average) & Upstate New York, 2001-2016 [Crude Rate]

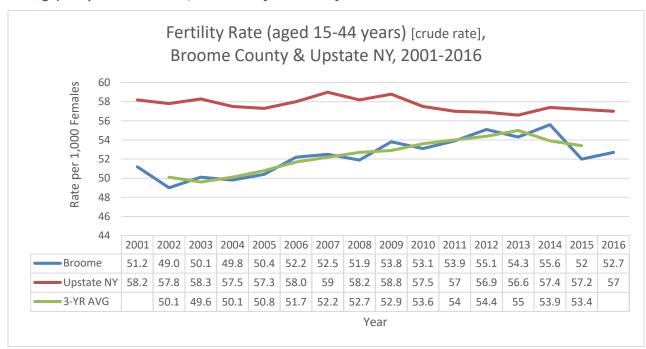


 $SOURCE: New York State \ Department \ of \ Health, \ County \ Health \ Indicator \ Reports, \ 2001-2016$



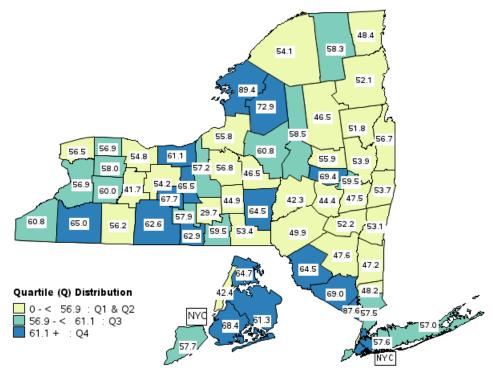


B 73. Fertility Rate per 1,000 Females (aged 15-44 years) Broome County (single year & 3-year average) & Upstate New York, 2001-2016 [Crude Rate]

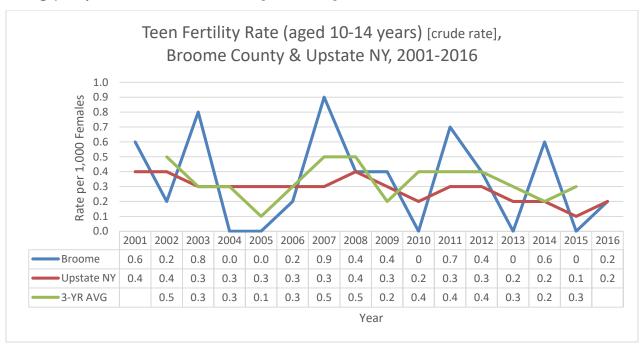


SOURCE: New York State Department of Health, County Health Indicator Reports, 2001-2016

B 74. Fertility Rate per 1,000 Females (aged 15-44 years), New York State Counties, 2014-2016



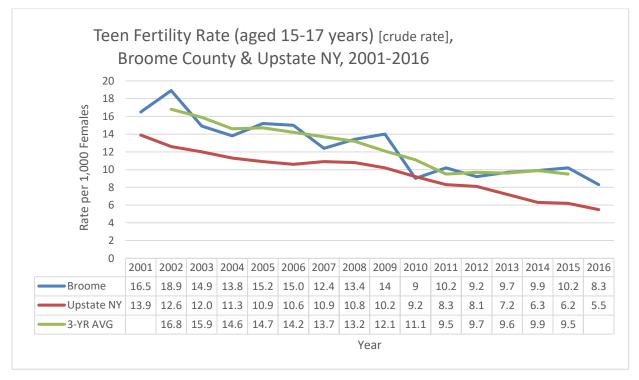
B 75. Teen Fertility Rate per 1,000 Females (aged 10-14 years), Broome County (single year & 3-year average) & Upstate New York, 2001-2016 [Crude Rate]



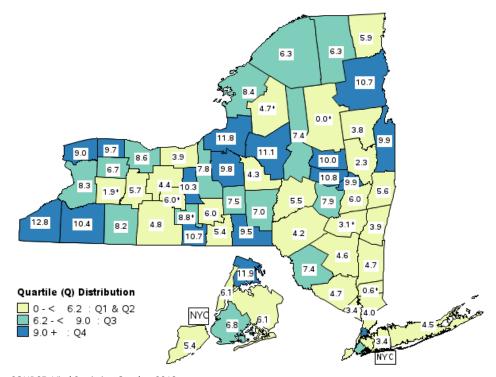
SOURCE: New York State Department of Health, County Health Indicator Reports, 2001-2016

^{*} Fewer than 10 events in the numerator, rate/percentage unstable

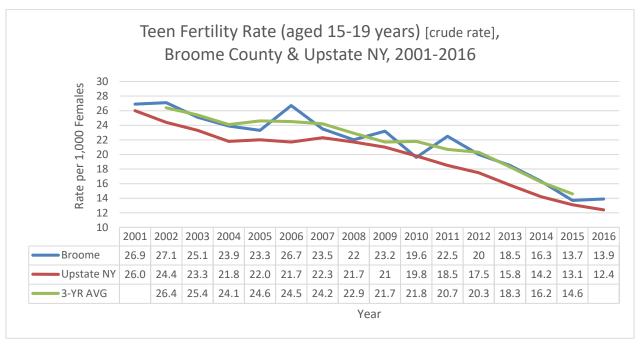
B 76. Teen Fertility Rate per 1,000 Females (aged 15-17 years), Broome County (single year & 3-year average) & Upstate New York, 2001-2016 [Crude Rate]



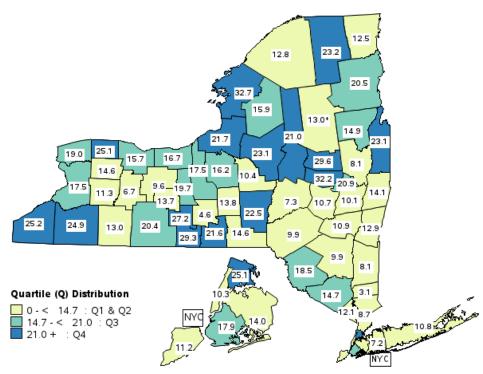
B 77. Teen Fertility Rate per 1,000, (Births to Mothers ages 15-17/Female Population aged 15-17 years, New York State Counties, 2014-2016



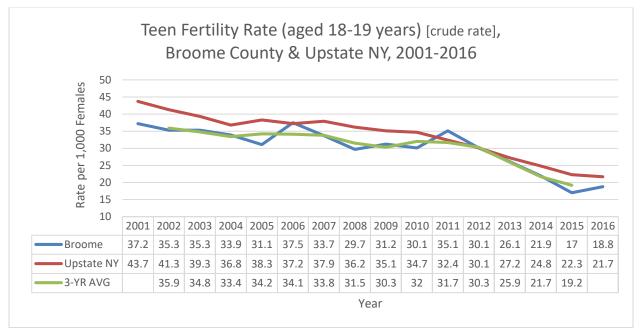
B 78. Teen Fertility Rate per 1,000 Females (aged 15-19 years), Broome County (single year & 3-year average) & Upstate New York, New York State, 2001-2016 [Crude Rate]



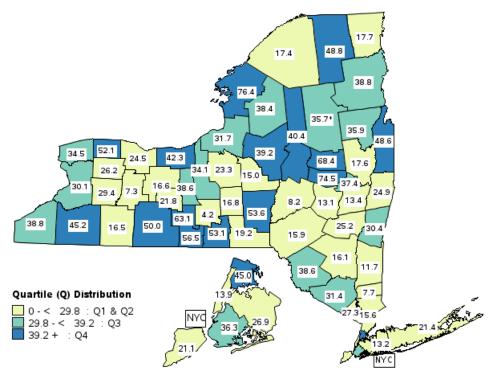
B 79. Teen Fertility Rate per 1,000, (Births to Mothers aged 15-19 years/Female Population aged 15-19 years), New York State Counties, 2014-2016



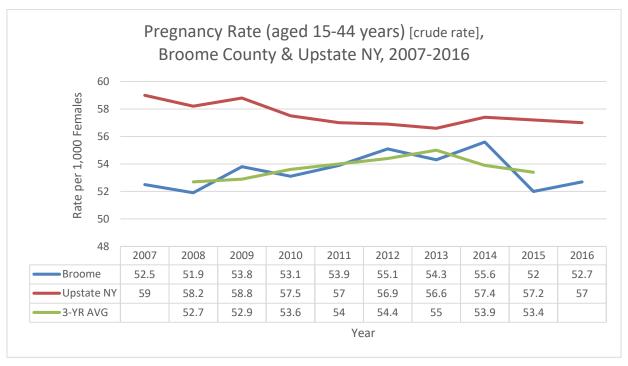
B 80. Teen Fertility Rate per 1,000 Females (aged 18-19 years), Broome County (single year & 3-year average) & Upstate New York, 2001-2016 [Crude Rate]



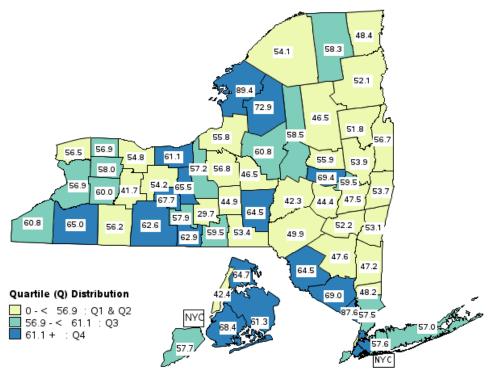
B 81. Teen Fertility Rate per 1,000, (Births to Mothers ages 18-19/Female Population aged 18-19 years), New York State Counties, 2014-2016



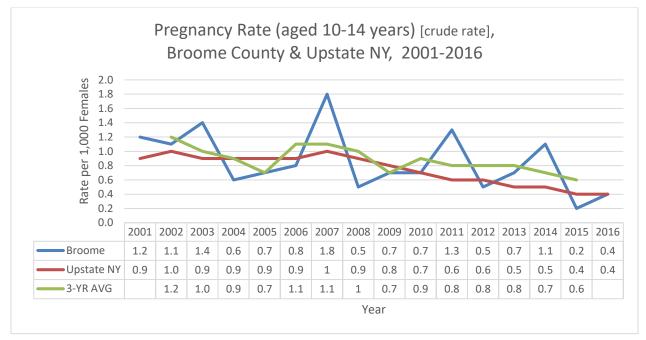
B 82. Pregnancy Rate per 1,000 Females (aged 15-44 years), Broome County (single year & 3-year average) & Upstate New York, 2007-2016 [Crude Rate]



B 83. Pregnancy Rate per 1,000 Females (aged 15-44 years), New York State Counties, 2014-2016

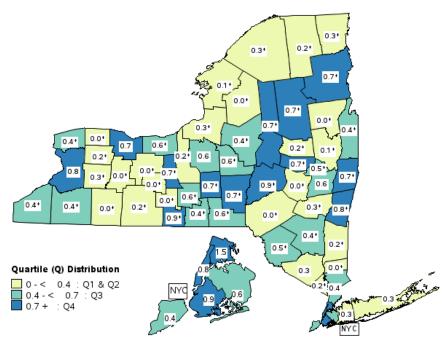






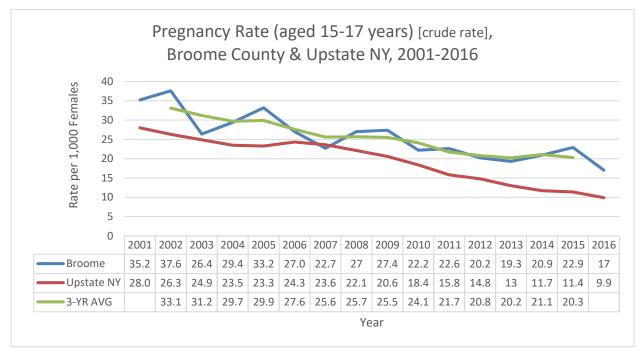
SOURCE: Vital Statistics, October 2018

B 85. Teen Pregnancy Rate per 1,000 Females (aged 10-14 years), New York State Counties, 2014-2016

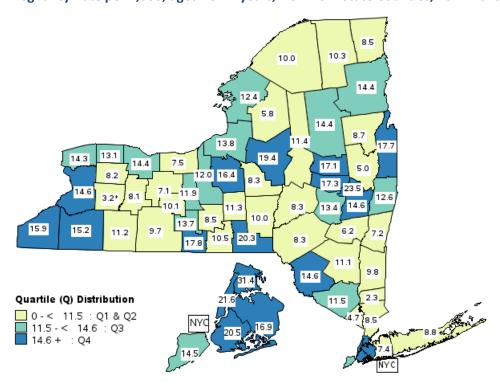


^{*} Fewer than 10 events in the numerator, rate/percentage unstable

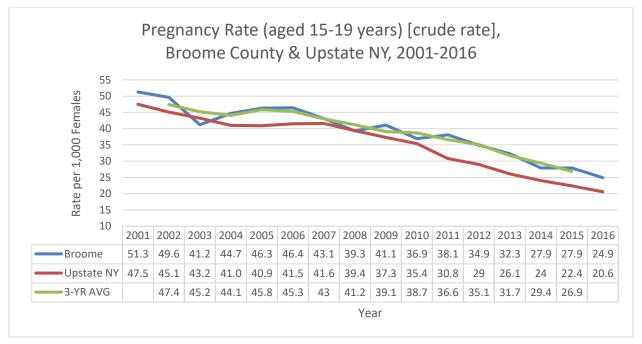
B 86. Pregnancy Rate per 1,000 Females (aged 15-17 years) Broome County (single year & 3-year average) & Upstate New York, 2001-2016 [Crude Rate]



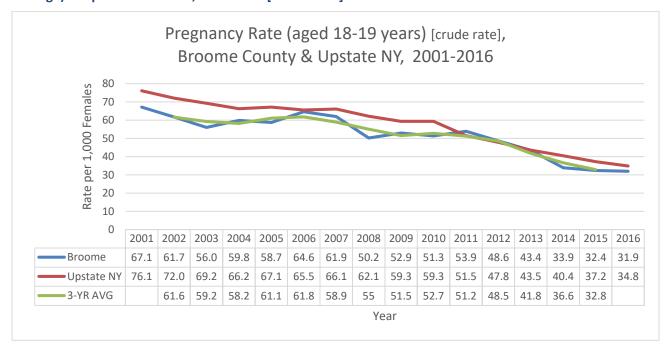
B 87. Teen Pregnancy Rate per 1,000, aged 15-17 years, New York State Counties, 2014-2016





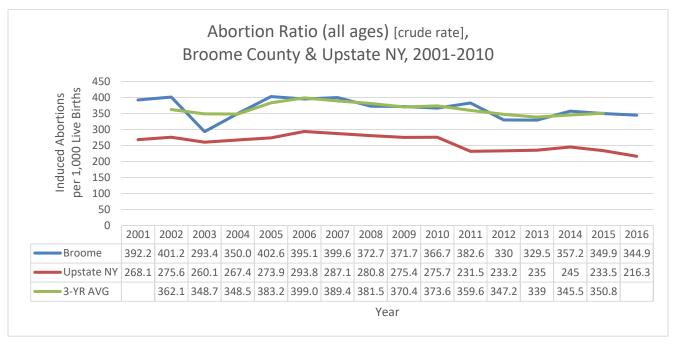


B 89. Pregnancy Rate per 1,000 Females (aged 18-19 years) Broome County (single year & 3-year average) & Upstate New York, 2001-2016 [Crude Rate]

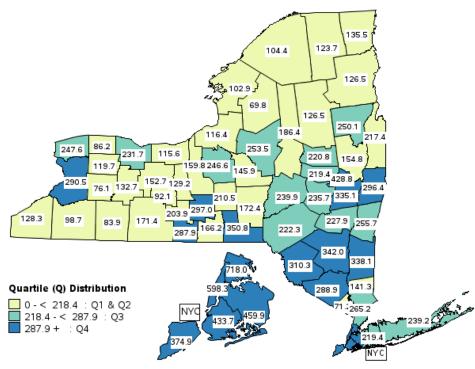


SOURCE: New York State Department of Health, County Health Indicator Reports, 2001-2016

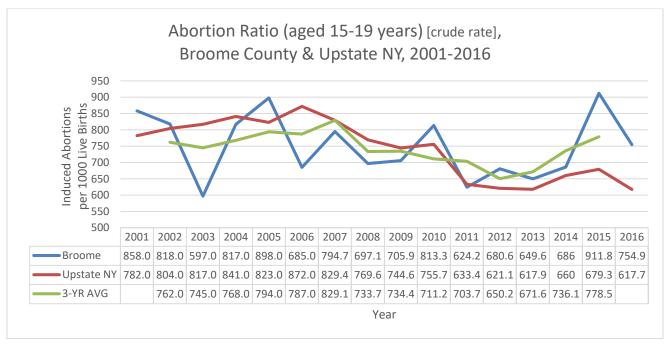
B 90. Abortion Ratio (all ages) Broome County (single year & 3-year average) & Upstate New York, 2001-2016 [Crude Rate]



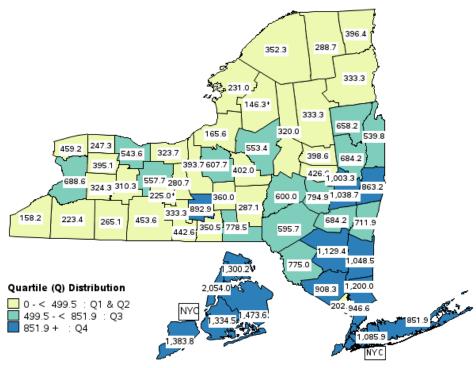
B 91. Abortion Ratio, Induced Abortions per 1,000 Live Births (all ages), New York State Counties, 2014-2016



B 92. Abortion Ratio (aged 15-19 years) Broome County (single year & 3-year average) & Upstate New York, 2001-2016 [Crude Rate]

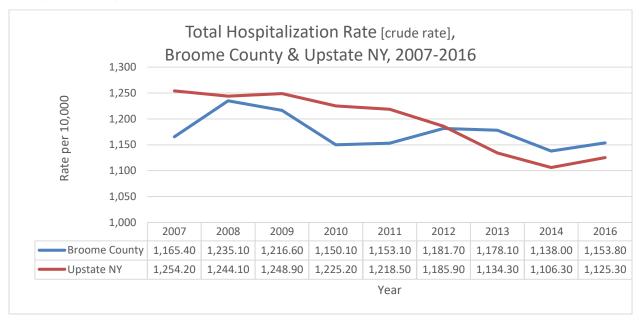


B 93. Abortion Ratio, Induced Abortions per 100 Live Births (aged 15-19 years), New York State Counties, 2014-2016



MORBIDITY: HOSPITALIZATIONS & EMERGENCY DEPARTMENT VISITS

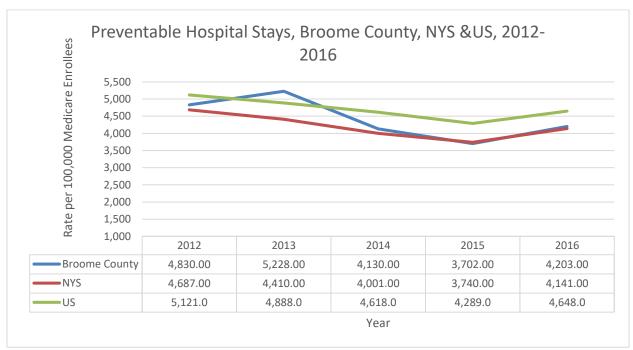
B 94. Total Hospitalization (rate per 10,000), Broome County (single year) & Upstate New York, 2007-2016 [Crude Rate]



SOURCE: New York State Department of Health, County Health Indicator Reports, 2007-2016

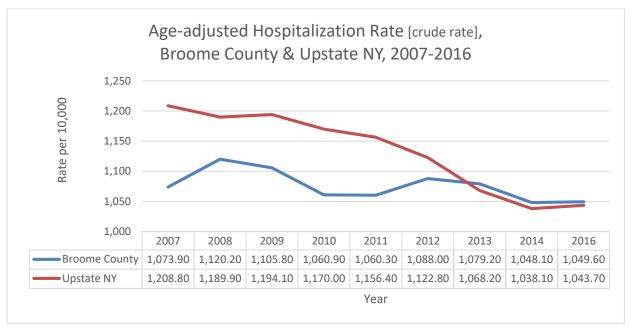
The rate for 2015 is excluded due to SPARCS data transitioning on October 1, 2015 from ICD-9-CM to ICD-10-CM diagnosis codes. Since ICD-9-CM and ICD-10-CM are not comparable, an annual rate for 2015 cannot be calculated, and data for 2016 and-forward should not be compared with data for 2014-and-prior.

B 95. Preventable Hospital Stays (rate per 100,000 Medicare enrollees), Broome County, New York State & US, 2012-2016



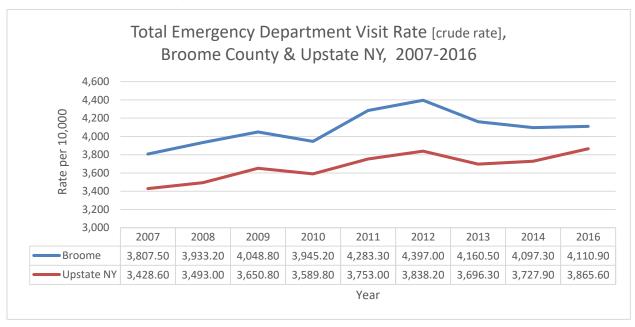
 ${\tt SOURCE: Robert\ Wood\ Johnson\ Foundation,\ County\ Health\ Rankings\ Report,\ 2019}$

B 96. Age-Adjusted Total Hospitalization Rate per 10,000, Broome County (single-year) & Upstate New York, 2007-2016 [Adjusted Rate]



The rate for 2015 is excluded due to SPARCS data transitioning on October 1, 2015 from ICD-9-CM to ICD-10-CM diagnosis codes. Since ICD-9-CM and ICD-10-CM are not comparable, an annual rate for 2015 cannot be calculated, and data for 2016 and-forward should not be compared with data for 2014-and-prior.

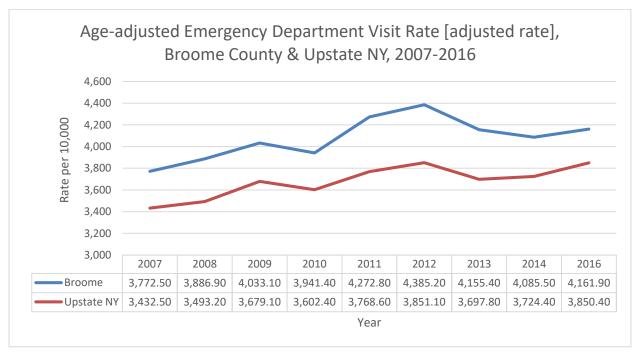
B 97. Total Emergency Department Visit Rate per 10,000, Broome County (single year) & Upstate New York, 2007-2016 [Crude Rate]



SOURCE: New York State Department of Health, County Health Indicator Reports, 2007-2016

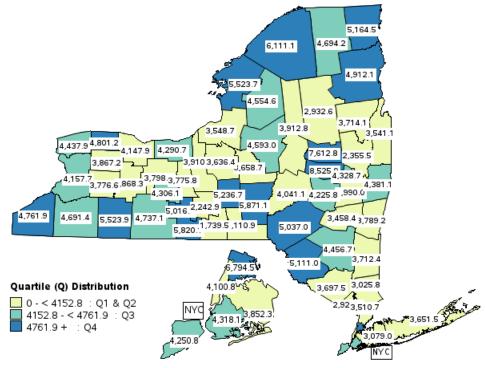
The rate for 2015 is excluded due to SPARCS data transitioning on October 1, 2015 from ICD-9-CM to ICD-10-CM diagnosis codes. Since ICD-9-CM and ICD-10-CM are not comparable, an annual rate for 2015 cannot be calculated, and data for 2016 and-forward should not be compared with data for 2014-and-prior.

B 98. Age-Adjusted Total Emergency Department Visit Rate per 10,000, Broome County (single year) & Upstate New York, 2007-2016 [Adjusted Rate]



SOURCE: New York State Department of Health, County Health Indicator Reports, 2007-2016 # The rate for 2015 is excluded due to SPARCS data transitioning on October 1, 2015 from ICD-9-CM to ICD-10-CM diagnosis codes. Since ICD-9-CM and ICD-10-CM are not comparable, an annual rate for 2015 cannot be calculated, and data for 2016 and-forward should not be compared with data for 2014-and-prior.

B 99. Total Emergency Department Visit Rate per 10,000, New York State Counties, 2016



SOURCE: Statewide Planning and Research Cooperative System (SPARCS), December 2017

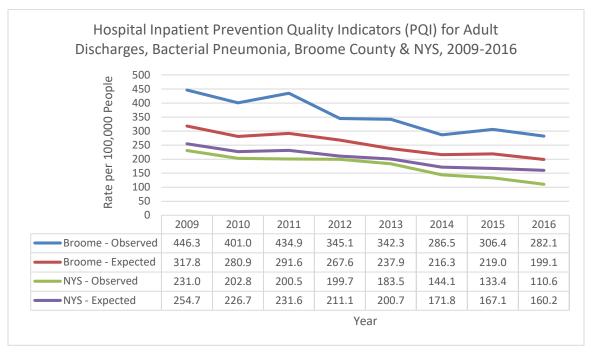
B 100. Hospital Inpatient Prevention Quality Indicators (PQI) for Adult Discharges, Broome County, 2009-2016

	20	09	20	10	20	11	20	12	20	113	20	14	20	15	20	016
	Observed	Expected	Observed	Expected	Observed	Expected										
ACUTE DISCHAF	RGES															
Bacterial Pneumonia	446	318	401	281	435	292	345	268	342	238	286	216	306	219	282	199
Dehydration Urinary Tract Infection	144 210	157 187	107 239	139 188	103 284	138 187	101 265	127 184	110 248	106 162	119 250	124 160	140 198	125 157	170 177	145 152
Acute Composite	800	662	747	608	822	617	712	579	700	505	656	500	644	500	629	496
CIRCULATORY I	DISCHAF	RGES								•			•			•
Angina	35	27	25	22	26	20	19	19	16	16	20	14	26	13		
Heart Failure	420	400	362	360	399	348	400	336	407	322	417	326	430	331	443	358
Hypertension Circulatory Composite	52 507	52 479	44 430	52 435	50 474	53 421	58 477	55 410	61 483	45 382	42 480	42 381	502	39 384	41 485	39 398
DIABETES DISC	HARGES									ı			ı			I
Diabetes Short-Term Complications	42	42	60	42	56	45	57	49	56	49	66	51	80	51	63	34
Diabetes Long-Term Complications	79	109	83	107	99	111	108	109	92	100	109	97	115	98	85	67
Lower- Extremity Amputations	13	12	14	11	11	12	13	12	8	12	14	13	15	13	11	17
Uncontrolled Diabetes	26	21	22	18	16	17	25	17	12	13	13	12	10	11	42	37
Diabetes Composite	158	177	173	173	178	179	197	182	165	169	198	168	214	166	199	148
RESPIRATORY I	DISCHAR	RGES								I			I			I
Asthma in Younger Adults	72	61	33	49	60	49	55	51	49	45	58	44	58	40	39	45
COPD or Asthma in Older Adults	549	523	563	489	520	488	439	465	463	419	449	460	430	462	503	433
Respiratory Composite	366	346	358	318	351	326	299	314	309	279	304	306	292	306	329	283
OTHER COMPOS	SITES															
Chronic Composite	1031	1002	961	926	1002	926	973	905	957	831	982	855	1008	856	1012	828
Overall Composite SOURCE: New Yor	1831	1664	1708	1534	1825	1542	1685	1484	1658	1336	1638	1355	1653	1356	1641	1324

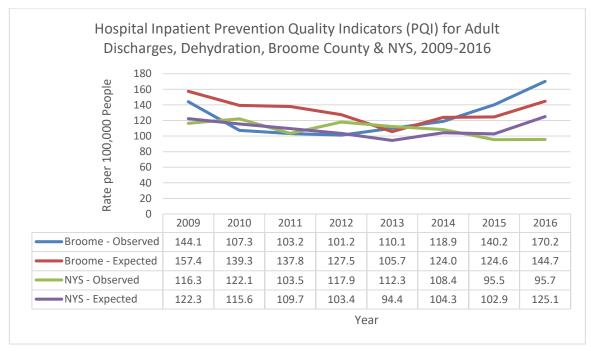
^{*} Rates per 100,000 people; COPD = Chronic Obstructive Pulmonary Disease

[~] The Agency for Healthcare Research and Quality (AHRQ) Prevention Quality Indicators (PQIs) are a set of population based measures that can be used with hospital inpatient discharge data to identify ambulatory care sensitive conditions. These are conditions where 1) the need for hospitalization is potentially preventable with appropriate outpatient care, or 2) conditions that could be less severe if treated early and appropriately. All PQIs apply only to adult populations (over the age of 18 years). The rates were calculated using Statewide Planning and Research Cooperative System (SPARCS) inpatient data and Claritas population information. Rates were adjusted using age group, gender and race/ethnicity.

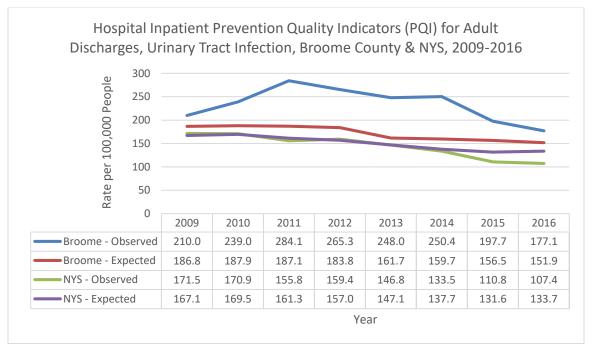
B 101. Hospital Inpatient Prevention Quality Indicators (PQI) for Adult Discharges, Bacterial Pneumonia, Broome County & New York State (NYS), 2009-2016



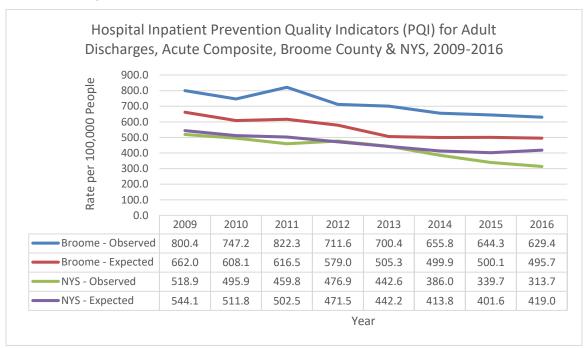
B 102. Hospital Inpatient Prevention Quality Indicators (PQI) for Adult Discharges, Dehydration, Broome County & New York State (NYS), 2009-2016



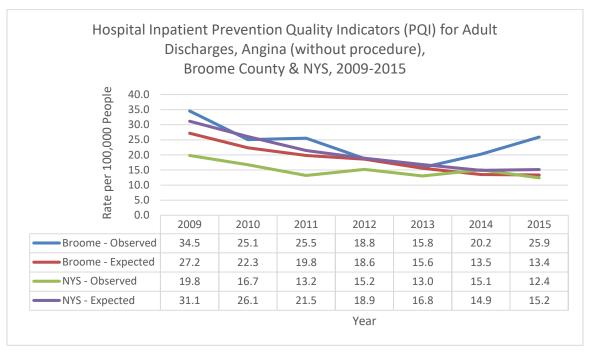
B 103. Hospital Inpatient Prevention Quality Indicators (PQI) for Adult Discharges, Urinary Tract Infection, Broome County & New York State (NYS), 2009-2016



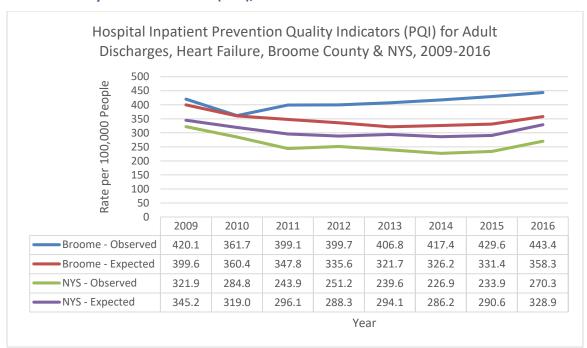
B 104. Hospital Inpatient Prevention Quality Indicators (PQI) for Adult Discharges, Acute Composite, Broome County & New York State (NYS), 2009-2016



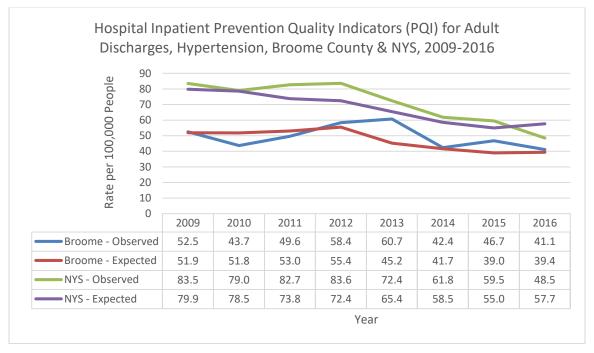
B 105. Hospital Inpatient Prevention Quality Indicators (PQI) for Adult Discharges, Angina (without procedure), Broome County & New York State (NYS), 2009-2015



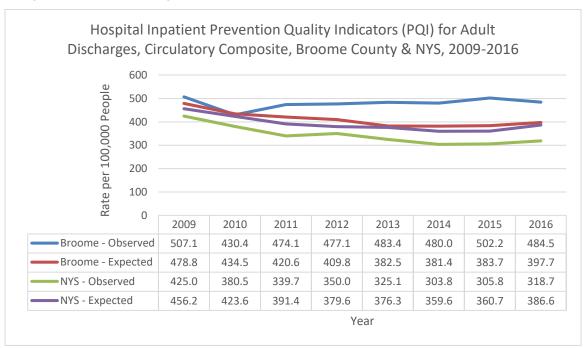
B 106. Hospital Inpatient Prevention Quality Indicators (PQI) for Adult Discharges, Heart Failure, Broome County & New York State (NYS), 2009-2016



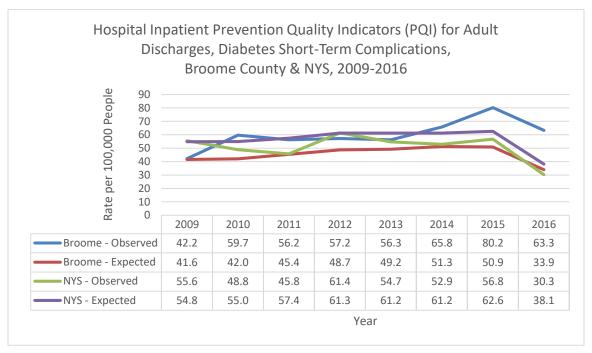




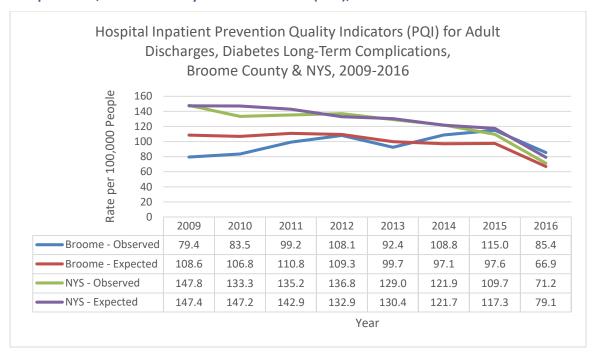
B 108. Hospital Inpatient Prevention Quality Indicators (PQI) for Adult Discharges, Circulatory Composite, Broome County & New York State (NYS), 2009-2016



B 109. Hospital Inpatient Prevention Quality Indicators (PQI) for Adult Discharges, Diabetes Short-Term Complications, Broome County & New York State (NYS), 2009-2016

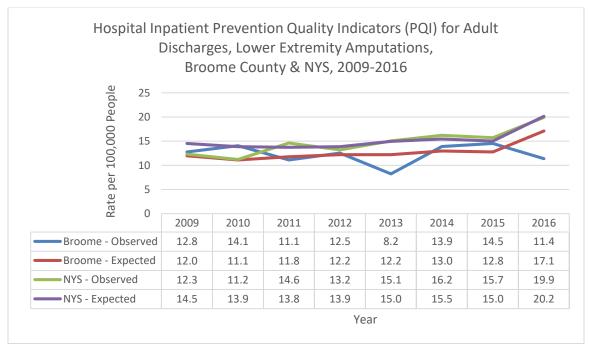


B 110. Hospital Inpatient Prevention Quality Indicators (PQI) for Adult Discharges, Diabetes Long-Term Complications, Broome County & New York State (NYS), 2009-2016

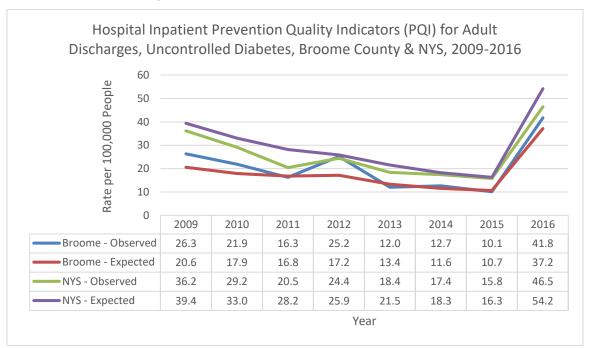


 $SOURCE: New York \ State \ Prevention \ Quality \ Indicators \ (PQI) \ for \ Adult \ Discharges, \ 2019$

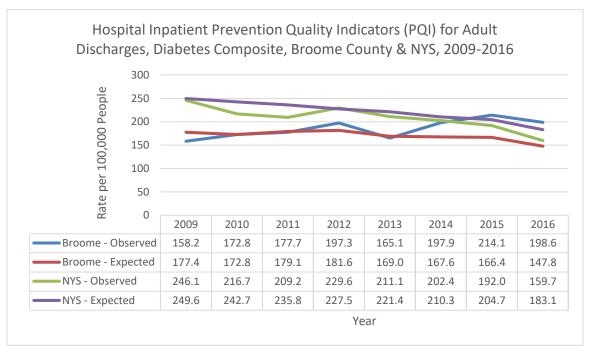
B 111. Hospital Inpatient Prevention Quality Indicators (PQI) for Adult Discharges, Lower-Extremity Amputation among Patients with Diabetes, Broome County & New York State (NYS), 2009-2016



B 112. Hospital Inpatient Prevention Quality Indicators (PQI) for Adult Discharges, Uncontrolled Diabetes, Broome County & New York State (NYS), 2009-2016

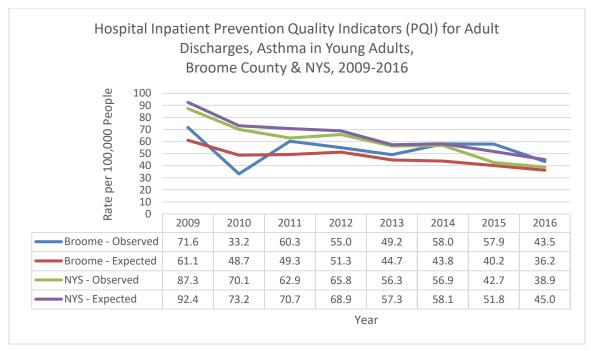


B 113. Hospital Inpatient Prevention Quality Indicators (PQI) for Adult Discharges, Diabetes Composite, Broome County & New York State (NYS), 2009-2016



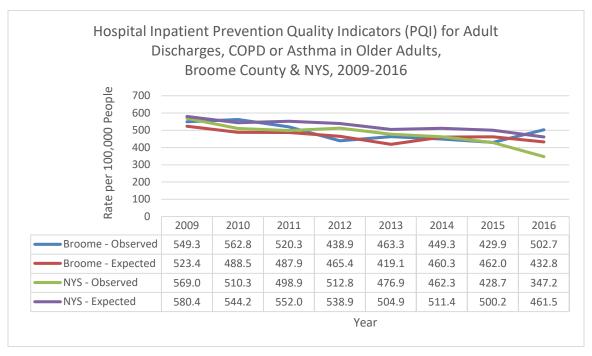
SOURCE: New York State Prevention Quality Indicators (PQI) for Adult Discharges, 2019

B 114. Hospital Inpatient Prevention Quality Indicators (PQI) for Adult Discharges, Asthma in Young Adults, Broome County & New York State (NYS), 2009-2016



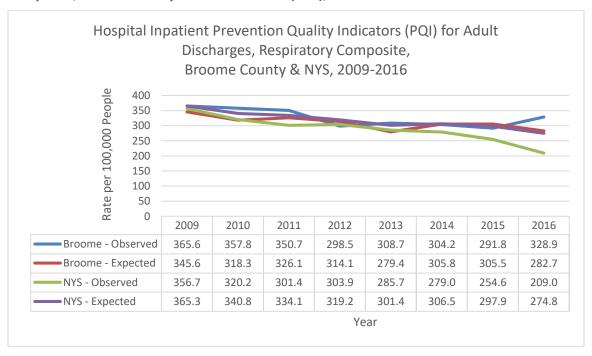
SOURCE: New York State Prevention Quality Indicators (PQI) for Adult Discharges, 2019

B 115. Hospital Inpatient Prevention Quality Indicators (PQI) for Adult Discharges, Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults, Broome County & New York State (NYS), 2009-2016



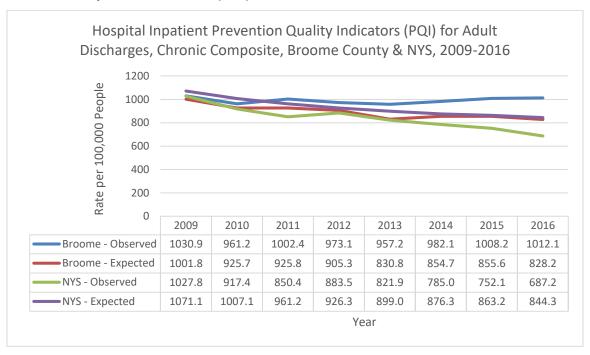
SOURCE: New York State Prevention Quality Indicators (PQI) for Adult Discharges, 2019

B 116. Hospital Inpatient Prevention Quality Indicators (PQI) for Adult Discharges, Respiratory Composite, Broome County & New York State (NYS), 2009-2016



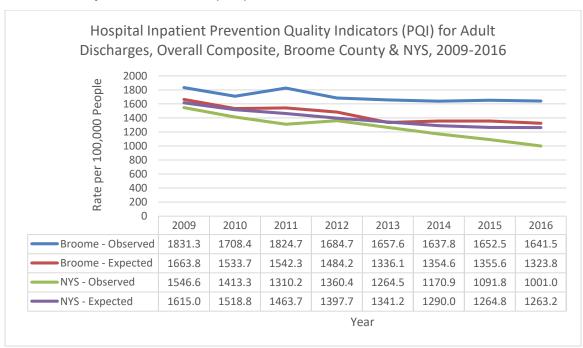
SOURCE: New York State Prevention Quality Indicators (PQI) for Adult Discharges, 2019

B 117. Hospital Inpatient Prevention Quality Indicators (PQI) for Adult Discharges, Chronic Composite, Broome County & New York State (NYS), 2009-2016



SOURCE: New York State Prevention Quality Indicators (PQI) for Adult Discharges, 2019

B 118. Hospital Inpatient Prevention Quality Indicators (PQI) for Adult Discharges, Overall Composite, Broome County & New York State (NYS), 2009-2016



SOURCE: New York State Prevention Quality Indicators (PQI) for Adult Discharges, 2019

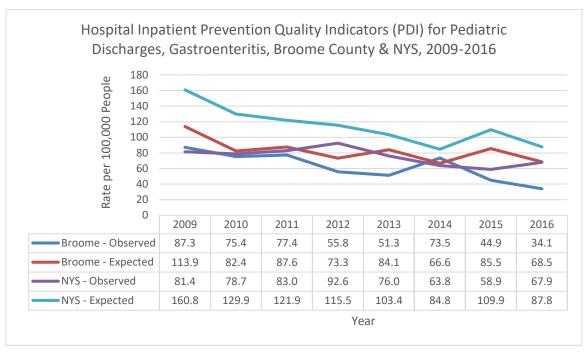
B 119. Hospital Inpatient Prevention Quality Indicators for Pediatric Discharges (PDI), Broome County, 2009-2016

	20	09	20	10	20	11	20	12	20	13	20	14	20	15	20)16
	Observed	Expected	Observed	Expected	Observed	Expected	Observed	Expected	Observed	Expected	Observed	Expected	Observed	Expected	Observed	Expected
ACUTE DISCHAF	ACUTE DISCHARGES															
Gastroenteritis	87	114	75	82	77	88	56	73	51	84	74	67	45	86	34	68
Urinary Tract Infection	44	33	52	33	46	31	46	30	56	30	45	33	42	28	29	28
Acute Composite	59	62	76	61	37	56	52	50	56	58	73	53	32	40	34	51
DIABETES DISCI	HARGES	;														
Diabetes Short-Term Complications	63	24	34	22	64	23	73	21	64	22	46	22	54	22	23	22
RESPIRATORY D	ISCHAR	RGES														
Asthma	105	159	82	135	106	137	112	146	79	147	53	160	61	140	61	141
OTHER COMPOS	OTHER COMPOSITES															
Chronic Composite	154	128	83	107	123	114	133	115	120	117	76	132	63	80	65	117
Overall Composite	213	190	159	168	161	169	185	166	177	174	149	185	95	120	99	168

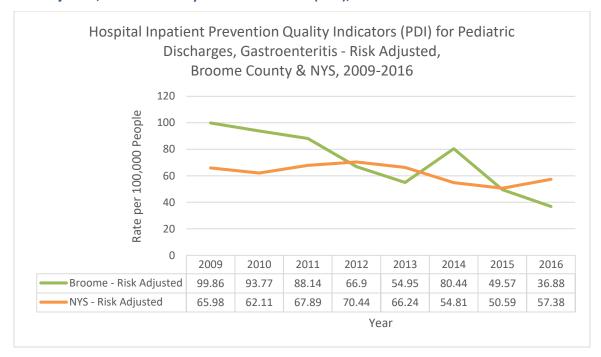
^{*} Rates per 100,000 people

[~] The AHRQ PDIs are a set of population based measures that can be used with hospital inpatient discharge data to identify ambulatory care sensitive conditions. These are conditions where 1) the need for hospitalization is potentially preventable with appropriate outpatient care, or 2) conditions that could be less severe if treated early and appropriately. Both the Urinary Tract Infection and Gastroenteritis PDIs include admissions for patients aged 3 months through 17 years. The asthma PDI includes admissions for patients aged 2 through 17 years. Eligible admissions for the Diabetes Short-term Complications PDI includes admissions for patients aged 6 through 17 years. The rates were calculated using Statewide Planning and Research Cooperative System (SPARCS) inpatient data and Claritas population information.

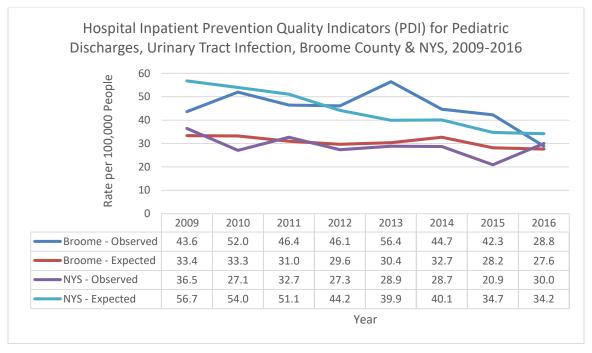
B 120. Hospital Inpatient Prevention Quality Indicators (PDI) for Pediatric Discharges, Gastroenteritis, Broome County & New York State (NYS), 2009-2016



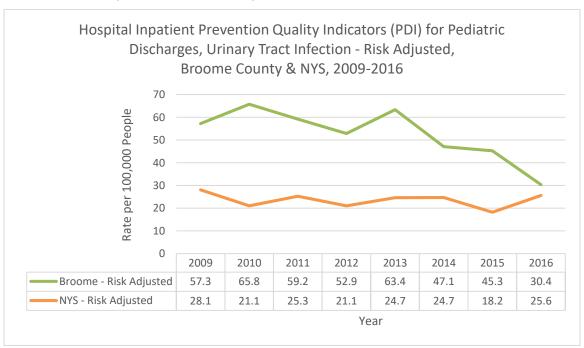
B 121. Hospital Inpatient Prevention Quality Indicators (PDI) for Pediatric Discharges, Gastroenteritis – Risk Adjusted, Broome County & New York State (NYS), 2009-2016



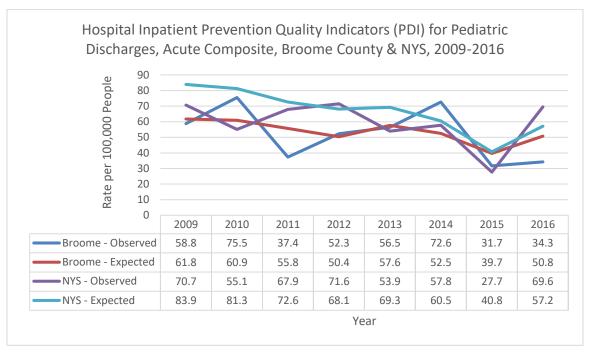




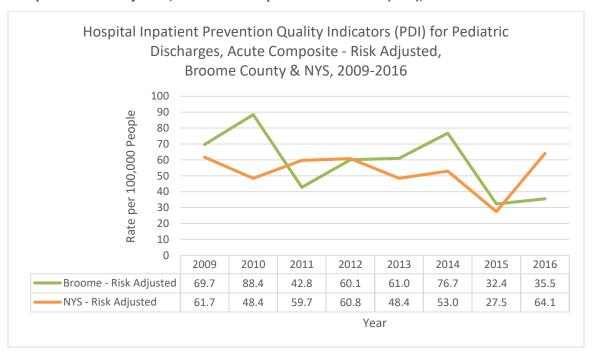
B 123. Hospital Inpatient Prevention Quality Indicators (PDI) for Pediatric Discharges, Urinary Tract Infection – Risk Adjusted, Broome County & New York State (NYS), 2009-2016



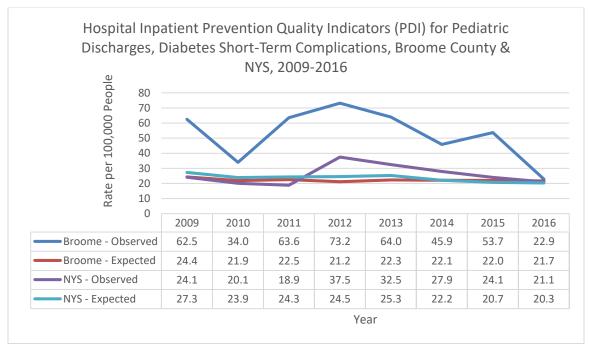
B 124. Hospital Inpatient Prevention Quality Indicators (PDI) for Pediatric Discharges, Acute Composite, Broome County & New York State (NYS), 2009-2016



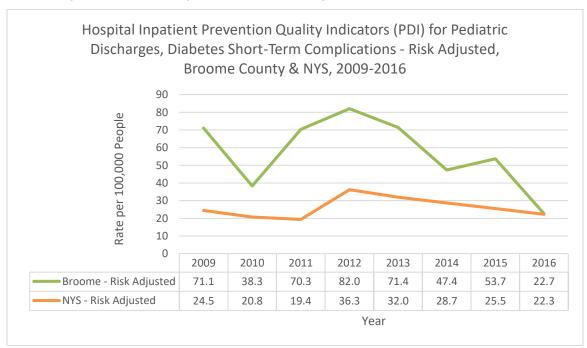
B 125. Hospital Inpatient Prevention Quality Indicators (PDI) for Pediatric Discharges, Acute Composite – Risk Adjusted, Broome County & New York State (NYS), 2009-2016



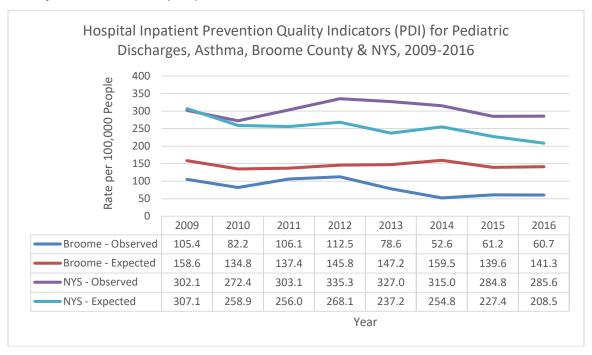
B 126. Hospital Inpatient Prevention Quality Indicators (PDI) for Pediatric Discharges, Diabetes Short-Term Complications, Broome County & New York State (NYS), 2009-2016



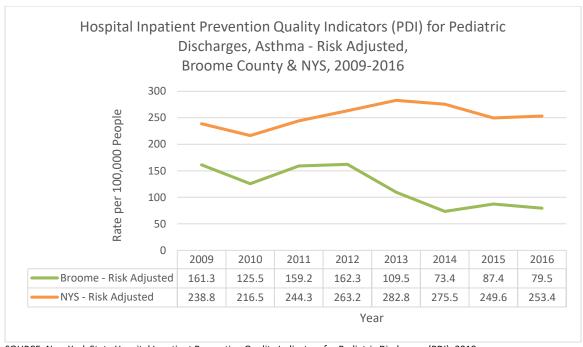
B 127. Hospital Inpatient Prevention Quality Indicators (PDI) for Pediatric Discharges, Diabetes Short-Term Complications – Risk Adjusted, Broome County & New York State (NYS), 2009-2016



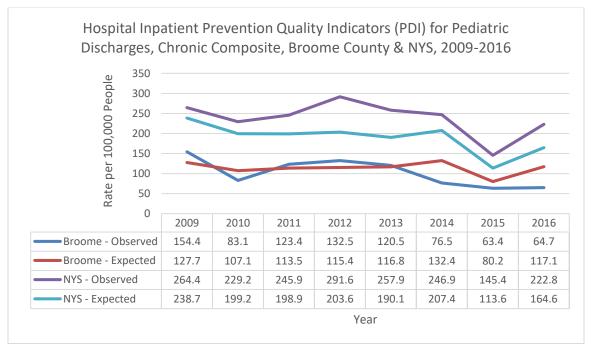
B 128. Hospital Inpatient Prevention Quality Indicators (PDI) for Pediatric Discharges, Asthma, Broome County & New York State (NYS), 2009-2016



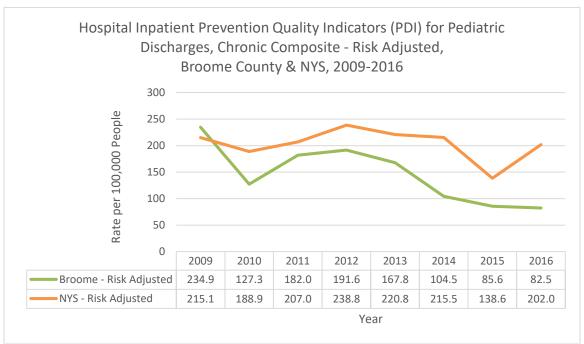
B 129. Hospital Inpatient Prevention Quality Indicators (PDI) for Pediatric Discharges, Asthma – Risk Adjusted, Broome County & New York State (NYS), 2009-2016



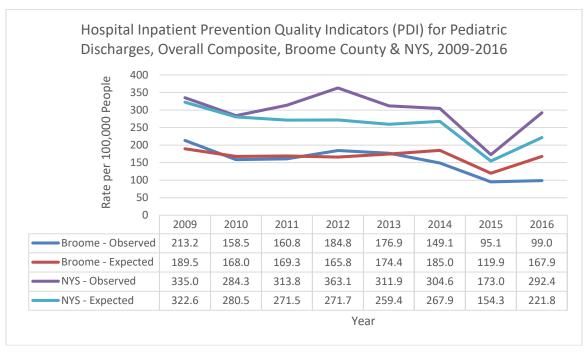




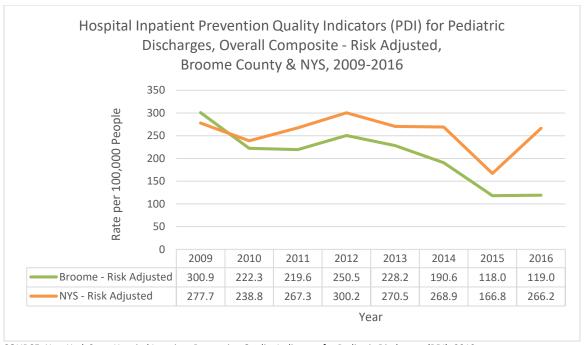
B 131. Hospital Inpatient Prevention Quality Indicators (PDI) for Pediatric Discharges, Chronic Composite – Risk Adjusted, Broome County & New York State (NYS), 2009-2016



B 132. Hospital Inpatient Prevention Quality Indicators (PDI) for Pediatric Discharges, Overall Composite, Broome County & New York State (NYS), 2009-2016

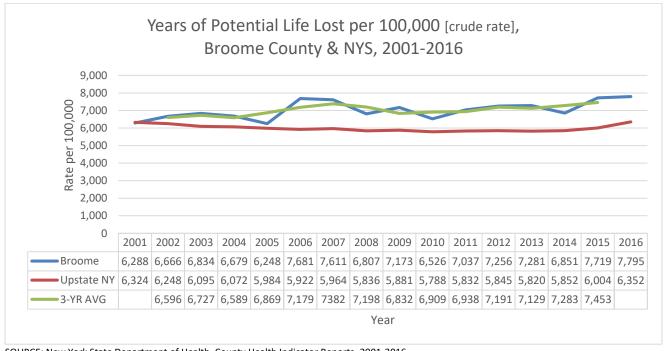


B 133. Hospital Inpatient Prevention Quality Indicators (PDI) for Pediatric Discharges, Overall Composite – Risk Adjusted, Broome County & New York State (NYS), 2009-2016



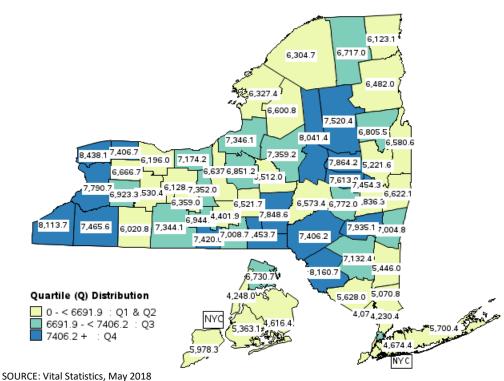
YEARS OF PRODUCTIVE LIFE LOST

B 134. Years of Potential Life Lost per 100,000, Broome County (single year & 3-year average) & Upstate New York, 2001-2016 [Crude Rate]



SOURCE: New York State Department of Health, County Health Indicator Reports, 2001-2016

B 135. Years of Potential Life Lost per 100,000, New York State Counties, 2016



MORTALITY

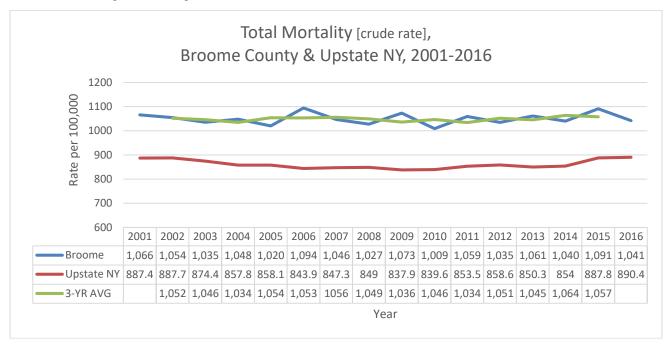
B 136. Mortality Indicators, Broome County, Upstate New York, New York State, 2014-2016

Mortality Indicator	3-year Total	Broome	NY	Upstate NY	Quartile Ranking
CANCER MORTALITY (age-adjusted per 100,000)	1,296	156.9	149.2	155.4	2 nd
Lip, oral cavity &pharynx	21	2.5	2.1	2.0	3 rd
Colon and rectum	113	13.9	13.	13.0	3 rd
Lung and bronchus	330	40.3	36.9	41.6	2 nd
Melanoma of the skin	14	1.9	1.9	2.4	3 rd
Female breast	84	20.1	19.2	18.9	2 nd
Cervix / uteri	9	2.0*	2.2	1.9	2 nd
Ovarian	27	5.4	7.1	7.5	4 th
Prostate	59	16.6	17.8	16.6	4 th
Childhood mortality (rate per 100,000 population)					
1-4 years	6	24.6*	18.2	19.4	2 nd
5-9 years	4	12.8*	10.5	10.4	2 nd
10-14 years	5	15.3*	11.4	11.5	3 rd
5-14 years	9	14.1*	10.7	10.6	3 rd
15-19 years	10	21.8	31.1	32.6	1 st
CIRRHOSIS					
Mortality rates per 100,000 [ICD10 K70,K73-K74]					
Crude	95	16.1	8.0	9.2	4 th
Age-adjusted	95	13.4	6.8	7.4	4 th
DIABETES					
Mortality rate per 100,000 [ICD10 E10-E14]					
Crude	168	28.5	20.3	19.8	4 th
Age-adjusted	168	20.6	17.0	15.2	4 th
CARDIOVASCULAR DISEASE					
Mortality rates per 100,000 [ICD10 I00-I99]					
Crude	1,961	332.8	272.2	295.6	4 th
Age-adjusted	1,961	218.7	220.2	218.5	3rd
Premature death (ages 35-64)	288	132.4	102.4	101.0	4 th
Pretransport mortality	1,224	207.7	153.2	169.6	4th
DISEASE OF THE HEART					-
Mortality rates per 100,000 [ICD10 100-109, 111, 113, 120-151]					
Crude	1,552	263.4	220.7	236.4	4 th
Age-adjusted	1,552	173.3	178.1	174.4	3 rd
Premature death (ages 35-64)	234	107.6	83.4	82.8	3 rd
Pretransport mortality	1,006	170.7	131.0	140.7	4 th
CORONARY HEART DISEASE					
Mortality rates per 100,000 [ICD10 I11, I20-I25]					
Crude	977	165.8	168.7	162.6	3 rd
Age-adjusted	977	109.0	136.2	120.1	3 rd
Premature death (ages 35-64)	150	68.9	66.4	60.5	3 rd
Pretransport mortality	654	111.0	105.0	101.2	4 th
CONGESTIVE HEART FAILURE					
Mortality rates per 100,000 [ICD10 I50]					
Crude	151	25.6	16.5	24.4	3 rd

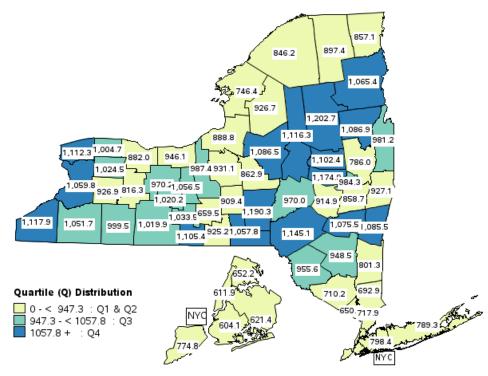
Mortality Indicator	3-year Total	Broome	NY	Upstate NY	Quartile Ranking
Age-adjusted	151	15.9	13.0	17.4	2 nd
Premature death (ages 35-64)	8	3.7*	2.5	3.3	3 rd
Pretransport mortality	87	14.8	9.4	14.5	2 nd
CEREBROVASCULAR DISEASE (STROKE)					
Mortality rates per 100,000 [ICD10 I60-I69]					
Crude	243	41.2	31.3	38.1	4 th
Age-adjusted	243	27.5	25.6	28.3	4 th
Premature death (ages 35-64)	29	13.3	10.5	10.3	4 th
Pretransport mortality	111	18.8	12.4	17.0	4 th
AIDS mortality rate per 100,000	10	1.7	3.0	1.1	3 rd
AIDS mortality rate age-adjusted	10	1.4	2.6	0.9	4 th
Suicide Mortality Rate per 100,000					
Crude	70	11.9	8.4	10.1	2 nd
Age-Adjusted	70	11.8	8.0	9.6	2 nd
15-19 years	1	2.2*	5.0	6.1	1 st
Homicide Mortality Rate per 100,000					
Crude	13	2.2	3.4	2.7	4 th
Age-Adjusted	13	2.8	3.5	2.8	4 th
Unintentional Injury Mortality Rate per 100,000			0.0		
Crude	314	53.3	32.9	39.9	3 rd
Age-Adjusted	314	50.2	30.2	36.5	2 nd
Motor Vehicle Mortality Rate per 100,000		30.2	30.2	30.3	
Crude	41	7.0	5.7	7.1	1 st
Age-Adjusted	41	6.9	5.3	6.8	1 st
Non-Motor Vehicle Mortality Rate per 100,000	71	0.5	3.5	0.0	<u> </u>
Crude	273	46.3	27.3	32.8	4 th
Age-Adjusted	273	43.2	24.9	29.7	4 4 4 th
Alcohol Related Motor Vehicle Injuries and	273	37.2	29.9	38.8	1 st
Deaths per 100,000	2/3	37.2	29.9	36.6	1
Mortality Rates (per 1,000 births)					
Infant (<1 year)	35	5.8	4.5	5.0	4 th
Neonatal (<28 days)	24	4.0	3.1	3.6	4 th
Postneonatal (1 month to 1 year)	11	1.8	1.5	1.5	4 th
Fetal death (>20 weeks gestation)	32	5.2	6.0	4.3	2 nd
Perinatal (20 weeks gestation - 28 days of life)	56	9.2	9.1	7.9	3 rd
Perinatal (28 weeks gestation - 7 days of life)	36	5.9	5.1	5.3	4 th
Maternal mortality rate per 100,000 births	1	16.5*	20.4	18.9	3 rd
Fatal Work-related Injuries per 100,000	10	4.1	2.7	3.5	3 rd
Employed Persons Age 16+	10	7.1	2.7	5.5	3
CLRD (COPD) mortality rate per 100,000					
Crude	351	59.6	34.8	45.4	2 nd
Age-Adjusted	351	40.3	28.9	34.6	2 nd
Asthma mortality rate per 1,000,000	331	40.5	20.9	34.0	<u> </u>
Crude	12	2.0	1.5	1.1	4 th
		2.0		0.9	3 rd
Age-Adjusted	12	1.6	1.3	0.9	5 ~

SOURCE: New York State, Community Health Indicators Reports, 2014-2016

B 137. Total Mortality Rate per 100,000, Broome County (single year & 3-year average) & Upstate New York, 2001-2016 [Crude Rate]

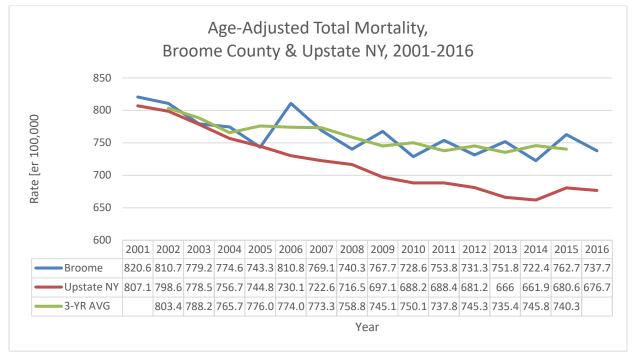


B 138. Total Mortality Rate per 100,000, New York State Counties, 2014-2016

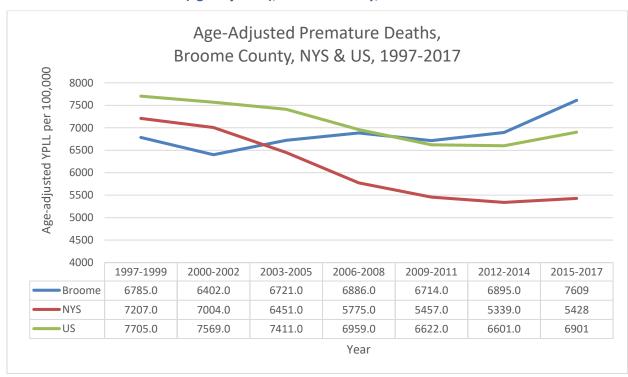


SOURCE: Vital Statistics, May 2018



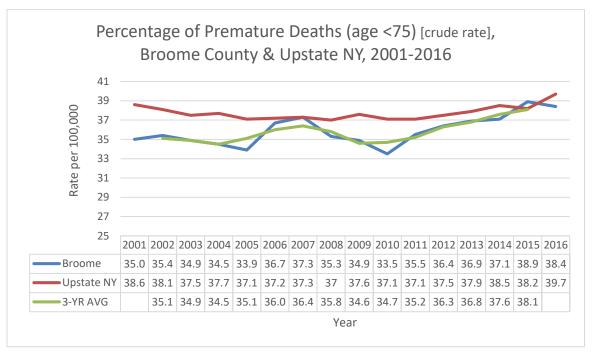


B 140. Premature Death rate (age-adjusted), Broome County, 1997-2017

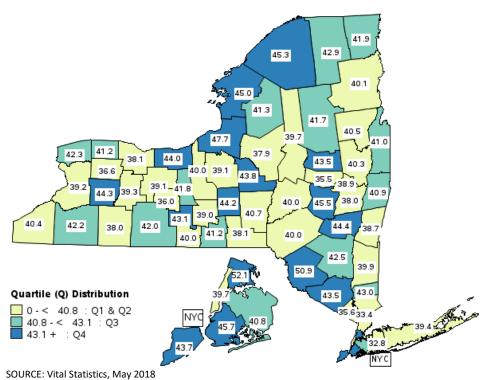


SOURCE: Robert Wood Johnson Foundation, County Health Rankings Report, 2019

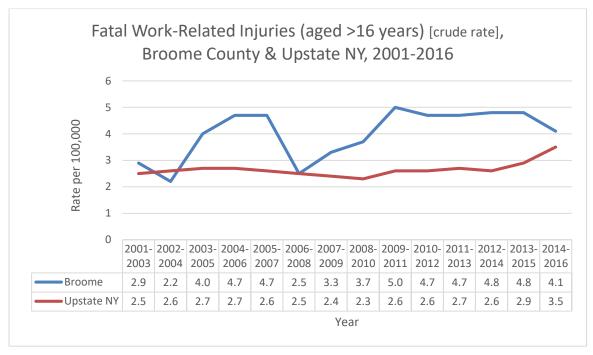
B 141. Percentage of Premature Deaths (age <75 years) per 100,000, Broome County (single year & 3-year average) & Upstate New York, 2001-2016 [Crude Rate]



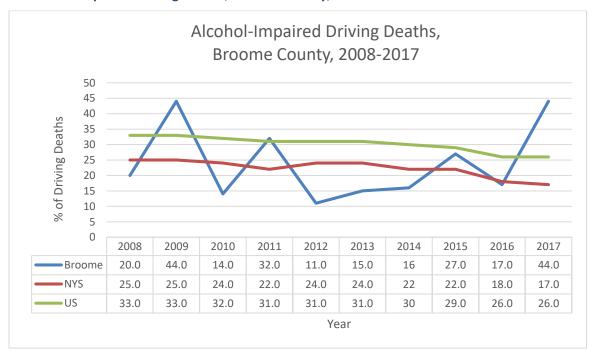
B 142. Percentage Premature Deaths (aged <75 years), New York State Counties, 2014-2016



B 143. Fatal Work-Related Injuries per 100,000 Employed Persons (aged 16 and older), Broome County & Upstate New York, 2001-2016 [Crude Rate, 2-year average]

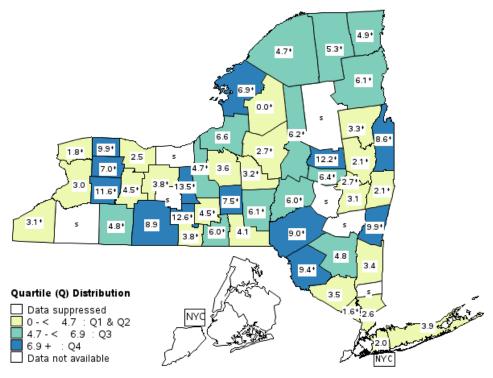


B 144. Alcohol-impaired Driving Deaths, Broome County, 2008-2017



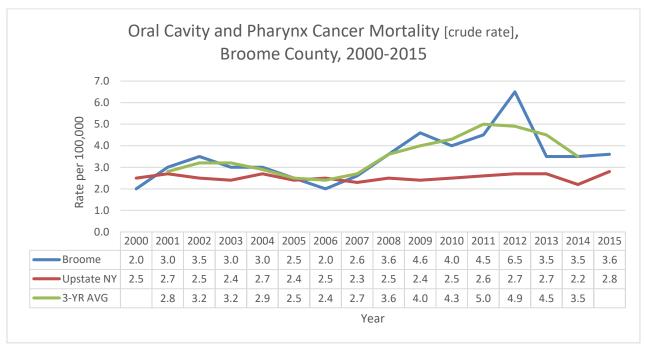
SOURCE: Robert Wood Johnson Foundation, County Health Rankings Report, 2019

B 145. Fatal Work-Related Injuries per 100,000 Employed Persons Aged 16 and Older, New York State Counties, 2014-2016



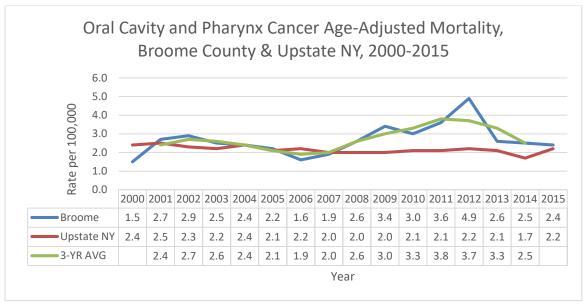
SOURCE: Bureau of Occupational health and Injury Prevention Data, June 2018

B 146. Oral Cavity and Pharynx Cancer Mortality Rate per 100,000, Broome County (single year & 3-year average) & Upstate New York, 2000-2015 [Crude Rate]

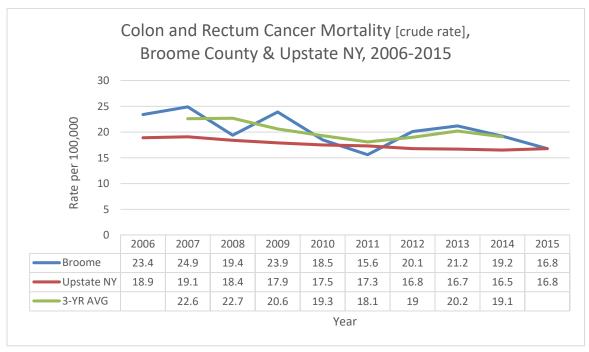


^{*} Fewer than 10 events in the numerator, rate/percentage unstable



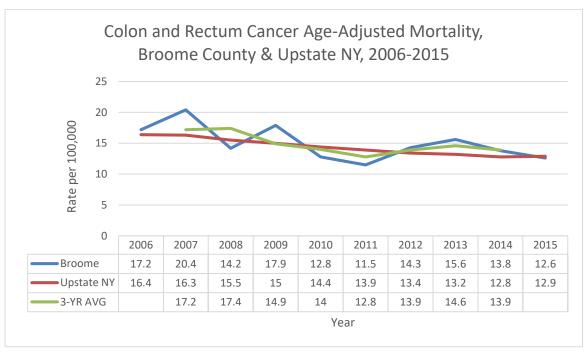


B 148. Colon and Rectum Cancer Mortality Rate per 100,000, Broome County (single year & 3-year average) & Upstate New York, 2006-2015 [Crude Rate]

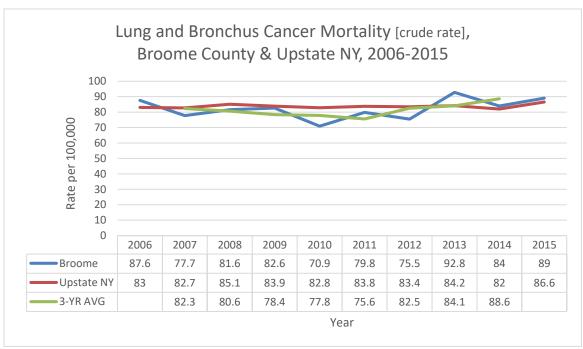


^{*} Fewer than 10 events in the numerator, rate/percentage unstable

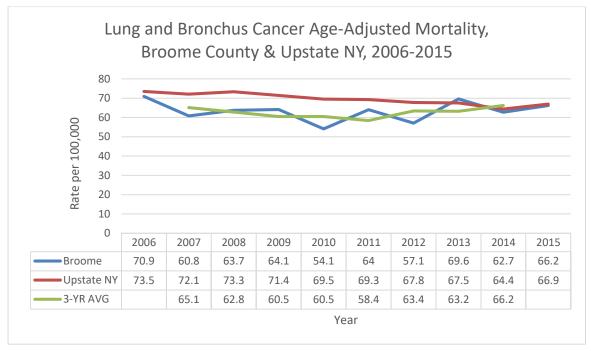
B 149. Colon and Rectum Cancer Age-Adjusted Mortality Rate per 100,000, Broome County (single year & 3-year average) & Upstate New York, 2006-2015 [Adjusted Rate]



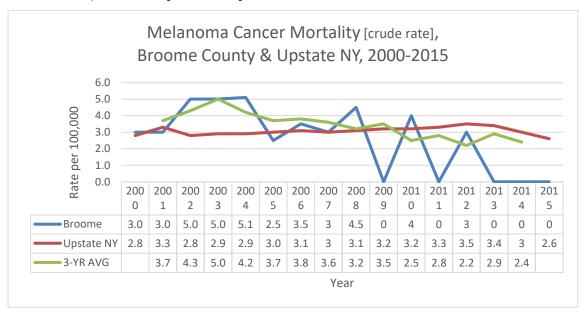
B 150. Lung and Bronchus Cancer Mortality Rate per 100,000, Broome County (single year & 3-year average) & Upstate New York, 2006-2015 [Crude Rate]





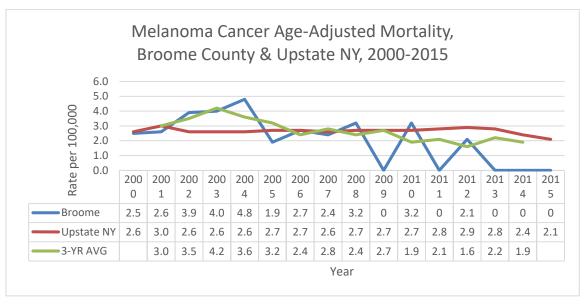


B 152. Melanoma Cancer Mortality Rate per 100,000, Broome County (single year & 3-year average) & Upstate New York, 2000-2015 [Crude Rate]

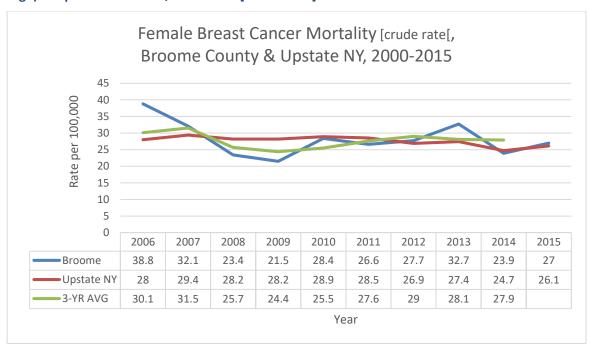


^{*} Fewer than 10 events in the numerator, rate/percentage unstable

B 153. Melanoma Cancer Age-Adjusted Mortality Rate per 100,000, Broome County (single year & 3-year average) & Upstate New York, 2000-2015 [Adjusted Rate]

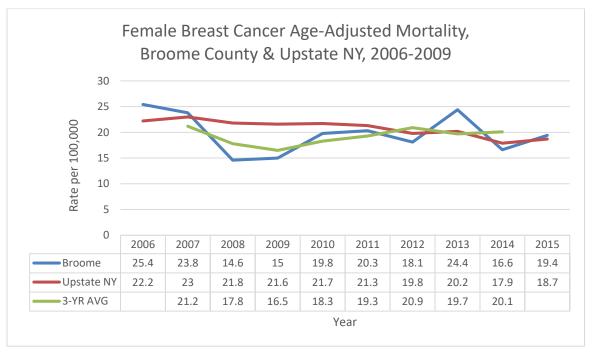


B 154. Female Breast Cancer Mortality Rate per 100,000, Broome County (single year & 3-year average) & Upstate New York, 2006-2015 [Crude Rate]

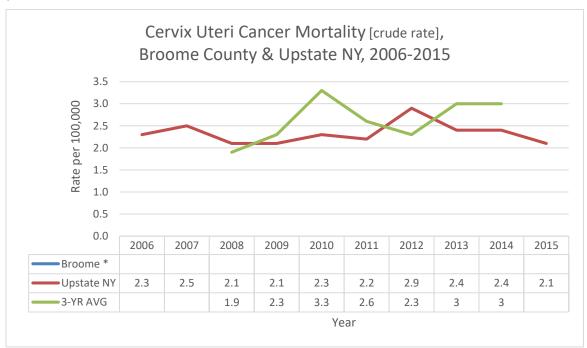


^{*} Fewer than 10 events in the numerator, rate/percentage unstable

B 155. Female Breast Cancer Age-Adjusted Mortality Rate per 100,000, Broome County (single year & 3-year average) & Upstate New York, 2006-2015 [Adjusted Rate]

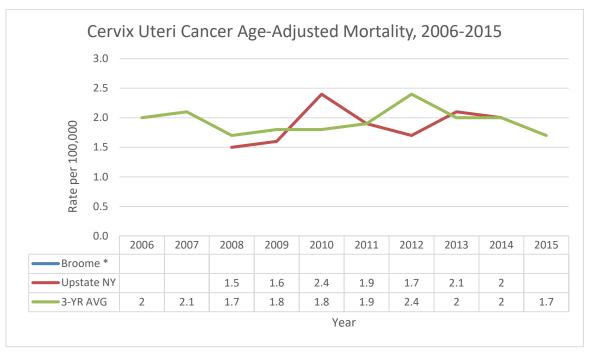


B 156. Cervix Uteri Cancer Mortality Rate per 100,000, Broome County (single year & 3-year average) & Upstate New York, 2006-2015 [Crude Rate]

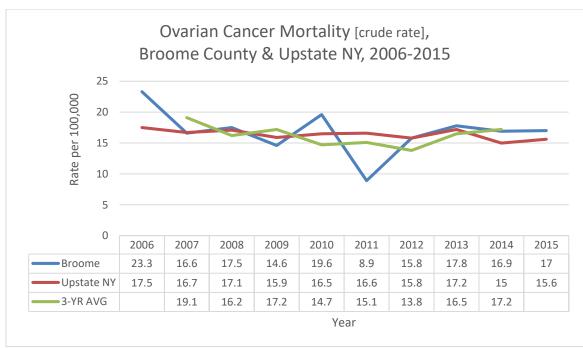


^{*} Fewer than 10 events in the numerator, rate/percentage unstable

B 157. Cervix Uteri Cancer Age-Adjusted Mortality Rate per 100,000, Broome County (single year & 3-year average) & Upstate New York, 2006-2019 [Adjusted Rate]



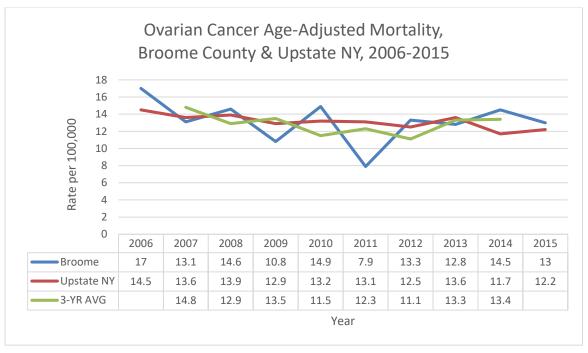
B 158. Ovarian Cancer Mortality Rate per 100,000, Broome County (single year & 3-year average) & Upstate New York, 2006-2015 [Crude Rate]



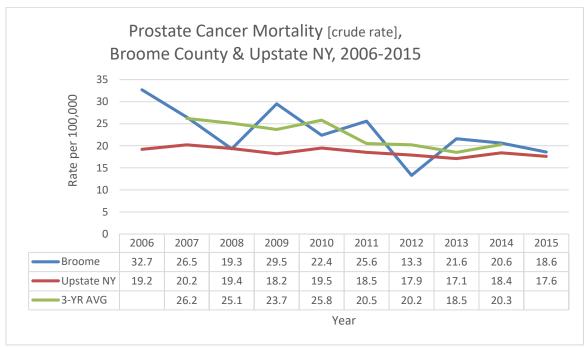
^{*} Fewer than 10 events in the numerator, rate/percentage unstable

^{*} Fewer than 10 events in the numerator, rate/percentage unstable



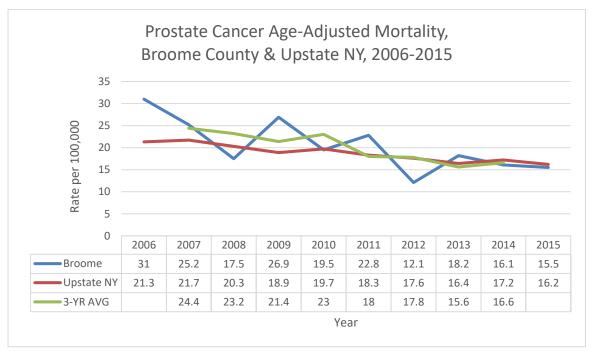


B 160. Prostate Cancer Mortality Rate per 100,000, Broome County (single year & 3-year average) & Upstate New York, 2006-2015 [Crude Rate]



^{*} Fewer than 10 events in the numerator, rate/percentage unstable

B 161. Prostate Cancer Age-Adjusted Mortality Rate per 100,000, Broome County (single year & 3-year average) & Upstate New York, 2006-2015 [Adjusted Rate]



INDICATORS FOR TRACKING PUBLIC HEALTH PRIORITIES

B 162. Broome County Indicators for Tracking Public Health Priority Areas, 2013-2017

Improve Health Status and Reduce Health Disparities							
Indicator	Broome County	NYS	NYS 2018 Objective				
Percentage of premature death (before age 65 years) (2014-2016)	23.1	24.0	21.8				
Ratio of Black non-Hispanics to White non-Hispanics	2.53	1.95	1.87				
Ratio of Hispanics to White non-Hispanics	2.28	1.87	1.86				
Age-adjusted preventable hospitalizations rate per 10,000, Ages 18+ years 2014-2016)	124.2	119.5	122.0				
Ratio of Black non-Hispanics to White non-Hispanics	1.74	2.18	1.85				
Ratio of Hispanics to White non-Hispanics	0.77	1.54	1.38				
Percentage of adults with health insurance – ages 18-64 years (2016)	93.6 (92.8- 94.4)	91.4 (91.2- 91.6)	100				
Age-adjusted percentage of adults who have a regular health care provider, ages 18+ years (2015-2016)	87.2 (82.9- 91.6)	82.6 (81.7- 83.5)	90.8				

Promote a Healthy and Safe Environment							
Indicator	Broome County	NYS	NYS 2018 Objective				
Rate of hospitalizations due to falls per 10,000 – ages 65+ years (2014-2016)	199.0	183.6	Maintain				
Rate of emergency department visits due to falls per 10,000 – ages 1-4 years (2014-2016)	490.8	440.1	429.1				
Assault-related hospitalization rate per 10,000 (2014-2016)	2.3	3.9	4.3				
Ratio of Black non-Hispanics to White non-Hispanics	6.76	7.28	6.69				
Ratio of Hispanics to White non-Hispanics	S	3.45	2.75				
Ratio of low-income ZIP codes to nonlow-income ZIP codes	1.31	3.25	2.92				
Rate of occupational injuries treated in ED per 10,000 adolescents – ages 15-19 years (2014-2016)	13.1	20.6	33.0				
Percentage of population that lives in a jurisdiction that adopted the Climate Smart Communities pledge (2016)	24.1	35.6	32.0				
Percentage of commuters who use alternate modes of transportation (1) (2014-2016)	19.5	45.7	49.2				
Percentage of population with low-income and low-access to a supermarket or large grocery store (2) (2016)	3.31	2.25	2.24				
Percentage of homes in Healthy Neighborhood Program that have fewer asthma triggers during the home revisits (2014-2016)	30.3	N/A	25.0				
Percentage of residents served by community water systems with optimally fluoridated water (2016)	75.7	70.4	78.5				

Prevent Chronic Diseases							
Indicator	Broome County	NYS	NYS 2018 Objective				
Percentage of adults who are obese (2014-2016)	25.7 (20.2- 31.2)	25.5(24.5- 26.5)	23.2				
Percentage of children and adolescents who are obese (2014-2016)	17.7	17.3	16.7				
Percentage of cigarette smoking among adults (2014-2016)	24.5(18.6- 30.4)	14.2(13.4- 14.9)	12.3				
Percentage of adults who receive a colorectal cancer screening based on the most recent guidelines – ages 50-75 years (2014-2016)	72.9(66.1- 79.6)	68.5(66.8- 70.1)	80				
Asthma emergency department visit rate per 10,000 (2014-2016)	54.0	86.2	75.1				
Asthma emergency department visit rate per 10,000 – ages 0-4 years (2014-2016)	71.2	205.7	196.5				
Age-adjusted heart attack hospitalization rate per 10,000 (2014-	16.7	14.0	14.0				
Rate of hospitalizations for short-term complications of diabetes per 10,000 – ages 6-17 years (2014-2016)	6.97	3.04	3.06				
Rate of hospitalizations for short-term complications of diabetes per 10,000 – ages 18+ years (2014-2016)	6.03	6.56	4.86				

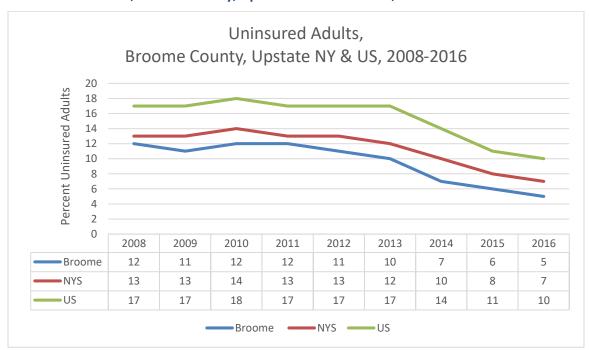
Prevent HIV/STDs, Vaccine-Preventable Diseases and Healthcare-Associated Infections						
Indicator	Broome County	NYS	NYS 2018 Objective			
Percentage of children with 4:3:1:3:3:1:4 immunization series – ages 19-35 months (3) (2014)	63.2	72.3	80			
Percentage of adolescent females with a 3-dose HPV immunization – ages 13-17 years (2014-2016)	38.0	50.5	50			
Percentage of adults with flu immunization – ages 65+ years (2014-2016)	55.8(47.2- 64.3)	59.5(57.3- 61.7)	70.0			
Newly diagnosed HIV case rate per 100,000 (2014-2016)	7.8	16.0	16.1			
Difference in rates (Black and White) of new HIV diagnoses	23.8	59.4	45.7			
Difference in rates (Hispanic and White) of new HIV diagnoses	7.7	22.9	26.6			
Gonorrhea case rate per 100,000 women – ages 15-44 years (2014)	217.8	206.2	183.4			
Gonorrhea case rate per 100,000 men – ages 15-44 years (2014)	240.4	452.5	199.5			
Chlamydia case rate per 100,000 women – ages 15-44 years (2014)	1152.7	1620.7	1458.0			
Primary and secondary syphilis case rate per 100,000 males (2014)	3.1	24.3	10.1			
Primary and secondary syphilis case rate per 100,000 females (2014)	0.0	1.3	0.4			
Percentage of preterm births (2014-2016)	9.7	10.3	10.2			
Ratio of Black non-Hispanics to White non-Hispanics	1.69	1.64	1.42			
Ratio of Hispanics to White non-Hispanics	1.36	1.29	1.12			
Ratio of Medicaid births to non-Medicaid births	0.83	1.06	1.00			
Percentage of infants exclusively breastfed in the hospital (2014-2016)	72.9	46.3	48.1			
Ratio of Black non-Hispanics to White non-Hispanics	0.68	0.59	0.57			
Ratio of Hispanics to White non-Hispanics	0.74	0.57	0.64			
Ratio of Medicaid births to non-Medicaid births	0.71	0.59	0.66			

Prevent HIV/STDs, Vaccine-Preventable Diseases and Healthcare-Associated Infections						
Indicator	Broome County	NYS	NYS 2018 Objective			
Maternal mortality rate per 100,000 births (2014-2016)	16.5	20.4	21.0			
Percentage of children who have had the recommended number of well child visits in government sponsored insurance programs (4) (2016)	58.2	74.0	76.9			
Percentage of children ages 0-15 months who have had the recommended number of well child visits in government sponsored insurance programs	77.0	80.1	91.3			
Percentage of children ages 3-6 years who have had the recommended number of well child visits in government sponsored insurance programs	68.7	84.3	91.3			
Percentage of children ages 12-21 years who have had the recommended number of well child visits in government sponsored insurance programs	50.7	68.1	67.1			
Percentage of children with any kind of health insurance – ages 0-19 years (2016)	97.5(96.9- 98.1)	97.4(97.2- 97.6)	100			
Percentage of third-grade children with evidence of untreated tooth decay (2009-2011)	42.3 (34.8- 49.8)	24.0 (21.3- 26.7)	21.6			
Ratio of low-income children to non low-income children	2.02	2.46	2.21			
Adolescent pregnancy rate per 1,000 females – ages 15-17 years (2014-2016)	17.0	13.3	25.6			
Ratio of Black non-Hispanics to White non-Hispanics	4.02	4.78	4.90			
Ratio of Hispanics to White non-Hispanics	4.47	4.39	4.10			
Percentage of unintended pregnancy among live births (2016)	29.9	22.6	23.8			
Ratio of Black non-Hispanics to White non-Hispanics	1.53	2.12	1.90			
Ratio of Hispanics to White non-Hispanics	0.94	1.68	1.43			
Ratio of Medicaid births to non-Medicaid births	1.65	1.71	1.54			
Percentage of women with health coverage – ages 18-64 years (2016)	95.3(94.5- 96.1)	93.1(92.9- 92.3)	100			
Percentage of live births that occur within 24 months of a previous pregnancy (2014-2016)	27.9	19.8	17.0			

Promote Mental Health and Prevent Substance Abuse								
Indicator	Broome County	NYS	NYS 2018 Objective					
Age-adjusted percentage of adults with poor mental health for 14 or	9.9(6.1-13.7)	10.7 (10.0-	10.1					
more days in the last month (2014-2016)	20.1/11.5	11.4)	10.4					
Age-adjusted percentage of adult binge drinking during the past month	20.1(14.6-	18.3(17.4-	18.4					
(2014-2016)	25.5)	19.3)						
Age-adjusted suicide death rate per 100,00 (2014-2016)	11.8	8.0	5.9					

SOURCE: New York State Department of Health

B 163. Uninsured Adults, Broome County, Upstate New York & U.S., 2018



SOURCE: Robert Wood Johnson Foundation, County Health Rankings Report, 2019

^{*}fewer than 10 events in the numerator, rate unstable

⁺ fewer than 10 events in one or both rate numerators, ratio is unstable

s data do not meet reporting criteria

 $⁽¹⁾ alternate \ modes \ of \ transportation \ include \ public \ transportation, \ carpool, \ bike, \ walk \ and \ telecommute$

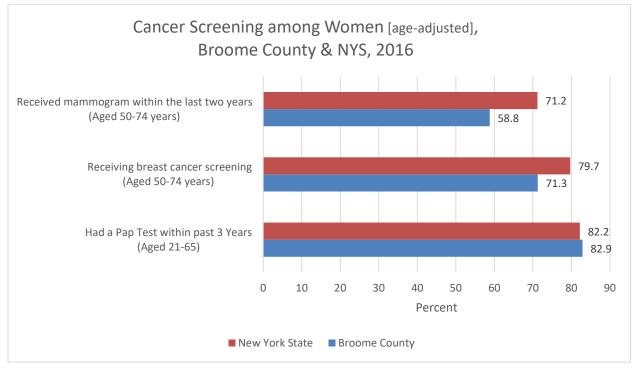
⁽²⁾ low access is defined as greater than one mile from a supermarket or grocery store in urban areas or greater than 10 miles from a supermarket or grocery store in rural areas

⁽³⁾ The 4:3:1:3:3:1:4 immunization series includes 4 DTaP, 3 polio, 1 MMR, 3 Hep B, 3 Hib, 1 varicella, 4 PCV13

⁽⁴⁾ Government sponsored insurance programs include Medicaid and Child Health Plus

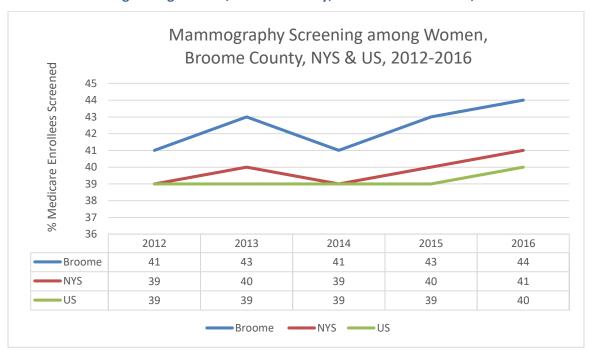
PRIMARY AND PREVENTIVE HEALTH CARE SERVICES

B 164. Cancer Screening among Women [Age-Adjusted], Broome County, New York State, 2016



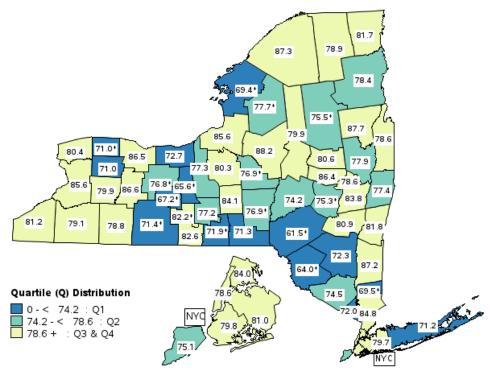
SOURCE: New York State Expanded Behavioral Risk Factor Surveillance System (BRFSS), Broome County, 2016

B 165. Cancer Screening among Women, Broome County, New York State & U.S., 2012-2016



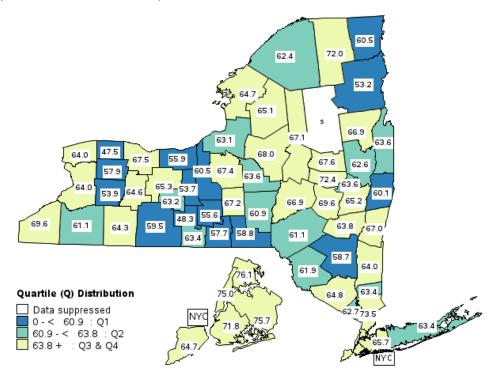
SOURCE: Robert Wood Johnson Foundation, County Health Rankings Report, 2019

B 166. Percentage of Women Aged 50-74 years Receiving Breast Cancer Screening, New York State Counties, 2016



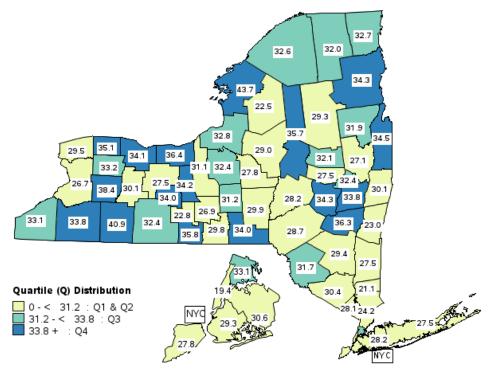
SOURCE: NYS Medicaid and Child Health Plus Data as of June 2018

B 167. Percentage of Women, 50 Years of Age and Older with Mammography Screening in the Past Two Years, New York State Counties, 2016



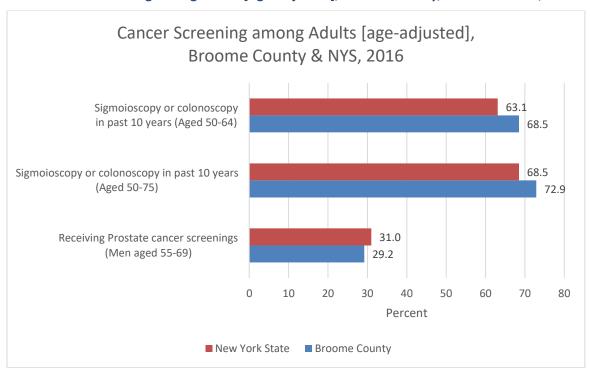
SOURCE: NYS Medicaid and Child Health Plus Data as of June 2018

B 168. Age-adjusted Percentage of Adults diagnosed with High Blood Pressure, New York State Counties, 2016



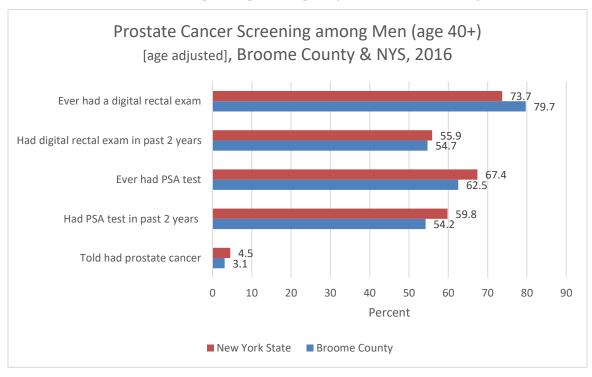
SOURCE: New York State Expanded Behavioral Risk Factor Surveillance System (BRFSS), Broome County, November 2018

B 169. Cancer Screening among Adults [Age-Adjusted], Broome County, New York State, 2016



SOURCE: New York State Expanded Behavioral Risk Factor Surveillance System (BRFSS), Broome County, 2016

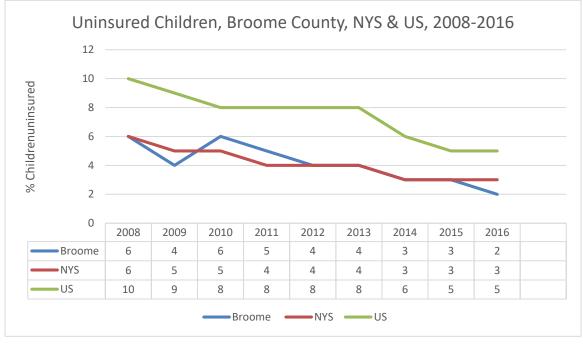
B 170. Prostate Cancer Screening among Men [Age-Adjusted], Broome County, New York State, 2016



SOURCE: New York State Expanded Behavioral Risk Factor Surveillance System (BRFSS), Broome County, 2019

CHILD AND ADOLESCENT HEALTH INDICATORS

B 171. Uninsured Children, Broome County, New York State & U.S., 2018



SOURCE: Robert Wood Johnson Foundation, County Health Rankings Report, 2019

B 172. Child and Adolescent Health Indicators, Broome County, Upstate New York, New York State, 2014-2016

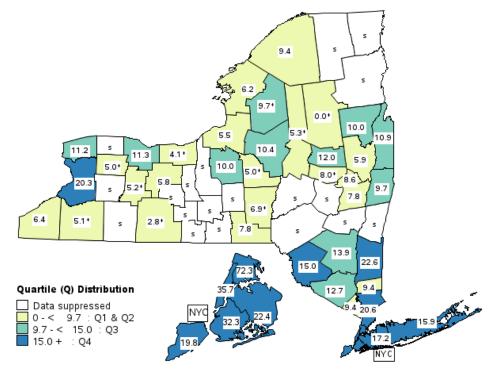
Indicator	3 Year Total	Broome County	Upstate NY	NYS	Quartile Ranking	HP 2020 Goal	HP 2020 Goal Met
Childhood mortality (rate per 100,000)							
1-4 years	6	24.6*	19.4	18.2	3 rd	26.5	
5-9 years	4	12.8*	9.7	10	3 rd	12.4	No
10-14 years	5	15.3*	11.5	11.4	3 rd	14.8	No
5-14 years	9	14.1*	10.6	10.7	3 rd		
15-19 years	10	21.8	32.6	31.1	2 nd	54.3	Yes
Asthma (hospitalization rate per 10,000)							
0-4 years	10	9.7	27.4	43.5	1 st		
5-14 years	15	7.2	9.5	18.7	2 nd		
0-17 years	30	7.8	12.9	23.5	2 nd		
Gastroenteritis (hospitalization rate per 10,000) 0-4 years		S	8.1	10.6			
Otitis media (hospitalization rate per 10,000) 0-4 years		S	2	2.2			
Pneumonia (hospitalization rate per 10,000) 0-4 years	23	22.4	24.4	30.9	2nd		
% of children born in 2013 with a lead screening by 9 months	9	0.4*	1.2	1.9	1 st		
% of children born in 2013 with a lead screening by 18 months	1,211	58.8	71.7	74.8	1 st		
% of children born in 2013 with at least two lead screenings by 36 months	788	38.2	55.9	62.8	1 st		
Incidence rate per 1,000 among children <72 months of age with a confirmed blood lead level ≥10ug/dl	86	11.3	8	4.3	4th		

 $SOURCE: New York \ State \ Department \ of \ Health, \ Community \ Health \ Assessment \ Indicators, \ 2014-2016$

 $[\]ensuremath{^*}$ fewer than 10 events in numerator, rate unstable

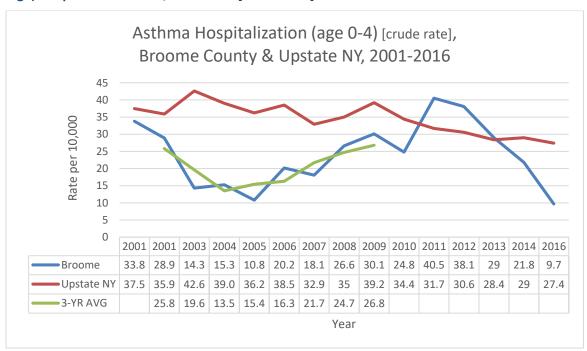
S= Suppressed because it did not meet reporting criteria





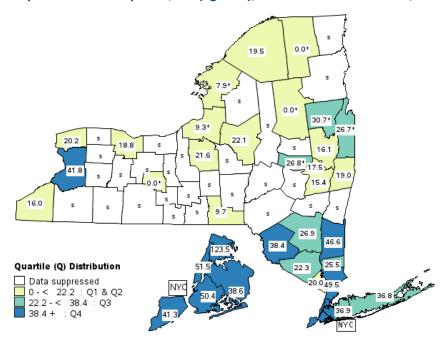
SOURCE: Statewide Planning and Research Cooperative System (SPARCS), October 2017

B 174. Asthma Hospitalization Rate per 10,000 (aged 0-4 years) Broome County (single year & 3-year average) & Upstate New York, 2001-2016 [Crude Rate]



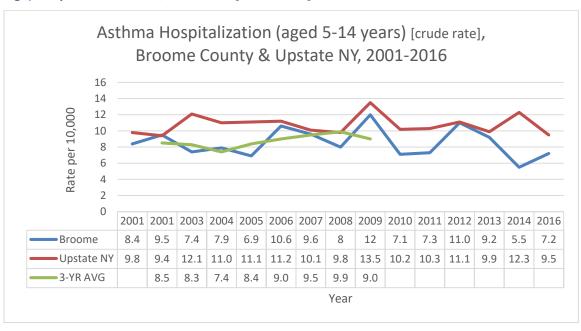
SOURCE: New York State Department of Health, County Health Indicator Reports, 2001-2016 *NOTE*: For 2016 data, ICD-10-CM codes were used. 2016 should not be compared to previous years.

B 175. Asthma Hospitalization Rate per 10,000 (age 0-4), New York State Counties, 2016



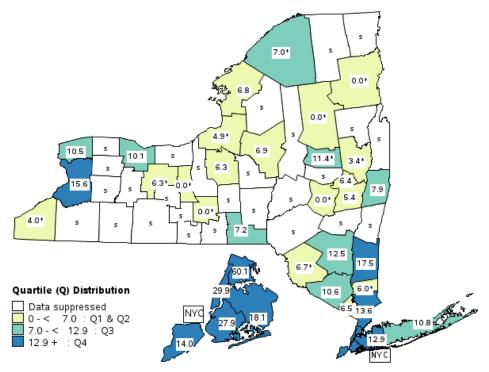
SOURCE: Statewide Planning and Research Cooperative System (SPARCS), December 2017

B 176. Asthma Hospitalization Rate per 10,000 (aged 5-14 years) Broome County (single year & 3-year average) & Upstate New York, 2001-2016 [Crude Rate]



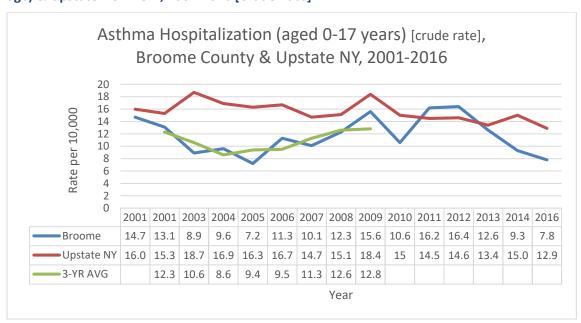
SOURCE: New York State Department of Health, County Health Indicator Reports, 2001-2016 For 2016 data, ICD-10-CM codes were used. 2016 should not be compared to previous years.

B 177. Asthma Hospitalization Rate per 10,000 (aged 5-14 years), New York State Counties, 2016



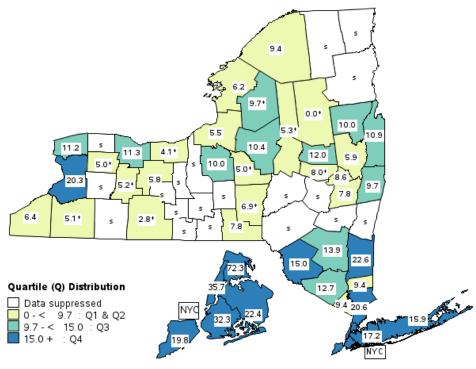
SOURCE: Statewide Planning and Research Cooperative System (SPARCS), December 2017

B 178. Asthma Hospitalization Rate per 10,000 (aged 0-17 years) Broome County (single year & 3-year average) & Upstate New York, 2001-2016 [Crude Rate]



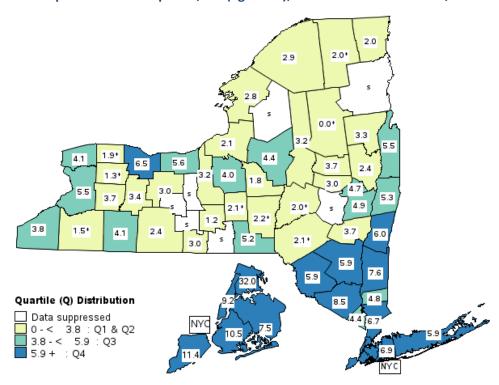
SOURCE: New York State Department of Health, County Health Indicator Reports, 2001-2016 For 2016 data, ICD-10-CM codes were used. 2016 should not be compared to previous years.

B 179. Asthma Hospitalization Rate per 10,000 (age 0-17), New York State Counties, 2016



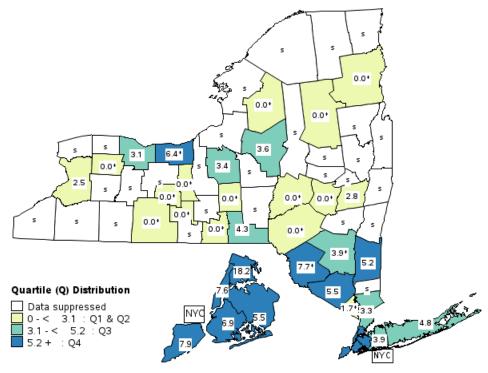
SOURCE: Statewide Planning and Research Cooperative System (SPARCS), December 2017

B 180. Asthma Hospitalization Rate per 10,000 (age 5-64), New York State Counties, 2016



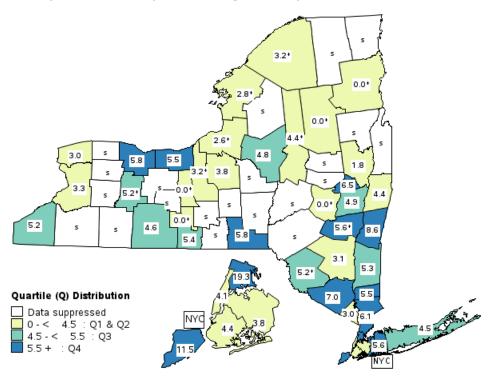
SOURCE: Statewide Planning and Research Cooperative System (SPARCS), December 2017



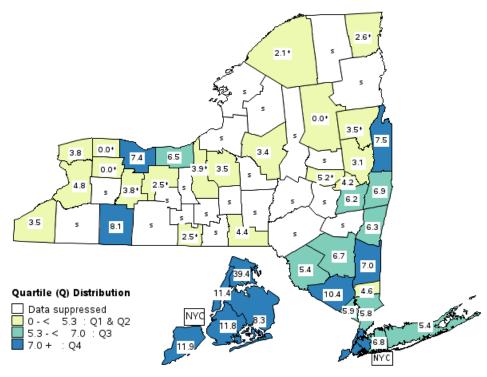


SOURCE: Statewide Planning and Research Cooperative System (SPARCS), December 2017

B 182. Asthma Hospitalization Rate per 10,000 (aged 25-44 years), New York State Counties, 2016

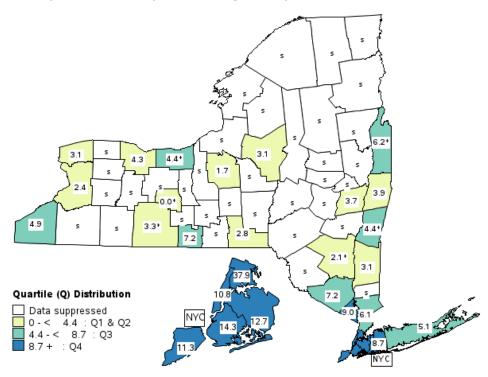


B 183. Asthma Hospitalization Rate per 10,000 (aged 45-64 years), New York State Counties, 2016

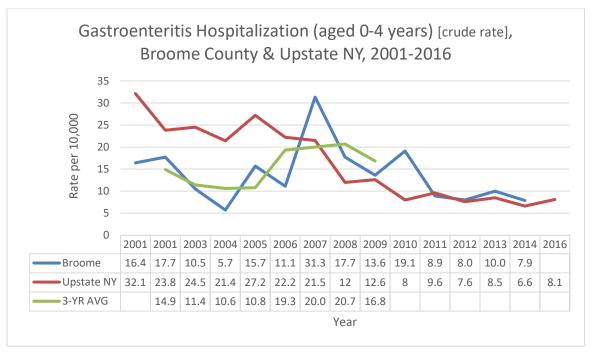


SOURCE: Statewide Planning and Research Cooperative System (SPARCS), December 2017

B 184. Asthma Hospitalization Rate per 10,000 (aged 65+ years), New York State Counties, 2016

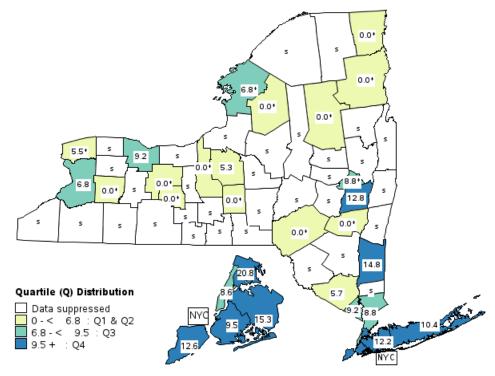


B 185. Gastroenteritis Hospitalization Rate per 10,000 (aged 0-4 years) Broome County (single year & 3-year average) & Upstate New York, 2001-2016 [Crude Rate]

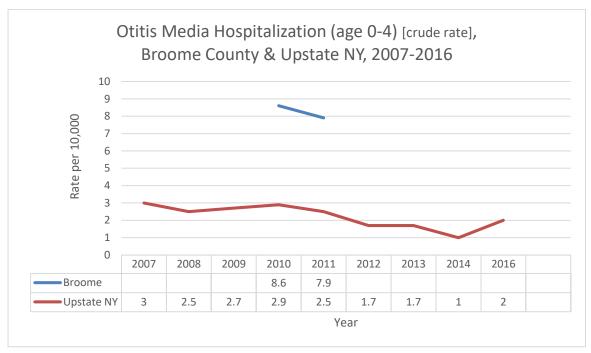


SOURCE: New York State Department of Health, County Health Indicator Reports, 2001-2016 For 2016 data, ICD-10-CM codes were used. 2016 values suppressed due to reporting criteria and 2012-2014 rates are unstable due to large variation.

B 186. Gastroenteritis Hospitalization Rate per 10,000 (aged 0-4 years), New York State Counties, 2016

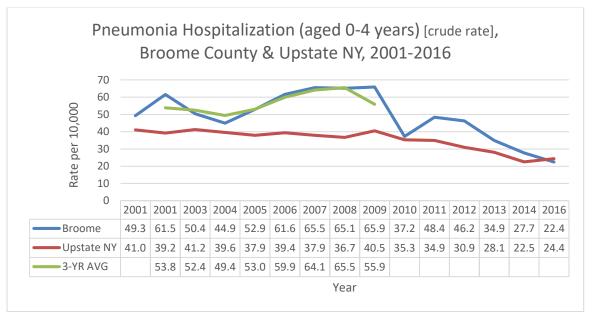


B 187. Otitis Media Hospitalization Rate per 10,000 (age 0-4) Broome County (single year & 3-year average) & Upstate New York, 2007-2016 [Crude Rate]



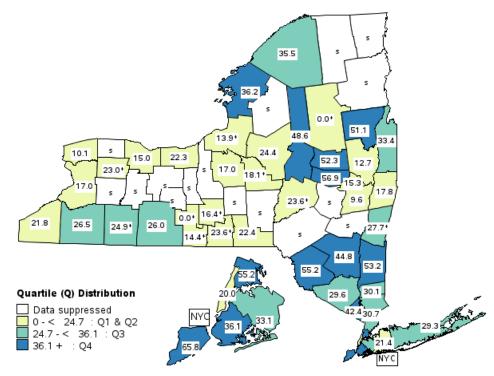
SOURCE: New York State Department of Health, County Health Indicator Reports, 2001-2016 For 2016 data, ICD-10-CM codes were used. 2007-2009/2012-2016 values suppressed due to reporting criteria and 2010-2011 rates are unstable due to large variation.





SOURCE: New York State Department of Health, County Health Indicator Reports, 2001-2016 For 2016 data, ICD-10-CM codes were used.

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APPENDIX C

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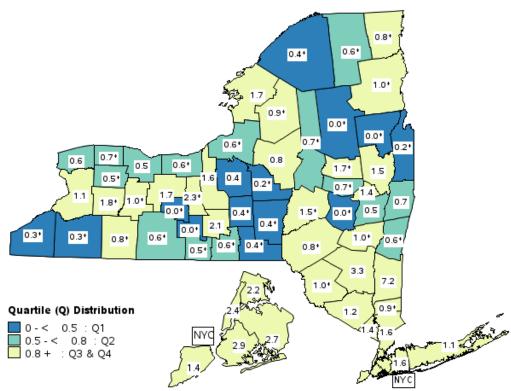
LEAD SCREENING

C 1. Percentage of Children Born in 2013 with a Lead Screening aged 0-8 months in Broome County, Southern Tier, & Upstate New York, 2013 [Crude Rate]

Percentage of Children with a Lead Screening aged 0-8 months, 2013							
Broome	0.4						
Southern Tier	0.8						
Upstate NY	1.2						
New York State	1.9						

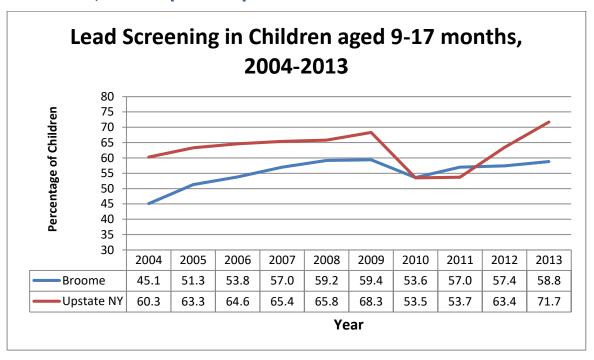
SOURCE: New York State Department of Health, Community Health Indicator Reports, 2013

C 2. Percentage of Children with a Lead Screening aged 0-8 Months, New York State Counties, 2013



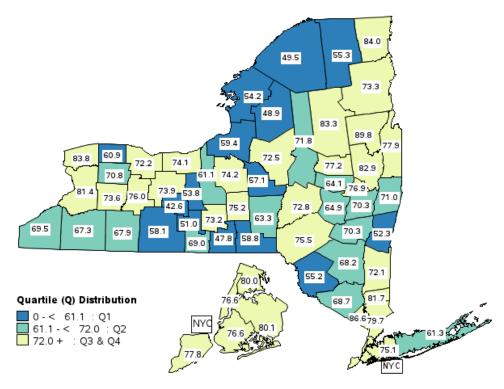
*Fewer than 10 events in the numerator, therefore the rate/percentage is unstable SOURCE: 2013-2016 NYS Child Health Lead Poisoning Prevention Program Data as of June, 2018

C 3. Percentage of Children Born in 2013 with a Lead Screening aged 9-17 months Broome County & Upstate New York, 2004-2013 [Crude Rate]



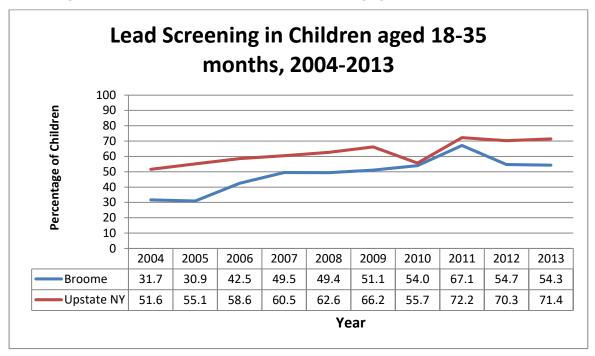
SOURCE: New York State Department of Health, Community Health Indicator Reports, Child and Adolescent Health Indicators, 2018

C 4. Percentage of Children Born in 2013 with a Lead Screening aged 9-17 months, New York State Counties, 2013



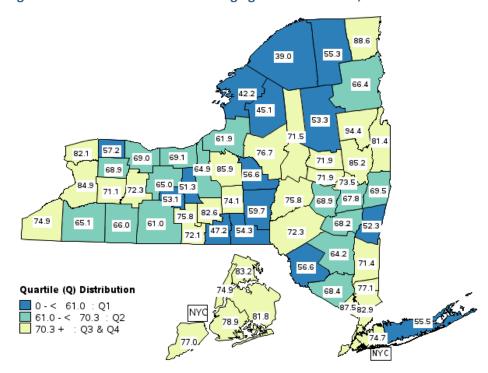
SOURCE: 2013-2016 NYS Child Health Lead Poisoning Prevention Program Data as of June, 2018

C 5. Percentage of Children Born in 2013 with a Lead Screening aged 18-35 months, 2004-2013



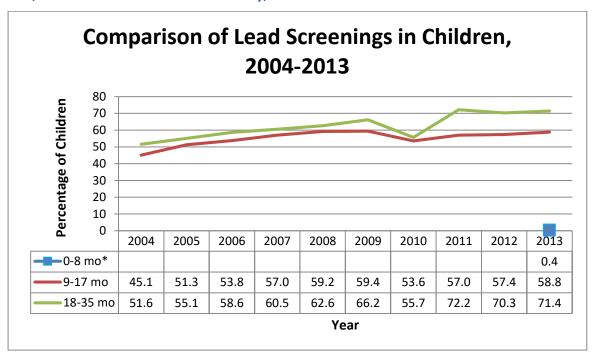
SOURCE: New York State Department of Health, Community Health Indicator Reports, 2018

C 6. Percentage of Children with a Lead Screening aged 18-35 months, New York State Counties, 2013



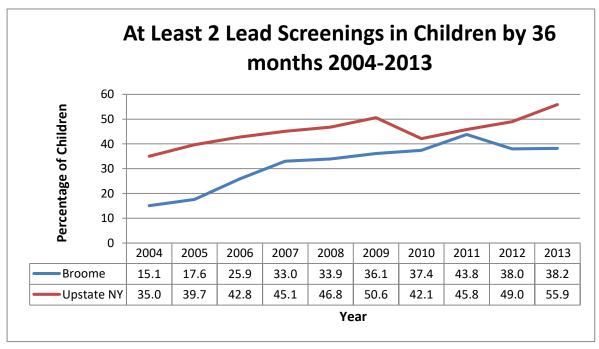
SOURCE: 2013-2016 NYS Child Health Lead Poisoning Prevention Program Data as of June, 2018

C 7. Comparison of Percentages of Children Born in 2013 with a lead Screening aged 0-8 months, 9-17 months, and 18-35 months in Broome County, 2004-2013



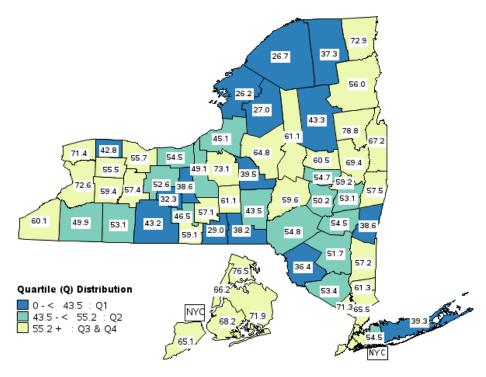
SOURCE: New York State Department of Health, Community Health Indicator Reports, 2018

C 8. Percentage of Children with at Least Two Lead Screenings by 36 months in Broome County and Upstate NY, 2004-2013



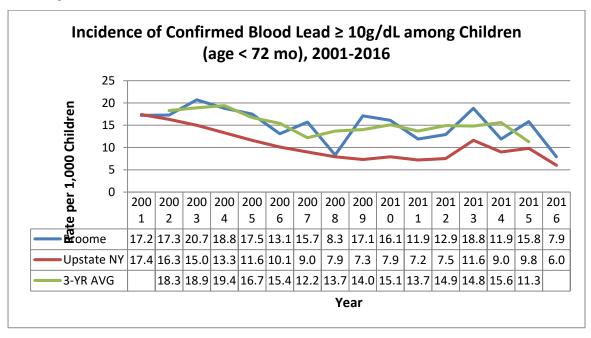
SOURCE: New York State Department of Health, Community Health Indicator Reports, Child and Adolescent Health Indicators, 2018

C 9. Percentage of Children with at Least Two Lead Screening by 36 months, New York State Counties, 2013



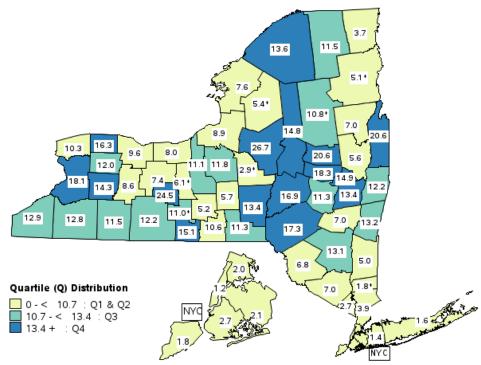
SOURCE: 2013-2016 NYS Child Health Lead Poisoning Prevention Program Data as of June, 2018

C 10. Incidence Rate per 1,000 among Children less than 72 months of age with a Confirmed Blood Lead Level ≥ 10 µg/dL Broome County (single year & 3-year average) & Upstate New York, 2001-2016 [Crude Rate]



SOURCE: New York State Department of Health, Community Health Indicator Reports, 2018

C 11. Incidence Rate per 1,000 Among Children <72 months with a Confirmed Blood Lead Level >= 10ug/dl, New York State Counties, 2014-2016



SOURCE: 2013-2016 NYS Child Health Lead Poisoning Prevention Program Data as of June, 2018

OCCUPATIONAL HEALTH INDICATORS

C 12. Occupational Health Indicators Broome County, Southern Tier, Upstate New York, New York State

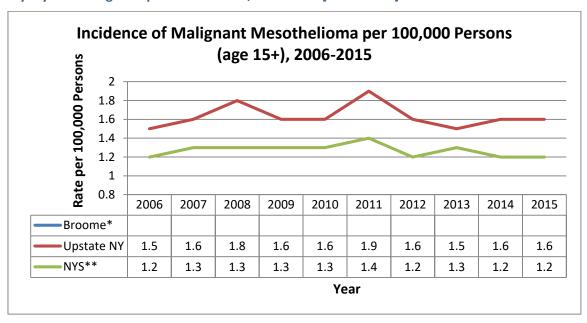
Indicator	Data Year	Broome County	Southern Tier	Upstate NY	NYS	Quartile Ranking	HP 2020 Goal	HP 2020 Goal Met
Incidence of Malignant	2013-	S	1	1.6	1.3	S		
Mesothelioma per 100,000 Persons Age 15+ (2013-2015)	2015							
HOSPITALIZATION RATES per								
100,000 Persons Age 15+								
Pneumoconiosis (2016)	2016	3.7*	4	8.8	6.3	1 st /2 nd		
Asbestosis (2016)	2016	S	1.6	7.7	5.5	S		
Work related Hospitalizations per 100,000 Employed Persons Age 16+ (2014-2016)	2014- 2016	154.2	121.7	152.9	133.8	1 st /2 nd		
Elevated Blood Lead Levels >=10 μg/dL per 100,000 Employed Persons Age 16+ (2014-2016)	2014- 2016	5.7	9.5	19.1	17.3	1 st /2 nd		
Fatal Work-Related Injuries per 100,000 Employed Persons Age 16+ (2014-2016)	2014- 2016	4.1	5.1	3.5	2.7	1 st /2 nd		

 $SOURCE: New York \ State \ Department \ of \ Health, \ Community \ Health \ Assessment \ Indicators, \ 2013-2015$

^{*}fewer than 10 events in numerator, rate unstable

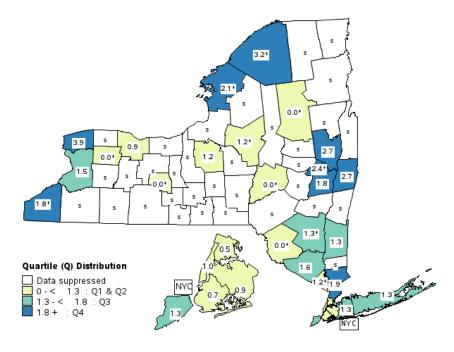
s: data is suppressed. Data does not meet reporting criteria

C 13. Incidence of Malignant Mesothelioma per 100,000 Persons (age 15 years and older) Broome County 3-year average & Upstate New York, 2006-2015 [Crude Rate]



^{**} Data only available from 2006-2015.

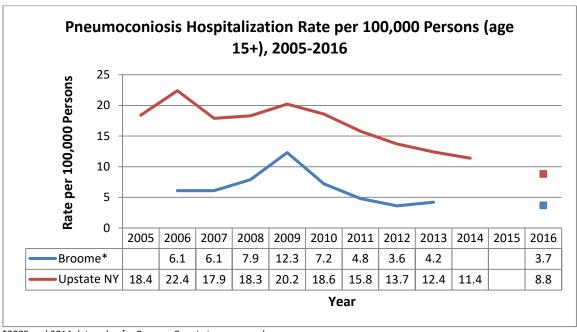
C 14. Incidence of Malignant Mesothelioma per 100,000 Persons (age 15 years and older), New York State Counties, New York State Counties, 2013-2015



SOURCE: Cancer Registry Data as of May, 2018

^{*}Three-year average has 2004-2008, 2010-2011. 2009 data is suppressed. The rest are not available. All the values have unstable rates because fewer than 10 values were in the numerator. Only data available for Broome County. The single year values are suppressed SOURCE: New York State Department of Health, Community Health Indicator Reports, 2007-2016

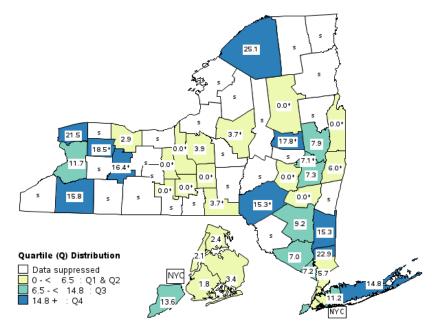
C 15. Pneumoconiosis Hospitalization Rate per 100,000 Persons (age 15 years and older) Broome County & Upstate New York, 2005-2016 [Crude Rate]



^{*2005} and 2014 data value for Broome County is suppressed

SOURCE: New York State Department of Health, Community Health Indicator Reports, 2018; Statewide Planning and Research Cooperative System (SPARCS)Data as of June, 2018.

C 16. Pneumoconiosis Hospitalization Rate per 100,000 Persons (age 15 years and older), New York State Counties, 2016

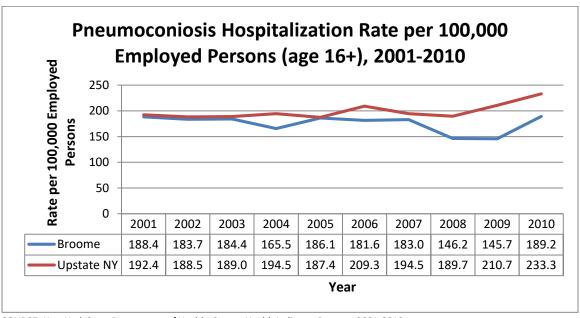


SOURCE: Statewide Planning and Research Cooperative System (SPARCS) data as of June, 2018

^{*}Broome county data of 2011-2013 and 2016 are unstable rates since less than 10 data values were used.

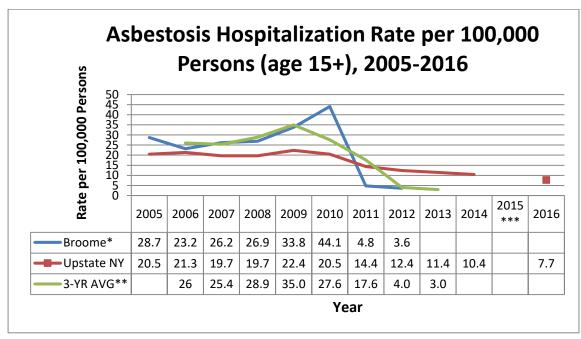
[#] The rate for 2015 is excluded due to SPARCS data transitioning on October 1, 2015 from ICD-9-CM to ICD-10-CM diagnosis codes. Since ICD-9-CM and ICD-10-CM are not comparable, an annual rate for 2015 cannot be calculated, and data for 2016-and-forward should not be compared with data for 2014-and-prior. For 2016 data, ICD-10-CM codes were used

C 17. Pneumoconiosis Hospitalization Rate per 100,000 Employed Persons (age 16 years and older) Broome County (single year & 3-year average) & Upstate New York, 2001-2010 [Crude Rate]



SOURCE: New York State Department of Health, County Health Indicator Reports, 2001-2010

C 18. Asbestosis Hospitalization Rate per 100,000 Persons (age 15 years and older) Broome County (single year & 3-year average) & Upstate New York, 2005-2016 [Crude Rate]



^{*}Broome county data of 2013-2014, 2016 are suppressed.

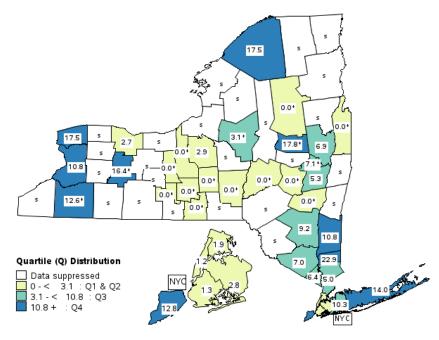
For 2016-year data, ICD-10-CM codes were used.

 ${\tt SOURCE: New York State Department of Health, Community Health Indicator Reports, 2018}\\$

^{**}Other data points were not available

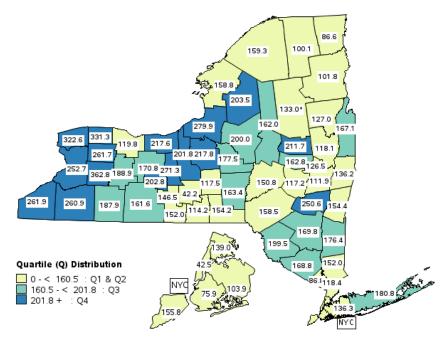
^{***#} The rate for 2015 is excluded due to SPARCS data transitioning on October 1, 2015 from ICD-9-CM to ICD-10-CM diagnosis codes. Since ICD-9-CM and ICD-10-CM are not comparable, an annual rate for 2015 cannot be calculated, and data for 2016-and-forward should not be compared with data for 2014-and-prior.

C 19. Asbestosis Hospitalization Rate per 100,000 Persons (age 15 years and older), New York State Counties, 2016



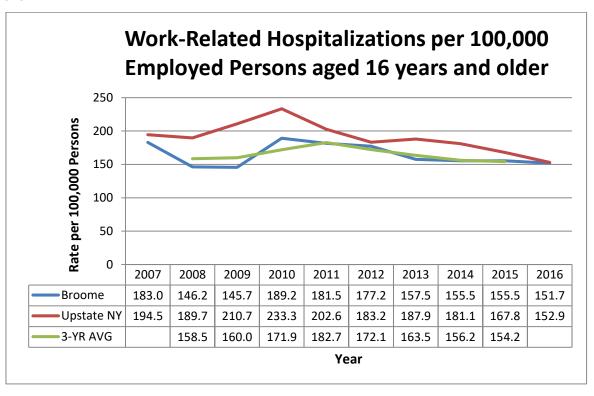
SOURCE: Statewide Planning and Research Cooperative System (SPARCS) Data as of June, 2018

C 20. Work Related Hospitalization Rate per 100,000 Employed Persons (age 16 years and older), New York State Counties, 2016



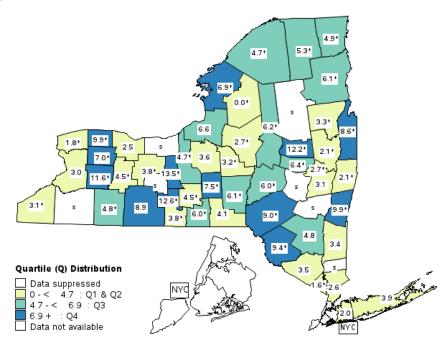
SOURCE: Statewide Planning and Research Cooperative System (SPARCS) Data as of June, 2018

C 21. Work Related Hospitalization Rate per 100,000 Employed Persons (age 16 years and older), 2007 – 2016



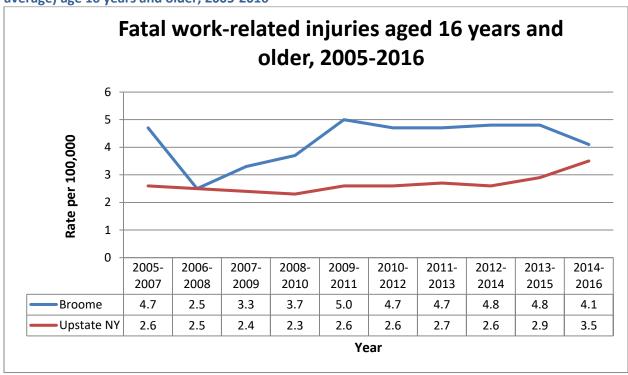
SOURCE: New York State Department of Health, Community Health Indicator Reports, 2018

C 22. Fatal Work Injuries per 100,000 Employed Persons (age 16 years and older), New York State Counties, 2016



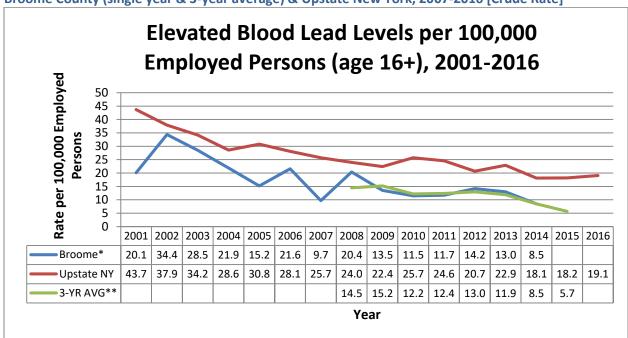
SOURCE: Bureau of Occupational Health and Injury Prevention Data as of June, 2018

C 23. Fatal Work Injuries per 100,000 Employed Persons in Broome County and Upstate NY (three-year average) age 16 years and older, 2005-2016



SOURCE: New York State Department of Health, Community Health Indicator Reports, 2018

C 24. Elevated Blood Lead Levels (≥ 10 μg/dL) per 100,000 Employed Persons (age 16 years and older) Broome County (single year & 3-year average) & Upstate New York, 2007-2016 [Crude Rate]

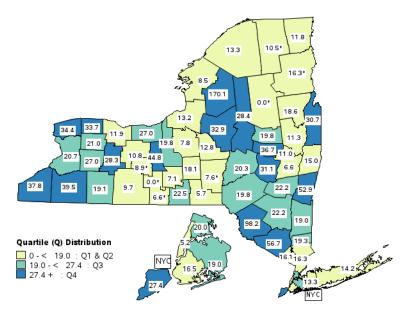


 $^{^{*}2007}$ and 2014 are unstable rates due t less than 10 data points in the numerator. 2015-2016 are suppressed.

SOURCE: New York State Department of Health, Community Health Indicator Reports, 2018

^{**}Data only available for 2008-2015

C 25. Elevated Blood Lead Levels (\geq 10 $\mu g/dL$) per 100,000 Employed Persons (age 16 years and older), 2014-2016



SOURCE: NYS Department of Health Heavy Metals Registry Data as of June, 2018

MATERNAL AND INFANT HEALTH INDICATORS

C 26. Maternal and Infant Health Indicators, Broome County, Upstate New York, New York State, 2014-2016

Indicator	Data Year	Broome County	Southern Tier	Upstate NY	NYS	Quartile Ranking **	HP 2020 Goal	HP 2020 Goal Met
% of births to women 25+ years without a high school education		7.9	6.3	10.1	12.8	1 st /2 nd		
% births to out of wedlock mothers		47.7	45.3	38.1	39.3	3 rd		
% first births		37.8	38.7	39.0	41.2	1 st /2 nd		
% of births that were multiple births	2014- 2016	3.7	3.5	4.0	3.7	3 rd		
% births w/early prenatal care (1 st trimester)		74	74.3	78.4	75.2	3 rd		
% of births with late (3 rd trimester) or no prenatal care		5.3	4.6	4.4	5.6	3 rd		
% of births with adequate prenatal care (Kotelchuk)		79.9	81.0	75.7	74.0	1 st /2 nd		
WIC INDICATORS								
% pregnant women in WIC with early (1st trimester) prenatal care	2009- 2011	83.9	81.9	87.2	86.5	4 th		
% pregnant women in WIC who were prepregnancy underweight (BMI less than18.5)	2010- 2012	4.0	4.2	4.1	4.7	1 st /2 nd		
% pregnant women in WIC who were pre- pregnancy overweight but not obese (BMI 25- less than 30) ~	2010- 2012	22.3	22.5	26.4	26.6	1 st /2 nd		
% of pregnant women in WIC who were pre- pregnancy obese (BMI 30 or higher) ~	2010- 2012	33.5	31.8	28.6	24.2	4 th		
% of pregnant women in WIC with anemia in 3 rd trimester	2009- 2011	32.9	31.7	36.0	37.3	4 th		
% of pregnant women in WIC with gestational weight gain greater than ideal	2009- 2011	51.3	51.1	47.1	41.7	3 rd		
% of pregnant women in WIC with gestational diabetes	2009- 2011	7.2	6.8	5.9	5.5	4 th		

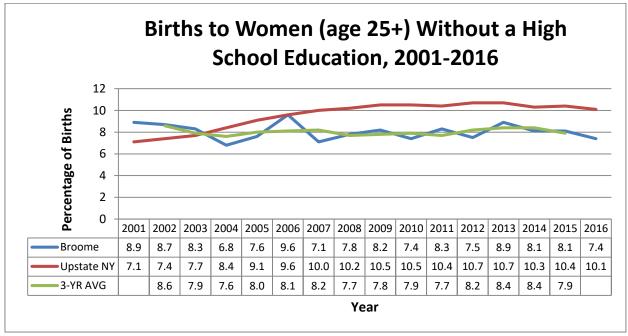
Indicator	Data Year	Broome County	Southern Tier	Upstate NY	NYS	Quartile Ranking **	HP 2020 Goal	HP 2020 Goal Met
% of pregnant women in WIC with hypertension during pregnancy	2009- 2011	10.6	10.3	8.9	7.1	3 rd		
% of WIC mothers breastfeeding at least 6 months	2014- 2016	22.3	N/A	30.7	40.3	3 rd		
% of infants fed any breast milk in delivery hospital	2014- 2016	80.5	83.7	83.8	87.3	3 rd		
% of infants fed exclusively breast milk in delivery hospital	2014- 2016	71.0	71.0	52.4	45.2	1 st /2 nd		
% of births delivered by cesarean section	2014- 2016	34.5	32.5	34.4	33.5	3 rd		
Mortality Rates (per 1,000 live births)								
Infant (<1 year)		5.8	4.8	5.0	4.5	3 rd		
Neonatal (<28 days)		4.0	3.4	3.5	3.1	3 rd		
Post neonatal (1 month to 1 year)		1.8	1.4	1.6	1.5	3 rd		
Fetal death (>20 weeks gestation)	2014	5.2	4.7	4.8	6.0	3 rd		
Perinatal (20 weeks gestation - 28 days of life)	2014- 2016	9.2	8.1	8.2	9.1	3 rd		
Perinatal (28 weeks gestation - 7 days of life)		5.9	5.4	5.4	5.1	3 rd		
Maternal mortality rate per 100,000 live births		16.5	31.6	17.8	20.4	N/A		
LOW BIRTHWEIGHT INDICATORS								
% very low birthweight (<1.5 kg) births		1.2	1.0	1.3	1.4	1 st /2 nd		
% very low birthweight (<1.5 kg) singleton births	2014-	0.8	0.7	1.0	1.0	1 st /2 nd		
% low birthweight (<2.5 kg) births	2016	7.2	6.8	7.7	7.9	1 st /2 nd		
% low birthweight (<2.5 kg) singleton births		1.3	1.1	5.8	1.5	1 st /2 nd		
% Premature Births by								
Gestational Age		4.2	4.4	4 -	4 -	4 St /and		
<32 weeks gestation 32 - <37 weeks	2014-	1.3	1.1	1.5	1.5	1 st /2 nd		
gestation	2014-	7.1	7.1	7.6	7.3	1 st /2 nd		
<37 weeks gestation	1	8.5	8.3	9.1	8.8	1 st /2 nd		

Indicator	Data Year	Broome County	Southern Tier	Upstate NY	NYS	Quartile Ranking **	HP 2020 Goal	HP 2020 Goal Met
% births with 5-minute APGAR <6		0.7	0.8	0.9	0.7	1 st /2 nd		
Newborns with withdrawal syndrome and/or affected by narcotics via placenta or breast milk, rate per 1,000 delivery hospitalizations/newborn discharges	2014	11.9			5.2	3 rd		

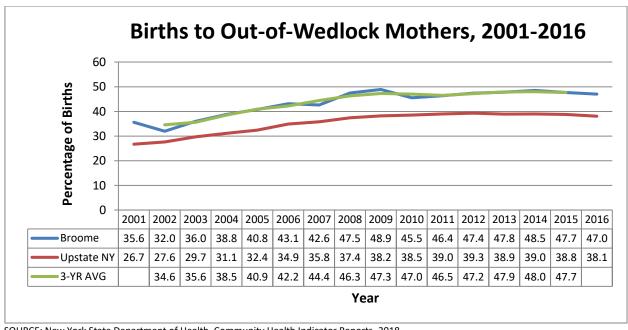
SOURCE: New York State Department of Health, Community Health Assessment Indicators, 2014-2016

^{*}fewer than 10 events in numerator, rate unstable
**1st and 2nd Quartile are grouped together.

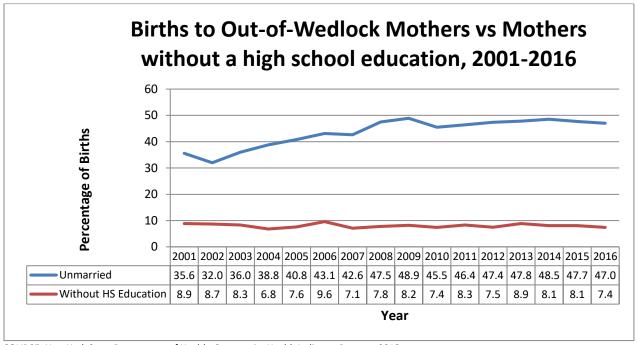
C 27. Percentage of Births to Women 25 Years and Older Without a High School Education, Broome County (single year & 3-year average) & Upstate New York, 2001-2016 [Crude Rate]



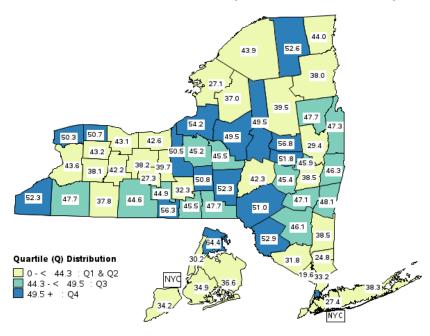
C 28. Percentage of Births to Out-of-Wedlock Mothers, Broome County (single year & 3-year average) & Upstate New York, 2001-2016 [Crude Rate]



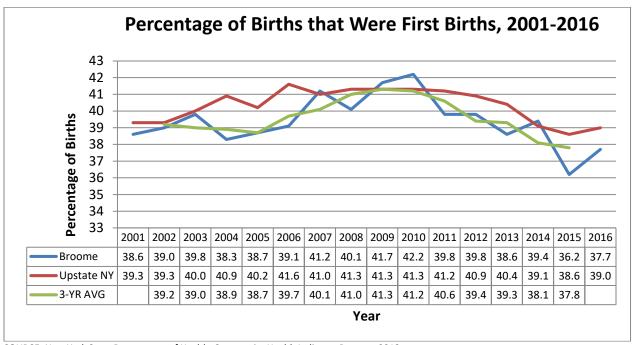
C 29. Percentage of Births to Out-of-Wedlock Mothers and Mothers without a high school education in Broome County & Upstate New York, 2001-2016 [Crude Rate]



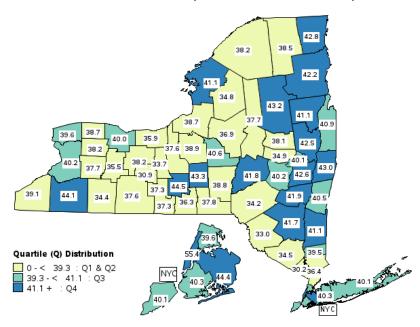
C 30. Percentage of Births to Out-of-Wedlock Mothers, New York State Counties, 2014-2016



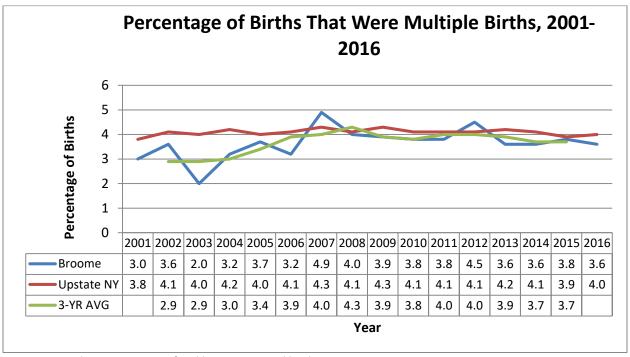
C 31. Percentage of Births That Were First Births, Broome County (single year & 3-year average) & Upstate New York, 2001-2016 [Crude Rate]



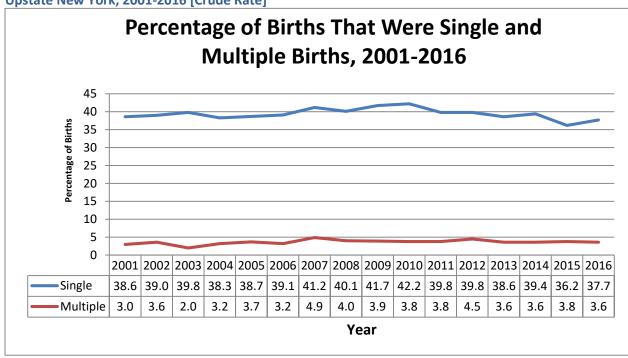
C 32. Percentage of Births That Were First Births, New York State Counties, 2014-2016



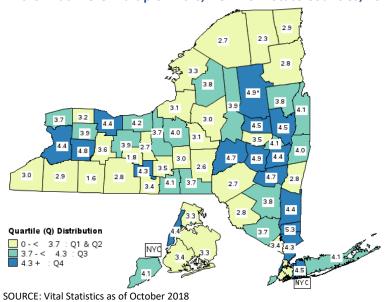
C 33. Percentage of Births That Were Multiple Births, Broome County (single year & 3-year average) & Upstate New York, 2001-2016 [Crude Rate]



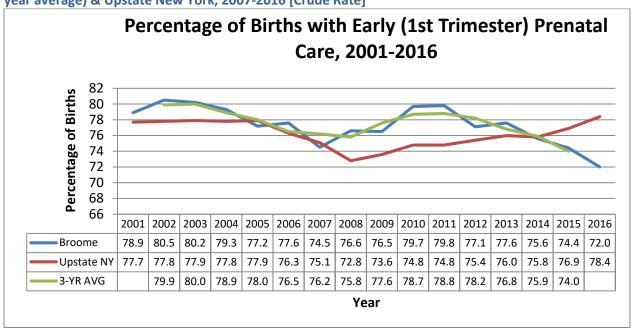
C 34. Percentage of Births That Were Multiple Births, Broome County (single year & 3-year average) & Upstate New York, 2001-2016 [Crude Rate]



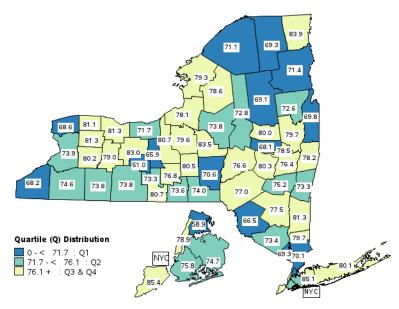
C 35. Percentage of Births That Were Multiple Births, New York State Counties, 2014-2016



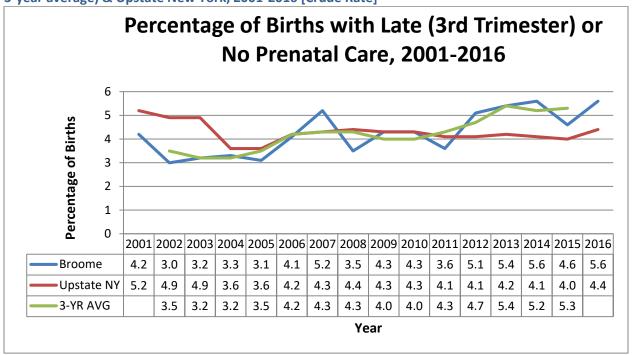
C 36. Percentage of Births with Early (1st Trimester) Prenatal Care, Broome County (single year & 3-year average) & Upstate New York, 2007-2016 [Crude Rate]



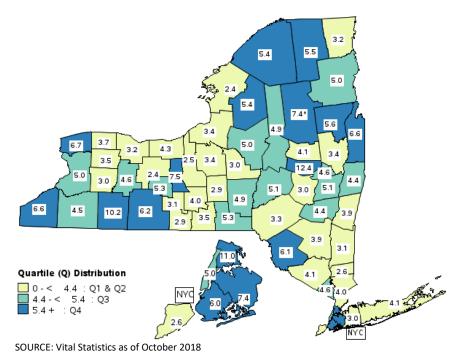
C 37. Percentage of Births with Early (1st Trimester) Prenatal Care, New York State Counties, 2014-2016



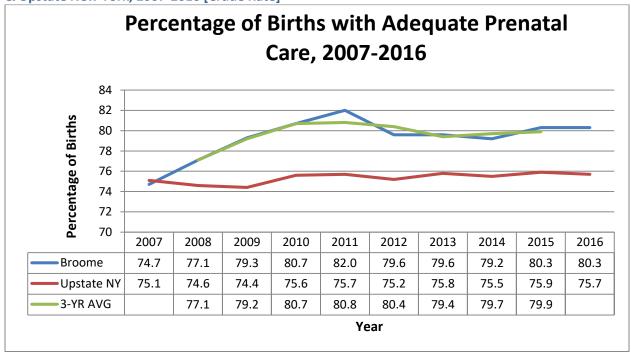
C 38. Percentage of Births with Late (3rd Trimester) or No Prenatal Care, Broome County (single year & 3-year average) & Upstate New York, 2001-2016 [Crude Rate]



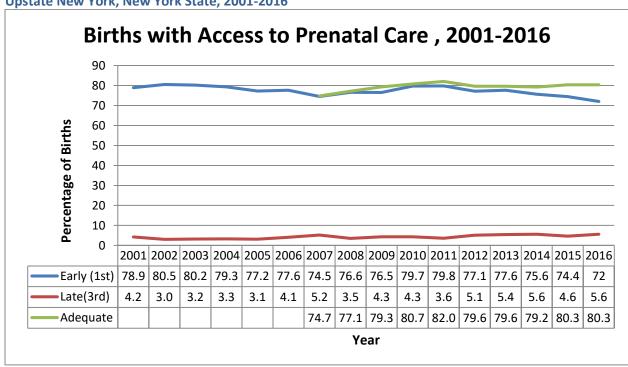
C 39. Percentage of Births with Late (3rd Trimester) or No Prenatal Care, New York State Counties, 2014-2016



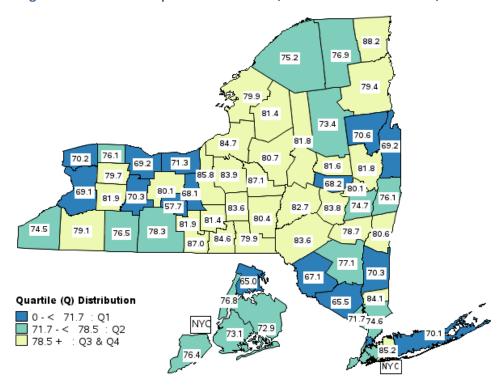
C 40. Percentage of Births with Adequate Prenatal Care, Broome County (single year & 3-year average) & Upstate New York, 2007-2016 [Crude Rate]



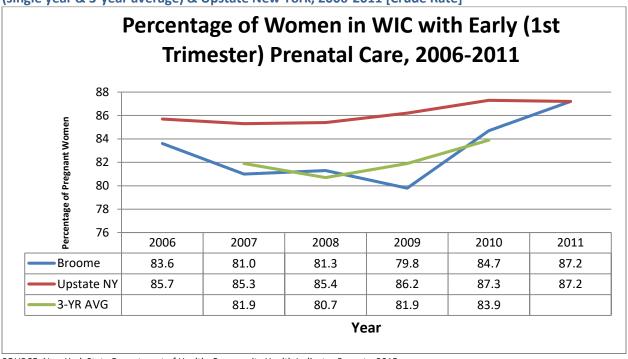
C 41. Trends in Access to Prenatal Care during the 1st Trimester and 3rd Trimester, Broome County, Upstate New York, New York State, 2001-2016



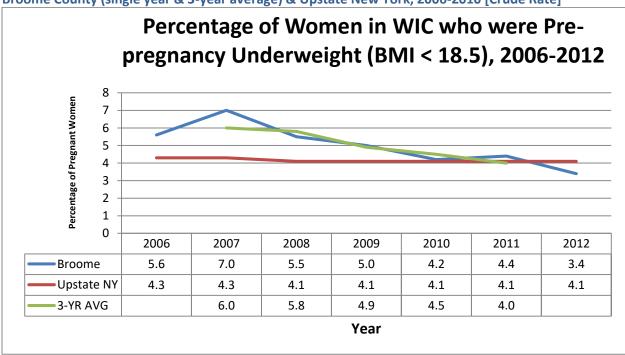
C 42. Percentage of Births with Adequate Prenatal Care, New York State Counties, 2014-2016



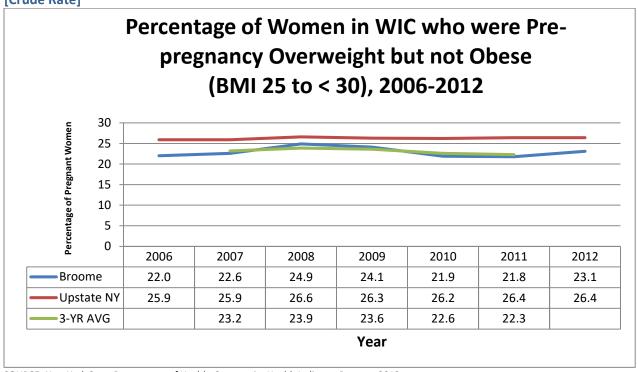
C 43. Percentage of Pregnant Women in WIC with Early (1st Trimester) Prenatal Care, Broome County (single year & 3-year average) & Upstate New York, 2006-2011 [Crude Rate]



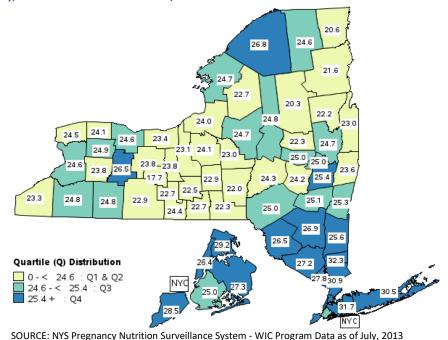
C 44. Percentage of Pregnant Women in WIC Who Were Pre-pregnancy Underweight (BMI < 18.5), Broome County (single year & 3-year average) & Upstate New York, 2006-2010 [Crude Rate]



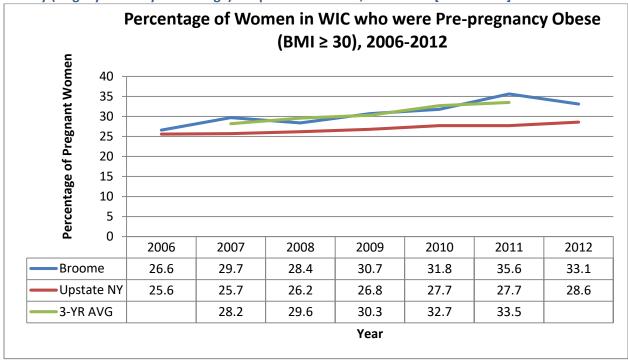
C 45. Percentage of Pregnant Women in WIC who were Pre-pregnancy Overweight but not Obese (BMI 25 to < 30), Broome County (single year & 3-year average) & Upstate New York, 2006-2012 [Crude Rate]



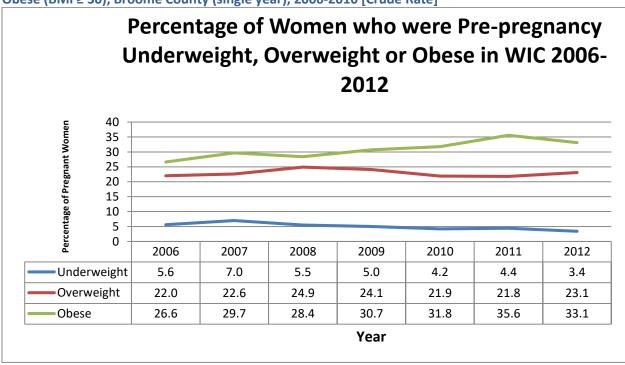
C 46. Percentage of Pregnant Women in WIC Who Were Pre-pregnancy Overweight but Not Obese (BMI 25 to < 30), New York State Counties, 2010-2012



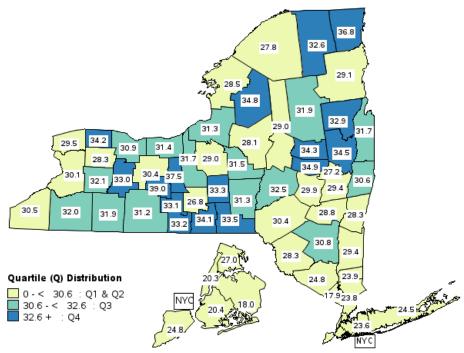
C 47. Percentage of Pregnant Women in WIC Who Were Pre-pregnancy Obese (BMI ≥ 30), Broome County (single year & 3-year average) & Upstate New York, 2006-2010 [Crude Rate]



C 48. Percentage of Pregnant Women in WIC Who Were Pre-pregnancy Underweight, Overweight or Obese (BMI ≥ 30), Broome County (single year), 2006-2010 [Crude Rate]

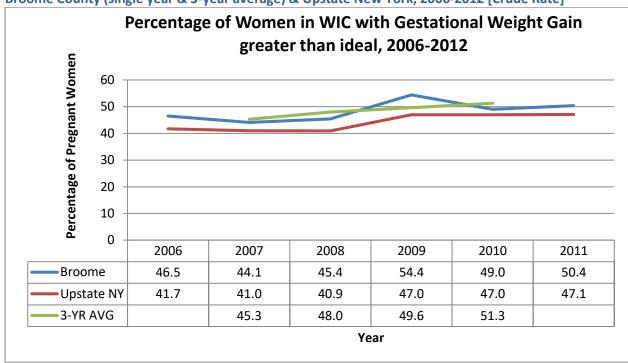


C 49. Percentage of Pregnant Women in WIC Who Were Pre-pregnancy Obese (BMI ≥ 30), New York State Counties, 2010-2012

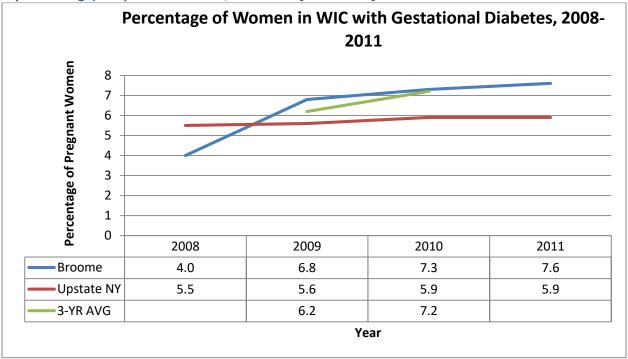


SOURCE: NYS Pregnancy Nutrition Surveillance System - WIC Program Data as of July, 2013

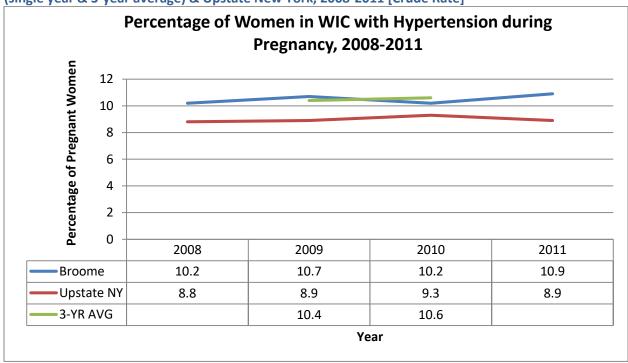
C 50. Percentage of Pregnant Women in WIC with Gestational Weight Gain Greater Than Ideal, Broome County (single year & 3-year average) & Upstate New York, 2006-2012 [Crude Rate]



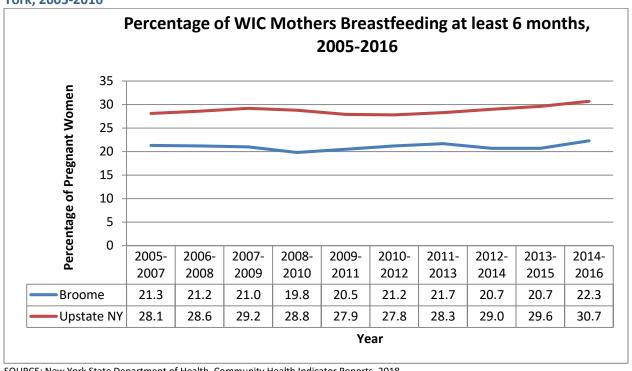
C 51. Percentage of Pregnant Women in WIC with Gestational Diabetes, Broome County (single year & 3-year average) & Upstate New York, 2008-2011 [Crude Rate]



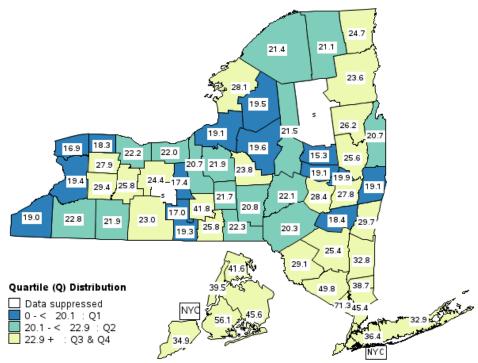
C 52. Percentage of Pregnant Women in WIC with Hypertension during Pregnancy, Broome County (single year & 3-year average) & Upstate New York, 2008-2011 [Crude Rate]



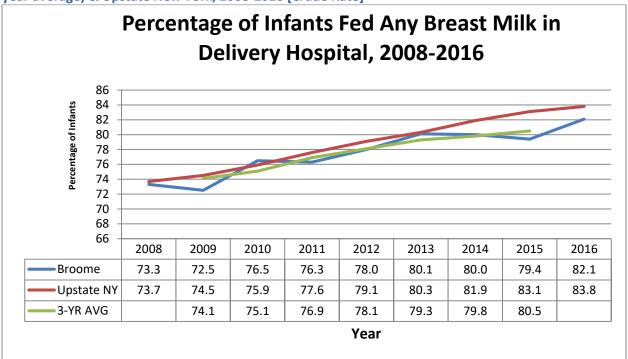
C 53. Percentage of WIC Mothers Breastfeeding at Least 6 Months, Broome County & Upstate New York, 2005-2016



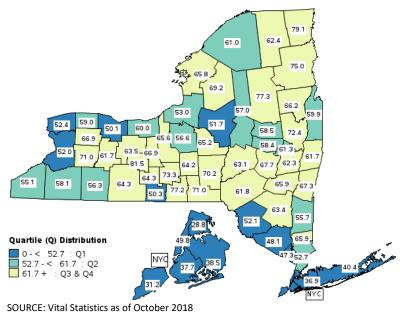
C 54. Percentage of WIC Mothers Breastfeeding at Least 6 Months, New York State Counties, 2014-2016



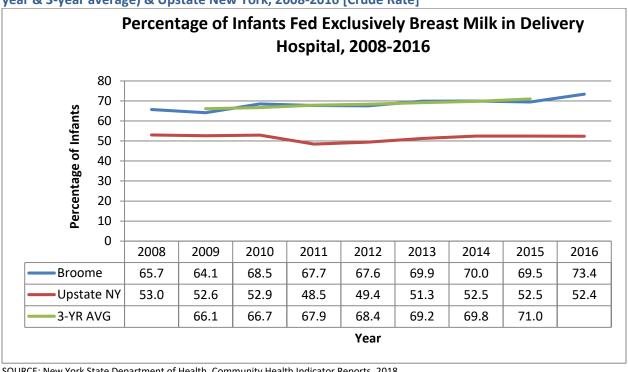
C 55. Percentage of Infants Fed Any Breast Milk in Delivery Hospital, Broome County (single year & 3-year average) & Upstate New York, 2008-2016 [Crude Rate]



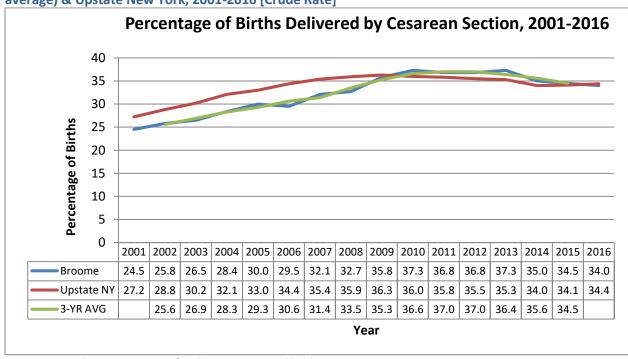
C 56. Percentage of Infants Fed Exclusively Breast Milk in Delivery Hospital, New York State Counties, 2014-2016



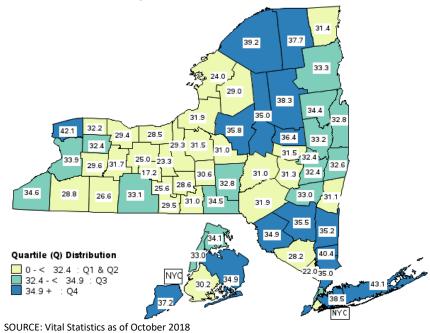
C 57. Percentage of Infants Fed Exclusively Breast Milk in Delivery Hospital, Broome County (single year & 3-year average) & Upstate New York, 2008-2016 [Crude Rate]



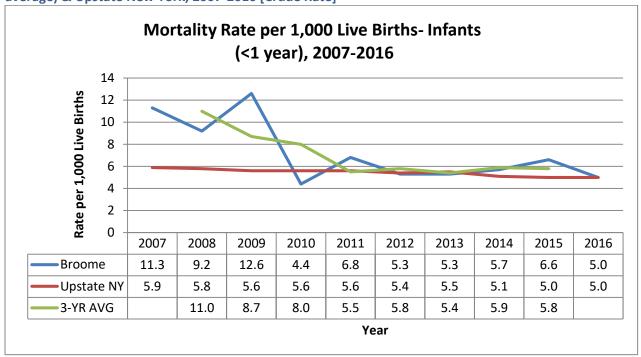
C 58. Percentage of Births Delivered by Cesarean Section, Broome County (single year & 3-year average) & Upstate New York, 2001-2016 [Crude Rate]



C 59. Percentage of Births Delivered by Cesarean Section, New York State Counties, 2014-2016

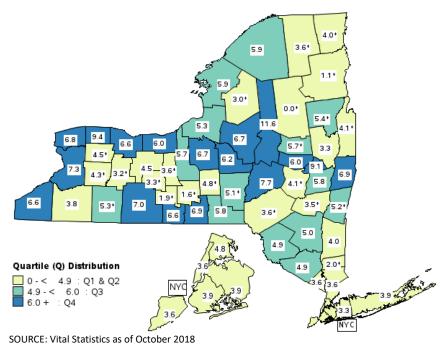


C 60. Mortality Rate per 1,000 Live Births - Infant (<1 year), Broome County (single year & 3-year average) & Upstate New York, 2007-2016 [Crude Rate]

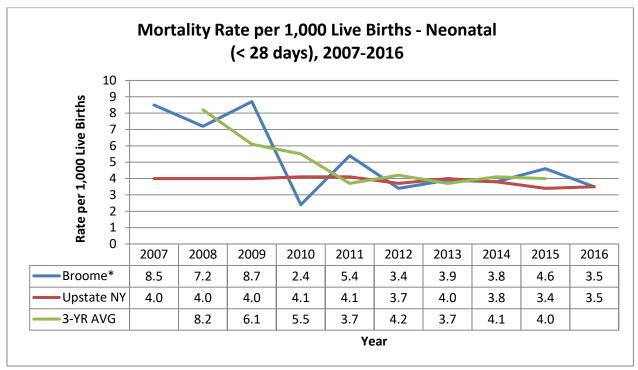


Broome 2010 is unstable because there are fewer than 10 events in the numerator SOURCE: New York State Department of Health, Community Health Indicator Reports, 2018

C 61. Infant (<1 year) Mortality Rate per 1,000 Live Births, New York State Counties, 2014-2016

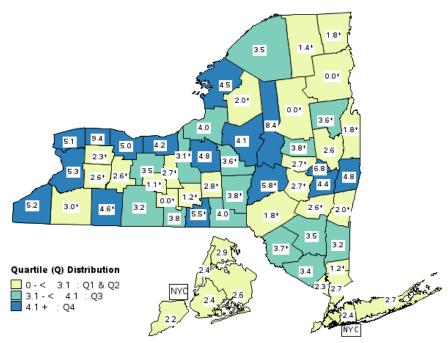


C 62. Mortality Rate per 1,000 Live Births – Neonatal (< 28 days), Broome County (single year & 3-year average) & Upstate New York, 2007-2016 [Crude Rate]

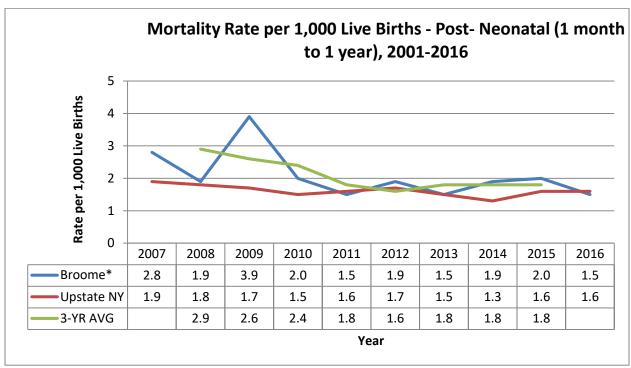


*Years 2010, 2012 – 2016, fewer than 10 events in the numerator, therefore the rate/percentage is unstable. SOURCE: New York State Department of Health, Community Health Indicator Reports, 2018

C 63. Neonatal Mortality Rate (<28 days) per 1,000 Live Births, New York State Counties, 2014-2016

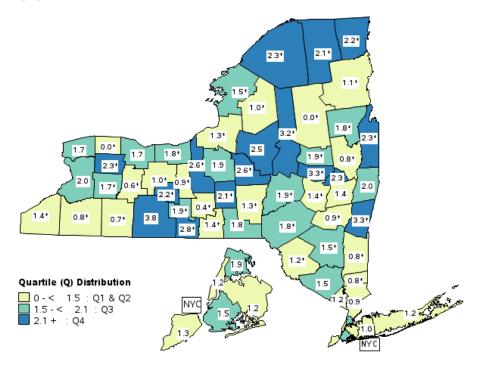


C 64. Mortality Rate per 1,000 Live Births – Post-neonatal (1 month to 1 year), Broome County (single year & 3-year average) & Upstate New York, 2001-2016 [Crude Rate]

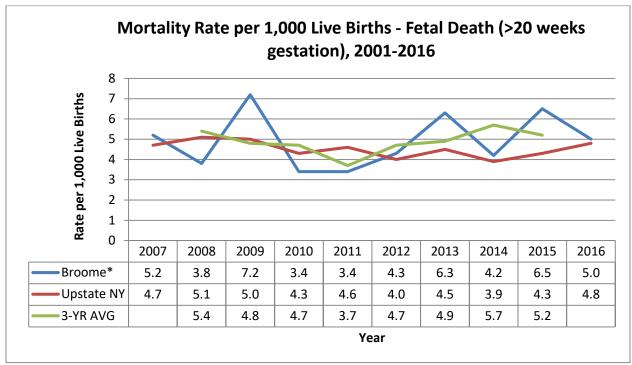


^{*}Fewer than 10 events in the numerator, therefore the rate/percentage is unstable SOURCE: New York State Department of Health, Community Health Indicator Reports, 2018

C 65. Post-neonatal (1 Month to 1 Year) Mortality Rate per 1,000 Live Births, New York State Counties, 2014-2016

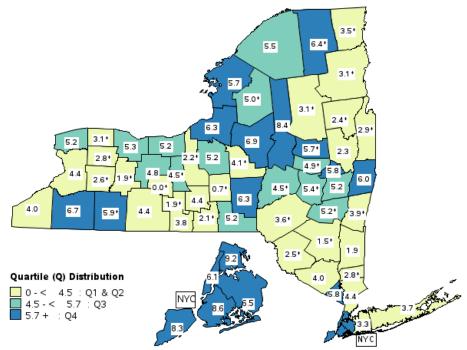


C 66. Mortality Rate per 1,000 Live Births – Fetal Death (> 20 weeks gestation), Broome County (single year & 3-year average) & Upstate New York, 2001-2016 [Crude Rate]

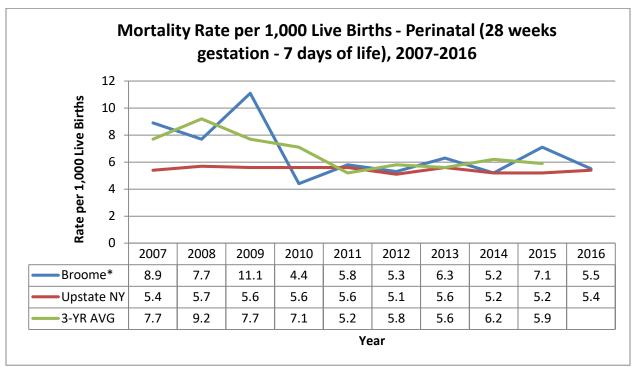


^{*2008, 2010-2012,2014} fewer than 10 events in the numerator, therefore the rate/percentage is unstable. SOURCE: New York State Department of Health, Community Health Indicator Reports, 2018

C 67. Fetal (>20 Weeks Gestation) Mortality Rate per 1,000 Live Births, New York State Counties, 2014-2016

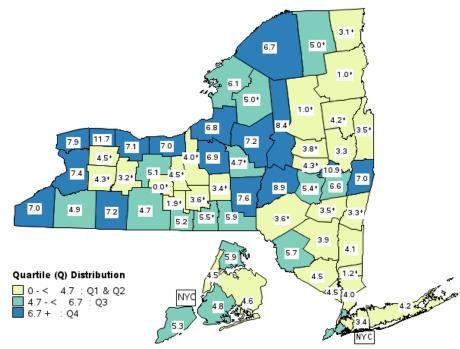


C 68. Mortality Rate per 1,000 Live Births – Perinatal (28 weeks gestation – 7 days of life), Broome County (single year & 3-year average) & Upstate New York, 2007-2016 [Crude Rate]

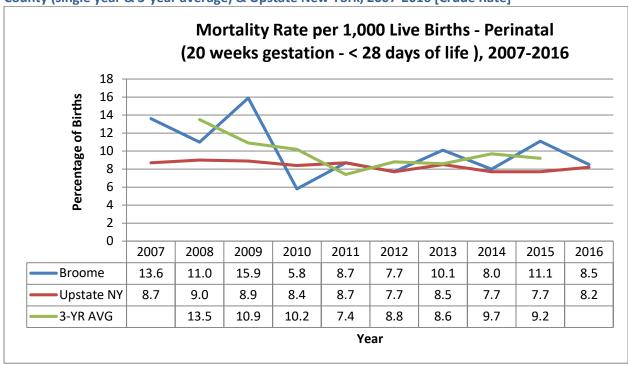


^{*2010 –} Fewer than 10 events in the numerator, therefore the rate/percentage is unstable. SOURCE: New York State Department of Health, Community Health Indicator Reports, 2018

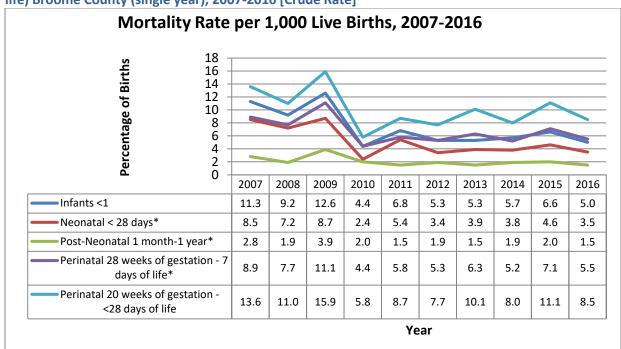
C 69. Perinatal (28 Weeks Gestation – 7 Days of Life) Mortality Rate per 1,000 Live Births, New York State Counties, 2014-2016



C 70. Mortality Rate per 1,000 Live Births – Perinatal (20 weeks gestation – <28 days of life), Broome County (single year & 3-year average) & Upstate New York, 2007-2016 [Crude Rate]

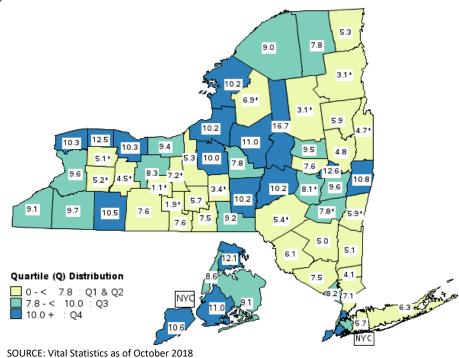


C 71. Mortality Rate per 1,000 Live Births – Infants < 1, Neonatal <28 days, Post-Neonatal (1 month – 1 year), Perinatal (28 weeks gestation – 7 days of life), Perinatal (20 weeks of gestation – <28 days of life) Broome County (single year), 2007-2016 [Crude Rate]

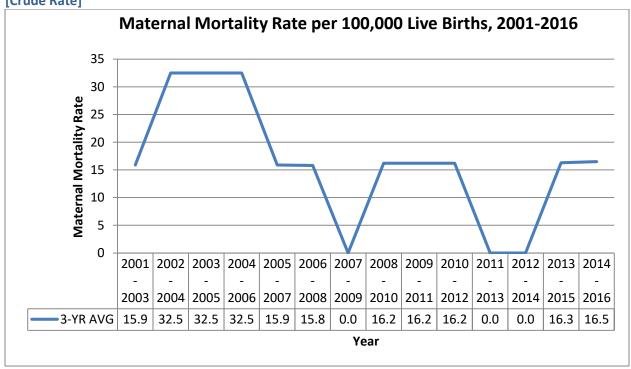


*2010 – Fewer than 10 events in the numerator, therefore the rate/percentage is unstable. SOURCE: New York State Department of Health, Community Health Indicator Reports, 2018

C 72. Perinatal (28 Weeks Gestation–28 Days of Life) Mortality Rate per 1,000 Live Births, New York State Counties, 2014-2016

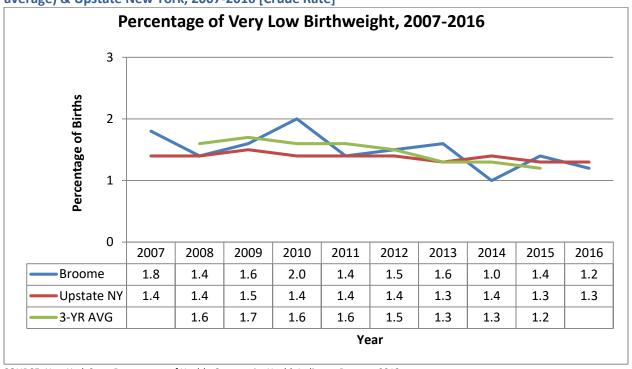


C 73. Maternal Mortality Rate per 100,000 Live Births, Broome County (3-year average), 2001-2016 [Crude Rate]

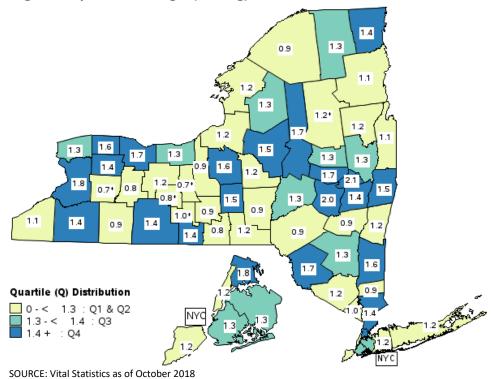


Fewer than 10 events in the numerator, therefore the rate/percentage is unstable. SOURCE: New York State Department of Health, County Health Indicator Reports, 2018

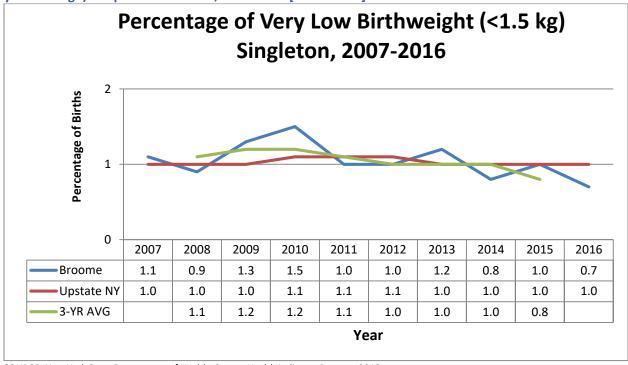
C 74. Percentage of Very Low Birthweight (< 1.5 kg) Births, Broome County (single year & 3-year average) & Upstate New York, 2007-2016 [Crude Rate]



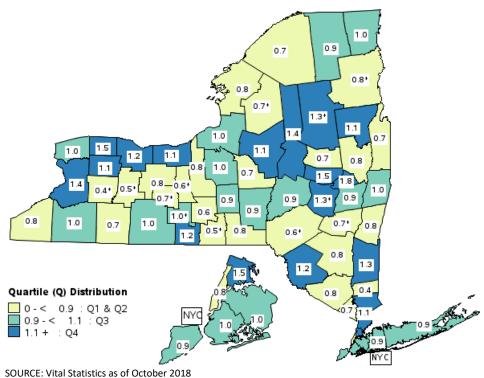
C 75. Percentage of Very Low Birthweight (< 1.5 kg) Births, New York State Counties, 2014-2016



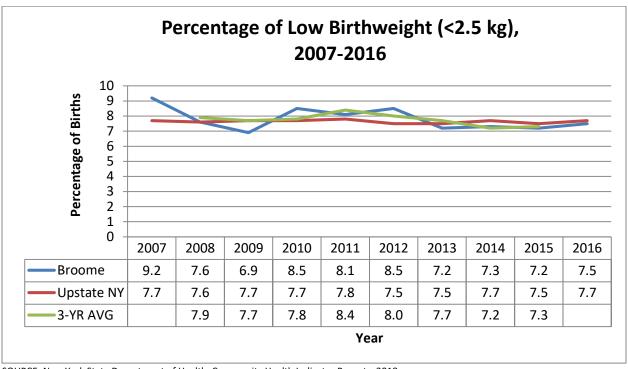
C 76. Percentage of Very Low Birthweight (< 1.5 kg) Singleton Births, Broome County (single year & 3-year average) & Upstate New York, 2007-2016 [Crude Rate]



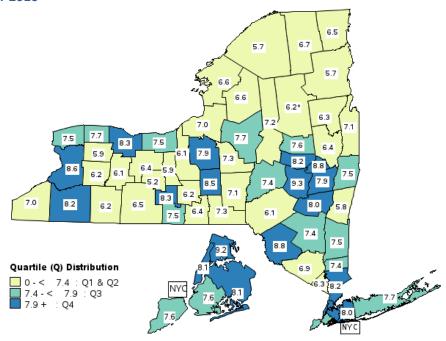
C 77. Percentage of Very Low Birthweight (< 1.5 kg) Singleton Births, New York State Counties, 2014-2016



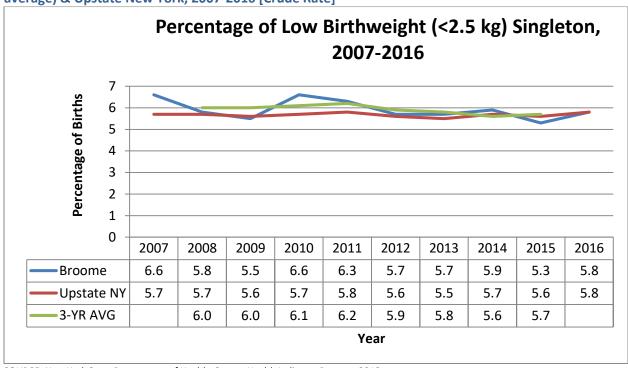
C 78. Percentage of Low Birthweight (< 2.5 kg) Births, Broome County (single year & 3-year average) & Upstate New York, 2007-2016 [Crude Rate]



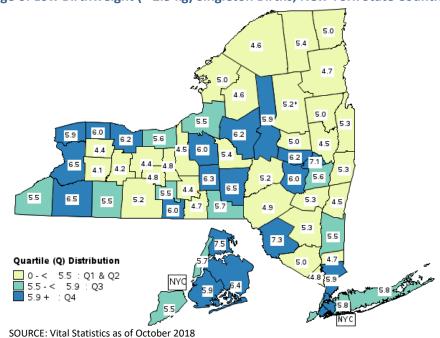
C 79. Percentage of Low Birthweight (< 2.5 kg) Births, New York State Counties, New York State Counties, 2014-2016



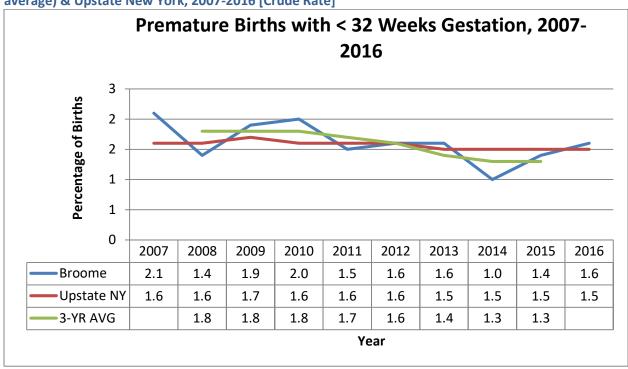
C 80. Percentage of Low Birthweight (< 2.5 kg) Singleton Births, Broome County (single year & 3-year average) & Upstate New York, 2007-2016 [Crude Rate]



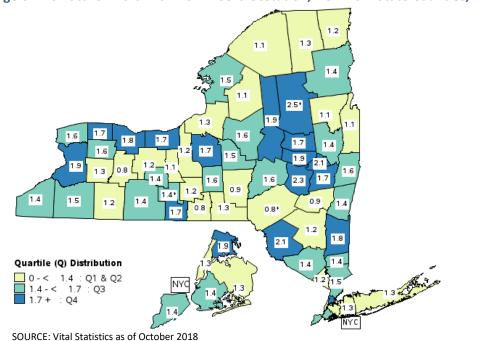
C 81. Percentage of Low Birthweight (< 2.5 kg) Singleton Births, New York State Counties, 2014-2016



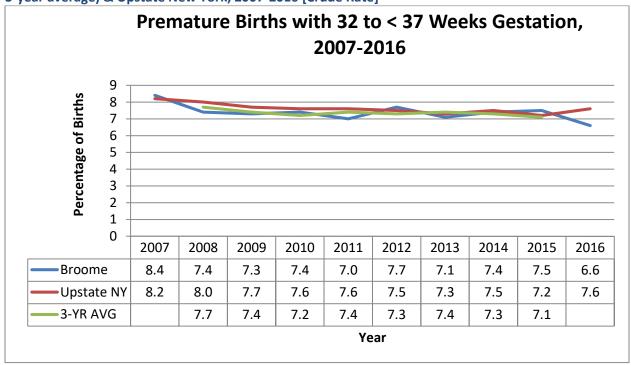
C 82. Percentage of Premature Births with < 32 Weeks Gestation, Broome County (single year & 3-year average) & Upstate New York, 2007-2016 [Crude Rate]



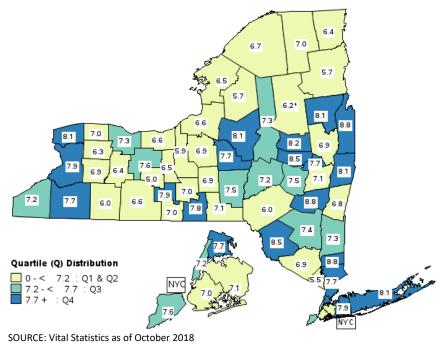




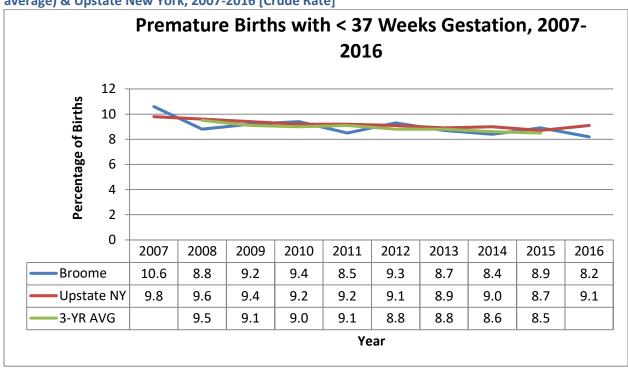
C 84. Percentage of Premature Births with 32 to < 37 Weeks Gestation, Broome County (single year & 3-year average) & Upstate New York, 2007-2016 [Crude Rate]



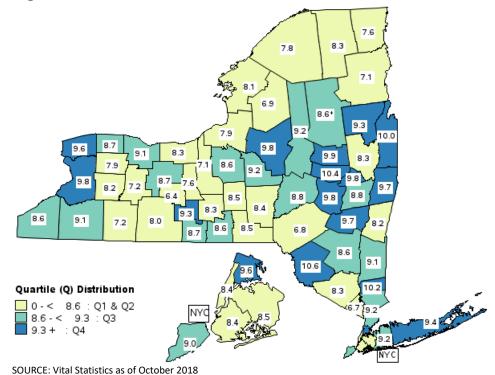
C 85. Percentage of Premature Births with 32 to < 37 Weeks Gestation, New York State Counties, 2014-2016



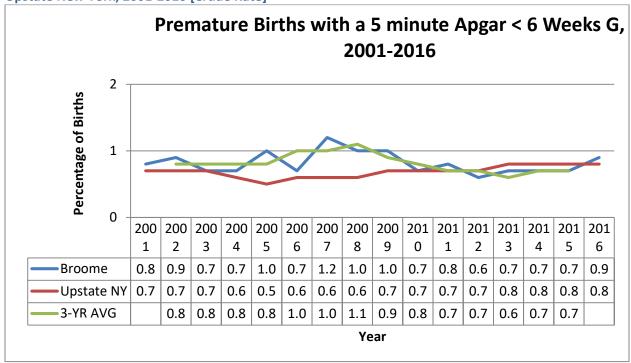
C 86. Percentage of Premature Births with < 37 Weeks Gestation, Broome County (single year & 3-year average) & Upstate New York, 2007-2016 [Crude Rate]



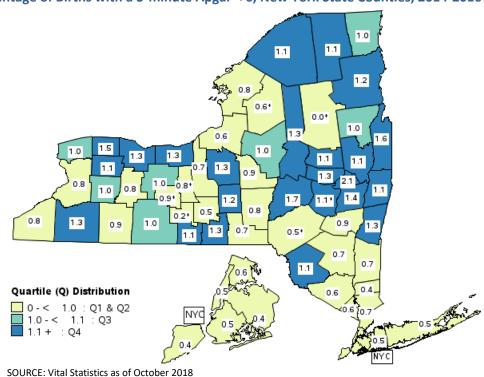
C 87. Percentage of Premature Births with < 37 Weeks Gestation, New York State Counties, 2014-2016



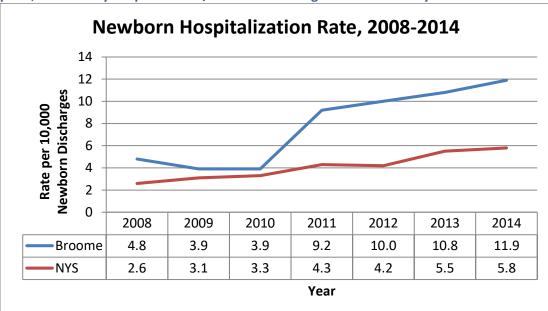
C 88. Percentage of Births with a 5-minute Apgar < 6, Broome County (single year & 3-year average) & Upstate New York, 2001-2016 [Crude Rate]



C 89. Percentage of Births with a 5-minute Apgar < 6, New York State Counties, 2014-2016



C 90. Newborn with withdrawal symptoms and/or affected by narcotics via placenta or breast milk, rate per 1,000 delivery hospitalization/newborn discharges Broome County and New York State [Crude Rate]



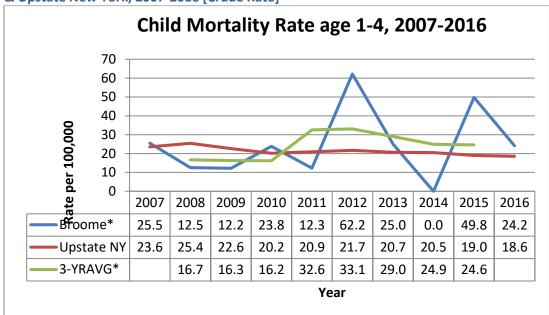
Definition: The rate of neonatal abstinence syndrome (ICD-9-CM codes 779.5 and/or 760.72) per 1,000 live birth hospitalization discharges (ICD-9-CM codes starting with V3).

County of residence was assigned based on ZIP code for cases in which patient county of residence was listed as unknown or missing, but a valid NY ZIP code was present.

[~] The SPARCS data do not include visits/discharges by people who sought care from hospitals outside of New York State, which may lower numbers and rates for some counties, especially those which border other states.

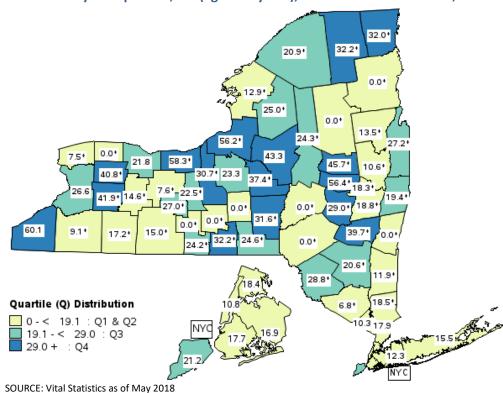
^{*} Fewer than 10 events in the numerator, therefore the rate is unstable. For 2009 and 2010 of SOURCE: New York State Department of Health, Maternal and Child Health Dashboard, 2017

C 91. Child Mortality Rate per 100,000 (age 1-4 years), Broome County (single year & 3-year average) & Upstate New York, 2007-2016 [Crude Rate]

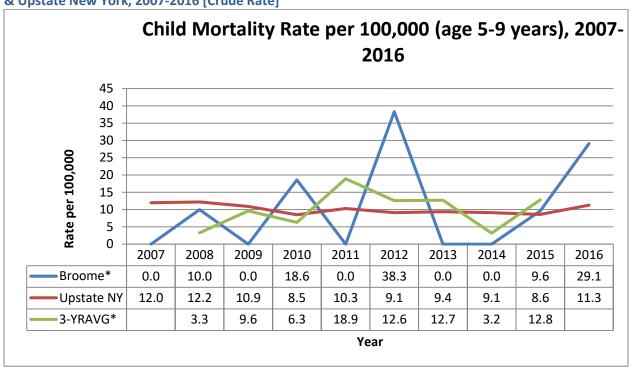


^{*}Fewer than 10 events in the numerator, therefore the rate/percentage is unstable. SOURCE: New York State Department of Health, Community Health Indicator Reports, 2018

C 92. Childhood Mortality Rate per 100,000 (ages 1-4 years), New York State Counties, 2014-2016

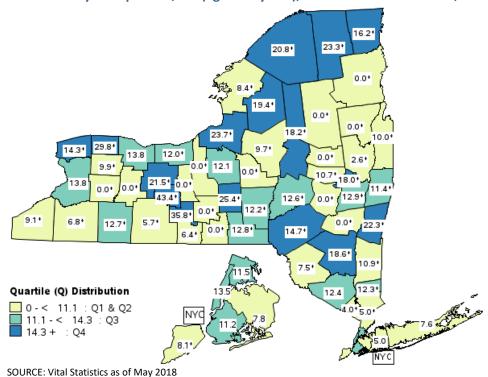


C 93. Child Mortality Rate per 100,000 (age 5-9 years), Broome County (single year & 3-year average) & Upstate New York, 2007-2016 [Crude Rate]

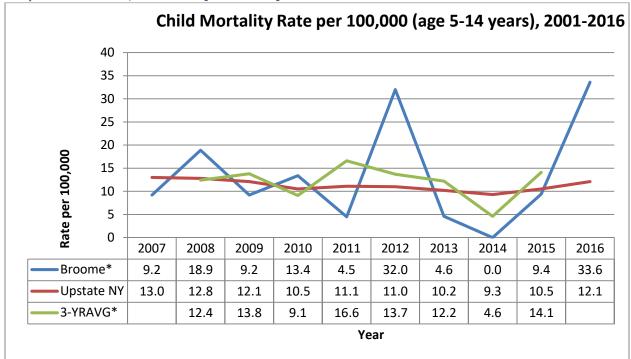


^{*}Fewer than 10 events in the numerator, therefore the rate/percentage is unstable. SOURCE: New York State Department of Health, Community Health Indicator Reports, 2018

C 94. Childhood Mortality Rate per 100,000 (ages 5-9 years), New York State Counties, 2014-2016

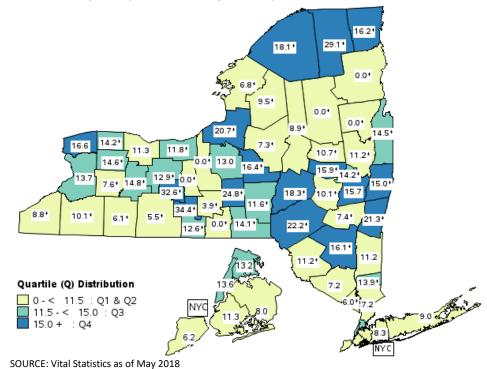


C 95. Child Mortality Rate per 100,000 (age 5-14 years), Broome County (single year & 3-year average) & Upstate New York, 2007-2016 [Crude Rate]



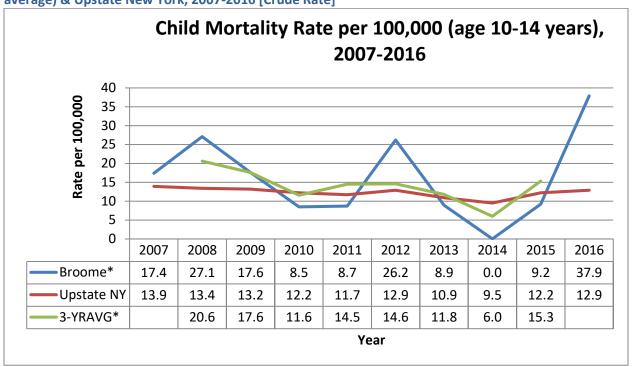
SOURCE: New York State Department of Health, Community Health Indicator Reports, 2018

C 96. Childhood Mortality Rate per 100,000 (ages 5-14 years), New York State Counties, 2014-2016



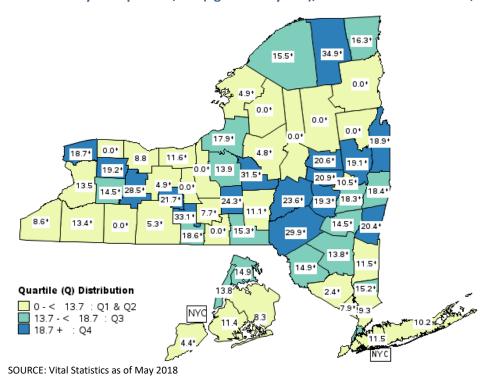
^{*}The rate is unstable because less than 10 values were used in the numerator.

C 97. Child Mortality Rate per 100,000 (age 10-14 years), Broome County (single year & 3-year average) & Upstate New York, 2007-2016 [Crude Rate]



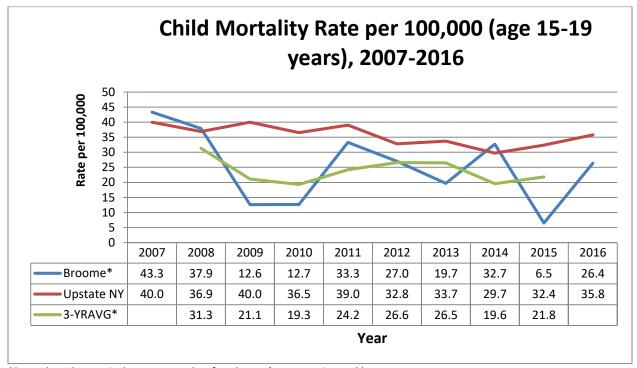
 $SOURCE: New York \ State \ Department \ of \ Health, \ Community \ Health \ Indicator \ Reports, \ 2018$

C 98. Childhood Mortality Rate per 100,000 (ages 10-14 years), New York State Counties, 2014-2016



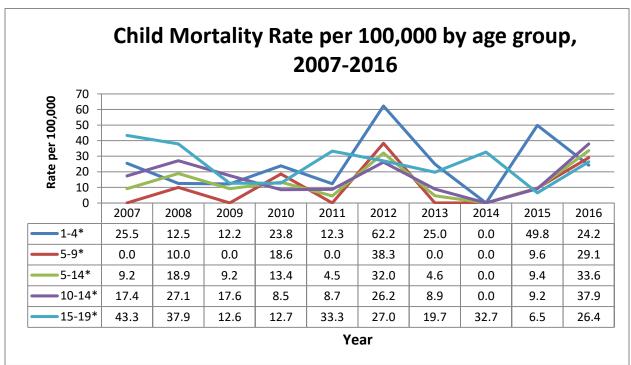
^{*}The rate is unstable because less than 10 values were used in the numerator.

C 99. Child Mortality Rate per 100,000 (age 15-19 years), Broome County (single year & 3-year average) & Upstate New York, 2007-2016 [Crude Rate]



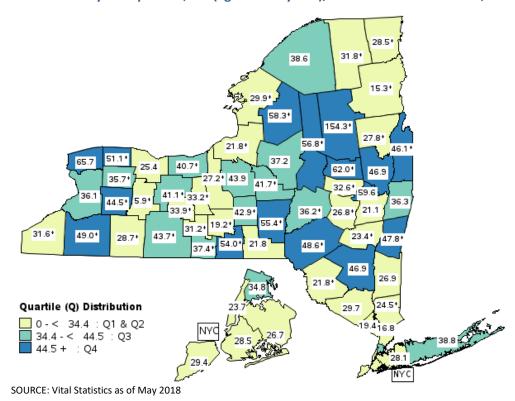
^{*}Fewer than 10 events in the numerator, therefore the rate/percentage is unstable. SOURCE: New York State Department of Health, Community Health Indicator Reports, 2018

C 100. Child Mortality Rate per 100,000 (all age groups), Broome County (single year), 2007-2016 [Crude Rate]



^{*}Fewer than 10 events in the numerator, therefore the rate/percentage is unstable. SOURCE: New York State Department of Health, Community Health Indicator Reports, 2018

C 101. Childhood Mortality Rate per 100,000 (ages 15-19 years), New York State Counties, 2014-2016



INJURY MORTALITY AND MORBIDITY INDICATORS C 102. Injury Mortality and Morbidity Indicators, Broome County, Upstate New York, New York State, 2014-2016

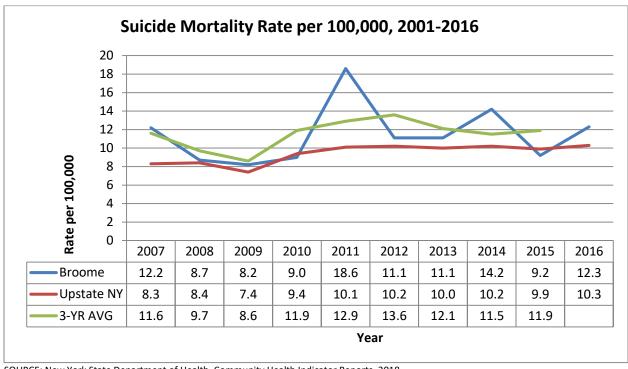
Indicator	Broome County	Southern Tier	Upstate NY	NYS	Quartile Ranking	HP 2020	HP 2020 Goal
	County	Her	INT		Kalikilig	Goal	Met
Suicide Mortality Rate per 100,000							
Crude	11.9	11.7	10.3	8.4	3 rd		
Age-Adjusted	11.8	11.2	9.9	8	3 rd		
15-19 years	2.2*	4.5	6.9	5	1 st /2 nd		
Self-Inflicted Injury Hospitalization							
Rate per 10,000							
Crude	7.3	5.6	4.1	3.5	4 th		
Age-Adjusted	8	5.9	4.2	3.5	4 th		
15-19 years	14.5	11.2	8.7	7.6	4 th		
Homicide Mortality Rate per 100,000	2.2	4.5	2.0	2.4	ard		
Crude	2.2	1.5	2.9	3.4	3 rd 4 th		
Age-Adjusted	2.8	1.7	3.1	3.5	4"		
Assault Hospitalization Rate per 10,000							
Crude	2.3	1.2	2.1	3.1	3 rd		
Age-Adjusted	2.9	1.4	2.2	3.2	4 th		
Unintentional Injury Mortality Rate							
per 100,000	50.0		4-	22.0	a+h		
Crude	53.3 50.2	47.4	45	32.9	4 th		
Age-Adjusted Unintentional Injury Hospitalization	50.2	44.5	41.7	30.2	4		
Rate per 10,000							
Crude	92.3	69.6	68.3	63.3	4 th		
Age-Adjusted	72	56.7	57	55.7	4 th		
<10 years	15.1	13.6	18.1	18.9	1 st /2 nd		
10-14 years	12.3	14.7	12.5	13.6	1 st /2 nd		
15-24 years	18.5	16.5	23.1	23.1	1 st /2 nd		
25-64 years	61.8	46.2	42.7	41.3	4 th		
65+ years	312.6	236.7	239.3	260.9	4 th		
Falls Hospitalization Rate per 10,000							
Crude	51	37.7	42	38.2	4 th		
Age-adjusted	36.1	28.1	32.8	32.2	4 th		
<10 years	4.4	3.6	6.5	7.4	1 st /2 nd		
10-14 years	S	2.6	3.6	4.5	S		
15-24 years	2	2.1	4.2	4.8	1 st /2 nd		
25-64 years	23.2	16.4	17.4	17	4 th		
65-74 years	80.9	68	75.2	73.8	4 th		
75-84 years	231.3	175.4	213.2	203.3	4 th		
85+ years	605.2	502.8	567.5	534.4	4 th		
Poisoning Hospitalization Rate per 10,000							
Crude	9.8	7.5	7.1	7.2	4 th		
Age-adjusted	10	7.5	7.1	6.9	4 4 th		
nge-aujusteu	10	7.5	/	0.9	4		

Indicator	Broome County	Southern Tier	Upstate NY	NYS	Quartile Ranking	HP 2020 Goal	HP 2020 Goal Met
Motor Vehicle Mortality Rate per							
100,000							
Crude	7	8.2	7.2	5.7	1 st /2 nd		
Age-Adjusted	6.9	7.9	6.8	5.3	1 st /2 nd		
Non-Motor Vehicle Mortality Rate per							
100,000							
Crude	46.3	39.1	37.8	27.3	4 th		
Age-Adjusted	43.2	36.5	34.8	24.9	4 th		
Traumatic Brain Injury Hospitalization Rate per 10,000							
Crude	9.6	7.6	8.6	8.3	4 th		
Age-Adjusted	7.8	6.4	7.5	7.6	4 th		
Alcohol Related Motor Vehicle Injuries and Deaths per 100,000	37.2	39.6	38.8	29.9	1 st /2 nd		

SOURCE: New York State Department of Health, Community Health Assessment Indicators, 2008-2010

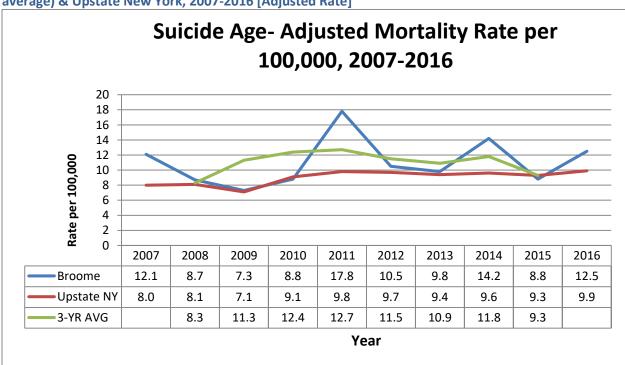
^{*}fewer than 10 events in the numerator, rate unstable

C 103. Suicide Mortality Rate per 100,000, Broome County (single year & 3-year average) & Upstate New York, 2007-2016 [Crude Rate]

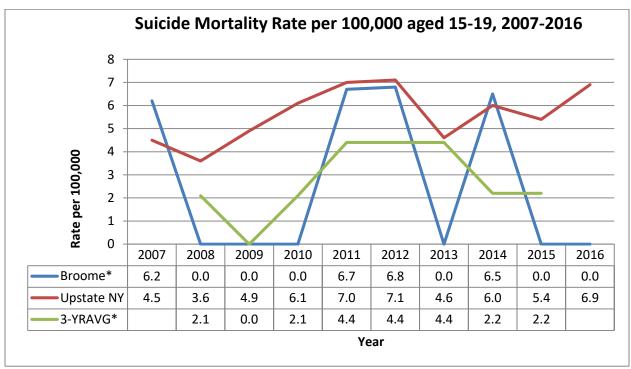


SOURCE: New York State Department of Health, Community Health Indicator Reports, 2018

C 104. Suicide Age-Adjusted Mortality Rate per 100,000, Broome County (single year & 3-year average) & Upstate New York, 2007-2016 [Adjusted Rate]

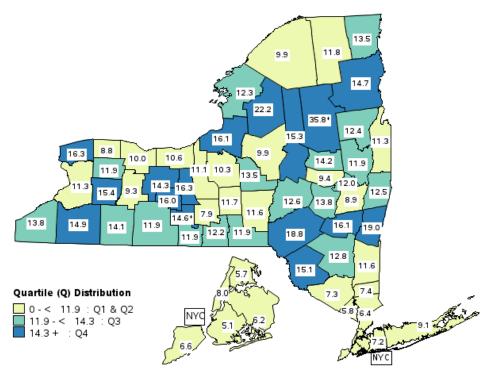


C 105. Suicide Age-Adjusted Mortality Rate per 100,000 (Age 15-19), Broome County (single year & 3-year average) & Upstate New York, 2007-2016 [Adjusted Rate]



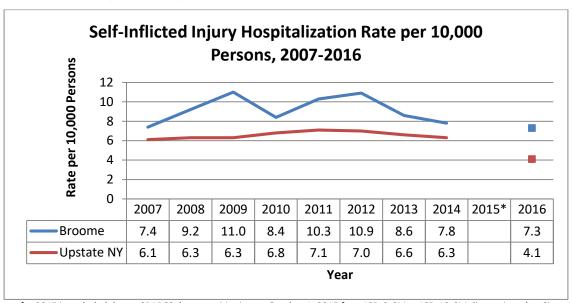
The rate/percentage is unstable, because there are fewer than 10 events in the numerator. SOURCE: New York State Department of Health, Community Health Indicator Reports, 2018

C 106. Suicide Mortality Rate per 100,000, New York State Counties, 2014-2016



SOURCE: Vital Statistics as of May 2018

C 107. Self-inflicted Injury Hospitalization Rate per 10,000, Broome County (single year) & Upstate New York, 2007-2016 [Crude Rate]

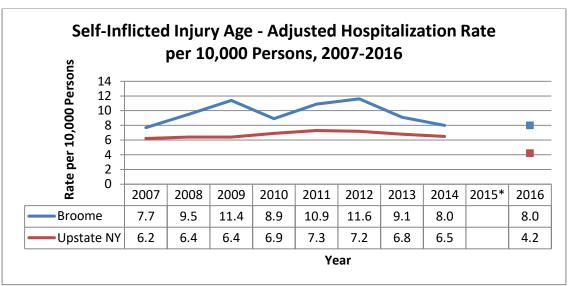


^{*} The rate for 2015 is excluded due to SPARCS data transitioning on October 1, 2015 from ICD-9-CM to ICD-10-CM diagnosis codes. Since ICD-9-CM and ICD-10-CM are not comparable, an annual rate for 2015 cannot be calculated, and data for 2016-and-forward should not be compared with data for 2014-and-prior.

The SPARCS data do not include visits/discharges by people who sought care from hospitals outside of New York State, which may lower numbers and rates for some counties especially those which border other states.

SOURCE: New York State Department of Health, Community Health Indicator Reports, 2017

C 108. Self-inflicted Injury Age-Adjusted Hospitalization Rate per 10,000, Broome County (single year) & Upstate New York, 2007-2016 [Adjusted Rate]

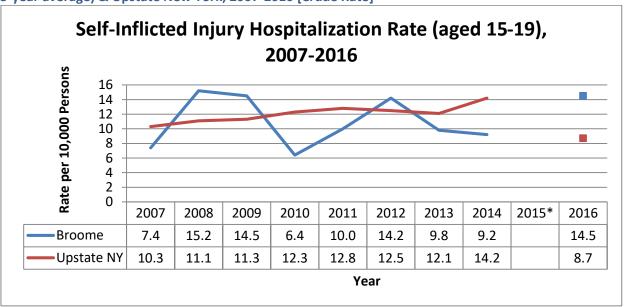


^{*} The rate for 2015 is excluded due to SPARCS data transitioning on October 1, 2015 from ICD-9-CM to ICD-10-CM diagnosis codes. Since ICD-9-CM and ICD-10-CM are not comparable, an annual rate for 2015 cannot be calculated, and data for 2016-and-forward should not be compared with data for 2014-and-prior.

For 2016-year data, ICD-10-CM codes were used.

The SPARCS data do not include visits/discharges by people who sought care from hospitals outside of New York State, which may lower numbers and rates for some counties especially those which border other states.

C 109. Self-inflicted Injury Hospitalization Rate per 10,000 (age 15-19), Broome County (single year & 3-year average) & Upstate New York, 2007-2016 [Crude Rate]

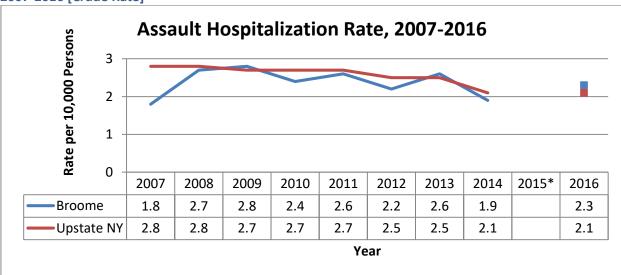


^{*} The rate for 2015 is excluded due to SPARCS data transitioning on October 1, 2015 from ICD-9-CM to ICD-10-CM diagnosis codes. Since ICD-9-CM and ICD-10-CM are not comparable, an annual rate for 2015 cannot be calculated, and data for 2016-and-forward should not be compared with data for 2014-and-prior.

The SPARCS data do not include visits/discharges by people who sought care from hospitals outside of New York State, which may lower numbers and rates for some counties especially those which border other states.

SOURCE: New York State Department of Health, Community Health Indicator Reports, 2017

C 110. Assault Hospitalization Rate per 10,000, Broome County (single year) & Upstate New York, 2007-2016 [Crude Rate]

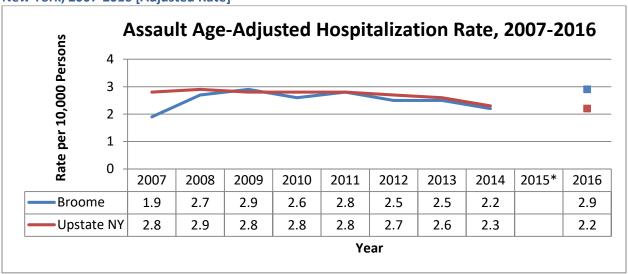


^{*} The rate for 2015 is excluded due to SPARCS data transitioning on October 1, 2015 from ICD-9-CM to ICD-10-CM diagnosis codes. Since ICD-9-CM and ICD-10-CM are not comparable, an annual rate for 2015 cannot be calculated, and data for 2016-and-forward should not be compared with data for 2014-and-prior.

For 2016-year data, ICD-10-CM codes were used.

The SPARCS data do not include visits/discharges by people who sought care from hospitals outside of New York State, which may lower numbers and rates for some counties especially those which border other states.

C 111. Assault Age-Adjusted Hospitalization Rate per 10,000, Broome County (single year) & Upstate New York, 2007-2016 [Adjusted Rate]

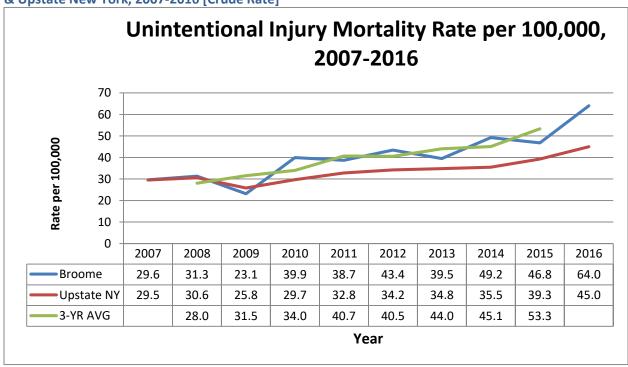


^{*} The rate for 2015 is excluded due to SPARCS data transitioning on October 1, 2015 from ICD-9-CM to ICD-10-CM diagnosis codes. Since ICD-9-CM and ICD-10-CM are not comparable, an annual rate for 2015 cannot be calculated, and data for 2016-and-forward should not be compared with data for 2014-and-prior.

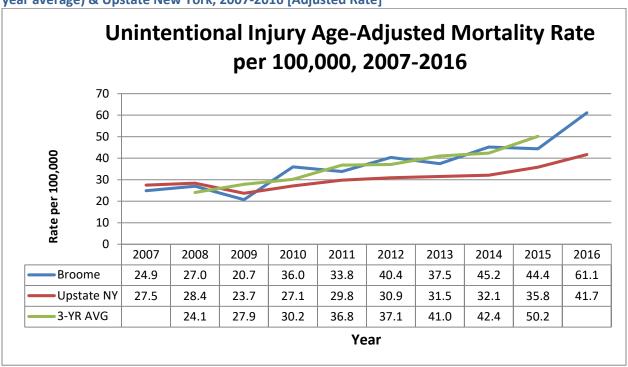
The SPARCS data do not include visits/discharges by people who sought care from hospitals outside of New York State, which may lower numbers and rates for some counties especially those which border other states.

SOURCE: New York State Department of Health, Community Health Indicator Reports, 2017

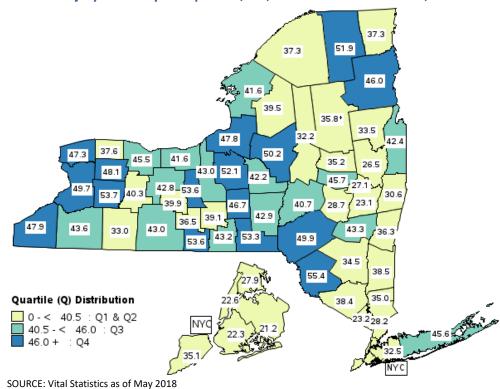
C 112. Unintentional Injury Mortality Rate per 100,000, Broome County (single year & 3-year average) & Upstate New York, 2007-2016 [Crude Rate]



C 113. Unintentional Injury Age-Adjusted Mortality Rate per 100,000, Broome County (single year & 3-year average) & Upstate New York, 2007-2016 [Adjusted Rate]



C 114. Unintentional Injury Mortality Rate per 100,000, New York State Counties, 2014-2016





C 115. Unintentional Injury Hospitalization Rate per 10,000, Broome County (single year) & Upstate New York, 2007-2016 [Crude Rate]

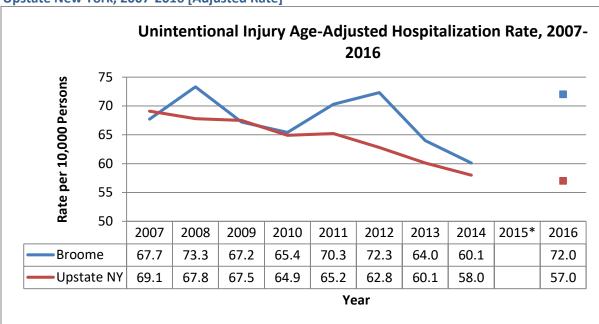
Year

For 2016-year data, ICD-10-CM codes were used.

The SPARCS data do not include visits/discharges by people who sought care from hospitals outside of New York State, which may lower numbers and rates for some counties especially those which border other states.

SOURCE: New York State Department of Health, Community Health Indicator Reports, 2017

C 116. Unintentional Injury Age-Adjusted Hospitalization Rate per 10,000, Broome County (single year) & Upstate New York, 2007-2016 [Adjusted Rate]



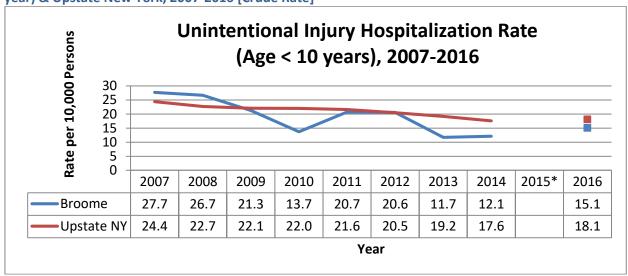
^{*} The rate for 2015 is excluded due to SPARCS data transitioning on October 1, 2015 from ICD-9-CM to ICD-10-CM diagnosis codes. Since ICD-9-CM and ICD-10-CM are not comparable, an annual rate for 2015 cannot be calculated, and data for 2016-and-forward should not be compared with data for 2014-and-prior.

The SPARCS data do not include visits/discharges by people who sought care from hospitals outside of New York State, which may lower numbers and rates for some counties especially those which border other states.

^{*} The rate for 2015 is excluded due to SPARCS data transitioning on October 1, 2015 from ICD-9-CM to ICD-10-CM diagnosis codes. Since ICD-9-CM and ICD-10-CM are not comparable, an annual rate for 2015 cannot be calculated, and data for 2016-and-forward should not be compared with data for 2014-and-prior.

For 2016-year data, ICD-10-CM codes were used.

C 117. Unintentional Injury Hospitalization Rate per 10,000 (age <10 years), Broome County (single year) & Upstate New York, 2007-2016 [Crude Rate]



^{*} The rate for 2015 is excluded due to SPARCS data transitioning on October 1, 2015 from ICD-9-CM to ICD-10-CM diagnosis codes. Since ICD-9-CM and ICD-10-CM are not comparable, an annual rate for 2015 cannot be calculated, and data for 2016-and-forward should not be compared with data for 2014-and-prior.

The SPARCS data do not include visits/discharges by people who sought care from hospitals outside of New York State, which may lower numbers and rates for some counties especially those which border other states.

SOURCE: New York State Department of Health, Community Health Indicator Reports, 2017

C 118. Unintentional Injury Hospitalization Rate per 10,000 (age 10-14 years), Broome County (single year) & Upstate New York, 2007-2016 [Crude Rate]

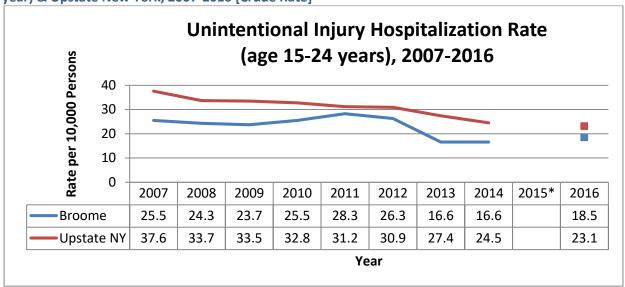


^{*} The rate for 2015 is excluded due to SPARCS data transitioning on October 1, 2015 from ICD-9-CM to ICD-10-CM diagnosis codes. Since ICD-9-CM and ICD-10-CM are not comparable, an annual rate for 2015 cannot be calculated, and data for 2016-and-forward should not be compared with data for 2014-and-prior.

For 2016-year data, ICD-10-CM codes were used.

The SPARCS data do not include visits/discharges by people who sought care from hospitals outside of New York State, which may lower numbers and rates for some counties especially those which border other states.

C 119. Unintentional Injury Hospitalization Rate per 10,000 (age 15-24 years), Broome County (single year) & Upstate New York, 2007-2016 [Crude Rate]



^{*#} The rate for 2015 is excluded due to SPARCS data transitioning on October 1, 2015 from ICD-9-CM to ICD-10-CM diagnosis codes. Since ICD-9-CM and ICD-10-CM are not comparable, an annual rate for 2015 cannot be calculated, and data for 2016-and-forward should not be compared with data for 2014-and-prior.

The SPARCS data do not include visits/discharges by people who sought care from hospitals outside of New York State, which may lower numbers and rates for some counties especially those which border other states.

SOURCE: New York State Department of Health, Community Health Indicator Reports, 2017

C 120. Unintentional Injury Hospitalization Rate per 10,000 (age 25-64 years), Broome County (single year) & Upstate New York, 2007-2016 [Crude Rate]

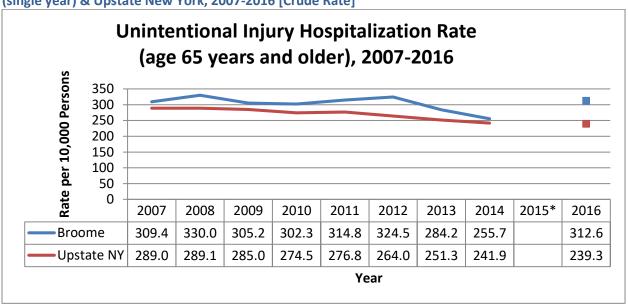


^{*#} The rate for 2015 is excluded due to SPARCS data transitioning on October 1, 2015 from ICD-9-CM to ICD-10-CM diagnosis codes. Since ICD-9-CM and ICD-10-CM are not comparable, an annual rate for 2015 cannot be calculated, and data for 2016-and-forward should not be compared with data for 2014-and-prior.

For 2016-year data, ICD-10-CM codes were used.

The SPARCS data do not include visits/discharges by people who sought care from hospitals outside of New York State, which may lower numbers and rates for some counties especially those which border other states.

C 121. Unintentional Injury Hospitalization Rate per 10,000 (age 65 years and older), Broome County (single year) & Upstate New York, 2007-2016 [Crude Rate]

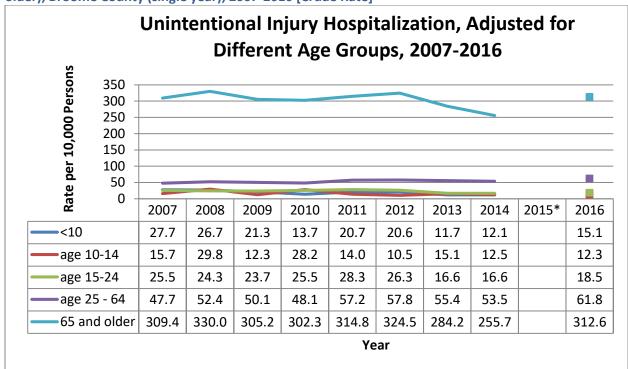


^{*} The rate for 2015 is excluded due to SPARCS data transitioning on October 1, 2015 from ICD-9-CM to ICD-10-CM diagnosis codes. Since ICD-9-CM and ICD-10-CM are not comparable, an annual rate for 2015 cannot be calculated, and data for 2016-and-forward should not be compared with data for 2014-and-prior.

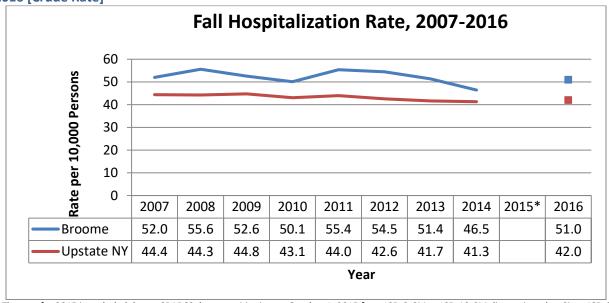
The SPARCS data do not include visits/discharges by people who sought care from hospitals outside of New York State, which may lower numbers and rates for some counties especially those which border other states.

SOURCE: New York State Department of Health, Community Health Indicator Reports, 2017

C 122. Unintentional Injury Hospitalization Rate per 10,000 (age <10, 10-14, 15-24, 24-64, 65 and older), Broome County (single year), 2007-2016 [Crude Rate]





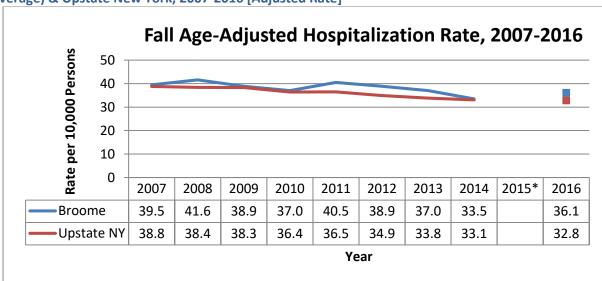


^{*} The rate for 2015 is excluded due to SPARCS data transitioning on October 1, 2015 from ICD-9-CM to ICD-10-CM diagnosis codes. Since ICD-9-CM and ICD-10-CM are not comparable, an annual rate for 2015 cannot be calculated, and data for 2016-and-forward should not be compared with data for 2014-and-prior.

The SPARCS data do not include visits/discharges by people who sought care from hospitals outside of New York State, which may lower numbers and rates for some counties especially those which border other states.

SOURCE: New York State Department of Health, Community Health Indicator Reports, 2017

C 124. Fall Age-Adjusted Hospitalization Rate per 10,000, Broome County (single year & 3-year average) & Upstate New York, 2007-2016 [Adjusted Rate]

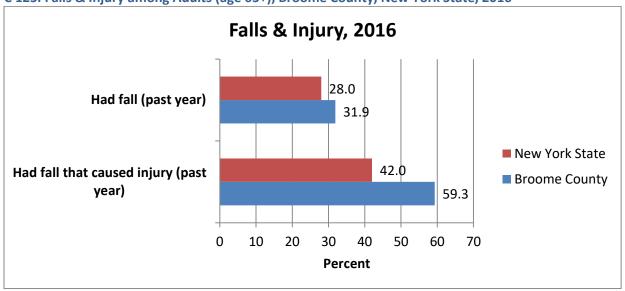


^{*} The rate for 2015 is excluded due to SPARCS data transitioning on October 1, 2015 from ICD-9-CM to ICD-10-CM diagnosis codes. Since ICD-9-CM and ICD-10-CM are not comparable, an annual rate for 2015 cannot be calculated, and data for 2016-and-forward should not be compared with data for 2014-and-prior.

For 2016-year data, ICD-10-CM codes were used.

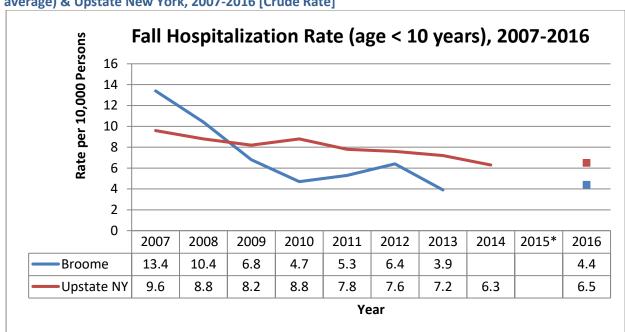
The SPARCS data do not include visits/discharges by people who sought care from hospitals outside of New York State, which may lower numbers and rates for some counties especially those which border other states.

C 125. Falls & Injury among Adults (age 65+), Broome County, New York State, 2016



SOURCE: New York State Expanded Behavioral Risk Factor Surveillance System (BRFSS), Broome County, 2016

C 126. Fall Hospitalization Rate per 10,000 (age < 10 years), Broome County (single year & 3-year average) & Upstate New York, 2007-2016 [Crude Rate]



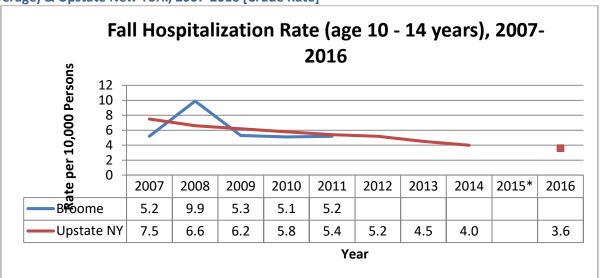
^{*} The rate for 2015 is excluded due to SPARCS data transitioning on October 1, 2015 from ICD-9-CM to ICD-10-CM diagnosis codes. Since ICD-9-CM and ICD-10-CM are not comparable, an annual rate for 2015 cannot be calculated, and data for 2016-and-forward should not be compared with data for 2014-and-prior.

For 2016-year data, ICD-10-CM codes were used.

The SPARCS data do not include visits/discharges by people who sought care from hospitals outside of New York State, which may lower numbers and rates for some counties especially those which border other states.

2014 data point for Broome County is suppressed.





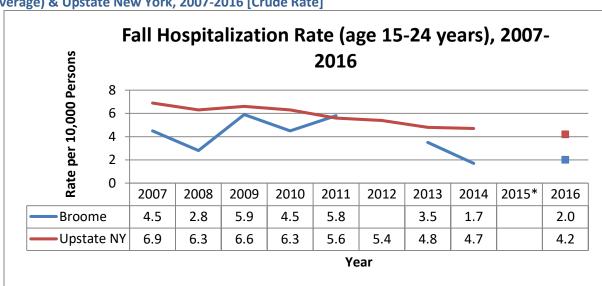
^{*} The rate for 2015 is excluded due to SPARCS data transitioning on October 1, 2015 from ICD-9-CM to ICD-10-CM diagnosis codes. Since ICD-9-CM and ICD-10-CM are not comparable, an annual rate for 2015 cannot be calculated, and data for 2016-and-forward should not be compared with data for 2014-and-prior.

The SPARCS data do not include visits/discharges by people who sought care from hospitals outside of New York State, which may lower numbers and rates for some counties especially those which border other states.

2012 -2014, 2016 data points for Broome County is suppressed.

SOURCE: New York State Department of Health, Community Health Indicator Reports, 2017

C 128. Fall Hospitalization Rate per 10,000 (15-24 years), Broome County (single year & 3-year average) & Upstate New York, 2007-2016 [Crude Rate]



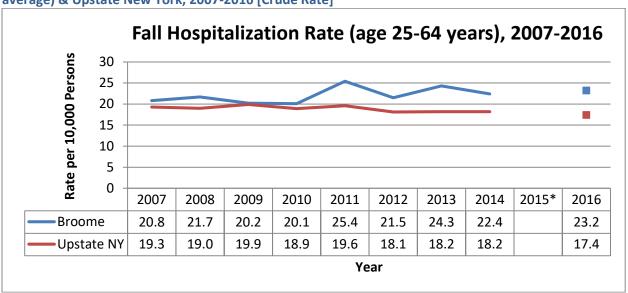
^{*} The rate for 2015 is excluded due to SPARCS data transitioning on October 1, 2015 from ICD-9-CM to ICD-10-CM diagnosis codes. Since ICD-9-CM and ICD-10-CM are not comparable, an annual rate for 2015 cannot be calculated, and data for 2016-and-forward should not be compared with data for 2014-and-prior.

For 2016-year data, ICD-10-CM codes were used.

The SPARCS data do not include visits/discharges by people who sought care from hospitals outside of New York State, which may lower numbers and rates for some counties especially those which border other states.

2008,2014, 2016 data points for Broome County are unstable because there are fewer than 10 events in the numerator.

C 129. Fall Hospitalization Rate per 10,000 (age 25-64 years), Broome County (single year & 3-year average) & Upstate New York, 2007-2016 [Crude Rate]

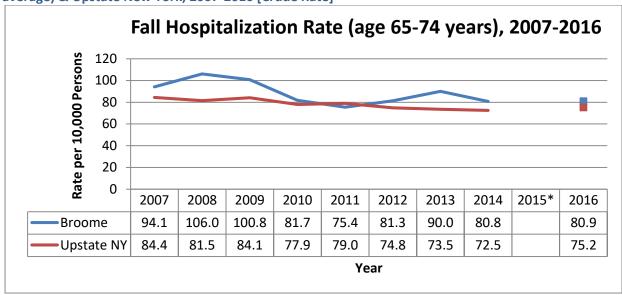


^{*} The rate for 2015 is excluded due to SPARCS data transitioning on October 1, 2015 from ICD-9-CM to ICD-10-CM diagnosis codes. Since ICD-9-CM and ICD-10-CM are not comparable, an annual rate for 2015 cannot be calculated, and data for 2016-and-forward should not be compared with data for 2014-and-prior.

The SPARCS data do not include visits/discharges by people who sought care from hospitals outside of New York State, which may lower numbers and rates for some counties especially those which border other states.

SOURCE: New York State Department of Health, Community Health Indicator Reports, 2017

C 130. Fall Hospitalization Rate per 10,000 (ages 65-74 years), Broome County (single year & 3-year average) & Upstate New York, 2007-2016 [Crude Rate]

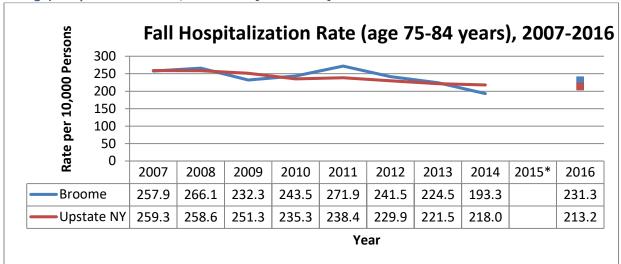


^{*} The rate for 2015 is excluded due to SPARCS data transitioning on October 1, 2015 from ICD-9-CM to ICD-10-CM diagnosis codes. Since ICD-9-CM and ICD-10-CM are not comparable, an annual rate for 2015 cannot be calculated, and data for 2016-and-forward should not be compared with data for 2014-and-prior.

For 2016-year data, ICD-10-CM codes were used.

The SPARCS data do not include visits/discharges by people who sought care from hospitals outside of New York State, which may lower numbers and rates for some counties especially those which border other states.

C 131. Fall Hospitalization Rate per 10,000 (age 75-84 years), Broome County (single year & 3-year average) & Upstate New York, 2007-2016 [Crude Rate]

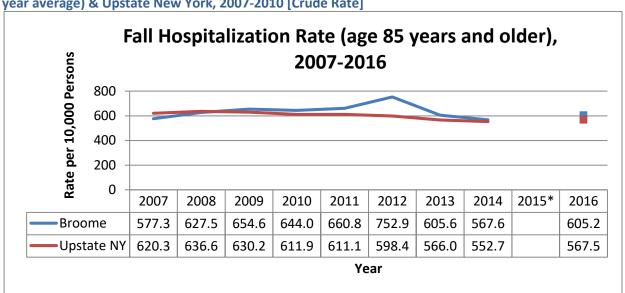


^{*} The rate for 2015 is excluded due to SPARCS data transitioning on October 1, 2015 from ICD-9-CM to ICD-10-CM diagnosis codes. Since ICD-9-CM and ICD-10-CM are not comparable, an annual rate for 2015 cannot be calculated, and data for 2016-and-forward should not be compared with data for 2014-and-prior.

The SPARCS data do not include visits/discharges by people who sought care from hospitals outside of New York State, which may lower numbers and rates for some counties especially those which border other states.

SOURCE: New York State Department of Health, Community Health Indicator Reports, 2017

C 132. Fall Hospitalization Rate per 10,000 (age 85 years and older), Broome County (single year & 3-year average) & Upstate New York, 2007-2010 [Crude Rate]

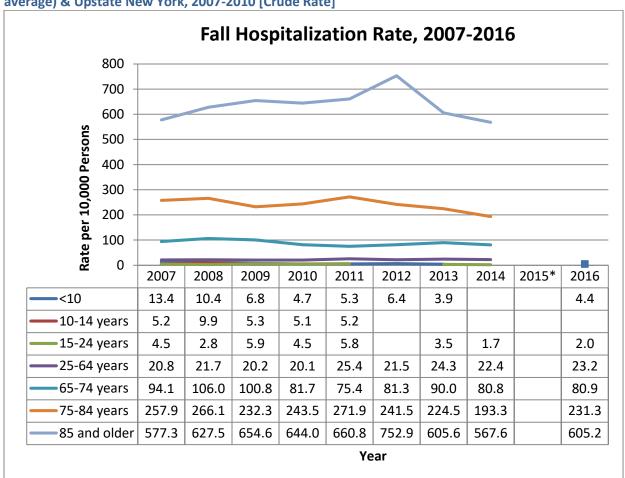


^{*} The rate for 2015 is excluded due to SPARCS data transitioning on October 1, 2015 from ICD-9-CM to ICD-10-CM diagnosis codes. Since ICD-9-CM and ICD-10-CM are not comparable, an annual rate for 2015 cannot be calculated, and data for 2016-and-forward should not be compared with data for 2014-and-prior.

For 2016-year data, ICD-10-CM codes were used.

The SPARCS data do not include visits/discharges by people who sought care from hospitals outside of New York State, which may lower numbers and rates for some counties especially those which border other states.

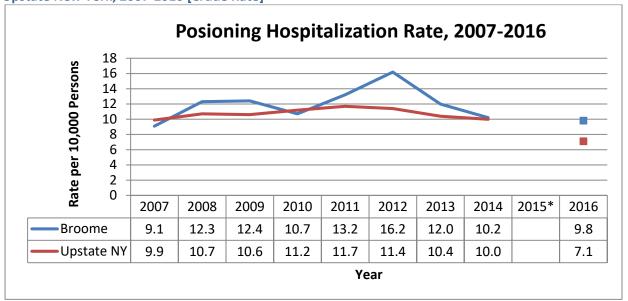
C 133. Fall Hospitalization Rate per 10,000 (for all age groups Broome County (single year & 3-year average) & Upstate New York, 2007-2010 [Crude Rate]



^{*} The rate for 2015 is excluded due to SPARCS data transitioning on October 1, 2015 from ICD-9-CM to ICD-10-CM diagnosis codes. Since ICD-9-CM and ICD-10-CM are not comparable, an annual rate for 2015 cannot be calculated, and data for 2016-and-forward should not be compared with data for 2014-and-prior.

The SPARCS data do not include visits/discharges by people who sought care from hospitals outside of New York State, which may lower numbers and rates for some counties especially those which border other states.

C 134. Poisoning Hospitalization Rate per 10,000, Broome County (single year & 3-year average) & Upstate New York, 2007-2016 [Crude Rate]

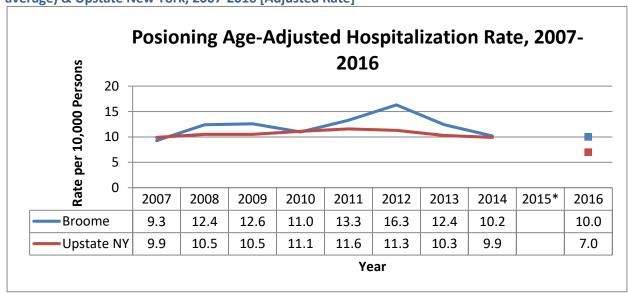


^{*} The rate for 2015 is excluded due to SPARCS data transitioning on October 1, 2015 from ICD-9-CM to ICD-10-CM diagnosis codes. Since ICD-9-CM and ICD-10-CM are not comparable, an annual rate for 2015 cannot be calculated, and data for 2016-and-forward should not be compared with data for 2014-and-prior.

The SPARCS data do not include visits/discharges by people who sought care from hospitals outside of New York State, which may lower numbers and rates for some counties especially those which border other states.

SOURCE: New York State Department of Health, Community Health Indicator Reports, 2017

C 135. Poisoning Age-Adjusted Hospitalization Rate per 10,000, Broome County (single year & 3-year average) & Upstate New York, 2007-2016 [Adjusted Rate]

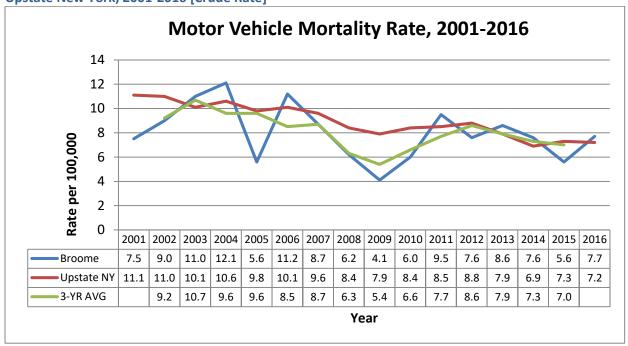


^{*} The rate for 2015 is excluded due to SPARCS data transitioning on October 1, 2015 from ICD-9-CM to ICD-10-CM diagnosis codes. Since ICD-9-CM and ICD-10-CM are not comparable, an annual rate for 2015 cannot be calculated, and data for 2016-and-forward should not be compared with data for 2014-and-prior.

For 2016-year data, ICD-10-CM codes were used.

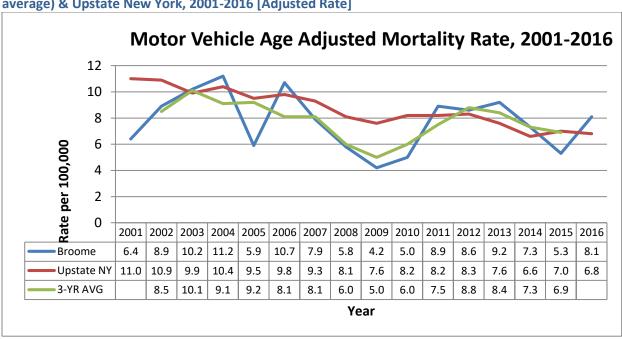
The SPARCS data do not include visits/discharges by people who sought care from hospitals outside of New York State, which may lower numbers and rates for some counties especially those which border other states.

C 136. Motor Vehicle Mortality Rate per 100,000, Broome County (single year & 3-year average) & Upstate New York, 2001-2016 [Crude Rate]

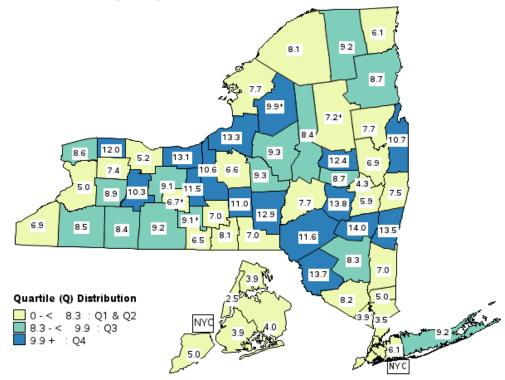


SOURCE: New York State Department of Health, Community Health Indicator Reports, 2018

C 137. Motor Vehicle Age-Adjusted Mortality Rate per 100,000, Broome County (single year & 3-year average) & Upstate New York, 2001-2016 [Adjusted Rate]

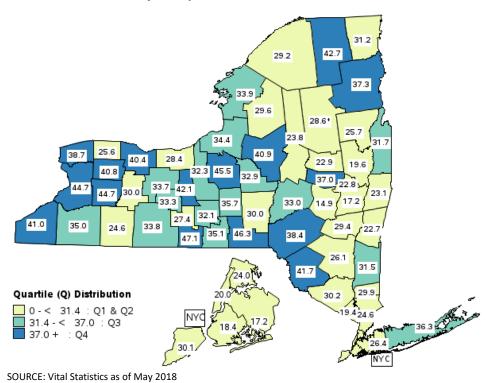


C 138. Motor Vehicle Mortality Rate per 100,000, 2014-2016

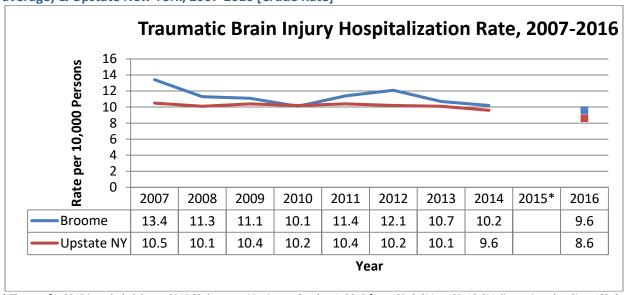


SOURCE: Vital Statistics as of May 2018

C 139. Non-Motor Vehicle Mortality Rate per 100,000, New York State Counties, 2014-2016



C 140. Traumatic Brain Injury Hospitalization Rate per 10,000, Broome County (single year & 3-year average) & Upstate New York, 2007-2016 [Crude Rate]

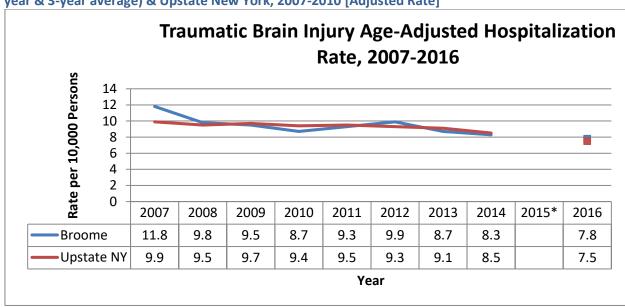


^{*} The rate for 2015 is excluded due to SPARCS data transitioning on October 1, 2015 from ICD-9-CM to ICD-10-CM diagnosis codes. Since ICD-9-CM and ICD-10-CM are not comparable, an annual rate for 2015 cannot be calculated, and data for 2016-and-forward should not be compared with data for 2014-and-prior.

The SPARCS data do not include visits/discharges by people who sought care from hospitals outside of New York State, which may lower numbers and rates for some counties especially those which border other states.

SOURCE: New York State Department of Health, Community Health Indicator Reports, 2017

C 141. Traumatic Brain Injury Age-Adjusted Hospitalization Rate per 10,000, Broome County (single year & 3-year average) & Upstate New York, 2007-2010 [Adjusted Rate]

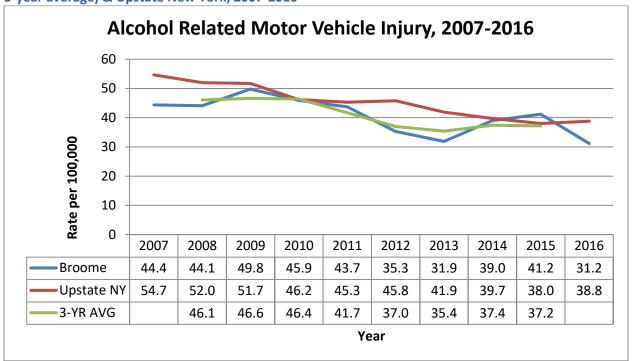


^{*} The rate for 2015 is excluded due to SPARCS data transitioning on October 1, 2015 from ICD-9-CM to ICD-10-CM diagnosis codes. Since ICD-9-CM and ICD-10-CM are not comparable, an annual rate for 2015 cannot be calculated, and data for 2016-and-forward should not be compared with data for 2014-and-prior.

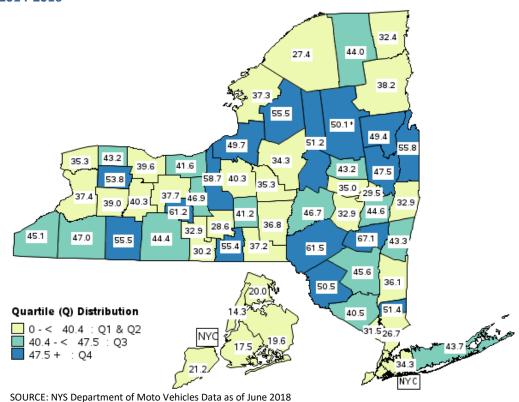
For 2016-year data, ICD-10-CM codes were used.

The SPARCS data do not include visits/discharges by people who sought care from hospitals outside of New York State, which may lower numbers and rates for some counties especially those which border other states.

C 142. Alcohol Related Motor Vehicle Injuries and Deaths per 100,000, Broome County (single year & 3-year average) & Upstate New York, 2007-2016



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HIV/AIDS AND STD INDICATORS

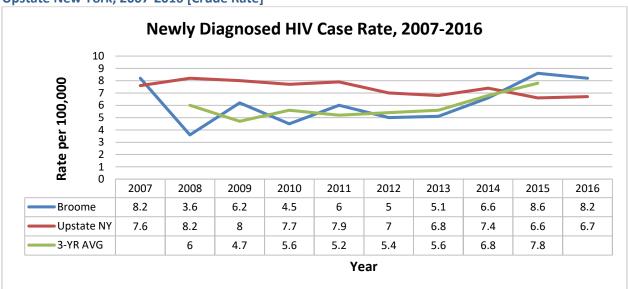
D 1. HIV/AIDS and STD Indicators: Broome County, Southern Tier, Upstate New York, New York State, 2014-2016

Indicator	Broome County	Southern Tier	Upstate NY 2016	NYS	Quartile Ranking	HP 2020 Goal	HP 2020 Goal Met
HIV/AIDS							
Newly diagnosed HIV case rate per 100,000 [Crude]	7.8	5.6	6.7	16.0	4 th		
Newly diagnosed HIV age- adjusted case rate per 100,000 [Adjusted]	8.8	6.2	7.0	160	4 th		
AIDS case rate per 100,000 [Crude]	4.2	2.5	3.2	7.8	4 th		
AIDS age-adjusted case rate per 100,000 [Adjusted]	4.8	2.9	3.2	7.7	4 th		
AIDS mortality rate per 100,000 [Crude]	1.7	1.3	1.1	3.0	4 th		
AIDS age-adjusted mortality rate per 100,000 [Adjusted]	1.4	1.2	0.9	2.6	4 th		
OTHER SEXUALLY TRANSMITTED DISEASES							
Early Syphilis case rate per 100,000 [Crude]	4.4	4.6	9.1	25.1	1 st &2 nd		
Gonorrhea case rate per 100,000 [Crude]							
15-19 years	144.0	101.0	238.3	305.8	3 rd		
Males							
15-44 years	199.3	147.2	230.0	377.5	4 th	194.8	N
Females							
15-44 years	174.3	105.5	197.1	191.0	4 th	251.9	Υ
Chlamydia case rate per 100,000 [Crude]							
Males							
15-19 years	499.4	458.1	656.5	922.5	3 rd		
20-24 years	918.2	843.9	1,271.7	1,638.0	1st & 2nd		
15-44 years	596.3	512.0	618.0	875.7	4 th		
Females					1		
15-19 years	2,080.8	1,624.7	2,373.0	3,147.6	3 rd		
20-24 years	1,795.7	1604.5	2,945.5	3,424.6	1 st &2 nd		
15-44 years	1,155.0	995.0	1,351.6	1577.4	1 st & 2 nd		
Pelvic inflammatory disease (PID) hospitalization rate per 10,000 females (aged 15-44 years) [Crude]	S		1.9	2.5	S		
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s: Data do not meet reporting criteria

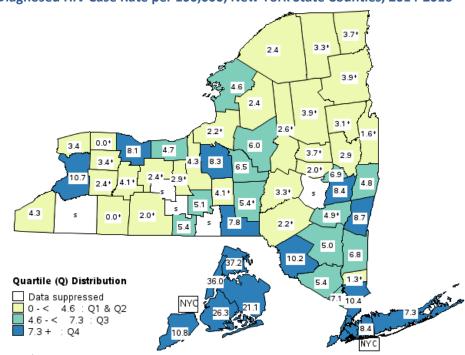
SOURCE: New York State Department of Health, County Health Assessment Indicators, 2014-2016

D 2. Newly Diagnosed HIV Case Rate per 100,000, Broome County (single year & 3-year average) & Upstate New York, 2007-2016 [Crude Rate]



^{*} Fewer than 10 events in the numerator, therefore the rate/percentage is unstable for: Broome 2008, 2010 SOURCE: NYS HIV Surveillance System data as of September 2017

D 3. Newly Diagnosed HIV Case Rate per 100,000, New York State Counties, 2014-2016

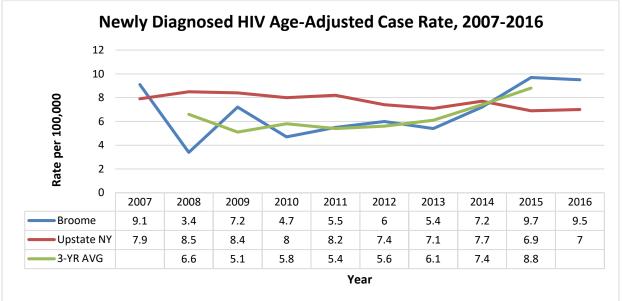


s Data do not meet reporting criteria

^{*} Fewer than 10 events in the numerator, therefore the rate/percentage is unstable SOURCE: NYS HIV Surveillance System data as of September 2017

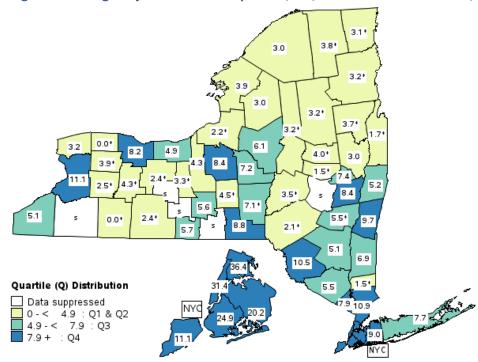
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^{*} Fewer than 10 events in the numerator, therefore the rate/percentage is unstable for: Broome 2008, 2010 SOURCE: NYS HIV Surveillance System data as of September 2017

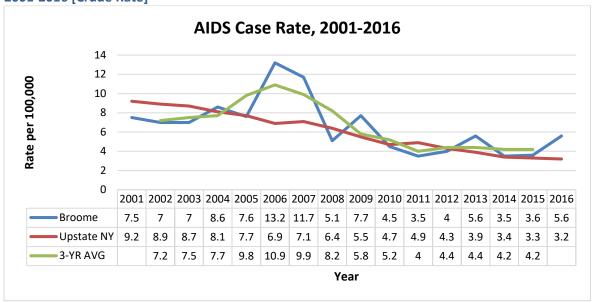
D 5. Newly Diagnosed HIV Age-adjusted Case Rate per 100,000, New York State Counties, 2014-2016



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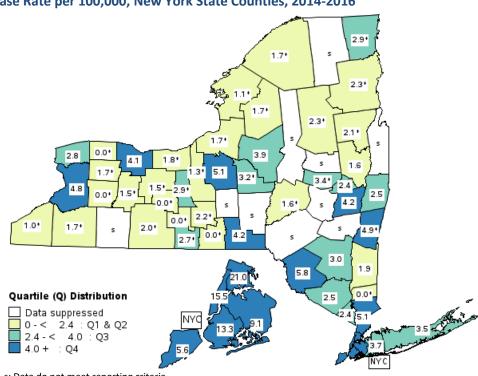
^{*} Fewer than 10 events in the numerator, therefore the rate/percentage is unstable SOURCE: NYS HIV Surveillance System data as of September 2017

D 6. AIDS Case Rate per 100,000, Broome County (single year & 3-year average) & Upstate New York, 2001-2016 [Crude Rate]



^{*} Fewer than 10 events in the numerator, therefore the rate/percentage is unstable for: Broome 2010-2012, 2014-2015 SOURCE: NYS HIV Surveillance System data as of September 2017

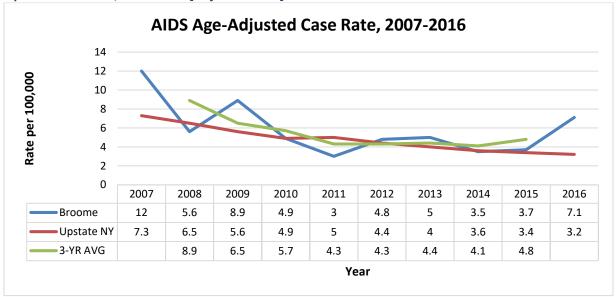
D 7. AIDS Case Rate per 100,000, New York State Counties, 2014-2016



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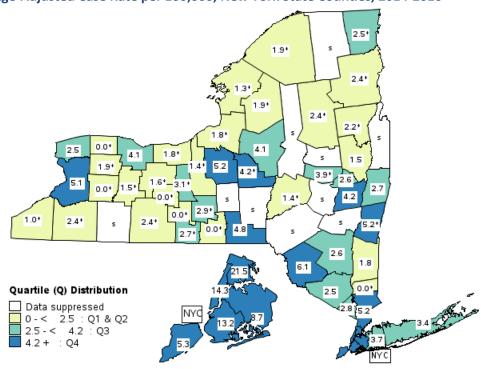
^{*} Fewer than 10 events in the numerator, therefore the rate/percentage is unstable SOURCE: NYS HIV Surveillance System data as of September 2017

D 8. AIDS Age-Adjusted Case Rate per 100,000, Broome County (single year & 3-year average) & Upstate New York, 2001-2016 [Adjusted Rate]



^{*} Fewer than 10 events in the numerator, therefore the rate/percentage is unstable for: Broome 2010-2012, 2014-2015 SOURCE: NYS HIV Surveillance System data as of September 2017

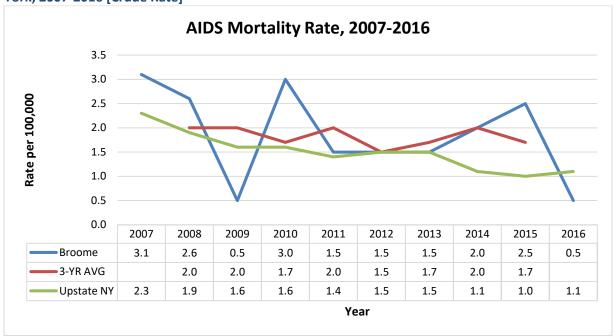
D 9. AIDS Age-Adjusted Case Rate per 100,000, New York State Counties, 2014-2016



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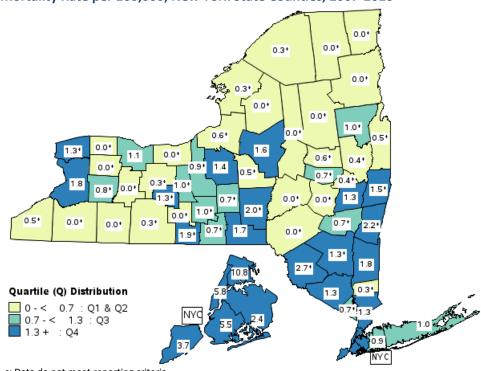
^{*} Fewer than 10 events in the numerator, therefore the rate/percentage is unstable SOURCE: NYS HIV Surveillance System data as of September 2017

D 10. AIDS Mortality Rate per 100,000, Broome County (single year & 3-year average) & Upstate New York, 2007-2016 [Crude Rate]



^{*} Fewer than 10 events in the numerator, therefore the rate/percentage is unstable for: Broome 2007-2016; 3-Year 2012 SOURCE: NYS Vital Statistics as of May 2018

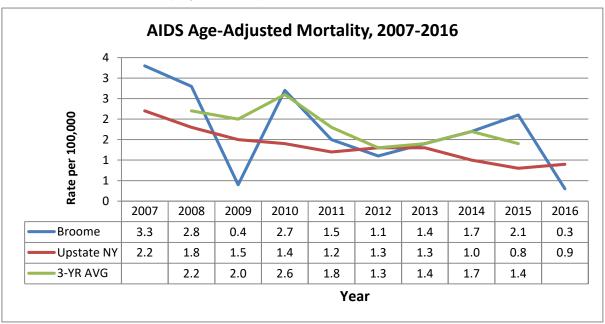
D 11. AIDS Mortality Rate per 100,000, New York State Counties, 2007-2016



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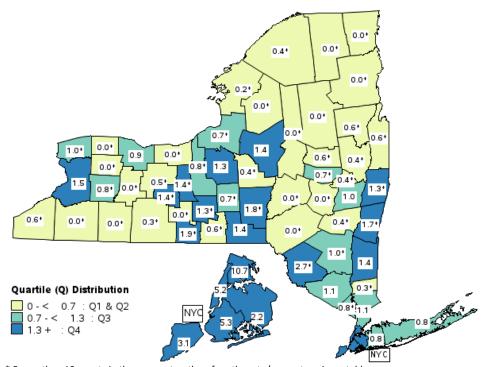
^{*} Fewer than 10 events in the numerator, therefore the rate/percentage is unstable SOURCE: NYS Vital Statistics as of May 2018

D 12. AIDS Age-Adjusted Mortality Rate per 100,000, Broome County (single year & 3-year average) & Upstate New York, 2007-2016 [Adjusted Rate]



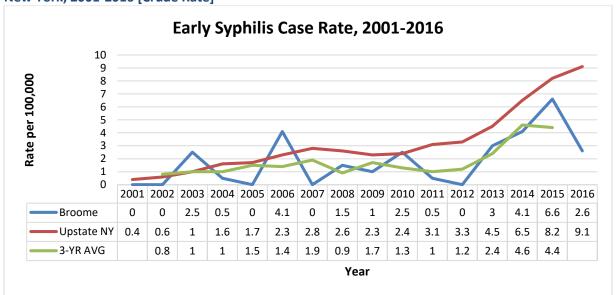
^{*} Fewer than 10 events in the numerator, therefore the rate/percentage is unstable for: Broome 2007-2016; 3-Year 2012 SOURCE: NYS Vital Statistics as of May 2018

D 13. AIDS Age-Adjusted Mortality Rate per 100,000, New York State Counties, 2007-2016



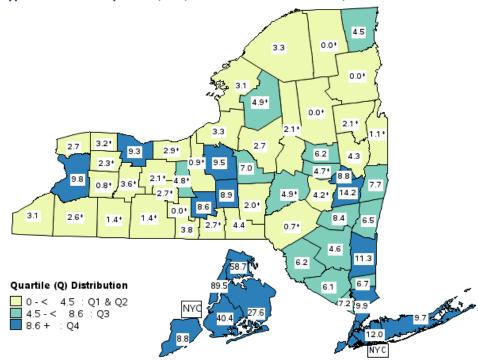
^{*} Fewer than 10 events in the numerator, therefore the rate/percentage is unstable SOURCE: NYS Vital Statistics as of May 2018

D 14. Early Syphilis Case Rate per 100,000, Broome County (single year & 3-year average) & Upstate New York, 2001-2016 [Crude Rate]



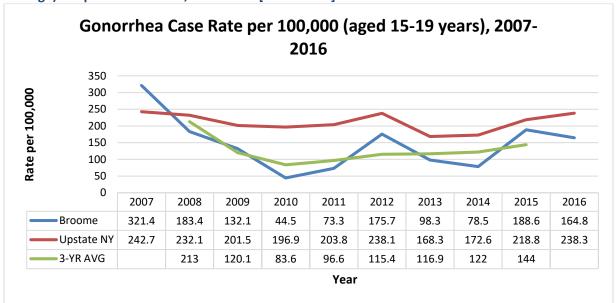
^{*} Fewer than 10 events in the numerator, therefore the rate/percentage is unstable for: Broome 2005-2014, 2016; 3-Year Average 2008, 2010-2012

D 15. Early Syphilis Case Rate per 100,000, New York State Counties, 2014-2016



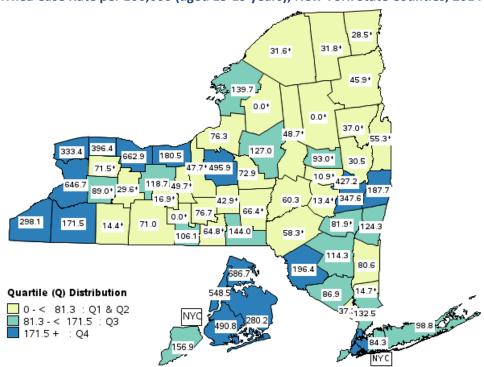
^{*} Fewer than 10 events in the numerator, therefore the rate/percentage is unstable SOURCE: Bureau of Sexual Health and Epidemiology Data as of June 2018





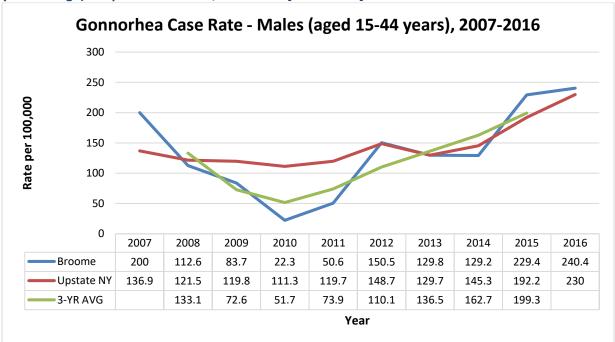
^{*} Fewer than 10 events in the numerator, therefore the rate/percentage is unstable for: Broome 2010 SOURCE: Bureau of Sexual Health and Epidemiology Data as of June 2018

D 17. Gonorrhea Case Rate per 100,000 (aged 15-19 years), New York State Counties, 2014-2016



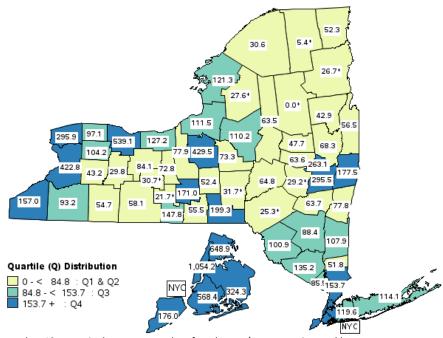
^{*} Fewer than 10 events in the numerator, therefore the rate/percentage is unstable SOURCE: Bureau of Sexual Health and Epidemiology Data as of June 2018

D 18. Gonorrhea Case Rate per 100,000 males (aged 15-44 years), Broome County (single year & 3-year average) & Upstate New York, 2007-2016 [Crude Rate]



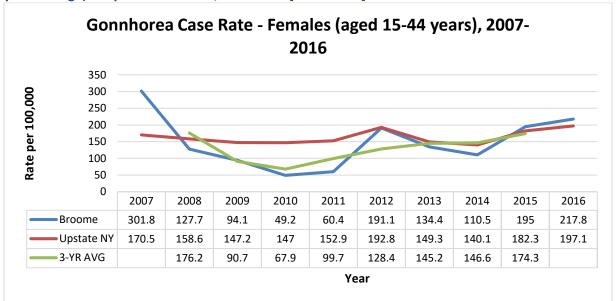
^{*} Fewer than 10 events in the numerator, therefore the rate/percentage is unstable for: Broome 2010 SOURCE: Bureau of Sexual Health and Epidemiology Data as of June 2018

D 19. Gonorrhea Case Rate per 100,000 Males (aged 15 to 44 years), New York State Counties, 2014-2016

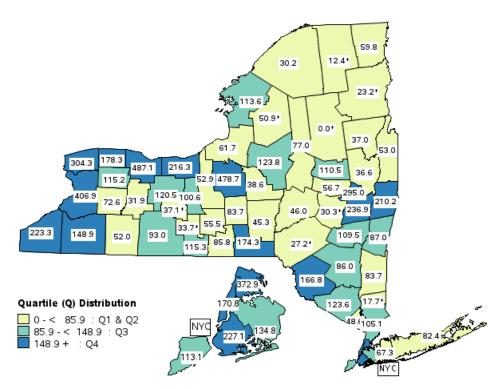


^{*} Fewer than 10 events in the numerator, therefore the rate/percentage is unstable SOURCE: Bureau of Sexual Health and Epidemiology Data as of June 2018



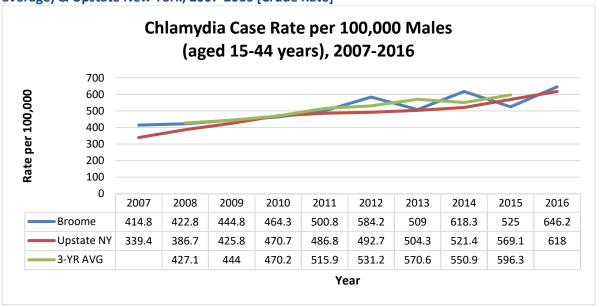


D 21. Gonorrhea Case Rate per 100,000 Females (aged 15 to 44 years), New York State Counties, 2014-2016

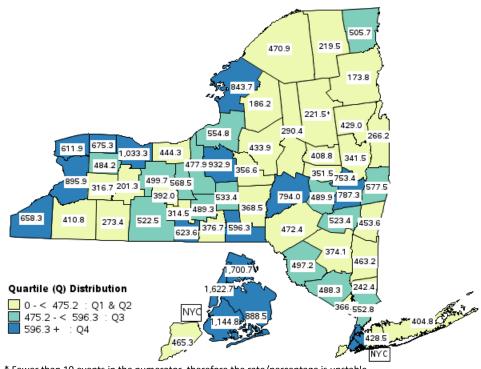


^{*} Fewer than 10 events in the numerator, therefore the rate/percentage is unstable SOURCE: Bureau of Sexual Health and Epidemiology Data as of June 2018

D 22. Chlamydia Case Rate per 100,000 Males (aged 15-44), Broome County (single year & 3-year average) & Upstate New York, 2007-2016 [Crude Rate]

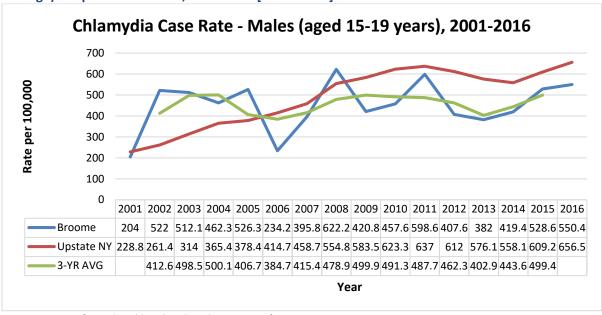


D 23. Chlamydia Case Rate per 100,000 Males (aged 15-44 years), New York State Counties, 2014-2016

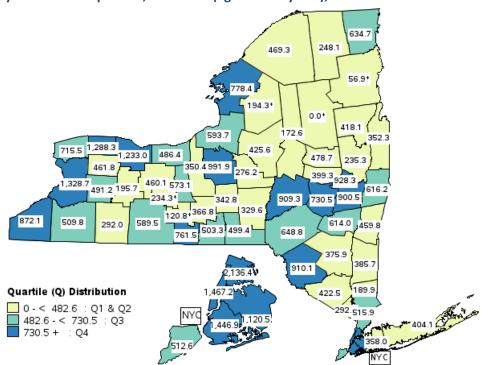


^{*} Fewer than 10 events in the numerator, therefore the rate/percentage is unstable SOURCE: Bureau of Sexual Health and Epidemiology Data as of June 2018

D 24. Chlamydia Case Rate per 100,000 Males (aged 15-19 years), Broome County (single year & 3-year average) & Upstate New York, 2001-2016 [Crude Rate]

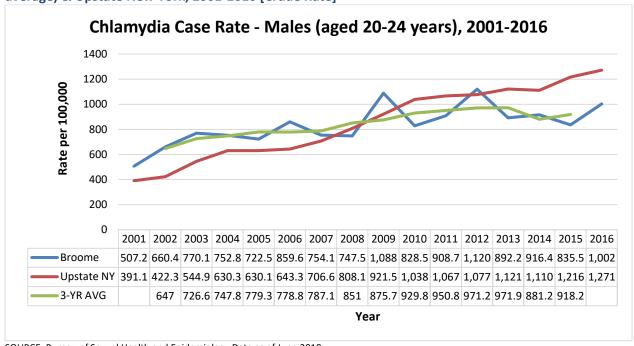


D 25. Chlamydia Case Rate per 100,000 Males (aged 15-19 years), New York State Counties, 2014-2016

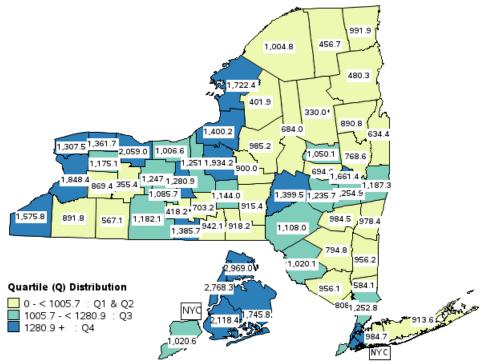


^{*} Fewer than 10 events in the numerator, therefore the rate/percentage is unstable SOURCE: Bureau of Sexual Health and Epidemiology Data as of June 2018

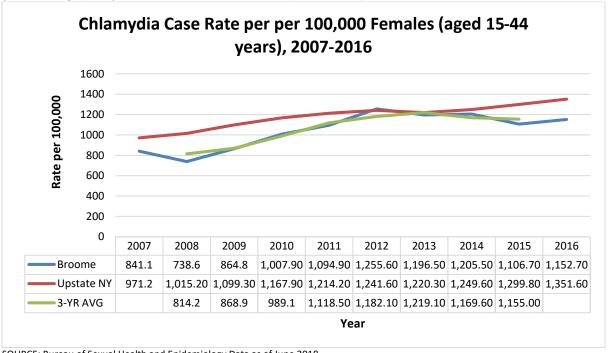
D 26. Chlamydia Case Rate per 100,000 Males (aged 20-24 years), Broome County (single year & 3-year average) & Upstate New York, 2001-2016 [Crude Rate]



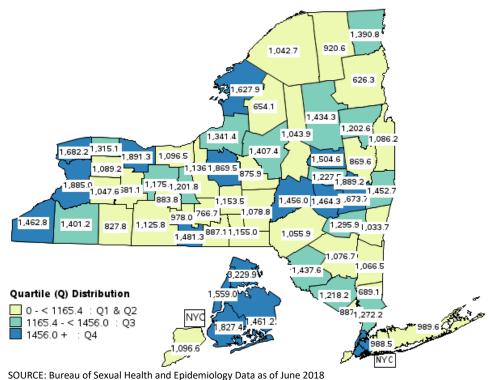
D 27. Chlamydia Case Rate per 100,000 Males (aged 20-24 years), New York State Counties, 2014-2016



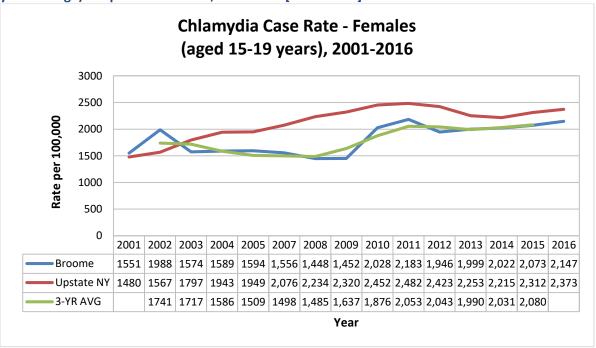
D 28. Chlamydia Case Rate per 100,000 Females (aged 15-44 years), Broome County (single year & 3-year average) & Upstate New York, 2007-2016 [Crude Rate]



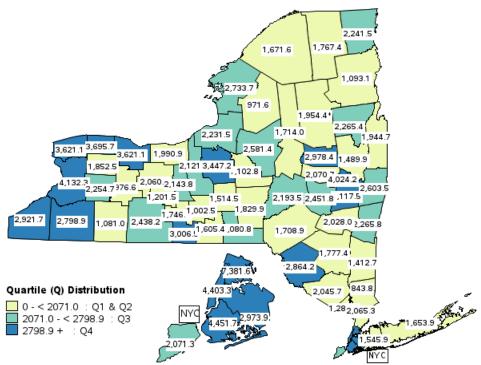
D 29. Chlamydia Case Rate per 100,000 Females (aged 15-44 years), New York State Counties, 2014-2016



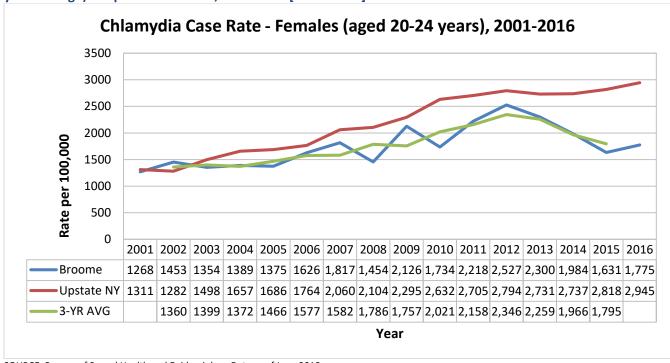
D 30. Chlamydia Case Rate per 100,000 Females (aged 15-19 years), Broome County (single year & 3-year average) & Upstate New York, 2001-2016 [Crude Rate]



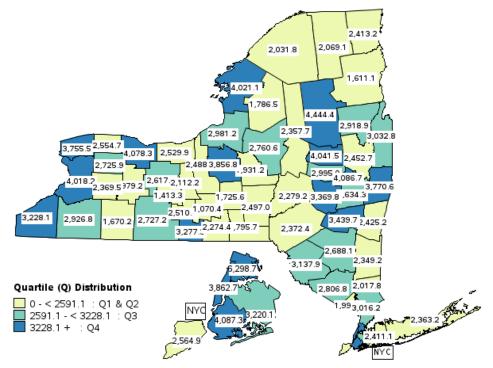
D 31. Chlamydia Case Rate per 100,000 Females (aged 15-19 years), New York State Counties, 2014-2016



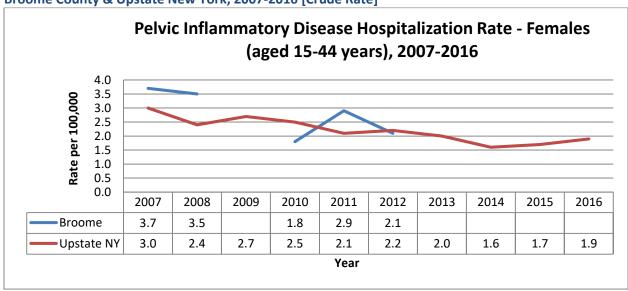
D 32. Chlamydia Case Rate per 100,000 Females (aged 20-24 years), Broome County (single year & 3-year average) & Upstate New York, 2001-2016 [Crude Rate]



D 33. Chlamydia Case Rate per 100,000 Females (aged 20-24 years), New York State Counties, 2014-2016

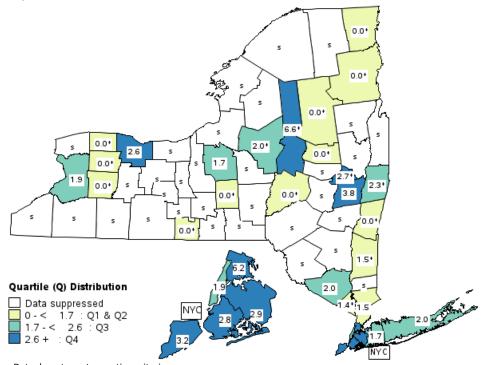


D 34. Pelvic Inflammatory Disease (PID) Hospitalization Rate per 10,000 Females (aged 15-44 years), Broome County & Upstate New York, 2007-2016 [Crude Rate]



s: Data do not meet reporting criteria for: Broome 2009, 2013-2016

D 35. Pelvic Inflammatory Disease (PID) Hospitalization Rate per 10,000 Females (aged 15-44 years), Broome County, 2016



s: Data do not meet reporting criteria

^{*} Fewer than 10 events in the numerator, therefore the rate/percentage is unstable for: Broome 2005, 2006, 2010, 2012 SOURCE: Statewide Planning and Research Cooperative System (SPARCS) data as of December 2017

^{*} Fewer than 10 events in the numerator, therefore the rate/percentage is unstable SOURCE: Statewide Planning and Research Cooperative System (SPARCS) data as of December 2017

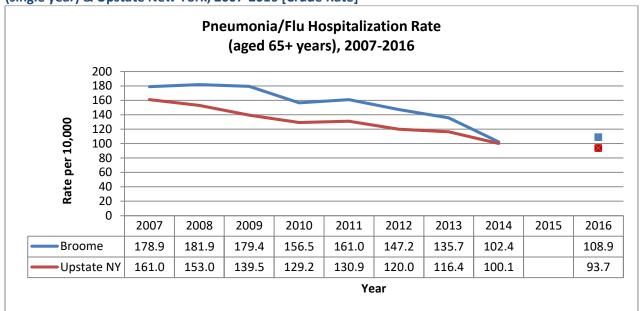
COMMUNICABLE DISEASE INDICATORS

D 36. Communicable Disease Indicators, Broome County, Southern Tier, Upstate New York, New York State, 2014-2016

Communicable Disease Indicators Rate per 100,000	Broome Rate	Southern Tier	Upstate NY Rate 2016	NYS Rate	Quartile Ranking	HP 2020 Goal	HP 2020 Goal Met
Pneumonia/flu hospitalization in adults 65+ years (ICD9 480-487) (rate per 10,000) [Crude]	108.9	92.4	93.7	87.3	3 rd		
Pertussis incidence [Crude]	3.4	5.1	5.9	5.1	1 st & 2 nd		
Mumps incidence [Crude]	N/A	0.22	1.9	1.08	N/A		
Meningococcal incidence [Crude]	N/A	0.4	0.1	.1	N/A		
H. Influenza incidence [Crude]	2.5	2.2	2.1	1.5	4th		
Hepatitis A incidence [Crude]	0.2	0.2	0.4	0.5	1 st & 2 nd		
Acute Hepatitis B incidence [Crude]	0.5	0.4	0.4	0.5	4th		
Tuberculosis incidence [Crude]	1.0	1.1	1.8	3.9	3 rd		
E. Coli incidence [Crude]	2.5	2.9	2.3	1.6	3rd		
Salmonella incidence [Crude]	8.5	12.0	12.5	11.6	1 st & 2 nd		
Shigella incidence [Crude]	1.4	1.5	2.0	3.9	3 rd		
Lyme disease incidence [Crude]	109.8	110.3	N/A	38.0	4 th		
BEHAVIOR/RISK INDICATOR							
% of adults 65+ years with flu shot in last year (2016)	55.8	58.2	N/A	59.5	3rd		
% of adults 65+ years that ever-received pneumonia shot (2016)	70.3	75.7	N/A	69.3	3 rd	90.0	N

SOURCE: New York State Department of Health, County Health Assessment Indicators, 2014-2016

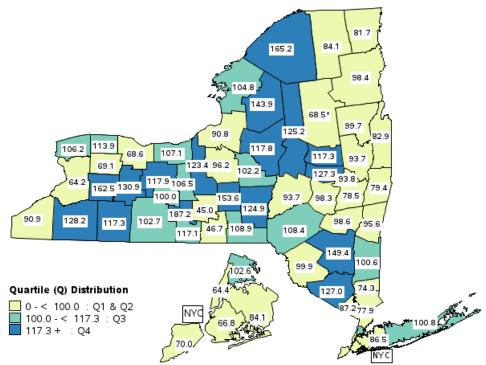
D 37. Pneumonia/Flu Hospitalization Rate per 10,000 (aged 65 years and older), Broome County (single year) & Upstate New York, 2007-2016 [Crude Rate]



#The rate for 2015 is excluded due to SPARCS data transitioning on October 1, 2015 from ICD-9-CM to ICD-10-CM diagnosis codes. Since ICD-9-CM and ICD-10-CM are not comparable, an annual rate for 2015 cannot be calculated, and data for 2016-and-forward should not be compared with data for 2014-and-prior.

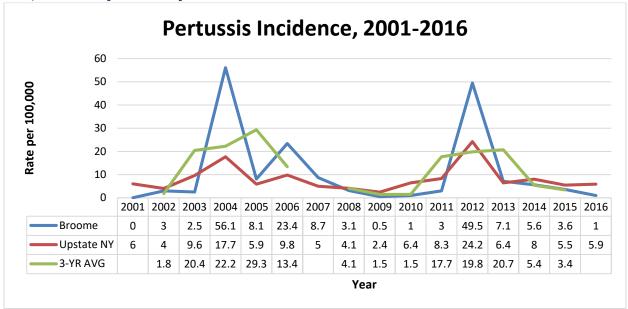
SOURCE: Statewide Planning and Research Cooperative System (SPARCS) data as of December 2017

D 38. Pneumonia/Flu Hospitalization Rate per 10,000 (aged 65 years and older), New York State Counties, 2016



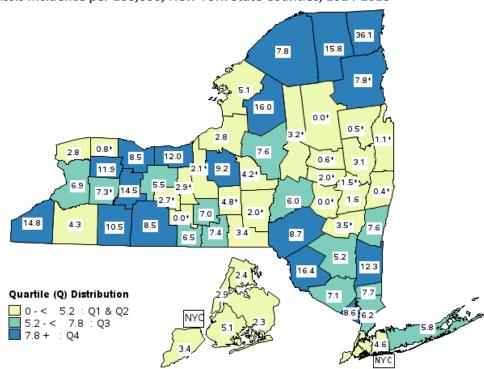
SOURCE: Statewide Planning and Research Cooperative System (SPARCS) data as of December 2017

D 39. Pertussis Incidence per 100,000, Broome County (single year & 3-year average) & Upstate New York, 2001-2016 [Crude Rate]



^{*} Fewer than 10 events in the numerator, therefore the rate/percentage is unstable for: Broome 2008-2011, 2015-2016; 3-Year Average 2009-2010

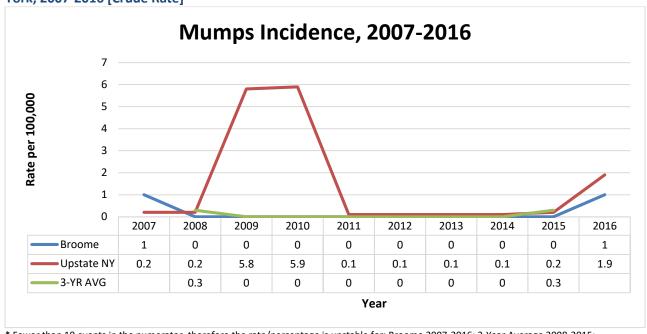
D 40. Pertussis Incidence per 100,000, New York State Counties, 2014-2016



SOURCE: Bureau of Communicable Disease Control Data as of May, 2018

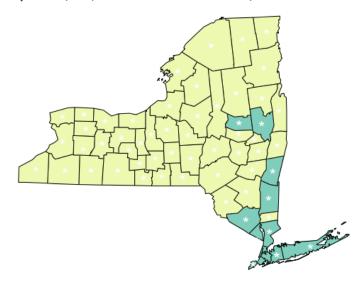
^{*} Fewer than 10 events in the numerator, therefore the rate/percentage is unstable

D 41. Mumps Incidence per 100,000, Broome County (single year & 3-year average) & Upstate New York, 2007-2016 [Crude Rate]



^{*} Fewer than 10 events in the numerator, therefore the rate/percentage is unstable for: Broome 2007-2016; 3-Year Average 2008-2015; Upstate New York 2012

D 42. Mumps Incidence per 100,000, New York State Counties, 2012-2014



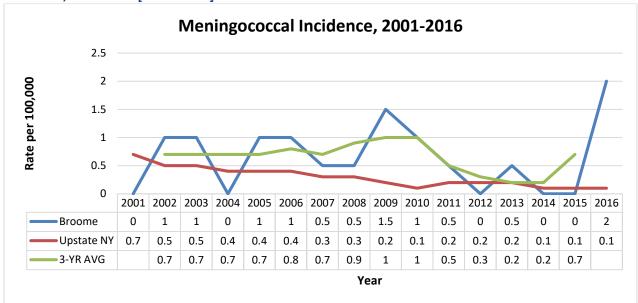
Incidence rate
Counties Are Shaded Based On Quartile Distribution
(* Fewer than 10 events in the numerator, therefore the rate is unstable)

0.00 - < 0.00 : Q1 & Q2 & Q3

0.00 + : Q4

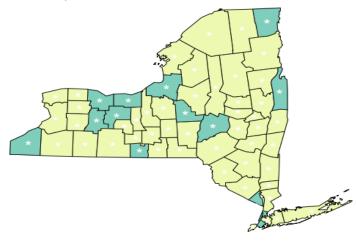
SOURCE: 2012-2014 Bureau of Communicable Disease Control Data as of April, 2012-2014





^{*} Fewer than 10 events in the numerator, therefore the rate/percentage is unstable for: Broome 2005-2016; 3-Year Average 2008-2015; Upstate New York 2014-2015

D 44. Meningococcal Incidence per 100,000, New York State Counties, 2012-2014



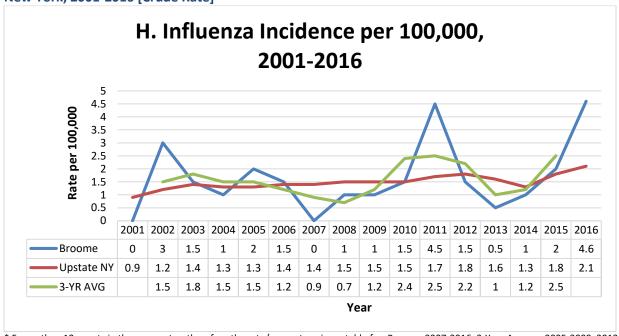
Incidence rate
Counties Are Shaded Based On Quartile Distribution
(* Fewer than 10 events in the numerator, therefore the rate is unstable)

0.0 - < 0.2 : Q3

SOURCE: 2012-2014 Bureau of Communicable Disease Control Data as of April, 2012-2014

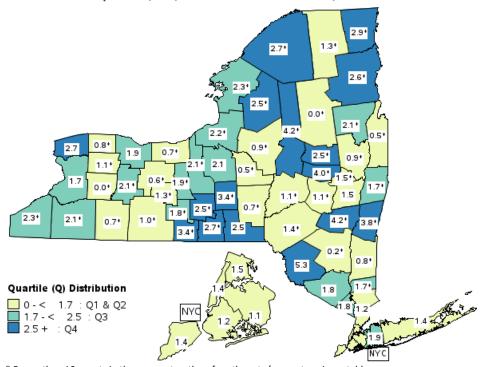
0.2 + : Q4

D 45. *H. influenza* Incidence per 100,000, Broome County (single year & 3-year average) & Upstate New York, 2001-2016 [Crude Rate]



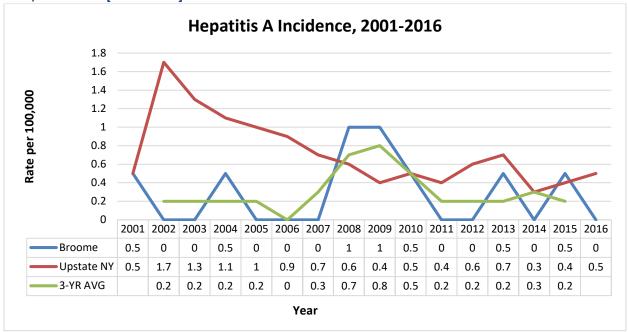
^{*} Fewer than 10 events in the numerator, therefore the rate/percentage is unstable for: Broome 2007-2016; 3-Year Average 2005-2009, 2013-2014

D 46. H. influenza Incidence per 100,000, New York State Counties, 2014-2016



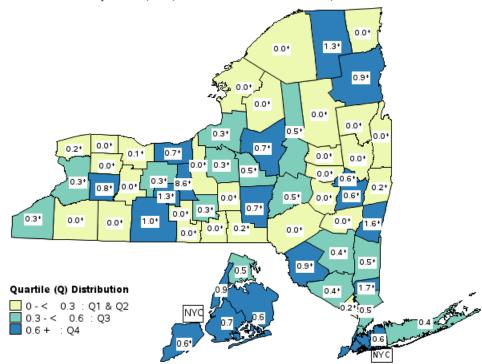
^{*} Fewer than 10 events in the numerator, therefore the rate/percentage is unstable SOURCE: Bureau of Communicable Disease Control Data as of May, 2018

D 47. Hepatitis A Incidence per 100,000, Broome County (single year & 3-year average) & Upstate New York, 2001-2016 [Crude Rate]



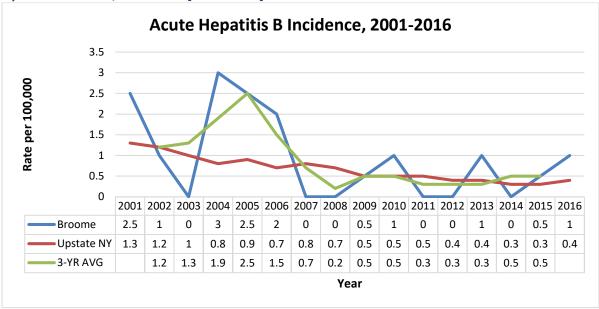
^{*} Fewer than 10 events in the numerator, therefore the rate/percentage is unstable for: Broome 2005-2016; 3-Year Average 2006-2015 SOURCE: Bureau of Communicable Disease Control Data as of May, 2018

D 48. Hepatitis A Incidence per 100,000, New York State Counties, 2014-2016



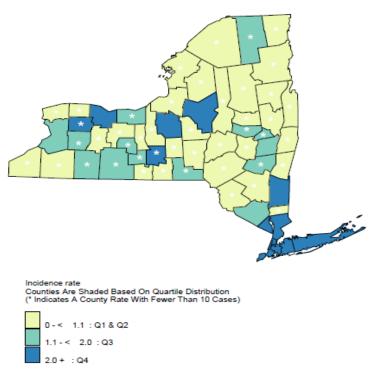
^{*} Fewer than 10 events in the numerator, therefore the rate/percentage is unstable SOURCE: Bureau of Communicable Disease Control Data as of May, 2018

D 49. Acute Hepatitis B Incidence per 100,000, Broome County (single year & 3-year average) & Upstate New York, 2001-2016 [Crude Rate]



^{*} Fewer than 10 events in the numerator, therefore the rate/percentage is unstable for: Broome 2005-2016; 3-Year Average 2006-2015 SOURCE: Bureau of Communicable Disease Control Data as of May, 2018

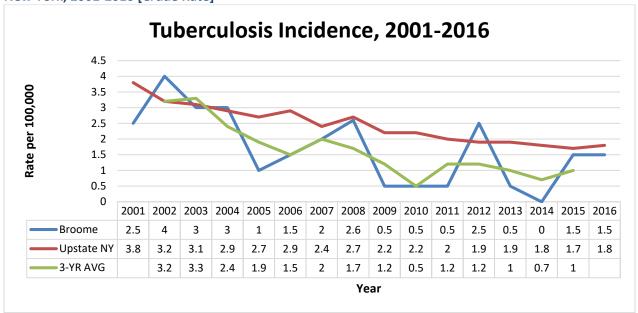
D 50. Acute Hepatitis B Incidence per 100,000, New York State Counties, 2014-2016



Source: 2008-2010 Bureau of Communicable Disease Control Data as of July, 2012

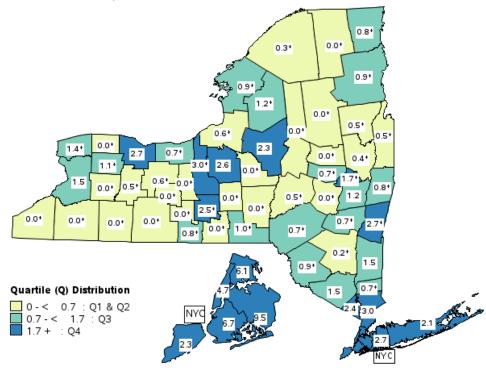
SOURCE: Bureau of Communicable Disease Control Data as of May, 2018

D 51. Tuberculosis Incidence per 100,000, Broome County (single year & 3-year average) & Upstate New York, 2001-2016 [Crude Rate]



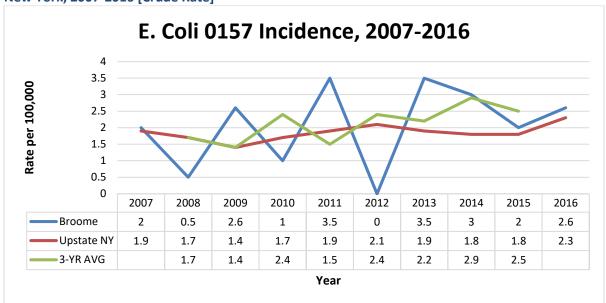
^{*} Fewer than 10 events in the numerator, therefore the rate/percentage is unstable for: Broome 2005-2016; 3-Year Average 2006-2015 SOURCE: Bureau of Communicable Disease Control Data as of May, 2018

D 52. Tuberculosis Incidence per 100,000, New York State Counties, 2014-2016



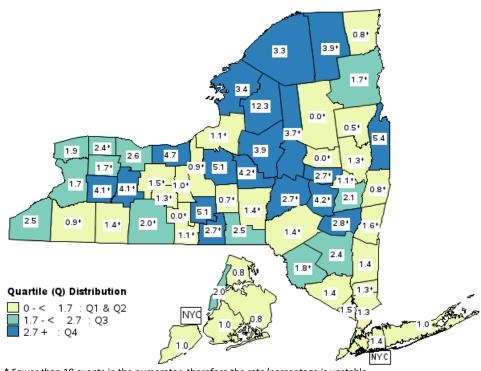
^{*} Fewer than 10 events in the numerator, therefore the rate/percentage is unstable SOURCE: Bureau of Communicable Disease Control Data as of May, 2018

D 53. *E. coli* O157 Incidence per 100,000, Broome County (single year & 3-year average) & Upstate New York, 2007-2016 [Crude Rate]



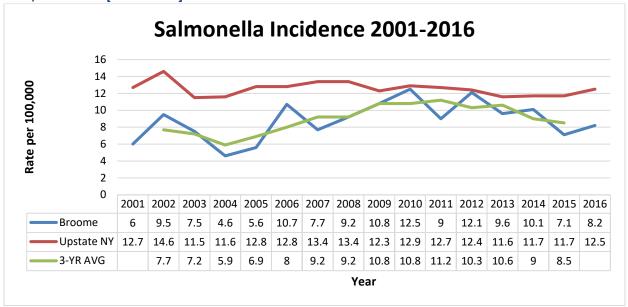
^{*} Fewer than 10 events in the numerator, therefore the rate/percentage is unstable for: Broome 2007-2016; 3-Year Average 2009, 2011 SOURCE: Bureau of Communicable Disease Control Data as of May, 2018

D 54. E. coli O157 Incidence per 100,000, Broome County, New York State Counties, 2014-2016

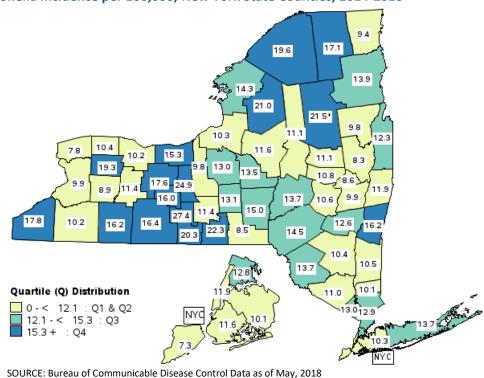


^{*} Fewer than 10 events in the numerator, therefore the rate/percentage is unstable SOURCE: Bureau of Communicable Disease Control Data as of May, 2018

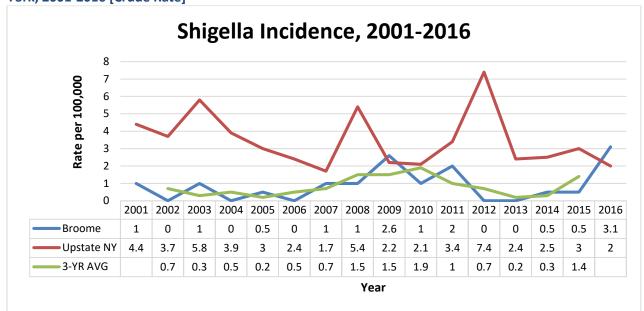
D 55. Salmonella Incidence per 100,000, Broome County (single year & 3-year average) & Upstate New York, 2001-2016 [Crude Rate]



D 56. Salmonella Incidence per 100,000, New York State Counties, 2014-2016



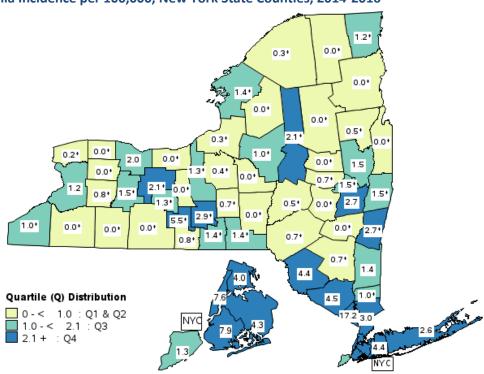
D 57. Shigella Incidence per 100,000, Broome County (single year & 3-year average) & Upstate New York, 2001-2016 [Crude Rate]



^{*} Fewer than 10 events in the numerator, therefore the rate/percentage is unstable for: Broome 2005-2016; 3-Year Average 2006-2009, 2011-2015

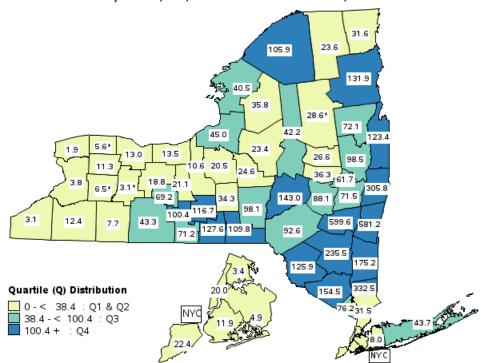
SOURCE: Bureau of Communicable Disease Control Data as of May, 2018

D 58. Shigella Incidence per 100,000, New York State Counties, 2014-2016



^{*} Fewer than 10 events in the numerator, therefore the rate/percentage is unstable SOURCE: Bureau of Communicable Disease Control Data as of May, 2018

D 59. Lyme Disease Incidence per 100,000, New York State Counties, 2014-2016



SOURCE: Bureau of Communicable Disease Control Data as of May, 2018

D 60. Immunizations by School, Broome County, NY, 2017-2019

Immunizations by School District	Number of Students Enrolled		Percent of Students who are Completely Immunized		Percent with Medical Exemptions		Relig	nt with gious ptions
	2017- 18	2018- 19	2017- 18	2018- 19	2017- 18	2018- 19	2017- 18	2018- 19
Public Schools								
Binghamton City School District	5226	5158	97.63	97.93	0.27	0.64	0.57	0.66
Binghamton High School	1500	1424	98.33	97.40	0.27	1.97	0.73	0.56
East Middle School	560	562	97.50	94.84	0.36	0.18	0.18	0.53
West Middle School	613	608	99.18	99.51	0.16	0.00	0.65	0.49
Benjamin Franklin Elementary School	422	453	97.87	97.79	0.47	0.22	0.24	1.32
Calvin Coolidge Elementary School	299	340	97.32	97.94	0.33	0.29	1.67	1.18
Horace Mann Elementary School	239	240	82.01	96.67	0.00	0.00	0.84	1.25
MacArthur Elementary School	488	474	98.36	98.10	0.20	0.21	1.02	1.27
Theodore Roosevelt Elementary School	404	377	99.01	99.47	0.00	0.27	0.25	0.00
Thomas Jefferson Elementary School	303	296	99.01	99.66	0.99	0.00	0.00	0.34
Woodrow Wilson Elementary School	398	384	98.74	99.74	0.00	0.00	0.00	0.00
BT BOCES District	719	747	97.08	96.65	0.70	1.47	1.81	1.61
Chenango Forks Central School District	1633	1472	98.84	98.64	0.12	0.14	0.73	0.82
Chenango Forks High School	507	486	97.63	97.94	0.20	0.21	1.18	1.65
Chenango Forks Middle School	368	354	98.64	98.02	0.00	0.28	1.36	0.56
Charlotte Kenyon at Chenango Forks Elementary	410	295	99.51	99.66	0.24	0.00	0.24	0.34
Chenango Forks Elementary School	348	337	100.00	99.41	0.00	0.00	0.00	0.30
Chenango Valley Central School District	1722	1752	99.07	99.14	0.29	0.23	0.46	0.57
Chenango Valley Junior-Senior High School	849	881	99.41	99.21	0.24	0.23	0.24	0.57
Chenango Bridge Elementary School	398	382	99.25	98.95	0.00	0.26	0.75	0.79
Port Dickinson Elementary School	475	489	98.32	99.18	0.63	0.20	0.63	0.41
Deposit Central School District	511	490	99.02	98.98	0.00	0.20	0.59	0.82
Deposit Junior-Senior High School	275	266	98.55	99.25	0.00	0.00	0.73	0.75
Deposit Elementary School	236	224	99.58	98.66	0.00	0.45	0.42	0.89
Harpursville School District	747	704	98.66	98.01	0.27	0.14	0.80	0.99
Harpursville Junior-Senior High School	373	349	98.39	98.57	0.54	0.29	0.80	1.15
W.A. Olmsted Elementary School	374	355	98.93	97.46	0.00	0.00	0.80	0.85
Johnson City Central School District	2447	2385	98.61	98.32	0.20	0.00	0.94	1.17
Johnson City Senior High School	757	754	98.81	99.47	0.66	0.00	0.53	0.53
Johnson City Middle School	749	745	98.80	96.91	0.00	0.00	1.07	1.88
Johnson City Elementary/ Intermediate School	NA	346	NA	97.98	NA	0.00	NA	1.45
Johnson City Elementary/ Primary School	941	540	98.30	98.89	0.00	0.00	1.17	0.93

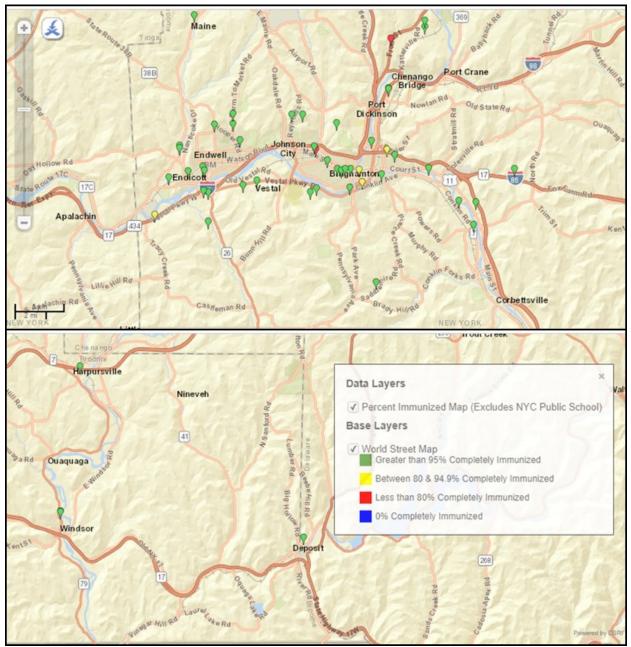
Immunizations by School District	Stud	Number of Students Enrolled		Percent of Students who are Completely Immunized		Percent with Medical Exemptions		nt with gious ptions
	2017- 18	2018- 19	2017- 18	2018- 19	2017- 18	2018- 19	2017- 18	2018- 19
Public Schools								
Maine Endwell Central School District	2485	2461	99.15	98.86	0.20	0.49	0.44	0.57
Maine-Endwell Senior High School	741	743	99.73	97.85	0.00	1.35	0.13	0.81
Maine-Endwell Middle School	554	530	98.38	99.43	0.54	0.19	0.72	0.38
Homer Brink Elementary School	742	746	99.19	99.06	0.27	0.13	0.40	0.54
Maine Memorial Elementary School	448	442	99.11	99.55	0.00	0.00	0.67	0.45
Susquehanna Valley Central School District	1409	1424	98.94	99.37	0.00	0.14	0.64	0.42
Susquehanna Valley Senior High School	473	417	99.79	99.76	0.00	0.24	0.00	0.00
Richard T. Stank Middle School	297	323	99.33	100.00	0.00	0.00	0.34	0.00
Brookside Elementary School	384	391	98.44	98.47	0.00	0.00	1.30	1.28
F. P. Donnelly Elementary School	255	293	97.65	99.32	0.00	0.34	1.18	0.34
Union-Endicott Central School District	3449	3701	99.19	98.73	0.20	0.24	0.29	0.46
Union-Endicott Senior High School	1098	1057	99.36	99.34	0.18	0.28	0.18	0.38
Jennie F. Snapp Middle School	834	847	99.52	97.64	0.12	0.24	0.24	0.47
Ann G. McGuinness Intermediate School	375	363	99.47	99.45	0.00	0.00	0.00	0.28
Charles F. Johnson Jr. Elementary School	394	435	99.75	98.85	0.00	0.00	0.25	0.46
George F. Johnson Elementary School	601	591	98.34	98.14	0.67	0.51	0.67	0.85
Thomas J. Watson Elementary School	53	298	92.45	99.33	0.00	0.34	1.89	0.34
Linnaeus W. West Elementary School	94	110	100.00	100.00	0.00	0.00	0.00	0.00
Vestal Central School District	3237	3294	98.52	98.42	0.34	0.39	0.96	0.88
Vestal Senior High School	1032	1052	99.22	98.76	0.10	0.29	0.68	0.95
Vestal Middle School	775	760	98.97	98.03	0.13	0.66	0.77	0.66
African Road Elementary School	264	252	98.86	98.81	0.00	0.00	0.38	0.40
Clayton Ave Elementary School	310	292	99.03	98.97	0.00	0.00	0.65	1.03
Glenwood Elementary School	288	294	97.22	98.64	0.35	0.00	1.74	1.02
Tioga Hills Elementary School	284	289	96.83	96.54	1.41	1.73	1.76	1.73
Vestal Hills Elementary School	284	355	96.83	98.87	1.41	0.00	1.76	0.56
Whitney Point Central School District	1448	1390	99.03	99.14	0.21	0.14	0.35	0.14
Whitney Point Senior High School	413	400	99.03	99.75	0.24	0.25	0.24	0.00
Tioughnioga River Academy	524	540	99.24	99.07	0.00	0.00	0.57	0.37
Caryl E Adams Primary School	511	450	98.83	98.67	0.39	0.22	0.20	0.00
Windsor Central School District	1671	1700	99.34	99.18	0.18	0.24	0.30	0.41
Windsor Senior High School	496	497	99.40	98.79	0.00	0.40	0.40	0.60
Palmer Elementary/ Windsor Middle	F02	600	00.33	00.34	0.54	0.33	0.00	0.10
School C. R. Wooks Florenton, School	593	608	99.33	99.34	0.51	0.33	0.00	0.16
C. R. Weeks Elementary School	292	321	98.97	99.07	0.00	0.00	0.68	0.62
Floyd Bell Elementary School	290	274	99.66	99.64	0.00	0.00	0.34	0.36

Immunizations by School District	Number of Students Enrolled 2017- 2018- 18 19		Percent of Students who are Completely Immunized 2017- 2018- 18 19		Percent with Medical Exemptions 2017- 2018- 18 19		Percent with Religious Exemptions 2017- 2018 18 19	
Private Schools								
Central Baptist Christian Academy	167	140	85.03	80.00	1.20	1.43	2.99	11.43
Children's Home of Wyoming Conference	741	87	99.73	97.70	0.00	0.00	0.13	1.15
Children's Unit for Treatment & Evaluation (BU)	60	58	98.33	96.55	1.67	0.00	0.00	0.00
Crescent Academy	66	77	81.82	79.22	0.00	0.00	18.18	20.78
Hillel Academy	28	25	100.00	100.00	0.00	0.00	0.00	0.00
Ross Corners Christian Academy	113	150	91.15	92.00	0.88	0.00	6.19	8.00
Catholic Schools of Broome County	942	924	97.66	97.08	0.42	0.54	1.27	1.52
Seton Catholic Central High School	370	346	98.65	98.27	0.27	0.29	0.54	0.87
Seton Catholic at All Saints	213	219	96.71	95.89	0.00	0.46	1.88	2.28
St. James School	159	171	95.60	98.25	0.63	0.00	3.14	1.17
St. John School	200	188	98.50	95.21	1.00	1.60	0.50	2.13

SOURCE: 2017-18, 2018-19 School Immunization

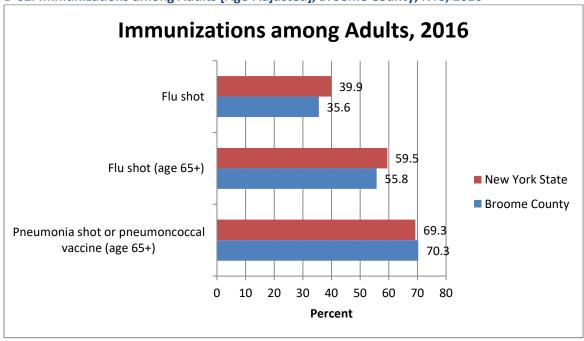
Survey Data

D 61. School Immunization Survey Map: Percent Immunized, Broome County, 2018-2019 School Year



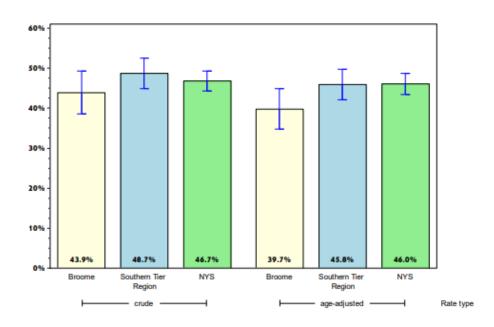
SOURCE: Based on School Immunization Survey Map (Excluding NYC Public Schools): 2018-2019 School Year, Broome County, 2018-2019 Retrieved from: https://health.data.ny.gov/Health/School-Immunization-Survey-Map-Excluding-NYC-Publi/djgb-y2uf

D 62. Immunizations among Adults [Age-Adjusted], Broome County, NYS, 2016



SOURCE: New York State Expanded Behavioral Risk Factor Surveillance System (BRFSS), Broome County, 2016

D 63. Bar Chart of Percentages Flu Shot within the Past 12 Months in Broome County, The Southern Tier and New York State, 2013-2014



SOURCE: New York State Expanded Behavioral Risk Factor Surveillance System (BRFSS), Broome County, 2013-2014

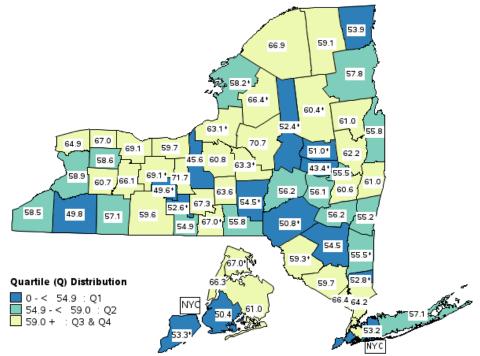
D 64. Table of Percentages of Flu Shots Broken Down by Age Group Race and Sex within the Past 12 Months in Broome County and The Southern Tier, 2013-2014

	Br	oome Cou	nty	Southern Tier					
	Est. # of Adults	Percent	95% CI	Est. # of Adults	Percent	95% CI			
Total Age	66,551	43.9	(38.6-49.2)	169,235	48.7	(44.9-52.4)			
18-24		#		22,678	42.8^	(28.8-58.0)			
25-34	7,289	31.0	(20.0-44.7)	21,280	36.4	(25.5-48.8)			
35-44	3,664	18.5	(9.8-32.1)	13,516	29.5	(22.3-37.9)			
45-64	23,612	46.6	(38.7-54.7)	58,844	50.9	(45.9-55.9)			
65+	22,469	67.8	(57.5-76.7)	49,932	70.4	(65.0-75.3)			
Race									
White, NH	58,019	43.3	(37.9-48.8)	135,586	46.6	(43.2-50.1)			
Black, NH		#			#				
Hispanic		#			#				
Other, NH		#		12,106	50.0	(32.3-67.7)			
Sex									
male	27,840	39.1	(32.6-46.1)	76,549	45.2	(40.3-50.2)			
female	38,711	48.0	(40.2-55.9)	92,686	52.0	(46.5-57.4)			
ge-adjusted ^{&}		39.7	(34.8-44.9)		45.8	(42.1-49.7)			

^{*} Includes flu shot or flu spray

SOURCE: New York State Expanded Behavioral Risk Factor Surveillance System (BRFSS), Broome County, 2013-2014

D 65. Percentage of Adults 65 years and older with Flu Shot within the Past 12 Months, New York State Counties, 2016



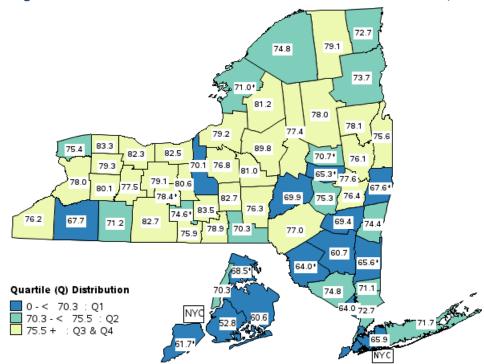
^{*} Unreliable percentage due to large standard error SOURCE: New York Behavioral Risk Factor Surveillance System, data as of November 2018

[&]amp; Percent is age-adjusted to the 2000 United States Population.

[#] Rates with <10 in the numerator or <50 in the denominator are suppressed.

[^] Highly variable rate (confidence interval with a half-width greater than 10).

D 66. Percentage of Adults 65 Years and Older who ever Received a Pneumonia Shot, 2016



^{*} Fewer than 10 events in the numerator, therefore the rate/percentage is unstable SOURCE: New York State Department of Health, County Health Indicator Reports, 2016

CANCER INDICATORS

D 67. Cancer Indicators, Broome County, Southern Tier, Upstate New York, New York State, 2012-2016

Indicator Rate per 100,000	Broome County	Southern Tier	Upstate NY 2015	NYS	Quartile Ranking	HP 2020 Goal	HP 2020 Goal Met
INCIDENCE							
ALL CANCER							
Crude incidence	622.1	598.7	635.9	564.4	1 st & 2 nd		
Age Adjusted incidence	481.4	474.7	506.3	485.6	1 st & 2 nd		
LIP, ORAL CAVITY AND PHARYNX CANCER							
Crude incidence	16.7	15.9	15.4	12.9	3 rd		
Age adjusted incidence	13.0	12.3	12.1	10.9	3 rd		
COLON AND RECTUM CANCER							
Crude incidence	45.6	47.0	48.8	45.7	1 st & 2 nd		
Age adjusted incidence	34.7	37.2	38.9	39.3	1 st & 2 nd		
LUNG AND BRONCHUS CANCER							
Crude incidence	88.6	83.9	86.6	69.7	1 st & 2 nd		
Age adjusted incidence	66.2	63.7	66.9	59.2	1 st & 2 nd		
FEMALE BREAST CANCER							
Crude incidence	184.4	168.9	178.8	158.6	3 rd		
Age adjusted incidence	143.0	133.8	141.0	132.8	4 th		
Crude late stage incidence	51.4		52.7	50.7	1 st & 2 nd	42.4	N
Age adjusted late stage incidence	43.0	48.7	43.0	43.4	3 rd		
CERVIX UTERI CANCER							
Crude incidence	7.3	7.8	7.8	8.5	1 st & 2 nd		
Age adjusted incidence	6.0	7.3	7.2	7.8	1 st & 2 nd		
OVARIAN CANCER							
Crude incidence	17.2	16.8	15.6	14.8	3 rd		
Age adjusted incidence	13.4	12.9	12.2	12.2	3 rd		
PROSTATE CANCER							
Crude incidence rate	116.1	115.7	155.8	141.2	1 st & 2 nd		
Age adjusted incidence	88.2	87.7	122.3	123.4	1 st & 2 nd		
MORTALITY							

Indicator Rate per 100,000	Broome County	Southern Tier	Upstate NY 2015	NYS	Quartile Ranking	HP 2020 Goal	HP 2020 Goal Met
ALL CANCER							
Crude rate	218.7	203.6	198.2	176.2	3 rd		
Age-adjusted rate	156.9	152.8	152.6	149.2	1 st & 2 nd		
Lip, oral cavity and pharynx	2.5	2.1	2.2	2.1	3 rd		
Colon and rectum	13.9	12.9	12.9	13.1	3 rd	14.5	Υ
Melanoma	2.4	2.5	2.6	2.3	1 st & 2 nd	2.4	Υ
Lung and bronchus	40.3	40.0	40.4	36.9	1 st & 2 nd	45.5	Υ
Female breast	20.1	20.3	18.7	19.2	4 th	42.4	Υ
Cervix uteri	3.0	1.5	1.7	2.7	3 rd	2.2	N
Ovarian	5.4	7.1	7.2	7.1	1 st & 2 nd		
Prostate	16.6	17.4	16.2	17.8	1 st & 2 nd	21.8	Υ
Age adjusted % of women aged 21-65 years receiving cervical cancer screening (pap smear) based on 2012 guidelines	82.9	81.4	N/A	82.2	1 st & 2 nd	93%	N
% of women aged 50-74 years receiving breast cancer screening based on recent guidelines	71.3	71.1	N/A	79.7	4 th		
% of women aged 50-74 years who had a mammogram between 10/1/2014 and 12/31/2016	58.8	58.7	+65.2	71.2	4 th		

⁺Data from 2016

SOURCE: New York State Department of Health, Community Health Assessment Indicators, 2013- 2015

D 68. Cancer Incidence and Mortality by Gender for Broome County, NY, 2012-2016

		Incid	ence		Mortality					
	Ma	iles		ales	Ma	les	Fem	ales		
Site of Cancer	Average	Rate per	Average	Rate per	Average	Rate per	Average	Rate per		
	Annual	100,000	Annual	100,000	Annual	100,000	Annual	100,000		
	Cases	Males	Cases	Females	Deaths	Males	Deaths	Females		
All Invasive										
Malignant	615.0	523.1	639.2	480.9	210.4	137.5	210.4	137.5		
Tumors										
Oral cavity &	27.2	23.1	9.8	7.4	6.8	5.7	3.4	2.2		
pharynx	27.2	25.1	9.6	7.4	0.8	5.7	5.4	2.2		
Esophagus	12.2	10.3	4.0	2.8	11.6	9.4	3.0	1.8		
Stomach	8.8	7.6	5.8	4.0	3.8	3.3	2.8	1.9		
Colorectal	48.6	41.8	45.6	31.4	18.0	15.7	18.4	11.0		
Colon excluding										
rectum	32.0	27.3	35.0	23.5	12.6	11.1	15.4	9.3		
Rectum &	46.6	445	40.6	7.0		4.7	2.0	4.7		
rectosigmoid	16.6	14.5	10.6	7.9	5.4	4.7	3.0	1.7		
Liver /										
intrahepatic bile	14.6	12.7	3.6	2.5	10.8	8.8	5.0	3.3		
duct										
Pancreas	18.6	15.6	21.8	13.5	15.8	13.4	17.0	10.3		
Larynx	6.4	5.4	2.6	2.1	1.0	0.8	1.0	0.9		
Lung & bronchus	86.4	73.2	86.0	60.0	56.8	48.0	51.0	34.2		
Melanoma of	38.8	33.9	27.2	22.2	3.2	3.2	2.2	1.4		
the skin	30.0	33.9	27.2	22.3	3.2	3.2	2.2	1.4		
Female breast			183.6	143.6			28.6	20.4		
Cervix uteri			7.2	6.4			3.4	2.6		
Corpus uterus &			48.4	36.7			6.4	4.3		
NOS			40.4	30.7			0.4	4.5		
Ovary			16.2	12.9			10.2	6.5		
Prostate	119.4	94.0				19.4	16.4			
Testis	6.6	7.7			0.8	1.0				
Urinary bladder	53	44.9	15.0	10.6	9.8	8.3	3.6	2.2		
(incl. in situ)	33	44.5	15.0	10.0	5.0	0.5	3.0	2.2		
Kidney & renal	27.8	24.0	13.6	10.0	4.2	6.6	4.2	2.78		
pelvis	27.0	24.0	15.0	10.0	7.2	0.0	7.2	2.70		
Brain & other	7.2	6.6	5.8	4.5	4.4	3.9	5.6	4.2		
nervous system										
Thyroid	11.8	11.6	30.8	31.4	0.4	0.3	0.6	0.4		
Hodgkin	3.4	3.6	2.4	2.5	0.4	0.3	0.6	0.4		
lymphoma						0.5	0.0			
Non-Hodgkin	27.6	24.3	24.4	15.6	8.2	6.9	6.0	3.9		
lymphomas										
Myeloma	8.0	6.8	7.2	5.0	3.6	3.1	2.8	1.5		
Leukemias	28.2	25.1	7.4	13.0	11.8	10.2	9.4	5.8		

SOURCE: New York State NYS Cancer Registry, 2012-2016

D 69. Cancer Incidence and Mortality by Gender for New York State, 2012-2016

		Incid	lence		Mortality					
	Mal	es	Fem	ales	Males		Females			
Site of Cancer	Average Annual Cases	Rate per 100,000 Males	Average Annual Cases	Rate per 100,000 Females	Average Annual Deaths	Rate per 100,000 Males	Average Annual Deaths	Rate per 100,000 Females		
All Invasive Malignant Tumors	55138.4	531.6	56388.6	452.4	17531.8	176.1	17454.6	130.4		
Oral cavity & pharynx	2558.2	10.9	810.0	6.4	348.2	3.3	154.2	1.1		
Esophagus	809.4	7.7	263.0	2.0	658.2	6.4	201.4	1.5		
Stomach	1219.0	12.0	802.0	6.3	510.6	5.1	338.0	3.0		
Colorectal	4809.2	53.3	4969.6	40.9	1653.2	19.0	1733.4	2.5		
Colon excluding rectum	3094.4	30.7	3276.0	25.1	1215.4	12.3	1297.6	9.3		
Rectum & rectosigmoid	1490.6	14.3	1120.2	8.9	320.8	3.2	245.0	1.8		
Liver/intrahepatic bile duct	1547.4	14.0	623.6	4.7	977.0	9.1	478.2	3.6		
Pancreas	1637.0	15.9	1657.4	12.4	1282.8	12.6	1308.0	9.6		
Larynx	620.6	5.8	159.0	1.2	193.0	1.9	48.2	0.4		
Lung & bronchus	6823.8	67.0	6979.2	53.2	4464.2	44.5	4107.2	30.8		
Melanoma of the skin	2351.4	23.2	1752.8	14.6	290.0	2.9	168.4	1.3		
Female breast			15931.6	130.7			2542.6	19.4		
Cervix uteri			855.0	7.7			274.6	2.3		
Corpus uterus & NOS			4089.8	31.7			761.0	5.7		
Ovary			1495.4	12.1			925.6	7.0		
Prostate	13766.6	125.0			1673.8	17.9				
Testis	563.4	5.9			18.6	0.2				
Urinary bladder (incl. in situ)	3988.4	40.3	1382.0	10.3	693.6	7.3	313.2	2.2		
Kidney & renal pelvis	2444.6	23.3	1359.0	10.8	451.8	4.5	248.2	1.8		
Brain & other nervous system	785.2	7.8	636.4	5.6	464.2	4.5	394.6	3.1		
Thyroid	1047.4	10.3	3137.6	29.1	51.0	0.5	72.6	0.5		
Hodgkin lymphoma	348.8	3.6	310.2	3.0	34.8	0.4	33.8	0.3		
Non-Hodgkin lymphomas	2644.8	26.2	2263.4	17.9	668.8	6.9	554.8	4.1		
Myeloma	1037.0	10.1	866.2	6.7	369.2	3.7	339.4	2.5		
Leukemias	2142.8	21.5	1581.4	12.7	798.6	8.3	615.6	4.6		

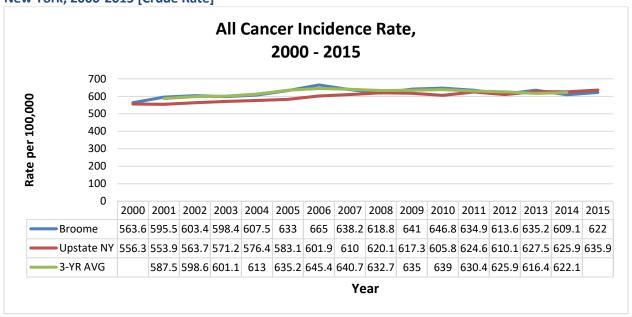
SOURCE: New York State NYS Cancer Registry, 2012-2016

D 70. Cancer Incidence and Mortality by Gender for Upstate New York, 2012-2016

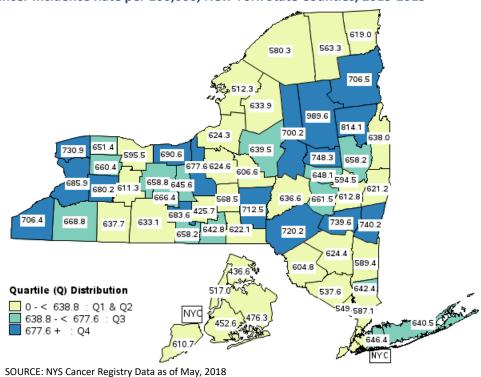
		Incid	lence		Mortality					
	Males		Females		Ma	es	Females			
Site of Cancer	Average Annual Cases	Rate per 100,000 Males	Average Annual Cases	Rate per 100,000 Females	Average Annual Deaths	Rate per 100,000 Males	Average Annual Deaths	Rate per 100,000 Females		
All Invasive										
Malignant	35626.6	555.4	35345.8	479.3	11277.8	181.6	10932.4	135.9		
Tumors										
Oral cavity & pharynx	1160.6	17.5	505.8	6.7	207.6	3.2	91.6	1.1		
Esophagus	580.0	8.8	168.6	2.1	488.2	7.6	132.0	1.6		
Stomach	642.2	10.1	382.6	5.0	241.0	3.8	152.4	1.9		
Colorectal	2785.2	44.3	2654.4	34.5	927.0	15.0	904.0	10.9		
Colon excluding rectum	1871.4	30.1	1995.4	25.6	724.4	11.7	757.2	9.0		
Rectum & rectosigmoid	913.8	14.2	659.0	8.9	202.6	3.2	146.8	1.8		
Liver/intrahepatic bile duct	791.8	11.5	301.0	3.9	518.4	7.8	253.8	3.2		
Pancreas	1048.6	16.4	1021.8	12.8	818.8	12.9	800.4	9.7		
Larynx	390.6	5.9	104.2	1.4	116.4	1.8	29.4	0.4		
Lung & bronchus	4656.0	73.2	4849.0	61.8	3042.2	48.4	2883.2	36.2		
Melanoma of the skin	1846.6	29.4	1332.4	19.3	223.6	3.6	123.0	1.6		
Female breast			9952.2	138.1			1494.8	19.0		
Cervix uteri			422.0	6.9			136.6	2.0		
Corpus uterus & NOS			2481.4	32.4			401.2	5.0		
Ovary			912.0	12.5			577.2	7.3		
Prostate	8543.6	124.2			982.8	16.7				
Testis	358.8	6.9			11.6	0.2				
Urinary bladder (incl. in situ)	2877.8	46.4	984.2	12.3	473.6	7.9	205.4	2.4		
Kidney & renal pelvis	1624.6	25.2	883.8	11.9	309.4	4.9	166.8	2.0		
Brain & other nervous system	506.8	8.3	401.6	6.0	324.8	5.1	260.2	3.5		
Thyroid	618.6	10.2	1701.0	28.4	30.2	0.5	40.8	0.5		
Hodgkin lymphoma	205.8	3.7	175.8	3.0	18.8	0.3	20.2	0.3		
Non-Hodgkin lymphomas	1691.4	27.2	1424.0	18.8	427.0	7.1	351.2	4.2		
Myeloma	610.2	9.6	484.6	6.2	220.8	3.6	204.8	2.5		
Leukemias	1451.2	23.6	1020.4	13.7	521.8	8.8	384.8	4.7		

SOURCE: New York State NYS Cancer Registry, 2012- 2016

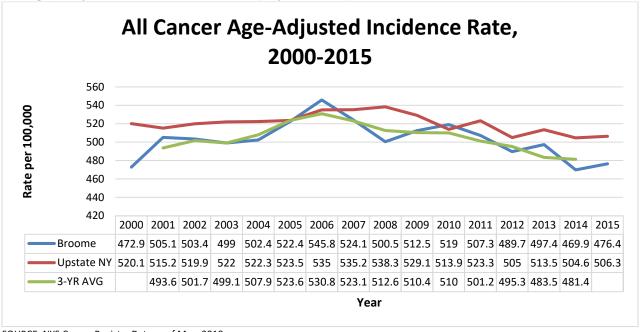
D 71. All Cancer Incidence Rate per 100,000, Broome County (single year & 3-year average) & Upstate New York, 2000-2015 [Crude Rate]



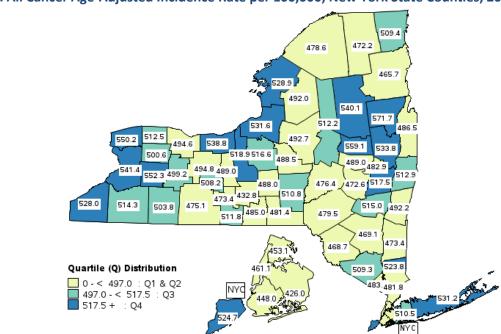
D 72. All Cancer Incidence Rate per 100,000, New York State Counties, 2013-2015



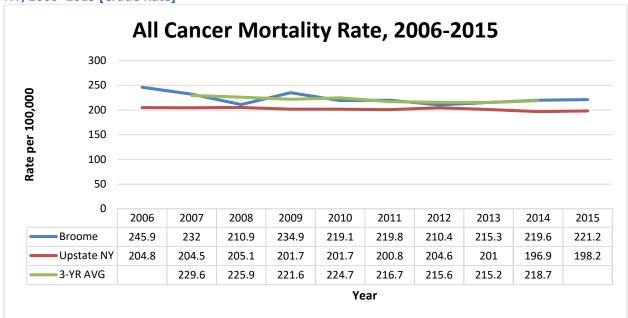
D 73. All Cancer Age-Adjusted Incidence Rate per 100,000, Broome County (single year & 3-year average) & Upstate New York, 2000-2015 [Adjusted Rate]



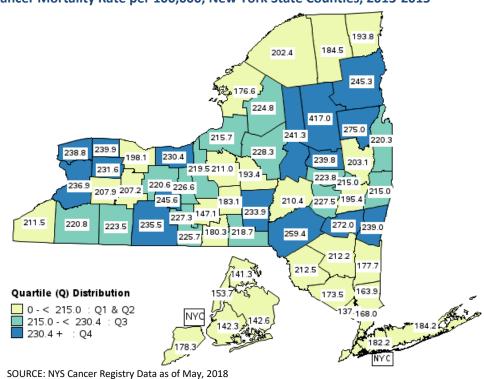
D 74. All Cancer Age-Adjusted Incidence Rate per 100,000, New York State Counties, 2013-2015



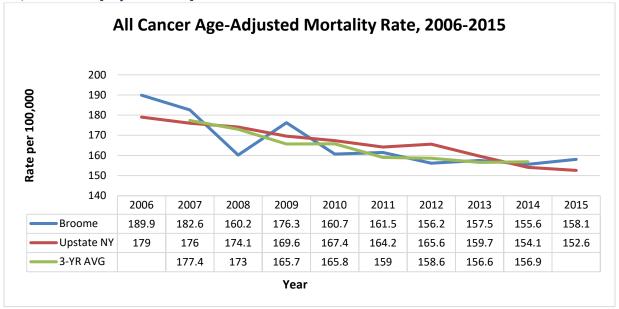
D 75. All Cancer Mortality Rate per 100,000, Broome County (single year & 3-year average) & Upstate NY, 2006- 2015 [Crude Rate]



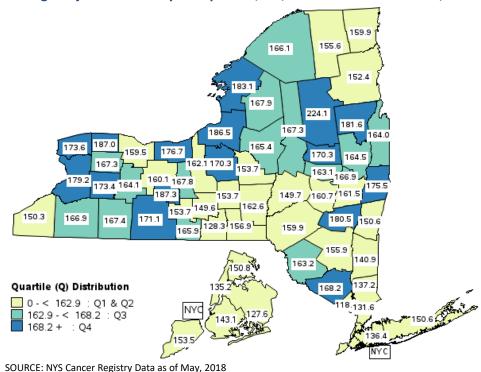
D 76. All Cancer Mortality Rate per 100,000, New York State Counties, 2013-2015



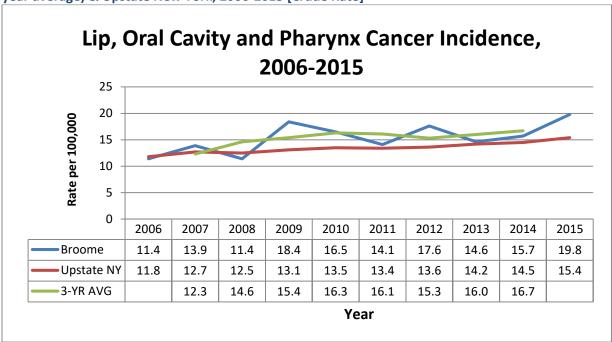
D 77. All Cancer Age-Adjusted Mortality Rate per 100,000, (single year & 3-year average) & Upstate NY, 2006- 2015 [Adjusted Rate]



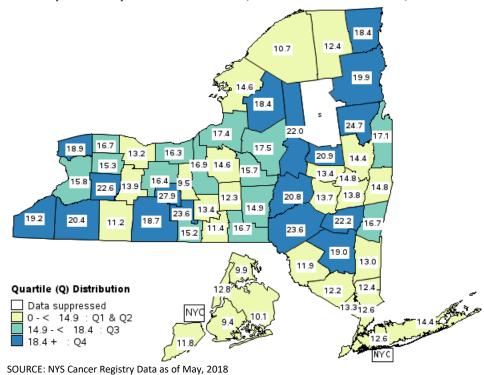
D 78. All Cancer Age-Adjusted Mortality Rate per 100,000, New York State Counties, 2013-2015



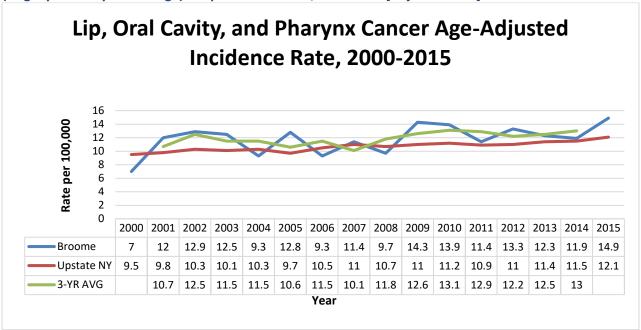
D 79. Lip, Oral Cavity and Pharynx Cancer Incidence Rate per 100,000, Broome County (single year & 3-year average) & Upstate New York, 2006-2015 [Crude Rate]



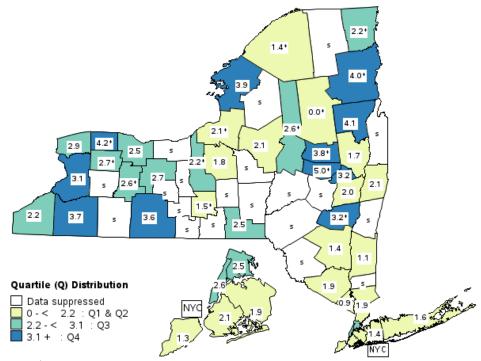
D 80. Lip, Oral Cavity and Pharynx Cancer Incidence, New York State Counties, 2013-2015



D 81. Lip, Oral Cavity and Pharynx Cancer Age-Adjusted Incidence Rate per 100,000, Broome County (single year & 3-year average) & Upstate New York, 2000-2015 [Adjusted Rate]



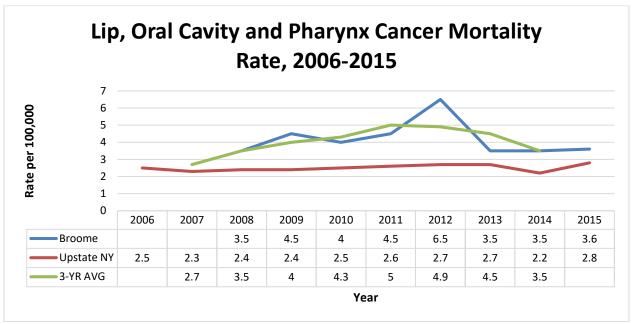
D 82. Lip, Oral Cavity and Pharynx Cancer Age-Adjusted Incidence Rate, New York State Counties, 2013-2015



s: Data do not meet reporting criteria

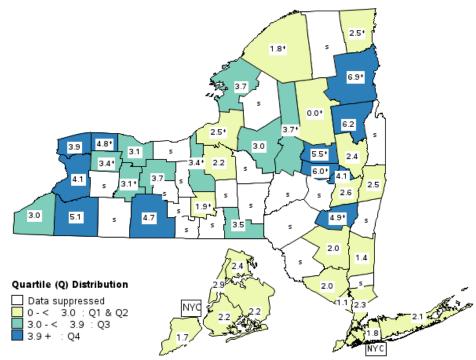
^{*} Fewer than 10 events in the numerator, therefore the rate/percentage is unstable SOURCE: NYS Cancer Registry Data as of May, 2018

D 83. Lip, Oral Cavity and Pharynx Cancer Mortality Rate per 100,000, Broome County (single year & 3-year average) & Upstate NY, 2006-2015 [Crude Rate]



s: Data do not meet reporting criteria for: Broome 2006-2007

D 84. Lip, Oral Cavity and Pharynx Cancer Mortality Rate per 100,000, New York State Counties, 2013-2016

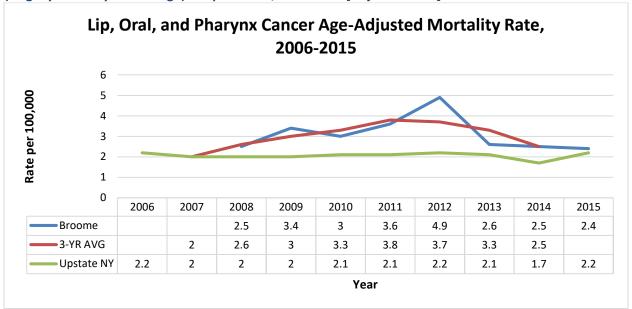


s: Data do not meet reporting criteria

^{*} Fewer than 10 events in the numerator, therefore the rate/percentage is unstable for: Broome 2008-2015 SOURCE: NYS Cancer Registry Data as of May, 2018

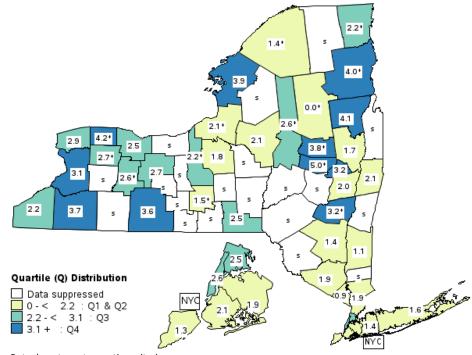
^{*} Fewer than 10 events in the numerator, therefore the rate/percentage is unstable SOURCE: NYS Cancer Registry Data as of May, 2018

D 85. Lip, Oral Cavity and Pharynx Cancer Age-Adjusted Mortality Rate per 100,000, Broome County (single year & 3-year average) & Upstate NY, 2006-2015 [Adjusted Rate]



s: Data do not meet reporting criteria for: Broome 2006-2007

D 86. Lip, Oral Cavity and Pharynx Cancer Age-Adjusted Mortality Rate per 100,000, New York State Counties, 2013-2016

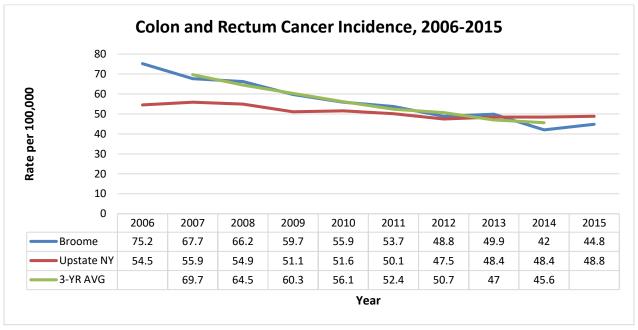


s: Data do not meet reporting criteria

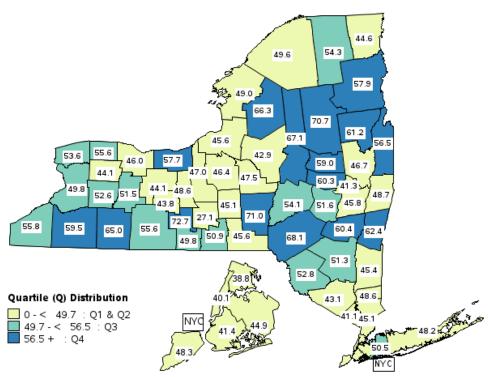
^{*} Fewer than 10 events in the numerator, therefore the rate/percentage is unstable for: Broome 2008-2015 SOURCE: NYS Cancer Registry Data as of May, 2018

^{*} Fewer than 10 events in the numerator, therefore the rate/percentage is unstable SOURCE: NYS Cancer Registry Data as of May, 2018

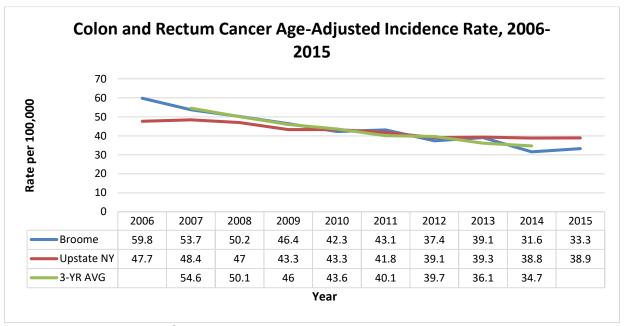
D 87. Colon and Rectum Cancer Incidence Rate per 100,000, Broome County (single year & 3-year average) & Upstate New York, 2006-2015 [Crude Rate]



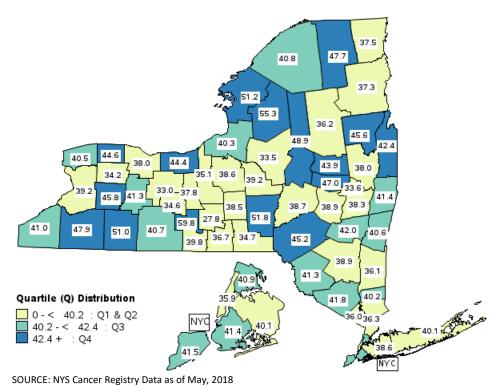
D 88. Colon and Rectum Incidence Rate per 100,000, New York State Counties, 2013-2015



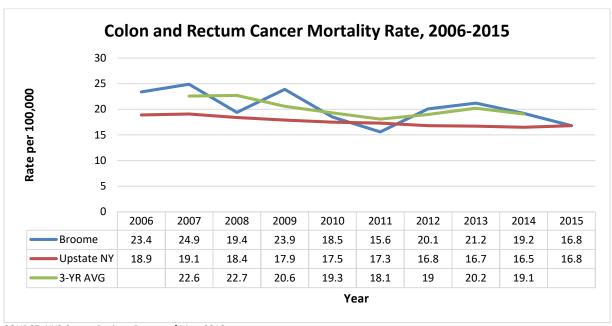
D 89. Colon and Rectum Cancer Age-Adjusted Incidence per 100,000, Broome County (single year & 3-year average) & Upstate New York, 2006-2015 [Adjusted Rate]



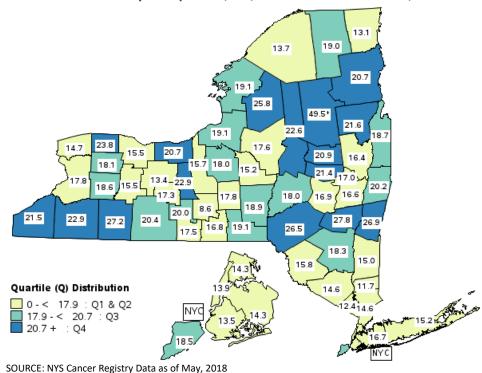
D 90. Colon and Rectum Cancer Age-Adjusted Incidence per 100,000, New York State Counties, 2013-2015



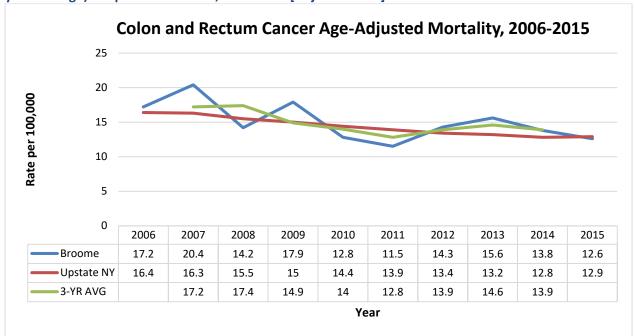
D 91. Colon and Rectum Mortality Rate per 100,000, Broome County (single year & 3-year average) & Upstate New York, 2006-2015 [Crude Rate]



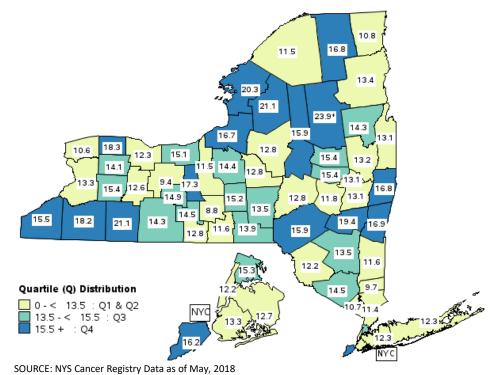
D 92. Colon and Rectum Mortality Rate per 100,000, New York State Counties, 2013-2015



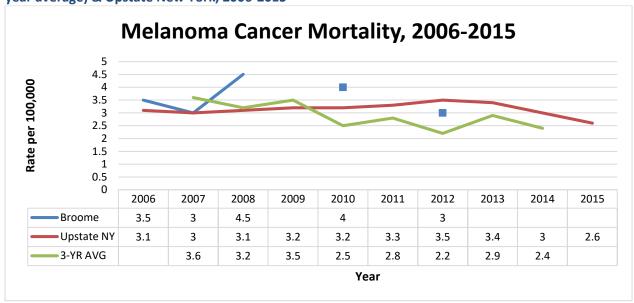
D 93. Colon and Rectum Age-Adjusted Mortality Rate per 100,000, Broome County (single year & 3-year average) & Upstate New York, 2006-2015 [Adjusted Rate]



D 94. Colon and Rectum Age-Adjusted Mortality Rate per 100,000, New York State Counties, 2013-2015

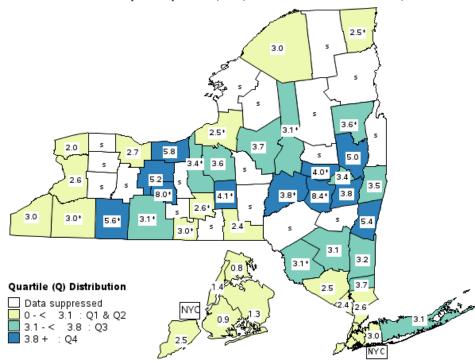


D 95. Melanoma Cancer Mortality Rate per 100,000, Broome County, Broome County (single year & 3-year average) & Upstate New York, 2006-2015



s: Data do not meet reporting criteria for: Broome 2009, 2011, 2013-2015

D 96. Melanoma Cancer Mortality Rate per 100,000, New York State Counties, 2013-2015

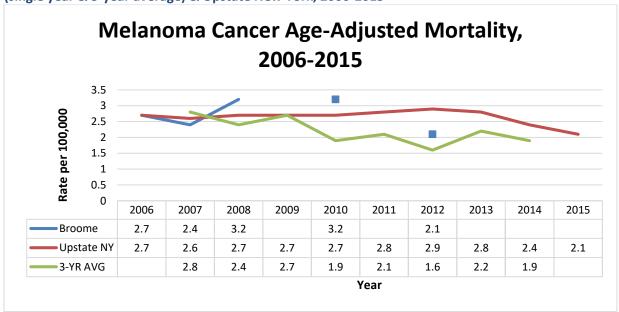


s: Data do not meet reporting criteria

^{*} Fewer than 10 events in the numerator, therefore the rate/percentage is unstable for: Broome 2006-2008, 2010, 2012 SOURCE: NYS Cancer Registry Data as of May, 2018

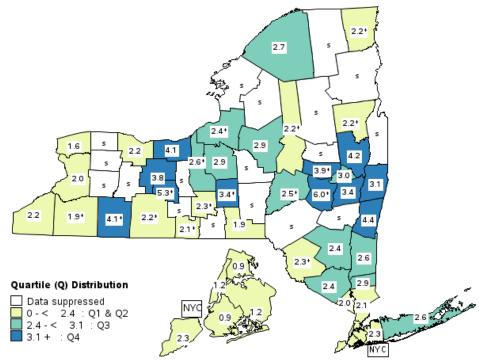
^{*} Fewer than 10 events in the numerator, therefore the rate/percentage is unstable SOURCE: NYS Cancer Registry Data as of May, 2018





s: Data do not meet reporting criteria for: Broome 2009, 2011, 2013-2015

D 98. Melanoma Cancer Age-Adjusted Mortality Rate per 100,000, New York State Counties, 2013-2015

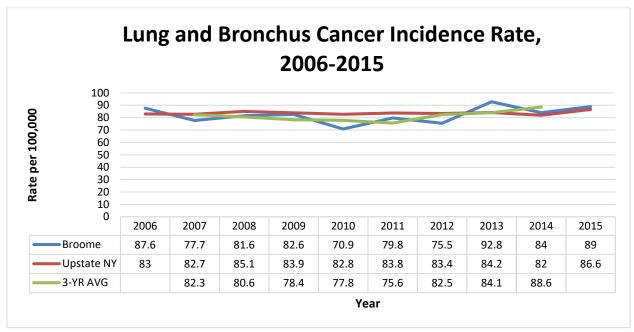


s: Data do not meet reporting criteria

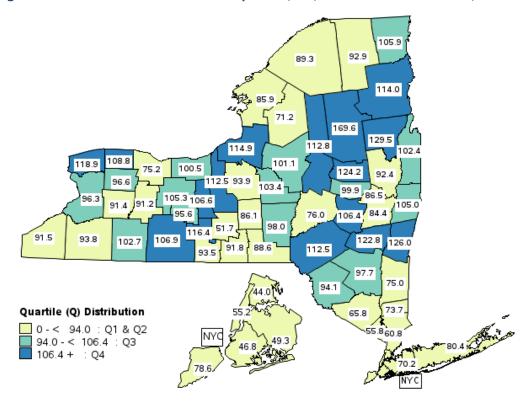
^{*} Fewer than 10 events in the numerator, therefore the rate/percentage is unstable for: Broome 2006-2008, 2010, 2012 SOURCE: NYS Cancer Registry Data as of May, 2018

 $[\]ensuremath{^{*}}$ Fewer than 10 events in the numerator, therefore the rate/percentage is unstable

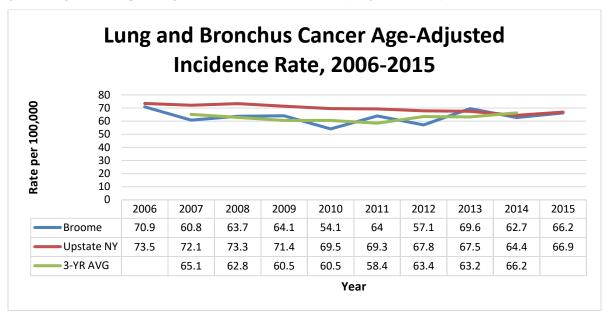
D 99. Lung and Bronchus Cancer Incidence Rate per 100,000, Broome County (single year & 3-year average) & Upstate New York, 2006-2015 [Crude Rate]



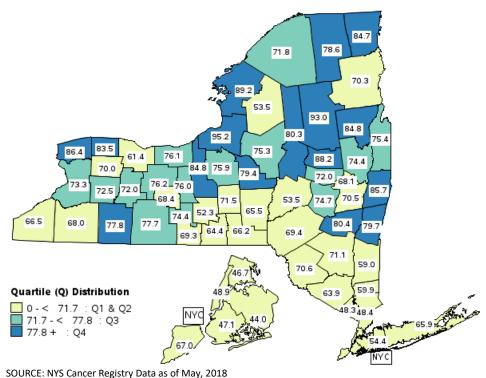
D 100. Lung and Bronchus Cancer Incidence Rate per 100,000, New York State Counties, 2013-2015



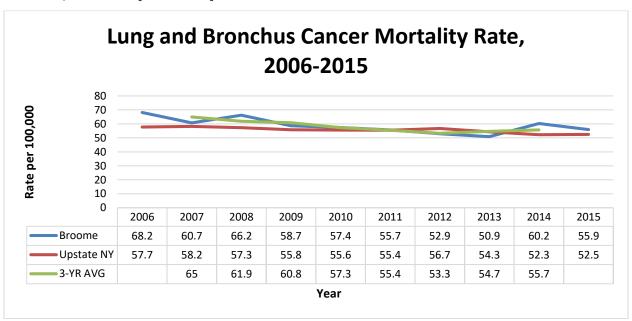
D 101. Lung and Bronchus Cancer Age-Adjusted Incidence Rate per 100,000, Broome County (single year & 3-year average) & Upstate New York, 2006-2015 [Adjusted Rate]



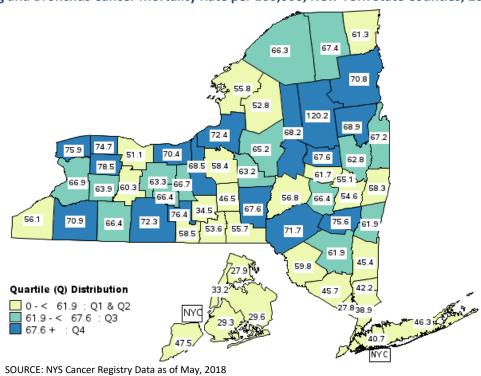
D 102. Lung and Bronchus Cancer Age-Adjusted Incidence Rate per 100,000, New York State Counties, 2013-2015



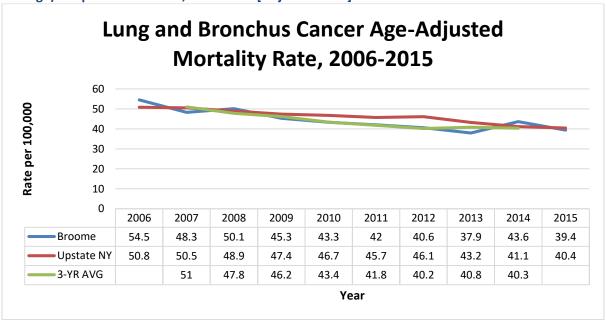
D 103. Lung and Bronchus Cancer Mortality Rate per 100,000, (single year & 3-year average) & Upstate New York, 2006-2015 [Crude Rate]



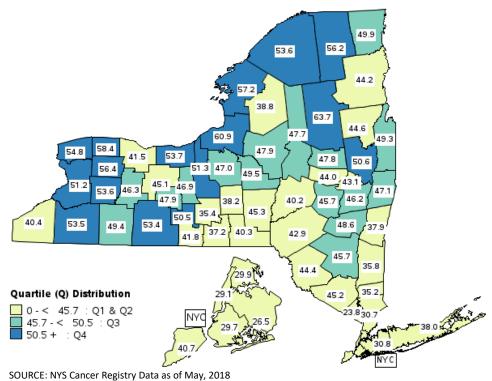
D 104. Lung and Bronchus Cancer Mortality Rate per 100,000, New York State Counties, 2013-2015



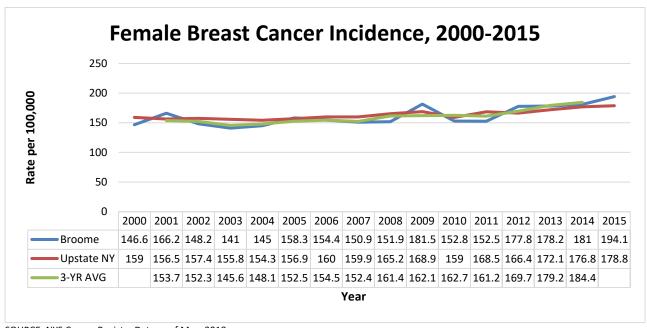
D 105. Lung and Bronchus Cancer Age-Adjusted Mortality Rate per 100,000, (single year & 3-year average) & Upstate New York, 2006-2015 [Adjusted Rate]



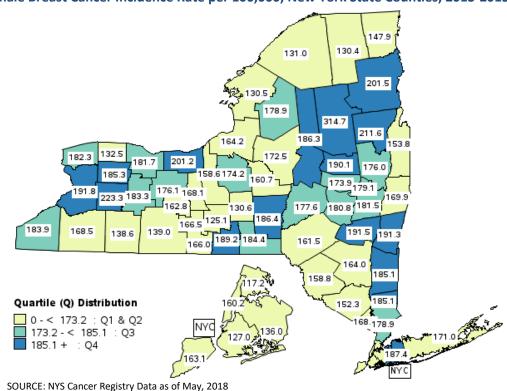
D 106. Lung and Bronchus Cancer Age-Adjusted Mortality Rate per 100,000, New York State Counties, 2013-2015



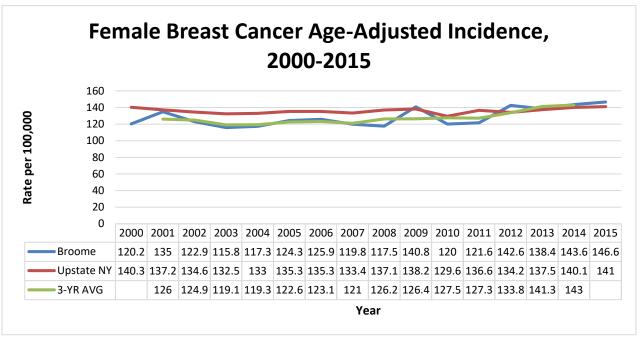
D 107. Female Breast Cancer Incidence Rate per 100,000, Broome County (single year & 3-year average) & Upstate New York, 2000-2015 [Crude Rate]



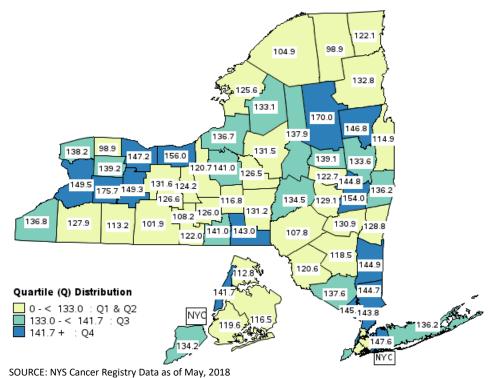
D 108. Female Breast Cancer Incidence Rate per 100,000, New York State Counties, 2013-2015



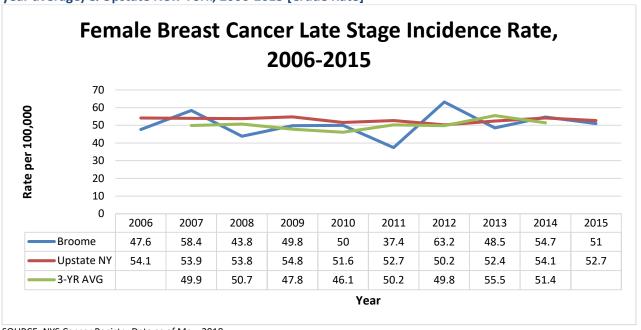
D 109. Female Breast Cancer Age-Adjusted Incidence Rate per 100,000, Broome County (single year & 3-year average) & Upstate New York, 2000-2015 [Adjusted Rate]



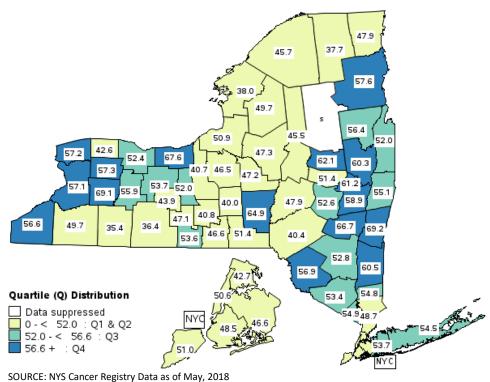
D 110. Female Breast Cancer Age-Adjusted Incidence Rate per 100,000, New York State Counties, 2013-2015



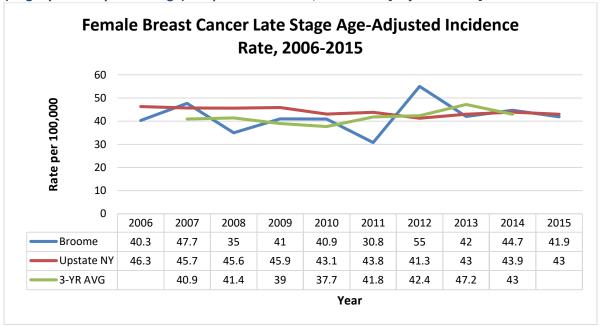
D 111. Female Breast Cancer Incidence Rate per 100,000 (late stage), Broome County (single year & 3-year average) & Upstate New York, 2006-2015 [Crude Rate]



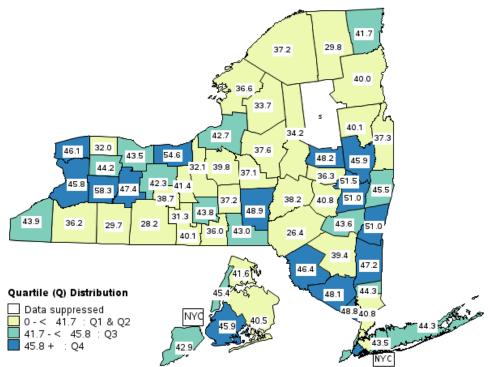
D 112. Female Breast Cancer Incidence Rate per 100,000 (late stage), New York State Counties, 2013-2015



D 113. Female Breast Cancer Age-Adjusted Incidence Rate per 100,000 (late stage), Broome County (single year & 3-year average) & Upstate New York, 2006-2015 [Adjusted Rate]



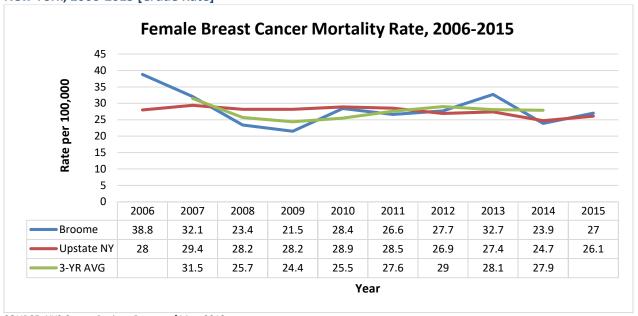
D 114. Female Breast Cancer Late Stage Age-Adjusted Incidence Rate per 100,000, New York State Counties, 2013-2015



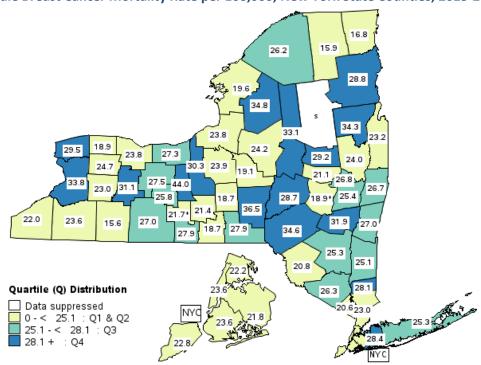
s: Data do not meet reporting criteria

^{*} Fewer than 10 events in the numerator, therefore the rate/percentage is unstable SOURCE: NYS Cancer Registry Data as of May, 2018

D 115. Female Breast Cancer Mortality Rate, Broome County (single year & 3-year average) & Upstate New York, 2006-2015 [Crude Rate]



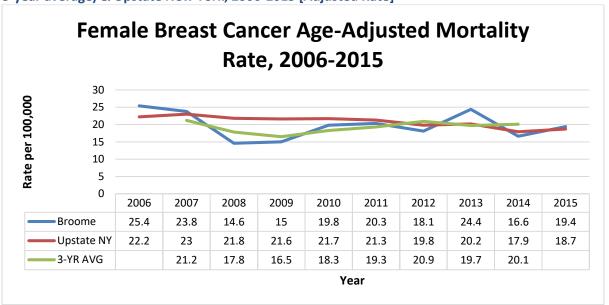
D 116. Female Breast Cancer Mortality Rate per 100,000, New York State Counties, 2013-2015



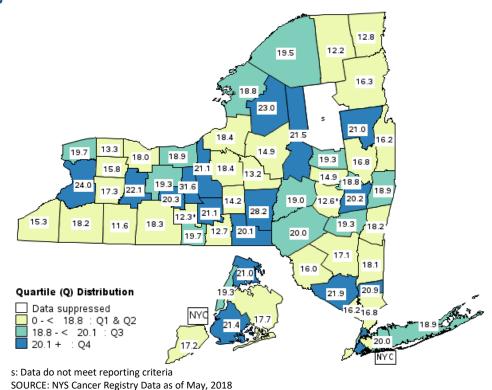
s: Data do not meet reporting criteria

^{*} Fewer than 10 events in the numerator, therefore the rate/percentage is unstable SOURCE: NYS Cancer Registry Data as of May, 2018

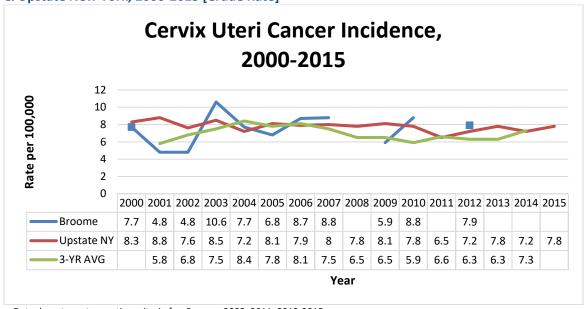
D 117. Female Breast Cancer Age-Adjusted Mortality Rate per 100,000, Broome County (single year & 3-year average) & Upstate New York, 2006-2015 [Adjusted Rate]



D 118. Female Breast Cancer Age-Adjusted Mortality Rate per 100,000, New York State Counties, 2013-2015

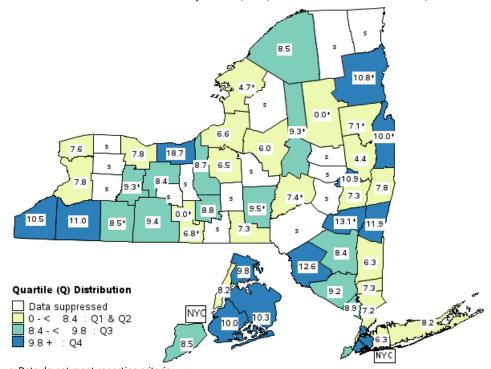


D 119. Cervix Uteri Cancer Incidence Rate per 100,000, Broome County (single year & 3-year average) & Upstate New York, 2000-2015 [Crude Rate]



s: Data do not meet reporting criteria for: Broome 2005, 2011, 2013-2015

D 120. Cervix Uteri Cancer Incidence Rate per 100,000, New York State Counties, 2013-2015

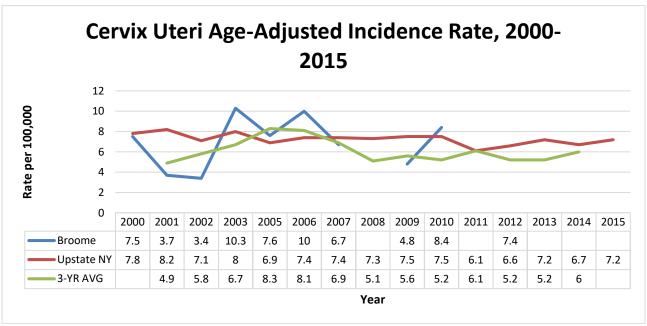


s: Data do not meet reporting criteria

^{*} Fewer than 10 events in the numerator, therefore the rate/percentage is unstable for: Broome 2006-2007, 2009-2010,2012 SOURCE: NYS Cancer Registry Data as of May, 2018

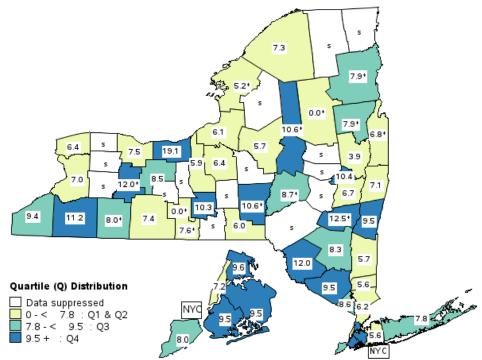
^{*} Fewer than 10 events in the numerator, therefore the rate/percentage is unstable SOURCE: NYS Cancer Registry Data as of May, 2018

D 121. Cervix Uteri Cancer Age-Adjusted Incidence Rate per 100,000, Broome County (single year & 3-year average) & Upstate New York, 2000-2015 [Adjusted Rate]



s: Data do not meet reporting criteria for: Broome 2008, 2011, 2013-2015

D 122. Cervix Uteri Cancer Age-Adjusted Incidence Rate per 100,000, New York State Counties, 2013-2015

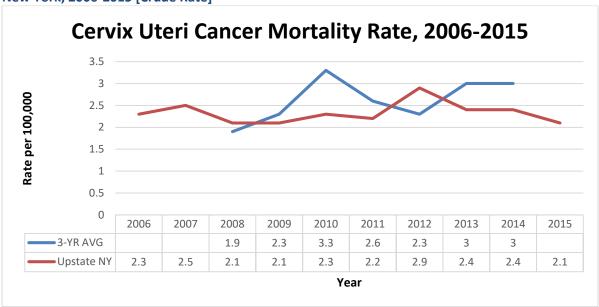


s: Data do not meet reporting criteria

^{*} Fewer than 10 events in the numerator, therefore the rate/percentage is unstable for: Broome 2004-2007, 2009-2010,2012 SOURCE: NYS Cancer Registry Data as of May, 2018

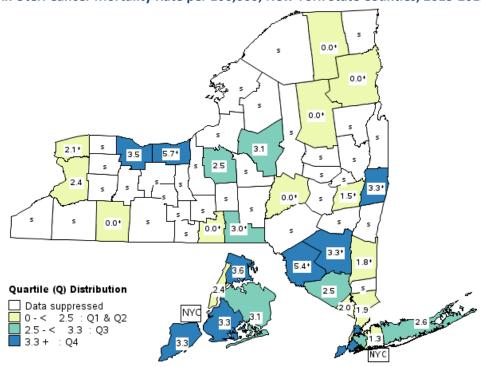
^{*} Fewer than 10 events in the numerator, therefore the rate/percentage is unstable SOURCE: NYS Cancer Registry Data as of May, 2018

D 123. Cervix Uteri Cancer Mortality Rate per 100,000, Broome County (3-year average) & Upstate New York, 2006-2015 [Crude Rate]



s: Data do not meet reporting criteria for: Broome 2006-2007, 2009-2015

D 124. Cervix Uteri Cancer Mortality Rate per 100,000, New York State Counties, 2013-2015

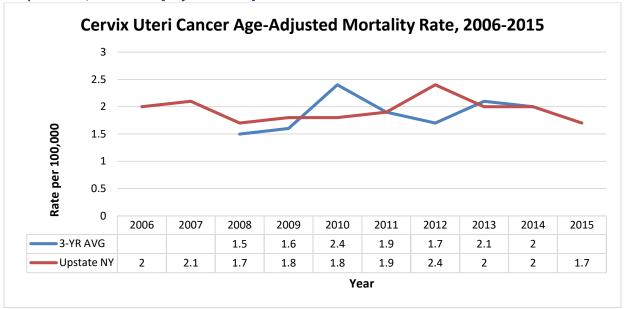


s: Data do not meet reporting criteria

^{*} Fewer than 10 events in the numerator, therefore the rate/percentage is unstable for: Broome 2008; 3-Year Average 2007-2009, 2011-2014 SOURCE: NYS Cancer Registry Data as of May, 2018

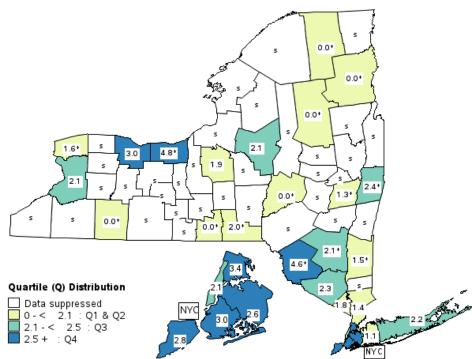
^{*} Fewer than 10 events in the numerator, therefore the rate/percentage is unstable SOURCE: NYS Cancer Registry Data as of May, 2018

D 125. Cervix Uteri Cancer Age-Adjusted Mortality Rate per 100,000, Broome County (3-year average) & Upstate NY, 2006-2015 [Adjusted Rate]



s: Data do not meet reporting criteria for: Broome 2006-2007, 2009-2015

D 126. Cervix Uteri Cancer Age-Adjusted Mortality Rate per 100,000, New York State Counties, 2013-2015

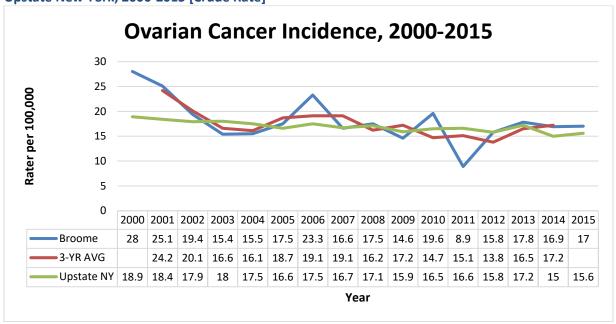


s: Data do not meet reporting criteria for: Broome 2006-2007, 2009-2015

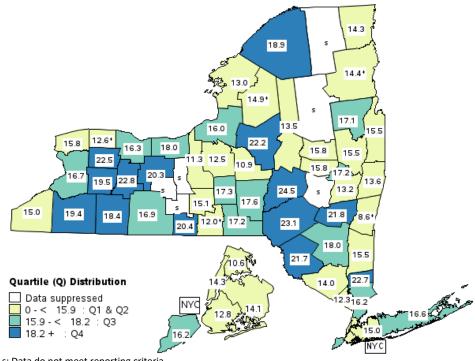
^{*} Fewer than 10 events in the numerator, therefore the rate/percentage is unstable for: Broome 2008; 3-Year Average 2007-2009 SOURCE: NYS Cancer Registry Data as of May, 2018

^{*} Fewer than 10 events in the numerator, therefore the rate/percentage is unstable for: Broome 2008; 3-Year Average 2007-2009

D 127. Ovarian Cancer Incidence Rate per 100,000, Broome County (single year & 3-year average) & Upstate New York, 2000-2015 [Crude Rate]



D 128. Ovarian Cancer Incidence Rate per 100,000, New York State Counties, New York State Counties, 2013-2015

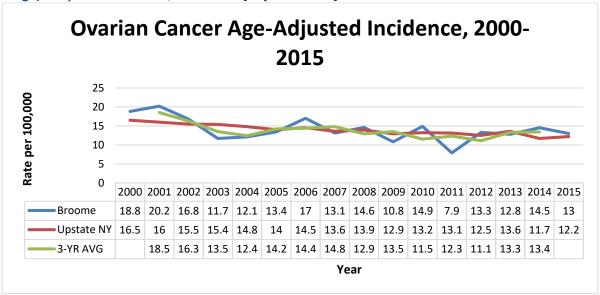


s: Data do not meet reporting criteria

^{*} Fewer than 10 events in the numerator, therefore the rate/percentage is unstable for: Broome 2009

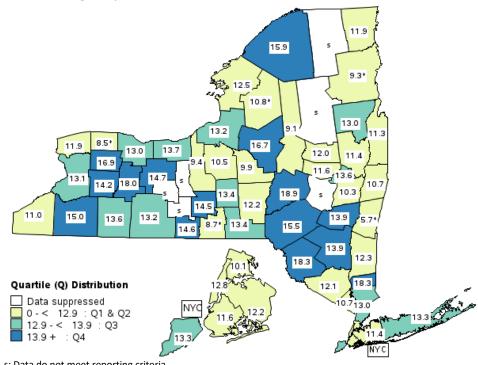
^{*} Fewer than 10 events in the numerator, therefore the rate/percentage is unstable SOURCE: NYS Cancer Registry Data as of May, 2018

D 129. Ovarian Cancer Age-Adjusted Incidence Rate per 100,000, Broome County (single year & 3-year average) & Upstate New York, 2000-2015 [Adjusted Rate]



^{*} Fewer than 10 events in the numerator, therefore the rate/percentage is unstable for: Broome 2009 SOURCE: NYS Cancer Registry Data as of May, 2018

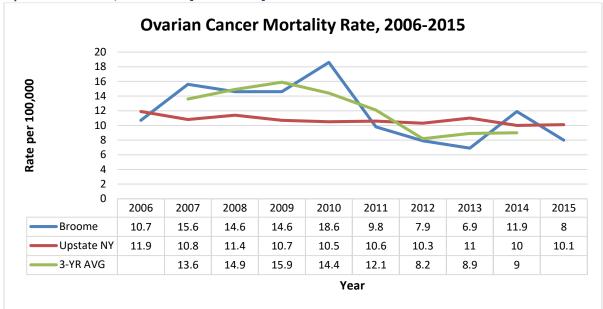
D 130. Ovarian Cancer Age-Adjusted Incidence, New York State Counties, 2013-2015



s: Data do not meet reporting criteria

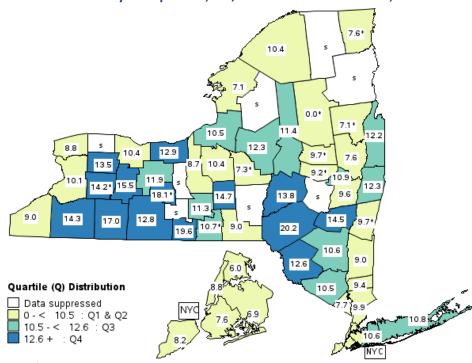
^{*} Fewer than 10 events in the numerator, therefore the rate/percentage is unstable SOURCE: NYS Cancer Registry Data as of May, 2018

D 131. Ovarian Cancer Mortality Rate per 100,000, Broome County (single year & 3-year average) & Upstate New York, 2006-2015 [Crude Rate]



^{*} Fewer than 10 events in the numerator, therefore the rate/percentage is unstable SOURCE: NYS Cancer Registry Data as of May, 2018

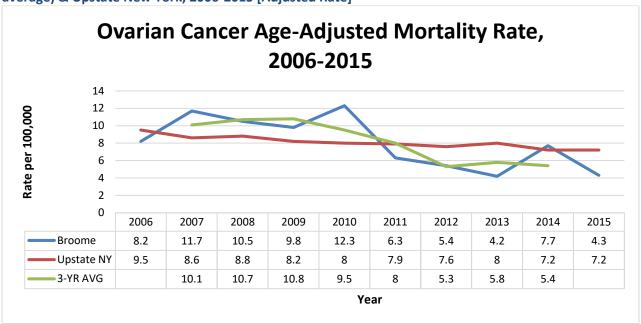
D 132. Ovarian Cancer Mortality Rate per 100,000, New York State Counties, 2013-2015



s: Data do not meet reporting criteria

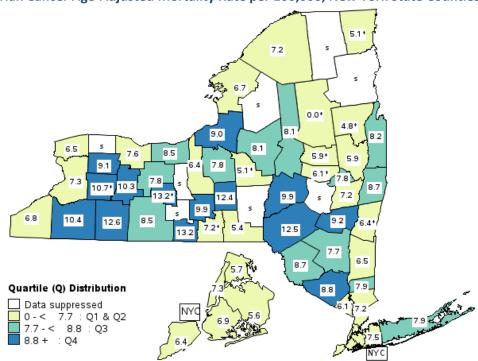
^{*} Fewer than 10 events in the numerator, therefore the rate/percentage is unstable SOURCE: NYS Cancer Registry Data as of May, 2018

D 133. Ovarian Cancer Age-Adjusted Mortality Rate per 100,000, Broome County (single year & 3-year average) & Upstate New York, 2006-2015 [Adjusted Rate]



^{*} Fewer than 10 events in the numerator, therefore the rate/percentage is unstable SOURCE: NYS Cancer Registry Data as of May, 2018

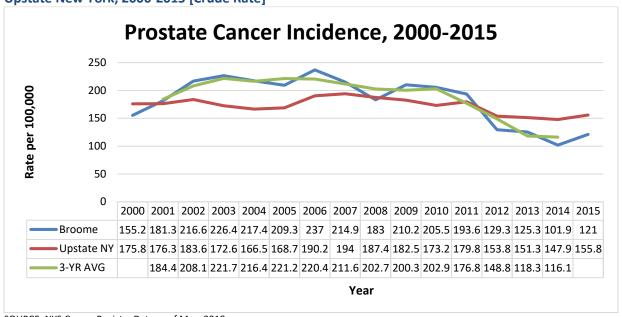
D 134. Ovarian Cancer Age-Adjusted Mortality Rate per 100,000, New York State Counties, 2013-2015



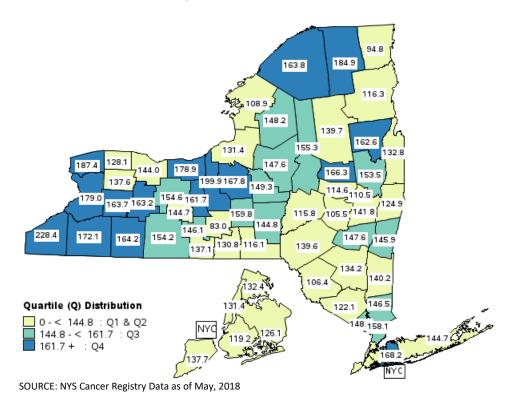
s: Data do not meet reporting criteria

^{*} Fewer than 10 events in the numerator, therefore the rate/percentage is unstable SOURCE: NYS Cancer Registry Data as of May, 2018

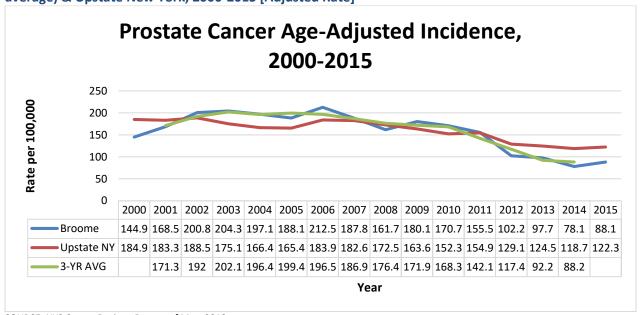
D 135. Prostate Cancer Incidence Rate per 100,000, Broome County (single year & 3-year average) & Upstate New York, 2000-2015 [Crude Rate]



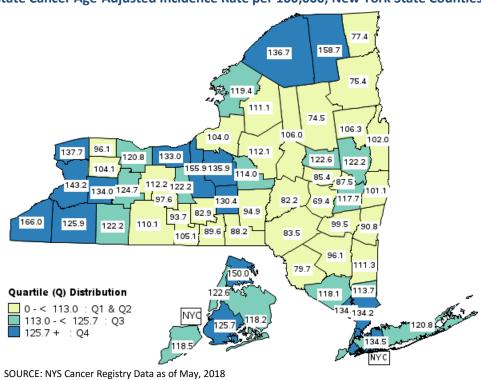
D 136. Prostate Cancer Incidence Rate per 100,000, New York State Counties, 2013-2015



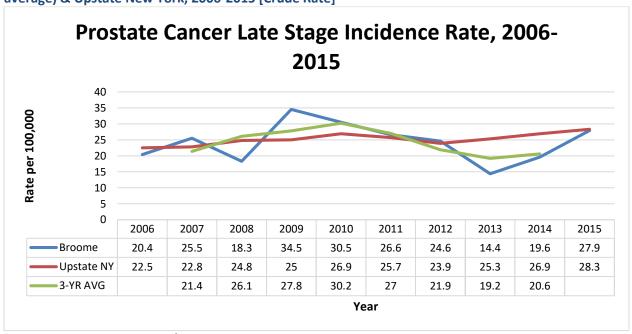
D 137. Prostate Cancer Age-Adjusted Incidence Rate per 100,000, Broome County (single year & 3-year average) & Upstate New York, 2000-2015 [Adjusted Rate]



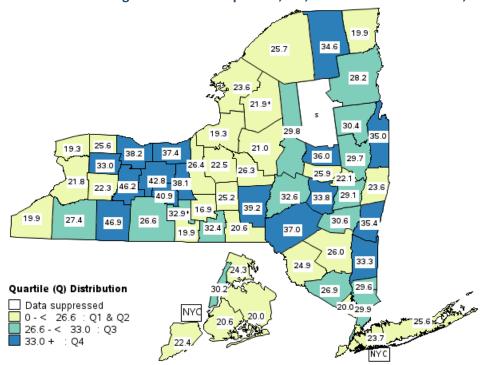
D 138. Prostate Cancer Age-Adjusted Incidence Rate per 100,000, New York State Counties, 2013-2015



D 139. Prostate Cancer Incidence Rate per 100,000 (late stage), Broome County (single year & 3-year average) & Upstate New York, 2006-2015 [Crude Rate]



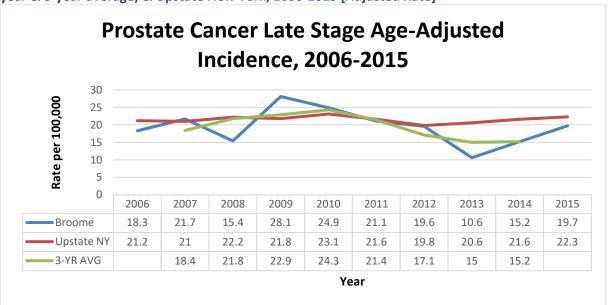
D 140. Prostate Cancer Late Stage Incidence Rate per 100,000, New York State Counties, 2013-2015



s: Data do not meet reporting criteria

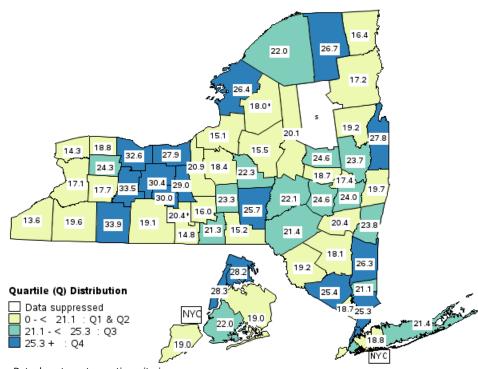
^{*} Fewer than 10 events in the numerator, therefore the rate/percentage is unstable SOURCE: NYS Cancer Registry Data as of May, 2018

D 141. Prostate Cancer Age-Adjusted Incidence Rate per 100,000 (late stage), Broome County (single year & 3-year average) & Upstate New York, 2006-2015 [Adjusted Rate]



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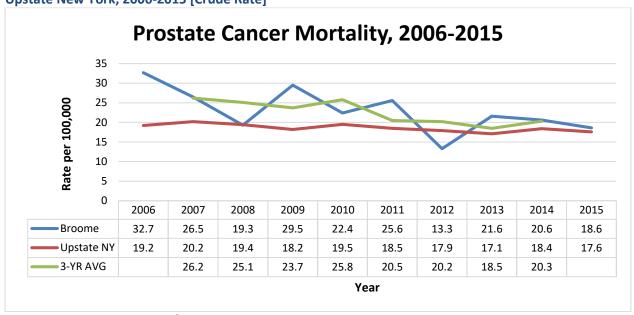
D 142. Prostate Cancer Late Stage Age-Adjusted Incidence Rate per 100,000, New York State Counties, 2013-2015



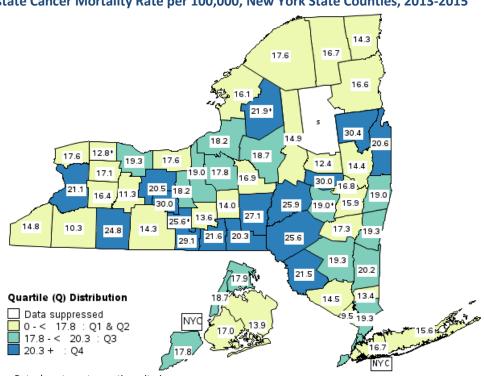
s: Data do not meet reporting criteria

^{*} Fewer than 10 events in the numerator, therefore the rate/percentage is unstable SOURCE: NYS Cancer Registry Data as of May, 2018

D 143. Prostate Cancer Mortality Rate per 100,000, Broome County (single year &3-year average) & Upstate New York, 2006-2015 [Crude Rate]



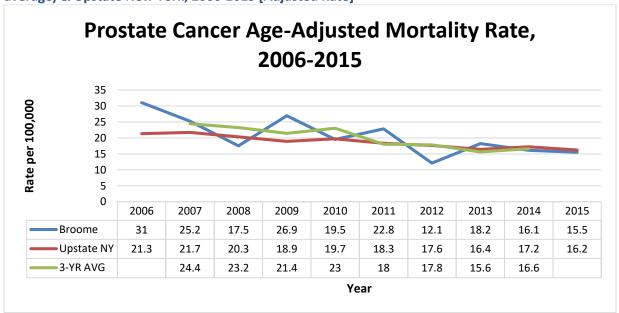
D 144. Prostate Cancer Mortality Rate per 100,000, New York State Counties, 2013-2015



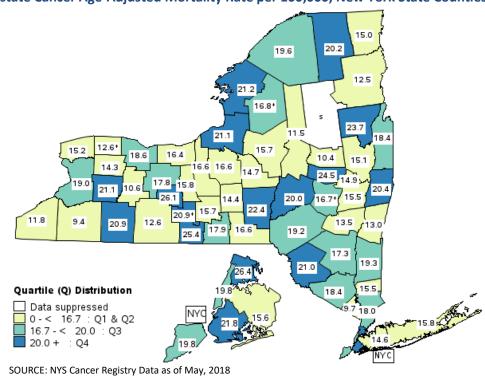
s: Data do not meet reporting criteria

^{*} Fewer than 10 events in the numerator, therefore the rate/percentage is unstable SOURCE: NYS Cancer Registry Data as of May, 2018

D 145. Prostate Cancer Age-Adjusted Mortality Rate per 100,000, Broome County (single year &3-year average) & Upstate New York, 2006-2015 [Adjusted Rate]



D 146. Prostate Cancer Age-Adjusted Mortality Rate per 100,000, New York State Counties, 2013-2015



D 147. Incidence of Childhood Cancer by County and Age, 2012-2016

	Aver	age Annual Ca	ases by Age G	Combined Ages 0-19 years				
Region	Ages 0-4	Ages 5-9	Ages 10-14	Ages 15-19	Average Annual Cases	Rate per 100,000	95% CI (+/-)	
New York State	289.8	168.6	209.8	361.8	1030.0	213.9	208.1- 219.9	
New York State Excluding NYC	152.0	95.6	124.0	26.2	428.4	213.5	204.5- 222.8	
Broome					9.8	200.0	147.3- 265.8	

SOURCE: New York State NYS Cancer Registry, 2012-2016

D 148. Estimated Cancer Prevalence for Select Cancer Sites by County and Gender, 2016

		Diagnosed in Last 5 Years												
Region		Male	es		Females									
Region	All Cancers	Colorectal	Lung	Prostate	All Cancers	Colorectal	Lung	Breast						
New York State	166,050	13,230	7,750	71,180	171,020	12,220	10,030	59,990						
New York State Excluding NYC	103,840	8,100	4,880	43,050	103,920	7,290	6,260	36,370						
Broome	1,870	140	90	770	1,870	130	120	650						
	Ever Diagnosed													
Pagion		Male	es		Females									
Region	All Cancers	Colorectal	Lung	Prostate	All Cancers	Colorectal	Lung	Breast						
New York State	506,630	39,540	13,490	244,840	572,650	39,790	18,380	211,080						
New York State Excluding NYC	320,860	24,710	8,550	149,820	356,930	24,040	11,610	131,610						
Broome	5,940	460	160	2,780	6,680	470	220	2,470						

SOURCE: New York State NYS Cancer Registry, 2016

D 149. Percent of Cancers Diagnosed at an Early Stage, 2012-2016

D 149. Per	Males							Females								
Region/ County	Oral	Colorectal	Lung	Melanoma	Prostate	Testes	Oral	Colorectal	Lung	Melanoma	Breast	Cervix	Uterus	Ovary		
New York State	27.4	40.5	22.4	82.0	78.9	69.3	45.9	39.7	27.9	86.7	67.2	44.7	68.4	18.1		
New York State Excluding NYC	28.0	40.8	22.2	82.0	79.3	70.1	47.1	39.5	27.0	86.9	69.2	44.8	72.5	18.2		
Broome County	24.0	48.5	20.9	83.3	77.4	62.5	45.2	41.9	23.1	89.1	68.7	50.0	78.1	19.4		

SOURCE: New York State NYS Cancer Registry, 2012-2016

D 150. Incidence of Childhood Cancers by Age Group, New York State, 2012-2016

	Age	es 0-4	Age	es 5-9	Age	s 10-14	Ages 15-19		
Site of Cancer	Avg Annual Cases	Rate per 1,000,000							
All Invasive Malignant Tumors	289.8	245.7	168.6	147.4	209.8	179.4	361.8	285.6	
Leukemias	94.4	80.0	53.2	46.5	41.6	35.6	48.4	38.2	
Non-Hodgkin lymphomas	23.0	19.5	19.6	17.1	20.4	17.4	31.4	24.8	
Hodgkin lymphoma	0.6	0.5	3.8	3.3	20.4	17.4	55.2	43.6	
Neuroblastoma & other peripheral nervous cell tumors	33.0	28.0	6.8	5.9	1.8	1.5	1.6	1.3	
Retinoblastoma	15.6	13.2	0.8	0.7	0.2	0.2	0.0	0.0	
Renal tumors	23.8	20.2	6.6	5.8	2.0	1.7	1.6	1.3	
Hepatic tumors	8.0	68	1.4		1.2	1.2	1.0	2.8	
Malignant bone tumors	1.6	1.4	7.6	6.6	20.0	17.1	21.8	17.2	
Soft-tissue & other extraosseous sarcomas	16.6	14.1	12.6	11.0	17.0	14.5	22.0	17.4	
Germ-cell, trophoblastic tumors & gonadal neoplasms	8.6	7.3	3.8	3.3	13.0	11.1	37.8	29.8	
Other & unspecified malignant neoplasms	2.0	1.7	0.0	0.0	0.6	0.5	1.8	1.4	

SOURCE: New York State NYS Cancer Registry, 2012-2016

D 151. Childhood Cancer Mortality by Age Group, New York State, 2012-2016

	Age	s 0-4	Age	s 5-9	Ages	10-14	Ages 15-19		
Site of Cancer	Avg Annual Deaths	Rate per 100,000							
All Invasive Malignant Tumors	28.8	24.4	23.6	20.6	22.2	19.0	32.6	25.7	
Bones & joints	0.0	0.0	1.0	0.9	4.4	3.8	5.8	4.6	
Soft tissue (including heart)	2.8	2.4	0.4	0.3	1.2	1.0	5.2	4.1	
Kidney & renal pelvis	1.8	1.5	0.0	0.0	0.2	0.2	0.4	0.3	
Malignant brain / nervous system	6.0	5.1	10.8	9.4	5.0	4.3	6.4	5.1	
Hodgkin lymphoma	0.0	0.0	0.2	0.2	0.6	0.5	0.8	0.6	
Non-Hodgkin lymphomas	0.2	0.2	1.2	1.0	0.6	0.5	1.4	1.1	
Leukemias	9.6	8.1	5.0	4.4	7.0	6.0	7.8	6.2	
Acute lymphocytic leukemia	3.0	2.5	2.6	2.3	3.2	2.7	4.0	3.2	

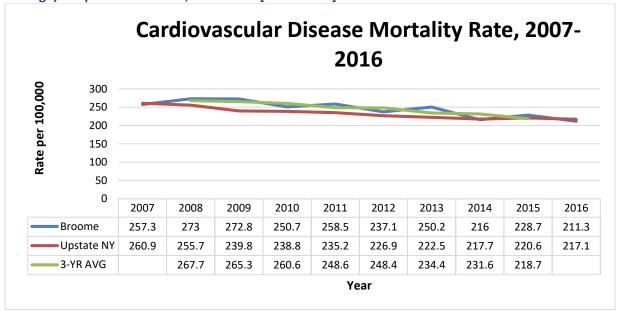
SOURCE: New York State NYS Cancer Registry, 2012-2016

CARDIOVASCULAR DISEASE INDICATORS
D 152. Cardiovascular Disease Indicators, Broome County, Upstate New York, New York State, 2014-2016

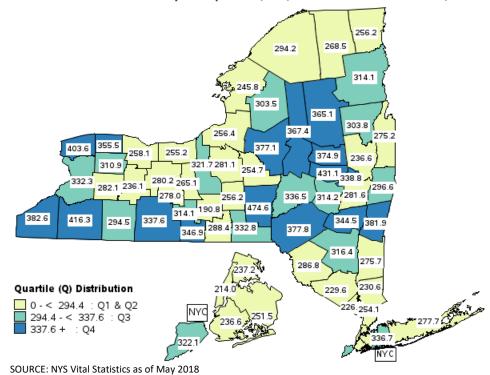
2016		Southern		Upstate		HP	2020
Indicator Rate per 100,000	Broome County	Tier	NYS	NY	Quartile Ranking	2020	HP 2020 Goal Met
•	,			2016		Goal	
CARDIOVASCULAR DISEASE	222.0	2147	272.2	207.6	3 rd		
Mortality [Crude]	332.8	314.7	272.2	297.6	1 st & 2 nd		
Age-adjusted mortality [Adjusted]	218.7	224.3	220.2	217.1	15. & 2.55		
Premature deaths (aged 35-64 years)	132.4	122.1	102.4	104.0	4 th		
Pre-transport mortality	207.7	198.2	153.2	172.3	4 th		
Hospitalization (rate per 10,000)[Crude]	165.8	138.0	149.9	153.9	3 rd		
Age-adjusted hospitalization (rate per 10,000) [Adjusted]	123.1	105.6	125.6	120.3	3 rd		
DISEASE OF THE HEART							
Mortality [Crude]	263.4	250.1	220.7	237.1	3 rd		
Age-adjusted mortality [Adjusted]	173.3	178.2	172.7	196.5	1 st & 2 nd		
Premature deaths (aged 35-64 years) [Crude]	107.6	99.8	83.4	85.4	4 th		
Pre-transport mortality [Crude]	170.7	163.8	131.0	142.2	4 th		
Hospitalization (rate per 10,000) [Crude]	110.2	93.7	100.3	104.9	3 rd		
Age-adjusted hospitalization (rate per 10,000) [Adjusted]	81.7	71.5	83.7	81.6	3 rd		
CORONARY HEART DISEASE							
Mortality [Crude]	165.8	157.4	168.7	159.7	3 rd	103.4	N
Age-adjusted mortality [Adjusted]	109.0	112.0	136.2	116.5	1 st & 2 nd		
Premature death (aged 35-64 years) [Crude]	68.9	63.6	66.4	62.3	3 rd		
Pre-transport mortality [Crude]	111.0	106.4	105.0	100.5	3 rd		
Hospitalization (rate per 10,000) [Crude]	37.5	32.6	35.0	35.4	3 rd		
Age-adjusted hospitalization (rate per 10,000) [Adjusted]	28.7	25.2	29.0	27.4	3 rd		
HEART ATTACK							
Hospitalization (rate per 10,000) [Crude]	25.1	21.4	16.7	19.0	4 th		
Age-adjusted hospitalization (rate per 10,000) [Adjusted]	19.3	16.5	13.9	14.8	1 st & 2 nd		
Mortality [Crude]	71.8	62.5	33.8	40.2	4 th		
Age-adjusted mortality [Adjusted]	46.5	44.2	27.5	29.7	4 th		
CONGESTIVE HEART FAILURE							
Mortality [Crude]	25.6	25.0	16.5	26.4	3 rd		
Age-adjusted mortality [Adjusted]	15.9	17.1	13.0	18.6	1 st & 2 nd		
Premature death (aged 35-64) [Crude]	13.3	12.8	10.5	10.4	4 th		
Pre-transport mortality [Crude]	18.8	18.4	12.4	17.4	3 rd		
Hospitalization [Crude]	30.6	25.3	25.4	26.9	4 th		
Hospitalization [Crude]					4"		

SOURCE: New York State Department of Health, Community Health Assessment Indicators, 2014-2016

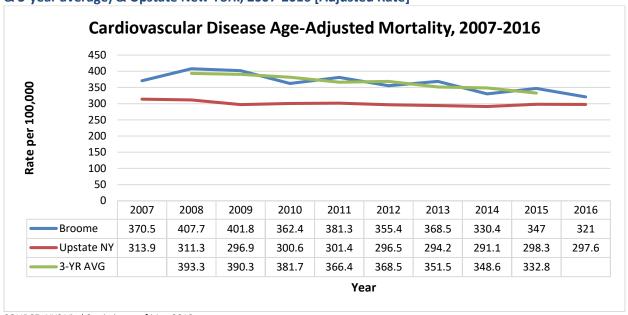
D 153. Cardiovascular Disease Mortality Rate per 100,000, Broome County (single year & 3-year average) & Upstate New York, 2007-2016 [Crude Rate]



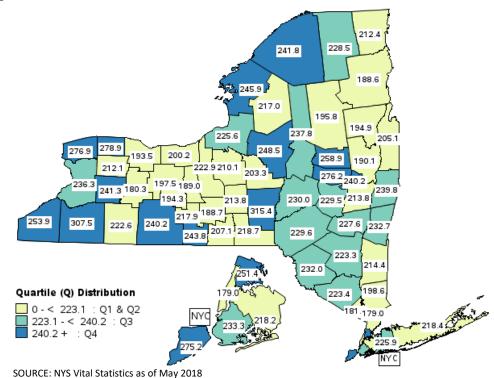
D 154. Cardiovascular Disease Mortality Rate per 100,000, New York State Counties, 2014-2016



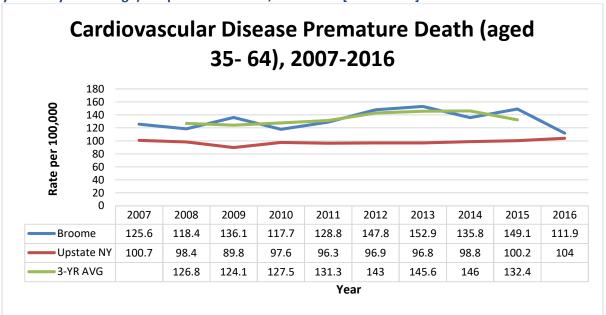
D 155. Cardiovascular Disease Age-Adjusted Mortality Rate per 100,000, Broome County (single year & 3-year average) & Upstate New York, 2007-2016 [Adjusted Rate]



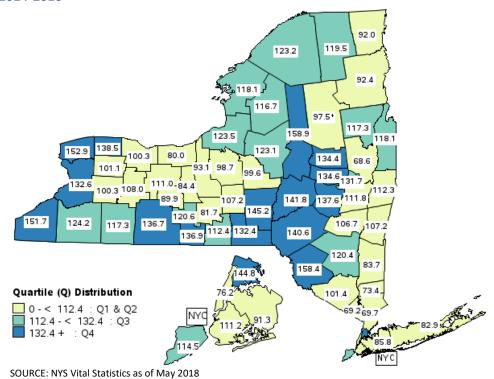
D 156. Cardiovascular Disease Age-Adjusted Mortality Rate per 100,000, New York State Counties, 2014-2016



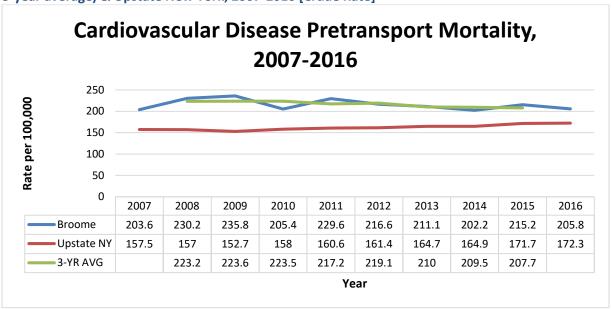
D 157. Cardiovascular Disease Premature Death (ages 35-64) Rate per 100,000, Broome County (single year & 3-year average) & Upstate New York, 2007-2016 [Crude Rate]



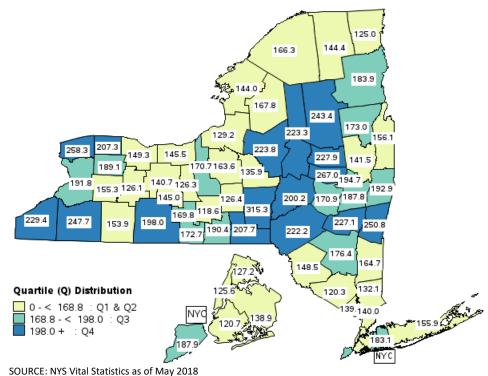
D 158. Cardiovascular Disease Premature Death (aged 35-64) Rate per 100,000, New York State Counties, 2014-2016



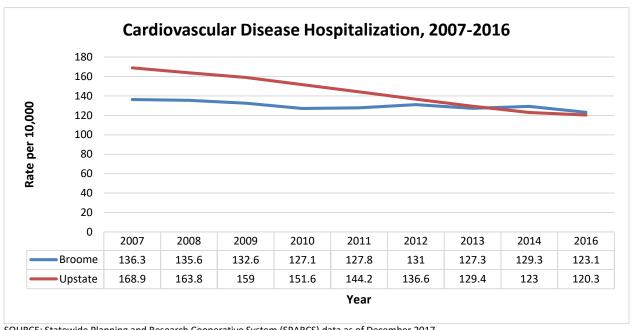
D 159. Cardiovascular Disease Pre-transport Mortality Rate per 100,000, Broome County (single year & 3-year average) & Upstate New York, 2007-2016 [Crude Rate]



D 160. Cardiovascular Disease Pre-transport Mortality Rate per 100,000, New York State Counties, 2014-2016

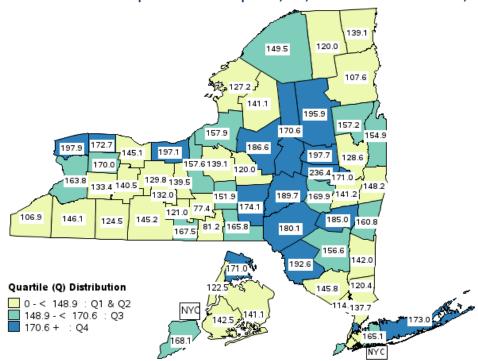


D 161. Cardiovascular Disease Hospitalization Rate per 10,000, Broome County & Upstate New York, 2007-2016 [Crude Rate]



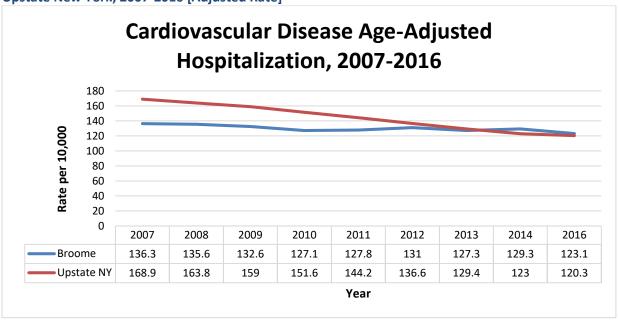
SOURCE: Statewide Planning and Research Cooperative System (SPARCS) data as of December 2017

D 162. Cardiovascular Disease Hospitalization Rate per 10,000, New York State Counties, 2014-2016



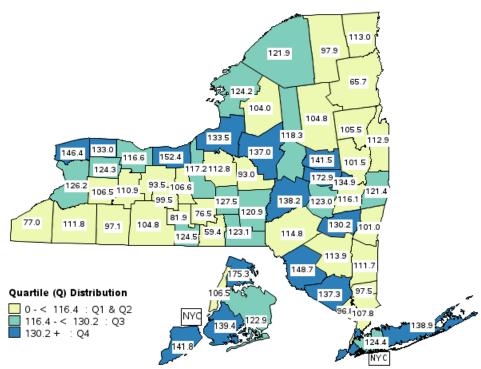
SOURCE: Statewide Planning and Research Cooperative System (SPARCS) data as of December 2017

D 163. Cardiovascular Disease Age-Adjusted Hospitalization Rate per 10,000, Broome County & Upstate New York, 2007-2016 [Adjusted Rate]



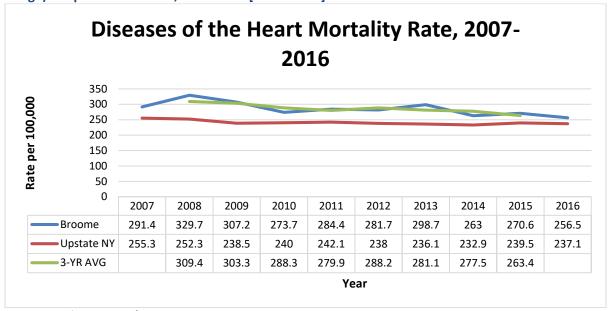
SOURCE: Statewide Planning and Research Cooperative System (SPARCS) data as of December 2017

D 164. Cardiovascular Disease Age-Adjusted Hospitalization Rate per 10,000, New York State Counties, 2016

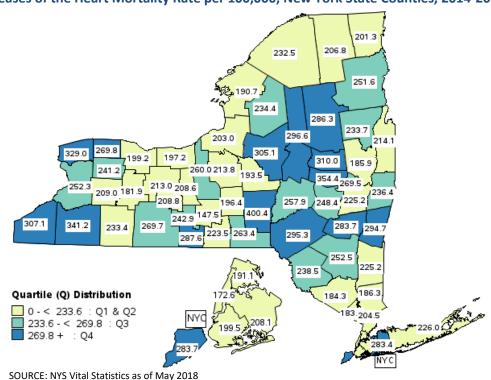


SOURCE: Statewide Planning and Research Cooperative System (SPARCS) data as of December 2017

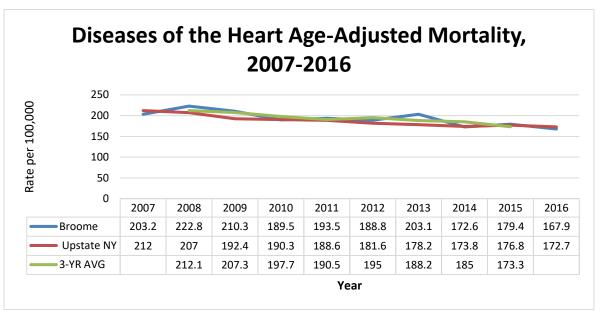
D 165. Diseases of the Heart Mortality Rate per 100,000, Broome County (single year & 3-year average) & Upstate New York, 2007-2016 [Crude Rate]



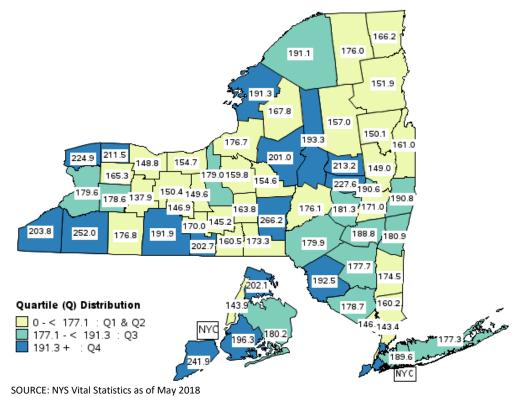
D 166. Diseases of the Heart Mortality Rate per 100,000, New York State Counties, 2014-2016



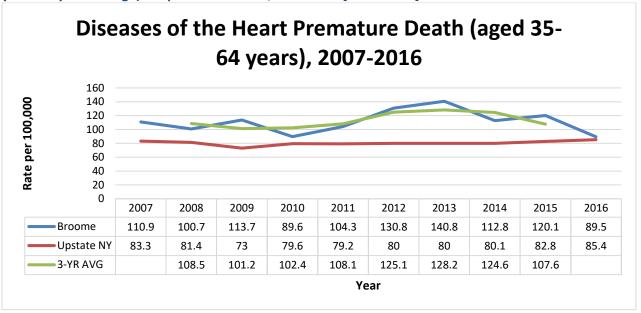
D 167. Diseases of the Heart Age-Adjusted Mortality Rate per 100,000, Broome County (single year & 3-year average) & Upstate New York, 2007-2016 [Adjusted Rate]



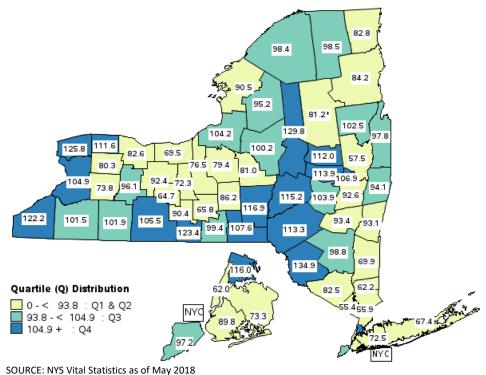
D 168. Diseases of the Heart Age-Adjusted Mortality Rate per 100,000, New York State Counties, 2014-2016



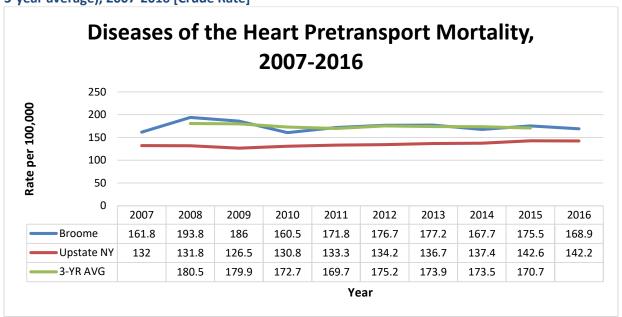
D 169. Diseases of the Heart Premature Death Rate (aged 35-64) per 100,000, Broome County (single year & 3-year average) & Upstate New York, 2007-2016 [Crude Rate]



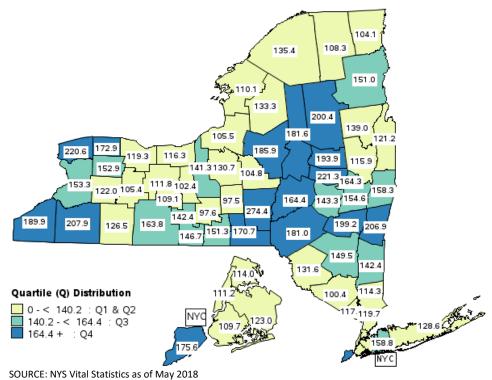
D 170. Diseases of the Heart Premature Death Rate (aged 35-64) per 100,000, New York State Counties, 2014-2016



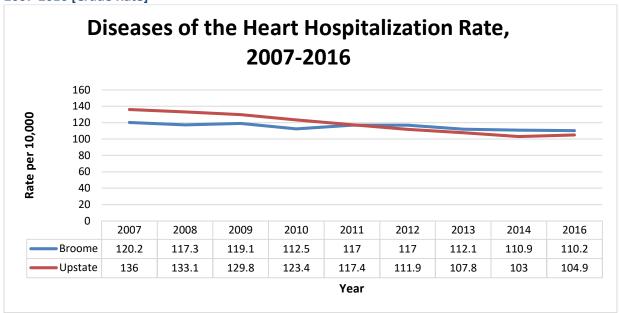
D 171. Diseases of the Heart Pre-transport Mortality Rate per 100,000, Broome County (single year & 3-year average), 2007-2016 [Crude Rate]



D 172. Diseases of the Heart Pre-transport Mortality Rate per 100,000, New York State Counties, 2014-2016

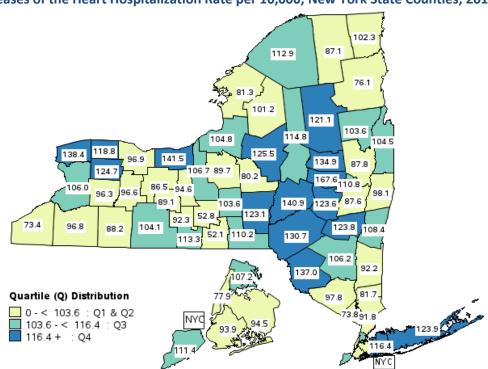


D 173. Diseases of the Heart Hospitalization Rate per 10,000, Broome County & Upstate New York, 2007-2016 [Crude Rate]



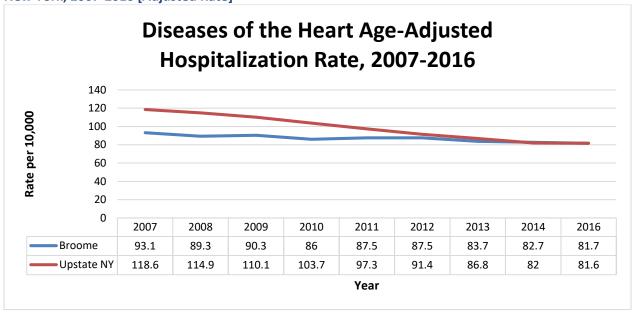
SOURCE: Statewide Planning and Research Cooperative System (SPARCS) data as of December 2017

D 174. Diseases of the Heart Hospitalization Rate per 10,000, New York State Counties, 2016



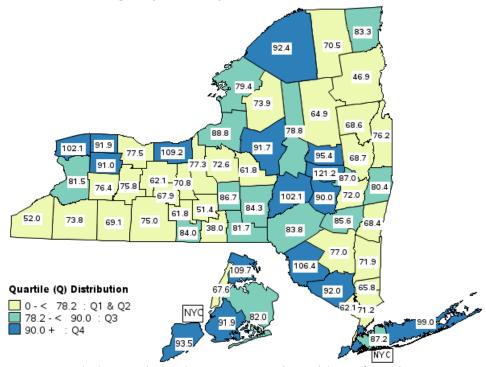
SOURCE: Statewide Planning and Research Cooperative System (SPARCS) data as of December 2017

D 175. Diseases of the Heart Age-Adjusted Hospitalization Rate per 10,000, Broome County & Upstate New York, 2007-2016 [Adjusted Rate]



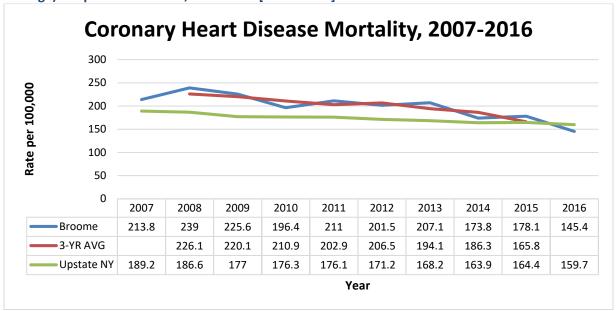
SOURCE: Statewide Planning and Research Cooperative System (SPARCS) data as of December 2017

D 176. Diseases of the Heart Age-Adjusted Hospitalization Rate, New York State Counties, 2016

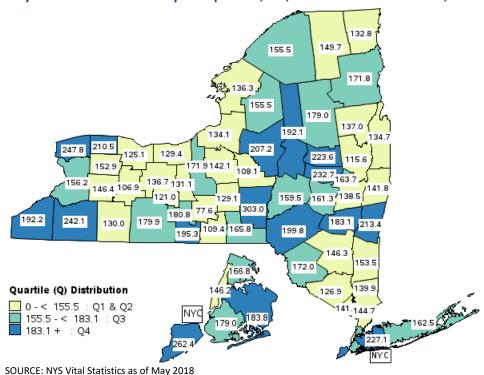


 $SOURCE: Statewide\ Planning\ and\ Research\ Cooperative\ System\ (SPARCS)\ data\ as\ of\ December\ 2017$

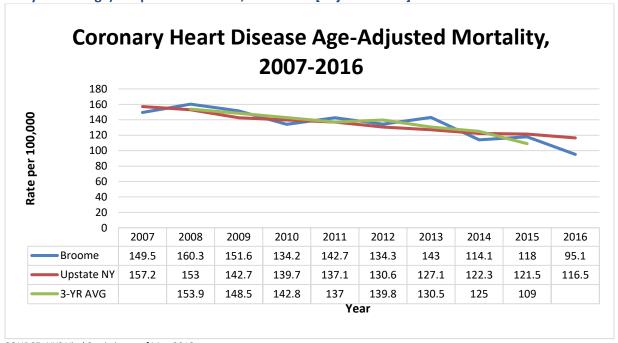
D 177. Coronary Heart Disease Mortality Rate per 100,000, Broome County (single year & 3-year average) & Upstate New York, 2007-2016 [Crude Rate]



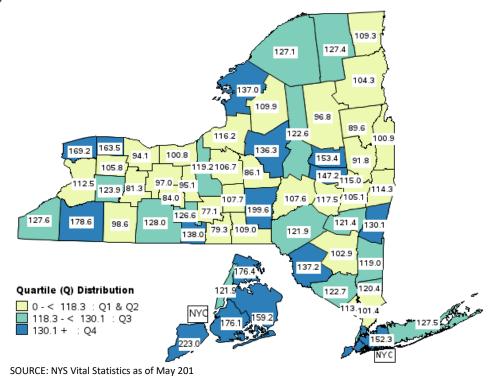
D 178. Coronary Heart Disease Mortality Rate per 100,000, New York State Counties, 2014-2016



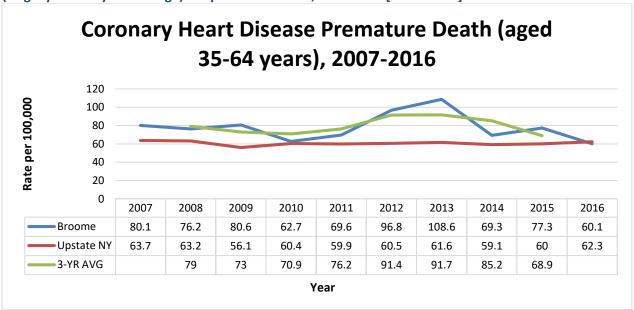
D 179. Coronary Heart Disease Age-Adjusted Mortality Rate per 100,000, Broome County (single year & 3-year average) & Upstate New York, 2007-2016 [Adjusted Rate]



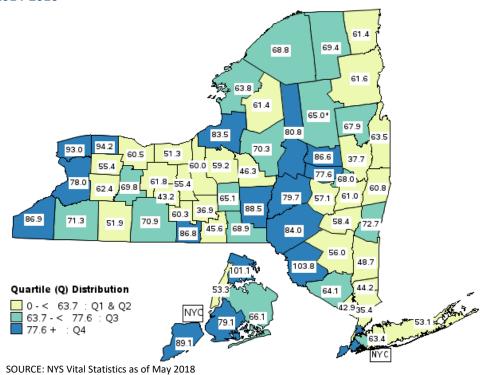
D 180. Coronary Heart Disease Age-Adjusted Mortality Rate per 100,000, New York State Counties, 2014-2016



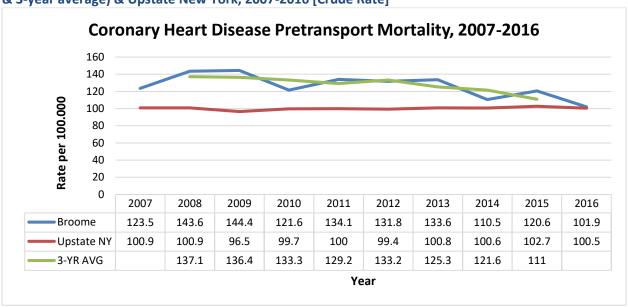
D 181. Coronary Heart Disease Premature Death (aged 35-64) Rate per 100,000, Broome County (single year & 3-year average) & Upstate New York, 2007-2016 [Crude Rate]



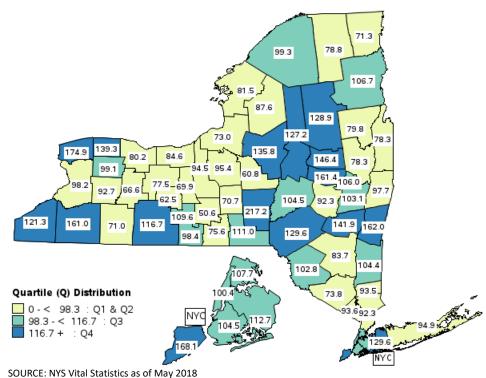
D 182. Coronary Heart Disease Premature Death (ages 35-64) Rate per 100,000, New York State Counties, 2014-2016



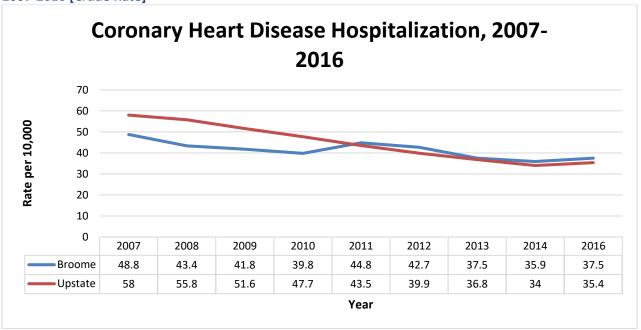
D 183. Coronary Heart Disease Pre-transport Mortality Rate per 100,000, Broome County (single year & 3-year average) & Upstate New York, 2007-2016 [Crude Rate]



D 184. Coronary Heart Disease Pre-transport Mortality Rate per 100,000, New York State Counties, 2014-2016

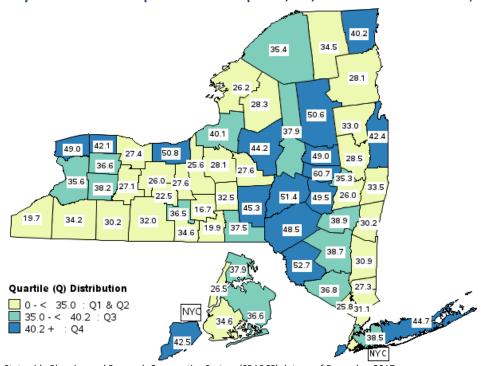


D 185. Coronary Heart Disease Hospitalization Rate per 10,000, Broome County & Upstate New York, 2007-2016 [Crude Rate]



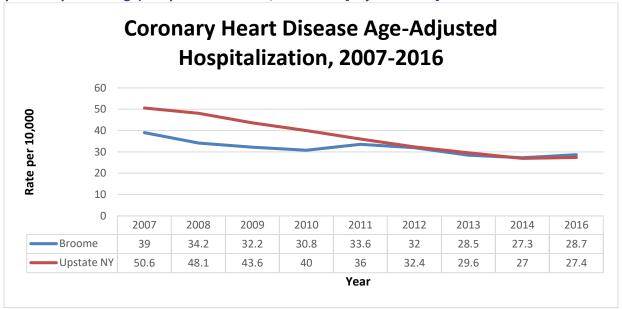
SOURCE: Statewide Planning and Research Cooperative System (SPARCS) data as of December 2017

D 186. Coronary Heart Disease Hospitalization Rate per 10,000, New York State Counties, 2016

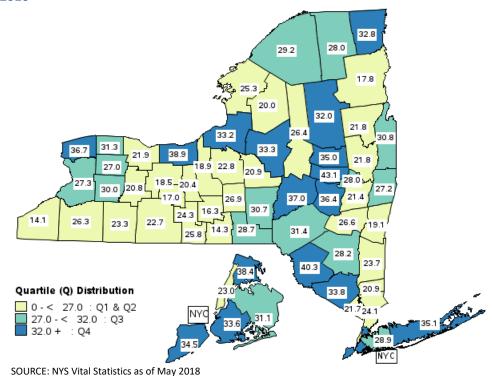


Statewide Planning and Research Cooperative System (SPARCS) data as of December 2017

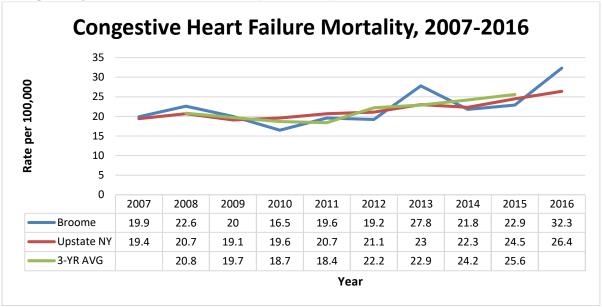
D 187. Coronary Heart Disease Age-Adjusted Hospitalization Rate per 10,000, Broome County (single year & 3-year average) & Upstate New York, 2007-2016 [Adjusted Rate]



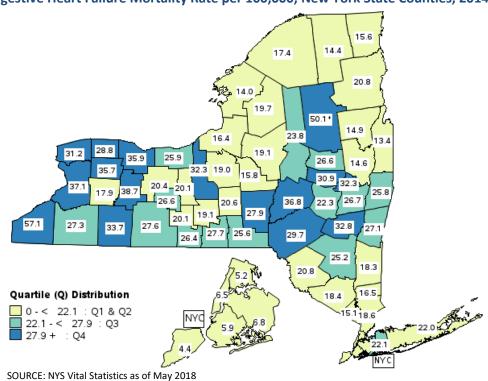
D 188. Coronary Heart Disease Age-Adjusted Hospitalization Rate per 10,000, New York State Counties, 2016



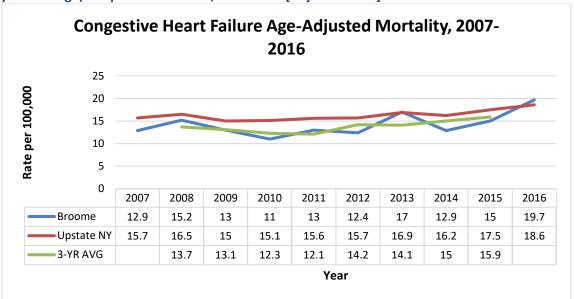
D 189. Congestive Heart Failure Mortality Rate per 100,000, Broome County (single year & 3-year average) & Upstate New York, 2007-2016 [Crude Rate]



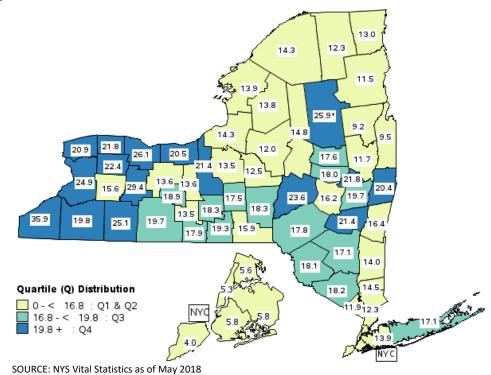
D 190. Congestive Heart Failure Mortality Rate per 100,000, New York State Counties, 2014-2016



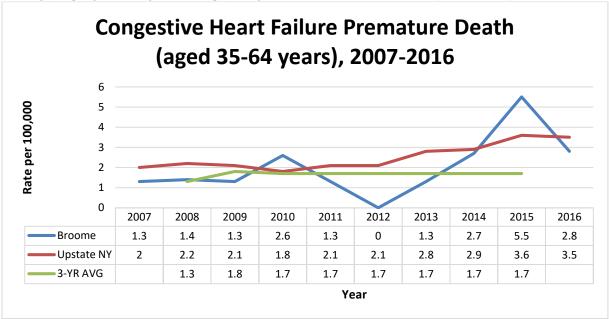
D 191. Congestive Heart Failure Age-Adjusted Mortality Rate per 100,000, Broome County (single year & 3-year average) & Upstate New York, 2007-2016 [Adjusted Rate]



D 192. Congestive Heart Failure Age-Adjusted Mortality Rate per 100,000, New York State Counties, 2014-2016

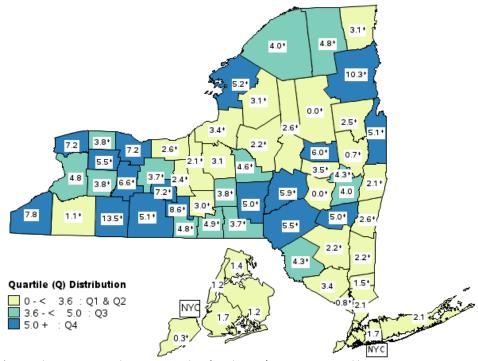






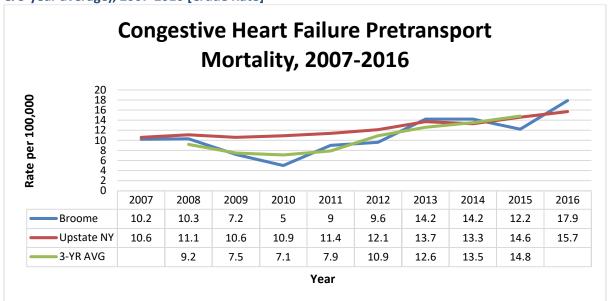
^{*} Fewer than 10 events in the numerator, therefore the rate/percentage is unstable for: Broome 2007-2016; 3-Year Average 2008-2015 SOURCE: NYS Vital Statistics as of May 2018

D 194. Congestive Heart Failure Premature Death (aged 35-64 years) Rate per 100,000, New York State Counties, 2014-2016

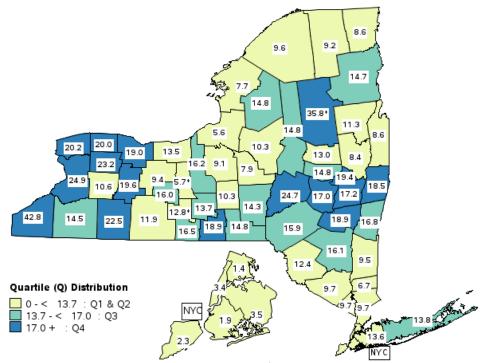


^{*} Fewer than 10 events in the numerator, therefore the rate/percentage is unstable SOURCE: NYS Vital Statistics as of May 2018

D 195. Congestive Heart Failure Pre-Transport Mortality Rate per 100,000, Broome County (single year & 3-year average), 2007-2016 [Crude Rate]

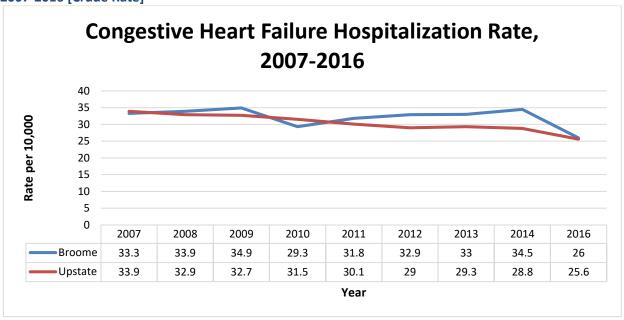


D 196. Congestive Heart Failure Pre-Transport Mortality Rate per 100,000, New York State Counties, 2014-2016

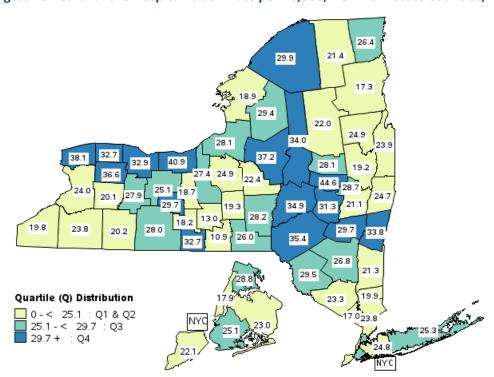


^{*} Fewer than 10 events in the numerator, therefore the rate/percentage is unstable SOURCE: NYS Vital Statistics as of May 2018

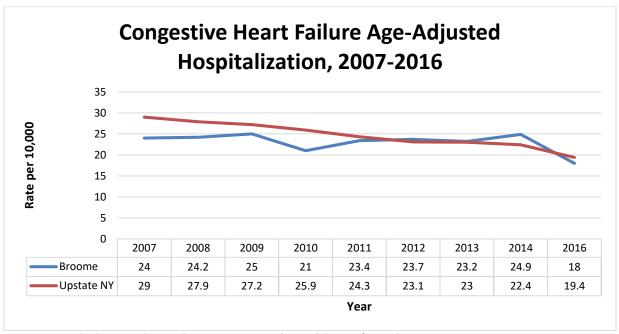
D 197. Congestive Heart Failure Hospitalization Rate per 10,000, Broome County & Upstate New York, 2007-2016 [Crude Rate]



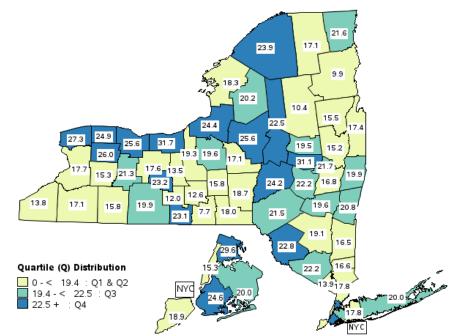
D 198. Congestive Heart Failure Hospitalization Rate per 10,000, New York State Counties, 2016



D 199. Congestive Heart Failure Age-Adjusted Hospitalization Rate per 10,000, Broome County & Upstate New York, 2007-2016 [Adjusted Rate]



D 200. Congestive Heart Failure Age-Adjusted Hospitalization Rate per 10,000, New York State Counties, 2014-2016



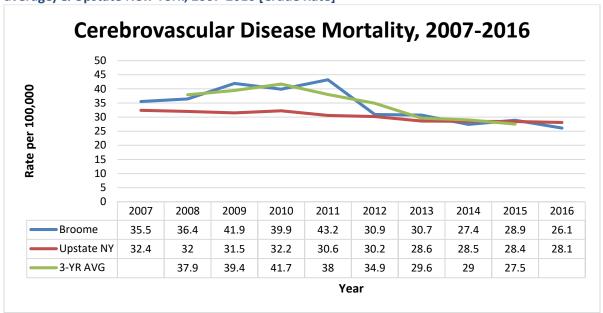
CEREBROVASCULAR DISEASE INDICATORS

D 201. Cerebrovascular Disease Indicators, Broome County, Southern Tier, Upstate New York, New York State, 2014-2016

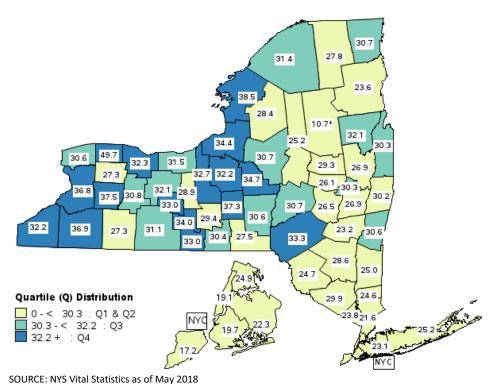
Cerebrovascular Disease Indicator rate per 100,000	Broome	Southern Tier	Upstate NY 2016	NYS	Quartile Ranking	HP 2020 Goal	HP 2020 Goal Met
Cerebrovascular disease (stroke) mortality							
Crude	42.1	40.5	38.3	31.3	3 rd	43.5	Υ
Age-adjusted	27.5	29.1	28.1	25.6	1 st & 2 nd		
Premature deaths (ages 35-64)	13.3	12.8	10.4	10.5	4 th		
Pre-transport mortality	18.8	18.4	17.4	12.4	3 rd		
Cerebrovascular disease (stroke) hospitalization per 10,000							
Crude	30.6	25.3	26.9	25.4	4 th		
Age-adjusted	22.3	19.2	20.8	21.2	3 rd		
Hypertension hospitalization rate per 10,000 (aged 18 years and older	15.0	9.1	9.4	9.7	4 th		
Age-adjusted % of adults with cardiovascular disease (heart attack, coronary heart disease, or stroke (2016)	9.4	8.4	N/A	7.0	4 th		
Age-adjusted % of adults with cholesterol checked in the last 5 years (2013-2014)	79.9	79.9	N/A	83.4	3 rd	82.1	N
Age-adjusted % of adults with physician diagnosed high blood pressure	34.0	30.4	29.4	28.9	4 th		

SOURCE: New York State Department of Health, Community Health Assessment Indicators, 2014-2016

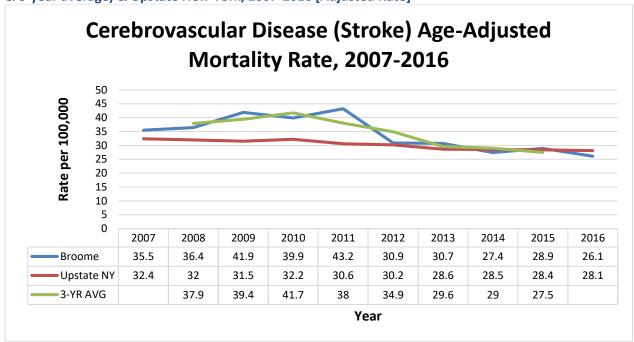
D 202. Cerebrovascular Disease Mortality Rate per 100,000, Broome County (single year & 3-year average) & Upstate New York, 2007-2016 [Crude Rate]



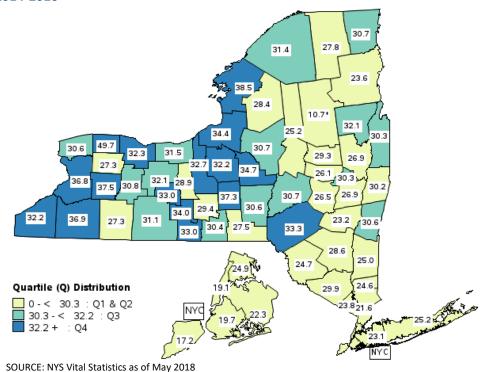
D 203. Cerebrovascular Disease (Stroke) Mortality Rate per 100,000, New York State Counties, 2014-2016



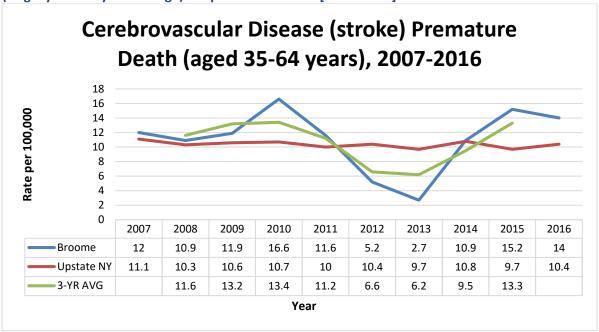
D 204. Cerebrovascular Disease Age-Adjusted Mortality Rate per 100,000, Broome County (single year & 3-year average) & Upstate New York, 2007-2016 [Adjusted Rate]



D 205. Cerebrovascular Disease (stroke) Age-Adjusted Mortality Rate per 100,000, New York State Counties, 2014-2016

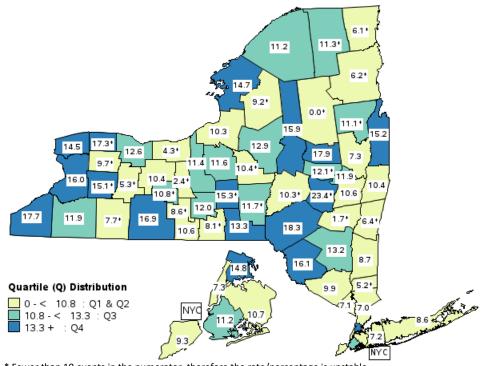


D 206. Cerebrovascular Disease (Stroke) Premature Death (ages 35-64) per 100,000, Broome County (single year & 3-year average) & Upstate 2007-2016 [Crude Rate]



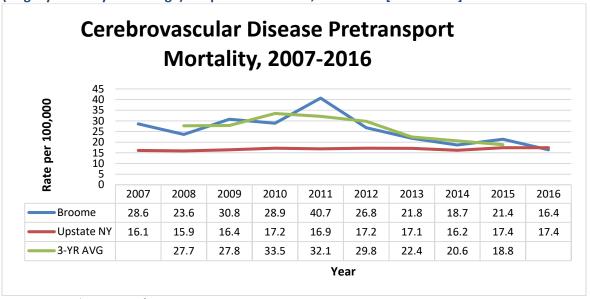
^{*} Fewer than 10 events in the numerator, therefore the rate/percentage is unstable for: Broome, 2007-2009, 2011-2016 SOURCE: NYS Vital Statistics as of May 2018

D 207. Cerebrovascular Disease (Stroke) Premature Death (ages 35-64) per 100,000, New York State Counties, 2014-2016

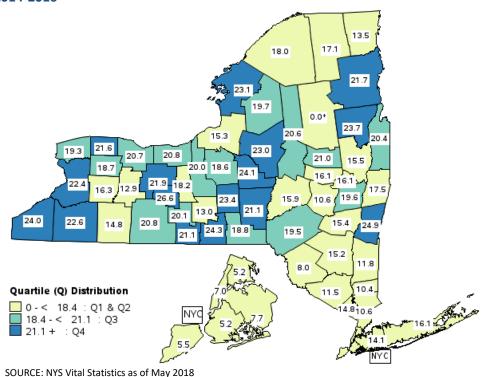


^{*} Fewer than 10 events in the numerator, therefore the rate/percentage is unstable SOURCE: NYS Vital Statistics as of May 2018

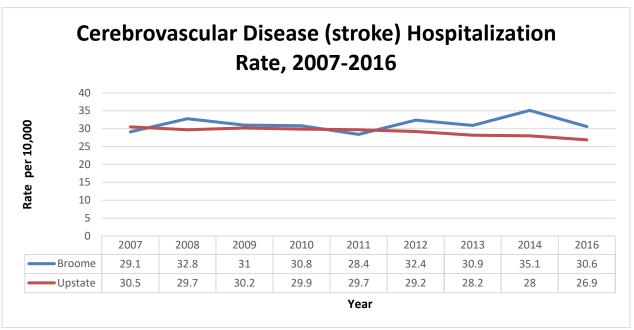
D 208. Cerebrovascular Disease (Stroke) Pretransport Mortality Rate per 100,000, Broome County (single year & 3-year average) & Upstate New York, 2007-2016 [Crude Rate]



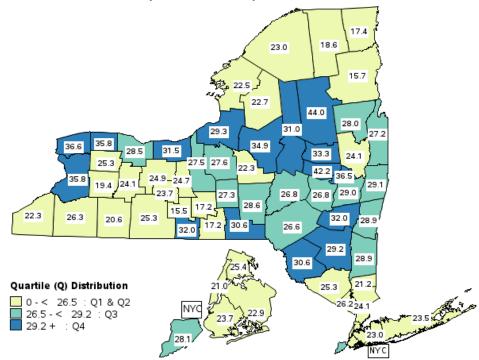
D 209. Cerebrovascular Disease (Stroke) Pretransport Mortality Rate per 100,000, New York State Counties, 2014-2016



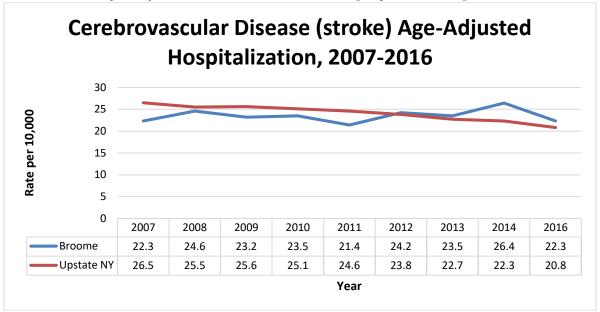
D 210. Cerebrovascular Disease Hospitalization Rate per 10,000, Broome County & Upstate New York, 2007-2016 [Crude Rate]



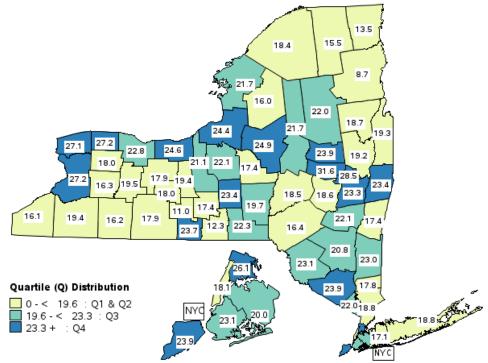
D 211. Cerebrovascular Disease Hospitalization Rate per 10,000, New York State Counties, 2016



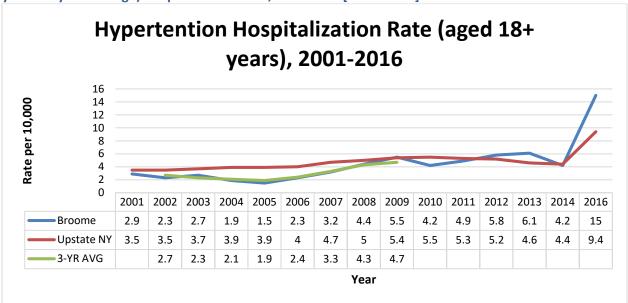
D 212. Cerebrovascular Disease (stroke) Age-Adjusted Hospitalization Rate per 10,000, Broome County & Upstate New York, 2007-2016 [Adjusted Rate]



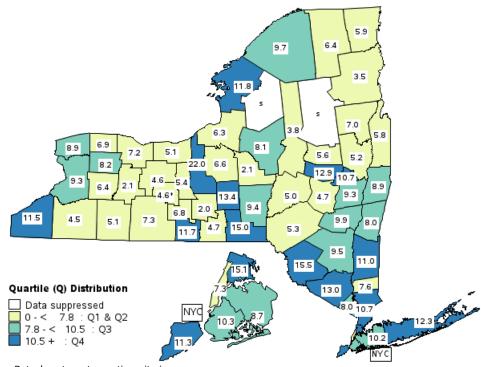
D 213. Cerebrovascular Disease Age-Adjusted Hospitalization Rate per 10,000, New York State Counties, 2016



D 214. Hypertension Hospitalization Rate per 10,000 (aged 18 years and older), Broome County (single year & 3-year average) & Upstate New York, 2001-2016 [Crude Rate]



D 215. Hypertension Hospitalization Rate per 10,000 (aged 18 years and older), New York State Counties, 2016



s: Data do not meet reporting criteria

^{*} Fewer than 10 events in the numerator, therefore the rate/percentage is unstable SOURCE: Statewide Planning and Research Cooperative System (SPARCS) data as of December 2017

CIRRHOSIS / DIABETES INDICATORS

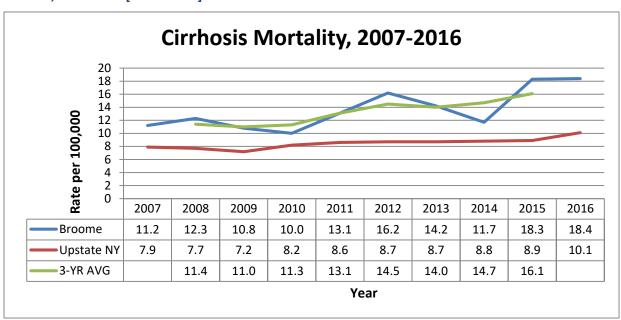
D 216. Cirrhosis/Diabetes Indicators, Broome County, Southern Tier, Upstate New York, New York State, 2014-2016

Diabetes Indicator	Broome	Southern Tier	Upstate NY 2016	NYS	Quartile Ranking	HP 2020 Goal	HP 2020 Goal Met
CIRRHOSIS							
Mortality rate per 100,000							
Crude	16.1	12.5	10.1	8.0	4 th		
Age-adjusted	13.4	10.4	8.1	6.8	4 th		
Hospitalization rate per 10,000							
Crude	4.7	3.2	3.3	3.5	4 th		
Age-adjusted	4.6	3.0	2.8	3.0	4 th		
DIABETES							
Mortality rate per 100,000							
Crude	28.5	23.8	20.2	20.3	3 rd	66.6	Υ
Age-adjusted	20.6	17.8	15.4	17.0	3 rd		
Hospitalization rate per 10,000							
(primary diagnosis)							
Crude	17.9	13.3	15.4	17.5	4 th		
Age-adjusted	16.7	12.2	13.8	15.9	4 th		
Hospitalization rate per 10,000 (any diagnosis)							
Crude	274.3	217.1	237.2	248.1	4 th		
Age-adjusted	213.2	171.9	188.9	209.9	3 rd		
Age-adjusted % of adults with physician diagnosed diabetes (2008-2009)	8.6	8.4	N/A	9.5	1 st & 2 nd		

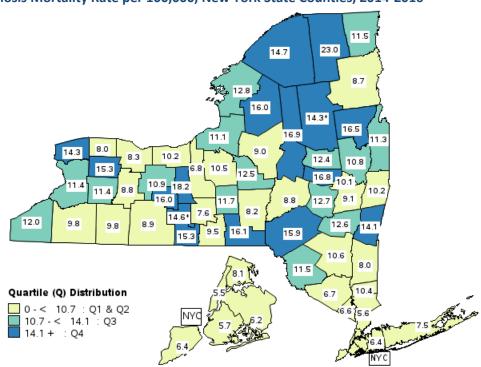
SOURCE: New York State Department of Health, County Health Assessment Indicators, 2014-2016

^{*}Fewer than 10 events in the numerator, rate unstable

D 217. Cirrhosis Mortality Rate per 100,000, Broome County (single year & 3-year average) & Upstate New York, 2007-2016 [Crude Rate]

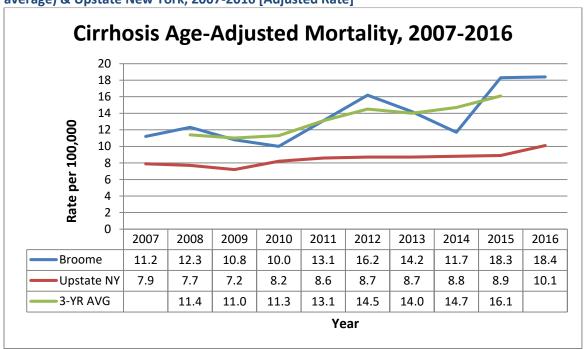


D 218. Cirrhosis Mortality Rate per 100,000, New York State Counties, 2014-2016

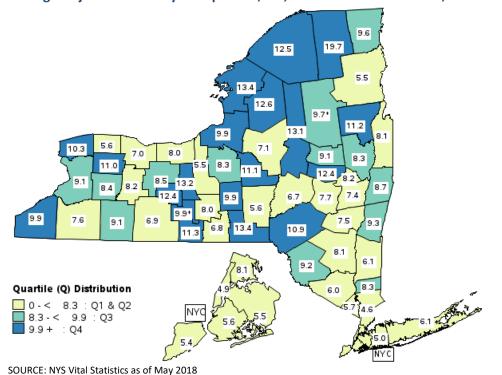


^{*} Fewer than 10 events in the numerator, therefore the rate/percentage is unstable SOURCE: NYS Vital Statistics as of May 2018

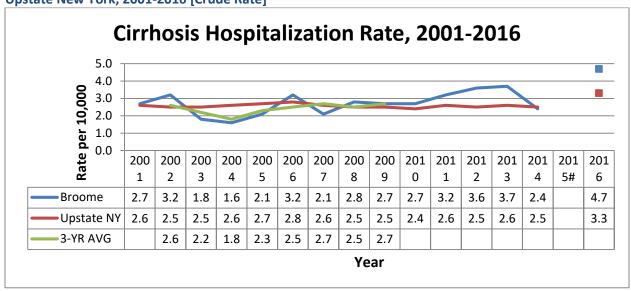
D 219. Cirrhosis Age-Adjusted Mortality Rate per 100,000, Broome County (single year & 3-year average) & Upstate New York, 2007-2016 [Adjusted Rate]



D 220. Cirrhosis Age-Adjusted Mortality Rate per 100,000, New York State Counties, 2014-2016



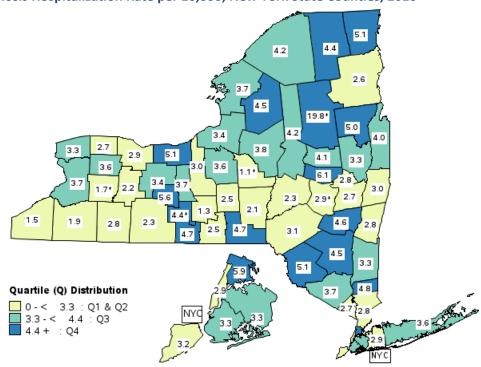
D 221. Cirrhosis Hospitalization Rate per 10,000, Broome County (single year & 3-year average) & Upstate New York, 2001-2016 [Crude Rate]



The rate for 2015 is excluded due to SPARCS data transitioning on October 1, 2015 from ICD-9-CM to ICD-10-CM diagnosis codes. Since ICD-9-CM and ICD-10-CM are not comparable, an annual rate for 2015 cannot be calculated, and data for 2016-and-forward should not be compared with data for 2014-and-prior.

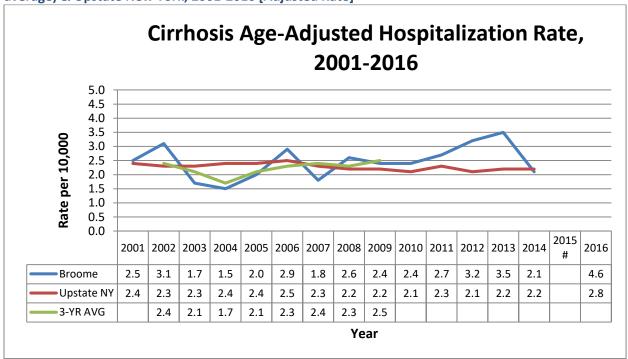
SOURCE: Statewide Planning and Research Cooperative System (SPARCS) data as of December 2017

D 222. Cirrhosis Hospitalization Rate per 10,000, New York State Counties, 2016



^{*} Fewer than 10 events in the numerator, therefore the rate/percentage is unstable SOURCE: Statewide Planning and Research Cooperative System (SPARCS) data as of December 2017

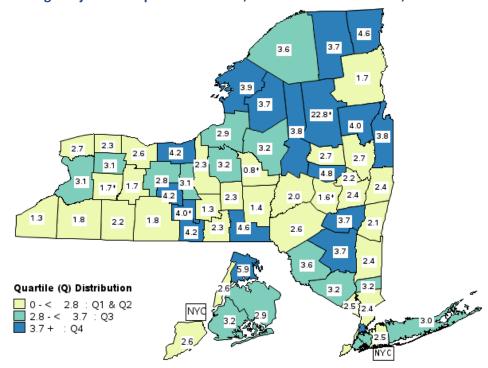
D 223. Cirrhosis Age-Adjusted Hospitalization Rate per 10,000, Broome County (single year & 3-year average) & Upstate New York, 2001-2016 [Adjusted Rate]



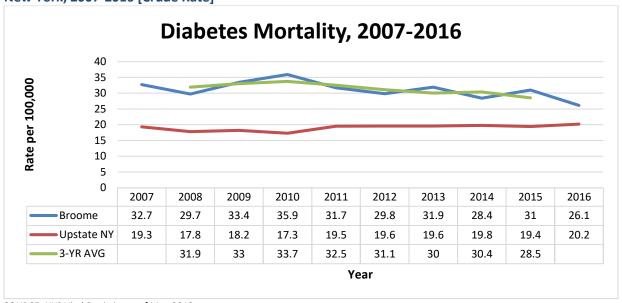
The rate for 2015 is excluded due to SPARCS data transitioning on October 1, 2015 from ICD-9-CM to ICD-10-CM diagnosis codes. Since ICD-9-CM and ICD-10-CM are not comparable, an annual rate for 2015 cannot be calculated, and data for 2016-and-forward should not be compared with data for 2014-and-prior.

SOURCE: Statewide Planning and Research Cooperative System (SPARCS) data as of December 2017

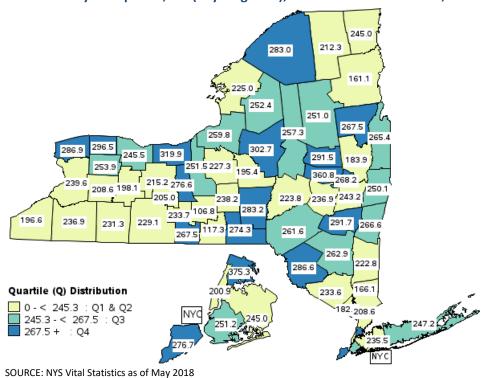
D 224. Cirrhosis Age-Adjusted Hospitalization Rate, New York State Counties, 2016



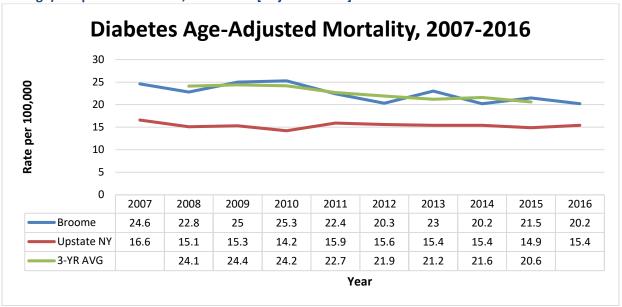
D 225. Diabetes Mortality Rate per 100,000, Broome County (single year & 3-year average) & Upstate New York, 2007-2016 [Crude Rate]



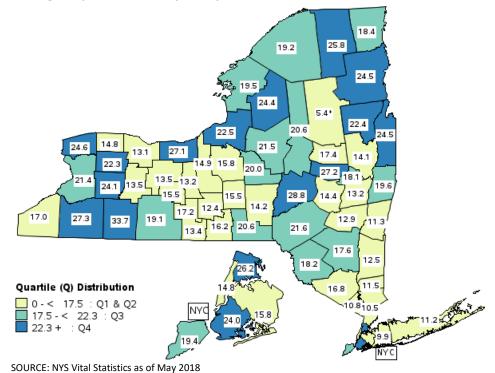
D 226. Diabetes Mortality Rate per 10,000 (any diagnosis), New York State Counties, 2014-2016



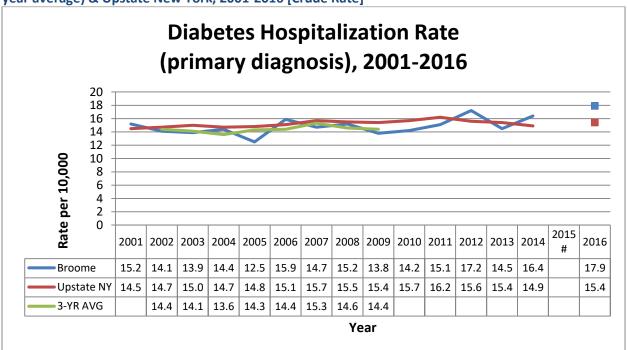
D 227. Diabetes Age-Adjusted Mortality Rate per 100,000, Broome County (single year & 3-year average) & Upstate New York, 2007-2016 [Adjusted Rate]



D 228. Diabetes Age-Adjusted Mortality Rate per 100,000, New York State Counties, 2014-2016



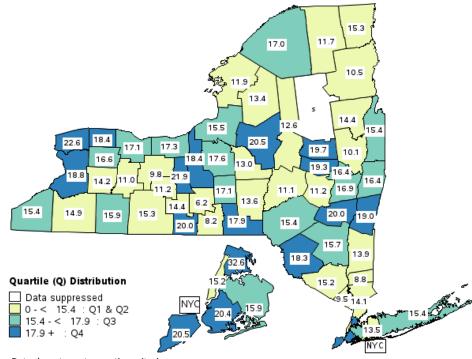
D 229. Diabetes Hospitalization Rate per 10,000 (primary diagnosis), Broome County (single year & 3-year average) & Upstate New York, 2001-2016 [Crude Rate]



The rate for 2015 is excluded due to SPARCS data transitioning on October 1, 2015 from ICD-9-CM to ICD-10-CM diagnosis codes. Since ICD-9-CM and ICD-10-CM are not comparable, an annual rate for 2015 cannot be calculated, and data for 2016-and-forward should not be compared with data for 2014-and-prior.

SOURCE: Statewide Planning and Research Cooperative System (SPARCS) data as of December 2017

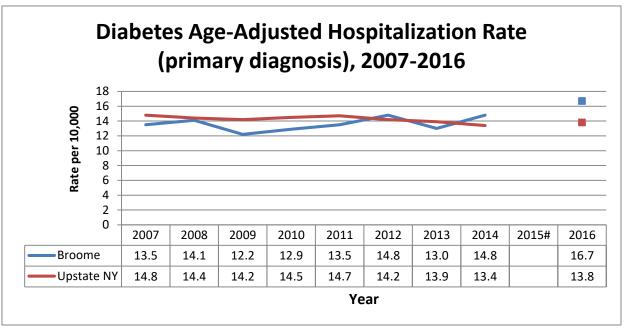
D 230. Diabetes Hospitalization Rate per 10,000 (primary diagnosis), New York State Counties, 2016



s: Data do not meet reporting criteria

 ${\tt SOURCE: Statewide\ Planning\ and\ Research\ Cooperative\ System\ (SPARCS)\ data\ as\ of\ December\ 2017}$

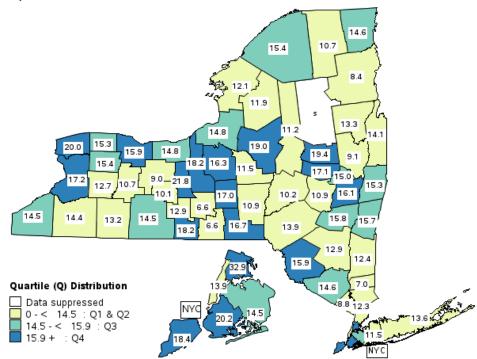
D 231. Diabetes Age-Adjusted Hospitalization Rate per 10,000 (primary diagnosis), Broome County & Upstate New York, 2007-2016 [Adjusted Rate]



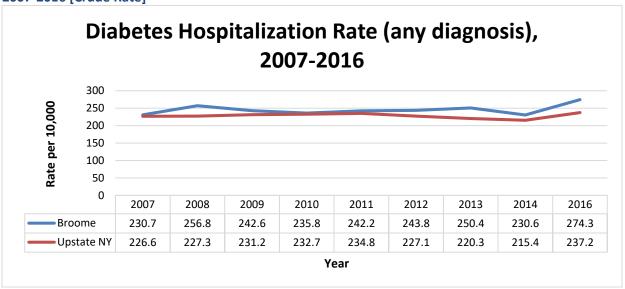
The rate for 2015 is excluded due to SPARCS data transitioning on October 1, 2015 from ICD-9-CM to ICD-10-CM diagnosis codes. Since ICD-9-CM and ICD-10-CM are not comparable, an annual rate for 2015 cannot be calculated, and data for 2016-and-forward should not be compared with data for 2014-and-prior.

SOURCE: Statewide Planning and Research Cooperative System (SPARCS) data as of December 2017

D 232. Diabetes Age-Adjusted Hospitalization Rate (primary diagnosis) Rate per 100,000, New York State Counties, 2014-2016



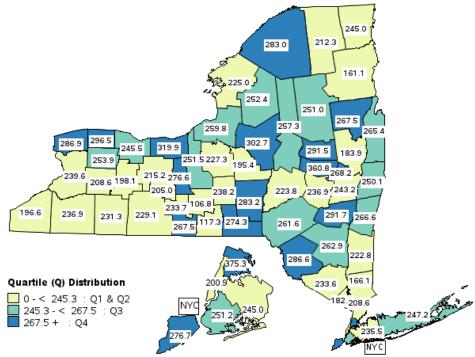
D 233. Diabetes Hospitalization Rate per 10,000 (any diagnosis), Broome County & Upstate New York, 2007-2016 [Crude Rate]



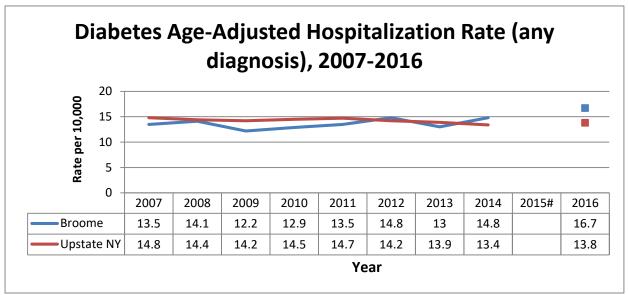
#The rate for 2015 is excluded due to SPARCS data transitioning on October 1, 2015 from ICD-9-CM to ICD-10-CM diagnosis codes. Since ICD-9-CM and ICD-10-CM are not comparable, an annual rate for 2015 cannot be calculated, and data for 2016-and-forward should not be compared with data for 2014-and-prior.

SOURCE: Statewide Planning and Research Cooperative System (SPARCS) data as of December 2017

D 234. Diabetes Hospitalization Rate per 10,000 (any diagnosis), New York State Counties, 2016



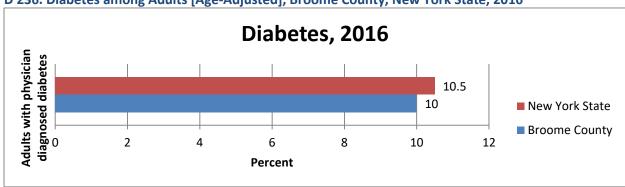
D 235. Diabetes Age-Adjusted Hospitalization Rate per 10,000 (any diagnosis), Broome County & Upstate New York, 2007-2016 [Adjusted Rate]



#The rate for 2015 is excluded due to SPARCS data transitioning on October 1, 2015 from ICD-9-CM to ICD-10-CM diagnosis codes. Since ICD-9-CM and ICD-10-CM are not comparable, an annual rate for 2015 cannot be calculated, and data for 2016-and-forward should not be compared with data for 2014-and-prior.

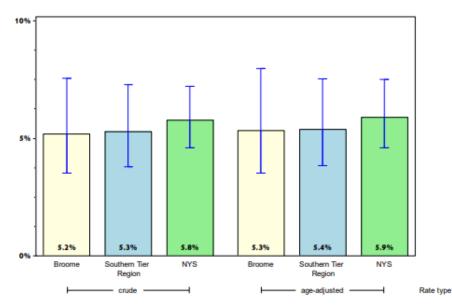
SOURCE: Statewide Planning and Research Cooperative System (SPARCS) data as of December 2017

D 236. Diabetes among Adults [Age-Adjusted], Broome County, New York State, 2016



 $SOURCE: New York State \ Expanded \ Behavioral \ Risk \ Factor \ Surveillance \ System \ (BRFSS), \ Broome \ County, \ 2016$

D 237. Ever Diagnosed with Diabetes among Adults, Broome County, NY, 2013-2014



SOURCE: New York State Expanded Behavioral Risk Factor Surveillance System (eBRFSS), Broome County, 2013-2014

D 238. Ever Diagnosed with Diabetes among Adults, Broome County, NY, 2013-2014

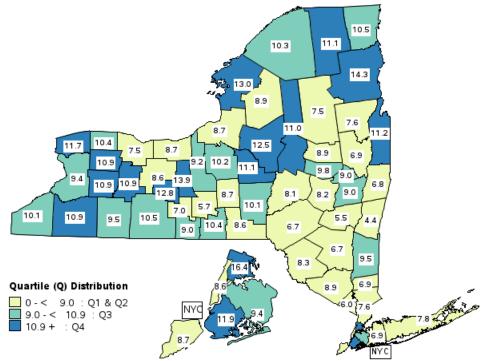
	Br	oome Cour	nty	Southern Tier				
_	Est. # of Adults	Percent	95% CI	Est. # of Adults	Percent	95% CI		
Total Age	7,241	5.2	(3.5-7.6)	16,763	5.3	(3.8-7.3)		
18-24 25-34		#			#			
35-44		#			#			
45-64	3,576	7.7	(4.5-12.7)	6,771	6.6	(4.8-9.1)		
65+ Race		#		3,770	6.8	(4.5-10.1)		
White, NH Black, NH Hispanic	6,374	5.1 # #	(3.4-7.7)	15,289	5.7 # #	(4.0-8.0)		
Other, NH Sex		#			#			
male	2,870	4.2	(2.5-7.1)	8,956	5.7	(3.3-9.7)		
female ge-adjusted ^{&}	4,371	6.1 5.3	(3.5-10.2) (3.5-8.0)	7,807	4.8 5.4	(3.4-6.7) (3.8-7.5)		

[&]amp; Percent is age-adjusted to the 2000 United States Population.

SOURCE: New York State Expanded Behavioral Risk Factor Surveillance System (eBRFSS), Broome County, 2013-2014

[#] Rates with <10 in the numerator or <50 in the denominator are suppressed.

D 239. Age-Adjusted Percentage of Adults with Physician Diagnosed Diabetes, New York State Counties, 2016



SOURCE: NYS Expanded Behavioral Risk Factor Surveillance System, data as of November 2018

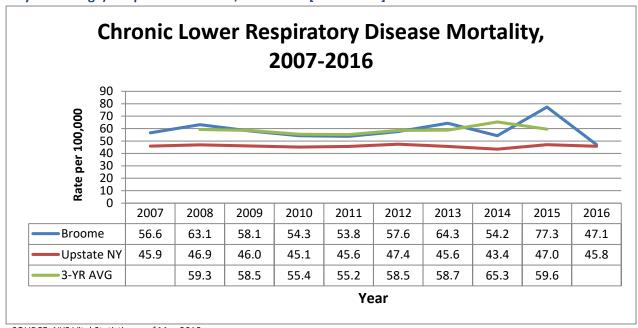
RESPIRATORY DISEASE INDICATORS

D 240. Respiratory Disease Indicators, Broome County, Southern Tier, Upstate New York, New York State, 2014-2016

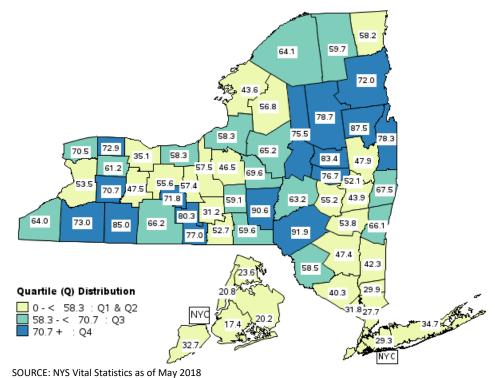
Indicator	Broome County	Southern Tier	Upstate NY 2016	NYS	Quartile Ranking	HP 2017 Goal	HP 2017 Goal Met
CLRD Mortality Rate per 100,000							
Crude	59.6	58.9	45.8	34.8	3 rd		
Age-Adjusted	40.3	42.6	34.4	28.9	1 st & 2 nd		
CLRD Hospitalization Rate per 10,000							
Crude	29.0	24.5	28.0	30.6	3 rd		
Age-Adjusted	23.6	19.7	23.4	27.6	1 st &2 nd		
Asthma Mortality Rate per 10,000							
Crude	2.0	1.5	6.3	1.1	4 th		
Age-Adjusted	1.6	1.2	6.8	1.30.9	4 th		
Asthma Hospitalization Rate per 10,000							
Total Population – Crude	5.0	3.2	6.3	10.8	3 rd		
Total Population - Age-adjusted	5.4	3.6	6.8	11.4	3 rd		
0-4 years	9.7	9.7	27.4	43.5	1 st & 2 nd		
5-14 years	7.2	4.2	9.5	18.7	3 rd		
0-17 years	7.8	5.8	12.9	23.5	1 st & 2 nd		
5-64 years	5.2	3.1	5.2	8.7	3 rd	8.7	Υ
15-24 years	4.3	2.4	3.1	5.5	3 rd		
25-44 years	5.8	3.3	4.5	5.6	4 th		
45-64 years	4.4	3.0	4.5	9.2	1 st & 2 nd		
65+ years	2.8	2.0	4.4	8.9	1 st & 2 nd	20.1	Υ
Age-Adjusted % of Adults with Current Asthma (2016)	12.2	11.4	N/A	9.6	3 rd		

SOURCE: New York State Department of Health, County Health Assessment Indicators, 2014-2016

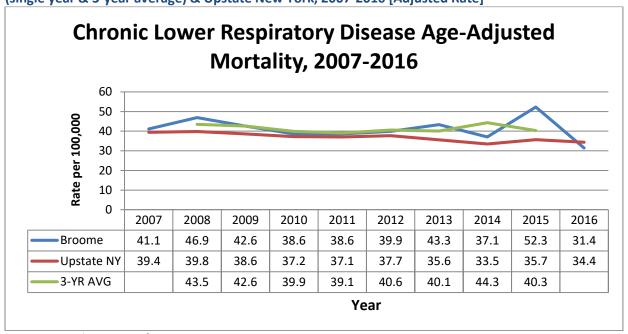
D 241. Chronic Lower Respiratory Disease Mortality Rate per 100,000, Broome County (single year & 3-year average) & Upstate New York, 2007-2016 [Crude Rate]



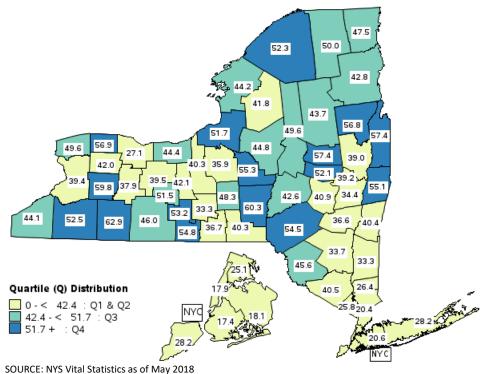
D 242. Chronic Lower Respiratory Disease Mortality Rate per 100,000, New York State Counties, 2014-2016



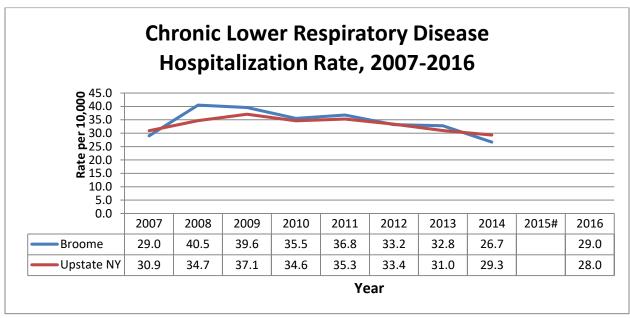
D 243. Chronic Lower Respiratory Disease Age-Adjusted Mortality Rate per 100,000, Broome County (single year & 3-year average) & Upstate New York, 2007-2016 [Adjusted Rate]



D 244. Chronic Lower Respiratory Disease Age-Adjusted Mortality Rate per 100,000, New York State Counties, 2014-2016



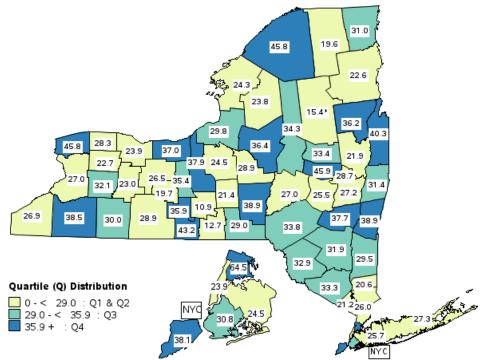
D 245. Chronic Lower Respiratory Disease Hospitalization Rate per 10,000, Broome County & Upstate New York, 2007-2016 [Crude Rate]



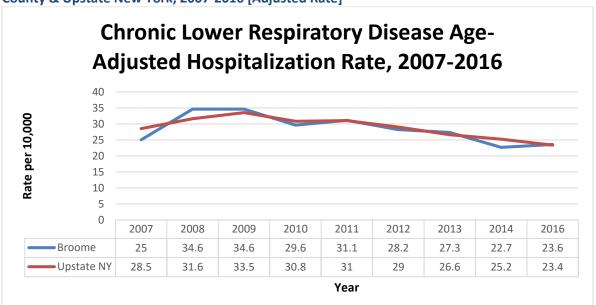
#The rate for 2015 is excluded due to SPARCS data transitioning on October 1, 2015 from ICD-9-CM to ICD-10-CM diagnosis codes. Since ICD-9-CM and ICD-10-CM are not comparable, an annual rate for 2015 cannot be calculated, and data for 2016-and-forward should not be compared with data for 2014-and-prior.

SOURCE: Statewide Planning and Research Cooperative System (SPARCS) data as of December 2017

D 246. Chronic Lower Respiratory Disease Hospitalization Rate per 10,000, New York State Counties, 2016



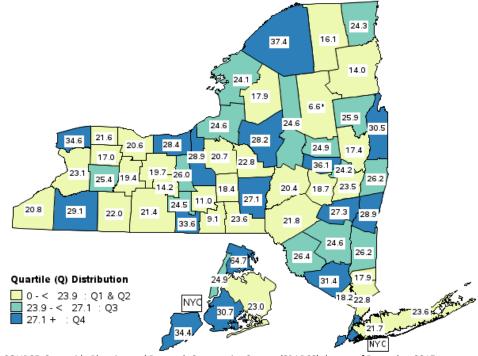
D 247. Chronic Lower Respiratory Disease Age-Adjusted Hospitalization Rate per 10,000, Broome County & Upstate New York, 2007-2016 [Adjusted Rate]



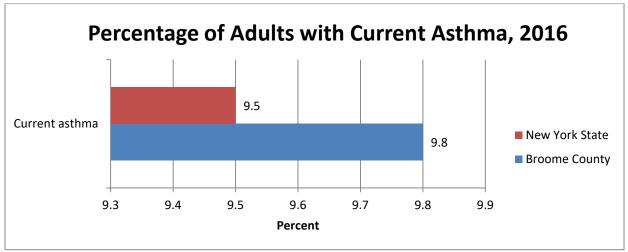
#The rate for 2015 is excluded due to SPARCS data transitioning on October 1, 2015 from ICD-9-CM to ICD-10-CM diagnosis codes. Since ICD-9-CM and ICD-10-CM are not comparable, an annual rate for 2015 cannot be calculated, and data for 2016-and-forward should not be compared with data for 2014-and-prior.

SOURCE: Statewide Planning and Research Cooperative System (SPARCS) data as of December 2017

D 248. Chronic Lower Respiratory Disease Age-Adjusted Hospitalization Rate per 10,000, New York State Counties, 2016

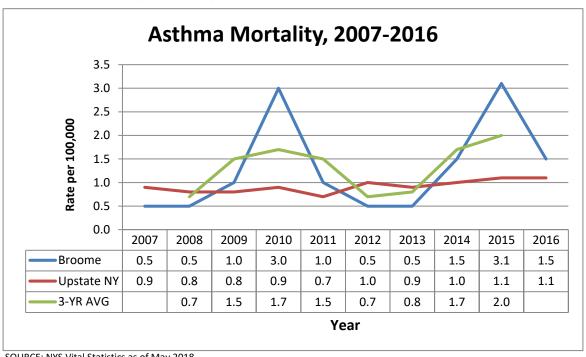


D 249. Percentage of Adults with Current Asthma, [Age-Adjusted], Broome County, New York State, 2009

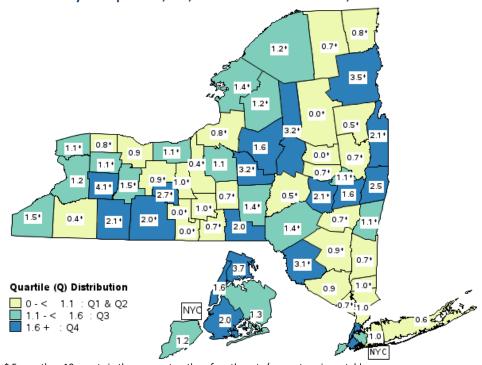


SOURCE: New York State Expanded Behavioral Risk Factor Surveillance System (BRFSS), Broome County, 2016

D 250. Asthma Mortality Rate per 100,000, Broome County (single year & 3-year average) & Upstate New York, 2007-2016 [Crude Rate]

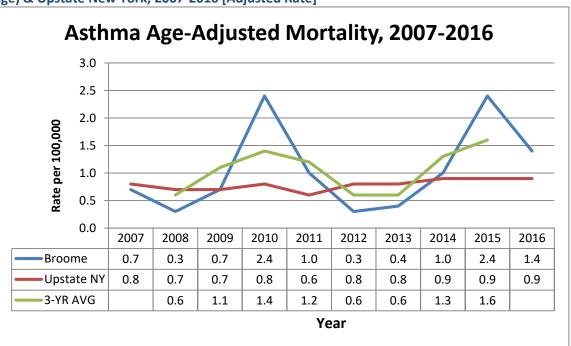


D 251. Asthma Mortality Rate per 100,000, New York State Counties, 2014-2016

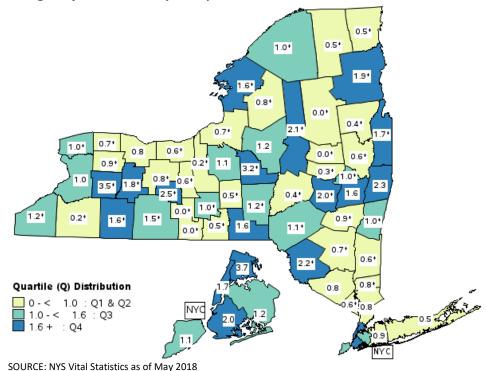


^{*} Fewer than 10 events in the numerator, therefore the rate/percentage is unstable SOURCE: NYS Vital Statistics as of May 2018

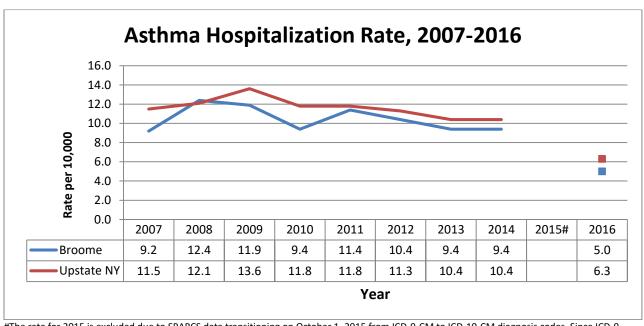
D 252. Asthma Age-Adjusted Mortality Rate per 100,000, Broome County (single year & 3-year average) & Upstate New York, 2007-2016 [Adjusted Rate]



D 253. Asthma Age-Adjusted Mortality Rate per 100,000, New York State Counties, 2014-2016

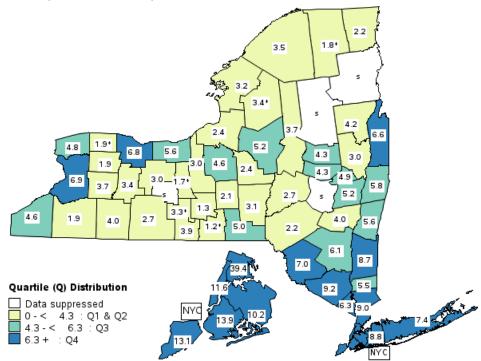


D 254. Asthma Hospitalization Rate per 10,000, Broome County & Upstate New York, 2007-2016 [Crude Rate]

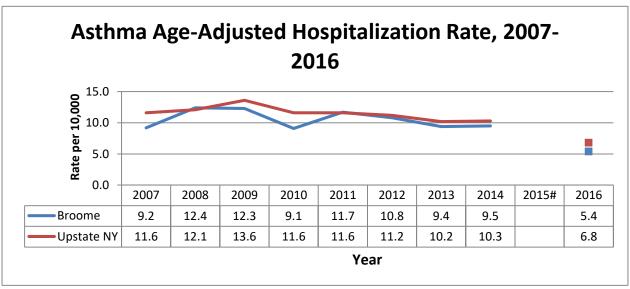


SOURCE: Statewide Planning and Research Cooperative System (SPARCS) data as of December 2017

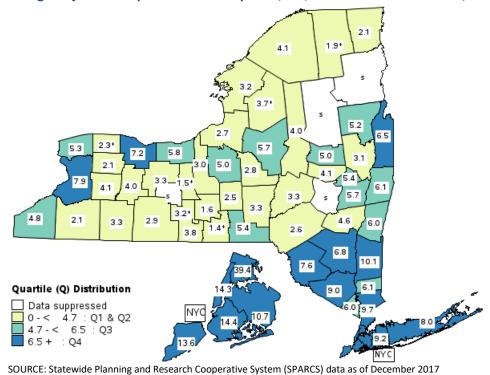
D 255. Asthma Hospitalization Rate per 10,000, New York State Counties, 2016



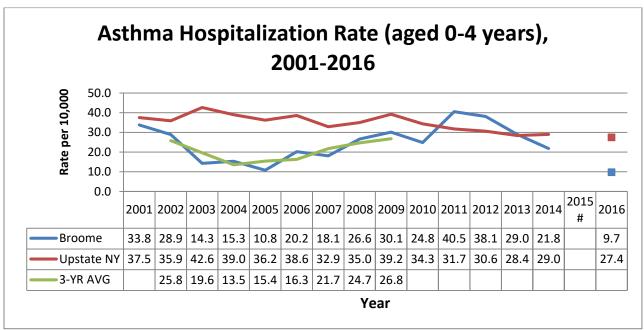
D 256. Asthma Age-Adjusted Hospitalization Rate per 10,000, Broome County & Upstate New York, 2007-2016 [Adjusted Rate]



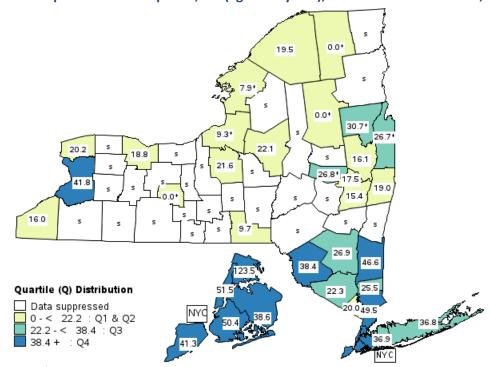
D 257. Asthma Age-Adjusted Hospitalization Rate per 10,000, New York State Counties, 2016



D 258. Asthma Hospitalization Rate per 10,000 (aged 0-4 years), Broome County (single year & 3-year average) & Upstate New York, 2001-2016 [Crude Rate]



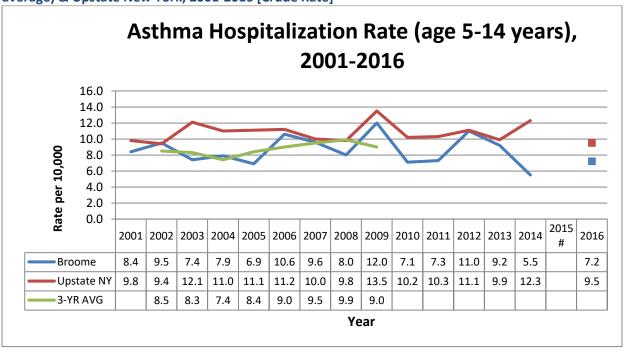
D 259. Asthma Hospitalization Rate per 10,000 (aged 0-4 years), New York State Counties, 2016



s: Data do not meet reporting criteria

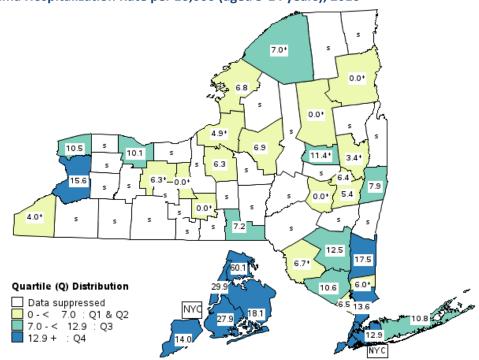
^{*} Fewer than 10 events in the numerator, therefore the rate/percentage is unstable SOURCE: Statewide Planning and Research Cooperative System (SPARCS) data as of December 2017

D 260. Asthma Hospitalization Rate per 10,000 (aged 5-14 years), Broome County (single year & 3-year average) & Upstate New York, 2001-2016 [Crude Rate]



SOURCE: Statewide Planning and Research Cooperative System (SPARCS) data as of December 2017

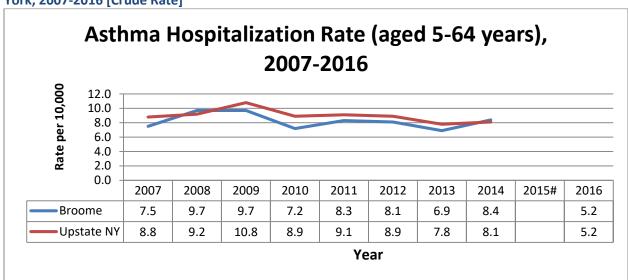
D 261. Asthma Hospitalization Rate per 10,000 (aged 5-14 years), 2016



s: Data do not meet reporting criteria

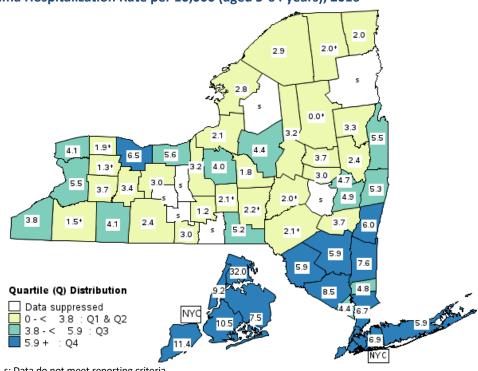
^{*} Fewer than 10 events in the numerator, therefore the rate/percentage is unstable SOURCE: Statewide Planning and Research Cooperative System (SPARCS) data as of December 2017

D 262. Asthma Hospitalization Rate per 10,000 (aged 5-64 years), Broome County & Upstate New York, 2007-2016 [Crude Rate]



SOURCE: Statewide Planning and Research Cooperative System (SPARCS) data as of December 2017

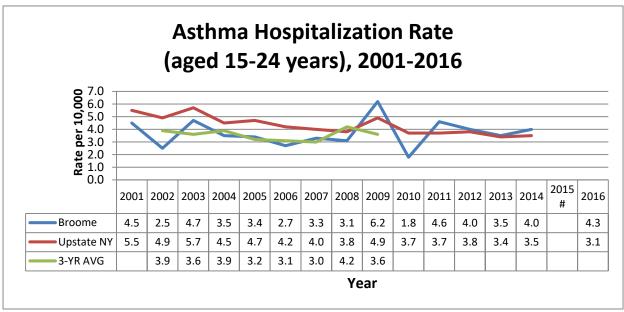
D 263. Asthma Hospitalization Rate per 10,000 (aged 5-64 years), 2016



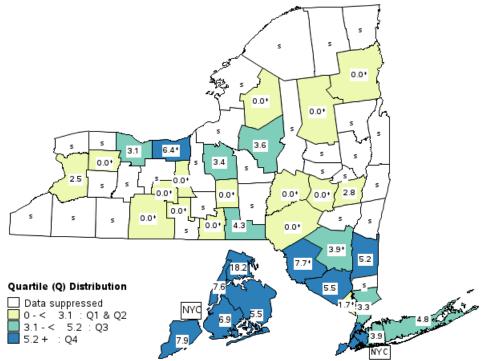
s: Data do not meet reporting criteria

^{*} Fewer than 10 events in the numerator, therefore the rate/percentage is unstable

D 264. Asthma Hospitalization Rate per 10,000 (aged 15-24 years), Broome County (single year & 3-year average) & Upstate New York, 2001-2016 [Crude Rate]



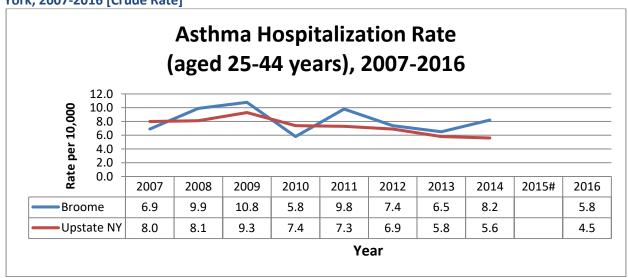
D 265. Asthma Hospitalization Rate per 10,000 (aged 15-24 years), New York State Counties, 2016



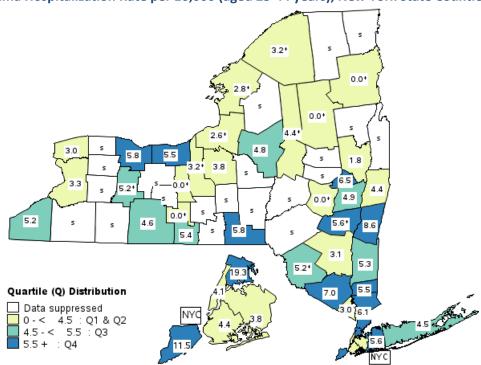
s: Data do not meet reporting criteria

^{*} Fewer than 10 events in the numerator, therefore the rate/percentage is unstable SOURCE: Statewide Planning and Research Cooperative System (SPARCS) data as of December 2017

D 266. Asthma Hospitalization Rate per 10,000 (aged 25-44 years), Broome County & Upstate New York, 2007-2016 [Crude Rate]



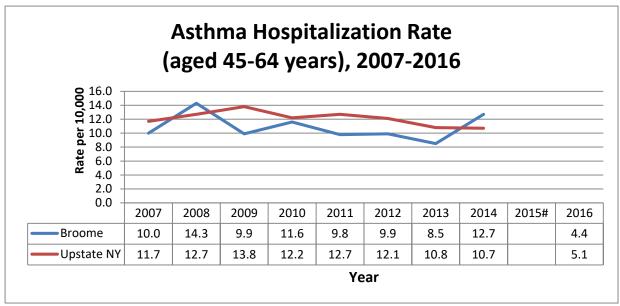
D 267. Asthma Hospitalization Rate per 10,000 (aged 25-44 years), New York State Counties, 2016



s: Data do not meet reporting criteria

^{*} Fewer than 10 events in the numerator, therefore the rate/percentage is unstable SOURCE: Statewide Planning and Research Cooperative System (SPARCS) data as of December 2017

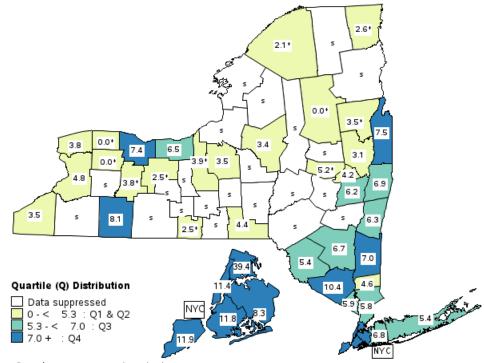
D 268. Asthma Hospitalization Rate per 10,000 (aged 45-64 years), Broome County & Upstate New York, 2007-2016 [Crude Rate]



SOURCE: Statewide Planning and Research Cooperative System (SPARCS) data as of December 2017 #The rate for 2015 is excluded due to SPARCS data transitioning on October 1, 2015 from ICD-9-CM to ICD-10-CM

#The rate for 2015 is excluded due to SPARCS data transitioning on October 1, 2015 from ICD-9-CM to ICD-10-CM diagnosis codes. Since ICD-9-CM and ICD-10-CM are not comparable, an annual rate for 2015 cannot be calculated, and data for 2016-and-forward should not be compared with data for 2014-and-prior.

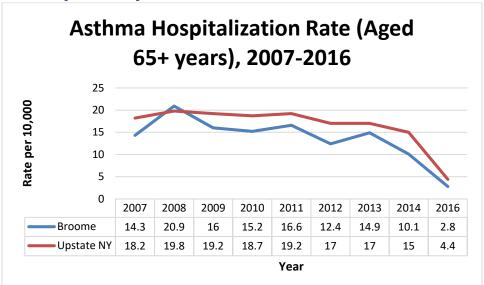
D 269. Asthma Hospitalization Rate per 10,000 (aged 45-64 years), New York State Counties, 2016



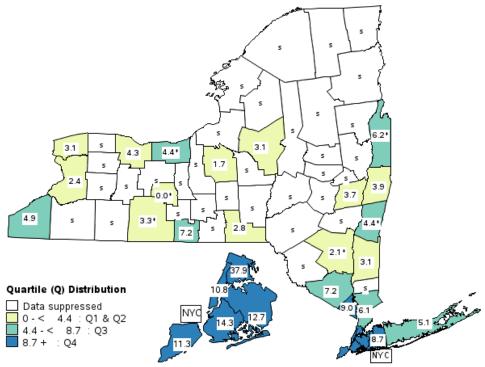
s: Data do not meet reporting criteria

^{*} Fewer than 10 events in the numerator, therefore the rate/percentage is unstable SOURCE: Statewide Planning and Research Cooperative System (SPARCS) data as of December 2017

D 270. Asthma Hospitalization Rate per 10,000 (aged 65 years or older), Broome County & Upstate New York, 2007-2016 [Crude Rate]



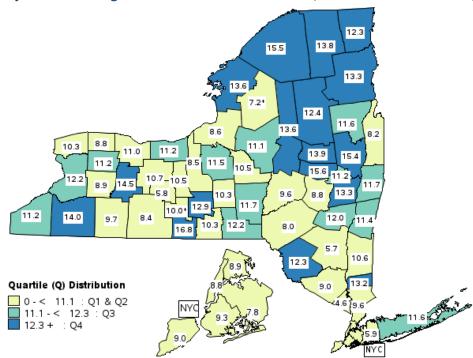
D 271. Asthma Hospitalization Rate per 10,000 (aged 65 years or older), New York State Counties, 2016



s: Data do not meet reporting criteria

^{*} Fewer than 10 events in the numerator, therefore the rate/percentage is unstable SOURCE: Statewide Planning and Research Cooperative System (SPARCS) data as of December 2017

D 272. Age-Adjusted Percentage of Adults with Current Asthma, New York State Counties, 2016



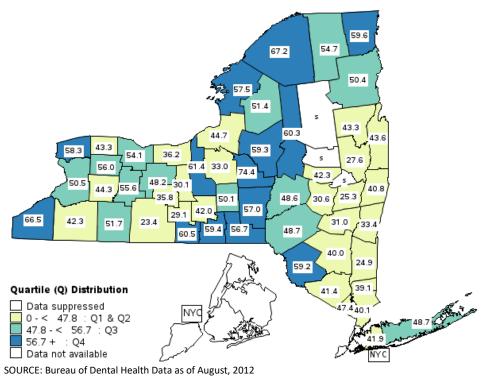
^{*} Fewer than 10 events in the numerator, therefore the rate/percentage is unstable SOURCE: NYS Expanded Behavioral Risk Factor Surveillance System, data as of November 2018

ORAL HEALTH INDICATORS
D 273. Oral Health Indicators, Broome County, Southern Tier, Upstate New York, New York State, 2009-2011

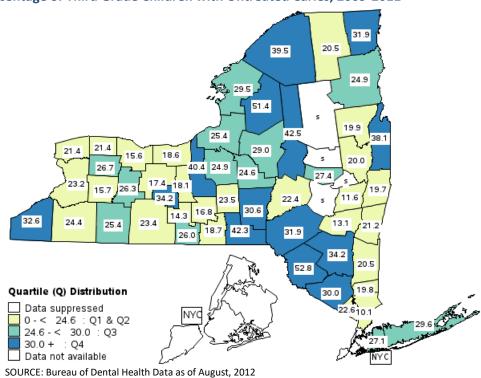
Indicator	Broome County	Southern Tier	NYS	Upstate NY 2016	Quartile Ranking	HP 2017 Goal	HP 2017 Goal Met
Oral Health Survey of 3 rd Grade							
Children							
% of third grade children							
With caries experience (all)	56.7		N/A		4 th		
With untreated caries (all)	42.3		N/A		4 th		
With dental sealants (all)	64.9		N/A		1 st & 2 nd		
With dental insurance (all)	88.5		N/A		1st & 2nd		
With at least one dental visit in last year (all)	80.6		N/A		3 rd		
Reported taking fluoride tablets on a regular basis	51.7		N/A		3 rd		
Age-adjusted % of adults who had a dentist visit within the past year (2016)	67.9		68.4		3 rd		
Caries outpatient visit rate per 10,000 (aged 3-5 years) (2008-2010)	100.6	66.9	68.4	119.7	1 st & 2 nd		
Medicaid Oral Health Indicators							
% of Medicaid enrollees with at least one dental visit within the last year (2015-2017)	33.2	31.9	32.4	34.4	1 st & 2 nd		
% of Medicaid enrollees with at least one preventive dental visit within the last year (2015-2017)	28.4	27.4	28.0	29.9	1 st & 2 nd		
% of Medicaid enrollees (aged 2-20 years) who had at least one dental visit within the last year (2008-2010)	47.6	45.6	47.5	49.9	1 st & 2 nd		
Lip, Oral Cancer, and Pharynx cancer							
Age-adjusted incidence per 100,000 (2007-2009)	16.7	15.9	12.9	15.4	3 rd		
Age-adjusted mortality rate per 100,000 (2007-2009)	13.0	12.3	10.9	12.1	3 rd		
Mortality per 100,000 (aged 45-74 years) (2007-2009)	7.0	5.8	4.5	4.4	4 th		

SOURCE: New York State Department of Health, County Health Assessment Indicators, 2009-2011

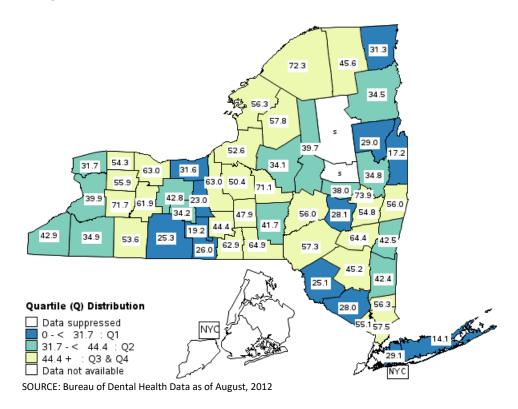
D 274. Percentage of Third Grade Children with Caries Experience, New York State Counties, 2009-2011



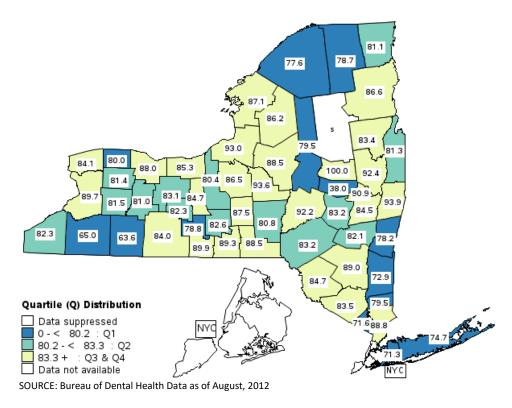
D 275. Percentage of Third Grade Children with Untreated Caries, 2009-2011



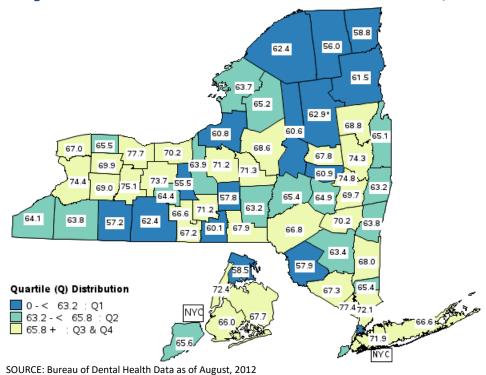
D 276. Percentage of Third Grade Children with Dental Sealants, New York State Counties, 2009-2011



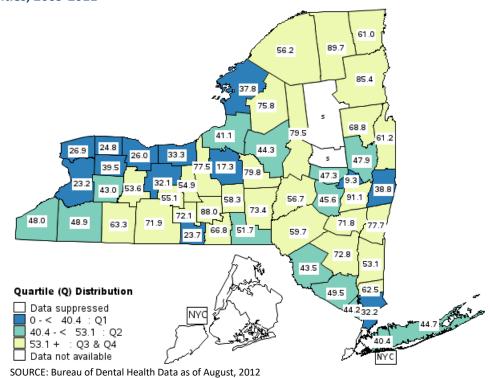
D 277. Percentage of Third Grade Children with Dental Insurance, New York State Counties, 2009-2011



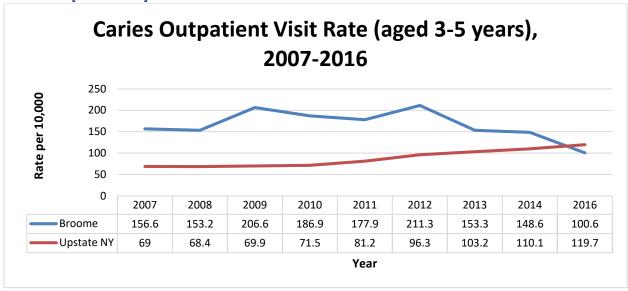
D 278. Percentage of Third Grade Children At least One Dental Visit in the Last Year, 2009-2011



D 279. Percentage of Third Grade Children Reporting Taking Fluoride Tablets Regularly, New York State Counties, 2009-2011

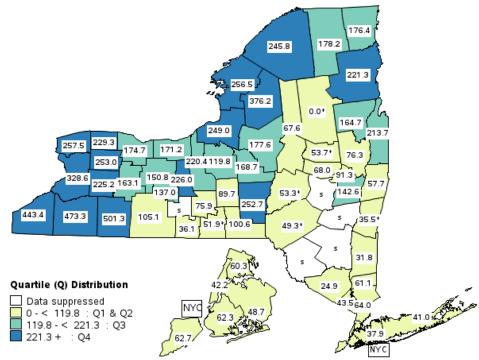


D 280. Caries outpatient visit rate per 10,000 (aged 3-5 years), Broome County & Upstate New York, 2007-2016 [Crude Rate]

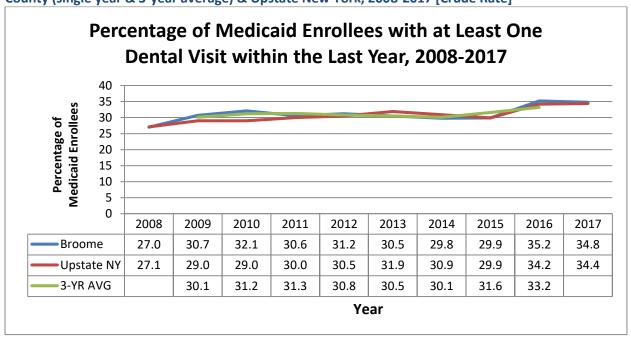


SOURCE: Statewide Planning and Research Cooperative System (SPARCS) data as of December 2017

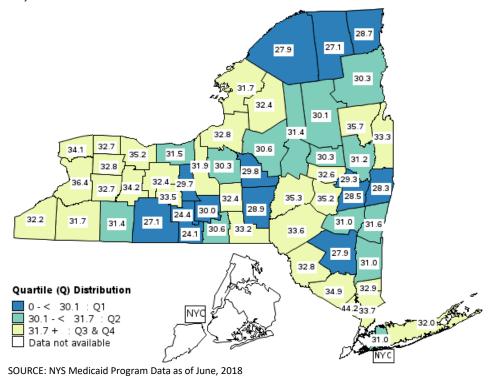
D 281. Carries outpatient visit rate per 10,000 (aged 3-5 years), New York State Counties, 2016



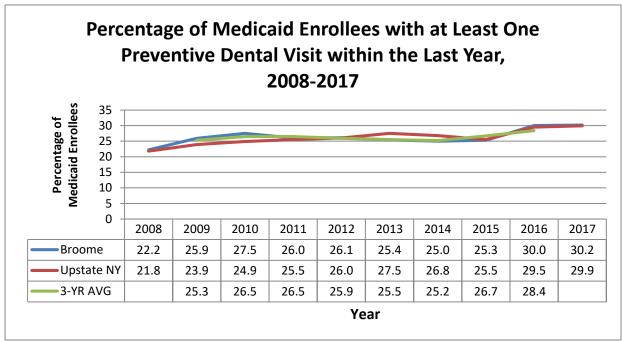
D 282. Percentage of Medicaid Enrollees with at Least One Dental Visit within the Last Year, Broome County (single year & 3-year average) & Upstate New York, 2008-2017 [Crude Rate]



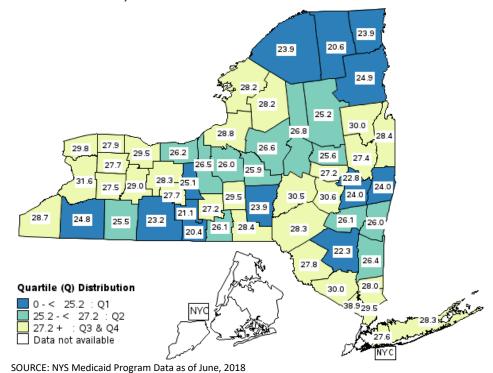
D 283. Percentage of Medicaid Enrollees with at Least One Dental Visit within the Last Year, New York State Counties, 2015-2017



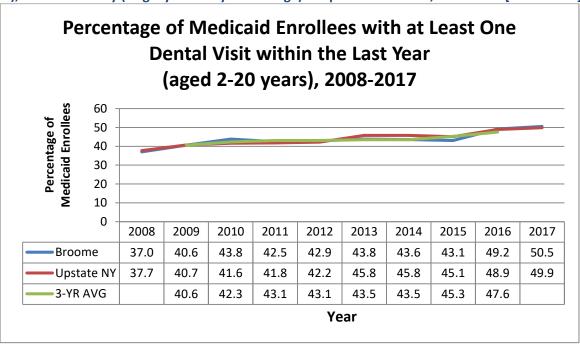
D 284. Percentage of Medicaid Enrollees with at Least One Preventive Dental Visit within the Last Year, Broome County (single year & 3-year average) & Upstate New York, 2008-2017 [Crude Rate]



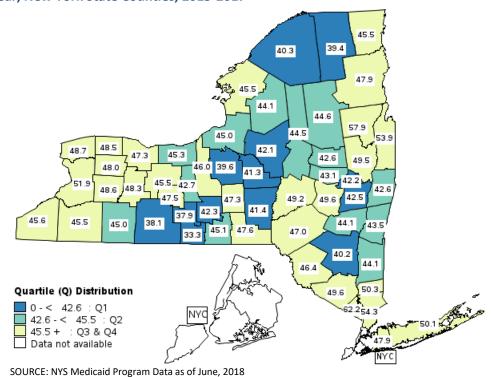
D 285. Percentage of Medicaid Enrollees with at Least One Preventive Dental Visit within the Last Year, New York State Counties, 2015-2017



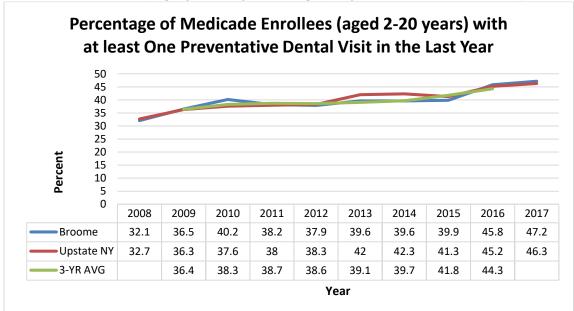
D 286. Percentage of Medicaid Enrollees with at Least One Dental Visit within the Last Year (aged 2-20 years), Broome County (single year & 3-year average) & Upstate New York, 2008-2017 [Crude Rate]



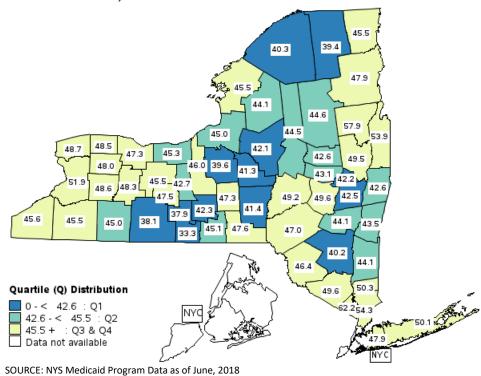
D 287. Percentage of Medicaid Enrollees (aged 2-20 years) who had at Least One Dental Visit within the Last Year, New York State Counties, 2015-2017



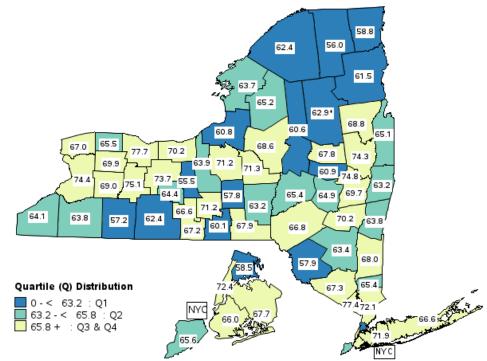
D 288. Percentage of Medicaid Enrollees (aged 2-20 years) who had at Least One Dental Visit within the Last Year, Broome (single year & 3-year average) & Upstate New York, 200-2017 [Crude Rate]



D 289. Percentage of Medicaid Enrollees with at Least One Preventive Dental Visit within the Last Year, New York State Counties, 2015-2017



D 290. Age-adjusted Percentage of Adults Who had a Dental Visit within the Last Year, New York State Counties, 2016



SOURCE: NYS Expanded Behavioral Risk Factor Surveillance System, data as of January 2019

CHILD ABUSE AND FOSTER CARE D 291. Number and Percent of Report for Child Abuse and Foster Care Placement, Broome County,

Upstate New York, New York State, 2010; 2017

		Broome NYS				Upstate NY		
Child Abuse / Faster Care Indicator	Baseline Most Recent		Baseline	Most	Baseline	Most		
Child Abuse / Foster Care Indicator						Recent		Recent
	N	%	N	%	%	%	%	%
Child Abuse and Maltreatment [Baseline 2005; Most Recent 2011]								
Children/Youth in Indicated Reports of Child Abuse and Maltreatment	1,681	34.6	1,826	45.2	18.6	17.1	17.1	16.8
(rate per 1,000 children)	,		,					
Indicated Reports of Child Abuse and Maltreatment	1,025	33.8	1,125	35.1	30.4	28.8	25.4	24.0
Foster Care [Baseline 2005; Most Rec	ent 2011]						
Children/Youth Admitted to Foster Care (rate per 1,000 children)	154	3.7	125	2.4	2.6	1.7	2.0	1.5
Children in Care – Children/Youth 0-21 years (rate per 1,000 children)	317	5.9	251	4.7	4.0	3.0	2.5	2.3
Children and Youth Discharged from Foster Care	182	36.5	122	32.7	37.1	36.4	40.9	39.8
Children and Youth Freed for Adoption	22	4.4	15*	4.0*	5.9	5.8	6.8	6.8
Children and Youth Discharged to Adoption	33	44.0	20	43.5	43.3	51.2	47.0	49.0
Terminated Parental Rights Judgmer	ts-Termi	nated &	Dismiss	ed/With	drawn TPR	Judgment	:s	
[Baseline 2005; Most Recent 2011] (% TPR determinations in given year)								
Terminated TPR Judgments	21	65.6	14*	40*	49.8	46.2	41.7	40.7
Dismissed or Withdrawn Judgments	6*	18.8*	13*	37.1*	37.3	41.2	44.8	46.1
Suspended or Other TPR Judgments [Baseline 2005; Most Recent 2011] (% TPR determinations in given year)								
Suspended TPR Judgments	2*	6.3*	6*	17.1*	7.9	8.4	8.7	8.9
Other TPR Judgments	3*	9.4*	2*	5.7*	5.0	4.2	4.8	4.3

SOURCE: NYS Kids' Well-being Indicators Clearinghouse (KWIC), 2010;2017

^{*}Too few events, rate unstable

APPENDIX E

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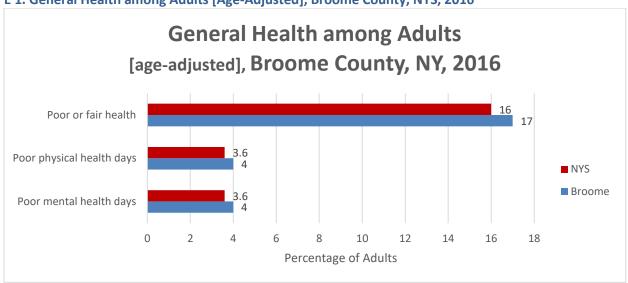
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GENERAL HEALTH STATUS

E 1. General Health among Adults [Age-Adjusted], Broome County, NYS, 2016



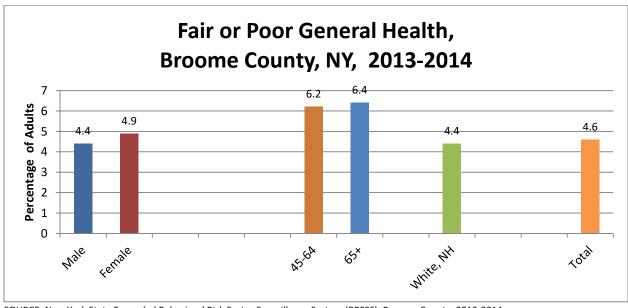
SOURCE: Robert Wood Johnson Foundation, County Health Rankings, 2019

E 2. Percentages of Fair or Poor General Health among Adults, Broome County & New York State, 2016

Health Indicator	Broome County Percentage (95% CI)	New York State Percentage (95% CI)
Fair or Poor General Health	7.7%	4%
Fair of Poor General Health	(4.4-11.1)	(3.6-4.4)

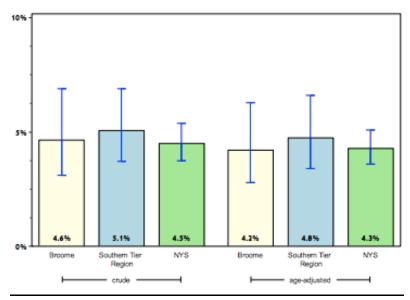
SOURCE: New York State Expanded Behavioral Risk Factor Surveillance System (BRFSS), Broome County, 2016

E 3. Fair or Poor General Health among Adults, Broome County, NY, 2013-2014



SOURCE: New York State Expanded Behavioral Risk Factor Surveillance System (BRFSS), Broome County, 2013-2014

E 4. Percentages of Fair or Poor General Health among Adults, Broome County, Southern Tier & New York State, 2013-2014

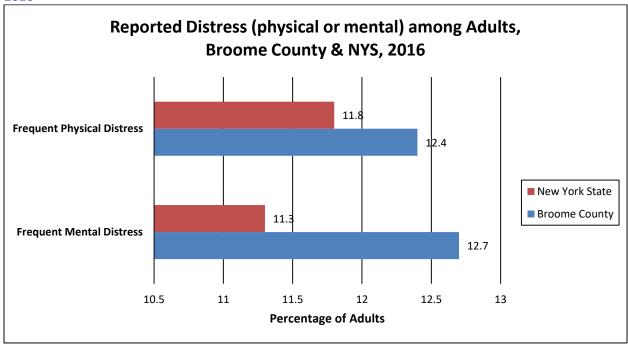


E 5. Percentages of Fair or Poor General Health among Adults, Broome County, Southern Tier & New York State, 2013-2014

	Broome County		Southern Tier			
	Est. # of Adults	Percent	95% CI	Est. # of Adults	Percent	95% CI
Total Age	7,331	4.6	(3.1-6.9)	18,143	5.1	(3.7-6.9)
18-24		#			#	
25-34 35-44		#			#	
45-64	3,280	6.2	(3.3-11.2)	7,509	6.4	(4.5-9.0)
65+ Race	2,151	6.4	(3.5-11.4)	5,843	8.1	(5.8-11.2)
White, NH Black, NH Hispanic	6,110	4.4 # #	(2.8-6.8)	14,079	4.7 # #	(3.2-6.8)
Other, NH Sex		#		2,274	8.6	(4.0-17.6)
male female	3,361 3,970	4.4 4.9	(2.4-7.7) (2.8-8.4)	10,260 7,882	5.8 4.3	(3.6-9.4) (3.1-6.1)
e-adjusted [®]		4.2	(2.8-6.3)		4.8	(3.4-6.6)

SOURCE: New York State Expanded Behavioral Risk Factor Surveillance System (BRFSS), Broome County, 2013-2014

E 6. Reported Distress Either Physical or Mental among Adults, Broome County & New York State, 2016



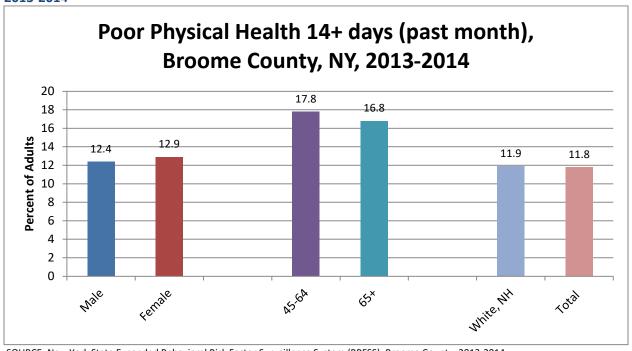
SOURCE: Robert Wood Johnson Foundation, County Health Rankings, 2019

E 7. Poor Physical Health 14 or More Days within the Past Month among Adults, Broome County & New York State, 2016

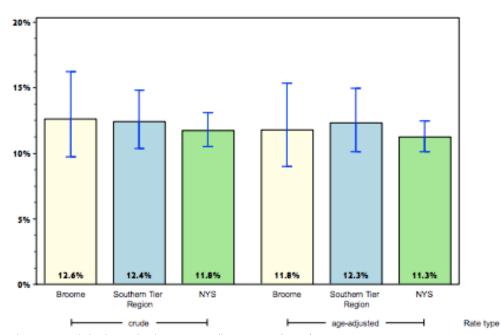
Health Indicator	Broome County Percentage (95% CI)	New York State Percentage (95% CI)
Poor physical health for 14+ day within the past month		10.8%
	(8.3-14.5)	(10.2-11.5)

SOURCE: New York State Expanded Behavioral Risk Factor Surveillance System (BRFSS), Broome County, 2016

E 8. Poor Physical Health 14 or More Days within the Past Month among Adults, Broome County, NY, 2013-2014



E 9. Poor Physical Health 14 or More Days within the Past Month among Adults, Broome County, Southern Tier & New York State, 2013-2014



 $SOURCE: New York State \ Expanded \ Behavioral \ Risk \ Factor \ Surveillance \ System \ (BRFSS), Broome \ County, \ 2013-2014$

E 10. Poor Physical Health 14 or More Days within the Past Month among Adults, Broome County, Southern Tier & New York State, 2013-2014

	Broome County			Southern Tier		
	Est. # of Adults	Percent	95% CI	Est. # of Adults	Percent	95% CI
Total Age	19,238	12.6	(9.7-16.2)	43,428	12.4	(10.4-14.8)
18-24		#			#	
25-34 35-44		#		5,741 5,563	9.6 [^] 12.0	(4.3-20.1) (6.8-20.5)
45-64 65+	8,900 5,451	17.8 16.8	(12.3-25.1) (10.5-25.8)	17,383 12,114	15.3 17.3	(12.1-19.0) (13.5-21.9)
Race White, NH Black, NH	15,989	11.9 #	(9.1-15.3)	34,674	11.9 #	(9.9-14.3)
Hispanic Other, NH Sex		#		4,940	# 19.1^	(9.7-34.2)
male female	9,197 10,041	12.4 12.9	(8.4-17.8) (9.0-18.2)	22,786 20,642	13.2 11.6	(10.1-17.2) (9.2-14.5)
Age-adjusted ^{&}		11.8	(9.0-15.3)		12.3	(10.1-14.9)

Out of the past 30 days.

E 11. Poor Mental Health 14 or More Days within the Past Month among Adults in Broome County & New York State, 2016

Health Indicator	Broome County Percentage (95% CI)	New York State Percentage (95% CI)
Percentage of adults with poor mental health for 14 or	9.9%	10.7%
more days in the last month	(6.1%-13.7%)	(10%-11.4%)

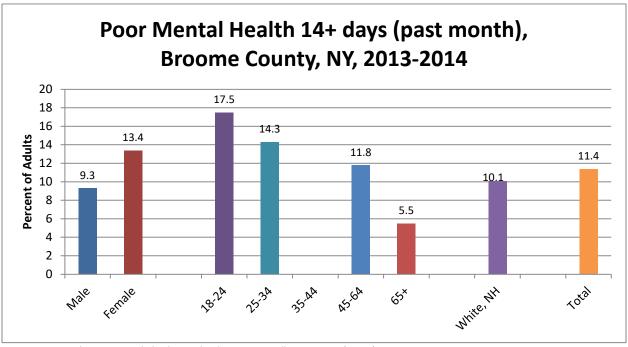
SOURCE: New York State Expanded Behavioral Risk Factor Surveillance System (BRFSS), Broome County, 2016

[&]amp; Percent is age-adjusted to the 2000 United States Population.

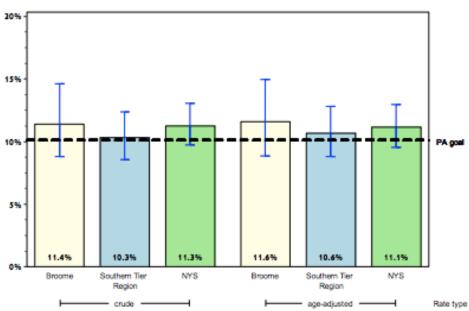
[#] Rates with <10 in the numerator or <50 in the denominator are suppressed.

[^] Highly variable rate (confidence interval with a half-width greater than 10).

E 12. Poor Mental Health 14 or More Days within the Past Month among Adults, Broome County, NY, 2013-2014



E 13. Poor Mental Health 14 or More Days within the Past Month among Adults, Broome County, Southern Tier & New York State, 2013-2014



SOURCE: New York State Expanded Behavioral Risk Factor Surveillance System (BRFSS), Broome County, 2013-2014

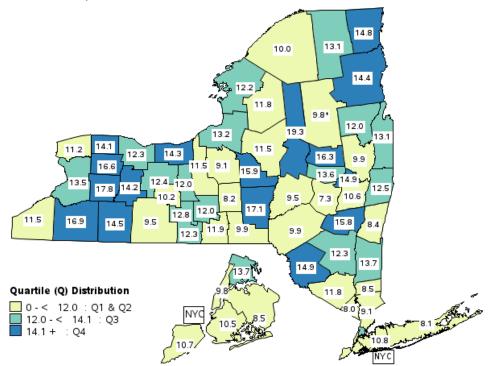
E 14. Poor Mental Health 14 or More Days within the Past Month among Adults, Broome County, Southern Tier & New York State, 2013-2014

	Br	oome Cour	nty		Southern T	ier
	Est. # of Adults	Percent	95% CI	Est. # of Adults	Percent	95% CI
Total Age	17,557	11.4	(8.8-14.6)	36,482	10.3	(8.6-12.4)
18-24	4,417	17.5	(9.6-29.5)	4,996	8.9	(5.0-15.3)
25-34	3,142	14.3^	(7.8-24.6)	8,024	13.5	(7.8-22.5)
35-44		#		5,170	11.0	(7.3-16.3)
45-64	6,041	11.8	(7.6-17.8)	13,514	11.7	(9.1-14.9)
65+	1,836	5.5	(2.6-11.3)	4,696	6.6	(4.5-9.7)
Race						
White, NH	13,766	10.1	(7.6-13.2)	30,947	10.5	(8.6-12.8)
Black, NH		#			#	
Hispanic		#			#	
Other, NH		#		2,326	8.8	(3.8-19.1)
Sex						
male	6,964	9.3	(6.1-14.0)	16,352	9.5	(6.9-12.9)
female	10,593	13.4	(9.6-18.3)	20,130	11.2	(8.9-13.8)
Age-adjusted&		11.6	(8.9-15.0)		10.6	(8.8-12.8)

[&]amp; Percent is age-adjusted to the 2000 United States Population.

SOURCE: New York State Expanded Behavioral Risk Factor Surveillance System (BRFSS), Broome County, 2013-2014

E 15. Age-adjusted Percentage of Adults with Poor Mental Health (14 or more days in the past month), New York State Counties, 2016



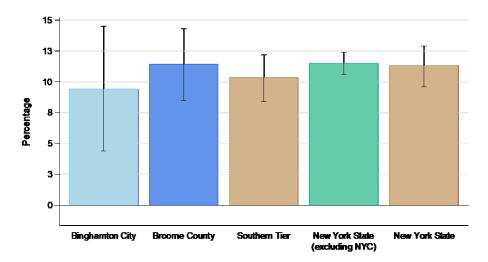
SOURCE: NYS Expanded Behavioral Risk Factor Surveillance System, data as of November 2018

[#] Rates with <10 in the numerator or <50 in the denominator are suppressed.

[^] Highly variable rate (confidence interval with a half-width greater than 10).

E 16. Percentage of Adults Who Reported that their Mental Health Was Poor or Not Good, Broome County, NY, 2013-2014 [sub-county level data]

Percentage of adults who reported that their mental health was poor or not good April 2013 - March 2014 County: Broome



County Sub-population	Percentage	95% Confidence Interval
County Subdivision		
Binghamton City	9.4	(4.4 - 14.5)
Total		
Broome County	11.4	(8.5 - 14.3)
Southern Tier	10.3	(8.4 - 12.2)
New York State (excluding NYC)	11.5	(10.6 - 12.4)
New York State	11.3	(9.6 - 12.9)

Description: Percentage of adults who reported that their mental health was poor or not good on at least 14 of the past 30 days. "Poor" and "not good" mental health days include days when there was stress, depression, and problems with emotions.

Data Source: New York State 2013-2014 Expanded Behavioral Risk Factor Surveillance Survey (eBRFSS)

SOURCE: New York State Department of Health, Office of Public Health Practice, Bureau of Chronic Disease Evaluation & Research, Sub-County Data Report for County Health Rankings-Related Measures, Broome County, 2016

E 17. Disability among Adults, Broome County & New York State, 2016

Health Indicator	Broome County Percentage (95% CI)	New York State Percentage (95% CI)
Percentage of adults with a disability	24.9% (19.4%-30.3%)	21.6% (20.7%-22.5%)

SOURCE: New York State Expanded Behavioral Risk Factor Surveillance System (BRFSS), Broome County, 2016

E 18. Disability among Adults, Broome County, NY, 2016

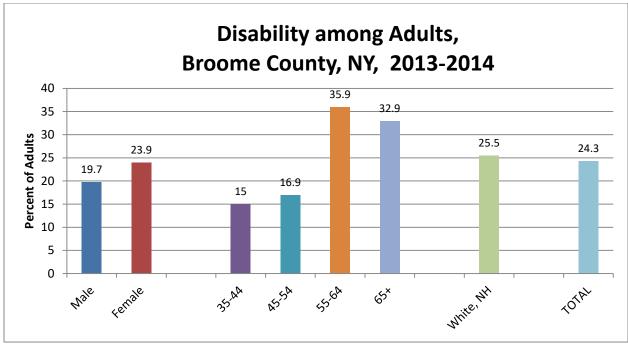
Health Indicator	Broome County Percentage (95% CI)	Quartile
Percentage of Adults with a Disability	25.8%	3 rd
(Based on 6 ACA questions)	(20.5%-31.0%)	3
Percentage of Adults with a Cognitive Disability	6.4% (4.0%-8.8%)	1 st
Percentage of Adults with a Hearing Disability	4.9% (2.8%-7.0%)	2 nd
Percentage of Adults with a Vision Disability	5.0% (2.8%-7.1%)	4 th
Percentage of Adults with a Self-care Disability	3.7% (1.8%-5.6%)	3 rd
Percentage of Adults with a Mobility Disability	14.7% (10.9%-18.5%)	3 rd
Percentage of Adults with an Independent Living Disability	9.0% (5.2%-12.8%)	4 th

NOTE: County estimates are not age-adjusted. Disability includes all respondents who responded "yes" to at least one of the following questions:

- Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?
- Are you deaf, or do you have serious difficulty hearing?
- Are you blind, or do you have serious difficulty seeing, even when wearing glasses?
- Do you have difficulty dressing or bathing?
- Do you have serious difficulty walking or climbing stairs?
- Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

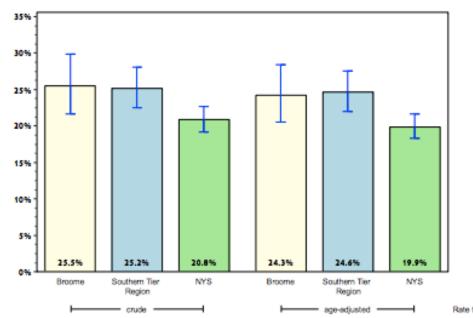
SOURCE: New York State Department of Health, Information for Action Reports #2019-06, #2019-07, #2019-08, #2019-09, #2019-10, #2019-11, #2019-12; Release Date 08/01/2019; Behavioral Risk Factor Surveillance System (BRFSS) 2016

E 19. Disability among Adults, Broome County, NY, 2013-2014



SOURCE: New York State Expanded Behavioral Risk Factor Surveillance System (BRFSS), Broome County, 2013-2014

E 20. Disability among Adults, Broome County, Southern Tier & New York State, 2013-2014



SOURCE: New York State Expanded Behavioral Risk Factor Surveillance System (BRFSS), Broome County, 2013-2014

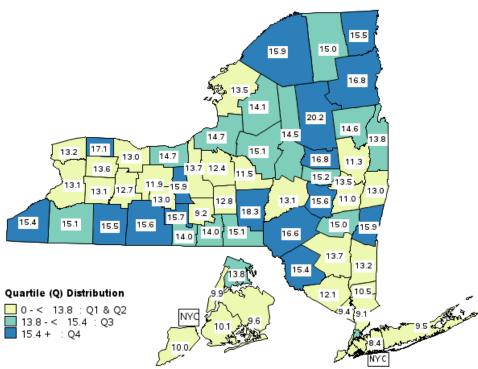
E 21. Disability among Adults, Broome County, Southern Tier & New York State, 2013-2014

	Br	oome Cou	nty	Southern Tier				
	Est. # of Adults	Percent	95% CI	Est. # of Adults	Percent	95% CI		
Total Age	39,995	25.5	(21.6-29.9)	89,618	25.2	(22.5-28.1)		
18-24		#		4,554	8.2	(4.3-15.1)		
25-34 35-44	3,521 3,387	15.0 [^] 16.9 [^]	(8.4-25.5) (9.1-29.4)	12,577 8,889	21.1 [^] 19.4	(13.6-31.4) (13.5-27.2)		
45-64	18,919	35.9	(28.7-43.8)	36,485	30.8	(26.7-35.3)		
65+ Race	11,033	32.9	(25.1-41.8)	26,446	36.6	(31.9-41.5)		
White, NH Black, NH	35,312	25.5 #	(21.5-30.0)	77,336	26.0 #	(23.3-28.9)		
Hispanic Other, NH Sex		#		5,878	# 23.1^	(12.8-38.2)		
male female	14,842 25,153	19.7 30.9	(15.1-25.3) (24.8-37.7)	43,459 46,159	24.9 25.5	(21.0-29.2) (21.9-29.5)		
ge-adjusted ^{&}		24.3	(20.6-28.4)		24.6	(22.0-27.5)		

Limited activities (physical, mental, or emotional problems); need of special equipment (e.g. cane, wheel chair).

SOURCE: New York State Expanded Behavioral Risk Factor Surveillance System (BRFSS), Broome County, 2013-2014

E 22. Percentage of Population with Disability, New York State Counties, 2016

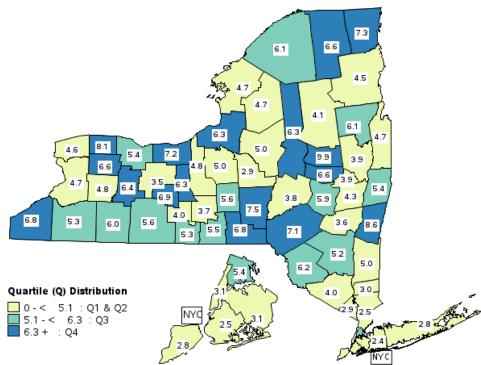


SOURCE: NYS Expanded Behavioral Risk Factor Surveillance System, data as of June 2018

[&]amp; Percent is age-adjusted to the 2000 United States Population.

[#] Rates with <10 in the numerator or <50 in the denominator are suppressed.</p>
^ Highly variable rate (confidence interval with a half-width greater than 10).

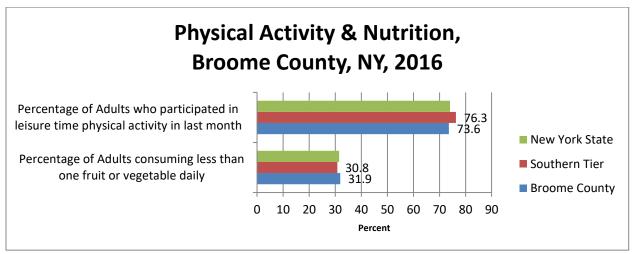
E 23. Percentage of Children under 18 years old with Disability, New York State Counties, 2012-2016



SOURCE: NYS Expanded Behavioral Risk Factor Surveillance System, data as of June 2018

PHYSICAL ACTIVITY & NUTRITION

E 24. Physical Activity and Nutrition among Adults [Age-Adjusted], Broome County, NY, 2016



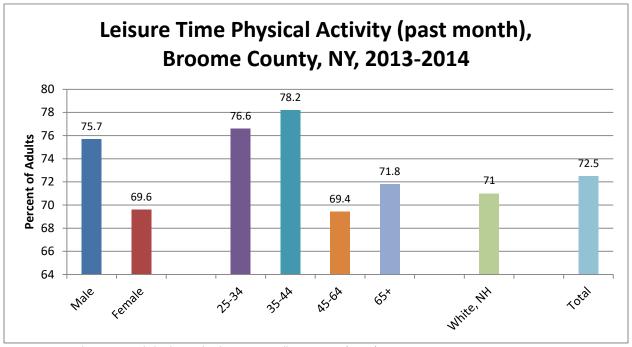
SOURCE: New York State Expanded Behavioral Risk Factor Surveillance System (BRFSS), Broome County, 2016

E 25. Percentage of Adults who participated in leisure time physical activity within the past month, Broome County & New York State, 2016

Health Indicator	Broome County Percentage (95% CI)	New York State Percentage (95% CI)	
Percentage of Adults who participated in leisure time	73.6%	74%	
physical	(66.7%-80.4%)	(73%-75%)	

SOURCE: New York State Expanded Behavioral Risk Factor Surveillance System (BRFSS), Broome County, 2016

E 26. Percentage of Adults Who Participated in Leisure Time Physical Activity within the Past Month, Broome County, NY, 2013-2014



SOURCE: New York State Expanded Behavioral Risk Factor Surveillance System (BRFSS), Broome County, 2013-2014

E 27. Percentage of Adults who participated in leisure time physical activity within the past month, Broome County, Southern Tier & New York State, 2013-2014

	Br	oome Cou	nty	l	Southern T	ier
	Est. # of Adults	Percent	95% CI	Est. # of Adults	Percent	95% CI
Total Age	110,758	72.5	(67.3-77.1)	259,735	74.2	(70.9-77.4)
18-24		#		41,971	78.8	(66.5-87.4)
25-34	18,017	76.6	(63.0-86.4)	42,562	71.7	(58.8-81.7)
35-44	15,529	78.2	(62.7-88.4)	36,839	80.3	(72.6-86.3)
45-64	35,289	69.4	(60.9-76.7)	85,632	73.9	(69.3-78.1)
65+	23,912	71.8	(63.8-78.7)	48,976	68.8	(64.2-73.1)
Race						
White, NH	95,972	71.0	(65.4-75.9)	213,124	72.9	(69.7-75.9)
Black, NH		#			#	
Hispanic		#			#	
Other, NH		#		22,139	88.7^	(78.0-94.6)
Sex						
male	54,617	75.7	(68.7-81.6)	133,344	78.2	(74.0-81.9)
female	56,141	69.6	(61.9-76.3)	126,391	70.5	(65.2-75.2)
ge-adjusted ^{&}		73.2	(67.8-77.9)		74.7	(71.2-77.8)

^{*} Any physical activities or exercises such as running or walking

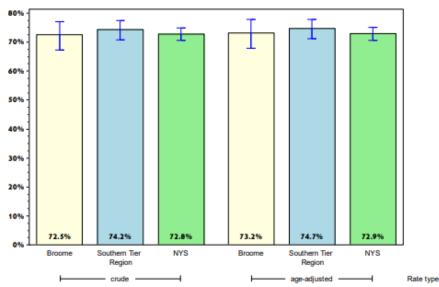
SOURCE: New York State Expanded Behavioral Risk Factor Surveillance System (BRFSS), Broome County, 2013-2014

[&]amp; Percent is age-adjusted to the 2000 United States Population.

[#] Rates with <10 in the numerator or <50 in the denominator are suppressed.

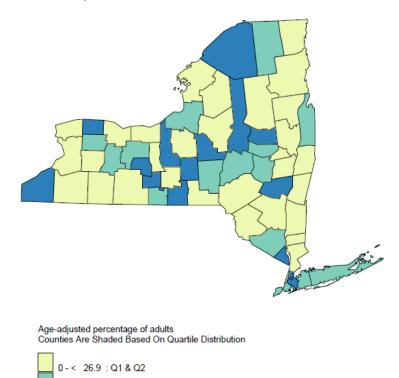
[^] Highly variable rate (confidence interval with a half-width greater than 10).

E 28. Percentage of Adults who participated in leisure time physical activity within the past month, Broome County, Southern Tier & New York State, 2013-2014



SOURCE: New York State Expanded Behavioral Risk Factor Surveillance System (BRFSS), Broome County, 2013-2014

E 29. Age-adjusted Percentage of Adults Who Participated in Leisure Time Physical Activity in Last 30 Days, New York State Counties, 2013-2014

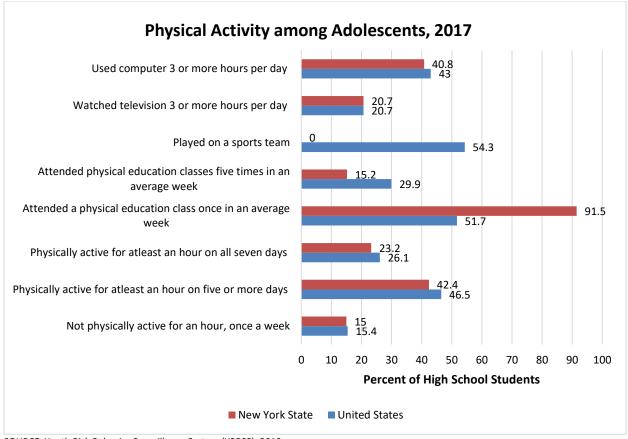


Source: 2013-2014 NYS Expanded Sehavioral Risk Factor Surveillance System (NYS Counties outside NYC); 2013 NYS Behavioral Risk Factor Surveillance System (NYC counties), data as of 201

SOURCE: New York State Expanded Behavioral Risk Factor Surveillance System (BRFSS), Broome County, 2013-2014

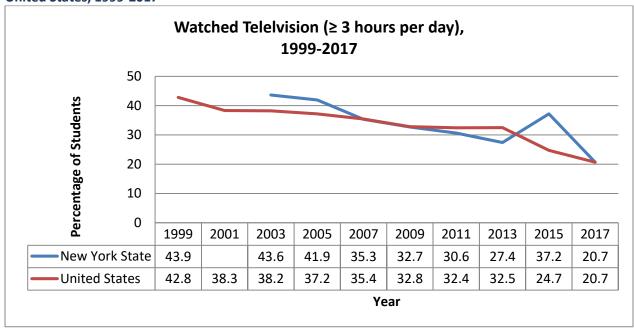
26.9 - < 30.0 : Q3 30.0 + : Q4





SOURCE: Youth Risk Behavior Surveillance System (YRBSS), 2019

E 31. Television Viewing More than Three Hours per Day among Adolescents, New York State & United States, 1999-2017



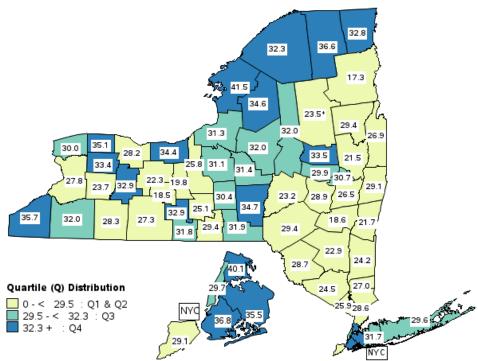
SOURCE: Youth Risk Behavior Surveillance System (YRBSS), 2019

E 32. Consumption of less than one Fruit and/or Vegetable per Day among Adults, Broome County, NY, 2016

Health Indicator	Broome County Percentage (95% CI)	Southern Tier Percentage (95% CI)	New York State Percentage (95% CI)
Percentage of Adults who reported eating less than one fruit and/or Vegetable	31.9%	30.8	31.5%
	(24.7%-39.1%)	(27.3%-34.3)	(30.3%-32.8)

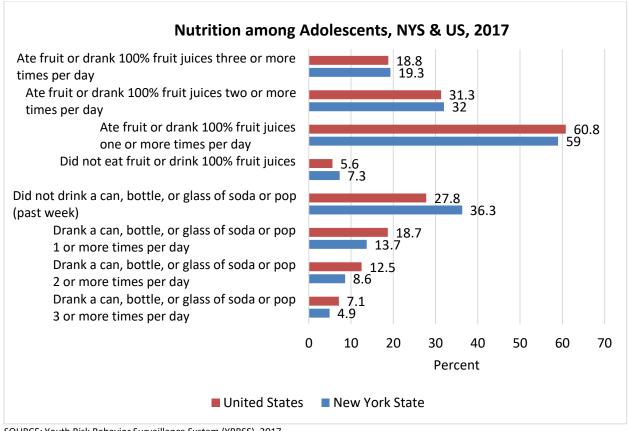
SOURCE: New York State Expanded Behavioral Risk Factor Surveillance System (BRFSS), Broome County, 2016

E 33. Age-adjusted Percentage of Adults Eating Less Than One Fruit or Vegetable per Day, New York State Counties, 2016



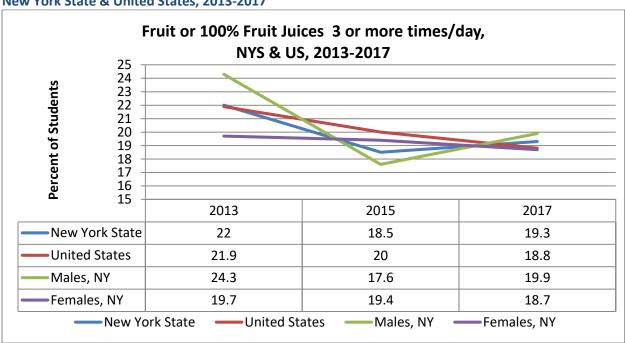
SOURCE: NYS Expanded Behavioral Risk Factor Surveillance System, data as of November 2018

E 34. Nutrition among Adolescents, New York State & United States, 2017



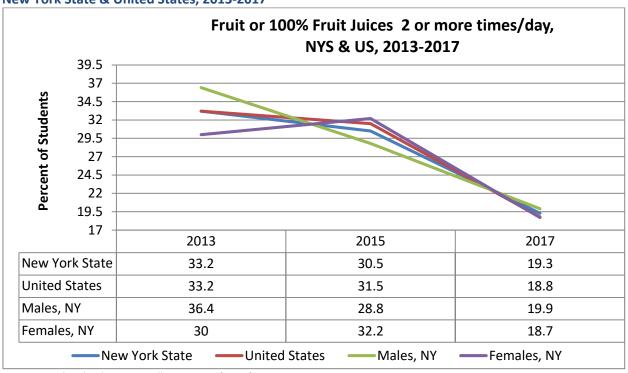
SOURCE: Youth Risk Behavior Surveillance System (YRBSS), 2017

E 35. Consumption of Fruit or 100% Fruit Juice less than Three Times per Day among Adolescents, New York State & United States, 2013-2017



SOURCE: Youth Risk Behavior Surveillance System (YRBSS), 2017

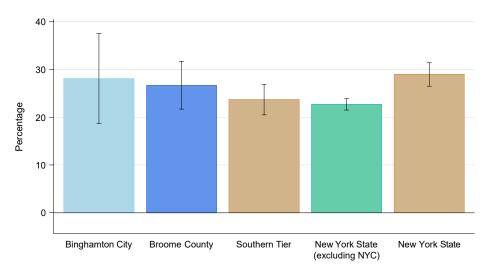
E 36. Consumption of Fruit or 100% Fruit Juice Two or more times per Day among Adolescents, New York State & United States, 2013-2017



SOURCE: Youth Risk Behavior Surveillance System (YRBSS), 2017

E 37. Percentage of Adults Who Are Food Insecure, Broome County, 2013-2014, [sub-county level data]

Percentage of adults who are food insecure April 2013 - March 2014 **County: Broome**



County Sub-population	Percentage	95% Confidence Interval
County Subdivision		
Binghamton City	28.1	(18.7 - 37.5)
Total		
Broome County	26.7	(21.7 - 31.7)
Southern Tier	23.7	(20.5 - 26.9)
New York State (excluding NYC)	22.7	(21.5 - 23.9)
New York State	29.0	(26.5 - 31.4)

Description: Percentage of adults who report being always, usually, or sometimes stressed about

having enough money to buy nutritious meals.

Data Source: New York State 2013-2014 Expanded Behavioral Risk Factor Surveillance Survey (eBRFSS)

SOURCE: New York State Department of Health, Office of Public Health Practice, Bureau of Chronic Disease Evaluation & Research, Sub-County Data Report for County Health Rankings-Related Measures, Broome County, 2016

OBESITY AND RELATED INDICATORS

Indicator	3 Year Total	Broome County	NYS	Upstate NY	Quartile Ranking	HP 2020 Goal	HP 2020 Goal Met
All students (elementary-Pre-K, K, 2 nd , 4 th grad	es, middl	e-7 th grade	and hig	h school-10	th grade)		
% overweight but not obese (85 th percentile to less than 95 th percentile)	N/A	15.0	N/A	14.7	3 rd		
% obese (95 th percentile or higher)	N/A	17.1	N/A	16.5	3 rd		
% overweight or obese (85 th percentile or	N/A	32.1	N/A	31.3	3 rd		
higher)							
Elementary students (Pre-K, K, 2 nd and 4 th grad	les)			•			
% overweight but not obese (85 th percentile to less than 95 th percentile)	N/A	13.7	N/A	13.3	4 th		
% obese (95 th percentile or higher)	N/A	14.7	N/A	15.2	2 nd	15.7	Y
% of overweight or obese (85 th percentile or	N/A	28.4	N/A	28.5	3 rd	13.7	-
higher)	11/7	20.4	IV/A	20.5	3		
Middle and high school students (7 th and 10 th §	rades)						
% overweight but not obese (85 th percentile	N/A	16.9	N/A	16.6	3 rd		
to less than 95 th percentile)	,,,	10.3	,,,	20.0	J		
% obese (95 th percentile or higher)	N/A	20.4	N/A	18.3	3 rd	16.1	
% overweight or obese (85 th percentile or	N/A	37.2	N/A	34.9	3 rd		
higher)	,		,				
% of pregnant women in WIC who were pre-	881	23.8	26.6	26.3	2 nd		
pregnancy overweight but not obese (BMI							
25 to less than 30) ~							
% of pregnant women in WIC who were pre-	1,109	30.0	23.4	26.7	3 rd		
pregnancy obese (BMI 30 or higher) ~							
% obese (95 th percentile or higher) children	964	14.6	14.5	15.2	2 nd		
in WIC (ages 2-4 years)							
% of children in WIC viewing TV 2 hours or	5,780	81.6	78.6	80.7	3 rd		
less per day (ages 0-4 years)							
% of WIC mothers breastfeeding at 6 months	505	19.8	39.7	28.7	3 rd		
Age-adjusted % of adults overweight or	N/A	63.7	59.3	60.6	3 rd		
obese (BMI 25 or higher) (2008-2009)							
Age-adjusted % of adults obese (BMI 30 or	N/A	24.9	23.1	24.3	2 nd		
higher) (2008-2009)					- +h		
Age-adjusted % of adults who did not	N/A	82.7	76.3	78.9	4 th		
participate in leisure time physical activity in							
the last 30 days (2008-2009)	21/2	27.4	27.4	27.7	and		
Age-adjusted % of adults eating 5 or more	N/A	27.4	27.1	27.7	2 nd		
fruits or vegetables per day (2008-2009)	N1 / A	0.0	0.0	0.5	2 nd		
Age-adjusted % of adults with physician	N/A	8.6	9.0	8.5	Z ''' ^u		
diagnosed diabetes (2008-2009)	N1 / A	7.0	7.6	7.2	2 nd		
Age-adjusted % of adults with physician diagnosed angina, heart attack, or stroke	N/A	7.0	7.6	7.2	Z		
(2008-2009)							
SOURCE: New York State Department of Health, County Hea	lth Accord	nont Indicato	rc 2017-20	1			

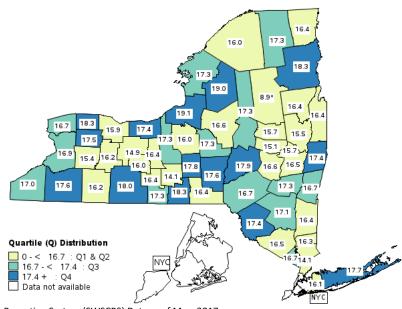
SOURCE: New York State Department of Health, County Health Assessment Indicators, 2014-2016 N/A – Data Not Available

E 38. Obesity and Related Indicators, Broome County, Upstate New York, New York State, 2014-2016

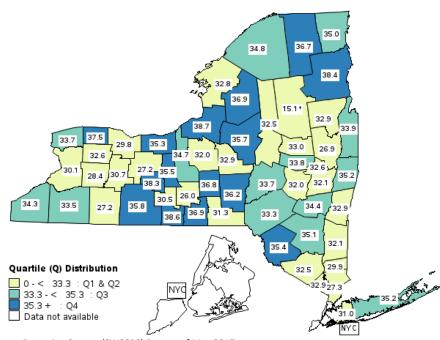
							НР
Indicator	3 Year Total	Broome County	NYS	Upstate NY	Quartile Ranking	HP 2020 Goal	2020 Goal Met
All students (elementary-Pre K, K, 2 nd , 4 th grade	es, middl	e-7 th grade	and high	n school-10	^h grade)		
% overweight but not obese (85 th percentile to less than 95 th percentile)	1,419	16.4	16.5	N/A	3 rd		
% obese (95 th percentile or higher)	1,536	17.7	17.3	N/A	3 rd		
% overweight or obese (85 th percentile or higher)	2,955	34.1	33.8	N/A	3 _{rd}		
Elementary students (Pre K, K, 2 nd and 4 th grad	00)						
% overweight but not obese (85 th percentile	804	15.5	15.9	N/A	4 th		
to less than 95 th percentile)	004	15.5	15.9	IN/A	4		
% obese (95 th percentile or higher)	818	15.7	16.3	N/A	2 nd		
% of overweight or obese (85 th percentile or					3 rd		
higher)	1,622	31.3	32.2	N/A			
Middle and high school students (7 th and 10 th g	grades)		ı				
% overweight but not obese (85 th percentile to less than 95 th percentile)	630	18.3	17.3	N/A	3 rd		
% obese (95 th percentile or higher)	714	20.7	18.5	N/A	3 rd		
% overweight or obese (85 th percentile or higher)	1,344	39.1	35.8	N/A	3 rd		
% of pregnant women in WIC who were pre- pregnancy overweight but not obese (BMI 25 to less than 30) ~	895	22.3	26.3	26.6	2 nd		
% of pregnant women in WIC who were pre- pregnancy obese (BMI 30 or higher)~	1,345	33.5	28	24.2	3 rd		
% obese (95 th percentile or higher) children in WIC (ages 2-4 years)	736	13.9	15.2	13.9	2 nd		
% of children in WIC viewing TV 2 hours or less per day (ages 0-4 years)	4,287	83.9	85	85.3	3 rd		
% of WIC mothers breastfeeding at 6 months	287	22.3	30.7	40.3	3 rd		
Age-adjusted % of adults overweight or obese (BMI 25 or higher) (2015-2016))	N/A	54.5% (47.3%- 61.7%)	63.6	60.5	3 rd		
Age-adjusted % of adults obese (BMI 30 or higher) (2015-2016)	N/A	25.5% (20.1%- 30.9%)	27.5	25.5	2 nd		
Age-adjusted % of adults who did participate in leisure time physical activity in the last 30 days (2015-2016)	N/A	73.6% (66.7%- 80.4%)	75	74	4 th		
Age-adjusted % of adults eating one or less fruits or vegetables per day (2016)	N/A	31.9% (24.7%- 39.1%)	29	31.5	2 nd		
Age-adjusted % of adults with physician diagnosed diabetes (2015-2016)	N/A	8.6% (6.3%- 10.8%)	8.5	9.5	2 nd		
Age-adjusted % of adults with physician diagnosed angina, heart attack, or stroke (2015-2016)	N/A	9.4% (7.1%- 11.7%)	7.2	7	2 nd		

SOURCE: New York State Department of Health, County Health Assessment Indicators, 2014-2016

E 39. Percentage Overweight but not Obese (85th < 95th Percentile) (Elementary Students), New York State Counties, 2014-2016

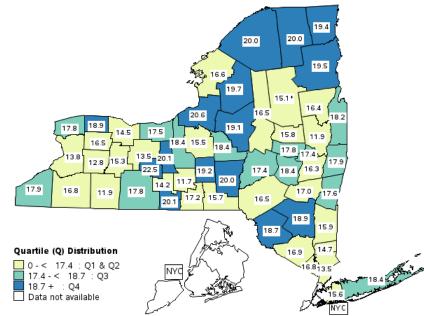


E 40. Percentage Overweight or Obese (85th Percentile or Higher) (Elementary Students), New York State Counties, 2014-2016

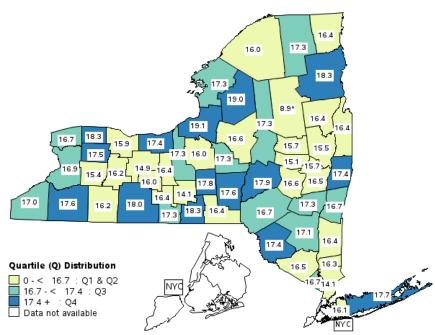


SOURCE: Student Weight Status Category Reporting System (SWSCRS) Data as of May 2017

E 41. Percentage Obese (95th Percentile or Higher) (Elementary Students), New York State Counties, 2014-2016

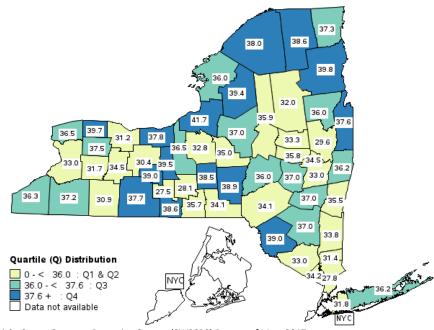


E 42. Percentage Overweight but not Obese (85th<95th Percentile) All Students (Elementary, Middle and High School), New York State Counties, 2014-2016

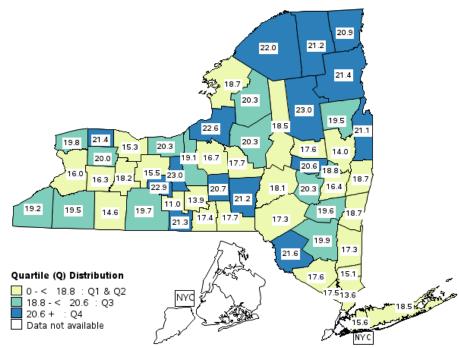


SOURCE: Student Weight Status Category Reporting System (SWSCRS) Data as of May, 2017

E 43. Percentage Overweight or Obese (85th Percentile or Higher) All Students (Elementary, Middle and High School), New York State Counties, 2014-2016

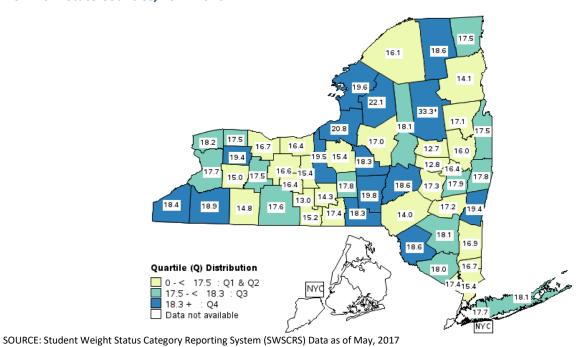


E 44. Percentage Obese (95th Percentile or Higher) All Students (Elementary, Middle and High School Students), New York State Counties, 2014-2016

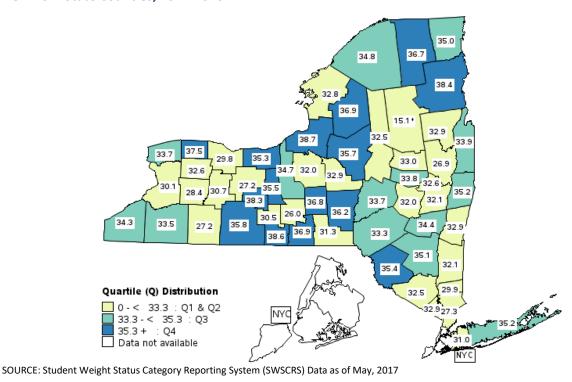


SOURCE: Student Weight Status Category Reporting System (SWSCRS) Data as of May, 2017

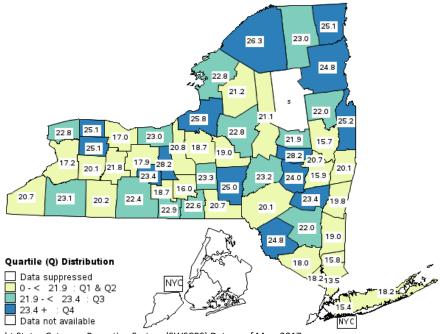
E 45. Percentage Overweight but not Obese (85th < 95th Percentile) (Middle and High School Students), New York State Counties, 2014-2016



E 46. Percentage Overweight or Obese (85th Percentile or Higher) (Middle and High School Students), New York State Counties, 2014-2016



E 47. Percentage Obese (95th Percentile or Higher) (Middle and High School Students), New York State Counties, 2014-2016

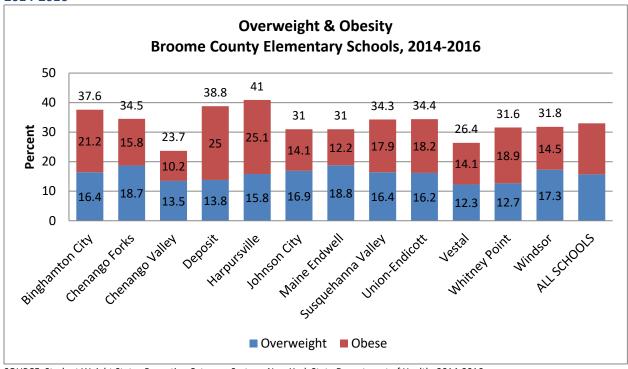


E 48. Overweight & Obesity in Elementary and Middle/High Schools by School District and Need/Resource Capacity Category, Broome County, NY, 2014-2016

	Need/Resource	Elen	nentary Sch	ools	Middle & High Schools			
School District	Capacity Category	Over- weight	Obesity	Total	Over- weight	Obesity	Total	
Binghamton City	High, Urban- Suburban	16.4	21.2	37.6	20.9	26.2	47.1	
Chenango Forks	Average	18.7	15.8	34.5	13.8	22.3	36	
Chenango Valley	High, Rural	13.5	10.2	23.7	18.8	10.4	29.2	
Deposit	High, Rural	13.8	25	38.8	12.6	23.8	36.4	
Harpursville	High, Rural	15.8	25.1	41	19.5	25.7	45.1	
Johnson City	High, Urban- Suburban	16.9	14.1	31	228	18.8	41.6	
Maine Endwell	Average	18.8	12.2	31	21.3	12.3	33.6	
Susquehanna Valley	Average	16.4	17.9	34.3	19.1	23.2	42.3	
Union-Endicott	Average	16.2	18.2	34.4	20	16.3	36.3	
Vestal	Average	12.3	14.1	26.4	14.2	13.2	27.5	
Whitney Point	High, Rural	12.7	18.9	31.6	15.2	22.5	37.6	
Windsor	Average	17.3	14.5	31.8	15	25.4	40.4	

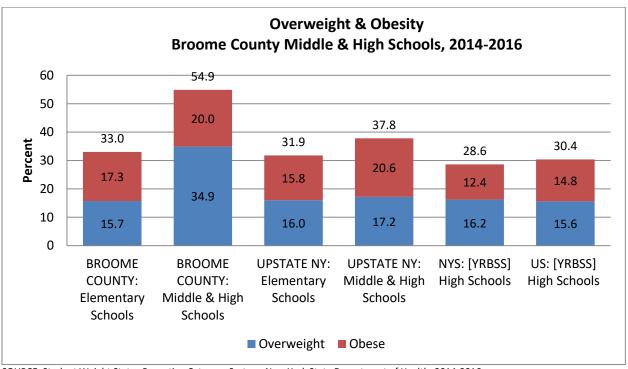
SOURCE: Student Weight Status Reporting Category System, New York State Department of Health, 2014-2016; School District Need -to-Resource Capacity Index, New York State Education Department, 2014-2016

E 49. Overweight & Obesity among Elementary School Children by School District, Broome County, NY, 2014-2016



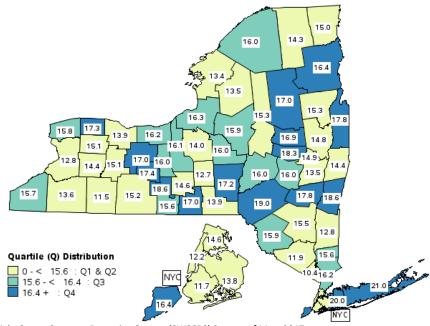
SOURCE: Student Weight Status Reporting Category System, New York State Department of Health, 2014-2016

E 50. Overweight & Obesity among Youth and Adolescents, Broome County, Upstate New York, United States, 2014-2016

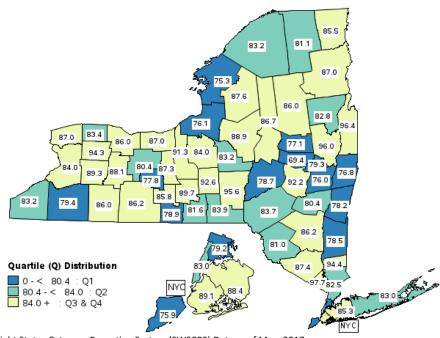


SOURCE: Student Weight Status Reporting Category System, New York State Department of Health, 2014-2016

E 51. Percentage Obese (95th Percentile or Higher Children in WIC (ages 2-4 years), New York State Counties, 2014-2016



E 52. Percentage of Children in WIC Viewing TV Two Hours Per Day (ages 2-4 years), New York State Counties, 2014-2016



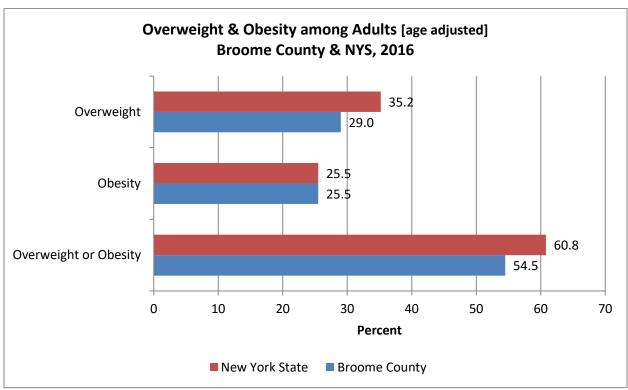
SOURCE: Student Weight Status Category Reporting System (SWSCRS) Data as of May, 2017

E 53. Overweight & Obesity among Adults, Broome County, NY,

Health Indicator	Broome County	Upstate New York	New York State
% of Overweight Adults	29.0%	36.1%	35.2%
% of Obese Adults	25.5%	27.5%	25.5%
% of Overweight or Obese Adults	54.5%	63.6%	60.8%

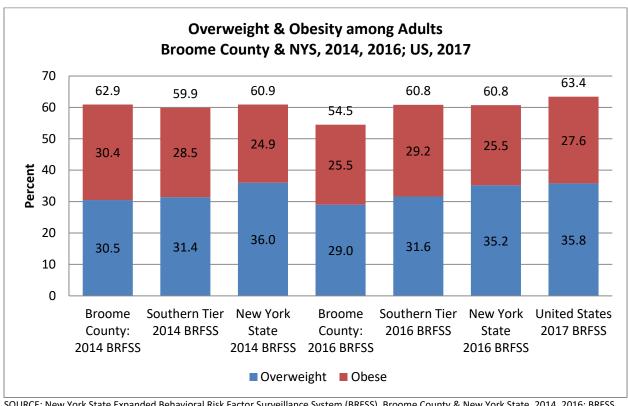
SOURCE: New York State Expanded Behavioral Risk Factor Surveillance System (BRFSS), Broome County, 2016

E 54. Overweight and Obesity among Adults [Age-Adjusted], Broome County & New York State, 2016



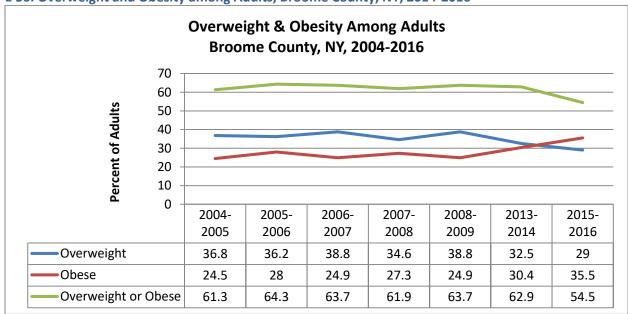
SOURCE: New York State Expanded Behavioral Risk Factor Surveillance System (BRFSS), Broome County, 2016

E 55. Overweight and Obesity among Adults, Broome County & Upstate New York, 2014, 2016; United States, 2017



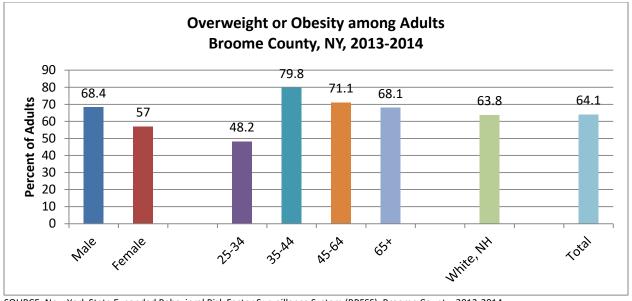
SOURCE: New York State Expanded Behavioral Risk Factor Surveillance System (BRFSS), Broome County & New York State, 2014, 2016; BRFSS, United States, 2017

E 56. Overweight and Obesity among Adults, Broome County, NY, 2014-2016



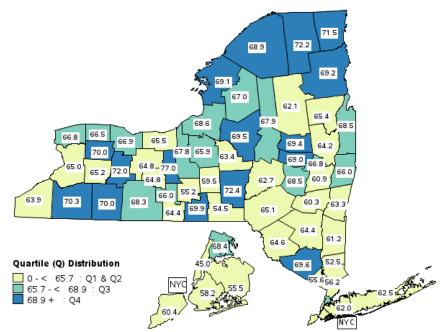
SOURCE: New York State Expanded Behavioral Risk Factor Surveillance System (BRFSS), Broome County, 2016





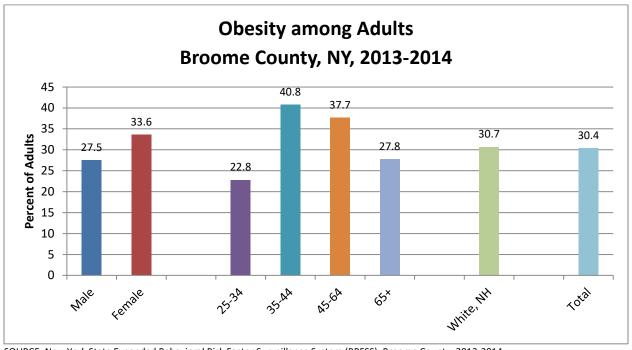
SOURCE: New York State Expanded Behavioral Risk Factor Surveillance System (BRFSS), Broome County, 2013-2014

E 58. Age-adjusted Percentage of Adults Overweight or Obese (BMI 25 or higher), New York State Counties, 2016



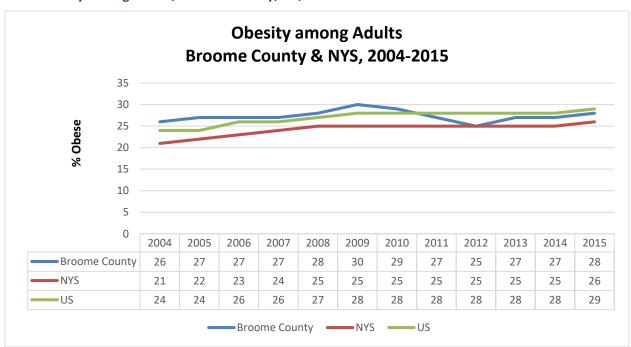
SOURCE: NYS Expanded Behavioral Risk Factor Surveillance System, data as of January 2019

E 59. Obesity among Adults, Broome County, NY, 2013-2014



SOURCE: New York State Expanded Behavioral Risk Factor Surveillance System (BRFSS), Broome County, 2013-2014

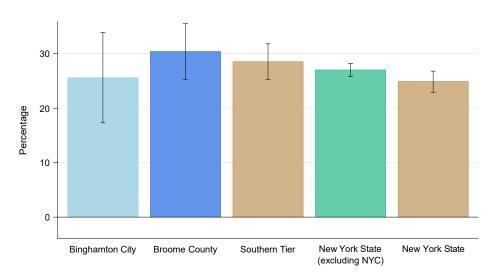
E 60. Obesity among Adults, Broome County, NY, 2004-2015



SOURCE: New York State Behavioral Risk Factor Surveillance System (BRFSS), 2004-2015

E 61. Percentage of Adults Who Are Obese, Broome County, NY, 2013-2014 [sub-county level data]

Percentage of adults who are obese April 2013 - March 2014 **County: Broome**

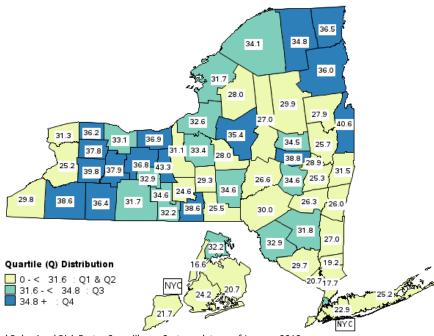


County Sub-population	Percentage	95% Confidence Interval				
County Subdivision						
Binghamton City	25.6	(17.3 - 33.9)				
Total						
Broome County	30.4	(25.3 - 35.5)				
Southern Tier	28.5	(25.3 - 31.8)				
New York State (excluding NYC)	27.0	(25.8 - 28.2)				
New York State	24.9	(22.9 - 26.8)				

Description: Percentage of adults who are obese (i.e., body mass index greater than or equal to 30.0) based on self reported weight and height.
Data Source: New York State 2013-2014 Expanded Behavioral Risk Factor Surveillance Survey (eBRFSS)

SOURCE: New York State Department of Health, Office of Public Health Practice, Bureau of Chronic Disease Evaluation & Research, Sub-County Data Report for County Health Rankings-Related Measures, Broome County, 2016

E 62. Age-adjusted Percentage of Adults Obese (BMI 30 or higher), New York State Counties, 2016



SOURCE: NYS Expanded Behavioral Risk Factor Surveillance System, data as of January 2019

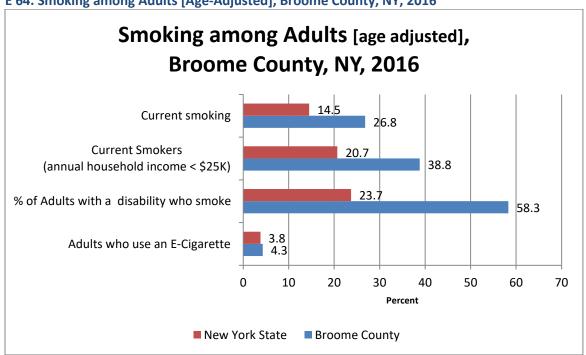
TOBACCO, ALCOHOL AND OTHER SUBSTANCE ABUSE INDICATORS

E 63. Tobacco, Alcohol and Other Substance Abuse Indicators in Percent, Broome County, Upstate New York, New York State, 2014-2016

Tobacco, Alcohol and Other Substance Abuse Indicators	3- Year Total	Broome	Upstate NY	NY	Quartile Ranking	HP 2020 Goal	HP 2020 Goal Met
Drug-related Emergency Visits (rate per 100,000) Crude Rate	N/A	279	215.5	171			
Alcohol related motor vehicle injuries and deaths per 100,000	219	37.2	38.8	29.9	2 nd		
Age-adjusted % of adults who smoke cigarettes (2014-2016)	N/A	26.8 (20.6-33)	17	14.5	4 th		
Age-adjusted % of adults living in homes where smoking is prohibited (2008-2009)	N/A	79.3	79.3	80.9	2 nd		
Age-adjusted % of adults who binge drink (2014-2016)	N/A	20.1 (14.6-25.5)	19.1	18.3	3 rd		

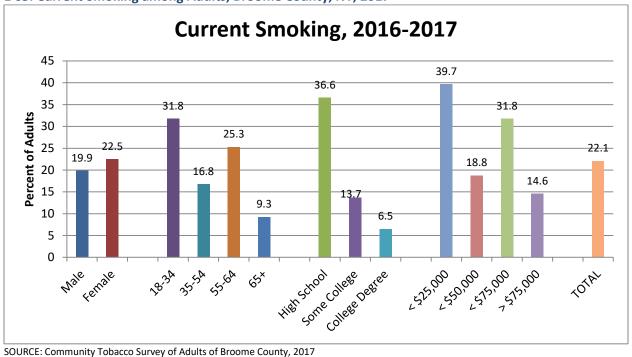
SOURCE: New York State Department of Health, County Health Assessment Indicators, 2014-2016 N/A – Data Not Available

E 64. Smoking among Adults [Age-Adjusted], Broome County, NY, 2016



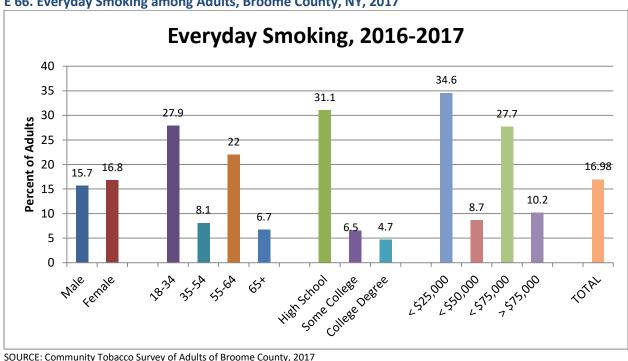
SOURCE: New York State Expanded Behavioral Risk Factor Surveillance System (BRFSS), Broome County, 2016

E 65. Current Smoking among Adults, Broome County, NY, 2017



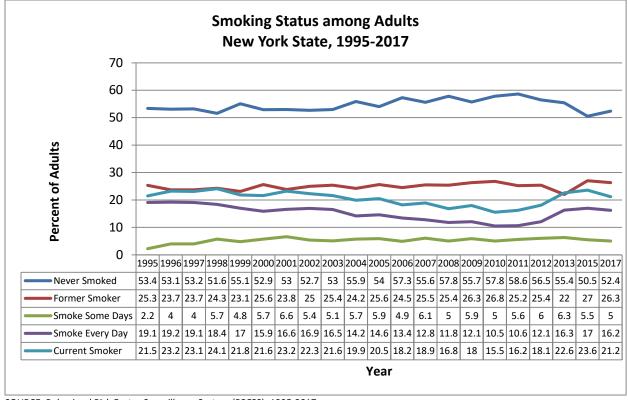
SOURCE: Community Tobacco Survey of Adults of Broome County, 2017

E 66. Everyday Smoking among Adults, Broome County, NY, 2017



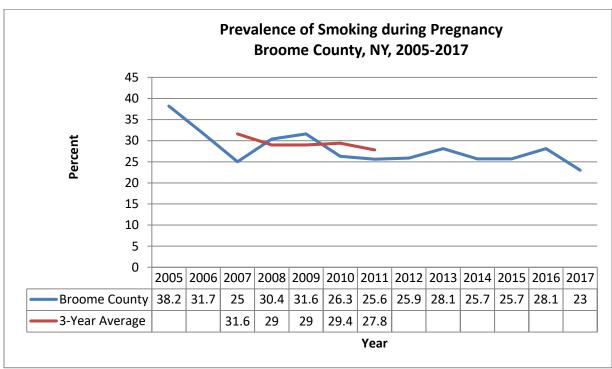
SOURCE: Community Tobacco Survey of Adults of Broome County, 2017

E 67. Smoking Status among Adults, New York State, 1995-2017



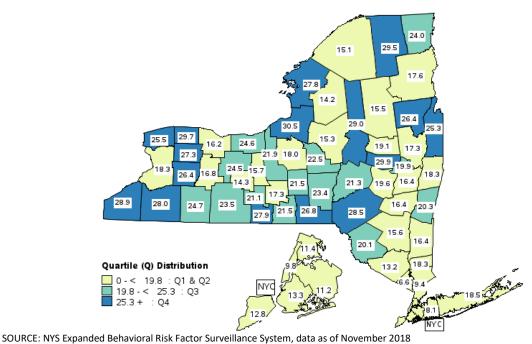
SOURCE: Behavioral Risk Factor Surveillance System (BRFSS), 1995-2017

E 68. Prevalence of Smoking during Pregnancy, Broome County, 2005-2017

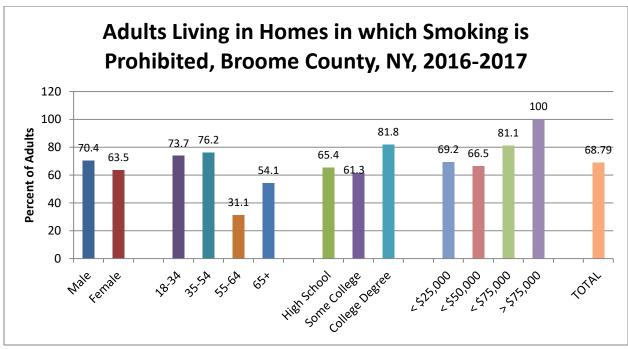


SOURCE: Mothers & Babies Perinatal Network, Annual Reports, 2005-2017

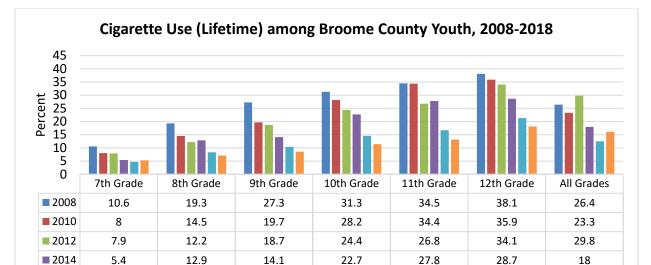
E 69. Age-adjusted Percentage of Adults Who Smoke Cigarettes, 2016



E 70. Adults Living in Homes in which Smoking Is Prohibited, Broome County, NY, 2016-2017



SOURCE: New York State Expanded Behavioral Risk Factor Surveillance System (BRFSS), Broome County, 2017



14.6

11.4

Grade Level

16.7

13.2

21.3

18.1

12.5

16.1

E 71. Cigarette Use (Lifetime) among 7th to 12th Grade Students, Broome County, 2008-2018

SOURCE: Prevention Needs Assessment Survey, 2018

4.7

5.3

8.3

7.1

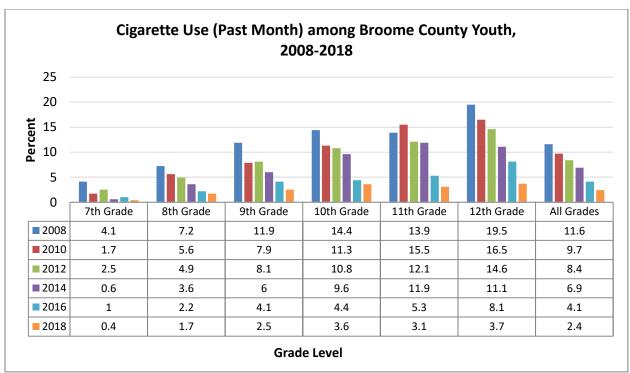
2016

2018

E 72. Cigarette Use (Past Month) among 7th to 12th Grade Students, Broome County, 2008-2018

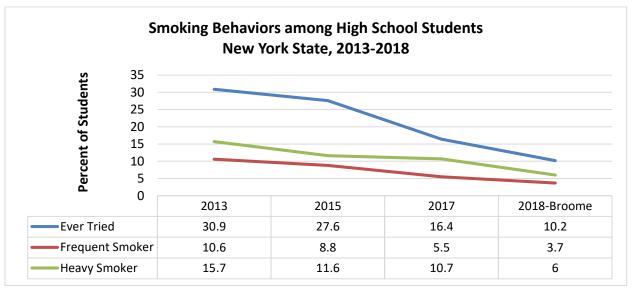
10.4

8.6



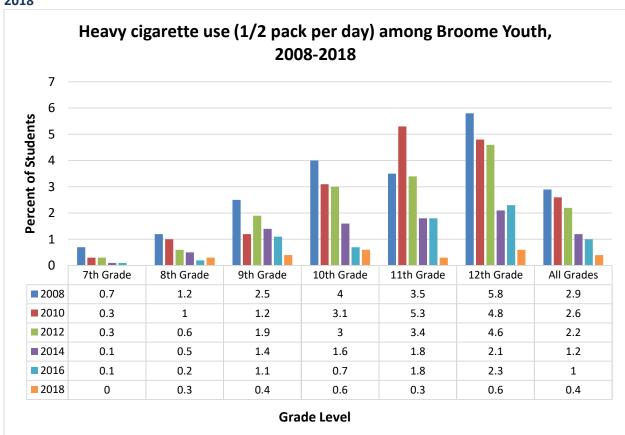
SOURCE: Prevention Needs Assessment Survey, 2018

E 73. Smoking Behaviors among High School Students, New York State, 1998-2017



SOURCE: Prevention Needs Assessment Survey, 2018

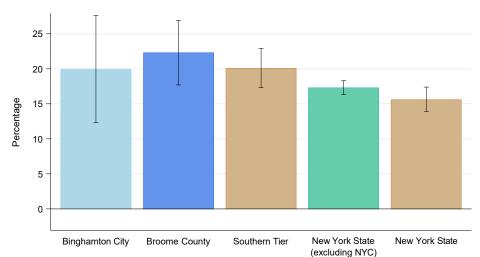
E 74. Heavy Cigarette Use (½ pack per day) among 7th to 12th Grade Students, Broome County, 2008-2018



SOURCE: Prevention Needs Assessment Survey, 2018

E 75. Percentage of Adults Who Are Current Smokers, Broome County, 2013-2014 [sub-county level data]

Percentage of adults who are current smokers April 2013 - March 2014 **County: Broome**



		(J -/
County Sub-population	Percentage	95% Confidence Interval
County Subdivision		
Binghamton City	19.9	(12.3 - 27.6)
Total		
Broome County	22.3	(17.7 - 26.9)
Southern Tier	20.1	(17.3 - 22.9)
New York State (excluding NYC)	17.3	(16.3 - 18.3)
New York State	15.6	(13.9 - 17.4)

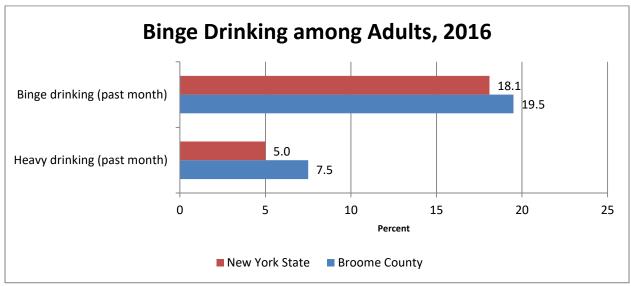
Description: Percentage of adults who report smoking at least 100 cigarettes in their lifetime, and currently smoke on at least some days.

Data Source: New York State 2013-2014 Expanded Behavioral Risk Factor Surveillance Survey

(eBRFSS)

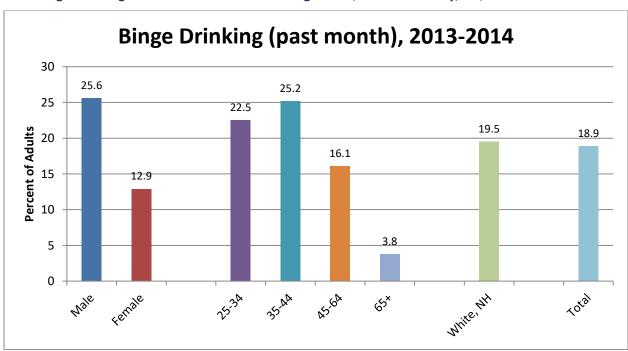
SOURCE: New York State Department of Health, Office of Public Health Practice, Bureau of Chronic Disease Evaluation & Research, Sub-County Data Report for County Health Rankings-Related Measures, Broome County, 2016

E 76. Binge Drinking among Adults [Age-Adjusted], Broome County, NYS, 2014-2016



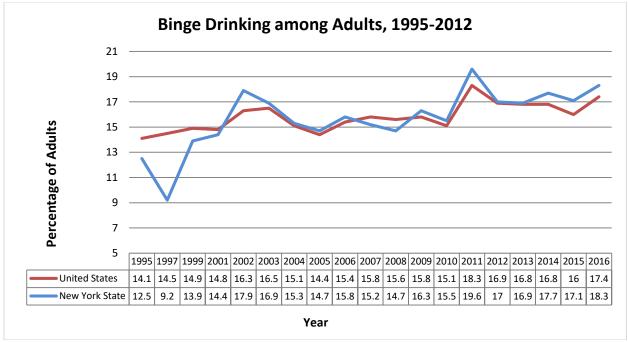
SOURCE: New York State Expanded Behavioral Risk Factor Surveillance System (BRFSS), Broome County, 2013-2014

E 77. Binge Drinking within the Past Month among Adults, Broome County, NY, 2013-2014



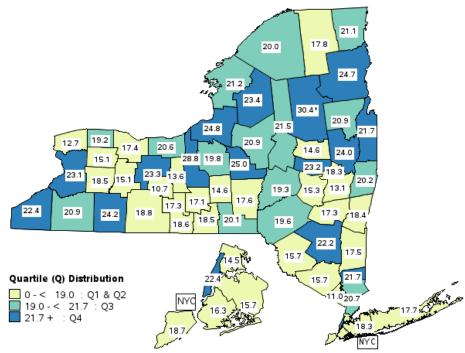
SOURCE: New York State Expanded Behavioral Risk Factor Surveillance System (BRFSS), Broome County, 2013-2014





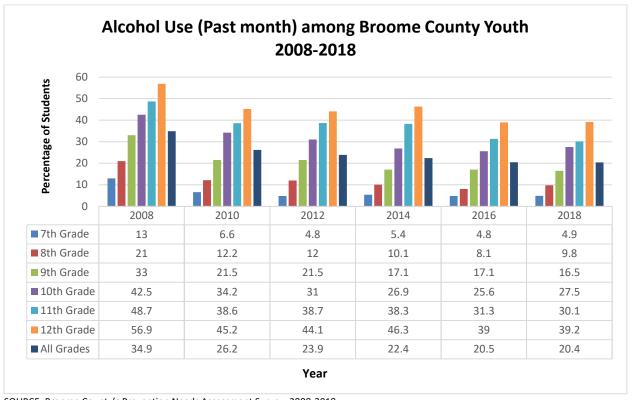
SOURCE: Behavioral Risk Factor Surveillance System (BRFSS), Broome County, 1995-2016

E 79. Age-adjusted Percentage of Adults Who Binge Drink, New York Counties, 2016



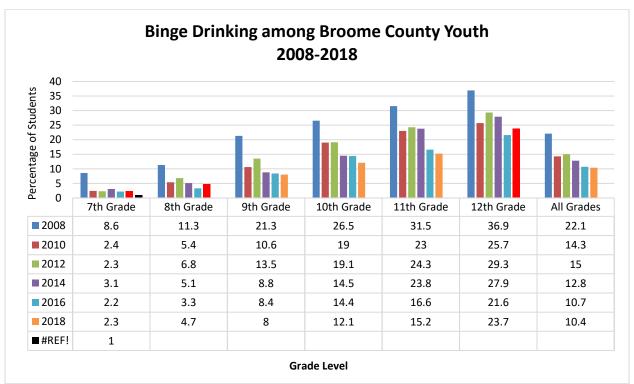
Source: NYS Expanded Behavioral Risk Factor Surveillance System, data as of November 2018

E 80. Alcohol Use (past month) among 7th to 12th Grade Students, Broome County, 2008-2018



SOURCE: Broome County's Prevention Needs Assessment Survey, 2008-2018

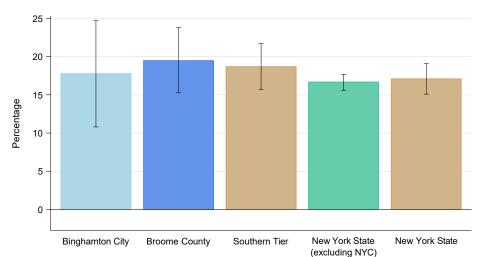
E 81. Binge Drinking among 7th to 12th Grade Students, Broome County, 2008-2018



 $SOURCE: Broome\ County's\ Prevention\ Needs\ Assessment\ Survey,\ 2008-2018$

E 82. Percentage of Adults Who Report Heavy or Binge Drinking, Broome County, 2013-2014 [subcounty level data]

Percentage of adults who report heavy or binge drinking April 2013 - March 2014 **County: Broome**



		\ J -/
County Sub-population	Percentage	95% Confidence Interval
County Subdivision		
Binghamton City	17.8	(10.8 - 24.7)
Total		
Broome County	19.5	(15.3 - 23.8)
Southern Tier	18.7	(15.7 - 21.7)
New York State (excluding NYC)	16.7	(15.6 - 17.7)
New York State	17.1	(15.1 - 19.1)

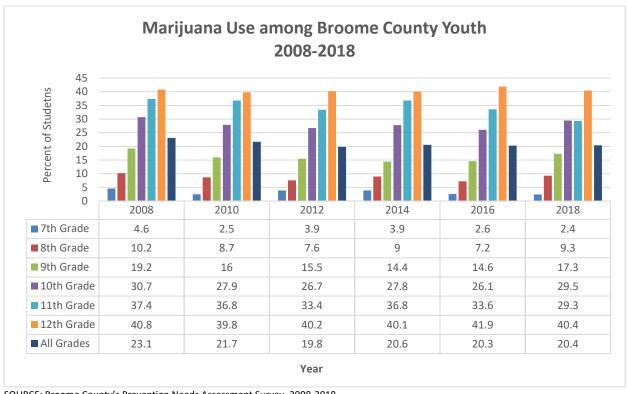
Description: Heavy or binge drinking is defined as: (a) consuming 5 (men) / 4 (women) or more drinks on an occasion during the past 30 days, or consuming greater than 2 (men) / 1 (women) alcoholic beverages per day in the past 30 days.

Data Source: New York State 2013-2014 Expanded Behavioral Risk Factor Surveillance Survey

(eBRFSS)

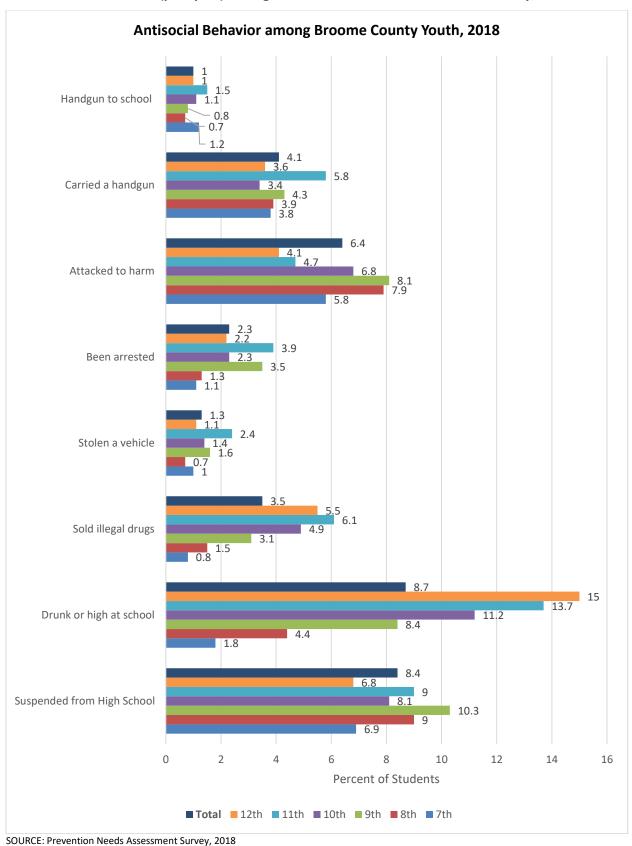
SOURCE: New York State Department of Health, Office of Public Health Practice, Bureau of Chronic Disease Evaluation & Research, Sub-County Data Report for County Health Rankings-Related Measures, Broome County, 2016

E 83. Marijuana Use (past month) among 7th to 12th Grade Students, Broome County, 2008-2018

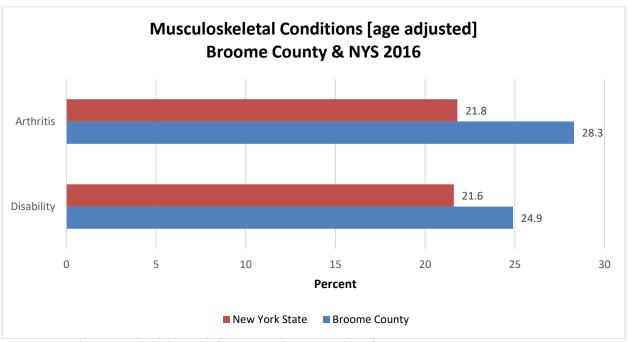


SOURCE: Broome County's Prevention Needs Assessment Survey, 2008-2018

E 84. Antisocial Behavior (past year) among 7th to 12th Grade Students, Broome County, 2018

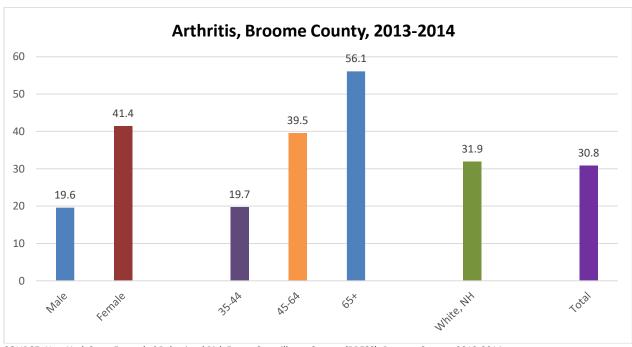


E 85. Chronic Disease: Musculoskeletal Conditions [Age-Adjusted], Broome County & New York State, 2016



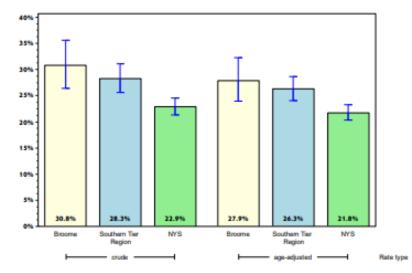
SOURCE: New York State Expanded Behavioral Risk Factor Surveillance System (BRFSS), Broome County, 2013-2014

E 86. Arthritis among Adults, Broome County, NY, 2013-2014



SOURCE: New York State Expanded Behavioral Risk Factor Surveillance System (BRFSS), Broome County, 2013-2014





SOURCE: New York State Expanded Behavioral Risk Factor Surveillance System (BRFSS), Broome County, 2013-2014

E 88. Arthritis among Adults, Broome County, NY, 2013-2014

	Br	oome Cou	nty		Southern T	ier
	Est. # of Adults	Percent	95% CI	Est. # of Adults	Percent	95% CI
Total	48,965	30.8	(26.4-35.6)	102,167	28.3	(25.6-31.1)
Age						
18-24		#			#	
25-34		#		5,390	8.9	(5.4-14.2)
35-44	4,006	19.7	(10.3-34.3)	7,770	16.4	(11.2-23.3)
45-64	21,028	39.5	(32.0-47.6)	44,194	37.1	(32.6-41.8)
65+	18,956	56.1	(47.0-64.9)	40,660	56.0	(50.9-60.9)
Race						
White, NH	44,819	31.9	(27.3-36.9)	91,598	30.4	(27.7-33.3)
Black, NH		#			#	
Hispanic		#			#	
Other, NH		#		5,619	20.6	(10.7-35.9)
Sex						
male	15,101	19.6	(15.0-25.2)	38,769	21.9	(18.9-25.3)
female	33,864	41.4	(34.1-49.1)	63,397	34.3	(30.0-39.0)
ge-adjusted [®]		27.9	(23.9-32.3)		26.3	(24.1-28.6)

^{*} Includes rheumatoid arthritis, gout, lupus, or fibromyalgia.

SOURCE: New York State Expanded Behavioral Risk Factor Surveillance System (BRFSS), Broome County, 2013-2014

[&]amp; Percent is age-adjusted to the 2000 United States Population.

[#] Rates with <10 in the numerator or <50 in the denominator are suppressed.

^ Highly variable rate (confidence interval with a half-width greater than 10).

E 89. Youth Economic Security, Broome County, Upstate New York, New York State, 2017

		Bro	ome		NY	S	Upstate NY		
Youth Economic Security Indicator	Baseline		Most		Baseline	Most	Baseline	Most	
Touris Economic occurry mulculor			Recent			Recent		Recent	
	N	%	N	%	%	%	%	%	
Economic Security									
[Baseline 2010; Most Recent 2017]									
Children & youth living below	0.220	23.4	7 700	21.2	21 5	10.0	15.6	15.7	
poverty (age birth-17 years)	9,229	23.4	7,789	21.2	21.5	19.9	15.6	15.7	
Children and youth receiving									
Supplemental Nutrition Assistance	10.047	27.1	10 427	27.7	26.5	24 5	10.2	10.0	
Program (SNAP) benefits	10,947	7 27.1	27.1	10,427	27.7	26.5	24.5	18.2	19.0
(age birth-17 years) [2010, 2017]									
Children & youth receiving public	2 700	9.4	2 1 4 7	8.4	6.9	6.3	4.5	11	
assistance (age birth-17 years)	3.790	9.4	3,147	8.4	6.9	0.3	4.5	4.1	
Children & youth receiving									
supplemental security income	1077	2.7	1,308	3.5	2.0	2.1	1.5	1.6	
(age birth-19 years)									
Children receiving free or reduced-									
price school lunch-public schools	10,928	38	13,710	53	47.5	N/A	31.7	N/A	
(grades K-6)									

SOURCE: NYS Kids' Well-being Indicators Clearinghouse (KWIC), 2017

E 90. Youth Injury and Injury-Related Deaths, Broome County, Upstate New York, New York State, 2012-2014

	Broome				NY	'S	Upstate NY	
Injury & Injury-Related Deaths	Bas	seline	N	/lost	Baseline	Most	Baseline	Most
Indicator			Recent			Recent		Recent
	N	Rate	N	Rate	Rate	Rate	Rate	Rate
Motor Vehicle Crashes [Baseline 200	9-2011	l; Most re	cent 20	012-2014]				
Hospitalizations								
(3-year average, rate per 100,000	24	73.3	22	65.9	94.5	82.5	106.1	90.9
youth age 15-24 yrs.)								
Mortalities (3-year average, rate	2*	7.2*	1*	3.9*	8.8	7.7	12.4	10.2
per 100,000 youth age 15-24 yrs.)								
Self-Inflicted Injuries [Baseline 2009	-2011;	Most rece	nt 201	2-2014]				
Hospitalizations								
(3-year average, rate per 100,000	N/A	N/A	N/A	N/A	20.2	38.7	21.5	39.8
youth age 10-14 yrs.)								
Hospitalizations								
(3-year average, rate per 100,000	16*	102.9*	17*	110.3*	101.2	118.8	115.9	129.3
youth age 15-19 yrs.)								
Suicide Mortality	0*	1.2*	1*	2.5*	3	3.2	3.5	3.7
(3-year average, rate per 100,000								
youth age 10-19 yrs.)								
Unintentional Injuries [Baseline 2009	9-2011	; Most red	ent 20	12-2014]				
Hospitalizations (rate per 100,000	120	261.1	100	205.4				
youth age birth-19 yrs.)	129	261.1	100	205.4				
Mortalities (3-year average, rate								_
per 100,000 youth age birth-19	4*	9*	5*	10.7*	5.7	5.3	7.2	6.4
yrs.)								

SOURCE: NYS Kids' Well-being Indicators Clearinghouse (KWIC), 2011,2015

^{*}Too few events, rate unstable

E 91. Youth Crime, Broome County, Upstate New York, New York State, 2017

		Broo	ome		NY	'S	Upstate NY	
Youth Crime Indicator	Baseline		Most		Baseline	Most	Baseline	Most
			Recent			Recent		Recent
	N	Rate	N	Rate	Rate	Rate	Rate	Rate
Arrests-Young Adult								
[Baseline 2010; Most Recent 2017]								
Arrests for driving while intoxicated	91	45.6	34	15.3	36.3	17.5	52.1	25.2
(rate per 10,000 youth age 16-21 years)			0.0 34					25.2
Arrests for drug use/possession/sale	110	55.1	55.1 135	60.8	209.6	118.8	82.3	78.7
(rate per 10,000 youth age 16-21 years)	110							76.7
Arrests for property crimes	F22	267.1	326	146.7	178.9	106.7	182.8	99
(rate per 10,000 youth age 16-21 years)	533	267.1	320	146.7	178.9	106.7	182.8	99
Arrests for violent crimes	104	F2 4	72	32.9	87.6	56.9	44.8	20.1
(rate per 10,000 youth age 16-21 years)	104	52.1	73					30.1
Hospitalizations resulting from assault								
(3-year average, rate per 100,000 youth	5*	18.8*	4*	16.4*	72	20.1	24.2	24.5
ages 10-19 years) [Baseline 2004-2006;		18.8	4"	16.4*	73	39.1	34.3	21.5
Most recent 2008-2010]								

SOURCE: NYS Kids' Well-being Indicators Clearinghouse (KWIC), 2017

E 92. Delinquency among Youth, Broome County, Upstate New York, New York State, 2017

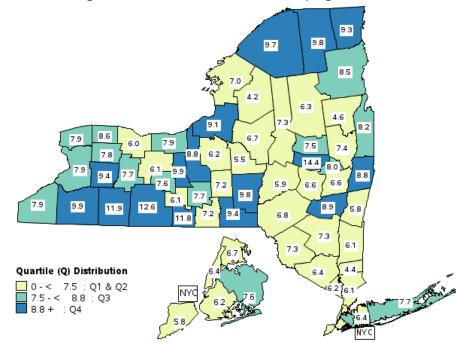
		Bro	ome		NYS		Upstate NY	
Delinquency Indicator	Baseline		Most		Baseline	Most	Baseline	Most
	_		Recent			Recent		Recent
		%	N	%	%	%	%	%
Juvenile Delinquents								
[Baseline 2010; Most Recent 2017]								
Intakes by Outcomes-Adjusted	190	43.3	57	20.1	36.2	36.4	45	43.6
(age 7-15 years)	190	45.5	57	20.1	30.2	50.4	45	45.0
Intakes by Outcomes-referred for court								
petition immediately	240	54.7	219	77.1	55.6	56.9	40	48
(age 7-15 years)								
Intakes by Outcomes-Referred for court								
petition after diversion attempt	9*	2.1*	8*	2.8*	8.2	6.6	15	8.4
(age 7-15 years)								
PINS Cases opened	1.00	6.3	NI /A	NI/A	21/0	N1 /A	N1 / A	2.0
(age 7-17)	163	6.3	N/A	N/A	N/A	N/A	N/A	2.9

SOURCE: NYS Kids' Well-being Indicators Clearinghouse (KWIC), 2010, 2017

^{*}Too few events, rate unstable

^{*}Too few events, rate unstable

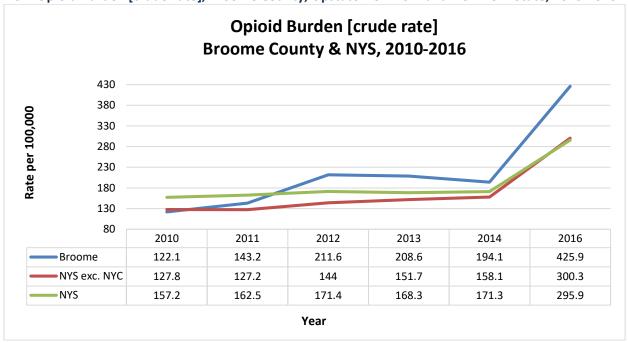
E 93. Age-adjusted Percentage of Adults Cardiovascular disease (Angina, Heart Attack or Stroke) 2016



SOURCE: NYS Expanded Behavioral Risk Factor Surveillance System, 2017

OPIOID ABUSE INDICATORS

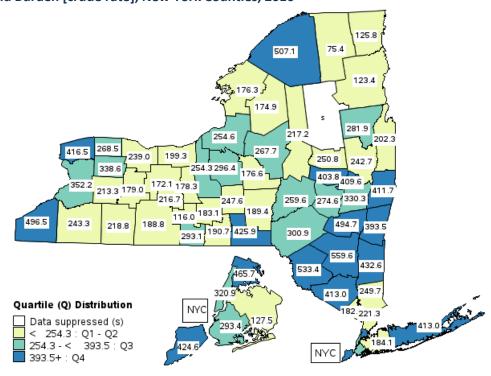
E 94. Opioid Burden [crude-rate], Broome County, Upstate New York and New York State, 2010-2016



^{*} Includes outpatient ED visits and hospital discharges for non-fatal opioid overdoses, abuse, dependence and opioid overdose deaths. Crude Rate (rate per 100,000 population)

SOURCE: Vital Statistics and Statewide Planning and Research Cooperative System (SPARCS) data, 2018

E 95. Opioid Burden [crude rate], New York Counties, 2016



SOURCE: Vital Statistics and Statewide Planning and Research Cooperative System (SPARCS) data, 2018

E 96. Opioid Burden [crude rate], Broome County, Sub-County data, 2016

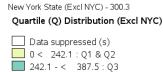
Opioid burden (including opioid overdose deaths, non-fatal outpatient ED visits and hospital discharges involving opioid abuse, poisoning, dependence and unspecified use), crude rate per 100,000 population, 2016

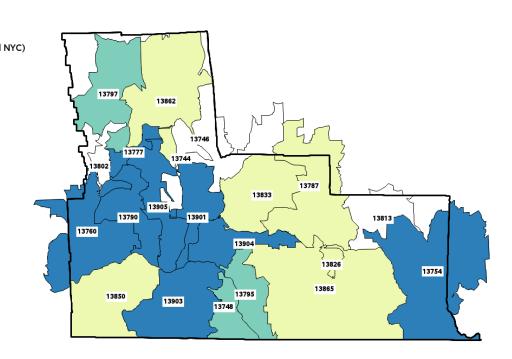
Broome County ZIP Code Map



Broome County - 425.9 New York State - 295.9

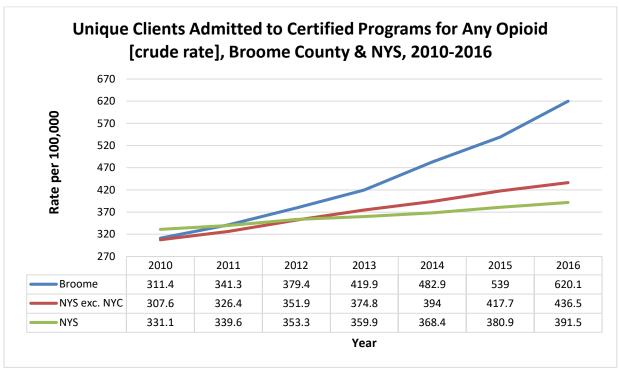
387.5+ : Q4





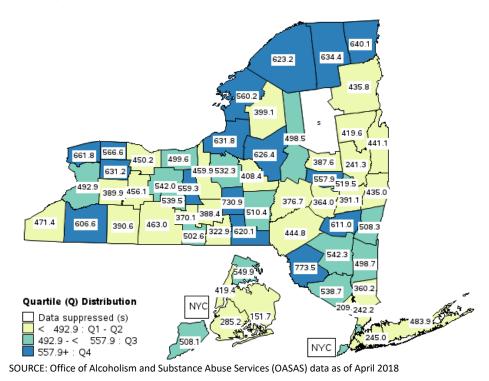
SOURCE: Vital Statistics and Statewide Planning and Research Cooperative System (SPARCS) data, 2018

E 97. Unique Clients Admitted to Certified SUD Treatment Programs for Any Opioid [crude rate], Broome County, Upstate New York & New York State, 2010-2016

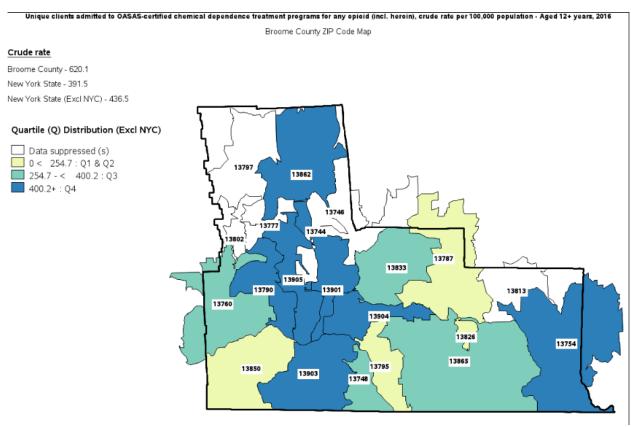


^{*}Certified by the NYS Office of Alcoholism and Substance Abuse Services (crude rate)
SOURCE: Office of Alcoholism and Substance Abuse Services (OASAS) data as of April 2018

E 98. Unique Clients Admitted to Certified SUD Treatment Programs for Any Opioid [crude rate], New York State Counties, 2016

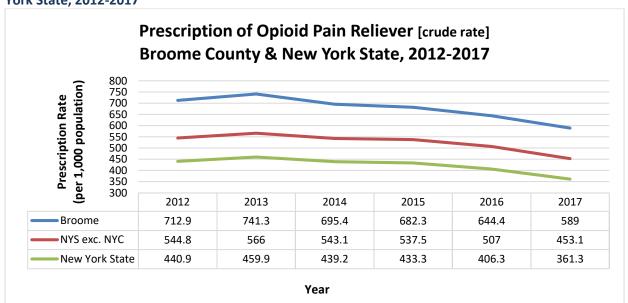




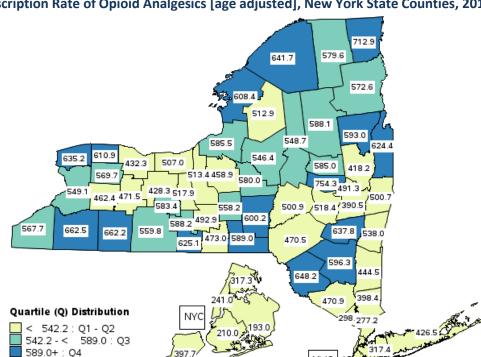


^{*}Certified by the NYS Office of Alcoholism and Substance Abuse Services (crude rate)
SOURCE: Office of Alcoholism and Substance Abuse Services (OASAS) data as of April 2018

E 100. Prescription Rate of Opioid Analgesics [crude rate], Broome County, Upstate New York & New York State, 2012-2017



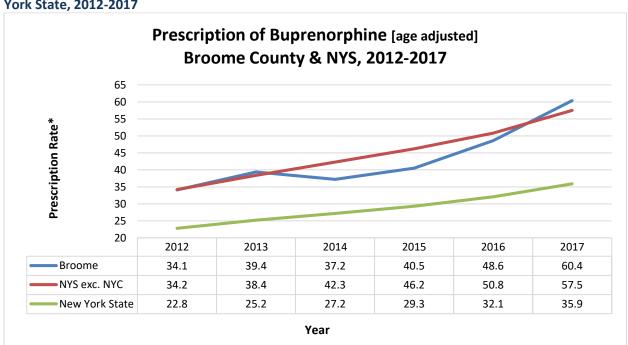
^{*} The data exclude buprenorphine prescriptions for the treatment of substance use disorder. SOURCE: NYS Prescription Monitoring Program (PMP) data as of April 2018



E 101. Prescription Rate of Opioid Analgesics [age adjusted], New York State Counties, 2017

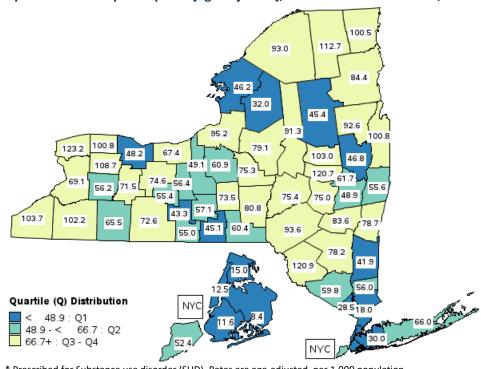
SOURCE: NYS Prescription Monitoring Program (PMP) data as of April 2018

E 102. Prescription Rate of Buprenorphine [age adjusted], Broome County, Upstate New York & New York State, 2012-2017



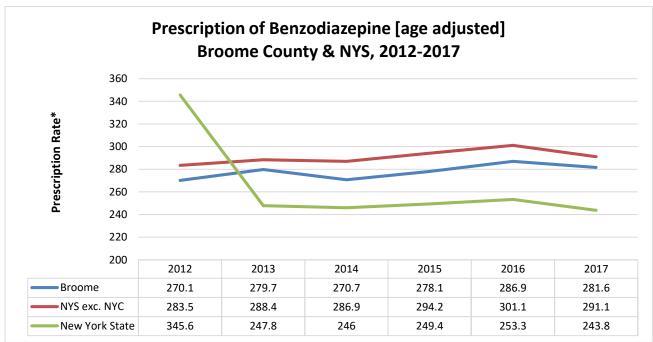
^{*} Prescribed for Substance use disorder (SUD). Rates are age-adjusted, per 1,000 population. SOURCE: NYS Prescription Monitoring Program (PMP) data as of April 2018

^{*} The data exclude buprenorphine prescriptions for the treatment of substance use disorder. Rates are age-adjusted, per 1,000 population.



E 103. Prescription Rate of Buprenorphine [age adjusted], New York State Counties, 2017

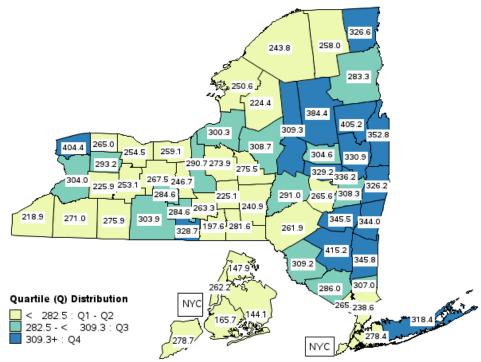
E 104. Prescription Rate of Benzodiazepine [age adjusted], Broome County, Upstate New York & New York State, 2012-2017



^{*}Prescribed for pain/anxiety – Can be abused. Rates are age-adjusted, per 1,000 population SOURCE: NYS Prescription Monitoring Program (PMP) data as of April 2018

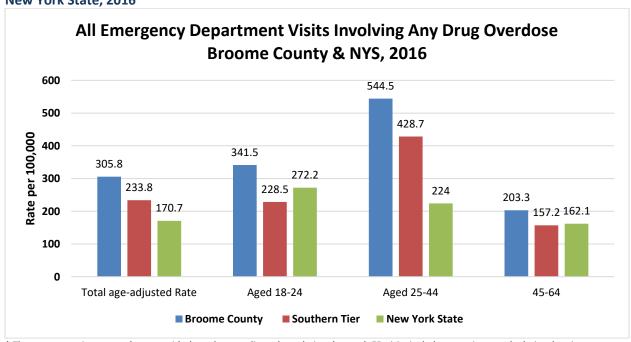
^{*} Prescribed for Substance use disorder (SUD). Rates are age-adjusted, per 1,000 population. SOURCE: NYS Prescription Monitoring Program (PMP) data as of April 2018

E 105. Prescription Rate of Benzodiazepine [age adjusted], New York Counties, 2017



*Prescribed for pain/anxiety – Can be abused. Rates are age-adjusted, per 1,000 population SOURCE: NYS Prescription Monitoring Program (PMP) data as of April 2018

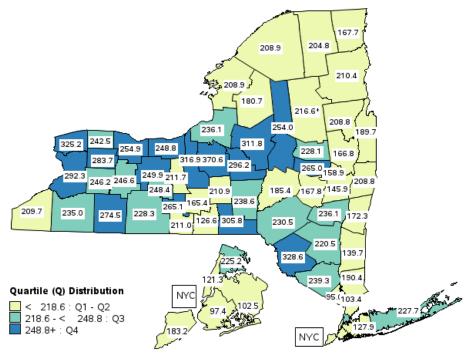
E 106. Emergency Department Visits That Involved a Drug Overdose, Broome County, Southern Tier, New York State, 2016



^{*} The age categories are crude rates with the only age-adjusted rate being the total. ED visits include outpatients and admitted patients. Rate per 100,000 population.

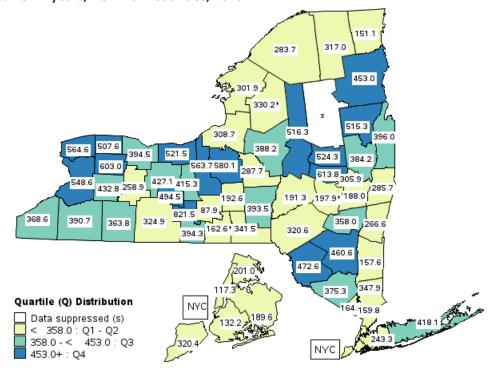
SOURCE: Statewide Planning and Research Cooperative System (SPARCS) data as of December 2017





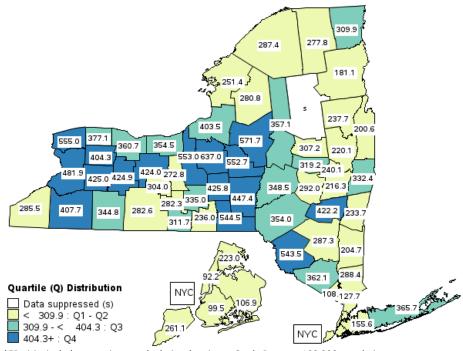
*ED visits include outpatients and admitted patients. Age-adjusted Rate per 100,000 population. SOURCE: Statewide Planning and Research Cooperative System (SPARCS) data as of December 2017

E 108. Emergency Department Visits That Involved a Drug Overdose [crude rate], Broome County Adults aged 18-24 years, New York Counties, 2016



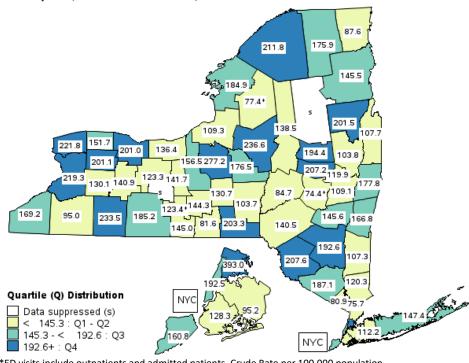
*ED visits include outpatients and admitted patients. Crude Rate per 100,000 population. SOURCE: Statewide Planning and Research Cooperative System (SPARCS) data as of December 2017

E 109. Emergency Department Visits That Involved a Drug Overdose [crude rate], Broome County Adults aged 25-44 years, New York Counties, 2016

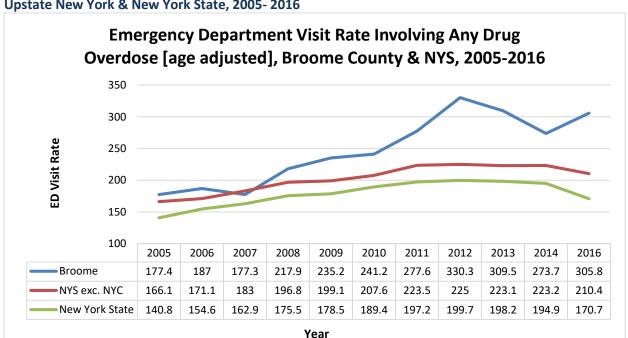


*ED visits include outpatients and admitted patients. Crude Rate per 100,000 population. SOURCE: Statewide Planning and Research Cooperative System (SPARCS) data as of December 2017

E 110. Emergency Department Visits That Involved a Drug Overdose [crude rate], Broome County Adults aged 45-65 years, New York Counties, 2016

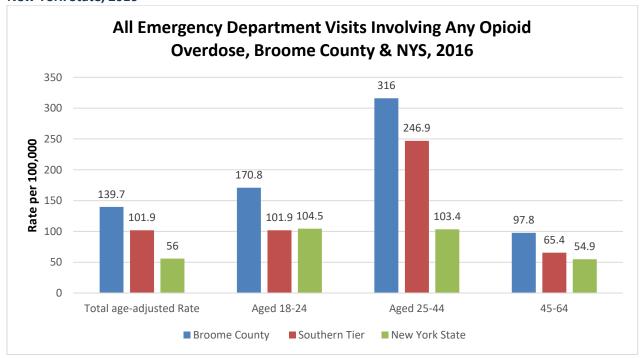


*ED visits include outpatients and admitted patients. Crude Rate per 100,000 population. SOURCE: Statewide Planning and Research Cooperative System (SPARCS) data as of December 2017



E 111. Emergency Department Visits That Involved a Drug Overdose [age adjusted], Broome County, Upstate New York & New York State, 2005- 2016

E 112. Emergency Department Visits Involving Any Opioid Overdose, Broome County, Southern Tier & New York State, 2016

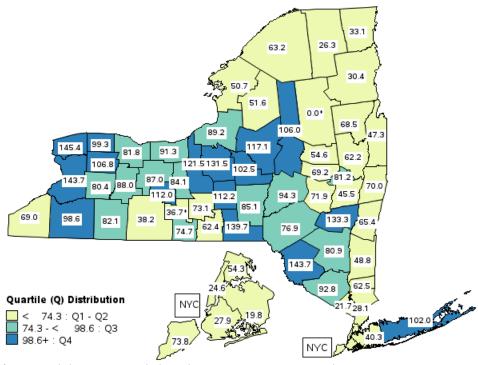


^{*} The age categories are crude rates with the only age-adjusted rate being the total. ED visits include outpatients and admitted patients. Rate per 100,000 population.

SOURCE: Statewide Planning and Research Cooperative System (SPARCS) data as of December 2017

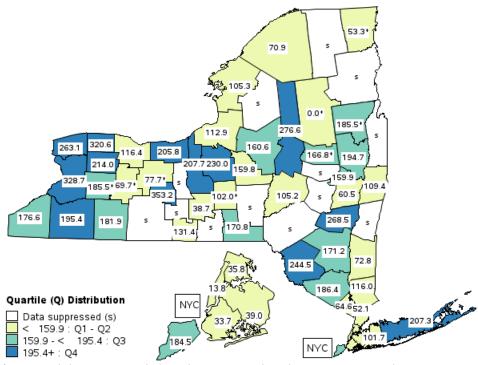
^{*}ED visits include outpatients and admitted patients. Age-Adjusted Rate per 100,000 population SOURCE: Statewide Planning and Research Cooperative System (SPARCS) data as of December 2017

E 113. Emergency Department Visits Involving Any Opioid Overdose [crude rate], Broome Adults, New York Counties, 2016



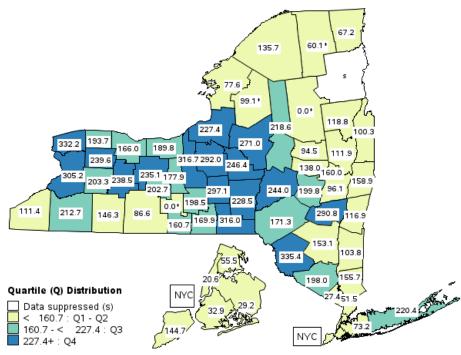
*ED visits include outpatients and admitted patients. Rate per 100,000 population. SOURCE: Statewide Planning and Research Cooperative System (SPARCS) data as of December 2017

E 114. Emergency Department Visits Involving Any Opioid Overdose [crude rate], Broome Adults aged 18-24 years, New York Counties, 2016



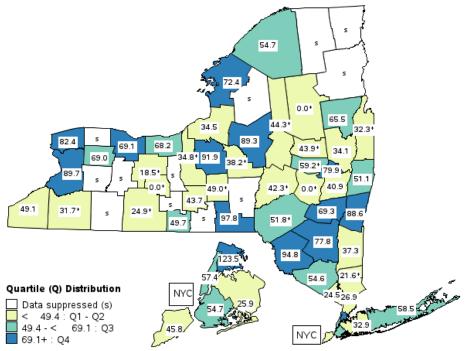
*ED visits include outpatients and admitted patients. Age-adjusted Rate per 100,000 population. SOURCE: Statewide Planning and Research Cooperative System (SPARCS) data as of December 2017





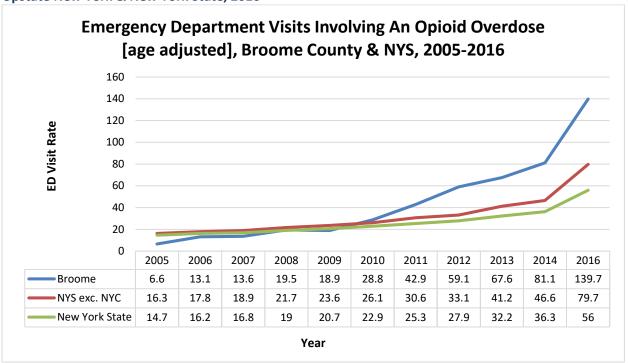
^{*}ED visits include outpatients and admitted patients. Crude Rate per 100,000 population. SOURCE: Statewide Planning and Research Cooperative System (SPARCS) data as of December 2017

E 116. Emergency Department Visits Involving Any Opioid Overdose, Broome Adults aged 45-65 years [crude rate], New York Counties, 2016



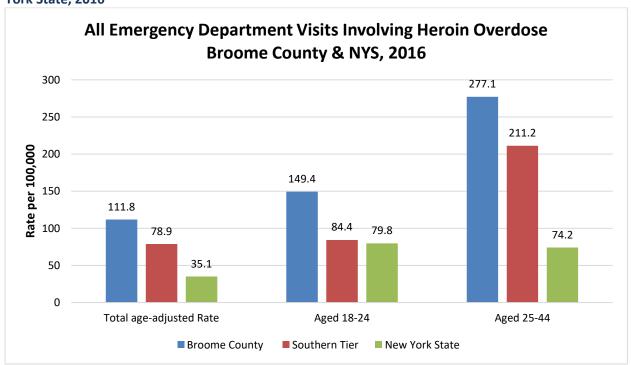
^{*}ED visits include outpatients and admitted patients. Crude Rate per 100,000 population. SOURCE: Statewide Planning and Research Cooperative System (SPARCS) data as of December 2017

E 117. Emergency Department Visits Involving Any Opioid Overdose [age-adjusted], Broome County, Upstate New York & New York State, 2016



^{*}ED visits include outpatients and admitted patients. Age-adjusted Rate per 100,000 population. SOURCE: Statewide Planning and Research Cooperative System (SPARCS) data as of December 2017

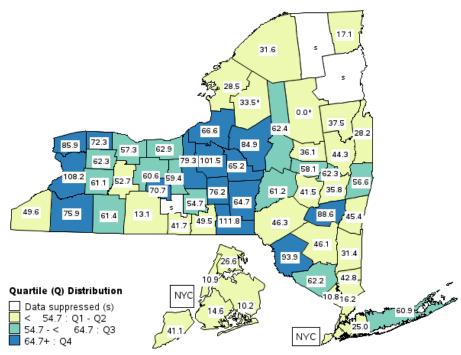
E 118. Emergency Department Visits Involving Heroin Overdose, Broome County, Southern Tier & New York State, 2016



^{*} The age categories are crude rates with the only age-adjusted rate being the total. ED visits include outpatients and admitted patients. Rate per 100,000 population.

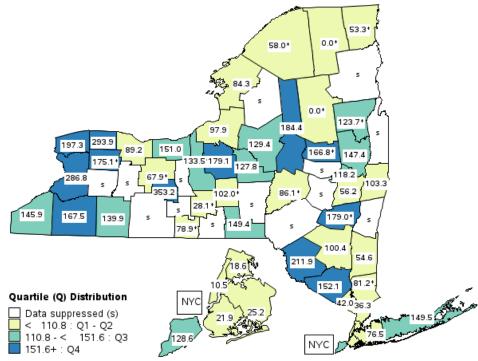
SOURCE: Statewide Planning and Research Cooperative System (SPARCS) data as of December 2017





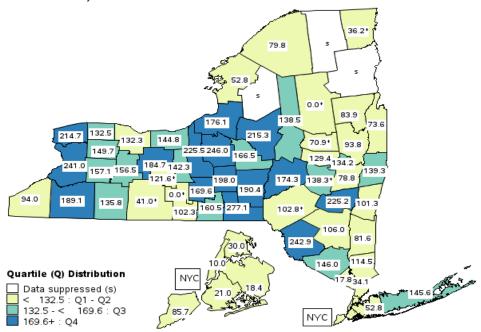
*ED visits include outpatients and admitted patients. Age-adjusted Rate per 100,000 population. SOURCE: Statewide Planning and Research Cooperative System (SPARCS) data as of December 2017

E 120. Emergency Department Visits Involving Any Heroin Overdose [crude rate], Broome Adults aged 18-24, New York Counties, 2016



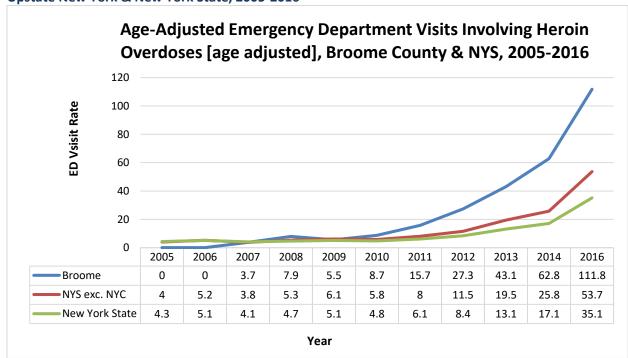
*ED visits include outpatients and admitted patients. Crude Rate per 100,000 population. SOURCE: Statewide Planning and Research Cooperative System (SPARCS) data as of December 2017

E 121. Emergency Department Visits Involving Any Heroin Overdose [crude rate], Broome Adults aged 25-44, New York Counties, 2016



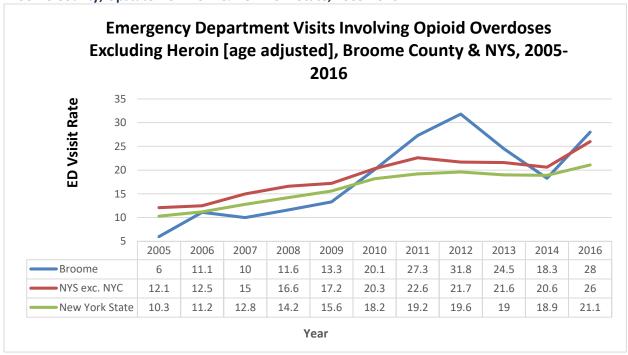
*ED visits include outpatients and admitted patients. Crude Rate per 100,000 population. SOURCE: Statewide Planning and Research Cooperative System (SPARCS) data as of December 2017

E 122. Emergency Department Visits Involving Heroin Overdose [age adjusted], Broome County, Upstate New York & New York State, 2005-2016



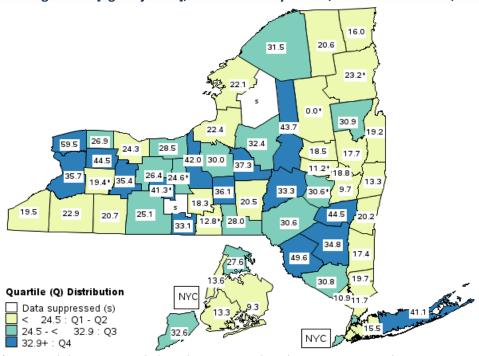
*ED visits include outpatients and admitted patients. Age-adjusted Rate per 100,000 population. SOURCE: Statewide Planning and Research Cooperative System (SPARCS) data as of December 2017

E 123. Emergency Department Visits Involving Opioid Overdoses Excluding Heroin [age adjusted], Broome County, Upstate New York & New York State, 2005-2016



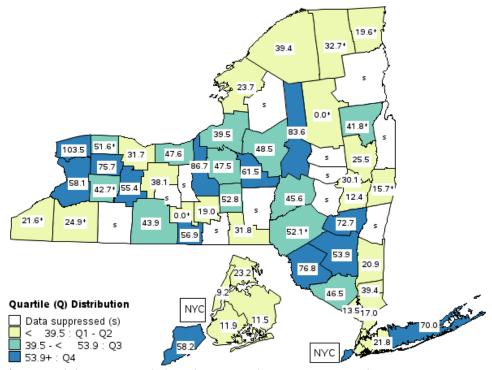
^{*}ED visits include outpatients and admitted patients. Age-adjusted Rate per 100,000 population. SOURCE: Statewide Planning and Research Cooperative System (SPARCS) data as of December 2017

E 124. All Emergency Department Visits (including outpatients and admitted patients) Involving Opioid Overdose Excluding Heroin [age adjusted], Broome County Adults, New York Counties, 2016



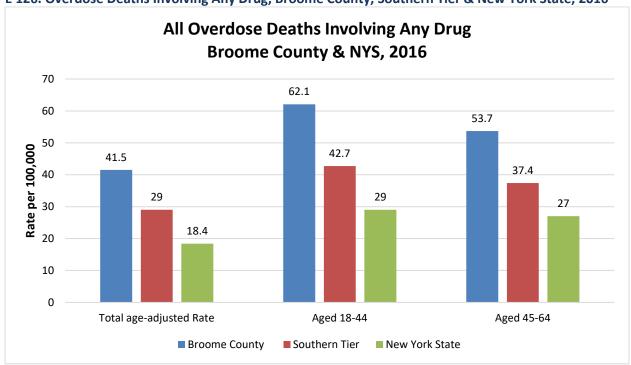
^{*}ED visits include outpatients and admitted patients. Age-adjusted Rate per 100,000 population. SOURCE: Statewide Planning and Research Cooperative System (SPARCS) data as of December 2017

E 125. All Emergency Department Visits (including outpatients and admitted patients) Involving Opioid Overdose Excluding Heroin [crude rate], Broome County Adults aged 18-44 years, New York Counties, 2016



*ED visits include outpatients and admitted patients. Crude Rate per 100,000 population. SOURCE: Statewide Planning and Research Cooperative System (SPARCS) data as of December 2017

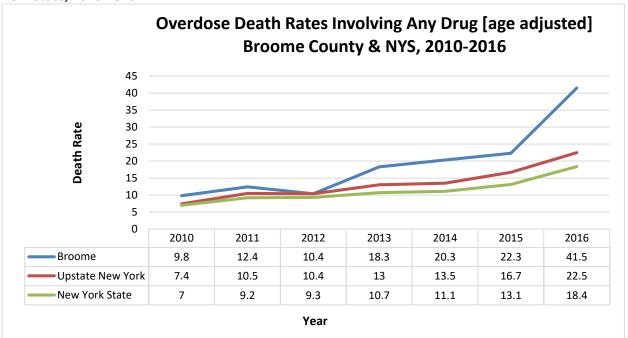
E 126. Overdose Deaths Involving Any Drug, Broome County, Southern Tier & New York State, 2016



^{*} The age categories are crude rates with the only age-adjusted rate being the total. ED visits include outpatients and admitted patients. Rate per 100,000 population.

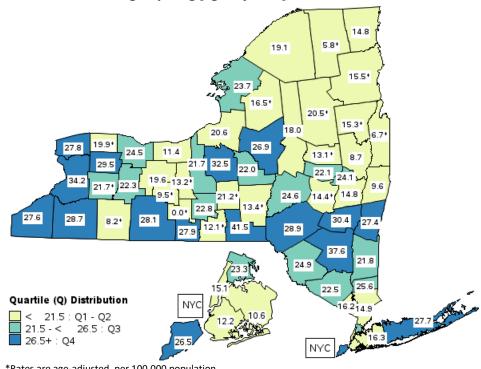
SOURCE: Statewide Planning and Research Cooperative System (SPARCS) data as of December 2017





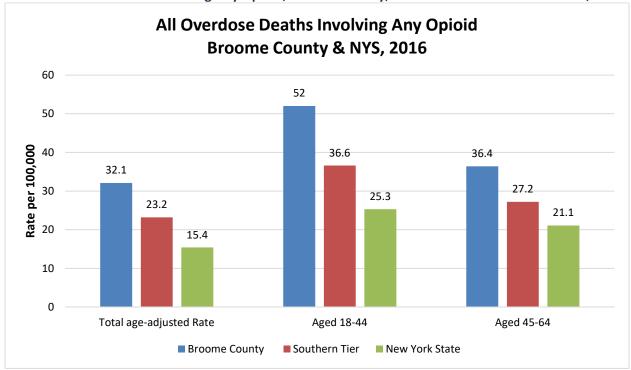
^{*}Rates are age-adjusted, per 100,000 population SOURCE: NYS Vital Statistics Data, 2018

E 128. Overdose Deaths Involving Any Drug [age adjusted], New York Counties, 2016



^{*}Rates are age-adjusted, per 100,000 population Source: NYS Vital Statistics Data, 2018

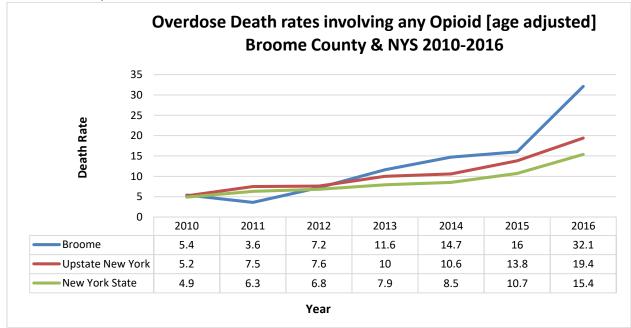
E 129. Overdose Deaths Involving Any Opioid, Broome County, Southern Tier & New York State, 2016



^{*}The age categories are crude rates with the only age-adjusted rate being the total. ED visits include outpatients and admitted patients. Rate per 100,000 population.

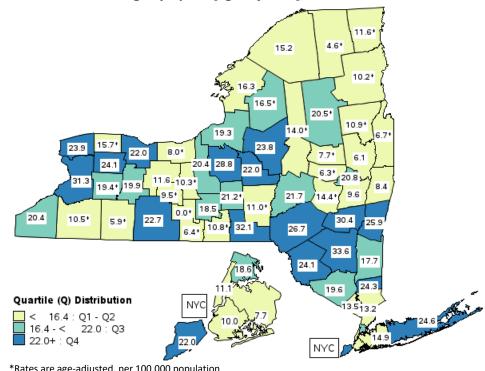
SOURCE: NYS Vital Statistics data as of December 2017

E 130. Overdose Deaths Involving any Opioid [age adjusted], Broome County, Upstate New York, & New York State, 2010-2016



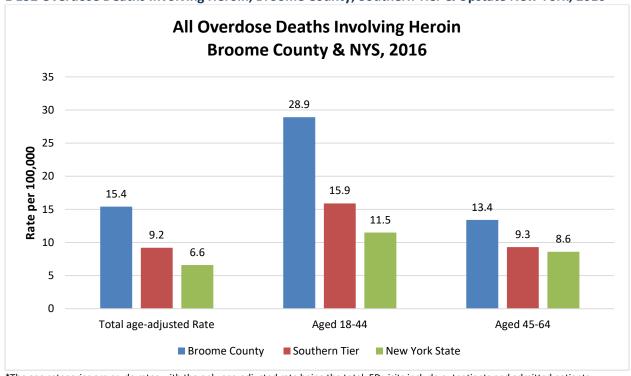
^{*}Rates are age-adjusted, per 100,000 population SOURCE: NYS Vital Statistics Data, 2018





*Rates are age-adjusted, per 100,000 population SOURCE: NYS Vital Statistics Data, 2018

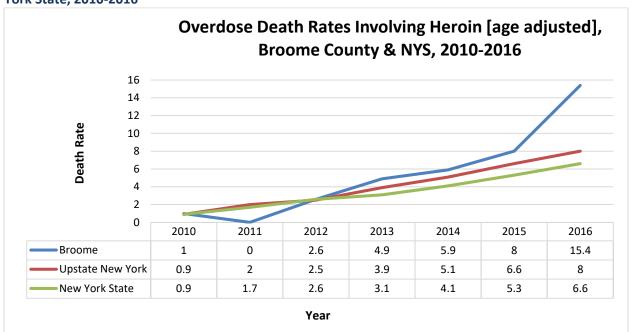
E 132 Overdose Deaths Involving Heroin, Broome County, Southern Tier & Upstate New York, 2016



^{*}The age categories are crude rates with the only age-adjusted rate being the total. ED visits include outpatients and admitted patients Rate per 100,000 population.

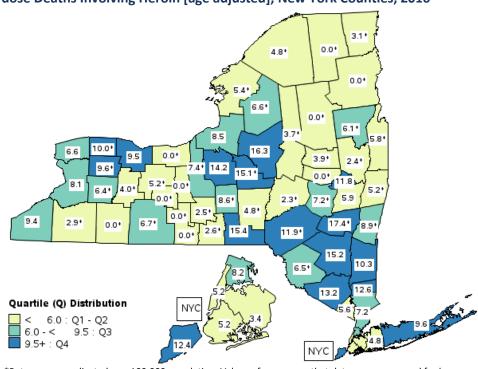
SOURCE: NYS Vital Statistics data as of December 2017

E 133. Overdose Deaths Involving Heroin [age adjusted], Broome County, Upstate New York, & New York State, 2010-2016



^{*}Rates are age-adjusted, per 100,000 population. Values of zero mean that data was suppressed for low samples or large standard errors. SOURCE: NYS Vital Statistics Data, 2018

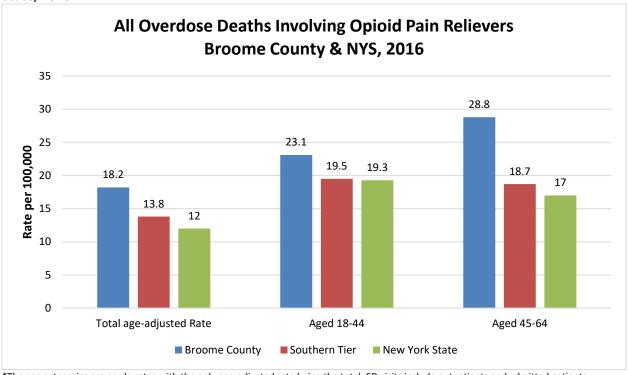
E 134. Overdose Deaths Involving Heroin [age adjusted], New York Counties, 2016



^{*}Rates are age-adjusted, per 100,000 population. Values of zero mean that data was suppressed for low samples or large standard errors.

SOURCE: NYS Vital Statistics Data, 2018

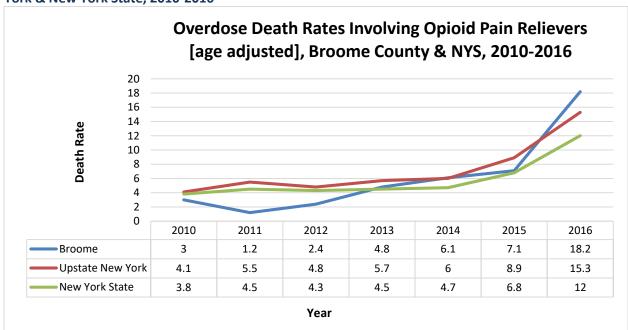




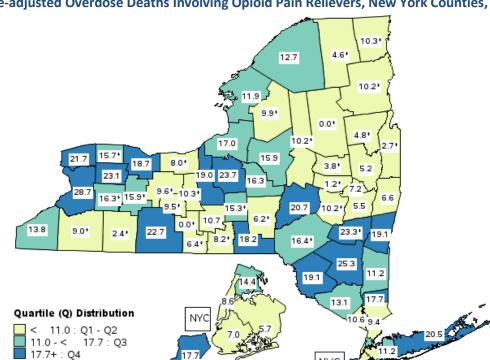
^{*}The age categories are crude rates with the only age-adjusted rate being the total. ED visits include outpatients and admitted patients. Rate per 100,000 population.

SOURCE: NYS Vital Statistics data as of December 2017

E 136. Overdose Deaths Involving Opioid Pain Relievers [age adjusted], Broome County, Upstate New York & New York State, 2010-2016

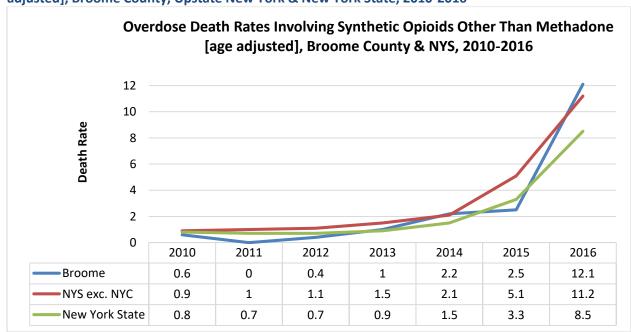


^{*}Rates are age-adjusted, per 100,000 population. Includes illicitly produced opioids like fentanyl. SOURCE: NYS Vital Statistics Data, 2018



E 137. Age-adjusted Overdose Deaths Involving Opioid Pain Relievers, New York Counties, 2016

E 138. Age-Adjusted Overdose Deaths Involving Synthetic Opioids Other Than Methadone [age adjusted], Broome County, Upstate New York & New York State, 2010-2016

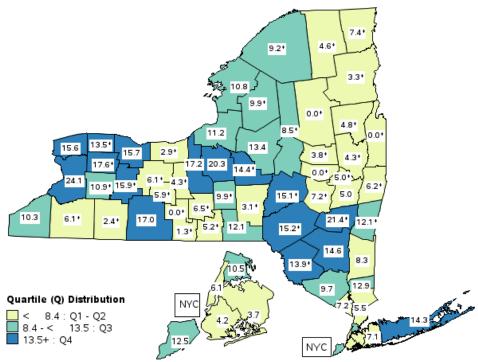


^{*} Excludes produced opioids like methadone. Rates are age adjusted.

SOURCE: Vital Statistics Data, 2018

^{*} Includes illicitly produced opioids like fentanyl. Rates are age adjusted. SOURCE: Vital Statistics Data, 2018

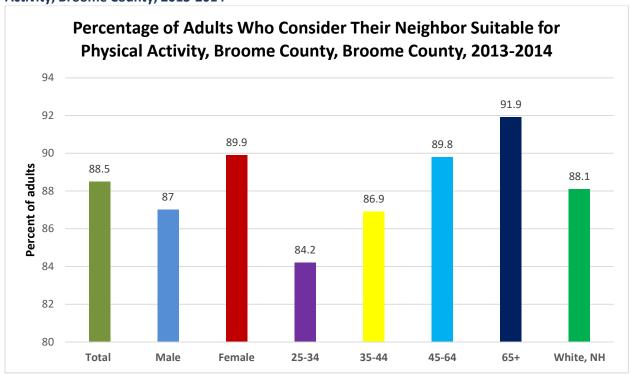
E 139. Overdose Deaths Involving Synthetic Opioids [age adjusted], New York Counties, 2016



^{*} Age-adjusted rates per 100,000 population SOURCE: NYS Vital Statistics Data, 2018

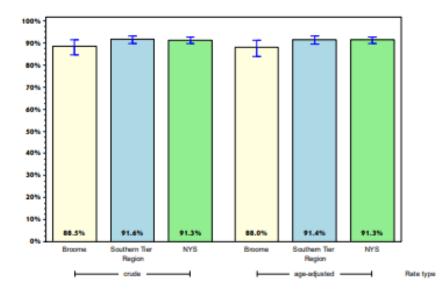
COMMUNITY MEASURES

E 140. Percentage of Adults Who Consider Their Neighborhood Suitable for Walking and Physical Activity, Broome County, 2013-2014



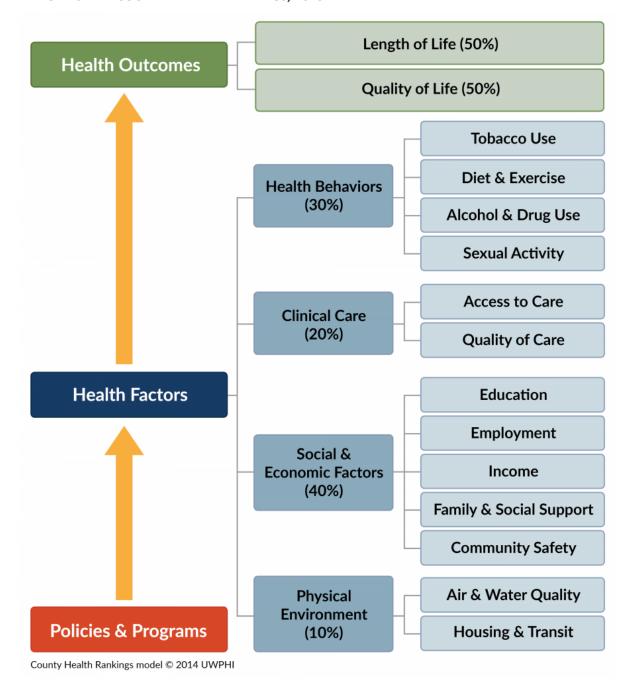
SOURCE: New York State Expanded Behavioral Risk Factor Surveillance System (BRFSS), Broome County, 2013-2014

E 141. Percentage of adults who consider their neighborhood suitable for physical activity, Broome County, Southern Tier, and New York State, 2013-2014



SOURCE: New York State Expanded Behavioral Risk Factor Surveillance System (BRFSS), Broome County, 2013-2014

NEW YORK STATE COUNTY HEALTH RANKINGS, 2019



SOURCE: Robert Wood Johnson Foundation, County Health Rankings, 2019

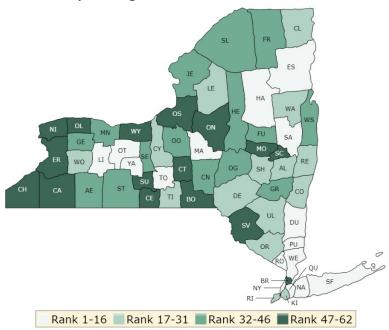
The County Health Rankings show the factors influencing the health and lifespans of residents in a given county in New York, and allow for comparison of health profiles between counties and throughout time. Indicators that may foreshadow future health profiles, like high school graduation rates, smoking and drinking, obesity, healthy food access and teen birth are also tracked for years and illustrated through line graphs. This allows for the detection of disease trends. Communities use the data reported in the Rankings to garner support to Public Health initiatives among Health professionals.

E 142. New York State County Rankings, NY, 2019

County County			eron's	County			County			Houth Carcons	
County	Healt	Hear	County	A. Wall	The same	County	Heat.	Heart of	County	N. S.	He start
Albany	22	7	Franklin	36	56	Oneida	49	37	Seneca	37	38
Allegany	40	49	Fulton	44	58	Onondaga	34	19	St. Lawrence	41	57
Bronx	62	62	Genesee	42	29	Ontario	9	11	Steuben	38	31
Broome	57	33	Greene	43	43	Orange	18	20	Suffolk	16	8
Cattaraugus	60	61	Hamilton	7	18	Orleans	52	54	Sullivan	61	50
Cayuga	19	46	Herkimer	45	44	Oswego	50	59	Tioga	27	22
Chautauqua	59	55	Jefferson	33	51	Otsego	32	15	Tompkins	11	5
Chemung	55	47	Kings	17	53	Putnam	6	3	Ulster	31	26
Chenango	46	30	Lewis	26	45	Queens	8	27	Warren	21	10
Clinton	29	41	Livingston	12	16	Rensselaer	30	17	Washington	35	42
Columbia	23	14	Madison	15	23	Richmond	28	21	Wayne	51	39
Cortland	47	28	Monroe	39	24	Rockland	1	6	Westchester	3	4
Delaware	25	48	Montgomery	54	60	Saratoga	4	2	Wyoming	24	36
Dutchess	13	9	Nassau	2	1	Schenectady	53	25	Yates	14	34
Erie	56	32	New York	5	12	Schoharie	20	35			
Essex	10	13	Niagara	58	52	Schuyler	48	40			

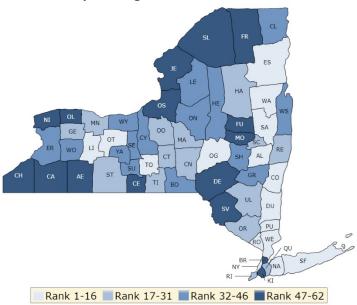
SOURCE: Robert Wood Johnson Foundation, County Health rankings, New York, 2019

E 143. New York State County Rankings for Health Outcomes, NY, 2019



SOURCE: Robert Wood Johnson Foundation, County Health Rankings, New York, 2019

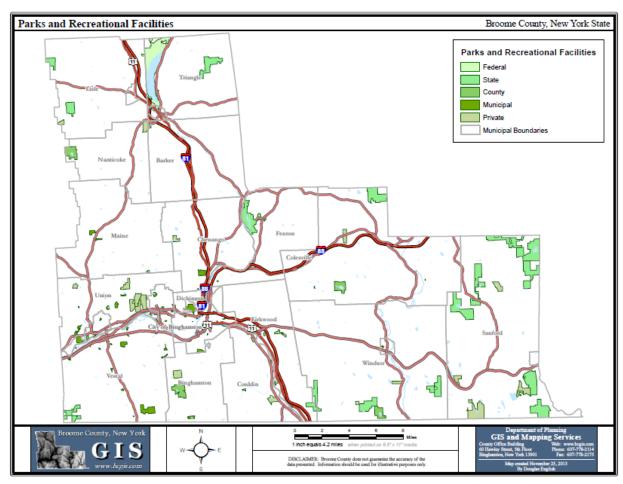




SOURCE: Robert Wood Johnson Foundation, County Health Rankings, New York, 2019

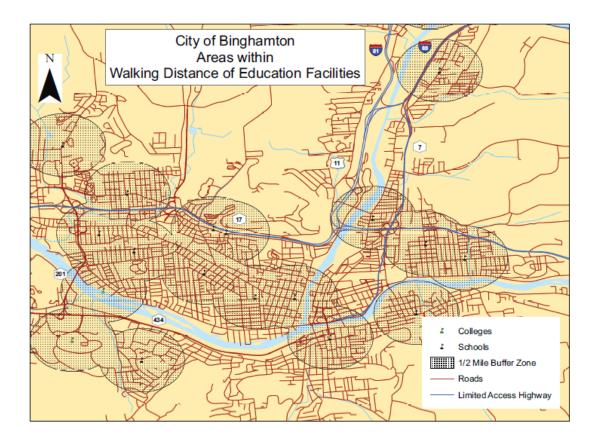
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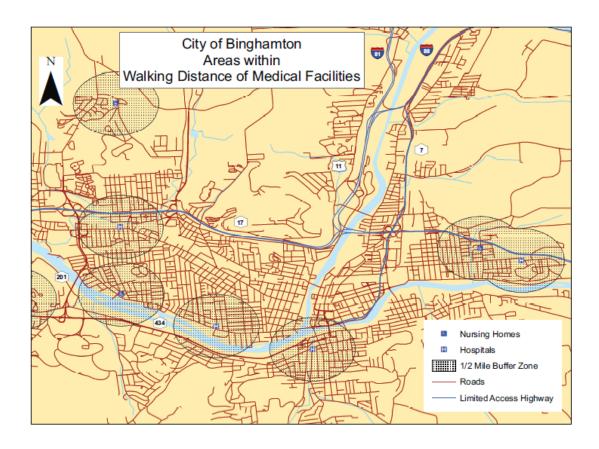


SOURCE: Broome County, Department of Planning, GIS and Mapping Services, 2013

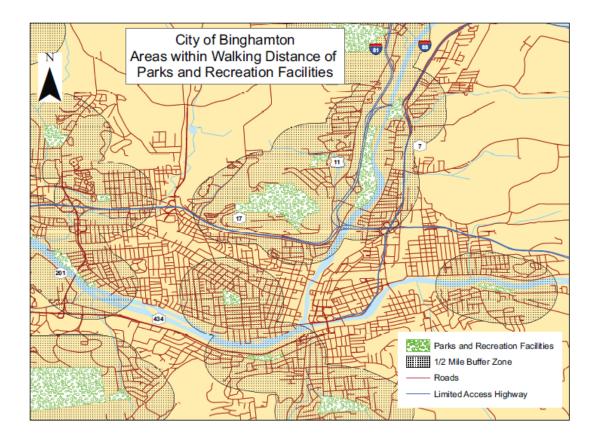
E 146. City of Binghamton Areas within Walking Distance of Education Facilities



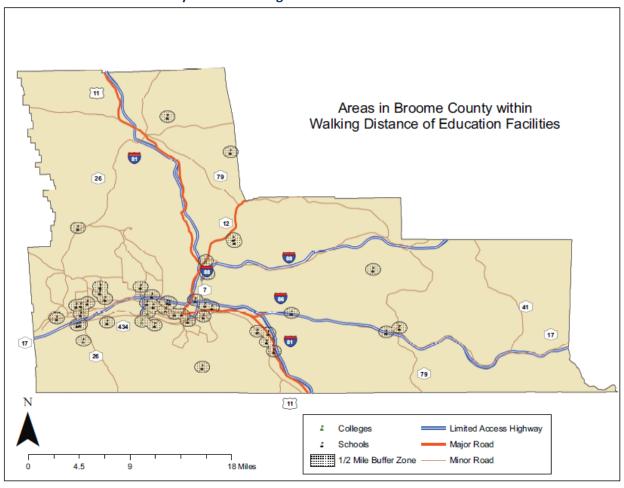
E 147. City of Binghamton Areas within Walking Distance of Medical Facilities



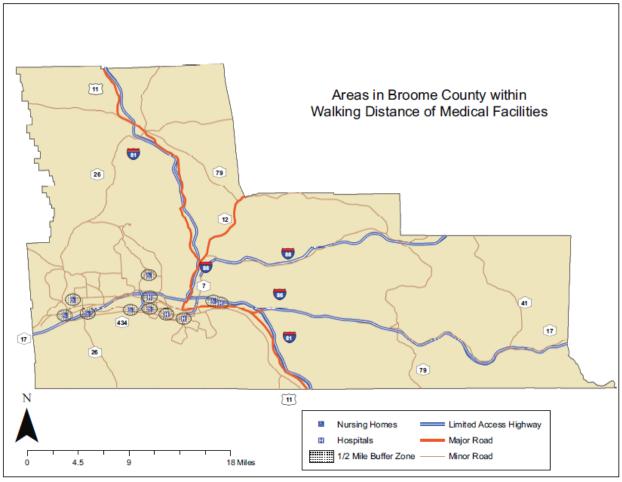
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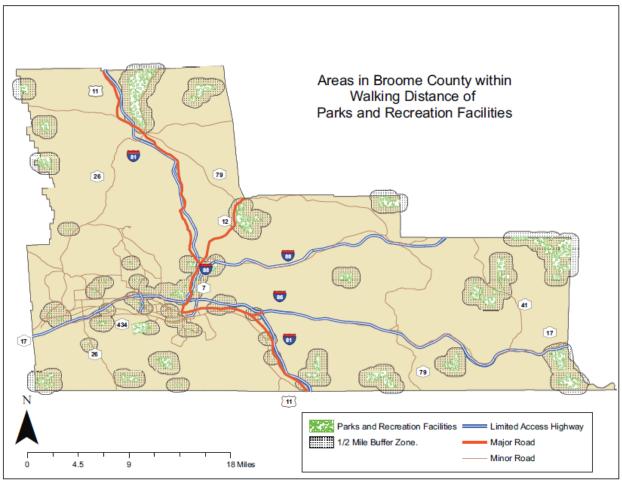
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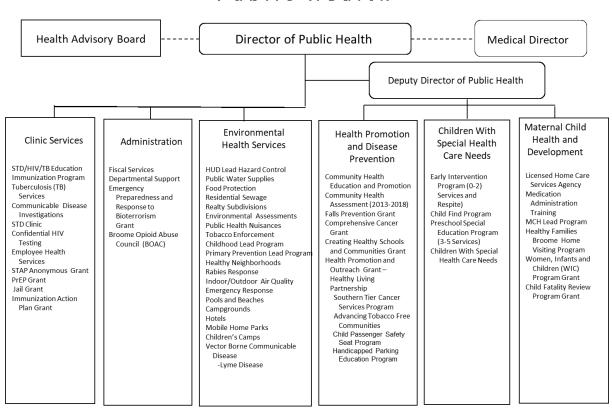
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APPENDIX F

ORGANIZATIONAL CHART

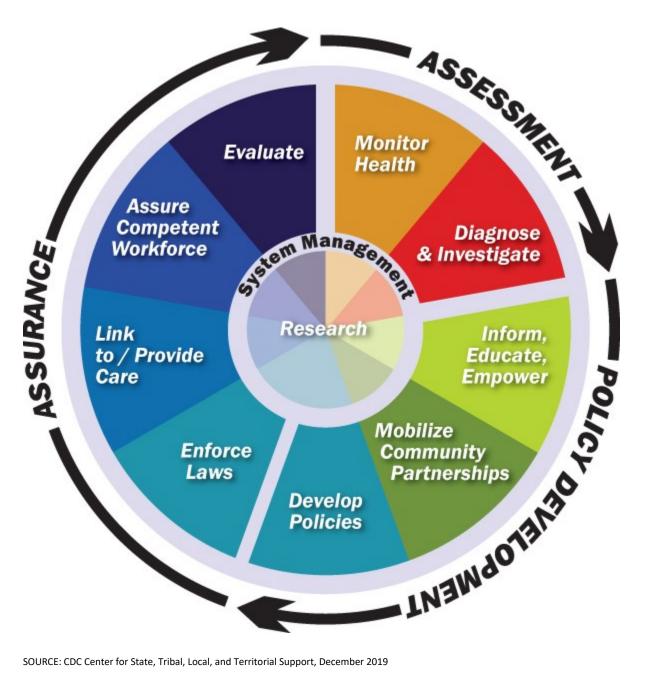
F 1. Broome County Health Department 2014 Organizational Chart

Public Health



10 ESSENTIAL PUBLIC HEALTH SERVICES

F 2. How Broome County Health Department Provides the 10 Essential Public Health Services



SOURCE: CDC Center for State, Tribal, Local, and Territorial Support, December 2019

APPENDIX G

BROOME COUNTY 2019 COMMUNITY HEALTH ASSESSMENT RESOURCE GUIDE

A linked book outlining, explaining, and providing contact information for community resources related to:

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COMMUNITY RESOURCE GUIDE



= Crisis Line / Hotline

Local Resource Hotline

United Way of Broome	ADDRESS: PO Box 550, Binghamton, NY 13902
County Resource	WEBSITE: http://www.helpme211.org/
Hotline United	PHONE: 2 <u>11</u>
Way	SOCIAL MEDIA: 🚮 💟 🔼
Serves: General	Features/ Services: hotline and comprehensive online database for resource referral.
Population	Basic Needs: Clothing Banks, Food Pantries, Food Stamps, Heating Bill, Assistance,
	Mortgage Payment Assistance, Rent Payment Assistance Consumer Assistance:
	Better Business Bureau, Consumer Fraud Reporting, Consumer Protection, Do Not
	<u>Call Registries</u> , <u>Identity Theft Reporting</u> , <u>Junk Mail/Email Opt-Out</u> Mental Health:
	Counseling, Mental Health Evaluation and Treatment, Mental Health Support Services
	Alcohol/Addiction: Education/Prevention, Screening/Assessment, Treatment



Hotline Numbers

AGENCY	PHONE
A New Hope Center	607 607 6066 OR 1 000 COC 7000
(24-hour domestic violence line)	607.687.6866 OR 1.800.696.7600
Alcohol and Drug (24-hour help)	1 800 234-0240
Alcohol and Drug (referrals)	1 800 252-6465
Ala-teen	1 800 344-2666
Ala-non (spouses living with an alcoholic)	1 800 356-9996
Broome County Sheriff's Assisted Initiative	(607) 778-1911 Ext. 1
Broome County Suicide Awareness for Everyone	(607) 778-1911
Child Advocacy Center Crisis	(607) 722-4256
Child Protective Services	1-800-342-3720
CPEP (Mental Health Crisis)	(607) 762-2302
Crime Victims Assistance Center	(607) 722-4256 Text: (607) 725-8196
Disaster Distress Hotline	1-800-985-5990
Healthy New York (insurance)	(212) 480-6400 or (518) 474-6600)
Nar-anon (families living with an addict)	1 800 322-5525
Narcotics Anonymous	1 800 992-0401
New Jersey Drug	1 800 225-0196
Office of Alcohol and Substance Abuse Services (OASAS) HopeLine	1-877-848-7369 Text: HOPENY to 4673969
Cocaine	1 800-COCAINE
CDC (National AIDS hotline, Flu, Autism, tobacco	
use, and over 750 other topics)	1 800 CDC-INFO
Domestic Violence	1 800 572-7233
Eating Disorders	1 800 624-2268
Gamblers Anonymous	1 800 426-2537
National Mental Health Association	1 800 969 6642
National Runaways Switchboard	<u>1800786-2929</u>
Nation Suicide Prevention Lifeline	1 800 273-8255
New Horizons 24-hour Crisis Line	(607) 762-2257
New Jersey AIDS, info.testing	1 800 624-2377
Partnership for Drug Free Kids	1 855 378-4373 (1 855 -DRUGFREE)
Poison Control Center	1 800 222-1222
RISE Domestic Violence (24-hour)	855-886-RISE (7473)
Runaway Switchboard	1 800 621 4000
Sexually Transmitted Diseases	1 800 227-8922
STD (American Sexual Health Association)	1-919-361-8488
Substance Abuse and Mental Health Services	National Helpline: 800-662-HELP (4357)
Administration	Drug-free helpline: 1-800-WORKPLACE (967-5752)
Trans Lifeline	1 877 565-8860
Trevor Lifeline (teen and young adult LGBTQ)	1 866 488-7376
United Way of Broome County Resource Hotline	211
Youth Crisis - Youthline	1 877 968-8491 or text teen2teen to 839863
Women's Referral Central	1 800 322-8092

Mental Health & Substance Use

RESOURCE	CONTACT INFORMATION / SUMMARY OF SERVICES
Addiction Center of	ADDRESS: 30 West State Street 2nd Floor, Binghamton, NY 13901-2232
Broome County	WEBSITE:
OCARC	PHONE: (607) 723-73 <u>08</u>
ADDICTION CENTER OF ARROWS COUNTY	SOCIAL MEDIA: f
Serves: Individuals with	Features/ Services: an OASAS certified provider focused on engaging people in
alcohol and/or drug	treatment through mobile clinic services — brings treatment staff into
dependency. Persons with	underserved areas; expanding tele-practice sites; and enhanced peer outreach &
co-occurring mental and	engagement within the community. Outpatient groups include Basic Addictions,
substance use disorders.	Intensive Outpatient, Outpatient Rehabilitation, Aftercare & Relapse Prevention
	groups along with Co-occurring Disorders (COD) and Women's groups. Specialty
	groups include Codependency, Men's & Women's TREM, Nurturing Parenting,
	Creative Arts, Anger Management and Wellness Self-Management. The Grief
	Recovery Method and Family Psychoeducation Program (FPE). Accepts Medicaid
	and other insurance and works with individuals to ensure access. Providing Peer
	services, Psychiatric Services/COD medication management and
	Vivitrol/Naltrexone medication assisted therapy
	Ancillary Withdrawal Management Services (AWMS) and Suboxone MAT starting
	2018. The Grief Recovery Method® Grief Support Group-the action program for
	moving beyond Death, Divorce, and Other Losses. Your feelings are normal and
	natural. The problem is that we have been socialized to believe that these feelings
	are abnormal and unnatural. Whether your loss is from: death, divorce or end of a
	relationship, loss of a career, loss of trust, loss of faith, loss of safety and/or loss of
	health.
Addiction Stabilization	ADDRESS: 247 Court Street Binghamton
Center (ASC)	WEBSITE: https://frsinc.co/services/addiction-stabilization-center/
lairview	PHONE: (607) 722-4080
Recovery Services	SOCIAL MEDIA: f
Serves: Individuals with	Features/ Services: Ancillary withdrawal and addiction medication management
drug dependencies/	with on-site physician, psychiatrist, social worker and comprehensive clinical
addictions	services including opportunities to learn coping skills to deal with cravings,
	impulsive behavior and mental health symptoms. Family Counseling and
	Vocational/Educational Services available for individuals age 18 and over.
	Referrals accepted by phone, fax, email or US mail-admission must meet LOCADTR
	criteria and intakes are by pre-scheduled appointments.

CONTACT INFORMATION / SUMMARY OF SERVICES RESOURCE ADDRESS: DAILY: 91 Baldwin Street, Binghamton; 113 Grand Boulevard, **Alcoholics Anonymous** Binghamton; 50 Oak Street, Binghamton; United Methodist Church 53 McKinley Ave, Endicott; MONDAY: 24 Isbell Street, Binghamton; 371 Castle Creek Rd, Binghamton; 80 Hawley Street, Binghamton; 740 River Road, Chenango Bridge; 72 Main Street, Binghamton; 183 Riverside Drive, Binghamton; Room 10 (next to Lourdes Hospital); 901 Murray Hill Road, Vestal; 270 Robinson Street, Binghamton; 29 Grant Ave. @ Monroe St, Endicott; 14 Monument Street, Deposit; 83 Main Street, Binghamton (Corner Arthur and Main) TUESDAY: Gospel Chapel, 203 North Ave, Owego; 1087 Castle Creek Road (Rt.11), Castle Creek; 196 State Street, Binghamton; 795 Route 11, Kirkwood; 133 Main Street, Johnson City; 29 Grant Ave. @ Monroe St, Endicott; WEDNESDAY: 740 River Road, Chenango Bridge; 91 Baldwin Street, Binghamton; 17 Nanticoke Ave, Endicott; 3505 Vestal Pkwy, Vestal (Enter in rear); 29 Grant Ave. @ Monroe St, Endicott; 7313 Collins Street, Whitney Point THURSDAY: 340 Prospect St, Binghamton; 29 Grant Ave. @ Monroe St, Endicott; 10-42 Mitchell Ave, Binghamton; 1350 Front Street, Chenango Forks; 308 Main Street, Johnson City; 4400 Vestal Pkwy E, Binghamton; 14 Monument Street, Deposit; FRIDAY: 24 Isbell St. Binghamton; 10-42 Mitchell Ave, Binghamton; 3-5 Griswold Street, Binghamton; 17 Nanticoke Ave, Endicott; 371 Castle Creek Rd, Binghamton; 284 Robinson Street, Binghamton; 72 Main Street, Binghamton SATURDAY: 72 Main Street, Binghamton; 308 Main Street, Johnson City; 38 Broad Ave, Binghamton; 200 Jefferson Ave. @ Broad St. Endicott; 11 Brandywine Highway, Binghamton; 72 Main Street, Binghamton; SUNDAY: 80 Hawley Street, Binghamton; 110 Fairview Ave, Binghamton; 169 Riverside Drive, Binghamton; 705 West Main Street, Endicott; 10-42 Mitchell Ave, Binghamton; 30 Glann Road, Apalachin; 740 River Road, Chenango Bridge; 91 Baldwin Street, Binghamton WEBSITE: https://aabinghamton.org/ PHONE: (607) 722-5983 **SOCIAL MEDIA:** Serves: Individuals with **Features/ Services:** Group support and education alcohol dependency Alateen/ Al-Anon ADDRESS: Monday 7:00 PM Binghamton - Courage to Change Binghamton General Hospital, Johnson Hall Foundation Conference Room; 7:00 PM Chenango Bridge - Courage to Change St. Mark's Espisocal Church, River Rd. Chenango Bridge, NY Tuesday 6:30 PM Step - One Day at a Time 11 Brandywine Ave., Binghamton, NY across from Weitsmann Steel Scrap Yard; 7:00 PM Al-ANON Unitarian Universalist Church, 183 Riverside Dr., Binghamton, Classroom 10 Wednesday 10:00 AM Step Meeting St. Vincent DePaul Church, 465 Club House Rd. Vestal, NY - front door entrance; 7:45 PM Wednesday PM Group Christ Church, Water Street Door, Binghamton; Thursday 7:00 PM From Survival to Recovery - Al-Anon Adult Children Christ Church, Water St., Door, Binghamton Friday 8:00 PM Union Endicott Group North minster Presbyterian Church, Farm to Market Rd., Endwell, NY Saturday 7:00 PM Topic Meeting St. Paul's Episcopal Church, corner of Jefferson & Broad Sts., Endicott, NY WEBSITE: https://al-anon.org/ PHONE: (607) 722-0889 SOCIAL MEDIA: If in io Features/ Services: Experience sharing support program **Serves: Younger family** members and friends of alcoholics (mostly teens)

RESOURCE	CONTACT INFORMATION / SUMMARY OF SERVICES
Assertive Community	ADDRESS: 290 Front Street Binghamton
Treatment (ACT)	WEBSITE: https://www.catholiccharitiesbc.org/programs/mental_health/
Catholic Charities	PHONE: (607) 723-9991
Broome County	SOCIAL MEDIA:
Serves: General	Features/ Services: An evidenced based practice that is a hybrid of mental health
Population	clinical services and case management. More than 80% of services take place in
	the community to assess needs in the recipients living environment and provide
	services to those who find getting to Mental Health appointments a barrier. The
	team is comprised of a Psychiatrist, Nurses, Social Workers and Mental Health
	Counselors. Services include but are not limited to psychiatric assessment,
	medication education and support, vocational assessment and linkages, drug and
	alcohol assessment groups and referrals, wellness and family education, and
	community living skills support.
Binghamton Adult Drug	ADDRESS: 38 Hawley St., Binghamton, NY
Treatment Court	WEBSITE:
NYCOURTS.GOV	http://ww2.nycourts.gov/courts/6jd/broome/binghamton/drugcourt.shtmlPHON
	E: 607-240-4275
	SOCIAL MEDIA:
Serves: qualified addicted	Features/ Services: Provides nonviolent criminal offenders addicted to drugs with
offenders	the opportunity to participate in substance abuse treatment under the
	supervision of the court.
Binghamton Veteran's	ADDRESS: 203 Court Street Binghamton, NY 13901-3601
Administration Outpatient	WEBSITE:
Clinic	https://www.syracuse.va.gov/locations/Binghamton Community Based Outpatient Clinic.asp
U.S. Department of Veterans Affairs	PHONE: (607) 722-9100
veterans Affairs	
	SOCIAL MEDIA: If 💆 🔯 🗖 🕶 B
Serves: Veterans	Features/ Services: Primary and Behavioral Healthcare: a behavioral health care
	team consisting of Social Workers, and Psychiatrists provides individual
	psychotherapy, group psychotherapy, and medication therapy, for Veterans
	experiencing personal and emotional problems, including drug and alcohol
	problems, Smoking Cessation, Move! Weight Management Program, Specialty
	Services including Optometry, Podiatry, and Gastrointestinal Clinics, Home Based
	Primary Care, Lab Services, Prescriptions, Radiology, Telehealth Clinics, Whole Health Classes, Transportation
Busama Caunty Mantal	ADDRESS: 60 Hawley Street, Binghamton Ny 13902
Broome County Mental Health Department	WEBSITE: http://www.gobroomecounty.com/mh/
BROOME COUNTY	PHONE: (607) 778-2351 Mental Health Case Mgmt. (SPOA): (607) 788-1119
BROOME COUNTY NEW YORK	SOCIAL MEDIA:
Serves: Children,	Features/ Services: Mental hygiene services, alcohol and substance abuse
adolescents, adults and	services, mental health programs
families	services, mental nearth programs
Able Program Broome	ADDRESS: 36-42 Main Street, (Inside DSS Building), Binghamton, NY 13905
County	WEBSITE: https://www.govserv.org/US/Binghamton/264290316944454/ABLE-
Re-entry AR-	<u>Program-Broome-County-Re-Entry</u>
I PLE	PHONE: (607) 743-1790
THE ENEMED	SOCIAL MEDIA: 🕤 💆 🔟 🕡

RESOURCE	CONTACT INFORMATION / SUMMARY OF SERVICES
Serves: Men and Women	Features/ Services: Assists with: Housing, Education, Substance Use Issues, Stress,
Returning from Prison	Mental Health Concerns, Reconnecting with Family and Community, Veterans
	Services, Employment.
Binghamton University	ADDRESS: Old O'Connor Building 264, Binghamton University, Vestal Parkway E
Counseling Center	WEBSITE: https://www.binghamton.edu/counseling/index.html
BINGHAMTON	PHONE: (607) 777-2772
UNIVERSITY STATE UNIVERSITY OF NEW YORK	SOCIAL MEDIA:
Serves: Binghamton	Features/ Services: Provides comprehensive clinical and referral services. Their
University undergraduate	goal is to enhance the psychological well-being of students so they can take full
and graduate students	advantage of the educational opportunities at the University.
and affiliated entities	
Broome County Sheriff's	ADDRESS: 155 Lt. VanWinkle Drive, Binghamton, NY, 13905
Assisted Initiative	WEBSITE:
BROOME COUNTY NEW YORK	PHONE: (607) 778-1911 Ext. 1
	SOCIAL MEDIA:
Serves: People seeking	Features/ Services: Available 24/7. This program allows people voluntarily seeking
treatment for substance	substance abuse treatment help with obtaining transport to either the ASC at 247
abuse	Court Street in Binghamton or UHS Binghamton General Hospital located at 10-42
	Mitchell Avenue in Binghamton.
Broome County Suicide	ADDRESS: 36-42 Main Street Binghamton
Awareness For	WEBSITE: http://gobroomecounty.com/mh/bcsafe
Everyone BC	PHONE: (607) 778-2351; BC SAFE line: 778-1911
SAFE Bearing long Suits Austrape City Surgest Austrape City Surge	SOCIAL MEDIA:
Serves: General	Features/ Services: A local suicide prevention coalition that strives to
Population	reduce the number of suicides and suicide attempts through awareness
•	and education. BC SAFE line: A volunteer will take information and begin
	searching a network of treatment facilities accepting new patients and assist with
	arrangements for substance abuse treatment.
CCSI – Drug Free	ADDRESS: 1099 Jay Street Building J Rochester NY 14611
Communities	WEBSITE: https://www.ccsi.org/
CCCS Coordinated Care Services Inc.	PHONE: (607) 778-1005
Inpovedire Solutions in Ruman Service Delivery	SOCIAL MEDIA: f 💟 in
Serves: Businesses,	FEATURES/SERVICES: CCSI provides program management, business
community-based	management, and consulting services for local behavioral health, social and
organizations,	human service departments, state agencies and community-based organizations.
government agencies	DFC aims to create healthier and safer communities across New York State by
	reducing risk factors associated with substance use and enhancing relevant
	protective factors and increasing community collaboration and awareness about
	substance use.
Catholic Charities of	ADDRESS: 232 Main Street Binghamton NY 13905-2699
Broome County Creating Hope Transforming Lives	WEBSITE: https://www.catholiccharitiesbc.org/
Catholic Charities	PHONE: (607) 729-9166 Food pantry: (607) 723-4563
Broome County	SOCIAL MEDIA:

RESOURCE	CONTACT INFORMATION / SUMMARY OF SERVICES
Serves: Individuals and	Features/ Services: Youth, family and community services; residential services;
Families	Encompass Health Care; food pantries, mental health services; disaster services.
	provides psychotherapy to individuals, families, and couples, and counseling for
	single, expectant parents and their families by professionally trained staff and NYS
	licensed clinical social workers. Service areas: personal development; pre-marital
	evaluations/counseling; marriage/relationship counseling; parent/child
	relationships; family therapy; separations/divorce adjustment; and school adjustment counseling. individual pre-natal and parenting instruction;
	counseling/groups for single parents; pro-life options in pregnancy planning;
	abortion-stress counseling; Offers Early Childhood STEP (birth – age 6) and STEP
	(Pre-teen ages 6-12) Parenting Classes to learn and use new skills to make
	parenting more effective; and individualized parenting instruction (Baby Steps).
Chemical Dependency	ADDRESS: 36-42 Main Street Binghamton
Services Unit (CDSU)	WEBSITE: https://www.nyconnects.ny.gov/services/chemical-dependency-
BROOME COUNTY NEW YORK	services-unit-sofabroop12278
	PHONE: (607) 778-1253
	SOCIAL MEDIA:
Serves: Substance users	Features/ Services: Provides brief chemical dependency assessments/monitors individual cases each month for the Department of Social Services (DSS). DSS
	relies on CDSU to act as liaison with treating agencies and as consultant with DSS
	staff when needed.
Christian	ADDRESS: 780 Harry L Drive Johnson City, NY 13790
Counseling	WEBSITE: http://www.christiancounsel.us/
Center	PHONE: (607) 729-7777
CHRISTIAN Counseling Center	SOCIAL MEDIA:
Serves: General	Features/ Services: Treatment specialization includes: Therapy for
Population	Depression and Anxiety, Couples Counseling, Family Counseling, Parenting
	Support, Grief Counseling, Work and Career issues, Stress Management,
	Addiction & Recovery, Conflict Resolution. Professional & biblical
	counseling services
Clear Brook Inc	ADDRESS: 1100 E Northampton St. – Laurel Run, PA 18706
~1 1 1	WEBSITE: https://www.clearbrookinc.com/new-york-drug-treatment-
Clearbrook	center/binghamton-drug-treatment/
IREAIMENI CENIERS	PHONE: 1 877-721-5585
	SOCIAL MEDIA: If in D
Serves: People with	Features/ Services: 28 day supervised, medicated detoxification method
substance use disorders	and a state-of-the-art inpatient facility. Local aftercare recommendations.
	Detoxification, addiction counseling, alcohol treatment, bath salts
	treatment, cocaine treatment, ecstasy treatment, heroin treatment,
	LGBTQ addiction treatment, marijuana treatment, meth treatment, opiate
	treatment, prescription drug treatment, rehab for pregnant women,
	relapse treatment and prevention
Community Treatment	ADDRESS: Greater Binghamton Mental Health Care Center, 114 Clinton Street
and Recovery Center (CTRC)	Binghamton NY 13905 WEBSITE: https://www.omh.ny.gov/omhweb/facilities/bipc/
(CINC)	PHONE: (607) 797-0680
	SOCIAL MEDIA:

RESOURCE	CONTACT INFORMATION / SUMMARY OF SERVICES
Serves: Adults 18 yrs +	Features/ Services: CTRC houses an adult outpatient clinic which offers
with mental health	comprehensive mental health services to individuals with qualifying DSM-IV
concerns	diagnosis. Self-referrals accepted. Services based on individual needs and include:
	psychiatric evaluation, medication management, health screening, individual and
	group therapy, crisis intervention, self-help and recovery services, referral services
	for recovery center, employment training, and/or case management services
Cornerstone Family	ADRESS: 35 Felters Road Binghamton
Healthcare	WEBSITE: https://cornerstonefamilyhealthcare.org/medical-directory-
CORNERSTONE	cf/binghamton/
CORNERSTONE FAMILY HEALTHCARE	PHONE: (607) 201-1200
	SOCIAL MEDIA:
Serves: People addicted to	Features/Services: Providing Suboxone treatment in their office, with a link to
or dependent on opioids	behavioral health services via telehealth.
CPEP (Mental Health	ADDRESS: 10-42 Mitchell Ave Binghamton
Crisis)	WEBSITE: https://www.nyuhs.org/care-treatment/psychiatric-services/
D _a	PHONE: (607) 762-2302 or 1-800-451-0560 PLEASE CALL 911 IN CASE OF
ØUHS	EMERGENCY
· 0110	SOCIAL MEDIA: 📑 💆
Serves: General	Features/ Services: In-person emergency assessment/consultation,
population with mental	24-hour crisis hotline, Mobile Crisis Outreach service (MCO), Referrals
health concerns	and linkages to community, hospital and Services that provide a
	variety of services including counseling and therapy and educational
	presentations. The 24-hour crisis service is staffed by highly trained psychiatric
	nurses, social workers and paraprofessionals under the direction of a medical
	director/psychiatrist. All calls are free and confidential.
Crime Victims Assistance	ADDRESS: 377 Robinson Street Binghamton NY
Center	WEBSITE: http://www.cvac.us/services.html
CRIME VICTOMS	PHONE: 24/7 Crisis Line: (607) 722-4256 Text: (607) 725-8196 Office: (607) 723-
Assistance Center; Ibc.	3200
	SOCIAL MEDIA: f
Serves: Youth, general	Features/ Services: A safe, welcoming environment for people who have
population	been a victim of or affected by a crime. Providing free counseling to
	survivors and advocacy program. Educating our community and
	providing care with compassion. Services include: 24-hour crisis line, 24-hour
	advocacy to victims, free and confidential counseling for all victims of crime, case
	management services, education & prevention services, Office of Victim Services
	Compensation assistance, Broome County Child Advocacy Center, Legal Advocacy,
	Sexual Assault Response Team (MDT), Human Trafficking Task Force, Sexual
2 12	Violence Prevention Coalition.
Dual Recovery	ADDRESS: 36- 42 Main Street Binghamton NY 13905
BROOME COUNTY NEW YORK	WEBSITE: http://www.gobroomecounty.com/mh/dualrecoveryproject
	PHONE: 607-778-1109 SOCIAL MEDIA:
Serves: Individuals with	Features/ Services: Coordinate, improve and enhance treatment and ancillary
co-occurring mental	services for individuals with co-occurring mental health and substance use
health and substance use	disorders, especially those with the most serious and persistent mental illness and
disorders	substance use problems. The Dual Recovery Coordinator also develops and
uisoi uci s	
	sponsors many trainings

	CONTACT INFORMATION / SUMMARY OF SERVICES
Encompass Health Home	ADDRESS: 232 Main Street, Binghamton
Care Management	WEBSITE: http://encompasshealthhome.org/
	PHONE: (607) 729-9166
Encompass	SOCIAL MEDIA:
Serves: Medicaid eligible	Features/Services: assists individuals in their recovery journey, utilizing
adults/ children with a	person centered practices and best practice health promotion services.
chronic medical and/or	Care Managers oversee and coordinate access to needed services, assuring
behavioral health	that all needs are addressed in a comprehensive manner. Consumer Care
condition: 2 or more	Managers provide additional peer support to complement the continuum
chronic medical	of care. Helping you take care of your family by making sure your child
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(Gillian Gill)	, , , , , , , , , , , , , , , , , , , ,
	neip you and your child whenever needed, 24/7
Fairview Addiction	ADDRESS: 5 Merrick Street Binghamton NY 13904
-	
	PHONE: (607) 722-4080
Recovery Services	SOCIAL MEDIA:
	Features/ Services: Addiction Stabilization Center, Residential Rehabilitation
disease of alcoholism,	Center for Men, Residential Rehabilitation Center for Women, Supportive Living,
chemical dependency, and	Shelter Plus Care, Voices Recovery Center, Housing Plus Care, Health Home Care
co-occurring conditions	Management. Inpatient and Outpatient.
Families Anonymous	ADDRESS: Father Sullivan Parish Center, 25 Doubleday St., Binghamton; St Paul's
Families Anonymous	Episcopal Church 200 Jefferson Ave Endicott;
W 7-W Necovery Pellowship	WEBSITE:
Serves: Families and	
	reatures, Services. 12 Step renowship, Anonymous Meetings, Reading Material
destructive behavior of	
someone very near to	
them, whether caused by	
drugs, alcohol, or related	
behavioral problem	
Stabilization and Recovery Services Fairview Recovery Services Serves: people with the disease of alcoholism, chemical dependency, and co-occurring conditions Families Anonymous Families Anonymous Families Anonymous Recovery Fellowship Serves: Families and friends who have known a feeling of desperation concerning the destructive behavior of someone very near to them, whether caused by drugs, alcohol, or related	gets appointments with doctors, dentists, mental health providers specialist and reminding you of your appointments, Inviting everyone y consider important to keeping your child healthy, safe and on track to meeting to talk about how we can all do this together, Linking you a your child with others who have walked in your shoes and can let y know how they succeeded, Helping you and your child talk to those y love so they better understand you and what you need, Being available help you and your child whenever needed, 24 ADDRESS: 5 Merrick Street Binghamton NY 139 WEBSITE: https://frsinc.org/hONE: (607) 722-40 SOCIAL MEDIA: Features/ Services: Addiction Stabilization Center, Residential Rehabilitati Center for Men, Residential Rehabilitation Center for Women, Supportive Livit Shelter Plus Care, Voices Recovery Center, Housing Plus Care, Health Home Camanagement. Inpatient and Outpatie ADDRESS: Father Sullivan Parish Center, 25 Doubleday St., Binghamton; St Pau Episcopal Church 200 Jefferson Ave Endice

RESOURCE	CONTACT INFORMATION / SUMMARY OF SERVICES
Family and Children's	ADDRESS: Whitney Point School, 10 Keibel Road, Whitney Point, NY 13862;
Society	Maine Memorial Elem School, 2693 NY Rt 26, PO Box 218, Maine, NY 13802;
The Family 1	Union Endicott School, 1100 East Main Street, Endicott, NY 13760; Windsor
Children's	Central High School, 1191 NY Route 79, Windsor, NY 13865; Johnson City School,
Society	601 Columbia Drive, Johnson City, NY 13790; East Middle School, 167 East
	Frederick Street, Rm 216, Binghamton, NY 13904-1214
	WEBSITE: https://familycs.org/
	PHONE: 607-729-6206
	SOCIAL MEDIA: f
Serves: General	Features/ Services: An agency serving both adults and children with an array of
population	services including Elder Counseling, the Family Mental Health Clinic (locations:
	257 Main St. Binghamton, Johnson City Central School District, Windsor Central
	School District, and Binghamton East Middle School), Health Homes Care
	Management, Home Care services, Sexual Abuse Treatment Program, Vocational
	Incentives Program: vocational case management services designed to assist BC
	residents (18 & older) of mental health/substance use services to obtain and
	maintain competitive employment, School Based Family Support Centers
	(locations: Whitney Point Central School District, Union Endicott Central School
	District, and Maine Endwell Central School District), and an after school program
	for high school students in the Union Endicott Central School District. Accepts Medicaid and other insurance and works with individuals and families to ensure
	access.
	access.
Family Support Navigator	ADDRESS: 20 West State Street, 2nd Floor Binghamton, New York 12001
Family Support Navigator	ADDRESS: 30 West State Street, 2nd Floor Binghamton, New York 13901
Family Support Navigator FRIENDS OF RECOVERY	WEBSITE: https://for-ny.org/family-support-navigators/
	WEBSITE: https://for-ny.org/family-support-navigators/ PHONE: (607) 422-4242
FRIENDS OF RECOVERY New YEAR	WEBSITE: https://for-ny.org/family-support-navigators/PHONE: (607) 422-4242 SOCIAL MEDIA:
	WEBSITE: https://for-ny.org/family-support-navigators/ PHONE: (607) 422-4242 SOCIAL MEDIA: Features/Services: Assists families and individuals with gaining an increased
FRIENDS OF RECOVERY Nov Por Comment	WEBSITE: https://for-ny.org/family-support-navigators/ PHONE: (607) 422-4242 SOCIAL MEDIA: Features/Services: Assists families and individuals with gaining an increased understanding of the progression of addiction and how to navigate insurance and
FRIENDS OF RECOVERY New YEAR	WEBSITE: https://for-ny.org/family-support-navigators/ PHONE: (607) 422-4242 SOCIAL MEDIA: Features/Services: Assists families and individuals with gaining an increased understanding of the progression of addiction and how to navigate insurance and treatment systems.
Serves: Families of addicts	WEBSITE: https://for-ny.org/family-support-navigators/ PHONE: (607) 422-4242 SOCIAL MEDIA: Features/Services: Assists families and individuals with gaining an increased understanding of the progression of addiction and how to navigate insurance and
Serves: Families of addicts	WEBSITE: https://for-ny.org/family-support-navigators/ PHONE: (607) 422-4242 SOCIAL MEDIA: Features/Services: Assists families and individuals with gaining an increased understanding of the progression of addiction and how to navigate insurance and treatment systems. ADDRESS: 232 Main Street Binghamton
Serves: Families of addicts	WEBSITE: https://for-ny.org/family-support-navigators/ PHONE: (607) 422-4242 SOCIAL MEDIA: Features/Services: Assists families and individuals with gaining an increased understanding of the progression of addiction and how to navigate insurance and treatment systems. ADDRESS: 232 Main Street Binghamton WEBSITE:
Serves: Families of addicts	WEBSITE: https://for-ny.org/family-support-navigators/ PHONE: (607) 422-4242 SOCIAL MEDIA: Features/Services: Assists families and individuals with gaining an increased understanding of the progression of addiction and how to navigate insurance and treatment systems. ADDRESS: 232 Main Street Binghamton WEBSITE: https://www.catholiccharitiesbc.org/programs/mental_health/clubs_community
Serves: Families of addicts	WEBSITE: https://for-ny.org/family-support-navigators/ PHONE: (607) 422-4242 SOCIAL MEDIA: Features/Services: Assists families and individuals with gaining an increased understanding of the progression of addiction and how to navigate insurance and treatment systems. ADDRESS: 232 Main Street Binghamton WEBSITE: https://www.catholiccharitiesbc.org/programs/mental health/clubs community programs.html
Serves: Families of addicts	WEBSITE: https://for-ny.org/family-support-navigators/ PHONE: (607) 422-4242 SOCIAL MEDIA: Features/Services: Assists families and individuals with gaining an increased understanding of the progression of addiction and how to navigate insurance and treatment systems. ADDRESS: 232 Main Street Binghamton WEBSITE: https://www.catholiccharitiesbc.org/programs/mental health/clubs community programs.html PHONE: (607) 773-1184 SOCIAL MEDIA: Features/ Services: a program that operates a clubhouse with work units that are
Serves: Families of addicts Four Seasons Club Catholic Charities DIOCESE OF SYRACUSE Broome County Serves: Adults 18 and older with a psychiatric	WEBSITE: https://for-ny.org/family-support-navigators/ PHONE: (607) 422-4242 SOCIAL MEDIA: Features/Services: Assists families and individuals with gaining an increased understanding of the progression of addiction and how to navigate insurance and treatment systems. ADDRESS: 232 Main Street Binghamton WEBSITE: https://www.catholiccharitiesbc.org/programs/mental health/clubs community programs.html PHONE: (607) 773-1184 SOCIAL MEDIA: Features/ Services: a program that operates a clubhouse with work units that are designed to help members achieve or regain the confidence and skills necessary
Serves: Families of addicts Four Seasons Club Catholic Charities DIOGER OF SYRACUSE Broome County Serves: Adults 18 and	WEBSITE: https://for-ny.org/family-support-navigators/ PHONE: (607) 422-4242 SOCIAL MEDIA: Features/Services: Assists families and individuals with gaining an increased understanding of the progression of addiction and how to navigate insurance and treatment systems. ADDRESS: 232 Main Street Binghamton WEBSITE: https://www.catholiccharitiesbc.org/programs/mental health/clubs community programs.html PHONE: (607) 773-1184 SOCIAL MEDIA: Features/ Services: a program that operates a clubhouse with work units that are designed to help members achieve or regain the confidence and skills necessary to lead vocationally productive and satisfying lives. The work units include kitchen,
Serves: Families of addicts Four Seasons Club Catholic Charities DIOCESE OF SYRACUSE Broome County Serves: Adults 18 and older with a psychiatric	WEBSITE: https://for-ny.org/family-support-navigators/ PHONE: (607) 422-4242 SOCIAL MEDIA: Features/Services: Assists families and individuals with gaining an increased understanding of the progression of addiction and how to navigate insurance and treatment systems. ADDRESS: 232 Main Street Binghamton WEBSITE: https://www.catholiccharitiesbc.org/programs/mental health/clubs community programs.html PHONE: (607) 773-1184 SOCIAL MEDIA: Features/ Services: a program that operates a clubhouse with work units that are designed to help members achieve or regain the confidence and skills necessary to lead vocationally productive and satisfying lives. The work units include kitchen, snack bar, maintenance, clerical, thrift store, and develop employment skills.
Serves: Families of addicts Four Seasons Club Catholic Charities DIOCESE OF SYRACUSE Broome County Serves: Adults 18 and older with a psychiatric	WEBSITE: https://for-ny.org/family-support-navigators/PHONE : (607) 422-4242 SOCIAL MEDIA: Features/Services: Assists families and individuals with gaining an increased understanding of the progression of addiction and how to navigate insurance and treatment systems. ADDRESS: 232 Main Street Binghamton WEBSITE: https://www.catholiccharitiesbc.org/programs/mental-health/clubs-community-programs.html PHONE: (607) 773-1184 SOCIAL MEDIA: Features/ Services: a program that operates a clubhouse with work units that are designed to help members achieve or regain the confidence and skills necessary to lead vocationally productive and satisfying lives. The work units include kitchen, snack bar, maintenance, clerical, thrift store, and develop employment skills. Recreational Program takes place Thurs/Fri 2:30-5:30 pm (transportation)
Serves: Families of addicts Four Seasons Club Catholic Charities DIOCEBE OF SYRACUSE Broome County Serves: Adults 18 and older with a psychiatric disability	WEBSITE: https://for-ny.org/family-support-navigators/ PHONE: (607) 422-4242 SOCIAL MEDIA: Features/Services: Assists families and individuals with gaining an increased understanding of the progression of addiction and how to navigate insurance and treatment systems. ADDRESS: 232 Main Street Binghamton WEBSITE: https://www.catholiccharitiesbc.org/programs/mental health/clubs community programs.html PHONE: (607) 773-1184 SOCIAL MEDIA: Features/ Services: a program that operates a clubhouse with work units that are designed to help members achieve or regain the confidence and skills necessary to lead vocationally productive and satisfying lives. The work units include kitchen, snack bar, maintenance, clerical, thrift store, and develop employment skills. Recreational Program takes place Thurs/Fri 2:30-5:30 pm (transportation provided for rec program only)
Serves: Families of addicts Four Seasons Club Catholic Charities DIOCESE OF SYRACUSE Broome County Serves: Adults 18 and older with a psychiatric disability Greater Binghamton	WEBSITE: https://for-ny.org/family-support-navigators/ PHONE: (607) 422-4242 SOCIAL MEDIA: Features/Services: Assists families and individuals with gaining an increased understanding of the progression of addiction and how to navigate insurance and treatment systems. ADDRESS: 232 Main Street Binghamton WEBSITE: https://www.catholiccharitiesbc.org/programs/mental health/clubs community programs.html PHONE: (607) 773-1184 SOCIAL MEDIA: Features/ Services: a program that operates a clubhouse with work units that are designed to help members achieve or regain the confidence and skills necessary to lead vocationally productive and satisfying lives. The work units include kitchen, snack bar, maintenance, clerical, thrift store, and develop employment skills. Recreational Program takes place Thurs/Fri 2:30-5:30 pm (transportation provided for rec program only) ADDRESS: 425 Robinson Street Binghamton NY 13904-1735
Four Seasons Club Catholic Charities Browne County Serves: Adults 18 and older with a psychiatric disability	WEBSITE: https://for-ny.org/family-support-navigators/ PHONE: (607) 422-4242 SOCIAL MEDIA: Features/Services: Assists families and individuals with gaining an increased understanding of the progression of addiction and how to navigate insurance and treatment systems. ADDRESS: 232 Main Street Binghamton WEBSITE: https://www.catholiccharitiesbc.org/programs/mental health/clubs community programs.html PHONE: (607) 773-1184 SOCIAL MEDIA: Features/ Services: a program that operates a clubhouse with work units that are designed to help members achieve or regain the confidence and skills necessary to lead vocationally productive and satisfying lives. The work units include kitchen, snack bar, maintenance, clerical, thrift store, and develop employment skills. Recreational Program takes place Thurs/Fri 2:30-5:30 pm (transportation provided for rec program only) ADDRESS: 425 Robinson Street Binghamton NY 13904-1735 WEBSITE: https://www.omh.ny.gov/omhweb/facilities/bipc/
Serves: Families of addicts Four Seasons Club Catholic Charities DIOCESE OF SYRACUSE Broome County Serves: Adults 18 and older with a psychiatric disability Greater Binghamton	WEBSITE: https://for-ny.org/family-support-navigators/ PHONE: (607) 422-4242 SOCIAL MEDIA: Features/Services: Assists families and individuals with gaining an increased understanding of the progression of addiction and how to navigate insurance and treatment systems. ADDRESS: 232 Main Street Binghamton WEBSITE: https://www.catholiccharitiesbc.org/programs/mental health/clubs community programs.html PHONE: (607) 773-1184 SOCIAL MEDIA: Features/ Services: a program that operates a clubhouse with work units that are designed to help members achieve or regain the confidence and skills necessary to lead vocationally productive and satisfying lives. The work units include kitchen, snack bar, maintenance, clerical, thrift store, and develop employment skills. Recreational Program takes place Thurs/Fri 2:30-5:30 pm (transportation provided for rec program only) ADDRESS: 425 Robinson Street Binghamton NY 13904-1735

RESOURCE	CONTACT INFORMATION / SUMMARY OF SERVICES
Serves: Adults and	Features/ Services: Mental health services, residential care, comprehensive
children in need of mental	inpatient and outpatient treatment services. Child and Adolescent Behavioral
health treatment	Health Center - 9 separate programs with C & A inpatient which is a 16-bed unit.
	The Child and Adolescent Behavioral Health Center provides clinic services to
	those under 18 years of age, and a Children and Youth Mobile Integration Team
	provides services to children through community agency consultations Open
	Access hours will be: Monday, Wednesday and Friday from 8:30-11:00 Tuesday
	and Thursday from 1-3:30.
Helio Health/Detox	ADDRESS: 249 Glenwood Road Binghamton
Helio Health	WEBSITE: https://www.helio.health/treatment-programs/inpatient-
Where hope meets healing	detoxification/
	PHONE: (607)298-3072
	SOCIAL MEDIA: 📑 🔰 🖸 🧿 in
Sarvasi Substanca usars	Features/ Services: Treatment for those who are temporarily incapacitated by
Serves: Substance users, priority to pregnant I.V.	alcohol or other substances, 24 Hour Medical and Clinical Staff, withdrawal
drug users, pregnant	management, a starting place for recovery
women, I.V. drug users,	management, a starting place for recovery
and parents who have lost	
or are at risk of losing	
custody of their children	
due to substance abuse	
HOME Program, UHS	ADDRESS: In home service
Nowie Program, 0113	WEBSITE: https://www.nyuhs.org/care-treatment/psychiatric-services/
×	PHONE: (607) 763-5600
PUHS	SOCIAL MEDIA:
Serves: Individuals aged	Features/ Services: short term counseling (anxiety, depression, grief, etc.) for ages
60+ years	60 and above free of charge to Broome County residents who are living
oo. years	independently—counseling takes place in the home
Hope (Candle house) Teen	ADDRESS: 401 Mirador Drive, Vestal, NY 13850
Challenge	WEBSITE: https://teenchallengeusa.org/
*	PHONE: (607) 786-3669
	SOCIAL MEDIA:
Serves: Women aged 18+	Features/ Services: 18-month treatment for substance addiction and emotional
(programs available for	disorders, rehabilitation, life skills. Not medical, healing from pain of the past
men in Syracuse)	based on Jesus Christ and the word of God.
Inside/Out	ADDRESS:
Mentor	WEBSITE: https://insideoutnetwork.net/about
Network Metwork	PHONE: (607) 242-4776
Network	SOCIAL MEDIA:
Company Investor and	
Serves: Inmates and	Features/ Services: Connecting inmates and returning citizens to God, each other,
Returning Citizens	the local community, and the local church. Connecting service providers,
	churches, and volunteers who are working inside and outside of prison to each
Laurelan Carek C. 20 1.1	other.
Lourdes Center for Mental	ADDRESS: 184 Court Street Binghamton
Health	WEBSITE: https://healthcare.ascension.org/Locations/New-
ELOURDES Ascension	York/NYBIN/Binghamton-Lourdes-Center-for-Mental-Health
	PHONE: (607) 584-4465 SOCIAL MEDIA: ■ □ in
	SOCIAL MEDIA:

RESOURCE	CONTACT INFORMATION / SUMMARY OF SERVICES
Serves: General	Features/Services: a New York State Office of Mental Health (OMH) licensed
population	outpatient mental health clinic. The clinic provides: psycho-social and psychiatric
	assessment and treatment, adult/children, family and group psychotherapy and
	psychopharmacologic medication management. Accepts Medicaid and other
	insurance and works with individuals and/or families to ensure access.
Lourdes Death of	ADDRESS: Lourdes Hospice, 4102 Old Vestal Road, Vestal
Overdose Support Group	WEBSITE: https://www.lourdes.com/events/support-groups/overdose-support/
園LOURDES Ascension	PHONE : 607-584-9160
	SOCIAL MEDIA:
Serves: Individuals and	Features/ Services: Lourdes Hospital will be offering a 6-week support
families dealing with the	group each Thursday from 5:00-6:30 PM for children and a separate
death of a loved one from	support group for adults who are grieving an opioid-related death. The
an overdose	adult and child support groups will take place in separate rooms. The
	groups are led by certified social workers and will help address the unique
	challenges and emotions associated with this type of loss and grief.
	Registration is required.
Lourdes Youth Substances	ADDRESS: 185 Court Street Binghamton
Abuse Prevention	WEBSITE: https://healthcare.ascension.org/Locations/New-
ELOURDES Ascension	York/NYBIN/Binghamton-Lourdes-Youth-Services
	PHONE: (607) 584-4800
	SOCIAL MEDIA: 📑 💟 🛄 in
Serves: General	Features/Services: Providing alcohol, tobacco, heroin and opioid education to the
Population	community & schools, prevention counseling in school districts
Mental Health Association	ADDRESS: 48 Broad Ave, Binghamton NY 13904
of the Southern Tier	WEBSITE: https://mhast.org/
MHAST Mental Health Association of the Southern Tier, Inc.	PHONE : (607) 771-8888 Our House : (607) 771-8888 x 350 Mobile Crisis Team :
	607-766-1369
	SOCIAL MEDIA: f

RESOURCE	CONTACT INFORMATION / SUMMARY OF SERVICES
Serves: Adults and	Features/ Services: Information and resource referrals, educational presentations,
children	prevention programs, and counseling and advocacy. Project Uplift Program –
	Adult case management, MHAST Crisis Intervention Team - training to first
	responders for crisis situations involving behavioral health. Medicaid Care
	Coordination – develop individualized plans for healthcare. Mobile Crisis Services
	- provides the community with on-demand services for individuals experiencing a
	behavioral health crisis. Mobile Crisis Service is designed to help de-escalate crisis
	situations on site and help avoid the traumatic and often unnecessary transport to
	the emergency room. Using a person-centered approach, they work quickly to
	understand the unique needs of the individual, and provide the most appropriate
	treatment possible within the least restrictive environment Our House a short- term care and intervention strategy for individuals who have a mental health or
	co-occurring diagnosis and are experiencing challenges in daily life that create risk
	for an escalation of symptoms that cannot be managed in the individual's home
	and community environment without onsite support. Self Help Independence
	Project – Self-directed programs for recovery Sunrise Wellness Center – peer run
	program promoting recovery for those with mental health difficulties including
	wellness training, educational presentations, smoking cessation, healthy
	relationships, employment readiness, creative expressions groups, reading
	lounge. Men's Group (Mon 11am-noon), Women's Group (Tues 10-11:30am),
	Peer Meditation (1-1;30 pm every Monday) General Peer Support (Mon 1:30-3
	pm) Endicott Support Group 1st United Methodist Church 53 McKinley Ave
	Endicott Wednesday 4-5 pm)
Narcotics Anonymous	ADDRESS: Monday – 44 Main Street Binghamton; 20 Mitchel Ave Binghamton, 11
	Brandywine Hwy Binghamton, 168 Susquehanna Street Binghamton; Tuesday - 44
	Main Street Binghamton, 83 Main Street Binghamton, 42 Chenango Street
	Binghamton; Wednesday - 44 Main Street Binghamton, 284 Robinson Street, 438
	Chenango Street Binghamton Thursday – 44 Main Street Binghamton, 83 Main
	Street Binghamton, 42 Chenango Street Binghamton; Friday - 44 Main Street
	Binghamton, 42 Chenango Street Binghamton, 11 Brandywine Hwy Binghamton,
	72 Main Street Binghamton Saturday - 44 Main Street Binghamton, 83 Main
	Street Binghamton; Sunday – 43-45 Carroll St. Binghamton, 61 Susquehanna St. Binghamton, N.Y, 11 Brandywine Hwy Binghamton.
	WEBSITE: https://www.tcana.net/
	PHONE: (607) 762-9116
	SOCIAL MEDIA:
Serves: People who have	Features/ Services: NA is a 12-step program that is similar to the other non-profit
a drug problem	organization: Alcoholics Anonymous. This program is designed to help people who
	have a drug problem. However, not every drug addict can enter NA and have
	success. It takes a good level of will power to make it through.
National Runaways	ADDRESS: 3141 B N. Lincoln Chicago, Illinois 60657
Switchboard	WEBSITE: https://www.1800runaway.org/
National Runaway Safeline	PHONE: <u>1-800-786-2929</u>
Safeline B B B B B B B B B B B B B B B B B B B	SOCIAL MEDIA: 🚮 💆 🔟 📵 in 🕇
Serves: Youth, Parents	Features/ Services: For youth and teens -confidential and
	nonjudgmental line to call when you are thinking of running away or
	already have. For parents, NRS can offer support and resources for your
	family. Training and education initiatives connect providers, communities, families
	and youth with the tools they need to prevent youth homelessness and to address
	needs before a crisis escalates.

RESOURCE	CONTACT INFORMATION / SUMMARY OF SERVICES
National Suicide	ADDRESS:
Prevention Lifeline	WEBSITE: https://suicidepreventionlifeline.org/
PREVENTION	PHONE: 1 800 273-8255
PREVENTION LIFELINE 1-800-273-TALK (8286	SOCIAL MEDIA: f 🛩 🔼 🕇
Serves: People	Features/ Services: national network of local crisis centers that provides
contemplating suicide	free and confidential emotional support to people in suicidal crisis or
,	emotional distress 24 hours a day, 7 days a week.
New York State Office of	ADDRESS: 44 Holland Ave, Albany, NY
Mental Health (OMH)	WEBSITE: https://omh.ny.gov/
CNEW .	PHONE: 1-800-597-8481
YORK	SOCIAL MEDIA: 🚹 💇 🔼 🕶
Serves: People who are	Features/ Services: Psychiatric Centers with various inpatient and outpatient
mentally ill	programs, emergency, community support, residential and family care programs
New Horizons/ UHS	ADDRESS: 44 Mitchell Ave, Binghamton
D _G	WEBSITE: https://www.nyuhs.org/care-treatment/addiction-medicine/inpatient-
UHS	services-uhs-binghamton-general-hospital-new-horizons/
-0113	PHONE: Outpatient: (607) 762-3288 Inpatient: (607) 762-2255 24 Hour Crisis Line
	(607)762-2257
	SOCIAL MEDIA: If 💆
Serves: Persons with	Features/ Services: Holistic approach for treating substance use
substance use disorders	disorders: Treat alcohol and opioid withdrawal with buprenorphine/
	naloxone, Individual and group counseling, structured activities, and
	educational sessions. Includes intensive outpatient, step down, aftercare (men's &
	women's), recovery management, recovery life skills, criminal justice, DWI, dual
	disorders and early intervention groups along with a weekly community family educational program & Baby Basics. Inpatient and outpatient.
Oakdale Psychology	ADDRESS: 116 Clayton Ave Vestal
Associates	WEBSITE: https://www.oakdalepsychology.com/
OAKDALE	PHONE: (607) 754-1101
PSYCHOLOGY ASSOCIATES PLLC	SOCIAL MEDIA: f
Serves: General	Features/Services: a multidisciplinary private practice owned by Dr. Jerry
Population	Duvinsky and Dr. Susan Blue, handicap accessible & convenient to public
	transportation. They are proud to offer quality behavioral and mental health
	services by highly trained and dedicated mental health professionals from various
	disciplines
On Track NY (GBHC)	ADDRESS: 114 Clinton Street Binghamton
On Track NY	WEBSITE: https://ontrackny.org/
	PHONE : (607) 797-0680
My health. My choices. My future.	SOCIAL MEDIA:
Serves: Adolescents and	Features/Services: An innovative treatment program for adolescents and young
young Adults aged 16- 30	adults who have had unusual thoughts and behaviors, or who have started
years with non affective	hearing or seeing things that others don't (an initial schizophrenia episode).
psychosis (DSM5). Other	OnTrackNY helps people achieve their goals for school, work, and relationships.
eligibility criteria listed on	
site.	

RESOURCE	CONTACT INFORMATION / SUMMARY OF SERVICES
Open	ADDRESS: 10 Mitchell Ave Binghamton
Access Program UHS	WEBSITE: https://www.nyuhs.org/care-treatment/addiction-medicine/
Program PUHS	PHONE: Suboxone: (607) 762-2901 Methadone: (607) 762-2800
	SOCIAL MEDIA:
Serves: Substance Users	Features/ Services: Open access assessment – no appointment needed. On-site
	Medication Assisted Treatment (MAT), assistance in finding housing,
	transportation, childcare and employment, as well as an on-site monthly
	contraception clinic. Patients are also offered individual and group counseling,
	including therapy, activity and education groups designed to educate about the
	disease of addiction, relapse prevention and how to restructure life around positive patterns and activities. Family counseling and support is available as well.
On anotion CAFE Duniont	
Operation SAFE Project (Treatment)	ADDRESS: 45 Hawley Street #4, Binghamton NY WEBSITE: https://paariusa.org/2016/02/08/broome-county-n-y-district-attorneys-
(Treatment)	office-joins-p-a-a-r-i-launches-operation-s-a-f-e/
	PHONE: (607)778-6119
	SOCIAL MEDIA:
OME COOL	
Serves: People with	Features/ Services: Connects addicts with treatment facilities that are ready,
substance use disorders	willing, and able to provide treatment at low or no cost to the addict
Outpatient Mental Health,	ADDRESS: 33 Mitchell Ave Binghamton
UHS	WEBSITE: https://www.nyuhs.org/locations/locations-profile/?searchId=36d0b9bd-37ec-e911-a827-000d3a611c21&sort=15&id=244
×	PHONE: (607) 762-2340
PUHS	SOCIAL MEDIA:
Serves: General	Features/Services: an OMH licensed clinic that is specially designed to meet the
Population	emotional and psychological needs of adults (18 and older) with mental
	health/substance abuse concerns or issues. In a confidential, supportive
	environment, the clinic strives to make individuals as comfortable as possible and
	ensure individuals receive quality care. Their dedicated team of professionals
	provide a caring, supportive environment that will help achieve optimal well-
	being. Services offered at UHS OPMH include: complete mental health
	assessment, psychiatric evaluation and diagnosis, medication management for
	psychiatric disorders, group therapy, individual psychotherapy, and coordination
	of care with other community providers.
Salvation Army Adult	ADDRESS: 3-5 Griswold St, Binghamton, NY 13904
Rehabilitation Center	WEBSITE: https://www.salvationarmyusa.org/usn/combat-addiction/
THE TON	PHONE: (607)723-5381
SALARMI	SOCIAL MEDIA: 📑 💆 🛄 💿
Serves: Individuals with	Features/ Services: Holistic work therapy, group and individual counseling
drug and alcohol	sessions, spiritual direction, and life-skills development meant to help members to
addictions and their	abandon substance reliance, build work and social skills, regain health and
families	stability, and reconnect with their families
Samaritan Counseling	ADDRESS: 3001 East Main Street Endwell NY 13760-4817
Center of the Southern	WEBSITE: http://www.samaritancounseling.org/
Tier	PHONE: (607) 754-2660
Samaritan Center for counseling & wellness	SOCIAL MEDIA:

RESOURCE	CONTACT INFORMATION / SUMMARY OF SERVICES
Serves: General	Features/ Services: Clinically trained, licensed professionals specifically
population	trained to respect the client's spiritual and religious values and practices.
	Services: Abuse Counseling, Anger Management, Anxiety Counseling,
	Depression Counseling, Eating Disorders, Family Counseling, Grief & Loss
	Counseling, Kids & Teen Counseling, Loneliness, Opioid Addiction
	Counseling, School Problems, Sex Trafficking, Sexual Abuse, Sexual Identity
	Counseling, Stress, Substance Abuse Counseling, Trauma Counseling
	(EMDR, PTSD)
Substance Abuse and	ADDRESS: 5600 Fishers Lane, Rockville, MD 20857
Mental Health Services	WEBSITE: https://www.samhsa.gov/
Administration (SAMHSA)	PHONE: <u>877-SAMHSA-7</u> (726-4727), TTY: <u>800-487-4889</u> National Helpline: <u>800-</u>
	662-HELP (4357) Drug-free helpline: 1-800-WORKPLACE (967-5752)
SAMHSA	SOCIAL MEDIA: 📑 💆 🚨 🕒
Serves: General	Features/ Services: Medication Assisted Treatment (MAT) and
Population	counseling, Buprenorphine Practitioner Locator, Drug Free Workplace:
	assists employers and union representatives with policy development,
	drug testing, employee assistance, employee education, supervisor training, and
Courthour Tion David Abuse	program implementation.
Southern Tier Drug Abuse Treatment Center	ADDRESS: 10 Mitchell Ave Binghamton NY WEBSITE:
Treatment Center	PHONE: UHS Methadone Clinic: (607) 762-2800
D ₂	UHS Suboxone Clinic: (607)762-2901
ØUHS	SOCIAL MEDIA:
Serves: People with	Features/ Services: Drug and alcohol detox and rehabilitation services with the
Substance abuse	primary focus on substance abuse treatment. Provides outpatient methadone
Disorders	maintenance and counseling for opiate addiction.
Stepping Stone Drop-In	ADDRESS: 277 Front Street Binghamton
Center	WEBSITE: https://www.catholiccharitiesbc.org/
Catholic Charities DIOCESE OF SYRACUSE	PHONE: (708)773-3204
Broome County	SOCIAL MEDIA: f
Serves: Those with mental health issues	Features/ Services: Self-help/advocacy resources available as well as support groups, education, and social opportunities.
	<u> </u>
Syringe Exchange JC	ADDRESS: 277 Main Street Johnson City 13790 WEBSITE: http://fixsafe.org/locations
ST P	PHONE: (607) 237-4097 ext. 209
OIAL	SOCIAL MEDIA:
Serves: People who	Features/ Services: Syringe access and comprehensive risk reduction services.
currently inject	From anonymous syringe exchange services to confidential navigation and care
substances	coordination services for young Intravenous Drug Users (IDUs). If you are currently
	injecting drugs or hormones and would like more information about free injection
	supplies (syringes, alcohol pads, sterile water, cottons, etc.) please stop into one
	of our fixed exchange sites (located in Johnson City, Ithaca and Norwich)
The Trevor Project	ADDRESS: 575 8 th Ave New York, New York
IKEYOR §	WEBSITE: https://www.thetrevorproject.org/
	PHONE: Trevor Lifeline: 1 866 488-7376
Company I CRTO	SOCIAL MEDIA: If y @ t
Serves: LGBTQ people	Features/Services: The leading national organization providing crisis
ages 13-24	intervention and suicide prevention services to lesbian, gay, bisexual, transgender and questioning (LGBTQ) young people ages 13-24.
	transferrace and questioning (LODTQ) young people ages 13-24.

RESOURCE	CONTACT INFORMATION / SUMMARY OF SERVICES
Truth Pharm	ADDRESS: 42 Chenango Street Binghamton
TRUTHO	WEBSITE: http://truthpharm.org/
TRUTH	PHONE: (607) 348-3302
Pharm	SOCIAL MEDIA:
Serves: General	Features/ Services: Raises awareness, reduces the stigma, educates the public
Population	and advocates for policy change to reduce the harms caused by substance use.
	Services include family support, education, corporate education, policy analyses,
	data collection and navigating and correcting the systems of care related to
	substance use. We are a NYS Registered Opioid Overdose Prevention Program and
	can provide overdose reversal training and Narcan kits.
Upstate NY Eating	ADDRESS: 1003 Walnut Street, Elmira
Disorder Service	WEBSITE: http://unyed.com/
UNITER NOW YORK Cating Disorder	PHONE: (607) 732-5646 SOCIAL MEDIA:
Serves: Individuals with	Features/Services: The Nutrition Clinic & Sol Stone Center -intensive outpatient
eating disorders	(IOP) centers are in Elmira, Syracuse (Liverpool), Ithaca, Binghamton (Vestal) NY.
	The treatment program is group based and provides a full range of
	multidisciplinary services including psychotherapy, art therapy, yoga, Dialectical
	Behavioral Therapy (DBT) skill-focused groups, as well as supervised eating. The program is three days a week from 4:30-7:30PM.
Voices Recovery Center	ADDRESS: 340 Prospect Street Johnson City
Fairview	WEBSITE: https://frsinc.co/services/voices-recovery-center/
Recovery Services	PHONE: (607) 821-7811
·	SOCIAL MEDIA: 📑 🚥
Serves: Those in Recovery	Features/Services: Recovery coaches and peer advocates available. Helping
or seeking recovery;	Hopeful Hearts for Parents (support for parents with children who have substance
family and friends of	use disorders) Mondays 6-8 pm/Brand New (faith based) Tuesdays 7-9:30pm/Into
those in recovery; those	Action (recovery support) Tuesdays 8:30-10 pm/Recovery Devotions (meditations)
who have lost someone to	Wednesdays 1:30-2:30 pm/Men's Peer Support Thursdays 1:30-2:30 pm/
addiction.	Women's AA Thursdays 6-7 pm/12 step workshops Fridays 11 am-12
	pm//Rainbow Support Group (LGBTQIAP Support) Saturdays 3-4 pm, Heroin
	Anonymous Wednesdays 6 pm. All services are free and confidential. Free
101101	transportations to programs (must call ahead).
YWCA	ADDRESS: 80 Hawley Street Binghamton N.Y 13901-0340
YWCA	WEBSITE: https://ywcabinghamton.org/
	PHONE: (607) 772-0340
Comunes Momen and the :	SOCIAL WILDIA.
Serves: Women and their children	Features/Services: Providing supportive living and individual case management services for women and their children facing substance abuse problems and
Ciniaren	includes the Bridge Program which offers residential services for women with
	opioid addicted babies.
	opioid addicted bables.

SUBSTANCE USE SERVICE	DESCRIPTION/ HOW TO ACCESS
Books	Alcoholism the Genetic Inheritance, Kathleen W. Fitzgerald
	An Adult Child's Guide to What's "Normal," John Friel/Linda Friel
	Beyond Addiction: How Science and Kindness Help People Change, Carrie Wilkens,
	PhD, Nicole Kosanke, PhD & Jeff Foote, PhD
	Beyond Codependency, Melody Beattie
	Codependency for Dummies, Consumer Dummies Staff, Darlene Lancer
	Codependent No More, Melody Beattie
	Courage to Change, Al-Anon Family Groups
	Dear Kids of Alcoholics, Lindsey Hall
	Facing Codependence, Pia Melody
	Getting Them Sober, volume one you CAN help! Toby Drews
	One Day at A Time, Al-Anon Family Groups
	Paths to Recovery: Al-Anon's Steps, Traditions and Concepts, Al-Anon Family
	Groups
	Unbroken Brain: A Revolutionary New Way of Understanding Addiction, Maia Szalavitz
	The Adult Children of Alcoholics Syndrome, Al-Anon Family Groups
	The Language of Letting Go, Melody Beattle
	The Responsibility Trap, Claudia Boyko with JoAnn Krestan
	What Addicts Know: 10 Lessons from Recovery to Benefit Everyone, Christopher
	Kennedy Lawford
	When Your Partner has an Addiction, Christopher Kennedy Lawford
	Why Don't They Just Quit? What families and friends need to know, Joe Herzanek
	Recovering My Kid: Parenting Young Adults in Treatment and Beyond, Joseph Lee,
	MD

SUBSTANCE USE SERVICE	DESCRIPTION/ HOW TO ACCESS
Digital Media	Governor Cuomo's videos on accessing treatment
	https://www.governor.ny.gov/news/governor-cuomo-launches-
	<u>video-series-educate-and-inform-new-yorkers-about-addiction-</u>
	<u>treatment</u>
	Center for Motivation and Change
	http://addictionthenextstep.com/interactive-guide/#
	Portrait of Recovery https://billmoyers.com/content/moyers-on-
	addiction-close-to-home/
	Addiction Recovery Guide Addiction and recovery resources
	https://www.addictionrecoveryguide.org/
	Medication-Assisted Treatment eBook for Parents & caregivers of Takes 2 Years of the additional distribution in the second state of the seco
	Teens & Young adults addicted to opioids
	https://drugfree.org/wp-content/uploads/2017/02/Medication-
	Assisted-Treatment-ebook.pdf
	 Addiction and the Family: Healing and Recovery (podcast) http://store.samhsa.gov/product/Addiction-and-the-Family-
	Healing-and-Recovery/DVD252
	https://store.samhsa.gov/product/A-Guide-for-Taking-Care-of-
	Your-Family-Member-After-Treatment-in-the-Emergency-
	Department/sma18-4357eng
	 https://store.samhsa.gov/product/it-feels-so-bad/sma12-4160
	https://www.nowaddictiontreatment.com/request.php?kw=samh
	sa%20substance%20abuse&m=bp&nw=oNetwork&msclkid=4a773
	b1acdc61f6bf3ff66cf8a77a63c
	https://www.store.samhsa.gov/product/What-Is-Substance-
	Abuse-Treatment-A-Booklet-for-Families/SMA14-4126
I Think My Child is Using	https://drugfree.org/article/look-for-warning-signs/
I Know My Child is Using	https://drugfree.org/article/prepare-to-take-action/
Local Medication Drop	Endicott Police Department 1101 Park Street Endicott, NY 13760
Boxes	Broome County Office Building 60 Hawley Street Binghamton, NY 13901
	Broome County Library 185 Court Street Binghamton, NY 13901 Court Street Binghamton, NY 13901 Court Street Binghamton, NY 13901
Level Delivers Theory late	Broome County Sheriff's Office 155 Lt. Van Winkle Drive Binghamton, NY 13905
Local Private Therapists	• Patricia Jordan LCSW-R 607-953-4125
	4513 Old Vestal Road Vestal, NY 13850
	 Ruth E. Ferrari MS, CNS, NPP 607-729-7001 x319 4513 Old Vestal Road Vestal, NY 13850
Local Recovery Coach	,
Local Recovery Coach	Donald E. Bergin, M.A., CARC NYS Certified Addiction Recovery Coach phone 607-722-6644
Religious & Spiritual	Monday - Inside/Out- Crossroads of Life Church 7pm
Services	Tuesday - Addiction & Co-dependent Recovery-Calvary's Love 7pm
	Wednesday - Celebrate Recovery 1st Assembly 7 pm pre-meeting meal at 5:30pm
	Thursday - Brand New-Addiction & Co-Dependent Recovery Two Rivers Church
	7pm
40 Chang to The Co.	Friday - Inside/Out Coffee Talk (women only) Crossroads of Life Church 4pm
10 Steps to The Art of Wellness (Kevin Hines)	https://www.youtube.com/watch?v=kVYv6ggWUUY&list=PLaAelpJCpnYOo- 1sIU9fu9O8OZbXN3sDO
weililess (kevili nilles)	T2IO3IO3OSOXIV3SDO

SUBSTANCE USE SERVICE	DESCRIPTION/ HOW TO ACCESS
Co-Occurring Disorder	https://ireta.org/resources/sbirt-toolkit/
Toolkit	
Mental Health and	https://www.hhs.gov/programs/topic-sites/mental-health-parity/mental-health-
Addiction Insurance Help	<u>and-addiction-insurance-help/index.html</u>
Substance Abuse &	https://www.samhsa.gov/
Mental Health Services	
Administration	

MENTAL HEALTH SERVICE	DESCRIPTION/ HOW TO ACCESS
Adult Bereavement Support Group	This group is a drop-in format and meets each Tuesday from 6-8 p.m. Location: 300 Main St. Vestal NY contact Rev Ernest Steffensen at (607)770-7670. Donation appreciated.
After a Suicide Death: An Activity Book for Grieving Kids	https://whatsyourgrief.com/after-a-suicide-death-an-activity-book-for-grieving-kids/
Bereaved Parent Group	Support for parents whose child has died, as well as for other family members and friends. Groups meet the 1st Monday of each month at 7 pm and the 3rd Saturday at 10 am. at the Nimmonsburg Methodist Church, 918 Upper Front St, Binghamton contact Pam Kroft, Chapter Leader at (607) 239-4222 for more information.
Chenango County Spousal Grief Support Group	This group is for someone who has lost a spouse. Meetings are the 1st Wednesday of the month. Contact Brionna at 607-334-3556 for more information.
Compassionate Friends	https://www.compassionatefriends.org/find-support/chapters/chapter-locator/
	https://www.compassionatefriends.org/find-support/to-the-newly-bereaved/
DORS (Death from an Overdose Recovery Support) Group	Closed group for 6 weeks from 5:00 PM to 6:30 PM at Lourdes At Home/Lourdes Hospice on 4102 Old Vestal Road. Also piloting a children's group. (JDORS) for the children that have lost a parent to an opioid overdose. These groups run simultaneously. JDORS will be held in the children's playroom, while the adult DORS group will be held in the conference room. Both groups will have facilitators and co-facilitators and will follow a curriculum format. Contact Marie Halecki at 584-9160.
Family Ties (mental health of a loved one)	Meets each Wednesday @ 6:30pm BGH 10 Mitchell Ave upstairs R Binghamton, NY phone (607) 762-2887 for more information.
GBHC Family Support Group	meets the 1st Monday of the month @ noon at GBHC-Garvin Binghamton, NY phone (607-773-8229) or dgioia@stny.rr.com for more information. Anyone is welcome.
Guthrie Community Bereavement Support Groups	Contact Rev Jeff Wilkinson phone (570) 265-8615
HALos (Help After Loss)	This resource is for those who have experienced a loss of any kind. HALos volunteers specialize in grief work with children and families. Group and individual support offered. Phone (607) 639-HALO (4256) for more information or visit www.helpafterloss.com .

MENTAL HEALTH SERVICE	DESCRIPTION/ HOW TO ACCESS
Lourdes Hospice Bereavement Program	Free adult support groups and individual sessions for men and women throughout the year at the Vestal office. Groups and individual sessions are available to anyone who has lost a loved one, not just a loss through Lourdes Hospice. Once a support group has begun, no new members may join, but you may sign up to start the next group. Please fill out enrollment form and mail to: Lourdes Hospice, 4102 Old Vestal Rd. Vestal, N.Y. 13850. Attn: Bereavement Team. For the benefit of each group participant, family members may not attend the group together. All groups and individual sessions are held at the Vestal office at 4102 Old Vestal Road, Vestal, N.Y. 13850. We offer one to four individual bereavement sessions per individual or family, by appointment only. Please contact The Bereavement Team with any questions at (607)798-5692. ACBC Grief Recovery Group (community) Thursdays from 6-8 pm at the Addiction Center of Broome County 30 W State Street 2nd floor Binghamton NY 13901-contact Jill Lloyd (607)422-4242
NYS Office of Mental Health Continuing Education	https://www.omh.ny.gov/omhweb/bps/
Patients Like Me (online support for people living with Major Depressive Disorder)	https://www.patientslikeme.com/join/mdd?utm_source=facebook&utm_medium =cpc&utm_campaign=general_mdd19_interest_lp1_title20_copy27_description7 image916_000136
Preventing Suicide: A Toolkit for High Schools	https://store.samhsa.gov/shin/content/SMA12-4669/SMA12-4669.pdf
Suicide Loss Support Group	Having the support of others who understand your loss can be a valuable part of the grieving process. Tales place on the first and third Tuesdays of the month from 6:30-8pm Facilitated by Sheila McCue, LCSW Phone 607-272-1505 Located at Suicide Prevention & Crisis Service 124 E. Court St. Ithaca, NY
Suicide Prevention, Didi Hersch	http://didihirsch.org/suicide-prevention-resources
Widows & Widowers of the Southern Tier	Meetings are a social breakfast format. Everyone welcome. Group meets on Wednesdays at 9 a.m. at Denny's Restaurant, Vestal. Phone (607) 798-9660 for more information or on Tuesdays at 8:30 a.m. at the Blue Dolphin Restaurant, 434 NY-17, Apalachin, NY contact Helen at 748-0937 for more information.
Zero Suicide Tool Kit	http://zerosuicide.sprc.org/toolkit

Housing

RESOURCE	CONTACT INFORMATION / SUMMARY OF SERVICES
American Red Cross	ADDRESS: 620 East Main Street Endicott NY 13760-5026
American	WEBSITE: https://www.redcross.org/local/new-york/western-and-central-new-
American Red Cross	york/about-us/locations/southern-tier-chapter.html
	PHONE: (607) 785-72 <u>07</u>
	SOCIAL MEDIA: 🚮 💇 🎯 📮
Serves: General	Features/ Services: Educational resources and classes, disaster and emergency
population, providers	relief services.

RESOURCE	CONTACT INFORMATION / SUMMARY OF SERVICES
Berkshire Farm Center	ADDRESS: 2-8 Hawley Street Binghamton NY 13901-3114
and Services for Youth	WEBSITE: https://www.berkshirefarm.org/
	PHONE: (607) 772-3123
	SOCIAL MEDIA: Fin 🖸 📵
BERKSHIRI AMA COURSE AND SUBSCIOUS FOR THE	SOCIAL IVIEDIA.
Serves: Children and	Features/ Services: Foster care, residential treatment and transitional support
their families	services, preventive services, temporary shelter and reunification to runaway and
	homeless youth and youth at risk for homelessness
BHA – Binghamton	ADDRESS: 35 Exchange Street Binghamton NY
Housing Authority	WEBSITE: https://affordablehousingonline.com/housing-authority/New-
▲ (Ħ) ‡	York/Binghamton-Housing-Authority/NY016
AFFORDABLE HOUSING	PHONE: (607) 723-9491
ONLINE	SOCIAL MEDIA: 🚮 💟 🖸
Serves: Families, older	Features/ Services: Vouchers for public housing
adults, disabled	
individuals	ADDITION OF A PART AND
Broome County Social	ADDRESS: 36-42 Main Street Binghamton NY 13905
Services Department (DSS)	WEBSITE: http://www.gobroomecounty.com/dss PHONE: (607) 778-8850
BROOME COUNTY NEW YORK	SOCIAL MEDIA:
NEW YORK	SOCIAL MEDIA.
Serves: General	Features/ Services: Assistance Programs: SNAP, Temporary Assistance;
Population, especially	Medicaid; HEAP; Welfare to Work (WTW); Employment Plan; Case
vulnerable individuals	Integrity Unit (CIU) Children and Family Services: Adoption / Home Finding;
	Central Intake Unit; Daycare Unit; Families First Family Services Unit:
	Person in Need of Supervision (PINS) Diversion; Protective Services Intake
	for Adults
Catholic Charities TTLP –	ADDRESS: 232 Main Street Binghamton NY
Teen Transitional	WEBSITE:
Learning Program	https://www.catholiccharitiesbc.org/programs/youth_services/residential.html
Catholic Charities	PHONE: (607) 729- 9166
Broome County	SOCIAL MEDIA:
Serves: Youth ages 16-21	Features/ Services: A free, safe, stable and supportive living environment to
	youth between the ages of 16 and 21 who meet the criteria for being a
	runaway or homeless youth. Intensive case management, services and
	programming to empower youth and teach skills they will need as they
	move from crisis to transitional to independence, self-sufficiency and
	sustainable living. Services offered: basic needs, educational/vocational and
	career planning, community service, recreational activities, transportation,
	assistance in the development of needed skills including independent living
	skill (ILS) building, decision making, social skills, coping/problem solving
	skills, menu planning and grocery shopping, money management, time
	management skills, parenting skills, and housing and community awareness
Family Enrichment	ADDRESS: 24 Cherry Street Johnson City NY 13790
Network: Caring Homes	WEBSITE: http://familyenrichment.org/housing-pg.html
Family	PHONE: (607) 723-8313
Enrichment Network	SOCIAL MEDIA:

RESOURCE	CONTACT INFORMATION / SUMMARY OF SERVICES
Serves: Children and	Features/ Services: financial assistance to homeless families and families at risk of
families	homelessness. Payment of up to \$400 per family for security deposits, rent arrears,
	and utility arrears to either help the family remain in their current home or to help
	them obtain new housing
Family Development	ADDRESS: 232 Main Street Binghamton NY
Assistance Program	WEBSITE: http://ofbonline.org/index.php/programs/programs-and-services/
Opportunities	PHONE : (607) 723- 6493
for Broome, Inc.	SOCIAL MEDIA: f 😐 in
Serves: Individuals/	Features/ Services: Lend- A-Hand: Funds are utilized to cover several items that
families in need	can positively impact an individual/family's quality of life, which include:
	emergency medical needs (prescriptions, wheel chairs), essential furniture,
	appliances, utility bills, car repair, and clothing. Assistance is provided once per
	calendar year per family/individual. Mobile Food Pantry: OFB collaborates with the
	Food Bank of the Sothern Tier to distribute food to individuals/families in our
	community. FEMA Emergency Food and Shelter Program (EFSP): OFB was awarded
	funding through the EFSP to provide emergency rental assistance to individuals and
	families. OFB utilizes the funds to help pay up to one full month's past due rent or mortgage due to imminent evictions, or will assist in the payment of first month's
	rent to help individuals/families attain permanent housing
Garden Home for Adults	
Garden Home for Adults	ADDRESS: 91 Walnut Street Binghamton NY 13905-5763 WEBSITE: find listed on https://seniorcarehomes.com/assisted-living-facilities/new-
	york/binghamton/garden-house-for-adults/
	PHONE: (607) 724-5763
	SOCIAL MEDIA:
Serves: Adults	Features/ Services: Adult care facility
Good-Shepherd Fairview	ADDRESS: 80 Fairview Avenue Binghamton NY 13904
Home	WEBSITE: https://goodshepherdhome.com/
	PHONE: (607) 724-24 <u>77</u>
GOOD SHEPHERD COMMUnities It's all about living well"	SOCIAL MEDIA:
Serves: Older Adults and	Features/ Services: Residential healthcare community
disabled individuals	, , , , , , , , , , , , , , , , , , ,
Housing Assistance &	ADDRESS: New York State Office of Temporary and Disability Assistance, 40 North
Support Program	Pearl Street, Albany, New York 12243
NEW	WEBSITE: https://otda.ny.gov/programs/housing/faq.asp
YORK STATE	PHONE: (518) 473-1090
*	SOCIAL MEDIA: 🖬 💆 🔼 🚥
Serves: not-for-profit	Features/ Services: Provides capital grants and loans to acquire, construct or
corporations, charitable	rehabilitate housing for persons who are homeless and are unable to secure
and religious	adequate housing without special assistance.
organizations,	
municipalities and public	
corporations	
Metro Interfaith Housing	ADDRESS: 21 New Street, Binghamton NY 13903
Management	WEBSITE: https://metrointerfaith.org/
	PHONE: (607) 772-67 <u>66</u>
METRO Interfaith Housing Management The Key to Heaving in Genzer Binghamon Since 1968	SOCIAL MEDIA: f

RESOURCE	CONTACT INFORMATION / SUMMARY OF SERVICES
Serves: General	Features/ Services: Provides housing and support services to persons of low to
population, older adults	moderate income including people with disabilities
and disabled individuals	51 1
Opportunities for	ADDRESS: 5 W. State Street, Binghamton, NY 13901
Broome	WEBSITE: http://ofbonline.org/
\sim	PHONE: (607) 723-6493
Opportunities	SOCIAL MEDIA: f in
for Broome, Inc. kolping people, changing lives	SOCIAL MILDIA.
Serves: Low income,	Features/ Services: emergency assistance, advocacy, early education, and safe and
disadvantaged, and	affordable housing. Family Development Program - emergency services like food,
marginalized individuals	shelter, transportation, medicine, and heat. Head Start Program – early childhood
and families	development program. Daycare. Housing Program – provides people with decent,
	safe, and affordable housing
Poison Control Center	ADDRESS: 750 East Adams Street Syracuse NY
Central	WEBSITE: http://cnypoison.org/
New York Poison	PHONE: 1 800 222-1222
1-800-222-1222	SOCIAL MEDIA:
Serves: General	Features/ Services: Poison Emergency Telephone Management,
Population	Poison Information Resources, Public Education, Professional
	Education, Research and Data Collection
Southern Tier Homeless	ADDRESS: PO Box 2281, Binghamton NY 13902
	WEBSITE: https://www.southerntierhomeless.org/
Coalition SOUTHERN TIER	PHONE:
Coalition	SOCIAL MEDIA: 🚹 💆
Serves: Households in	Features/ Services: comprised of over 30 member agencies offering homeless
need	assistance services to households in need
The Hearth at Castle	ADDRESS: 1715 Castle Gardens Road Vestal NY 13850
Gardens Senior Living	WEBSITE: https://thehearth.net/location/the-hearth-at-castle-gardens/
earth	PHONE: (607) 748-5700
Castle Gardens Premier Senter Lietug & Mannery Cam	SOCIAL MEDIA: f in 0
Serves: Older adults and	Features/ Services: Independent Living, Assisted Living, Memory Care, Wellness
disabled individuals	and Therapy
United Methodist Homes	ADDRESS: 863 Front Street, Binghamton; 286 Deyo Hill Road, Johnson City; head
United Methodist	office at 10 Acre Place, Binghamton
HOMES Caring, Connecting, Community	WEBSITE: https://www.unitedmethodisthomes.org/
	PHONE: (607) 775-6400
	SOCIAL MEDIA: f 💆 🔟 🗀 in
Serves: Older adults and	Features/ Services: Skilled nursing facilities, adult care facilities, assisted living
disabled individuals	programs, licensed home health care agencies, residential apartments
Volunteers of America of	ADDRESS: 320 Chenango Street Binghamton NY
Upstate NY	WEBSITE: https://www.voa.org/
Volunteers of America	PHONE: (607) 772-1156
A or which ca.	SOCIAL MEDIA: If 💟 in 🖸 🎯 📙
Serves: General	Features/ Services: Male only and Women and Families Facilities. Childcare, Early
Population	Educational Programs (UPK), Children and Family Services, Employment Coaching
	and Clothing, Housing and Emergency Shelters, Re-entry Support, Camp HEROES

RESOURCE	CONTACT INFORMATION / SUMMARY OF SERVICES
Willow Point	ADDRESS: 3700 Old Vestal Road Vestal NY 13850
Rehabilitation and	WEBSITE: http://www.gobroomecounty.com/wpnf/
Nursing Center	PHONE: (607) 763-4400
Willow Point Rehabilitation & Nursing Center	SOCIAL MEDIA:
Serves: Older adults and	Features/ Services: Seven individual neighborhoods, Specialized rehabilitation
disabled individuals	services, Specialized secure memory care unit, Compassionate hospice services,
	Quality skilled nursing services including wound care and IV therapy, In-house
	Beauty Salon and Gift Shop.
Woodland Manor	ADDRESS: 505 Clubhouse Road Vestal NY 13850
v.	WEBSITE: https://www.brookdale.com/en/find-a-
P. D. O. K. D. A. L. E.	community.html?location=Vestal%2C+NY+13850.html
BROOKDALE SENIOR LIVING	PHONE: 877-523-6523
	SOCIAL MEDIA: F 💆 🧿 🖸 in 🕡
Serves: Older adults and	Features/ Services: Continuing care living, independent living, assisted living,
disabled individuals	memory care, skilling nursing, home health services
Young Men's Christian	ADDRESS: 61 Susquehanna Street Binghamton NY 13901-3799
Association (YMCA)	WEBSITE: https://ymcabroome.org/main/about-our-y/
	PHONE: (607) 772-0572
	SOCIAL MEDIA: If 💆 🧿
Serves: Men and	Features/ Services: Educational resources, childcare, emergency shelter for men,
Families	recreation programs
Young Women's	ADDRESS: 80 Hawley Street Binghamton N.Y 13901-0340
Christian Association	WEBSITE: https://ywcabinghamton.org/
(YWCA)	PHONE: (607) 772-0340
YWCA	SOCIAL MEDIA:
Serves: Women and	Features/ Services: Educational resources, supportive housing, breast/cervical
Families	cancer health program, recreation programs

Primary & Preventative Care

RESOURCE	CONTACT INFORMATION / SUMMARY OF SERVICES
Binghamton University	ADDRESS: 4400 Vestal Parkway East, Binghamton, NY 13902
(BU)	WEBSITE: https://binghamton.edu/
BINGHAMTON	PHONE: (607) 777-2000, Student Counseling: (607) 777-2772, Psychological Clinic:
UNIVERSITY	(607) 777-2103
STATE UNIVERSITY OF NEW YORK	SOCIAL MEDIA: f 🔰 🔘 in 🔼 🚨
Serves: Binghamton	Features/ Services: World Class institution offering broad, interdisciplinary education.
University	Multicultural Resource Center, LGBTQ Center, Services for Students with Disabilities,
students and children	Confidential HIV counseling and testing, psychological testing, Learning Disabilities
	Unit for children, Health Center for students.

RESOURCE	CONTACT INFORMATION / SUMMARY OF SERVICES
Broome County Health	ADDRESS: 225 Front Street, Binghamton NY 13905-2424
Department	WEBSITE: http://www.gobroomecounty.com/hd/
HALIN DIFF.	PHONE: (607) 778-3930
	SOCIAL MEDIA: f
Serves: General	Features/ Services: Assessment, surveillance, monitoring, regulation and
population	enforcement of environmental issues, restaurant inspections, communicable disease
	control, STD clinic, WIC Clinics, HIV counseling and testing, immunizations, traffic
	safety programs, lead screening, TB clinic, preschool and early intervention programs,
	chronic disease programs, cancer services programs, etc.
Dr. Garabed A. Fattal	ADDRESS: 225 Front Street Binghamton NY 13905-2424
Community Free Clinic	WEBSITE: http://www.upstate.edu/fattalclinic/
	PHONE: (607) 772-3519 or (607) 778-3938
LIDSTATE	SOCIAL MEDIA: 📑 🗡 🎯 in 🖸 🐠
MEDICAL UNIVERSITY	
Serves: Adults without	Features/ Services: Primary and preventative health care and referrals to social
health insurance	services
Ivy/ HIV Care Clinic at	ADDRESS: Arnot Ogden Medical Center 600 Roe Avenue Elmira NY 14905
Arnot Health	WEBSITE: https://www.arnothealth.org/services/hiv-care-clinic
Arnot <i>Health</i>	PHONE: (607) 795-8161
	SOCIAL MEIDA: f in
Serves: Individuals	Features/ Services: Rapid Testing and Counseling, Coordinated Care to HIV positive
with HIV/AIDS	men and women, access to pre exposure prophylaxis (PREP – a prescription drug to
	reduce the risk of infection)
Lourdes Hospital	ADDRESS: 169 Riverside Drive Binghamton NY 13905-4198
HLOURDES Ascension	WEBSITE: https://healthcare.ascension.org/
	PHONE: (607) 798-5111 Center for Mental Health: (607) 584-4465
	SOCIAL MEDIA: 🗗 💆 🖸 in
Serves: General	Features/ Services: Primary, dental and acute hospital care, community health and
population	wellness programs, durable medical equipment, Hospice, rehabilitation, and home
	care services
SUNY Broome	ADDRESS: 907 Upper Front Street, Binghamton NY 13905
SUNY BROOME	WEBSITE: http://www1.sunybroome.edu/
Control of the Contro	PHONE: (607) 778-5100
	SOCIAL MEDIA: 📑 💆 🔟 🔼
Serves: General	Features/ Services: Educational resources, free dental clinic, Student Counseling,
population, Students	limited treatment for illnesses and injuries, limited emergency care, blood pressure
	screening, contraceptive information, healthy lifestyle information, strep throat
	testing, flu vaccines

CONTACT INFORMATION / SUMMARY OF SERVICES RESOURCE United Health Services ADDRESS: Johnson City, 13790: 30-57 Harrison St., 507 Main Street, Baldwin Street, 40 Arch Street (Primary Care, Urology, OB/GYN, Radiation Oncology, Spine Care & Pain Relief, Otolaryngology, Lab Services, GI Lab, Outpatient Infusion Center, Blood Disorders Center, Audiology, Surgery, Ambulatory Surgery, Emergency and Trauma Services, Geriatrics, Cardiothoracic, Medical Oncology, Neuroinventional Surgery, Perinatal Center, Pharmacy, Physical Therapy & Rehabilitation), 635 Harry L Drive, Oakdale Mall (Stay Healthy Center); 601 Riverside Drive (Home Care); Binghamton: 10-42 Mitchell Avenue, (Bariatric Surgery, Ambulatory Surgery, Imaging, Lab Services, Outpatient Infusion Center, Gastroenterology, Physical Therapy & Rehabilitation, CPEP, Cardiac Rehabilitation, Addiction Medicine, Pharmacy, Advanced Wound Care, Dental Center, Occupational Medicine, Outpatient Mental Health, Pediatrics), 13903 (Primary Care); 91 Chenango Bridge Road, 13901 (Walk-in, Podiatry, Physical Therapy & Rehab); 27 Park Ave, 13903 (Nephrology, Plastic & Reconstructive Surgery); 93 Pennsylvania Avenue, 13903 (Neurodiagnostic & Sleep, Dialysis, Diabetes and Endocrinology), 160 Robinson St., 13904 (Primary Care, Walk-in); 142 Clinton Street, 13905 (Lab Services, Primary Care); 1290 Upper Front Street, 13901 (Lab Services), 262 Conklin Ave, 13903 (School Based Health Center Franklin), 9 Ogden Street, 13901 (School Based Health Center Roosevelt) Vestal, 13850: 4417-4433 Vestal Parkway East (Primary Care, Walk-in, Concussion Center, Orthopedics, Pediatrics, Podiatry, Chiropractic, Physical Therapy & Rehab, Imaging, Lab Services, Pharmacy, Breast Center, Gynecology, Hand Therapy, Heart & Vascular Institute, Infectious Disease, Nephrology, Rheumatology); 200 Front Street (Dermatology); 116 North Jensen Road (Dialysis) Endicott, 13760: 600 High Avenue; 1302 E. Main Street (Primary Care, Walkin, Pharmacy, Lab Services, Physical Therapy & Rehabilitation) Endwell, 13760: 800 Hooper Road (Primary Care, Pulmonology) Deposit, 13754: 53 Pine Street (Primary Care, Lab Services); Apalachin, 13732: 8836 Route 434 (Urogynecology) WEBSITE: https://www.nyuhs.org/ PHONE: (607) 763-6000 (Harrison Street Location), (607)762-2200 (Mitchell Ave Location) UHS Outpatient Mental Health: (607) 762-2340 SOCIAL MEDIA: If I in [] (0) **Serves: General Public** Features/ Services: Primary, dental and acute health care, community health promotion/education, substance use treatment, mental health services, home health care (See "Address") Veteran's ADDRESS: 203 Court Street Binghamton, NY 13901-3601 Administration **Outpatient Clinic** https://www.syracuse.va.gov/locations/Binghamton Community Based Outpatient Clinic.asp U.S. Department of Veterans Affairs PHONE: (607) 722-9100 SOCIAL MEDIA: If y 0 🗖 🕶 B **Serves: Veterans** Features/ Services: Primary and Behavioral Healthcare, Smoking Cessation, Move! Weight Management Program, Specialty Services including Optometry, Podiatry, and Gastrointestinal Clinics, Home Based Primary Care, Lab Services, Prescriptions, Radiology, Telehealth Clinics, Whole Health Classes, Transportation

Older Adults

RESOURCE	CONTACT INFORMATION / SUMMARY OF SERVICES
Absolut Center for	ADDRESS: 301 Nantucket Drive Endicott, NY 13760-2799
Nursing and	WEBSITE: https://www.absolutcare.com/
Rehabilitation at	PHONE: (607) 754-2705
Endicott, LLC	SOCIAL MEDIA: ff in
Absolut Care	
Serves: Older Adults	Features/ Services: Nursing facility
ACHIEVE (Previously	ADDRESS: 125 Cutler Pond Road Binghamton NY 13905
ARC)	WEBSITE: https://www.achieveny.org/
(C) ACHIEVE	PHONE: (607) 723-8361
Find Yourself Here Broome Chenango Tioga	SOCIAL MEDIA: 🚹 💇 🔼 😷
Serves: Individuals	Features/ Services: Day treatment, residential housing, vocational, recreation and
with developmental	family support services
disabilities and their	
families	
Action for Older	ADDRESS: 200 Plaza Drive Suite B, Vestal, NY 13850
Persons, Inc.	WEBSITE: https://actionforolderpersons.org/
Action Older Persons	PHONE: 607-722-1251
71011011-0 (8101 1 01 30113	SOCIAL MEDIA: ff 🏏
Serves: Older Adults	Features/ Services: Community educational resources, and advocacy
Alzheimer's	ADDRESS: 441 W. Kirkpatrick St, Syracuse, NY 13204; 719 W Main Street Endicott;
Association, Central NY	286 Deyo Hill Road, Johnson City; 320 Vestal Parkway East, Vestal
Chapter	WEBSITE: https://www.alz.org/centralnewyork
alzheimer's R association	PHONE: (607) 785-7852, 24-hour Helpline +1 (800) 272-3900, Information
	services/chapter office (315) 472-4201 SOCIAL MEDIA: f in
Serves: Alzheimer's	Features/ Services: personal or family care consultations, caregiver support groups
patients and their	(Endicott, Johnson City, Vestal), education and training programs, safety services,
families, providers	and, early stage social engagement programs (All Together events)
Arthritis Foundation of	ADDRESS: 122 East 42nd Street, Suite 2315, New York, New-York 10168
Upstate NY	WEBSITE: https://www.arthritis.org/new-york/
✓ Arthritis	PHONE: (929) 446-0939 Toll-Free Help Line: 844 571 4357 (Espa <u>ñ</u> ol)
Foundation'	SOCIAL MEDIA: 📑 💆 🗓 🧐
Serves: General	Features/ Services: Educational resources and referral, volunteer groups throughout
population, providers	the state, community events
Bridgewater Center for	ADDRESS: 159-163 Front Street Binghamton NY 13905
Rehabilitation and	WEBSITE: http://www.bwrehab.com/
Nursing	PHONE: (607) 722-7225
BRIDGEWATER CINIES FOR ASSOCIATION AND PLANS FOR	SOCIAL MEDIA:
Serves: Older adults	Features/ Services: Long and short term care facility
and disabled	
individuals	
Broome County CASA	ADDRESS: 60 Hawley Street, Binghamton, NY, 13902-1766
BROOME COUNTY NEW YORK	WEBSITE: http://www.gobroomecounty.com/casa
	PHONE: (607) 778-8000
	SOCIAL MEDIA:

RESOURCE	CONTACT INFORMATION / SUMMARY OF SERVICES
Serves: People in need	Features/ Services: Assessment and referral to home health care services and
of home health care or	residential facility placement.
a residential facility	
placement	
Broome County Office	ADDRESS: Broome County Office Building, 60 Hawley Street, P.O. Box 1766
of Aging	Binghamton NY 13902-1766
Office for	WEBSITE: http://www.gobroomecounty.com/senior/
Aging ** 778-2411	PHONE: (607) 778-2411
778-2411	SOCIAL MEDIA: 📑 💆 🖸
Serves: Elders	Features/ Services: Improve and enrich quality of life for seniors in the community.
	Adult Day Program, Caregiver Services, Health Insurance, Legal Services, Financial
	Benefits, Health & Wellness and Social Options, Housing, Meals on Wheels, NY
	Connects, Nutrition Counseling, Senior Centers, Senior Games, Services in the Home,
	<u>Transportation. Senior Helpline -</u> statewide toll-free access to anyone seeking
Carogiyars	information about programs and services for the elderly in New York State ADDRESS: 260 Harry L. Drive Johnson City NY 13790
Caregivers	WEBSITE: https://caregivershomecare.com/
CareGivers Making home care a real comfort	PHONE: (607) 770-1125
	SOCIAL MEDIA:
Serves: General	Features/ Services: Home health care
population	
Broome County CASA	ADDRESS: 60 Hawley Street, Binghamton, NY, 13902-1766
BROOME COUNTY NEW YORK	WEBSITE: http://www.gobroomecounty.com/casa
	PHONE: (607) 778-8000
	SOCIAL MEDIA:
Serves: People in need	Features/ Services: Assessment and referral to home health care services and
of home health care or	residential facility placement.
a residential facility	
placement Family and Children's	ADDRESS: Whitney Point School, 10 Keibel Road, Whitney Point, NY 13862; Maine
Society	Memorial Elem School, 2693 NY Rt 26, PO Box 218, Maine, NY 13802; Union Endicott
The Family	School, 1100 East Main Street, Endicott, NY 13760; Windsor Central High School,
Children's	1191 NY Route 79, Windsor, NY 13865; Johnson City School, 601 Columbia Drive,
Society	Johnson City, NY 13790; East Middle School, 167 East Frederick Street, Rm 216,
	Binghamton, NY 13904-1214
	WEBSITE: https://familycs.org/
	PHONE: 607-729-6206
	SOCIAL MEDIA: f
Serves: General	Features/ Services: An agency serving both adults and children with an array of
population	services including Elder Counseling, the Family Mental Health Clinic (locations: 257
	Main St. Binghamton, Johnson City Central School District, Windsor Central School
	District, and Binghamton East Middle School), Health Homes Care Management,
	Home Care services, Sexual Abuse Treatment Program, Vocational Incentives Program: vocational case management services designed to assist BC residents (18 &
	older) of mental health/substance use services to obtain and maintain competitive
	employment, School Based Family Support Centers (locations: Whitney Point Central
	School District, Union Endicott Central School District, and Maine Endwell Central
	School District, and an after school program for high school students in the Union
	Endicott Central School District. Accepts Medicaid and other insurance and works
1	with individuals and families to ensure access.
	with marriagais and families to ensure access.

RESOURCE	CONTACT INFORMATION / SUMMARY OF SERVICES
Garden Home for	ADDRESS: 91 Walnut Street Binghamton NY 13905-5763
Adults	WEBSITE: find listed on https://seniorcarehomes.com/assisted-living-facilities/new-
	york/binghamton/garden-house-for-adults/
	PHONE: (607) 724-5763
	SOCIAL MEDIA:
Serves: Adults	Features/ Services: Adult care facility
Good-Shepherd	ADDRESS: 80 Fairview Avenue Binghamton NY 13904
Fairview Home	WEBSITE: https://goodshepherdhome.com/
SHEPHERD OMMUNITIES	PHONE: (607) 724-2477
It's all about living well?	SOCIAL MEDIA: f
Serves: Older Adults	Features/ Services: Residential healthcare community
and disabled	
individuals	
HOME Program, UHS	ADDRESS: In home service
D ₂	WEBSITE: https://www.nyuhs.org/care-treatment/psychiatric-services/
TILIC	PHONE: (607) 763-5600
PUHS	SOCIAL MEDIA: 🚮 🏏
Serves: Individuals	Features/ Services: short term counseling (anxiety, depression, grief, etc.) for ages 60
aged 60+ years	and above free of charge to Broome County residents who are living
	independently—counseling takes place in the home
Interim Healthcare of	ADDRESS: 38 Front Street Suite D Binghamton NY 13905
Binghamton, Inc.	WEBSITE: https://www.interimhealthcare.com/binghamtonnewyork/home/
Int:rim	PHONE: (607) 722-6461
HEALTHCARE	SOCIAL MEDIA: 🕤 in 🛫 🖸
Serves: General population	Features/ Services: Licensed home health care agency
Sepp Group (Serving	ADDRESS: 53 Front Street Binghamton NY 13905-4410
the Elderly through	WEBSITE: https://www.seppinc.com/
Project Planning)	PHONE: (607) 723-8989
S.E.P.P. Group	SOCIAL MEDIA:
Serves: Older Adults	Features/ Services: Affordable housing for low-income elders and handicapped
and disabled	households
individuals	
Susquehanna Nursing	ADDRESS: 282 Riverside Drive Johnson City NY 13790-2774
and Rehabilitation	WEBSITE: https://www.susquehannanursing.com/
Center	PHONE: (607) 729-9206
SUSQUEHANNA NURSING & REHABILITATION CENTER	SOCIAL MEDIA: 🗗 🤘 🖸
Serves: Older adults	Features/ Services: Skilled nursing facility, residential apartments, medical day care
and disabled	program
individuals	
The Hearth at Castle	ADDRESS: 1715 Castle Gardens Road Vestal NY 13850
Gardens Senior Living	WEBSITE: https://thehearth.net/location/the-hearth-at-castle-gardens/
earth earth	PHONE: (607) 748-5700
Castle Gardens	SOCIAL MEDIA: f in 0
Premier Seuler Living & Mannery Cam	
Serves: Older adults	Features/ Services: Independent Living, Assisted Living, Memory Care, Wellness and
and disabled	Therapy
individuals	

RESOURCE	CONTACT INFORMATION / SUMMARY OF SERVICES
United Methodist	ADDRESS: 863 Front Street, Binghamton; 286 Deyo Hill Road, Johnson City; head
Homes	office at 10 Acre Place, Binghamton
United Methodist	WEBSITE: https://www.unitedmethodisthomes.org/
HOMES Caring, Connecting, Community	PHONE: (607) 775-6400
	SOCIAL MEDIA: If 💆 🧿 🖸 in
Serves: Older adults	Features/ Services: Skilled nursing facilities, adult care facilities, assisted living
and disabled	programs, licensed home health care agencies, residential apartments
individuals	
Willow Point	ADDRESS: 3700 Old Vestal Road Vestal NY 13850
Rehabilitation and	WEBSITE: http://www.gobroomecounty.com/wpnf/
Nursing Center	PHONE: (607) 763-4400
Willow Point Rehabilitation & Nursing Center	SOCIAL MEDIA: f
Serves: Older adults	Features/ Services: Seven individual neighborhoods, Specialized rehabilitation
and disabled	services, Specialized secure memory care unit, Compassionate hospice services,
individuals	Quality skilled nursing services including wound care and IV therapy, In-house Beauty
	Salon and Gift Shop.
Woodland Manor	ADDRESS: 505 Clubhouse Road Vestal NY 13850
V .	WEBSITE: https://www.brookdale.com/en/find-a-
BROOKDALE	community.html?location=Vestal%2C+NY+13850.html
SENIOR LIVING	PHONE: 877-523-6523
	SOCIAL MEDIA: If 💆 🧿 🔼 in 🕡
Serves: Older Adults	Features/ Services: Continuing care living, independent living, assisted living, memory
and disabled	care, skilling nursing, home health services
individuals	

Transportation

RESOURCE	CONTACT INFORMATION / SUMMARY OF SERVICES
Broome County Public	ADDRESS: 143 Old Mill Road, Vestal, NY 13850
Transit	WEBSITE: http://www.gobroomecounty.com/transit/
EC <i>transit=</i>	PHONE: (607) 763-44 <u>64</u>
	SOCIAL MEDIA: 🚮 💟 🔼
Serves: General	Features/ Services: Clean, Safe, and Affordable Public Transportation
Population	
Broome Tioga Mobility	ADDRESS: PO Box 550, Binghamton, NY, 13902-0550
Management	WEBSITE:
S	PHONE: 607-240-2026
IAHR R	SOCIAL MEDIA:
Company Francisco	Factures / Samines, Free comprehensive travel planning and transportation
Serves: Employers	Features/ Services: Free comprehensive travel planning and transportation
	information. Broome-Tioga Greenride, Vanpooling. Helping employees get to work, employers may be eligible for tax breaks
Cattleana	
Getthere	ADDRESS: Rural Health Network of SCNY, 455 Court Street Binghamton 13904
Transportation	WEBSITE: https://gettherescny.org/home
Get there	PHONE: 855-373-4040
WOLLIIGI C	SOCIAL MEDIA: 1
Serves: Rural people	Features/ Services: Transportation information and assistance call center.
and communities	Transportation information and case management services, financial assistance for

eligible individuals who need transportation to healthcare appointments,
transportation to employment services, and training on how to use public
transportation.

Food & Nutrition

RESOURCE	CONTACT INFORMATION / SUMMARY OF SERVICES
Broome County Council	ADDRESS: 3 Otseningo St. Binghamton NY 13903-2117
of Churches	WEBSITE: https://broomecouncil.net/
Counciles	PHONE: (607) 724-91 <u>30</u>
Council of Churches	SOCIAL MEDIA: 🚮 💟 🖸
Serves: General	Features/ Services: Food pantries, hospital and jail ministry, nutrition and life skills
population	education.
Broome County Health	ADDRESS: 225 Front Street, Binghamton NY 13905-2424
Department	WEBSITE: http://www.gobroomecounty.com/hd/
HEALTH DEPT.	PHONE: (607) 778-3930
799	SOCIAL MEDIA: f
Serves: General	Features/ Services: Assessment, surveillance, monitoring, regulation and
population	enforcement of environmental issues, restaurant inspections, communicable disease
	control, STD clinic, WIC Clinics, HIV counseling and testing, immunizations, traffic
	safety programs, lead screening, TB clinic, preschool and early intervention
	programs, chronic disease programs, cancer services programs, etc.
Catholic Charities of	ADDRESS: 232 Main Street Binghamton NY 13905-2699
Broome County Creating Hape, Transforming Lives	WEBSITE: https://www.catholiccharitiesbc.org/
Catholic Charities	PHONE : (607) 729-9166 Food pantry : (607) 723-4563
Broome County	SOCIAL MEDIA:
Serves: Family, mental	Features/ Services: Youth, family and community services; residential services;
health, youth, and	Encompass Health Care; food pantries, mental health services; disaster services.
residential services	provides psychotherapy to individuals, families, and couples, and counseling for
	single, expectant parents and their families by professionally trained staff and NYS
	licensed clinical social workers. Service areas: personal development; pre-marital
	evaluations/counseling; marriage/relationship counseling; parent/child relationships;
	family therapy; separations/divorce adjustment; and school adjustment counseling. individual pre-natal and parenting instruction; counseling/groups for single parents;
	pro-life options in pregnancy planning; abortion-stress counseling; Offers Early
	Childhood STEP (birth – age 6) and STEP (Pre-teen ages 6-12) Parenting Classes to
	learn and use new skills to make parenting more effective; and individualized
	parenting instruction (Baby Steps).
Community Hunger	ADDRESS: 3 Otseningo Street Binghamton NY 13903
Outreach	WEBSITE: https://broomecouncil.net/chow/
Wearhouse	PHONE: (607) 724-9130 ext. 340
(CHOW)	SOCIAL MEDIA: f
Serves: low income	Features/ Services: Through a network of nearly 100 partner agencies, distributes
individuals	over 175,000 pounds of food a month. Mobile Grocery Store, Pantries and Soup
	Kitchens, CHOW Hunger Walk, Re-entry program for returning inmates
Cornell Cooperative	ADDRESS: 840 Upper Front Street Binghamton NY 13905-1500
Extension - Broome	WEBSITE: http://ccebroomecounty.com/
County	PHONE: (607) 772-8953
Cornell University	SOCIAL MEDIA: If Y
Cooperative Extension	
Company B	Francisco Company Color (C. 1997)
Serves: Parenting	Features/ Services: Educational resources focusing on parenting and nutrition
families	

RESOURCE	CONTACT INFORMATION / SUMMARY OF SERVICES
Food & Drug	ADDRESS: 15 Henry Street, # 324, Binghamton NY 13901
Administration	WEBSITE: https://www.fda.gov/
	PHONE: (607) 773- 2752
FDA	SOCIAL MEDIA: 🚮 💟 🔼
Serves: General	Features/ Services: Consumer Complaint Coordinators, Drug Specific Information
Population	Web Page
Food @ First	ADDRESS: 42 Chenango Street Binghamton NY
Presbyterian Church	WEBSITE: http://upcbgm.org/meal/
UNITED	PHONE: (607) 722-4219
CHURCH OF BINGHAMTON DO JUSTICE • LOVE KINDNESS WALK HUMBLY WITH GOD	SOCIAL MEDIA: f
Serves: General	Features/ Services: Serves a meal to the community every Tuesday from 5 to 545.
Population	Everyone is invited to attend!
Food Bank of the	ADDRESS: 388 Upper Oakwood Ave Elmira NY
Southern Tier – Mobile	WEBSITE: https://www.foodbankst.org/
to ó dbank	PHONE: (607) 796-6061
of the Southern Tier	SOCIAL MEDIA: 🚮 💟 🔼
Serves: Individuals and	Features/ Services: The Mobile Food Pantry is a truck used to deliver fresh produce,
families	dairy products, and other food and grocery products directly to distribution sites
	where people need food
Loaves & Fishes Pantry	ADDRESS: 22 ½ Mill Street Binghamton NY 13903
INDICE S	WEBSITE: https://loavesfishespantry.org/
UNITY FISHES	PHONE: (607) 724-5304
Lifting & Feeding our neighbors since 1983	SOCIAL MEDIA: 🕤 💆
Serves: General	Features/ Services: Food Pantry
Population	
Meals-On-Wheels	ADDRESS: 705 West Main Street Endicott NY
$\mu = \mu / M L$	WEBSITE: https://mealsonwheelsofwesternbroome.com/
IN FAX № •• MATH = = 188	PHONE: (607) 754-7856
9645 HR: 96597H	SOCIAL MEDIA: f
Serves: Older adults,	Features/ Services: not-for-profit organization that provides and delivers nutritious
convalescent,	meals to older adults, convalescent, handicapped and others in our community so
handicapped and others	they may maintain their independence and quality of life.
Mother Teresa	ADDRESS: St. Ambrose Church, 23 Garfield St. Endicott 13760
Cupboard Pantry	WEBSITE:
Creating Hope, Transforming Lives	https://www.catholiccharitiesbc.org/programs/food_pantry/locations.html
Catholic Charities	PHONE: (607) 741-3266
Broome County	SOCIAL MEDIA:
Serves: General	Features/ Services: Free Food for low income individuals
Population, low income	
Opportunities for	ADDRESS: 5 W. State Street, Binghamton, NY 13901
Broome	WEBSITE: http://ofbonline.org/
Communitation	PHONE: (607) 723-6493
Opportunities for Broome, Inc. holping people, changing lives	SOCIAL MEDIA: f in

RESOURCE	CONTACT INFORMATION / SUMMARY OF SERVICES
Serves: Low income,	Features/ Services: emergency assistance, advocacy, early education, and safe and
disadvantaged, and	affordable housing. Family Development Program - emergency services like food,
marginalized	shelter, transportation, medicine, and heat. Head Start Program – early childhood
individuals and families	development program. Daycare. Housing Program – provides people with decent,
	safe, and affordable housing
Salvation Army of	ADDRESS: 131 Washington Street Binghamton NY 13901
Binghamton NY	WEBSITE: https://empire.salvationarmy.org/EmpireNY/binghamton
THE ON	PHONE : (607) 728-7825
SALVATION	SOCIAL MEDIA: f 💆 🧿 in 🖸
Mil.	
Serves: Hungry	Features/ Services: serves hot, nutritious meals 7 days a week through our soup
individuals and families	kitchen
SNAP/Food Stamps	ADDRESS: 60 Hawley Street Binghamton NY
USDA	WEBSITE: http://www.gobroomecounty.com/senior/foodstamps
SNAP Supplemental Nutrition Applicance Program	PHONE: (607) 778-2316
Purify Healthy Food White Reach	SOCIAL MEDIA:
Serves: Eligible low	Features/ Services: provides nutrition benefits to supplement the food budget of
income/ resource	needy families so they can purchase healthy food and move towards self-sufficiency.
individuals and families	
The Landmark Church	ADDRESS: 126 Court Street Binghamton NY
	WEBSITE:
TLC THE ANDVARY	PHONE: (607) 723 <u>-1127</u>
DODG-01-VON-BUILD-SENS	SOCIAL MEDIA: f
Serves: Those in need	Features/ Services: Food Pantry, Landmark Clothing Bank and Toy Giveaway
of clothes/ food	
Whitney Point Food	ADDRESS: 59 Keibel Road, Whitney Point 13862
Pantry & Clothing Bank	WEBSITE: http://www.findglocal.com/US/Whitney-
@ St Patricks	Point/345055608967982/Whitney-Point-Food-Pantry-%26-Clothing-Bank
	PHONE: (607) 692-3911
	SOCIAL MEDIA: f
Serves: Residents of	Features/ Services: Clothing Bank and food pantry for Whitney Point and Lisle
Whitney Point and Lisle	residents. Thursday nights the food bank is open 6-8PM. Please call ahead. Clients
	may be served once a month with proof of residence.
Women, Infants, &	ADDRESS: 225 Front Street Binghamton
Children (WIC)	WEBSITE: http://www.gobroomecounty.com/wic
Yes	PHONE : (607) 778-2881
Wič	SOCIAL MEDIA:
Serves: Pregnant,	Features/ Services: providing health assessments, breastfeeding support, nutrition
breastfeeding and non-	education and counseling, as well as referrals and vouchers for healthy foods
breastfeeding	cassación ana counsemis, as wen as referrais ana vouchers for ficaltify foods
postpartum women,	
infants, and children up	
to age 5	
to age 3	

Clothing

RESOURCE	CONTACT INFORMATION / SUMMARY OF SERVICES
Broome County Urban	ADDRESS: 43-45 Carroll Street
League (Lending Closet)	Binghamton, New York 13901
Broome County Urban League Changing Lives	WEBSITE: http://bcul.org/
	PHONE: (607) 723-7303
	SOCIAL MEDIA:
Serves: Primarily youth	Features/ Services: Education and workforce programs, family support, health
ages 5-18, also men,	insurance, prescription cards, food, clothing, housing and utility bill assistance, as
women, and children of	well as aid in many other areas, comprehensive referral services to other
all ages	community agencies and private industries
Caring Closet - Vestal Hills	ADDRESS: 834 Bunn Hill Road, Vestal, NY 13850
Seventh Day Adventist	WEBSITE: http://vestalsda.org/index.html
Church	PHONE: (607) 754-0056
	SOCIAL MEDIA: 🕶 🧿
Serves: General	Features/ Services: Good used clothing without cost
Population	
Clothing Center	ADDRESS: Central United Methodist Church, 17 Nanticoke Ave, Endicott (Use
	Union St door)
	WEBSITE: http://www.centralumcendicott.org/index.html
	PHONE: (607) 754-6060
	SOCIAL MEDIA: 🗗 🛄 🧐
Serves: General	Features/ Services: Good used clothing without a cost
population in need of	
clothing assistance	
Community Options	ADDRESS: 182-184 State Street Binghamton NY 13901-2910
Community Options, Inc.	WEBSITE: https://www.comop.org/
Supporting People with Disabilities since 1989	PHONE: (607) 722-5971
	SOCIAL MEDIA:
Serves: Individuals with disabilities	Features/ Services: Residential and employment support services, Clothing Assistance
Deposit Closet	
Deposit Closet	ADDRESS: 175 Front Street, Deposit, New York 13754 WEBSITE: http://www.depositchamber.com/deposit-closet
	PHONE: 607-467-3850
	SOCIAL MEDIA:
Serves: Deposit area	Features/ Services: Offers used apparel and small household goods free to those in
community members	need in Deposit area with referral. Call for details.
Ecumenical Food Pantry/	ADDRESS: St. Patrick Parish, 59 Keibel Road, Whitney Point, NY 13862
Clothing Bank.	WEBSITE: http://www.ccsssp.com/
Catholic	PHONE: (607) 692-3911
Community of	SOCIAL MEDIA:
St. Stephens-St. Patrick's	
Serves: Community in	Features/ Services: Food Pantry, Clothing Bank
the Whitney Point – Lisle	
Area	
Helping Hands	ADDRESS: Trinity Episcopal, 44 Main St, Binghamton
Professional Clothing	WEBSITE:
	PHONE: (607)760-4764
Closet (Women Only)	
	SOCIAL MEDIA:
Closet (Women Only) Serves: Women	

RESOURCE	CONTACT INFORMATION / SUMMARY OF SERVICES
The Landmark Church	ADDRESS: 126 Court Street Binghamton NY
The second secon	WEBSITE:
TLC	PHONE: (607) 723-1127
TARK ANTO CRUZICIA DOS-9 NATO AUGUS AND	SOCIAL MEDIA: f
Serves: Those in need of	Features/ Services: Food Pantry, Landmark Clothing Bank and Toy Giveaway
clothes/ food	reactives, Services. 1 000 Failtry, Landmark Clothing Bank and Toy Giveaway
Maine Federated	ADDRESS: 2615 Main St, Maine
Clothing Bank	WEBSITE: http://www.federatedchurchofmaine.org/
Clothing Bank	PHONE: (607) 862-3387
MAINE FEDERATED CHURCH souther acceptance in the instruction of the in	SOCIAL MEDIA: f
26/15 fo. fo. 26 Hermo, 6ff 13822	SOCIAL MEDIA.
Serves: Focus on Children	Features/ Services: Good used clothing without cost
and Young Adult Clothing	reactives, Services. Good used clothing without cost
Nearly New Thrift Shop	ADDRESS: 100 Main Street Binghamton
really New Till 11 Shop	ADDRESS: 100 Main Street Binghamton WEBSITE:
Nearly :	PHONE: (607) 723-0194
CONSIGNMENTS	SOCIAL MEDIA:
Serves: General	
Population	Features/ Services: Clothing items at a very low cost. People with serious needs may obtain vouchers from social service agencies to receive items at NO cost
Ogden-Hillcrest UMC Thrift Store	ADDRESS: 1061 Chenango Street Binghamton NY
Inrift Store	WEBSITE: https://ogdenhillcrestumc.org/
	PHONE: (607) 723-2637
	SOCIAL MEDIA: f
Serves: General	Features/ Services: Offers donated used clothing and small household items for
Population	low cost. Clothing for employment at no charge.
PAL Kids Closet	ADDRESS: 457 State Street Binghamton NY
	WEBSITE: https://mothersandbabies.org/the-parents-as-leaders-pal-resource-
Mothers & Babies PERINATAL NETWORK	<u>center/</u>
PERINATAL NETWORK	PHONE: (607) 772-0517
	SOCIAL MEDIA: 🚹 🌌
Serves: Children age 0-5	Features/ Services: clothing for children birth to five years of age without cost
years	
Perfectly Suited	ADDRESS: 80 Hawley Street, Binghamton, NY
eliminating racism empowering women	WEBSITE: https://ywcabinghamton.org/perfectly-suited/
VWCA	PHONE: (607) 722-0340 ext.231
Jiiou	SOCIAL MEDIA: f @
Serves: Adults	Features/ Services: Provides free professional clothing to women and men in need
	of appropriate attire for job interviews and the workforce
Project Concern	ADDRESS: 23 Kattelville Rd, Chenango Bridge, New York 13745
	WEBSITE:
	PHONE: (607) 648-2492
	SOCIAL MEDIA: f
Serves: General	Features/ Services: A free clothing bank as well as furniture program. There may
Population, low income	also be school supplies, suits and dresses, shoes and much more for job seekers in
	Broome County.
Rescue Mission Thrifty	ADDRESS: 1139 Upper Front Street, Binghamton NY 13905
Shopper	WEBSITE: https://www.ishopthrifty.org/
m Thrifty Shopper	PHONE: (607) 348-0092
	SOCIAL MEDIA: 🗗 🔰 🧿 🕡

RESOURCE	CONTACT INFORMATION / SUMMARY OF SERVICES
Serves: General	Features/ Services: affordable clothing and household items
Population	
Salvation Army Thrift	ADDRESS: 711 Main Street Endicott NY
Store	WEBSITE: https://empire.salvationarmy.org/EmpireNY/binghamton
THETION	PHONE: (607) 728-7825
(SALVARMY)	SOCIAL MEDIA: If 💆 🤘 in 🖸
Serves: General	Features/ Services: Used clothing and household goods for low cost
Population	
Samaritan House	ADDRESS: 13 Fayette St, Binghamton
	WEBSITE:
amaritan	PHONE: (607) 724-3969
lends a helping 1/3	SOCIAL MEDIA: f
Serves: Those seeking aid	Features/ Services: Provides free household furnishings, children's clothing, and
	miscellaneous items. Personal hygiene products, toiletries, and offers supportive
	assistance. Personal care and grooming needs provided once per month. Furniture
	provided once every six months. Household goods and children's clothing
	1X/month without cost. ID for all and proof of address.
Wares Like New Thrift	ADDRESS: 277 Front Street Binghamton NY
Store	WEBSITE: https://www.catholiccharitiesbc.org/welcome.html
Catholic Charities	PHONE: (607) 773-0993
DIOCESE OF SYRACUSE Broome County	SOCIAL MEDIA:
Serves: General	Features/ Services: used clothing and small household goods at low cost.
Population	
Whitney Point Food	ADDRESS: 59 Keibel Road, Whitney Point 13862
Pantry & Clothing Bank	WEBSITE: http://www.findglocal.com/US/Whitney-
@ St Patrick's	Point/345055608967982/Whitney-Point-Food-Pantry-%26-Clothing-Bank
	PHONE: (607) 692-3911
	SOCIAL MEDIA: f
Serves: Residents of	Features/ Services: Clothing Bank and food pantry for Whitney Point and Lisle
Whitney Point and Lisle	residents. Thursday nights the food bank is open 6-8PM. Please call ahead. Clients
V	may be served once a month with proof of residence.
Young Women's Christian Association	ADDRESS: 80 Hawley Street Binghamton N.Y 13901-0340 WEBSITE: https://ywcabinghamton.org/
(YWCA)	WEBSITE: <u>https://ywcabingnamton.org/</u> PHONE: (607) 772-0340
YWCA	SOCIAL MEDIA:
	SOCIAL MEDIA:
Serves: Women and	Features/ Services: Educational resources, supportive housing, breast/cervical
Families	cancer health program, recreation programs

Domestic Violence & Sexual Abuse

RESOURCE	CONTACT INFORMATION / SUMMARY OF SERVICES
A New Hope Center	ADDRESS: 20 Church Street Owego NY 13827
	WEBSITE: https://www.anewhopecenter.org/
a new hope conter	PHONE: 24 HOUR HOTLINE: 607.687.6866 OR 1.800.696.7600
History logs trait these THG	SOCIAL MEDIA:
Serves: Victims of	Features/ Services: Counseling and Advocacy, Residential Services,
Domestic Violence	Supervised Visitation Program, Intently Teaching Peace, Additional Phone
	numbers
Berkshire Farm Center	ADDRESS: 2-8 Hawley Street Binghamton NY 13901-3114
and Services for Youth	WEBSITE: https://www.berkshirefarm.org/ PHONE: (607) 772-3123
Serves: Children and	SOCIAL MEDIA: fin
their families	services, preventive services, temporary shelter and reunification to runaway and
then fullilles	homeless youth and youth at risk for homelessness
Broome County Youth	ADDRESS: 60 Hawley Street P.O. Box 1766 Binghamton NY 13902
Bureau	WEBSITE: http://www.gobroomecounty.com/bcyb
BROOME COUNTY NEW YORK	PHONE: (607) 778-2193
WINES TORK	SOCIAL MEDIA:
Serves: Youth	Features/ Services: Supports local organizations that provide services, support, and
	opportunities to youth through providing: funding and resources, coordination and
	planning, technical assistance and training, research and evaluation resources,
	advocacy at state and local levels
Child Abuse Reporting	ADDRESS:
(New York)/ Child	WEBSITE: https://ocfs.ny.gov/main/cps/default.asp
Protective Services	PHONE: 1-800-342-3720 toll free. 911 for immediate danger
YORK STATE	SOCIAL MEDIA: 📅 💆 🧭
Serves: General	Factures / Comises Number to call if suspected shild abuse or mistractment
Population	Features/ Services: Number to call if suspected child abuse or mistreatment
Child Advocacy Center	ADDRESS: 377 Robinson Street Binghamton NY 13904-4101
(CAC)	WEBSITE: https://www.guidance-center.org/kids-talk/
THE	PHONE: (607) 723-3200 or 722-4256 (crisis)
GUIDANCE	SOCIAL MEDIA: If in
Serves: General	Features/ Services: Prevention of child abuse and neglect
population, including	
providers and	
consumers	
Crime Victims	ADDRESS: 377 Robinson Street Binghamton NY
Assistance Center	WEBSITE: http://www.cvac.us/services.html
Assistance Option; Inc.	PHONE: 24/7 Crisis Line: (607) 722-4256 Text: (607) 725-8196 Office: (607) 723-3200
	SOCIAL MEDIA: f @

RESOURCE	CONTACT INFORMATION / SUMMARY OF SERVICES
Serves:	Features/ Services: Trauma focused counseling, Safe Harbor- promotes awareness of
	youth trafficking, provides services to potential victims of commercial sex
	exploitation. Education, Outreach, and Consulting to professionals, community
	members and youth. Broome County Child Advocacy Center – safe space for legal
	interviews, supporting non-offending parents of abused children. Office of Victims
	Services – assists victims of crime filing for compensation. Broome County
	SART – Brings together professionals and community members to create
	solutions around issues of sexual assault
Family and Children's	ADDRESS: Whitney Point School, 10 Keibel Road, Whitney Point, NY 13862; Maine
Society	Memorial Elem School, 2693 NY Rt 26, PO Box 218, Maine, NY 13802; Union Endicott
The Family Children's	School, 1100 East Main Street, Endicott, NY 13760; Windsor Central High School,
Children's Society	1191 NY Route 79, Windsor, NY 13865; Johnson City School, 601 Columbia Drive, Johnson City, NY 13790; East Middle School, 167 East Frederick Street, Rm 216,
Society	Binghamton, NY 13904-1214
	WEBSITE: https://familycs.org/
	PHONE: 607-729-6206
	SOCIAL MEDIA:
Serves: General	Features/ Services: An agency serving both adults and children with an array of
population	services including Elder Counseling, the Family Mental Health Clinic (locations: 257
	Main St. Binghamton, Johnson City Central School District, Windsor Central School
	District, and Binghamton East Middle School), Health Homes Care Management,
	Home Care services, Sexual Abuse Treatment Program, Vocational Incentives
	Program: vocational case management services designed to assist BC residents (18 &
	older) of mental health/substance use services to obtain and maintain competitive
	employment, School Based Family Support Centers (locations: Whitney Point Central
	School District, Union Endicott Central School District, and Maine Endwell Central
	School District), and an after school program for high school students in the Union
	Endicott Central School District. Accepts Medicaid and other insurance and works with individuals and families to ensure access.
Healing House	ADDRESS: P.O. Box 2374, Binghamton, N.Y. 13902
nealing nouse	WEBSITE: https://myhealinghouse.org/
Manling	PHONE: (607) 725-0440
House	SOCIAL MEDIA: Ff 💆 🖸
Serves: Survivors of	Features/ Services: peer and professional support groups, workshops, and drop-in
sexual abuse	hours to assist with improving the overall quality of life for survivors
Life Choices Center	ADDRESS: 93 Oak Street, Binghamton, NY 13905
	WEBSITE: https://lifechoicescenter.org/
LIFE CHOICES	PHONE: (607) 723-3342
-771	SOCIAL MEDIA: Ff 💆 🧿
Serves: General	Features/ Services: Positive Choices program – education and empowerment to
Population	make positive choices about relationships and sexuality, Willing to Wait Training for
	Teens. Smart Choices Program - Parenting Classes and Mentoring Program for new parents. Post Abortion/ Beyond the Choice – resource referral and support. Men's
	Program – Support young fathers, reach young men before they become fathers to
	educate/ empower them to make wise decisions.
RISE Domestic	ADDRESS: PO Box 393, Endicott NY 13760
Violence Center RISE	WEBSITE: http://rise-ny.org/
رامال (previously SOS	PHONE: (607) 748-7453 24 Hour toll-free hotline 855-886-RISE (7473)
Shelter)	SOCIAL MEDIA:

RESOURCE	CONTACT INFORMATION / SUMMARY OF SERVICES
Serves: Families affected by domestic violence	Features/ Services: crisis intervention and treatment services to survivors of sexual and intimate partner violence and their loved ones. All services are provided confidentially, at low or no cost, to anyone regardless of age, ethnicity, gender, sexual orientation, religion, or ability. All crisis services are available in Spanish and English
Samaritan Counseling Center of the Southern Tier Samaritan Center for counseling & wellness	ADDRESS: 3001 East Main Street Endwell NY 13760-4817 WEBSITE: http://www.samaritancounseling.org/ PHONE: (607) 754-2660 SOCIAL MEDIA:
Serves: General population	Features/ Services: Abuse Counseling, Anger Management, Anxiety Counseling, Depression Counseling, Eating Disorders, Family Counseling, Grief & Loss Counseling, Kids & Teen Counseling, Loneliness, Opioid Addiction Counseling, School Problems, Sex Trafficking, Sexual Abuse, Sexual Identity Counseling, Stress, Substance Abuse Counseling, Trauma Counseling (EMDR, PTSD)
Volunteers of America of Upstate NY Volunteers of America	ADDRESS: 320 Chenango Street Binghamton NY WEBSITE: https://www.voa.org/ PHONE: (607) 772-1156 SOCIAL MEDIA: F in © B
Serves: General Population	Features/ Services: Male only and Women and Families Facilities. Childcare, Early Educational Programs (UPK), Children and Family Services, Employment Coaching and Clothing, Housing and Emergency Shelters, Re-entry Support, Camp HEROES

Women, Youth, & Family

RESOURCE	CONTACT INFORMATION / SUMMARY OF SERVICES
Binghamton General	ADDRESS: 10-42 Mitchell Ave Binghamton NY
Hospital	WEBSITE: https://www.nyuhs.org/locations/uhs-binghamton-general-hospital/
&	PHONE : (607)722-6200
PUHS	SOCIAL MEDIA: If Y
Serves: General	Features/ Services: It offers 24-hour emergency care and operates such major
Population	regional programs as orthopedic surgery, bariatric care, wound care, physical
	therapy and rehabilitation services, chemical dependency treatment service,
	behavioral health program, sleep center and gastroenterology laboratory at our
	medical clinic.
Berkshire Farm Center	ADDRESS: 2-8 Hawley Street Binghamton NY 13901-3114
and Services for Youth	WEBSITE: https://www.berkshirefarm.org/
X	PHONE: (607) 772-3123
BERKSHIRI	SOCIAL MEDIA: ff in 🔼 🚨
Serves: Children and	Features/ Services: Foster care, residential treatment and transitional support
their families	services, preventive services, temporary shelter and reunification to runaway and
	homeless youth and youth at risk for homelessness
Binghamton University	ADDRESS: 440 Vestal Parkway East Vestal NY 13850
Institute for Child	WEBSITE: https://icd.binghamton.edu/
Development	PHONE: (607) 778-2829
Institute for Child Development	SOCIAL MEDIA:
Serves: Young children 9	Features/ Services: Early intervention & Preschool Programs, Occupational
months to 5 years old	Therapy, School Age Program, Speech Services Program, Social Learning Center
Birthright of Binghamton	ADDRESS: 435 Main Street Suite125 Johnson City NY 13790
Birthright.	WEBSITE: https://birthright.org/
International	PHONE: (607) 798-7661
	SOCIAL MEDIA: f
Serves: Women of	Features/ Services: Pregnancy testing, pro-life options and support
childbearing age	
Boys and Girls Club of	ADDRESS: 90 Clinton Street, Binghamton
Binghamton	WEBSITE: https://www.bgcbinghamton.org/ PHONE: (607) 723-7404
BOYS & GIRLS CLUB	SOCIAL MEDIA:
Serves: Children ages 6-	Features/ Services: Programs: Education and Career; Sports, Fitness, and
18 years	Recreation; Health and Life Skills; Character & Leadership; Arts. Camp Sertoma.
_	Features: Computer Labs, Homework/Tutoring Center, Indoor Basketball Court,
	Weight Room, Game Rooms, Art Room. Dining Room, Snack Bar, Teen Center,
	Outdoor Playground, Softball Field.
Broome County Health	ADDRESS: 225 Front Street, Binghamton NY 13905-2424
Department	WEBSITE: http://www.gobroomecounty.com/hd/
ALLEN OFF.	PHONE: (607) 778-3930
	SOCIAL MEDIA: f
Serves: General	Features/ Services: Assessment, surveillance, monitoring, regulation and
population	enforcement of environmental issues, restaurant inspections, communicable
	disease control, STD clinic, WIC Clinics, HIV counseling and testing, immunizations,
	traffic safety programs, lead screening, TB clinic, preschool and early intervention programs, chronic disease programs, cancer services programs, etc.
	programs, chronic disease programs, cancer services programs, etc.

RESOURCE	CONTACT INFORMATION / SUMMARY OF SERVICES
Broome County Social	ADDRESS: 36-42 Main Street Binghamton NY 13905
Services Department	WEBSITE: http://www.gobroomecounty.com/dss
(DSS)	PHONE: (607) 778-8850
BROOME COUNTY NEW YORK	SOCIAL MEDIA:
Serves: General	Features/ Services: Assistance Programs: SNAP, Temporary Assistance;
Population, especially	Medicaid; HEAP; Welfare to Work (WTW); Employment Plan; Case
vulnerable individuals	Integrity Unit (CIU) Children and Family Services: Adoption / Home
	Finding; Central Intake Unit; Daycare Unit; Families First Family Services
	Unit: Person in Need of Supervision (PINS) Diversion; Protective Services
	Intake for Adults
Broome County Youth	ADDRESS: 60 Hawley Street P.O. Box 1766 Binghamton NY 13902
Bureau	WEBSITE: http://www.gobroomecounty.com/bcyb
BROOME COUNTY NEW YORK	PHONE: (607) 778-21 <u>93</u>
	SOCIAL MEDIA: f
Serves: Youth	Features/ Services: Supports local organizations that provide services, support, and
	opportunities to youth through providing: funding and resources, coordination and
	planning, technical assistance and training, research and evaluation resources,
	advocacy at state and local levels
Catholic Charities of	ADDRESS: 232 Main Street Binghamton NY 13905-2699
Broome County	WEBSITE: https://www.catholiccharitiesbc.org/
Catholic Charities	PHONE: (607) 729-9166 Food pantry: (607) 723-4563
DIOCESE OF SYRACUSE Broome County	SOCIAL MEDIA: If 9
Serves: Individuals and	Features/ Services: Youth, family and community services; residential services;
Families	Encompass Health Care; food pantries, mental health services; disaster services.
	provides psychotherapy to individuals, families, and couples, and counseling for
	single, expectant parents and their families by professionally trained staff and NYS licensed clinical social workers. Service areas: personal development; pre-marital
	evaluations/counseling; marriage/relationship counseling; parent/child
	relationships; family therapy; separations/divorce adjustment; and school
	adjustment counseling. individual pre-natal and parenting instruction;
	counseling/groups for single parents; pro-life options in pregnancy planning;
	abortion-stress counseling; Offers Early Childhood STEP (birth – age 6) and STEP
	(Pre-teen ages 6-12) Parenting Classes to learn and use new skills to make
	parenting more effective; and individualized parenting instruction (Baby Steps).
Child Advocacy Center	ADDRESS: 377 Robinson Street Binghamton NY 13904-4101
(CAC)	WEBSITE: https://www.guidance-center.org/kids-talk/
GUIDANCE	PHONE : (607) 723-3200 or 722-4256 (crisis)
CENTER	SOCIAL MEDIA: f in
Serves: General	Features/ Services: Prevention of child abuse and neglect
population, including	
providers and consumers	
Child Health Plus	ADDRESS: 457 State Street Binghamton NY 13901
NEW	WEBSITE: https://www.health.ny.gov/health_care/child_health_plus/
STATE	PHONE: Toll-free 1-800-698-4KIDS (1-800-698-4543). TTY number 1 877 898 5849 SOCIAL MEDIA:

RESOURCE	CONTACT INFORMATION / SUMMARY OF SERVICES
Serves: Children under	Features/ Services: health insurance plan for children based on family income
age 19, who are residents	
of NYS	
Children and Youth	ADDRESS: SUNY Broome, Upper Front Street Binghamton NY 13901-2341
Services Council of	WEBSITE: http://www.cyscbroome.org/
Broome County	PHONE: (607) 778-5210
المركبي المركبي	SOCIAL MEDIA:
Serves: At-risk youth and	Features/ Services: Provides a forum for interagency collaboration that serves
their families	youth and families
Citizen Action of New	ADDRESS: 477 State Street Binghamton NY 13901-2341
York	WEBSITE: https://citizenactionny.org/
CITIZEN ACTION	PHONE: (607) 723-0110
<u> </u>	SOCIAL MEDIA: ff 💆
Serves: General	Features/ Services: Grassroots organizing, leadership development and political
population, especially	education (for kids as well), strategic communication with community members.
low income communities	
and communities of color	
Cornell Cooperative	ADDRESS: 840 Upper Front Street Binghamton NY 13905-1500
Extension - Broome	WEBSITE: http://ccebroomecounty.com/
County	PHONE: (607) 772-8953
Cornell University Cooperative Extension	SOCIAL MEDIA: 🕤 💆
Cooperative Extension	
Serves: Parenting	Features/ Services: Educational resources focusing on parenting and nutrition
families	reactives, services. Educational resources focusing on parenting and natrition
Courthouse Children's	ADDRESS: 24 Cherry Street Johnson City
Center	WEBSITE: https://www.familyenrichment.org/childrens-center-pg.html
	PHONE: (607) 723-8313
Enrichment Network	SOCIAL MEDIA: f
Serves: Families	Features/ Services: a free drop-in childcare center located at the Broome County
	Family Courthouse. The center accepts children from 6 weeks to 12 years of age
	and is a safe place for children to play while their adult is taking care of Family
	Court or Drug Court business. The CCC staff are Family Enrichment Network
	employees with Early Childhood Education training
Crime Victims Assistance	ADDRESS: 377 Robinson Street Binghamton NY
Center	WEBSITE: http://www.cvac.us/services.html
Assistance Center, Ibc.	PHONE: 24/7 Crisis Line: (607) 722-4256 Text: (607) 725-8196 Office: (607) 723-
*** In subsidiar so, opingth mid-	3200
	SOCIAL MEDIA: If [0]
Serves:	Features/ Services: Trauma focused counseling, Safe Harbor- promotes awareness
	of youth trafficking, provides services to potential victims of commercial sex
	exploitation. Education, Outreach, and Consulting to professionals, community members and youth. Broome County Child Advocacy Center – safe space for legal
	interviews, supporting non-offending parents of abused children. Office of Victims
	Services – assists victims of crime filing for compensation. Broome County SART –
	Brings together professionals and community members to create solutions
	around issues of sexual assault

RESOURCE	CONTACT INFORMATION / SUMMARY OF SERVICES
DeMarillac Maternity	ADDRESS: 303 Main Street Binghamton
Center	WEBSITE: https://healthcare.ascension.org/Locations/New-
Ascension	York/NYBIN/Binghamton-Lourdes-DeMarillac-Maternity-Clinic
Ascension	PHONE: (607) 798-8058
	SOCIAL MEDIA:
Serves: Pregnant women	Features/ Services: Gynecological visits, Obstetrician or midwife, Prenatal visits,
	Dietitian, Social worker on staff, Financial Counselor, Laboratory and ultrasound
	available on site, Access to free education classes for childbirth preparation,
	newborn care, and breastfeeding, Birth options at Lourdes: Private rooms, Private
	bathrooms with tubs, Labor and delivery in one room, 24 hour OB/GYN Hospitalist
	support, Overnight stay for mother's support person, Breastfeeding specialists
DePaul Children's Clinic	ADDRESS: 303 Main Street Binghamton
\wedge	WEBSITE: https://healthcare.ascension.org/Locations/New-
Ascension	York/NYBIN/Binghamton-Lourdes-DePaul-Pediatrics
	PHONE: (607) 729-8687
	SOCIAL MEDIA:
Serves: Children, from	Features/ Services: Immunizations, Hearing and vision screenings, Annual health
newborns to teenagers	physicals for school, sports, camps
Family and Children's	ADDRESS: Whitney Point School, 10 Keibel Road, Whitney Point, NY 13862; Maine
Society	Memorial Elem School, 2693 NY Rt 26, PO Box 218, Maine, NY 13802; Union
The Family Children's	Endicott School, 1100 East Main Street, Endicott, NY 13760; Windsor Central High
	School, 1191 NY Route 79, Windsor, NY 13865; Johnson City School, 601 Columbia
Society	Drive, Johnson City, NY 13790; East Middle School, 167 East Frederick Street, Rm
	216, Binghamton, NY 13904-1214
	WEBSITE: https://familycs.org/
	PHONE: 607-729-6206 SOCIAL MEDIA: f
Serves: General	Features/ Services: An agency serving both adults and children with an array of
population	services including Elder Counseling, the Family Mental Health Clinic (locations: 257 Main St. Binghamton, Johnson City Central School District, Windsor Central School
	District, and Binghamton East Middle School), Health Homes Care Management,
	Home Care services, Sexual Abuse Treatment Program, Vocational Incentives
	Program: vocational case management services designed to assist BC residents (18
	& older) of mental health/substance use services to obtain and maintain
	competitive employment, School Based Family Support Centers (locations:
	Whitney Point Central School District, Union Endicott Central School District, and
	Maine Endwell Central School District), and an after school program for high school
	students in the Union Endicott Central School District. Accepts Medicaid and other
	insurance and works with individuals and families to ensure access.
Family Enrichment	ADDRESS: 24 Cherry Street Johnson City NY 13790
Network	WEBSITE: http://familyenrichment.org/housing-pg.html
Family	PHONE: (607) 723-83 <u>13</u>
Enrichment Network	SOCIAL MEDIA: f

RESOURCE	CONTACT INFORMATION / SUMMARY OF SERVICES
Serves: Families	Features/ Services: Special Education – Integrated Classrooms, Itinerant Teacher,
	Evaluation; Head Start - UPK, New Pathways for Fathers Program, Early Head Start
	(+Prenatal EHS), Family Literacy/ GED Program, childcare resources and referrals,
	Policy Council; Community Services – Housing, Caring Homes Project, Traumatic
	Brain Injury, Respite, Community Habilitation, Community Based Pre-Vocational
	Services; Family Support – WIC Help NY, Kinship Care Program, Courthouse
	Children's Center, Nutrition Outreach Education Program, Walk With Me; Childcare
	Resource and Referral – Childcare Referrals, Childcare Provider Resources, Food
	Program CACFP, Health Care Consultancy, Infant/ Toddler Resources, Professional
	Development/ Training, Legally Exempt Childcare, Public Policy, Business and
- 11 -1 1 1 1 1	Community Services, Starting a Childcare Buisiness
Family Planning of South	ADDRESS: 117 Hawley Street Binghamton NY 13901
Central NY	WEBSITE: https://fpscny.org/
Family Planning	PHONE: (607) 723-8306
Serves: Men, Women,	SOCIAL MEDIA: f in Features/ Services: Reproductive Health Care, Comprehensive Sexuality Education,
and teens	and Advocacy for Reproductive Choice and Freedom.
Family Resource Network	ADDRESS: 46 Oneida Street Oneonta NY
Family Resource	WEBSITE: https://familyrn.org/
Resource Network	PHONE: (607) 432- 5516
	SOCIAL MEDIA:
Serves: Children with	Features/ Services: OPWDD Services - Education Advocacy, Intensive Advocacy
Autism and their families	Program, Enhanced Autism Trainings, Support Groups, Support to Community
	Groups, Family and Provider Trainings, Dragon Dates Program, Service Access
	<u>Program</u> <u>Mental Health and Wellness Services</u> - <u>Family Peer Advocacy</u> , <u>Residential</u>
	Family Peer Advocacy Program, Youth Peer Advocacy, Teen Scene Bimonthly
	Parent Group, Southern Tier Chapter of Families Together. Summer camps and
	after school programs also offered.
Ferre Institute	ADDRESS: 124 Front Street Binghamton NY 13905-3102
	WEBSITE: http://www.ferregenetics.org/
Q INSTITUTE	PHONE: (607) 724-4308
Serves: General	SOCIAL MEDIA:
population	Features/ Services: Genetic counseling
Guthrie Medical Group	ADDRESS: 3 Tioga Boulevard Apalachin, NY, 2517 Vestal Parkway East Vestal
	WEBSITE: https://www.guthrie.org/
	PHONE : (607) 625-2136 (Apalachin) (607) 798-1452
	SOCIAL MEDIA: 📑 💆 🔼
Serves: General	Features/ Services: not-for-profit, integrated health care system designed to offer
Population	patients a full spectrum of health services incorporating primary care, complex
	specialty care, behavioral health services, surgical services, inpatient care, durable
	medical equipment services, home health, long-term care, palliative care and
	hospice care
Healing House	ADDRESS: P.O. Box 2374, Binghamton, N.Y. 13902
Ail a	WEBSITE: https://myhealinghouse.org/
realing	PHONE : (607) 725-0440
House	SOCIAL MEDIA: 📑 💆 🔼
Serves: Survivors of	Features/ Services: peer and professional support groups, workshops, and drop-in
sexual abuse	hours to assist with improving the overall quality of life for survivors

RESOURCE	CONTACT INFORMATION / SUMMARY OF SERVICES
Hope Dispensary Rx	ADDRESS: 477 State Street Binghamton
ELOURDES Ascension	WEBSITE: https://healthcare.ascension.org/Locations/New-
	York/NYBIN/Binghamton-Hope-Dispensary
	PHONE: (607) 584-9376
	SOCIAL MEDIA:
Serves: People at or	Features/ Services: provides help to individuals with no or limited prescription
below 400% of the	coverage. Patients at or below 400% of the Federal Poverty Level (FPL) will be
Federal Poverty Level	provided with short-term and long-term assistance. Staff is available to assist with
	enrollment into the program as well as health insurance through the NYSOH
	Marketplace and other public programs. Patients can also be assisted with obtaining a primary care physician if needed.
La Lacha Laggue Proact	
La Leche League, Breast- feeding Support	ADDRESS: 110 Horizon Drive, Suite 210, Raleigh, NC 27615, USA WEBSITE: https://www.llli.org/
reeding Support	PHONE: +1-919-459-2167 +1-800-LALECHE (525-3243)
La lar my La came	SOCIAL MEDIA: 1 9 0
Serves: Breastfeeding mothers	Features/ Services: Breastfeeding information and news, Breastfeeding help line
	for questions, Intimates line for nursing accessories, Facebook support group
Life Choices Center	ADDRESS: 93 Oak Street, Binghamton, NY 13905 WEBSITE: https://lifechoicescenter.org/
	PHONE: (607) 723-3342
LIFE CHOICES	SOCIAL MEDIA: If y @
711	
Serves: General	Features/ Services: Positive Choices program – education and empowerment to
Population	make positive choices about relationships and sexuality, Willing to Wait Training for Teens. Smart Choices Program - Parenting Classes and Mentoring Program for
	new parents. Post Abortion/ Beyond the Choice – resource referral and support.
	Men's Program – Support young fathers, reach young men before they become
	fathers to educate/ empower them to make wise decisions.
Lourdes Hospital	ADDRESS: 169 Riverside Drive Binghamton NY 13905-4198
ELOURDES Ascension	WEBSITE: https://healthcare.ascension.org/
	PHONE: (607) 798-5111 Center for Mental Health: (607) 584-4465
	SOCIAL MEDIA: 🗗 💆 🔼 in
Serves: General	Features/ Services: Primary, dental and acute hospital care, community health and
population	wellness programs, durable medical equipment, Hospice, rehabilitation, and home
	care services
Medicaid	ADDRESS: Broome County Office Building, 4th Floor 60 Hawley Street Binghamton
Medicaid.gov	WEBSITE: https://www.medicaid.gov/
Keeping America Healthy BROOME COUNTY	http://www.gobroomecounty.com/senior/medicaid
NEW YORK	PHONE: (607) 778-2411
	SOCIAL MEDIA: f 💆 💟 🖸
Serves: General	Features/ Services: provides health coverage to low-income people and is one of
Population	the largest payers for health care in the United States. May provide coverage for:
	Some prescription drugs, Physician services, Dental and vision services,
	Hospitalizations, Nursing home stays, Medical transportation, Home care
Sixth District Medical	ADDRESS: 122 W Main Street Endicott NY 13760
Society REDICAL B.	WEBSITE: http://www.medsocieties.org/default.asp
Broome - Chemung Ctuago - Schuylar B	PHONE: (607)772-8493
Cortland Delaware Tiogá Tompalns	SOCIAL MEDIA:
Serves: Physicians	Features/ Services: Physician Advocacy Group

RESOURCE	CONTACT INFORMATION / SUMMARY OF SERVICES
Mom's House	ADDRESS: 770 Harry L. Drive Johnson City NY 13790-1036
763	WEBSITE: https://momshouseny.org/
Mom's House	PHONE : (607) 644-9972
MomsHouseNY org	SOCIAL MEDIA: If y
Serves: Single, divorced	Features/ Services: NYS licensed childcare center, educational programs
or legally separated	
parents attending school	
full-time of children 8	
weeks to 4 years of age	
Mothers and Babies	ADDRESS: 457 State Street Binghamton NY 13905-2341
Perinatal Network of South Central NY	WEBSITE: https://mothersandbabies.org/
South Central NY	PHONE: (607) 772-0517
Mothers & Babies PERINATAL NETWORK	SOCIAL MEDIA: 🖬 🍠
Serves: Pregnant and	Features/ Services: Reduce incidence of maternal and infant mortality and
parenting	morbidity, facilitated enrollment
women, women of	
childbearing age, teens	100000
Nurse Direct	ADDRESS: WEBSITE: https://www.nyuhs.org/wellness/nurse-direct/
9	PHONE: Stay Healthy Line (607) 763-5555
PUHS	SOCIAL MEDIA:
Serves: General	Features/ Services: Health questions or referrals to physicians, health education
Population	and community services
NYS Center for SIDS	ADDRESS: 47 New Scotland Avenue, Albany, Albany 12208; Buffalo, Syracuse, New
NEW	York City and Stony Brook. WEBSITE: https://www.nyconnects.ny.gov/providers/new-york-state-center-for-
YORK	sudden-infant-death-syndrome-172
- JIANE	PHONE: (518)-262-5918
	SOCIAL MEDIA:
Serves: General	Features/ Services: Provides information, support and guidance for families after
Population	the sudden and unexpected death of an infant due to SIDS or other causes.
	Coordinates bereavement support groups on Long Island and in other regions.
	Provides information and referral to other services. Offers educational programs
	for health care providers and other professionals, coordinates peer volunteers
NYS Growing Up Healthy	ADDRESS:
NEW	WEBSITE:
STATE	https://www.health.ny.gov/community/pregnancy/health_care/prenatal/guh.htm
	PHONE: 1 800 522-5006
	SOCIAL MEDIA: 🕤 🖸 💇 ወ
Serves: Families	Features/ Services: 24 hour connection to resources near you. Help is
	available in these areas: health care, nutrition, pregnancy, family planning,
	children's special needs, and more
NYS Kinship Navigator	ADDRESS: 87 N. Clinton Avenue, Rochester, NY 14604
Kindalp	WEBSITE: http://www.nysnavigator.org/
NAVIGATOR Address Street All Across How York	PHONE: 877-454-6463 TTY: New York Relay 711 or 1-800-421-1220
	SOCIAL MEDIA: 🚹 💆
	SOCIAL MEDIA:

RESOURCE	CONTACT INFORMATION / SUMMARY OF SERVICES
Serves: Non-parent	Features/ Services: Information and referral
caregivers	
Opportunities for	ADDRESS: 5 W. State Street, Binghamton, NY 13901
Broome	WEBSITE: http://ofbonline.org/
Opportunities	PHONE: (607) 723-64 <mark>93</mark>
Opportunities for Broome, Inc. initially purple, champing lices	SOCIAL MEDIA: f in
Serves: Low income,	Features/ Services: emergency assistance, advocacy, early education, and safe and
disadvantaged, and	affordable housing. Family Development Program - emergency services like food,
marginalized individuals	shelter, transportation, medicine, and heat. Head Start Program – early childhood
and families	development program. Daycare. Housing Program – provides people with decent,
	safe, and affordable housing
Planned Parenthood	ADDRESS: 117 Hawley Street Binghamton
6 8	WEBSITE: https://www.plannedparenthood.org/
	PHONE: (607) 723-8306
	SOCIAL MEDIA: 🖬 🛩 🎯 🖸 🕇
Serves: General	Features/Services: Abortion Services and Referral, Birth Control, Morning After Pill,
Population	General Care, LGBTQ Services, HIV Services, Patient Education, Men's Health, STD
	Testing, Pregnancy Testing. Education and advocacy
Poison Control Center	ADDRESS: 750 East Adams Street Syracuse NY
Central New York	WEBSITE: http://cnypoison.org/
Poison	PHONE: 1 800 222-1222
1-800-222-1222	SOCIAL MEDIA:
Serves: General	Features/ Services: Poison Emergency Telephone Management, Poison
Population	Information Resources, Public Education, Professional Education, Research
	and Data Collection
Prenatal Care Assistance	ADDRESS: 550 First Avenue, New York, NY 10016
Program (PCAP)	WEBSITE: https://nyulangone.org/insurance-billing-financial-assistance
	PHONE: 718-630-7136
NYU Langone Health	SOCIAL MEDIA: f 💆 🔘 🗖 in
Serves: Pregnant women	Features/ Services: Insurance for pregnant women. Coverage for prenatal care,
	childbirth, and postpartum care up to two months after the baby is born
Shriners Hospitals	ADDRESS: 3551 N. Broad St., Philadelphia, PA 19140; 516 Carew St. Springfield,
	MA 01104
Shriners Hospitals for Children*	MA 01104 WEBSITE:
Shriners Hospitals	MA 01104 WEBSITE: https://lovetotherescue.org/?ga=2.259413135.401641784.1569001325-
Shriners Hospitals for Children*	MA 01104 WEBSITE: https://lovetotherescue.org/?ga=2.259413135.401641784.1569001325
Shriners Hospitals for Children*	MA 01104 WEBSITE: https://lovetotherescue.org/?ga=2.259413135.401641784.1569001325-715463308.1569001325 PHONE: 813-281-0300
Shriners Hospitals for Children® Love to the rescue®	MA 01104 WEBSITE: https://lovetotherescue.org/? ga=2.259413135.401641784.1569001325- 715463308.1569001325 PHONE: 813-281-0300 SOCIAL MEDIA:
Shriners Hospitals for Children*	MA 01104 WEBSITE: https://lovetotherescue.org/?ga=2.259413135.401641784.1569001325-715463308.1569001325 PHONE: 813-281-0300 SOCIAL MEDIA: Features/ Services: Provides care to children with neuromusculoskeletal
Shriners Hospitals for Children® Love to the rescue®	MA 01104 WEBSITE: https://lovetotherescue.org/? ga=2.259413135.401641784.1569001325- 715463308.1569001325 PHONE: 813-281-0300 SOCIAL MEDIA: F © •• Features/ Services: Provides care to children with neuromusculoskeletal conditions, orthopedic conditions, burns, spinal cord injuries, and cleft lip and
Shriners Hospitals for Children® Love to the rescue® Serves: Children	MA 01104 WEBSITE: https://lovetotherescue.org/? ga=2.259413135.401641784.1569001325- 715463308.1569001325 PHONE: 813-281-0300 SOCIAL MEDIA:
Shriners Hospitals for Children® Love to the rescue® Serves: Children Volunteers of America of	MA 01104 WEBSITE: https://lovetotherescue.org/? ga=2.259413135.401641784.1569001325- 715463308.1569001325 PHONE: 813-281-0300 SOCIAL MEDIA:
Shriners Hospitals for Children® Love to the rescue® Serves: Children Volunteers of America of Upstate NY	MA 01104 WEBSITE: https://lovetotherescue.org/? ga=2.259413135.401641784.1569001325- 715463308.1569001325 PHONE: 813-281-0300 SOCIAL MEDIA:
Shriners Hospitals for Children* Love to the rescue* Serves: Children Volunteers of America of	MA 01104 WEBSITE: https://lovetotherescue.org/? ga=2.259413135.401641784.1569001325- 715463308.1569001325 PHONE: 813-281-0300 SOCIAL MEDIA:

RESOURCE	CONTACT INFORMATION / SUMMARY OF SERVICES
Serves: General	Features/ Services: Male only and Women and Families Facilities. Childcare, Early
Population	Educational Programs (UPK), Children and Family Services, Employment Coaching
	and Clothing, Housing and Emergency Shelters, Re-entry Support, Camp HEROES
Wilson Children's Center	ADDRESS: 61 Front Street, Deposit NY
WILSON CHILDREN'S CENTER	WEBSITE: https://www.wilsonchildrenscenter.com/
一样發展的	PHONE: (607) 467-KIDS
HELPING CHILDREN GROW	SOCIAL MEDIA:
Serves: Children	Features/ Services: Early childhood day care and education through
	a comprehensive curriculum including music, dramatic play, science,
	manipulative activities, art, water/sand play, large and small muscle
	activities indoors and out, math, STEAM and reading readiness activities
	in a learning environment that is rich with opportunities to explore and to
	nurture their own natural desire to learn. Summer Field Trips, STEAM
	curriculum, Soccer Shots Program, Lions Vision screening, Story Time
	Activities at the Deposit Free Library, Early Intervention Services, ACHIEVE
	collaborates with reading activities in our classrooms, Member of the
	· · · · · · · · · · · · · · · · · · ·
	Foster Grandparent Program, College/High School Students observe our
	program for course credit, Swimming Lessons and Afternoon Swim at the
	Deposit Pool
Women, Infants, &	ADDRESS: 225 Front Street Binghamton
Children (WIC)	WEBSITE: http://www.gobroomecounty.com/wic
Vegice	PHONE: (607) 778-2881
WIČ	SOCIAL MEDIA:
Serves: Pregnant,	Features/ Services: providing health assessments, breastfeeding support, nutrition
breastfeeding and non-	education and counseling, as well as referrals and vouchers for healthy foods
breastfeeding	
postpartum women,	
infants, and children up	
to age 5	
Y West Family Johnson	ADDRESS: 740 Main St, Johnson City, NY 13790
City	WEBSITE: https://ymcabroome.org/locations/branch/west-family-ymca/
	PHONE: 607-770-9622
	SOCIAL MEDIA: If 💆 🧿
Serves: Individuals and	Features/ Services: Game room, Child watch area, Gymnasium, Indoor pool,
Families	Aerobics studio, Men and women's locker room, Social area, Wellness center, Sauna
Young Men's Christian	ADDRESS: 61 Susquehanna Street Binghamton NY 13901-3799
Association (YMCA)	WEBSITE: https://ymcabroome.org/main/about-our-y/
	PHONE: (607) 772-0572
	SOCIAL MEDIA: ff 💆 🧿
Serves: Men and Families	Features/ Services: Educational resources, childcare, emergency shelter for men,
	recreation programs
Young Women's	ADDRESS: 80 Hawley Street Binghamton N.Y 13901-0340
Christian Association	WEBSITE: https://ywcabinghamton.org/
(YWCA)	PHONE: (607) 772-0340
YWCA	SOCIAL MEDIA: f @

RESOURCE	CONTACT INFORMATION / SUMMARY OF SERVICES
Serves: Women and	Features/ Services: Educational resources, supportive housing, breast/cervical
Families	cancer health program, recreation programs

People with Disabilities

RESOURCE	CONTACT INFORMATION / SUMMARY OF SERVICES
ACCES-VR (Previously	ADDRESS: 89 Washington Avenue, Albany, NY 12234
VESID)	WEBSITE: http://www.acces.nysed.gov/
NVS	PHONE: NYSED General Information: (518) 474-3852, ACCES-VR: 1-800-
	222-JOBS (5627), TASC (formerly GED): (518) 474-5906, New York State
.gov	Archives: (518) 474-6926, New York State Library: (518) 474-5355, New
	York State Museum: (518) 474-5877, Office of Higher Education: (518) 486-
	3633, Office of the Professions: (518) 474-3817, P-12 Education: (518) 474-
	3862
	SOCIAL MEDIA: If in
Company Adulto Adulto	
Serves: Adults, Adults with disabilities	Features/ Services: Adult career and continuing education programs
	ADDRESS: 125 Cutton Donal Dood Dinebourton NV 12005
ACHIEVE (Previously ARC)	ADDRESS: 125 Cutler Pond Road Binghamton NY 13905 WEBSITE: https://www.achieveny.org/
ACHIEVE	PHONE: (607) 723-8361
Find Yoursell Here Broome Chenango Tioga	
	SOCIAL MEDIA:
Serves: Individuals with	Features/ Services: Day treatment, residential housing, vocational, recreation and
developmental	family support services
disabilities and their families	
	ADDRESS: 26 42 Main Street Binghamton
Adult Protective Services Creating Hope: Transforming Lives	ADDRESS: 36-42 Main Street Binghamton WEBSITE: http://www.gobroomecounty.com/dss
Catholic Charities	PHONE: Referrals are made through the Department of Social Services, (607) 778-
Broome County	2635. Contact: (607) 584-5305
	SOCIAL MEDIA:
Serves: Adults 18 and	Features/Services: a system of services aimed at maintaining individuals in the
older with a disability,	community, and prevention of neglect, exploitation and abuse.
requiring protection from	
harm	
Autism Society of	ADDRESS: 4340 East-West Hwy, Suite 350 Bethesda, Maryland 20814
America	WEBSITE: https://www.autism-society.org/about-the-autism-society/contact-us/
WAUTISM SOCIETY	PHONE: (800) 328- 8476
	SOCIAL MEDIA: f
Serves: Individuals with	Features/ Services: Educational resources, advocacy, public awareness
autism and their families	
Association for Vision	ADDRESS: 174 Court Street, Binghamton NY 13901-3514
Rehabilitation	WEBSITE: http://avreus.org/
AVRE Aportion to Widow Related States and Respiratories, Inc.	PHONE: (607)724-2428
	SOCIAL MEDIA: f
Serves: Individuals with	Features/ Services: Educational resources, employment support, referrals, visual
visual disabilities	rehabilitation.
Brain Injury Association	ADDRESS: 4 Pine West Plaza, Suite 402, Albany, NY 12205
of NY State	WEBSITE: https://bianys.org/ PHONE: 518-459-7911, Helpline:1-800-444-6443
/ / /~	SOCIAL MEDIA: 🚮 💆 🔼

RESOURCE	CONTACT INFORMATION / SUMMARY OF SERVICES
Serves: People with brain	Features/ Services: Rehabilitation, Community Re-entry, Professional
injuries and their loved	Development, Concussion Initiative, Family Fund, Webinars, Support Groups
ones	
Bridgewater Center for	ADDRESS: 159-163 Front Street Binghamton NY 13905
Rehabilitation and	WEBSITE: http://www.bwrehab.com/
Nursing	PHONE: (607) 722-7225
BRIDGEWATER	SOCIAL MEDIA:
Serves: Older adults and disabled individuals	Features/ Services: Long and short term care facility
Broome County CASA	ADDRESS: 60 Hawley Street, Binghamton, NY, 13902-1766
BROOME COUNTY NEW YORK	WEBSITE: http://www.gobroomecounty.com/casa
WINEW TORK	PHONE: (607) 778-8000
	SOCIAL MEDIA:
Serves: People in need of	Features/ Services: Assessment and referral to home health care services and
home health care or a	residential facility placement.
residential facility	
placement	
Broome Developmental	ADDRESS: 249 Glenwood Road, Broome, Binghamton, NY, 13905
Disabilities Services	WEBSITE: https://opwdd.ny.gov/
C	PHONE: 1-800-342-9871
YORK	
	SOCIAL MEDIA: 📑 🔰 🔘 🔼
Serves: People with	Features/ Services: services and supports to help people with developmental
developmental	disabilities live in the home of their choice; find employment and other meaningful
disabilities	activities in which to participate; build relationships in the community, and
	experience health and wellness.
Broome-	ADDRESS: 435 Glenwood Road Binghamton NY 13905-1699
Tioga BROOME•TIOGA	WEBSITE: https://www.btboces.org/
BOCES Enriching Lives Through Education	PHONE: (607) 763-3300
En anig tues invago exaction	SOCIAL MEDIA: 🚮 💆 🔼
Serves: General	Features/ Services: Educational resources for 15 school districts, adult education
population, school	and special education
districts	·
Caregivers	ADDRESS: 260 Harry L. Drive Johnson City NY 13790
CareGivers	WEBSITE: https://caregivershomecare.com/
Making home care a real comfort	PHONE: (607) 770-1125
	SOCIAL MEDIA:
Serves: General	Features/ Services: Home health care
population	•
Community Options	ADDRESS: 182-184 State Street Binghamton NY 13901-2910
Community	WEBSITE: https://www.comop.org/
Options, Inc.	PHONE: (607) 722-5971
Supporting People with Disabilities since 1985	SOCIAL MEDIA: Ff 💆 🖸
Serves: Individuals with	Features/ Services: Residential and employment support services, Clothing
disabilities	Assistance
Early Childhood Direction	ADDRESS: 135 East Fredrick Street Binghamton NY 13904
Center (STIC)	WEBSITE: http://www.stic-cil.org/ PHONE: (607) 724-2111
52	SOCIAL MEDIA:

RESOURCE	CONTACT INFORMATION / SUMMARY OF SERVICES
Serves: Parents of young	Features/ Services: The Early Childhood Direction Center, operated by The
children with disabilities	Southern Tier Independence Center (STIC), provides training, workshops,
	information and referral, advocacy and other assistance on early childhood issues
	to parents of children with disabilities age birth to five years of age as well as to
	schools, professionals, and agencies.
Deaf Teletype TTY	ADDRESS:
	WEBSITE: https://www.nad.org/resources/technology/telephone-and-relay-
	services/tty-and-tty-relay-services/
750	PHONE: In an emergency dial 911, 711 to speak to a Telecommunications Relay
	Services (TRS) operator
	SOCIAL MEDIA:
Serves: People who are	Features/ Services: TTY stands for Text Telephone (or Teletypewriter for the Deaf).
deaf, hard of hearing, or	A TTY is a special device that lets people who are deaf, hard of hearing, or speech-
speech impaired	impaired use the telephone to communicate, by allowing them to type messages
specen impanea	back and forth to one another instead of talking and listening. A TTY is required at
	both ends of the conversation in order to communicate.
Good-Shepherd Fairview	ADDRESS: 80 Fairview Avenue Binghamton NY 13904
Home	WEBSITE: https://goodshepherdhome.com/
○ Coopp	PHONE: (607) 724-2477
SHEPHERD	SOCIAL MEDIA: f
It's all about living well?	SOCIAL MIEDIA:
Serves: Older Adults and	Footures / Services: Posidential healthcare community
disabled individuals	Features/ Services: Residential healthcare community
	4000 0 W D L E V WAY 40000
Handicapped Children's	ADDRESS: 1329 Campville Road, Endicott NY 13970
Association of	WEBSITE: https://www.hcaserves.com/
the Southern Tier HCA	PHONE: (607) 205-1077
	SOCIAL MEDIA: fin @
Samues Developmentally	Factures / Comises: Diagnostic and treatment comises for developmentally and
Serves: Developmentally	Features/ Services: Diagnostic and treatment services for developmentally and
and physically disabled	physically disabled people and their families
Individuals, primarily children and their	
families	
	ADDRESS: 20 Frank Street Suite D Disabourtes NV 12005
Interim Healthcare of	ADDRESS: 38 Front Street Suite D Binghamton NY 13905
Binghamton, Inc.	WEBSITE: https://www.interimhealthcare.com/binghamtonnewyork/home/
HEALTHCARES	PHONE: (607) 722-6461
	SOCIAL MEDIA: fin 🗡 🖸
Serves: General	Features/ Services: Licensed home health care agency
population	
Meals-On-Wheels	ADDRESS: 705 West Main Street Endicott NY
	WEBSITE: https://mealsonwheelsofwesternbroome.com/
	WEBSITE: https://mealsonwheelsofwesternbroome.com/ PHONE: (607) 754-7856
	WEBSITE: https://mealsonwheelsofwesternbroome.com/
	WEBSITE: https://mealsonwheelsofwesternbroome.com/ PHONE: (607) 754-7856
Meals-On-Wheels	WEBSITE: https://mealsonwheelsofwesternbroome.com/ PHONE: (607) 754-7856 SOCIAL MEDIA:
Meals-On-Wheels Serves: Older adults,	WEBSITE: https://mealsonwheelsofwesternbroome.com/ PHONE: (607) 754-7856 SOCIAL MEDIA: Features/ Services: not-for-profit organization that provides and delivers

RESOURCE	CONTACT INFORMATION / SUMMARY OF SERVICES
Sepp Group (Serving the	ADDRESS: 53 Front Street Binghamton NY 13905-4410
Elderly through Project	WEBSITE: https://www.seppinc.com/
Planning)	PHONE: (607) 723-8989
	SOCIAL MEDIA:
S.E.P.P.	
Serves: Older adults and	Features/ Services: Affordable housing for low-income elders and handicapped
disabled individuals	households
Single Point of Access	ADDRESS: 36-42 Main Street Binghamton
(SPOA)	WEBSITE: http://www.gobroomecounty.com/mh/spoa
Coordinated Core Services Inc.	PHONE: (607) 778-1119
Innovative Solutions in Ruman Service Selvery	SOCIAL MEDIA:
Serves: Adults with	Features/Services: A program for adults with a mental health diagnosis to assist
Serious Mental Illness	with acquiring case management or residential services in Broome County.
Social Security	ADDRESS: 2 Court Street Binghamton NY 13901
Administration SECURE	WEBSITE: https://ssofficelocations.org/new-york/binghamton/
of Binghamton	PHONE: 1-866-964-3971
MINISTRATIO	SOCIAL MEDIA:
Serves: General	Features/ Services: Apply for Retirement Benefits, Apply for Disability – SSDI OR,
Population	Supplemental Security Income (SSI) in BINGHAMTON, Apply for Medicare in
	BINGHAMTON, Help with Medicare prescription drugs in BINGHAMTON, Check on
	disability application status, Appeal a disability decision, Obtain forms, Obtain
	Publications, Obtain a Social Security Card, Replacement Social Security Card,
	Obtain replacement Medicare card
	ADDRESS 40FF LF LLLS: LDL L
Southern Tier	ADDRESS: 135 East Fredrick Street Binghamton NY 13904
Independence Cent	ADDRESS: 135 East Fredrick Street Binghamton NY 13904 WEBSITE: http://www.stic-cil.org/
A.	WEBSITE: http://www.stic-cil.org/ PHONE: (607) 724-2111
Independence Cent	WEBSITE: http://www.stic-cil.org/
Independence Cent	WEBSITE: http://www.stic-cil.org/ PHONE: (607) 724-2111
Independence Cent (STIC)	WEBSITE: http://www.stic-cil.org/PHONE: (607) 724-2111 SOCIAL MEDIA:
Independence Cent (STIC) Serves: Individuals with	WEBSITE: http://www.stic-cil.org/ PHONE: (607) 724-2111 SOCIAL MEDIA: f Features/ Services: Advocacy, education, and support services for clients with
Independence Cent (STIC) Serves: Individuals with disabilities and their	WEBSITE: http://www.stic-cil.org/ PHONE: (607) 724-2111 SOCIAL MEDIA: f Features/ Services: Advocacy, education, and support services for clients with
Independence Cent (STIC) Serves: Individuals with disabilities and their families	WEBSITE: http://www.stic-cil.org/PHONE : (607) 724-2111 SOCIAL MEDIA: Features/ Services: Advocacy, education, and support services for clients with disabilities, supportive employment
Independence Cent (STIC) Serves: Individuals with disabilities and their families Susquehanna Nursing and Rehabilitation Center	WEBSITE: http://www.stic-cil.org/ PHONE: (607) 724-2111 SOCIAL MEDIA: f Features/ Services: Advocacy, education, and support services for clients with disabilities, supportive employment ADDRESS: 282 Riverside Drive Johnson City NY 13790-2774 WEBSITE: https://www.susquehannanursing.com/ PHONE: (607) 729-9206
Independence Cent (STIC) Serves: Individuals with disabilities and their families Susquehanna Nursing and Rehabilitation Center	WEBSITE: http://www.stic-cil.org/ PHONE: (607) 724-2111 SOCIAL MEDIA: f Features/ Services: Advocacy, education, and support services for clients with disabilities, supportive employment ADDRESS: 282 Riverside Drive Johnson City NY 13790-2774 WEBSITE: https://www.susquehannanursing.com/ PHONE: (607) 729-9206
Independence Cent (STIC) Serves: Individuals with disabilities and their families Susquehanna Nursing and Rehabilitation Center	WEBSITE: http://www.stic-cil.org/ PHONE: (607) 724-2111 SOCIAL MEDIA: f Features/ Services: Advocacy, education, and support services for clients with disabilities, supportive employment ADDRESS: 282 Riverside Drive Johnson City NY 13790-2774 WEBSITE: https://www.susquehannanursing.com/ PHONE: (607) 729-9206 SOCIAL MEDIA: f
Independence Cent (STIC) Serves: Individuals with disabilities and their families Susquehanna Nursing and Rehabilitation Center	WEBSITE: http://www.stic-cil.org/PHONE: (607) 724-2111 SOCIAL MEDIA: Features/ Services: Advocacy, education, and support services for clients with disabilities, supportive employment ADDRESS: 282 Riverside Drive Johnson City NY 13790-2774 WEBSITE: https://www.susquehannanursing.com/PHONE: (607) 729-9206 SOCIAL MEDIA: Features/ Services: Skilled nursing facility, residential apartments, medical day
Independence Cent (STIC) Serves: Individuals with disabilities and their families Susquehanna Nursing and Rehabilitation Center Susquehanna Nursing & Susquehanna Nursing and Rehabilitation Center	WEBSITE: http://www.stic-cil.org/ PHONE: (607) 724-2111 SOCIAL MEDIA: f Features/ Services: Advocacy, education, and support services for clients with disabilities, supportive employment ADDRESS: 282 Riverside Drive Johnson City NY 13790-2774 WEBSITE: https://www.susquehannanursing.com/ PHONE: (607) 729-9206 SOCIAL MEDIA: f
Independence Cent (STIC) Serves: Individuals with disabilities and their families Susquehanna Nursing and Rehabilitation Center Serves: Older adults and disabled individuals The Hearth at Castle	WEBSITE: http://www.stic-cil.org/ PHONE: (607) 724-2111 SOCIAL MEDIA: f Features/ Services: Advocacy, education, and support services for clients with disabilities, supportive employment ADDRESS: 282 Riverside Drive Johnson City NY 13790-2774 WEBSITE: https://www.susquehannanursing.com/ PHONE: (607) 729-9206 SOCIAL MEDIA: f Features/ Services: Skilled nursing facility, residential apartments, medical day care program ADDRESS: 1715 Castle Gardens Road Vestal NY 13850
Independence Cent (STIC) Serves: Individuals with disabilities and their families Susquehanna Nursing and Rehabilitation Center Susquehanna Nursing and Rehabilitation Center Serves: Older adults and disabled individuals The Hearth at Castle Gardens Senior Living	WEBSITE: http://www.stic-cil.org/ PHONE: (607) 724-2111 SOCIAL MEDIA: f Features/ Services: Advocacy, education, and support services for clients with disabilities, supportive employment ADDRESS: 282 Riverside Drive Johnson City NY 13790-2774 WEBSITE: https://www.susquehannanursing.com/ PHONE: (607) 729-9206 SOCIAL MEDIA: f Features/ Services: Skilled nursing facility, residential apartments, medical day care program ADDRESS: 1715 Castle Gardens Road Vestal NY 13850 WEBSITE: https://thehearth.net/location/the-hearth-at-castle-gardens/
Independence Cent (STIC) Serves: Individuals with disabilities and their families Susquehanna Nursing and Rehabilitation Center Serves: Older adults and disabled individuals The Hearth at Castle Gardens Senior Living Tastle Gardens	WEBSITE: http://www.stic-cil.org/ PHONE: (607) 724-2111 SOCIAL MEDIA: f Features/ Services: Advocacy, education, and support services for clients with disabilities, supportive employment ADDRESS: 282 Riverside Drive Johnson City NY 13790-2774 WEBSITE: https://www.susquehannanursing.com/ PHONE: (607) 729-9206 SOCIAL MEDIA: f Features/ Services: Skilled nursing facility, residential apartments, medical day care program ADDRESS: 1715 Castle Gardens Road Vestal NY 13850
Independence Cent (STIC) Serves: Individuals with disabilities and their families Susquehanna Nursing and Rehabilitation Center Susquehanna Nursing and Rehabilitation Center Serves: Older adults and disabled individuals The Hearth at Castle Gardens Senior Living	WEBSITE: http://www.stic-cil.org/PHONE: (607) 724-2111 SOCIAL MEDIA: Features/ Services: Advocacy, education, and support services for clients with disabilities, supportive employment ADDRESS: 282 Riverside Drive Johnson City NY 13790-2774 WEBSITE: https://www.susquehannanursing.com/PHONE: (607) 729-9206 SOCIAL MEDIA: Features/ Services: Skilled nursing facility, residential apartments, medical day care program ADDRESS: 1715 Castle Gardens Road Vestal NY 13850 WEBSITE: https://thehearth.net/location/the-hearth-at-castle-gardens/PHONE: (607) 748-5700 SOCIAL MEDIA: Fin © SOCIAL MEDIA: Fin ©
Independence Cent (STIC) Serves: Individuals with disabilities and their families Susquehanna Nursing and Rehabilitation Center Susquehanna Nursing and Rehabilitation Center Serves: Older adults and disabled individuals The Hearth at Castle Gardens Senior Living The Hearth at Castle Gardens Senior Living Serves: Older Adults and Serves: Older Adults and	WEBSITE: http://www.stic-cil.org/PHONE: (607) 724-2111 SOCIAL MEDIA: Features/ Services: Advocacy, education, and support services for clients with disabilities, supportive employment ADDRESS: 282 Riverside Drive Johnson City NY 13790-2774 WEBSITE: https://www.susquehannanursing.com/PHONE: (607) 729-9206 SOCIAL MEDIA: Features/ Services: Skilled nursing facility, residential apartments, medical day care program ADDRESS: 1715 Castle Gardens Road Vestal NY 13850 WEBSITE: https://thehearth.net/location/the-hearth-at-castle-gardens/PHONE: (607) 748-5700 SOCIAL MEDIA: Features/ Services: Independent Living, Assisted Living, Memory Care, Wellness
Independence Cent (STIC) Serves: Individuals with disabilities and their families Susquehanna Nursing and Rehabilitation Center Susquehanna Nursing and Rehabilitation Center Serves: Older adults and disabled individuals The Hearth at Castle Gardens Senior Living The Hearth at Castle Gardens Senior Living Serves: Older Adults and disabled individuals	WEBSITE: http://www.stic-cil.org/ PHONE: (607) 724-2111 SOCIAL MEDIA: Features/ Services: Advocacy, education, and support services for clients with disabilities, supportive employment ADDRESS: 282 Riverside Drive Johnson City NY 13790-2774 WEBSITE: https://www.susquehannanursing.com/ PHONE: (607) 729-9206 SOCIAL MEDIA: Features/ Services: Skilled nursing facility, residential apartments, medical day care program ADDRESS: 1715 Castle Gardens Road Vestal NY 13850 WEBSITE: https://thehearth.net/location/the-hearth-at-castle-gardens/ PHONE: (607) 748-5700 SOCIAL MEDIA: Features/ Services: Independent Living, Assisted Living, Memory Care, Wellness and Therapy
Independence Cent (STIC) Serves: Individuals with disabilities and their families Susquehanna Nursing and Rehabilitation Center Susquehanna Nursing and Rehabilitation Center Serves: Older adults and disabled individuals The Hearth at Castle Gardens Senior Living The Hearth at Castle Gardens Senior Living Serves: Older Adults and disabled individuals United Methodist Homes	WEBSITE: http://www.stic-cil.org/ PHONE: (607) 724-2111 SOCIAL MEDIA: Features/ Services: Advocacy, education, and support services for clients with disabilities, supportive employment ADDRESS: 282 Riverside Drive Johnson City NY 13790-2774 WEBSITE: https://www.susquehannanursing.com/ PHONE: (607) 729-9206 SOCIAL MEDIA: Features/ Services: Skilled nursing facility, residential apartments, medical day care program ADDRESS: 1715 Castle Gardens Road Vestal NY 13850 WEBSITE: https://thehearth.net/location/the-hearth-at-castle-gardens/ PHONE: (607) 748-5700 SOCIAL MEDIA: Features/ Services: Independent Living, Assisted Living, Memory Care, Wellness and Therapy ADDRESS: 863 Front Street, Binghamton; 286 Deyo Hill Road, Johnson City; head
Independence Cent (STIC) Serves: Individuals with disabilities and their families Susquehanna Nursing and Rehabilitation Center Susquehanna Nursing and Rehabilitation Center Serves: Older adults and disabled individuals The Hearth at Castle Gardens Senior Living The Hearth at Castle Gardens Senior Living Serves: Older Adults and disabled individuals United Methodist Homes United Methodist Homes	WEBSITE: http://www.stic-cil.org/PHONE: (607) 724-2111 SOCIAL MEDIA: F Features/ Services: Advocacy, education, and support services for clients with disabilities, supportive employment ADDRESS: 282 Riverside Drive Johnson City NY 13790-2774 WEBSITE: https://www.susquehannanursing.com/PHONE: (607) 729-9206 SOCIAL MEDIA: F SOCIAL MEDIA: F WEBSITE: https://thehearth.net/location/the-hearth-at-castle-gardens/PHONE: (607) 748-5700 SOCIAL MEDIA: F Features/ Services: Independent Living, Assisted Living, Memory Care, Wellness and Therapy ADDRESS: 863 Front Street, Binghamton; 286 Deyo Hill Road, Johnson City; head office at 10 Acre Place, Binghamton
Independence Cent (STIC) Serves: Individuals with disabilities and their families Susquehanna Nursing and Rehabilitation Center Susquehanna Nursing and Rehabilitation Center Serves: Older adults and disabled individuals The Hearth at Castle Gardens Senior Living The Hearth at Castle Gardens Senior Living Serves: Older Adults and disabled individuals United Methodist Homes	WEBSITE: http://www.stic-cil.org/ PHONE: (607) 724-2111 SOCIAL MEDIA: Features/ Services: Advocacy, education, and support services for clients with disabilities, supportive employment ADDRESS: 282 Riverside Drive Johnson City NY 13790-2774 WEBSITE: https://www.susquehannanursing.com/ PHONE: (607) 729-9206 SOCIAL MEDIA: Features/ Services: Skilled nursing facility, residential apartments, medical day care program ADDRESS: 1715 Castle Gardens Road Vestal NY 13850 WEBSITE: https://thehearth.net/location/the-hearth-at-castle-gardens/ PHONE: (607) 748-5700 SOCIAL MEDIA: Features/ Services: Independent Living, Assisted Living, Memory Care, Wellness and Therapy ADDRESS: 863 Front Street, Binghamton; 286 Deyo Hill Road, Johnson City; head office at 10 Acre Place, Binghamton WEBSITE: https://www.unitedmethodisthomes.org/
Independence Cent (STIC) Serves: Individuals with disabilities and their families Susquehanna Nursing and Rehabilitation Center Susquehanna Nursing and Rehabilitation Center Serves: Older adults and disabled individuals The Hearth at Castle Gardens Senior Living The Hearth at Castle Gardens Senior Living Serves: Older Adults and disabled individuals United Methodist Homes United Methodist Homes	WEBSITE: http://www.stic-cil.org/PHONE: (607) 724-2111 SOCIAL MEDIA: F Features/ Services: Advocacy, education, and support services for clients with disabilities, supportive employment ADDRESS: 282 Riverside Drive Johnson City NY 13790-2774 WEBSITE: https://www.susquehannanursing.com/PHONE: (607) 729-9206 SOCIAL MEDIA: F SOCIAL MEDIA: F WEBSITE: https://thehearth.net/location/the-hearth-at-castle-gardens/PHONE: (607) 748-5700 SOCIAL MEDIA: F Features/ Services: Independent Living, Assisted Living, Memory Care, Wellness and Therapy ADDRESS: 863 Front Street, Binghamton; 286 Deyo Hill Road, Johnson City; head office at 10 Acre Place, Binghamton

RESOURCE	CONTACT INFORMATION / SUMMARY OF SERVICES
Serves: Older Adults and	Features/ Services: Skilled nursing facilities, adult care facilities, assisted living
disabled individuals	programs, licensed home health care agencies, residential apartments
Willow Point	ADDRESS: 3700 Old Vestal Road Vestal NY 13850
Rehabilitation and	WEBSITE: http://www.gobroomecounty.com/wpnf/
Nursing Center	PHONE: (607) 763-4400
Uniform Point Brown Carry Rehabilitation & Nursing Center	SOCIAL MEDIA: f
Serves: Older adults and disabled individuals	Features/ Services: Seven individual neighborhoods, Specialized rehabilitation services, Specialized secure memory care unit, Compassionate hospice services, Quality skilled nursing services including wound care and IV therapy, In-house Beauty Salon and Gift Shop.
Woodland Manor	ADDRESS: 505 Clubhouse Road Vestal NY 13850
e e	WEBSITE: https://www.brookdale.com/en/find-a-
	community.html?location=Vestal%2C+NY+13850.html
B R O O K D A L E SENIOR LIVING	PHONE: 877-523-6523
	SOCIAL MEDIA: ff 💆 🤟 📭 in 🕡
Serves: Older adults and	Features/ Services: Continuing care living, independent living, assisted living,
disabled individuals	memory care, skilling nursing, home health services

Education, Advocacy, and Related Support

Alzheimer's Association, Central NY Chapter alzheimer's & association Serves: Alzheimer's patients and their families, providers American Cancer Society Serves: Cancer patients and their families, Providers American Heart Association and	ADDRESS: 441 W. Kirkpatrick St, Syracuse, NY 13204; 719 W Main Street Endicott; 286 Deyo Hill Road, Johnson City; 320 Vestal Parkway East, Vestal WEBSITE: https://www.alz.org/centralnewyork PHONE: (607) 785-7852, 24-hour Helpline +1 (800) 272-3900, Information services/chapter office (315) 472-4201 SOCIAL MEDIA: SOCIAL M
Serves: Alzheimer's patients and their families, providers American Cancer Society Serves: Cancer patients and their families, Providers American Heart	286 Deyo Hill Road, Johnson City; 320 Vestal Parkway East, Vestal WEBSITE: https://www.alz.org/centralnewyork PHONE: (607) 785-7852, 24-hour Helpline +1 (800) 272-3900, Information services/chapter office (315) 472-4201 SOCIAL MEDIA: Social MEDIA: Social MEDIA: MED
Serves: Alzheimer's patients and their families, providers American Cancer Society American Cancer Society Serves: Cancer patients and their families, Providers American Heart	PHONE: (607) 785-7852, 24-hour Helpline +1 (800) 272-3900, Information services/chapter office (315) 472-4201 SOCIAL MEDIA: SOC
patients and their families, providers American Cancer Society American Cancer Society Serves: Cancer patients and their families, Providers American Heart	Social Media: Features/ Services: personal or family care consultations, caregiver support groups (Endicott, Johnson City, Vestal), education and training programs, safety services, and, early stage social engagement programs (All Together events) ADDRESS: 13 Beech Street, Johnson City NY 13790-1018 WEBSITE: https://www.cancer.org/ PHONE: (607)766-6900 SOCIAL MEDIA: For Company of the Address: Educational resources, support services ADDRESS: The Atrium Building, 2 Clinton Square, Suite 305 Syracuse NY 13220 WEBSITE: https://www.heart.org/en/about-us/statements-and-policies/american-
patients and their families, providers American Cancer Society American Cancer Society Serves: Cancer patients and their families, Providers American Heart	Features/ Services: personal or family care consultations, caregiver support groups (Endicott, Johnson City, Vestal), education and training programs, safety services, and, early stage social engagement programs (All Together events) ADDRESS: 13 Beech Street, Johnson City NY 13790-1018 WEBSITE: https://www.cancer.org/ PHONE: (607)766-6900 SOCIAL MEDIA: F O O O O O O O O O O O O O O O O O O
patients and their families, providers American Cancer Society American Cancer Society Serves: Cancer patients and their families, Providers American Heart	Features/ Services: personal or family care consultations, caregiver support groups (Endicott, Johnson City, Vestal), education and training programs, safety services, and, early stage social engagement programs (All Together events) ADDRESS: 13 Beech Street, Johnson City NY 13790-1018 WEBSITE: https://www.cancer.org/ PHONE: (607)766-6900 SOCIAL MEDIA:
patients and their families, providers American Cancer Society American Cancer Society Serves: Cancer patients and their families, Providers American Heart	(Endicott, Johnson City, Vestal), education and training programs, safety services, and, early stage social engagement programs (All Together events) ADDRESS: 13 Beech Street, Johnson City NY 13790-1018 WEBSITE: https://www.cancer.org/ PHONE: (607)766-6900 SOCIAL MEDIA: PHONE: (607)766-6900 SO
Serves: Cancer patients and their families, Providers American Cancer Society Serves: Cancer patients and their families, Providers American Heart	and, early stage social engagement programs (All Together events) ADDRESS: 13 Beech Street, Johnson City NY 13790-1018 WEBSITE: https://www.cancer.org/ PHONE: (607)766-6900 SOCIAL MEDIA: F
American Cancer Society American Cancer Society Serves: Cancer patients and their families, Providers American Heart	ADDRESS: 13 Beech Street, Johnson City NY 13790-1018 WEBSITE: https://www.cancer.org/PHONE : (607)766-6900 SOCIAL MEDIA: Features/ Services: Educational resources, support services ADDRESS: The Atrium Building, 2 Clinton Square, Suite 305 Syracuse NY 13220 WEBSITE: <a about-us="" american-"="" en="" href="https://www.heart.org/en/about-us/statements-and-policies/american-p</th></tr><tr><th>Serves: Cancer patients and their families, Providers American Heart</th><th>WEBSITE: https://www.cancer.org/PHONE: (607)766-6900 SOCIAL MEDIA: SOCIA</th></tr><tr><th>Serves: Cancer patients and their families, Providers American Heart</th><th>PHONE: (607)766-6900 SOCIAL MEDIA: F</th></tr><tr><th>Serves: Cancer patients and their families, Providers American Heart</th><th>Features/ Services: Educational resources, support services ADDRESS: The Atrium Building, 2 Clinton Square, Suite 305 Syracuse NY 13220 WEBSITE: https://www.heart.org/en/about-us/statements-and-policies/american-
and their families, Providers American Heart	Features/ Services: Educational resources, support services ADDRESS: The Atrium Building, 2 Clinton Square, Suite 305 Syracuse NY 13220 WEBSITE: https://www.heart.org/en/about-us/statements-and-policies/american-
and their families, Providers American Heart	ADDRESS: The Atrium Building, 2 Clinton Square, Suite 305 Syracuse NY 13220 WEBSITE: https://www.heart.org/en/about-us/statements-and-policies/american-
Providers American Heart	WEBSITE: https://www.heart.org/en/about-us/statements-and-policies/american-
American Heart	WEBSITE: https://www.heart.org/en/about-us/statements-and-policies/american-
A	WEBSITE: https://www.heart.org/en/about-us/statements-and-policies/american-
American Stroke	heart-association-and-american-stroke-association-linking-policy
Association	PHONE: (607) 341-8535
	SOCIAL MEDIA: 🕤 🍑 in 💿 🖸 🕡
Serves: Cardiac patients	Features/ Services: Educational resources, support services
and their families,	
providers	
American Lung	ADDRESS: 418 Broadway, 1 st Floor, Albany NY 12207
Association in New York	WEBSITE: https://www.lung.org/about-us/local-associations/new-york.html
AMERICAN LUNG	PHONE: (518) 465-2013
ASSOCIATION.	SOCIAL MEDIA: If V 0 1
Serves: Individuals with	Features/ Services: Educational resources, advocacy, research, referrals, smoking
lung disease.	cessation programs
Arthritis Foundation of Upstate NY	ADDRESS: 122 East 42nd Street, Suite 2315, New York, New-York 10168 WEBSITE: https://www.arthritis.org/new-york/
_	PHONE: (929) 446-0939 Toll-Free Help Line: 844 571 4357 (Español)
Arthritis Foundation	SOCIAL MEDIA: If in io
Serves: General	Features/ Services: Educational resources and referral, volunteer groups
population, providers	throughout the state, community events
Association for Vision	ADDRESS: 174 Court Street, Binghamton NY 13901-3514
Rehabilitation	WEBSITE: http://avreus.org/
•	PHONE: (607)724-2428
AV DE Accides to Volus National Regionaria, Inc.	SOCIAL MEDIA: F
Serves: Individuals with	Features/ Services: Educational resources, employment support, referrals, visual
visual disabilities	rehabilitation.
Autism Society of	
America	ADDRESS: 4340 East-West Hwy, Suite 350 Bethesda, Maryland 20814
EXAUTISM SOCIETY	WEBSITE: https://www.autism-society.org/about-the-autism-society/contact-us/
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visual disabilities Autism Society of America	SOCIAL MEDIA: Features/ Services: Educational resources, employment support, referrals, visual

RESOURCE	CONTACT INFORMATION / SUMMARY OF SERVICES
Serves: Individuals with	Features/ Services: Educational resources, advocacy, public awareness
autism and their families	, , , , , , , , , , , , , , , , , , , ,
Binghamton University	ADDRESS: 4400 Vestal Parkway East, Binghamton, NY 13902
(BU)	WEBSITE: https://binghamton.edu/
BINGHAMTON	PHONE: (607) 777-2000, Student Counseling: (607) 777-2772, Psychological Clinic:
UNIVERSITY	(607 <u>)</u> 777-2103
STATE UNIVERSITY OF NEW YORK	SOCIAL MEDIA: f 💆 🎯 in 🔼 🔱
Serves: Binghamton	Features/ Services: World Class institution offering broad, interdisciplinary
University	education. Multicultural Resource Center, LGBTQ Center, Services for Students with
students and children	Disabilities, Confidential HIV counseling and testing, psychological testing, Learning
	Disabilities Unit for children, Health Center for students.
Boys and Girls Club of	ADDRESS: 90 Clinton Street, Binghamton
Binghamton	WEBSITE: https://www.bgcbinghamton.org/
	PHONE: (607) 723-7404
BOYS & GIRLS CLUB	SOCIAL MEDIA:
Serves: Children ages 6-	Features/ Services: Programs: Education and Career; Sports, Fitness, and
18 years	Recreation; Health and Life Skills; Character & Leadership; Arts. Camp Sertoma.
	Features: Computer Labs, Homework/Tutoring Center, Indoor Basketball Court,
	Weight Room, Game Rooms, Art Room. Dining Room, Snack Bar, Teen Center,
Bus area Carrety Carrell	Outdoor Playground, Softball Field.
Broome County Council of Churches	ADDRESS: 3 Otseningo St. Binghamton NY 13903-2117 WEBSITE: https://broomecouncil.net/
of Churches	PHONE: (607) 724-9130
Council of	SOCIAL MEDIA:
Churches	SOCIAL MEDIA:
Serves: General	Features/ Services: Food pantries, hospital and jail ministry, nutrition and life skills
population	education.
Broome County Health	ADDRESS: 225 Front Street, Binghamton NY 13905-2424
Department	WEBSITE: http://www.gobroomecounty.com/hd/
HALTH DEPT.	PHONE: (607) 778-3930
	SOCIAL MEDIA: f
Serves: General	Features/ Services: Assessment, surveillance, monitoring, regulation and
population	enforcement of environmental issues, restaurant inspections, communicable
	disease control, STD clinic, WIC Clinics, HIV counseling and testing, immunizations,
	traffic safety programs, lead screening, TB clinic, preschool and early intervention
2 2 111	programs, chronic disease programs, cancer services programs, etc.
Broome County Urban	ADDRESS: 43-45 Carroll Street
League (Lending Closet) Broome County Empowering Communities	Binghamton, New York 13901
Urban League Empowering Communities Changing Lives	WEBSITE: http://bcul.org/ PHONE: (607) 723-7303
	SOCIAL MEDIA:
Serves: Primarily youth	Features/ Services: Education and workforce programs, family support, health
ages 5-18, also men,	insurance, prescription cards, food, clothing, housing and utility bill assistance, as
women, and children of	well as aid in many other areas, comprehensive referral services to other
all ages	community agencies and private industries
Broome-	ADDRESS: 435 Glenwood Road Binghamton NY 13905-1699
Tioga BROOME-TIOGA	WEBSITE: https://www.btboces.org/
BOCES OOCES	PHONE: (607) 763-3300
Enriching Lives Through Education	SOCIAL MEDIA: If 🏏 🖸

RESOURCE	CONTACT INFORMATION / SUMMARY OF SERVICES
Serves: General	Features/ Services: Educational resources for 15 school districts, adult education
population, school	and special education
districts	
Citizen Action of New	ADDRESS: 477 State Street Binghamton NY 13901-2341
York	WEBSITE: https://citizenactionny.org/
ACTION	PHONE: (607) 723-0110
	SOCIAL MEDIA: If I
Serves: General	Features/ Services: Grassroots organizing, leadership development and political
population, especially	education (for kids as well), strategic communication with community members.
low income	
communities and	
communities of color	ADDDESS 040 H
Cornell Cooperative Extension - Broome	ADDRESS: 840 Upper Front Street Binghamton NY 13905-1500
	WEBSITE: http://ccebroomecounty.com/ PHONE: (607) 772-8953
County	SOCIAL MEDIA:
Cornell University Cooperative Extension	SOCIAL MEDIA:
Serves: Parenting	Features/ Services: Educational resources focusing on parenting and nutrition
families	
Diabetes Association of	ADDRESS: 6390 Fly Road East Syracuse NY 13057-0309
CNY	WEBSITE: https://diabetes.org/
American Diabetes	PHONE: 315- 438- 8687
Association.	SOCIAL MEDIA: If Y 0 D
Serves: Individuals with	Features/ Services: Diabetes education, fundraising and advocacy events
diabetes, general	, , ,
population, providers	
Epilepsy Foundation –	ADDRESS: 23 Jackson Ave, Suite 127, Endicott, NY 13760
Rochester, Syracuse,	WEBSITE: https://www.epilepsy.com/rochester-syracuse-binghamton
Binghamton	PHONE : (607) <u>95</u> 3-03 <u>19</u>
FOUNDATION	SOCIAL MEDIA: 📑 🟏 in 🎯 🔼
Serves: Individuals and	Features/ Services: Educational resources, advocacy and support services
families affected by	
epilepsy and related	
neurological	
impairments	
Family Planning of South	ADDRESS: 117 Hawley Street Binghamton NY 13901
Central NY	WEBSITE: https://fpscny.org/ PHONE: (607) 723-8306
Family Planning	SOCIAL MEDIA: fin
Serves: Men, Women,	Features/ Services: Reproductive Health Care, Comprehensive Sexuality Education,
and teens	and Advocacy for Reproductive Choice and Freedom.
Identity Youth Center	ADDRESS: 206 state street, Binghamton NY
BINGHAMJON PRIDE	WEBSITE: https://www.idyouth.org/
COALITION	PHONE: 607 6519120
	SOCIAL MEDIA: 🕤 🎔 🖸 🕇
Serves: LGBTQ+ youth	Features/ Services: Drop in center open weekdays from 3pm to 6pm. Video games,
and their allies ages 13-	WIFI, art supplies, snacks, educational programming, support services
24	vvii i, ai t supplies, shacks, caacational programming, support services

RESOURCE	CONTACT INFORMATION / SUMMARY OF SERVICES
Interfaith Coalition on	ADDRESS: 183 Riverside Drive Binghamton NY 13905-4171
Sexual Identity	WEBSITE: https://uubinghamton.org/social-action/interfaith-coalition-on-sexual-
0	identity/
Unitarian Universalist Congregation of Binghamton	PHONE: (607) 729-1641
	SOCIAL MEDIA: f
Serves: General	Features/ Services: Offering religious homes to people of all sexual identities to
population	demonstrate that there are organized, mainstream religious communities that
	support Gay, Lesbian. Bisexual, Transgender lives; to increase a supportive presence
	for people of diverse sexual identity throughout the community; to educate other
	religious organizations and people, promoting understanding and opening hearts
	and minds; to welcome, affirm, support and advocate fair and equal treatment of all persons of all sexual identity.
	persons of all sexual identity.
Lupus Foundation of	ADDRESS: 1115 Front Street Binghamton NY 13901-2913
Southern NY	WEBSITE: https://www.lupusnyst.org/
	PHONE: (607) 772-6522
LUPUS FOUNDATION Southern Man Verb	SOCIAL MEDIA:
Serves: Individuals with	Features/ Services: Educational resources and referrals
Lupus	·
Mom's House	ADDRESS: 770 Harry L. Drive Johnson City NY 13790-1036
	WEBSITE: https://momshouseny.org/
Mom's House	PHONE : (607) 644-9972
MomsHouseNY-org	SOCIAL MEDIA: 📑 💆
Serves: Single, divorced	Features/ Services: NYS licensed childcare center, educational programs
or legally separated	
parents attending school	
full-time of children 8 weeks to 4 years of age	
Multicultural Resource	ADDRESS: Library South Ground 549, Binghamton University PO Box 6000,
Center	Binghamton
BINGHAMTON	WEBSITE: https://binghamton.edu/multicultural-resource-center/
UNIVERSITY	PHONE: (607) 777-4472
STATE UNIVERSITY OF NEW YORK	SOCIAL MEDIA: 🖪 🗡 🧿 🖸 💿
Serves: Binghamton	Features/Services: Home for over 150 cultural student organizations. Internships,
University students and	Grants and Funding, Workshops and Trainings, Report an Incident of Hate or Bias,
staff/ faculty	Translation and Interpretation Program
Multiple Sclerosis	ADDRESS: 375 Kings Highway Cherry Hill NJ 08002-2652
Association	WEBSITE: https://mymsaa.org/
of America	PHONE: 1-800-532-7667 ext. 154
Improving Lives Today!	SOCIAL MEDIA: If Vin ©
Serves: MS patients and their families	Features/ Services: Educational resources, referral and equipment distribution
Muscular Dystrophy	ADDRESS: 6315 Fly Road Suite 102 East Syracuse NY 13057
Association	WEBSITE: https://www.mda.org/
Muscular Dystrophy Association	PHONE: (315) 451-8269
Association	SOCIAL MEDIA: Ff 💇 🔘 🖸
Serves: People with	Features/ Services: Educational resources, referrals, equipment assistance, support
muscular dystrophy and	services
their families	
-	

RESOURCE	CONTACT INFORMATION / SUMMARY OF SERVICES
National Kidney	ADDRESS: 731 James Street Suite Syracuse NY 13203-2040
Foundation of Central	WEBSITE: https://www.kidney.org/offices/nkf-central-new-york
New York	PHONE: (315) 476-0311
National Kidney Foundation*	SOCIAL MEDIA:
of Central New York	
Serves: General	Features/ Services: Educational resources, and financial support for patients and
population, kidney	donors
patients, transplant	
recipients, kidney	
donors	
Q Center	Address: Bartle Library: Library South Ground 549 (LS-G549), Binghamton
BINGHAMTON	University, Vestal
UNIVERSITY	Website: https://www.binghamton.edu/centers/lgbtq/index.html
STATE UNIVERSITY OF NEW YORK	Phone: 607-777-6028
	Social Media: f
Serves: students, faculty	Features/ Services: Resources, educational opportunities and social justice
and staff of Binghamton	initiatives designed to foster a campus environment that is inclusive and supportive
University	of all sexual orientations, gender identities and gender expressions.
Southern Tier AIDS	ADDRESS: 22 Riverside Drive Binghamton NY 13905
Program (STAP)	WEBSITE: https://stapinc.org/services
	PHONE: (607) 798-1706
STAP	SOCIAL MEDIA: 📑 💆 🧿
	SOCIAL MEDIA.
Serves: General	Features/ Services: Educational resources, case management, outreach, support
population, individual	services. Prevention and Client Services. Syringe Exchange program.
clients with chronic	
medical conditions,	
HIV/AIDS and/or	
Hepatitis C, STIs	
SUNY Broome	ADDRESS: 907 Upper Front Street, Binghamton NY 13905
SUNY BROOME	WEBSITE: http://www1.sunybroome.edu/
	PHONE: (607) 778-5100
	SOCIAL MEDIA: 🗗 💆 🔟 🔼
Serves: General	Features/ Services: Educational resources, free dental clinic, Student Counseling,
population, Students	limited treatment for illnesses and injuries, limited emergency care, blood pressure
	screening, contraceptive information, healthy lifestyle information, strep throat
	testing, flu vaccines
Young Men's Christian	ADDRESS: 61 Susquehanna Street Binghamton NY 13901-3799
Association (YMCA)	WEBSITE: https://ymcabroome.org/main/about-our-y/
V	PHONE: (607) 772-0572
	SOCIAL MEDIA: 🖬 🔰 🧓
Serves: Men and	Features/ Services: Educational resources, childcare, emergency shelter for men,
Families	recreation programs
Volunteers of America	ADDRESS: 320 Chenango Street Binghamton NY
of Upstate NY	WEBSITE: https://www.voa.org/
Volunteers	PHONE : (607) 772-11 <mark>56</mark>
of America	SOCIAL MEDIA: f 💆 in 🗖 🔞 📙

RESOURCE	CONTACT INFORMATION / SUMMARY OF SERVICES
Serves: General Population	Features/ Services: Male only and Women and Families Facilities. Childcare, Early Educational Programs (UPK), Children and Family Services, Employment Coaching and Clothing, Housing and Emergency Shelters, Re-entry Support, Camp HEROES

Benefits & Government Resources

RESOURCE	CONTACT INFORMATION / SUMMARY OF SERVICES
Broome County	ADDRESS: 45 Hawley Street, Binghamton NY 13902
Probation Department	WEBSITE: http://www.gobroomecounty.com/probation
BROOME COUNTY NEW YORK	PHONE: (607)778-2121
	SOCIAL MEDIA:
Serves: General	Features/ Services: Criminal Division – supervision of adults placed on probation,
Population	pretrial release services, Family Services Division – supervises youth or persons in
	need of supervision placed on probation. Restitution Unit. Involvement with Youth
	Part Court, voluntary assessment and case planning services
Broome County Social	ADDRESS: 36-42 Main Street Binghamton NY 13905
Services Department	WEBSITE: http://www.gobroomecounty.com/dss
(DSS)	PHONE: (607) 778-8850
BROOME COUNTY NEW YORK	SOCIAL MEDIA:
Serves: General	Features/ Services: Assistance Programs: SNAP, Temporary Assistance;
Population, especially	Medicaid; HEAP; Welfare to Work (WTW); Employment Plan; Case Integrity
vulnerable individuals	<u>Unit (CIU)</u> Children and Family Services: <u>Adoption / Home Finding</u> ; <u>Central</u>
	Intake Unit; Daycare Unit; Families First Family Services Unit: Person in Need
	of Supervision (PINS) Diversion; Protective Services Intake for Adults
Department of	ADDRESS: 44 Hawley Street Binghamton NY 13905
Corrections	WEBSITE: http://www.doccs.ny.gov/doccs.html
and	PHONE: (607) 721-8523
Community	SOCIAL MEDIA: 📑 🔰 🔼
Supervision	
(DOCCS) Binghamton	
Office	
Serves: General	Features/ Services: Confinement and habilitation of approximately 46,000 individuals
population, Individuals	under custody held at 52 state <u>facilities</u> and 35,855 parolees supervised throughout
under state custody	seven regional offices. Features include: Youth Pardon Program, Pro Bono Clemency
Contal Consults	Program, Hiring Veterans, DMV Identification Program.
Social Security Administration of	ADDRESS: 2 Court Street Binghamton NY 13901 WEBSITE: https://ssofficelocations.org/new-york/binghamton/
Binghamton SECO	PHONE: 1-866-964-3971
Diligitation	SOCIAL MEDIA:
Town His	
Serves: General	Features/ Services: Apply for Retirement Benefits, Apply for Disability – SSDI OR,
Population	Supplemental Security Income (SSI) in BINGHAMTON, Apply for Medicare in
	BINGHAMTON, Help with Medicare prescription drugs in BINGHAMTON, Check on
	disability application status, Appeal a disability decision, Obtain forms, Obtain
	Publications, Obtain a Social Security Card, Replacement Social Security Card, Obtain
	replacement Medicare card
Unemployment	ADDRESS: New York State Department of Labor, P.O. Box 15130, Albany, NY 12212-
Benefits	5130
NEW YORK	WEBSITE: https://www.labor.ny.gov/unemploymentassistance.shtm
STATE	PHONE: (888) 209-8124
***	SOCIAL MEDIA: f 💟 🔟 📵 in

RESOURCE	CONTACT INFORMATION / SUMMARY OF SERVICES		
Serves: eligible workers who lost their job through no fault of their own	Features/ Services: Unemployment Insurance Benefits		

Workforce Development

DECOLIDEE	CONTACT INFORMATION / CLIMANAARY OF CERVICES		
RESOURCE ACCES-VR (Previously	CONTACT INFORMATION / SUMMARY OF SERVICES		
VESID)	ADDRESS: 89 Washington Avenue, Albany, NY 122		
VESIDI	WEBSITE: http://www.acces.nysed.gov/		
NYS	PHONE: NYSED General Information: (518) 474-3852, ACCES-VR: 1-800-		
	222-JOBS (5627), TASC (formerly GED): (518) 474-5906, New York State		
.gov	Archives: (518) 474-6926, New York State Library: (518) 474-5355, New		
	York State Museum: (518) 474-5877, Office of Higher Education: (518) 486-		
	3633, Office of the Professions: (518) 474-3817, P-12 Education: (518) 474-		
	3862		
	SOCIAL MEDIA: 🚮 💟 in		
Serves: Adults, Adults with disabilities	Features/ Services: Adult career and continuing education programs		
Broome-	ADDRESS: 435 Glenwood Road Binghamton NY 13905-1699		
Tioga BROOME-TIOGA	WEBSITE: https://www.btboces.org/		
BOCES OOCES	PHONE: (607) 763-3300		
Enriching Lives Through Education	SOCIAL MEDIA: 🚮 💆 🖸		
Serves: General	Features/ Services: Educational resources for 15 school districts, adult education		
population, school	and special education		
districts			
Broome County Council	ADDRESS: 3 Otseningo St. Binghamton NY 13903-2117		
of Churches	WEBSITE: https://broomecouncil.net/		
Councilet	PHONE: (607) 724-9130		
Council of Churches	SOCIAL MEDIA: 🗗 💆 🔼		
Serves: General	Features/ Services: Food pantries, hospital and jail ministry, nutrition and life skills		
population	education.		
Broome County Re-entry	ADDRESS: 3 Otseningo St. Binghamton NY 13903-2117		
Services	WEBSITE: https://broomecouncil.net/jail-ministry/reentry/		
Constitution	PHONE: (607) 724-9130		
Council of Churches	SOCIAL MEDIA: If 💆 🛄		
Serves: Inmates,	Features/ Services: Assists inmates in referrals for basic human needs, education,		
returning citizens	documentation, recovery and employment. returning citizens are encouraged to		
	visit the Council office for follow-up referrals and assistance with food and hygiene		
	items.		
Broome County Urban	ADDRESS: 43-45 Carroll Street		
League (Lending Closet)	Binghamton, New York 13901		
Broome County Empowering Communities Changing Lives	WEBSITE: http://bcul.org/		
	PHONE: (607) 723-7303		
	SOCIAL MEDIA: f		

RESOURCE	CONTACT INFORMATION / SUMMARY OF SERVICES		
Serves: Primarily youth	Features/ Services: education and workforce programs, family support, health		
ages 5-18, also men,	insurance, prescription cards, food, clothing, housing and utility bill assistance, as		
women, and children of	well as aid in many other areas, comprehensive referral services to other		
all ages	community agencies and private industries		
Broome-Tioga Workforce	ADDRESS: 171 Front St., Binghamton		
NY	WEBSITE: http://broometiogaworks.com/		
americanjobcenter Broome-Tloga Workforce New York	PHONE: (607) 778-2136		
-	SOCIAL MEDIA:		
Serves: General	Features/ Services: Free services: One-on-one contact with a professional career		
Population – employed, underemployed, or	counselor who will help you locate job openings, prepare resumes, write cover letters, and succeed at interviews. Access to computers, phones, fax, and copy		
unemployed	machine. Fast information about job openings, including both on-site and regional		
unemployeu	hiring events. Information on personal assessment, career exploration, career		
	planning, skills training, and financial aid information. Participation in a wide range		
	of free workshops and classes which are designed to sharpen your job seeking		
	skills.		
Clear Path for Veterans	ADDRESS: 1223 Salt Springs Road		
Clear Path	Chittenango, NY 13037		
then decimal and 'tolerafa show,	WEBSITE: http://www.clearpath4vets.com/		
	PHONE: 1-315-687-3300		
	SOCIAL MEDIA: f 💆		
Serves: Veterans	Features/ Services: Culinary Program, Canine Programming,		
	Peer/Wingman Programs, The Summit Group, Warriors Working, Wellness		
	Programs, Women's Support Group		
Community Options	ADDRESS: 182-184 State Street Binghamton NY 13901-2910		
Community Options, Inc.	WEBSITE: https://www.comop.org/		
Supporting People with Disabilities since 1989	PHONE: (607) 722-5971		
	SOCIAL MEDIA: 🖬 💆 🖸		
Serves: Individuals with	Features/ Services: Residential and employment support services, Clothing		
disabilities	Assistance		
Southern Tier	ADDRESS: 135 East Fredrick Street Binghamton NY 13904		
Independence Cent (STIC)	WEBSITE: http://www.stic-cil.org/ PHONE: (607) 724-2111		
(STIC)	SOCIAL MEDIA: f		
Serves: Individuals with	Features/ Services: Advocacy, education, and support services for clients with		
disabilities and their	disabilities, supportive employment		
families	alsabilities, supportive employment		
SUNY ATTAIN Lab at	ADDRESS: 43-45 Carroll Street		
Broome County Urban	Binghamton, New York 13901		
League	WEBSITE: http://bcul.org/		
SUNY University Center for Azademic and Workforce Development	PHONE: (607) 723-7303		
	SOCIAL MEDIA: f		

RESOURCE	CONTACT INFORMATION / SUMMARY OF SERVICES	
Serves: General	Features/ Services: FREE academic, occupational, and employability courses.	
Population	These courses are geared to introduce, as well as supplement students with educational and vocational skills, through advanced technology training for a high-demanding technological world. Career Exploration – Find out which careers interest you the most! Introductory courses to prepare you for vocational education programs. Office Skills, Nursing Assistant Preparation, Health Care Aide, Child Care Series, Customer Service, Building Maintenance, Security Officer Training, Resume Help. Certifications for Microsoft Office or Intuit, Coursework for all academic levels – whether you are working on TASC or preparing for college entry. Computer Literacy – learn the fundamental skills needed to perform basic tasks on the computer	

Health Insurance/ Management & Legal Assistance

RESOURCE	CONTACT INFORMATION / SUMMARY OF SERVICES		
Bar Association (Lawyer	ADDRESS: 53 Chenango St. Ste 201 Binghamton NY		
Referral)	WEBSITE: https://www.barassociationdirectory.com/ny/broome-county-bar-		
,	association.html		
	PHONE: (607) 723-6331		
	SOCIAL MEDIA: f		
Serves: General	Features/ Services: In exchange for paying a \$35 fee to the Broome County Bar		
Population	Association, you will receive a referral to a local attorney. You can then contact the		
	attorney for a 30-minute consultation at no additional charge. During the		
	consultation with the attorney you can discuss your case and the attorney fees		
	needed for additional representation.		
Broome County Public	ADDRESS: 45 Hawley Street Binghamton NY		
Defender's Office	WEBSITE: http://www.gobroomecounty.com/pubdef		
BROOME COUNTY NEW YORK	PHONE: (607) 778-2403		
	SOCIAL MEDIA:		
Serves: Those facing	Features/ Services: acts as defense counsel from arraignment through trial and all		
incarceration	stages of appeal for criminal cases ranging from simple violations to homicides. We		
	also represent those subject to violations of probation or parole. This involves the		
	full range of investigatory, pretrial, sentence mitigation and appellate representation		
	required in criminal cases		
Child Health Plus	ADDRESS: 457 State Street Binghamton NY 13901		
NEW NEW	WEBSITE: https://www.health.ny.gov/health_care/child_health_plus/		
STATE	PHONE: Toll-free 1-800-698-4KIDS (1-800-698-4543). TTY number 1 877 898 5849		
	SOCIAL MEDIA:		
Serves: Children under	Features/ Services: health insurance plan for children based on family income		
age 19, who are			
residents of NYS			
EPIC (65 and over)	ADDRESS: P.O. Box 15018 Albany, NY 12212-5018		
NEW	WEBSITE: https://www.health.ny.gov/health_care/epic/		
STATE	PHONE: 1-800-332-3742		
<u> </u>	SOCIAL MEDIA: F		
Serves: Adults age 65+,	Features/ Services: supplement out-of-pocket Medicare Part D drug plan costs		
making less than			
\$75,000/yr, eligible for			
Medicare Part D but			
not receiving Medicaid	ADDRESS.		
NYS Growing Up Healthy	ADDRESS: WEBSITE:		
Tieattily	https://www.health.ny.gov/community/pregnancy/health_care/prenatal/guh.htm		
YORK	PHONE: 1 800 522-5006		
STATE STATE	SOCIAL MEDIA:		
Company Formilian			
Serves: Families	Features/ Services: 24-hour connection to resources near you. Help is available in these areas: health care, nutrition, pregnancy, family planning, children's special		
	needs, and more		
Haalthlink			
Healthlink NY	ADDRESS: 49 Court Street Binghamton NY 13901 WEBSITE: https://www.healtheconnections.org/about-the-hie/		
	PHONE: (315) 671- 2241		
	SOCIAL MEDIA:		
	SOCIAL MEDIA:		

RESOURCE	CONTACT INFORMATION / SUMMARY OF SERVICES		
Serves: Healthcare	Features/ Services: Secure flow of patient data among healthcare providers		
providers			
Healthy New York	ADDRESS: New York State Department of Financial Services, 28 Hill Street, Room		
§ NEW	210, Oneonta, NY 13820		
YORK	WEBSITE: https://www.dfs.ny.gov/consumers/small_businesses/about_healthy_ny PHONE: (800) 342-3736. Hotlines: (212) 480-6400 or (518) 474-6600)		
The state of the s	SOCIAL MEDIA: 1 9 0		
Serves: Small	Features/ Services: Healthy NY, in partnership with HMOs and other insurance		
Businesses	companies in New York State, offers comprehensive health insurance (including		
- Duomesses	inpatient and outpatient hospital services, physician services, maternity care,		
	preventive health services, diagnostic services, mental health services,		
	chiropractic care, prescription drugs, ambulance and emergency services) to		
	small businesses. DFS oversees the program.		
Legal Aid Society of	ADDRESS: 168 Water Street Binghamton NY 13901		
Mid-New York, Inc.	WEBSITE: http://www.lasmny.org/Index.shtm		
	PHONE: (607) 231-5900		
	SOCIAL MEDIA:		
Serves: Individuals who	Features/ Services: Counseling, advocacy, free legal representation for non-criminal		
are not able to afford a	legal problems		
lawyer			
Legal Services of	ADDRESS: 168 Water Street, 3 rd Floor, Binghamton		
Central New York	WEBSITE: https://www.lscny.org/		
LEGAL Defending Dignity Surgestions Communities Street Nation Vision (Section Auditor Vision Communities Street Nation Vision Communities Street Nation (Section Auditor Vision Communities Street Nation Vision Communities Street Nation Vision (Section Auditor Vision Communities Street Nation Vision Communities Street Nation Vision (Section Auditor Vision Communities Street Nation Vision Communities Street Nation Communities Street Nation (Section Auditor Vision Communities Street Nation Communities Stree			
	SOCIAL MEDIA: If y 0		
Serves: General	Features/ Services: Eviction Defense, Home Conditions and Safety for Tenants,		
Population	Public Benefits, Economic Security, Consumer Rights, Education Advocacy,		
	Employment and Workers Rights, Language Access, Rights of New Americans,		
	Healthcare Access, Legal Needs of People with HIV or AIDS, Cancer Legal Advocacy and Service Project (CLASP), Mental Health and Homelessness Advocacy, Community		
	Based Economic Development, Jails and Juvenile Justice, Creating Community Wide		
	Change, Racial Justice, Legal Services Helpline, Re-entry, Legal Self-Help, Book Club		
	and Community Events		
Medicaid	ADDRESS: Broome County Office Building, 4 th Floor 60 Hawley Street Binghamton		
Medicaid.gov	WEBSITE: https://www.medicaid.gov/		
Keeping America Healthy BROOME COUNTY	http://www.gobroomecounty.com/senior/medicaid		
NEW YORK	PHONE: (607) 778-2411		
	SOCIAL MEDIA:		
Serves: General	• Features/ Services: provides health coverage to low-income people and is one of		
Population (income	the largest payers for health care in the United States. May provide coverage for:		
limits)	Some prescription drugs, Physician services, Dental and vision services,		
	Hospitalizations, Nursing home stays, Medical transportation, Home care		
Medicare	ADDRESS: Medicare Contact Center Operations, PO Box 1270, Lawrence, KS 66044		
Medicare.cov	WEBSITE: https://www.medicare.gov/		
The Official U.S. Government Site for Medicare	PHONE: 1-800-MEDICARE (1-800-633-4227)		
	SOCIAL MEDIA: 💆 🖸		

RESOURCE	CONTACT INFORMATION / SUMMARY OF SERVICES		
Serves: Legal US	Features/ Services: Insurance coverage provided by the federal government; 19		
residents aged 65+ or	Plans available in Broome County. Original Medicare plans include Part A – Hospital		
with a qualifying	Coverage, Part B – Medical Coverage. The Broome County Office for Aging provides		
disability who have	one on one consulting to find the right plan for the lifestyle and financial needs of		
lived in the country for	the individual.		
5+ consecutive years			
Mothers and Babies	ADDRESS: 457 State Street Binghamton NY 13905-2341		
Perinatal Network of	WEBSITE: https://mothersandbabies.org/		
South Central NY	PHONE: (607) 772-0517		
Mothers & Babies PERINATAL NETWORK	SOCIAL MEDIA: f		
Serves: Pregnant and	Features/ Services: Reduce incidence of maternal and infant mortality and		
parenting	morbidity, facilitated enrollment		
women, women of			
childbearing age, teens			
NYS Attorney General	ADDRESS: Office of the Attorney General, The Capitol, Albany, NY 2224-0341		
Office	WEBSITE: https://ag.ny.gov/		
Letitia James	PHONE: General Helpline: 1-800-771-7755, TDD/TTY Toll Free Line: 1-800-788-9898		
	SOCIAL MEDIA: If 💟 📮 🔘 in		
Serves: General	Features/ Services: Charities Registry, Complaint Forms, Data Security Breach,		
Population	Information BIT - Data Security Breach Information , Effective REF Policy ,		
	Memoranda Effective Real Estate Finance Policy Memoranda, Employment		
	Opportunities, FAQs, Find an Attorney, Forms, Help for Homeowners, Identity		
	Theft, Lemon Law Protections, Make a FOIL Request Freedom of Information Law		
	("FOIL") - Make a FOIL Request , Offering Plan Data Search, Opinions		
	 Presentation Request Form, Publications, Registrations, Student Lending 		
	Service of Process, Tenant's Rights, Triple C Awards, Victims' Rights, Zika Consumer		
	Advisory		
Unemployment	ADDRESS: New York State Department of Labor, P.O. Box 15130, Albany, NY 12212-		
Benefits	5130		
NEW.	WEBSITE: https://www.labor.ny.gov/unemploymentassistance.shtm		
STATE	PHONE: (888) 209-8124		
4	SOCIAL MEDIA: f 💆 🔼 🔘 in		
Serves: eligible workers	Features/ Services: Unemployment Insurance Benefits		
who lost their job			
through no fault of			
their own			

Other Resources

RESOURCE	CONTACT INFORMATION / SUMMARY OF SERVICES		
American	ADDRESS: 131 Front Street, Binghamton, NY 13905		
Civic	WEBSITE: https://www.americancivic.com/		
	PHONE: (607) 723-9419		
1909-300	SOCIAL MEDIA: f 1		
Association			
Serves: General	Features/Services: Legal Counsel Day, Immigration Services, Law Clinics,		
Population,	Immigration Services Officer, Refugee Social Services Program, Citizenship		
Immigrants	Classes, ESL/GED Classes, Human Trafficking, Care Compass Women's Health		
	Program, Multicultural Girl Scouts Program		
American Red Cross	ADDRESS: 620 East Main Street Endicott NY 13760-5026		
American	WEBSITE: https://www.redcross.org/local/new-york/western-and-central-new-		
Red Cross	york/about-us/locations/southern-tier-chapter.html		
	PHONE: (607) 785-72 <mark>07</mark>		
	SOCIAL MEDIA: f 💆 🎯 🖸		
Serves: General	Features/ Services: Educational resources and classes, disaster and emergency relief		
population, providers	services.		
Assurance Wireless	ADDRESS: P.O. Box 5040, Charleston, IL 61920-9907		
assurance	WEBSITE: https://www.assurancewireless.com/		
wireless Virgin	PHONE: 888-898-4888		
brought to you by	SOCIAL MEDIA: f		
Serves: General	Features/ Services: Lifeline Assistance Program (discounted phone services to		
population, low	qualifying individuals)		
income individuals			
Rural Health Network	ADDRESS: 455 Court Street, Binghamton, NY, 13904		
of South Central NY RURAL HEALTH	WEBSITE: https://rhnscny.org/		
NFTW RK	PHONE: (607) 692-7669 SOCIAL MEDIA: f		
Serving South Central New York	SOCIAL IVIEDIA:		
Serves: Rural	Features/ Services: Promotion of access to affordable health insurance and health		
governmental bodies,	care services, prescription, vision and dental and oral health services		
health care providers,			
and community-based			
agencies Safelink Wireless	ADDRESS: 9700 North West, 112th Avenue, Miami, Florida 33178		
-	WEBSITE: https://www.safelinkwireless.com		
SafeLink	PHONE: For Enrollment and Plan Changes Support: 1-800-SafeLink (723-3546)		
WIRELESS°	For Technical Support ONLY: 1-800-378-1684		
	SOCIAL MEDIA:		
Serves: Low income	Features/ Services: Smart phone or SIM card along with free minutes, texts, and data		
individuals	each month for qualified individuals		
American Sexual	ADDRESS: ASHA PO Box 13827, Research Triangle Park, NC 27709		
Health Association's	WEBSITE: http://www.ashasexualhealth.org/		
STD	PHONE: 1-919-361-8488		
Hotline	SOCIAL MEDIA:		
asha			

RESOURCE	CONTACT INFORMATION / SUMMARY OF SERVICES	
Serves: General	Features/ Services: Provides anonymous, confidential information on	
Population	sexually transmitted diseases (STDs) and how to prevent them. Also, provides	
	referrals to clinical and other services.	

STEERING COMMITTEE MEMBERS

G 1. Community Health Assessment 2019- 2024 Steering Committee Members

NAME	AGENCY	REPRESENTING
Karen Bayer Director of Community Health Services	United Health Services Hospitals 33-57 Harrison Street Johnson City NY 13790	Healthcare
Deborah Blakeney Vice President, Continuum of Care	Our Lady of Lourdes Hospital 169 Riverside Drive Binghamton NY 13905	Healthcare
Lisa Bobby Director, Operations	Care Compass Network 33 Lewis Road Binghamton, NY 13905	Healthcare Organization
Lenore L. Boris Associate Dean	SUNY Upstate Medical University Clinical Campus at Binghamton 425 Robinson Street Binghamton NY 13901	SUNY Upstate/ Community Free Clinic
Susan Bretscher Chief Mission Integration Officer	Our Lady of Lourdes Hospital 169 Riverside Drive Binghamton NY 13905	Healthcare
Stephanie Brewer Planner	Broome County Planning Department County Office Building Binghamton New York 13902	Planning
Marianne Buck Vice President of Practice Operations	Cornerstone Family Healthcare 2570 Route 9W, Suite 10 Cornwall NY 12518	Healthcare
Bernard Bush Analyst, Population Health	Our Lady of Lourdes Hospital 169 Riverside Drive Binghamton NY 13905	Healthcare
Alan Buyck District Superintendent	Broome Tioga BOCES 435 Glenwood Road Binghamton NY 13905	School Health
Aimee Chaluisant Public Health Educator	Broome County Health Department 225 Front Street Binghamton NY 13905	Public Health
Leon Cosler Founding Chair, Dept. of Health Outcomes and Administrative Sciences	Binghamton University School of Pharmacy & Pharmaceutical Sciences PO Box 6000 Binghamton NY 13902	Education
Diane Crews Visiting Assistant Professor	Binghamton University PO Box 6000 Binghamton NY 13902	Education

NAME	AGENCY	REPRESENTING
Shelbi DuBord Regional Leader	Care Compass Network 33 Lewis Road Binghamton, NY 13905	Medicaid Redesign Program
Kathy Eckert Director of Children and Family Services	Mental Health Association of the Southern Tier 153 Court Street Binghamton NY 1'3901	Mental Health
Chad Eldred Strategic Health Systems Director	Southern Tier Independence Center 135 East Frederick Street Binghamton NY 13904-1224	Medicaid Redesign Program
Lucia Esposito Aging Services Program Coordinator	Broome County Office for the Aging County Office Building Binghamton NY 13902	Seniors
Lynne Esquivel Project Manager, HEALing Communities Study	Broome County Mental Health One Hawley Street Binghamton New York 13905	Mental Health
Maria Fabrizi Co-Chair Broome County Mental Health Drug Free Communities	Broome County Mental Health One Hawley Street Binghamton New York 13905	Mental Health
Amy Fancher Public Health Educator	Tioga County Health Department PO Box 120, 162 State Route 38 Owego NY 13827	Public Health
Christie Finch Perinatal Programs Director	Mothers and Babies Perinatal Network 457 State Street Binghamton NY 13901	Maternal Child Health
Rita Fluharty Coordinator of Health and Wellness	Broome County Office for the Aging County Office Building Binghamton NY 13902	Seniors
Pamela Guth Director of Community Health Services	Rural Health Network of SCNY PO Box 416 Whitney Point NY 13862	Rural Health
Scott Hall Nurse Care Coordinator of the Medicaid Health Home	UHS Population Health 54 Main Street Binghamton NY 13905	Healthcare
Lisa Hoeschele Executive Director & CEO	Family and Children's Society 257 Main Street Binghamton NY 13905	Human Services
Emily Hotchkiss-Plowe System of Care Performance Manager	Broome County Mental Health One Hawley Street Binghamton New York 13905	Mental Health

NAME	AGENCY	REPRESENTING
Yvonne Johnston CHA Coordinator Associate Professor & Founding Director, MPH Program	Binghamton University Decker College of Nursing & Health Sciences PO Box 6000 Binghamton NY 13902-6000	Public Health
Shawn Karney Associate Vice President – Regional Operations	Guthrie Medical Group, PC One Guthrie Square Sayre PA 18840	Healthcare
Rebecca Kaufman Director	Broome County Health Department 225 Front Street Binghamton NY 13905	Public Health
Robin Kinslow-Evans Vice President, Strategy & Market Development	United Health Services Hospitals Binghamton General Hospital 10-42 Mitchell Avenue Binghamton NY 13903	Healthcare
Melissa Klinko Corporate Communications Manager	Excellus Blue Cross Blue Shield 53 Chenango Street Binghamton NY 13901	Insurance
Rachel Kramer Director, Population Health Improvement	HealtheConnections 49 Court Street, Suite 300 Binghamton NY 13901	Technology
Michael Leahey Director of Development	Broome County Council of Churches 3 Otseningo Street Binghamton NY 13903	Human Services
Jennifer Lesko Chief Executive Officer	Broome County Urban League 4345 Carroll Street Binghamton NY 13901	Minorities
Mary Maruscak Director, Community Health Education	Rural Health Network of SCNY PO Box 416 Whitney Point NY 13862	Rural Health
Lisa McCafferty Public Health Director	Tioga County Health Department PO Box 120, 162 State Route 38 Owego NY 13827	Public Health
Mary McFadden Public Health Deputy Director	Broome County Health Department 225 Front Street Binghamton NY 13905	Public Health
Susan Medina Public Health Deputy Director	Tioga County Health Department PO Box 120, 162 State Route 38 Owego NY 13827	Public Health
Elaine Miller Executive Director	Binghamton Housing Authority 35 Exchange Street Binghamton NY 13901	Housing

NAME	AGENCY	REPRESENTING
Wayne Mitteer Executive Advisor, Administration	Our Lady of Lourdes Hospital 169 Riverside Drive Binghamton NY 13905	Healthcare
Kim Myers Broome County Legislator	Broome County Legislature County Office Building Binghamton NY 13902	Government / Elected Official
Titilayo Okoror Associate Professor Dept. of African Studies	Binghamton University PO Box 6000 Binghamton NY 13902	Education
Jeffrey Penoyer Chief Operating Officer	Cayuga Medical Associates CMA Administration 1301 Trumansburg Road, Suite P Ithaca, NY 14850	Healthcare
Christine Podolak Field Placement Coordinator	Binghamton University PO Box 6000 Binghamton NY 13902	Education
Chelsea Reome-Nedlik Public Health Representative	Broome County Health Department 225 Front Street Binghamton NY 13905	Public Health
Dr. Christopher Ryan Medical Director &	Broome County Health Department 225 Front Street, Binghamton, NY 13905	Health
Clinical Associate Professor of Family Medicine	Upstate Medical University Clinical Campus at Binghamton Binghamton NY 13904	Population Based Medicine
Susan Ruff Advocacy Director	Southern Tier Independence Center 135 East Frederick Street Binghamton NY 13904-1224	Community Based Organization
Sherry Salisbury Practice Manager	Guthrie Medical Group, PC One Guthrie Square Sayre PA 18840	Healthcare
Jack Salo Executive Director	Rural Health Network of SCNY PO Box 416 Whitney Point NY 13862	Rural Health
Gareth Sansom Chief Executive Officer	Broome County YMCA 61 Susquehanna Street Binghamton NY 13901	Human Services
Hillary Saxton Director of Strategic Planning	The Guthrie Clinic, PC One Guthrie Square Sayre PA 18840	Healthcare
Lisa Schulhe Director	Broome County Office for Aging County Office Building Binghamton NY 13902	Seniors

NAME	AGENCY	REPRESENTING
Heather Vroman Community Health Program Supervisor	Tioga County Health Department PO Box 120, 162 State Route 38 Owego NY 13827	Public Health
Lea Webb Owner	Webb Consulting PO Box 572 Binghamton NY 13902	Community Representative
Kelly Wildey Site Administrator	Cornerstone Family Healthcare 35 Felters Road, Building 8 Binghamton NY 13903	Healthcare
Kelly Wildoner Broome County Legislator	Broome County Legislature County Office Building Binghamton NY 13902	Government / Elected Official
Megan Wise Person Centered Community Advocate	Broome County Mental Health One Hawley Street Binghamton New York 13905	Mental Health

ACCESS TO CARE

G 2. Primary Care Sites, Broome County, NY, 2019

Affiliated with Lourdes Hospital

Refer to the following Website: https://www.lourdes.com/primary-care/

Facility	Address	Phone	Hours of Operation	Features/Services
Associates in Family Medicine	3101 Shippers Road Vestal NY 13850	(607) 786-4822	8:00 am – 4:30 pm Monday – Friday	Family care, Urgent Care, Sports Medicine, Pediatrics, Obstetrics, Community Geriatrics, Diabetes Wellness, Acupuncture
Center for Family Health	303 Main St. Binghamton NY 13905	(607) 798-8058	8:00 am – 5:00 pm Monday – Thursday 9:00 am – 5:00 pm Friday Appointments are required	Lab Services, Prescription Renewals
Binghamton Family Practice	1130 Upper Front St. Binghamton NY 13905	(607) 772-2995	8:30 am – 5:00 pm Monday – Friday Appointments are required	Lab Services, Prescription Refills
Whitney Point Family Practice	2660 Main Street Whitney Point N.Y. 13862	(607) 692-3600	7:00 am – 5:00 pm Monday – Friday Appointments are required	Lab Services & Prescription Refills, treatment
Primary Care Associates	276-280 Robinson St. Binghamton NY 13904	(607) 722-2769	8:00 am – 4:30 pm Monday – Friday Appointments are required	Lab and X Ray Services, Prescription Forms

Facility	Address	Phone	Hours of Operation	Features/Services
Primary Care Associates	415 East Main St. Endicott NY 13760	(607) 785-2460	8:00 am – 5:00 pm Monday – Friday Appointments are required	Lab & X Ray Services, Prescription Refills, Aging and senior health concerns, Annual physical exams pressure and cholesterol management, Family counseling, Health screenings and vaccinations, Illness or injury diagnosis and care, Nutrition, Primary and family care
Riverside Medical	161 Riverside Drive Suite 206, Binghamton NY 13905	(607) 798-6700	8:30 am – 5:00 pm Monday – Friday Appointments are required	Prescription Refills, Primary Care Patient Portal
Vestal Medical Associates	3101 Shippers Road #202, Vestal NY 13850	(607) 754-5342	8:00 am – 5:00 pm Monday – Friday Appointments are required	Women's Health, Men's Health, Senior Health, Specialty Care

Affiliated with United Health Services

Refer to the following Website: http://www.uhs.net/

Facility	Address	Phone	Hours of Operation	Features/ Services
UHS Primary Care- Binghamton	33 Mitchell Ave. Suite 102, Binghamton NY 13903	(607) 762-2333	8:00 am – 5:00 pm Monday – Friday Same day appointments are available	AIDS/ HIV Services Primary Care
UHS Primary Care- Clinton Street	142 Clinton St. Binghamton NY 13905	(607) 762-2660	8:00 am – 5:00 pm Monday – Friday Appointments are required	Lab, Nutrition Counseling Mental Health Assessment Individual and Family counseling
UHS Primary Care- Deposit	53 Pine St. Deposit NY 13754	(607) 467-4195	8:30 am – 5:00 pm Monday – Friday Appointments are required	Lab, X Ray
UHS Primary Care- Endicott	1302 East Main Street Endicott, NY 13760	(607) 754-2323	8:00am – 5:00pm Monday – Friday	Lab, X-Ray, Pharmacy Walk-in, Clinic
UHS Primary Care- Endwell	800 Hooper Road Endwell, NY 13760	(607) 757-0444	7:00am – 5:00pm Monday, Wednesday & Thursday 8:00am – 5:00pm Tuesday & Friday Same day appointments available	
UHS Primary Care- Johnson City	40 Arch St. Johnson City NY 13790	(607) 763-6075	8:00 am – 8:00 pm Monday – Thursday 8:00 am – 4:30 pm Friday Appointments are required	Residency Clinic, Derma Clinic, Surgical Clinic, Family Practice (babies, pregnant moms, geriatric)

Facility	Address	Phone	Hours of Operation	Features/ Services
UHS Primary	160 Robinson			
Care-	Street	(607)	8:00am – 5:00pm	
Robinson	Binghamton, NY	296-2300	Monday – Friday	
Street	13904			
UHS Primary	1290 Upper			
Care- Upper	Front Street	(607)	8:00am – 5:00pm	
Front Street	Binghamton, NY	722-3417	Monday – Friday	
Front Street	13901			
	4417 Vestal		8:00 am- 5:00pm	
UHS Primary	Parkway East	(607)	Monday – Friday	Lab, Imaging/ MRI, Pharmacy
Care- Vestal	Vestal, NY	770-7365	Same day appointments	Lab, illiagilig/ wiki, Pilailliacy
	13850		available	
LIUC Drimory	5 College		8:00 am E:00 nm	
UHS Primary	Avenue	(607)	8:00 am – 5:00 pm	Lab
Care-	Windsor NY	763-6130	Monday - Friday	Lab
Windsor	13865		Appointments are required	

Independent Multi-Physician Practices

Refer to the following Website: http://www.endwellfamily.com/

Facility	Address	Phone	Hours of Operation	Features/ Services
	415 Hooper	(607)		Bone Density, Dietetic
Endwell Family	Road Endwell	(607) 754-3863	8:00 am – 8:00 pm weekdays	Services, Hospital Care,
Physicians	NY50102	754-5605	8:00 am – 2:00pm weekends	Laboratory, Laser Hair
	13760			Removal, Sclerotherapy

G 3. Pediatrician Offices, Broome County, NY, 2019

Facility	Address	Phone	Hours of Operation	Features/ Services
Broome Pediatrics	639 Main Street Johnson City, NY 13790	(607) 770-1988	8:00 am – 5:00 pm Monday – Friday 9:00 am – 12:00 pm Saturday, sick call only	
DePaul Pediatrics (Lourdes)	303 Main Street Binghamton, NY 13905	(607) 729 -8687	8:00 am – 5:00 pm Monday – Thursday 9:00 am – 4:30 pm Friday	
Lourdes Pediatrics- Binghamton	161 Riverside Drive Suite 206 Binghamton, NY 13905	(607) 798-6176	7:00 am – 7:00 pm Monday – Wednesday 8:30 am – 5:00 pm Thursday & Friday 8:30 am – Noon Saturday 24-hour coverage Appointments are required	Same day sick call Well / sick child care Immunizations Lead Screenings Asthma Treatments
Lourdes Pediatrics-	105 Ridgehaven Drive	(607)	8:00 am – 4:30 pm	
Vestal	Vestal, NY 13850	798-6176	Monday – Friday	
Tier Pediatric	256 Harry L Drive Johnson City, NY 13790	(607) 777-9475	9:00 am – 4:00 pm Monday - Friday	
UHS Pediatrics- Binghamton	10-42 Mitchell Avenue Binghamton, NY 13903	(607) 762-2468	8:00 am to 5:00 pm Monday - Friday Same day appointments available	Lab Pharmacy X-Ray
UHS Pediatrics- Chenango Bridge	91 Chenango Bridge Road Binghamton, NY 13901	(607) 648-6667	8:00 am – 5:00 pm Monday – Friday	Blood Draw X-Ray
UHS Pediatrics- Vestal	4417 Vestal Parkway East Vestal, NY 13850	(607) 797-1251	8:00 am – 5:00 pm Monday – Friday Same day appointments available	Lab Imaging / MRI Pharmacy

G 4. Federally Qualified Health Centers, Broome County, NY, 2019

Refer to the following Website: https://cornerstonefamilyhealthcare.org/

Facility	Address	Phone	Hours of Operation	Features/ Services
Cornerstone Family Healthcare	35 Felters Road Building 8 Binghamton NY 13903	(607) 201-1200	Mon: 9:00 am - 5:00 pm, Tue: 8:00 am - 7:00 pm, Wed: 8:00 am - 7:00 pm, Thu: 9:00 am - 5:00 pm, Fri: 9:00 am - 5:00 pm, Sat/ Sun: closed	Health Education, Primary Care, Care Management, Mobile Family Practice Medicine, Addiction Services, Women Infants and Children, Urgent Care, Family Medicine, Homeless Support, HIV Prevention & PrEP, Behavioral Health, Dental Care, Women's Health, Internal Medicine, Pediatrics

G 5. Walk-Ins, Broome County, NY, 2019

Refer to the following Website: http://www.uhs.net/

Facility	Address	Phone	Hours of Operation	Features/ Services
			8:00 am – 8:00 pm	
Lourdes Walk-In	17 Chenango Bridge Road	(607)	Monday – Friday	
Chenango Bridge	Binghamton, NY 13901	763-8520	8:00 am – 5:00 pm	
			Saturday & Sunday	
Lourdes Walk-In	415 East Main Street	(607)	8:00am – 5:00 pm	
Endicott	Endicott, NY 13790	786-1801	Monday – Friday	
			8:00 am – 8:00 pm	
Lourdes Walk-In	276 Robinson Street	(607)	Monday – Friday	
Robinson Street	Binghamton, NY 13904	771-7234	8:00 am – 5:00 pm	
			Saturday & Sunday	
UHS Walk-In	91 Chenango Bridge Road	(607)	8:00 am – 8:00 pm	
Chenango Bridge	Chenango Bridge, NY 13901	648-4151	Daily	Blood, X Ray
	Chemango Bridge, NY 13901		Call for holiday hours	
UHS Walk-In	1302 E. Main Street	(607)	8:00 am - 8:00 pm	Endicott Urgent Care
Endicott	Endicott, NY 13760	754-7171	Daily	Lab, X Ray
Litalcott	Endicott, NT 13700		Call for holiday hours	Pharmacy
UHS Walk-In	160 Robinson Street	(607)	8:00 am – 8:00 pm	
Robinson Street	Binghamton, NY 13904	296-2222	Daily	
Robinson Street	biligilalilitoli, NT 13904	230-222		
UHS Walk-In	4417 Vestal Parkway East	(607)	8:00 am – 8:00 pm	X Ray
Vestal	Vestal NY 13850	729-2144	Daily	Pharmacy, Lab

G 6. School-based Health Centers in Broome County, NY, 2019

Refer to the following Website: http://www.uhs.net/

Facility	Address	Phone	Hours of Operation	Features/ Services
UHS School Based Clinic - Franklin Elementary School	262 Conklin Avenue Binghamton NY 13903	(607) 762-6012	7:30 am – 4:30 pm Monday – Friday	Social Worker, nutritionists, medical (walk in), physicals, vaccines, dental
UHS School Based Clinic - Roosevelt Elementary School	9 Ogden Street Binghamton NY 13901	(607) 762- 6017	7:30 am – 4:30 pm Monday – Friday	Social Worker, nutritionists, medical (walk in), physicals, vaccines, dental

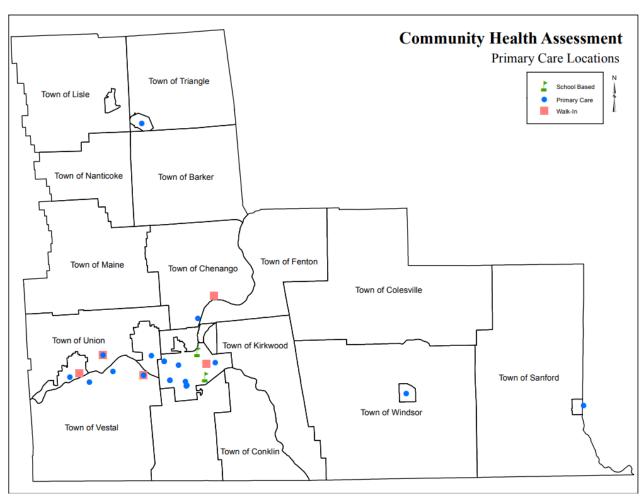
G 7. Ambulance Services, Broome County, NY, 2019

		Level of
Agency Name	Address	Care
Binghamton Fire Department	39 W State Street, Binghamton NY 13901	ALS
Broome Volunteer Emergency Squad	261 Court Street, Binghamton NY 13901	ALS
Chenango Ambulance Service, Inc.	83 Chenango Bridge Binghamton, NY 13901	ALS
Colesville Volunteer Ambulance Service	28 Colesville Road, Harpursville NY13787	ALS
Deposit Emergency Squad	130 Second Street, Deposit NY 13754	BLS
Harpur's Ferry Ambulance Squad	4400 Vestal Pkwy E, Vestal, NY 13850	ALS
Maine Emergency Squad	2658 E Main St, Endicott, NY 13760	ALS
Marathon Area Volunteer Ambulance Corps	2 Peck Ave, Marathon, NY 13803	ALS
Superior Ambulance Service	46 Exchange Street, Binghamton NY 13901	ALS
Union Volunteer Emergency Squad	8 S. Avenue B, Endwell NY 13760	ALS
Vestal Emergency Squad	324 Myrtle Street, Vestal NY 13850	ALS
Windsor Emergency Services	PO Box 433, Windsor NY 13865	ALS

G 8. Broome County Basic Life Support Non-Transporting EMS Agencies, Broome County, NY, 2019

Address
153 Lt. VanWinkle Drive, Binghamton NY 13905
Governmental Plaza, PO Box 1766, Binghamton NY 13902
17 Kattelville Rd, Chenango Bridge, NY 13745
86 Castle Creek Road, Binghamton NY 13901
2640 RT-12, Chenango Forks, NY 13746
1011 Middle Stella Ireland Road, Binghamton NY 13905
1034 Conklin Road, Conklin NY 13748
847 East Maine Road, Johnson City NY 13790
224 Madison Ave, Endicott, NY 13760
3508 Country Club Road, Endwell NY 13760
16 Crescent Drive, Kirkwood NY 13795
3800 State Route 26, Glen Aubrey, NY 13777
2534 Airport Road, Box 16, Johnson City NY 13790
2 Main Street, PO Box 98, Harpursville NY 13787
1115 Avenue B, Binghamton NY 13901
1701 North Street, PO Box 8000, Endicott NY 13760
320 Harry L Drive, Johnson City NY 13790
297 Main Street, PO Box 392, Kirkwood NY 13795
9990 Main St, Lisle, NY 13797
844 Route 369, Port Crane NY 13833
811 State Route 7, Port Crane NY 13833
3697 NY Route 206, Greene NY 13778
1811 Union Center Maine Hwy Endicott, New York 13760
1305 Colesville Road, Binghamton NY 13904
500 Day Hollow Road, Endicott NY 13760
9 Karla Drive, Windsor, NY 13865

G 9. Location of Hospitals and EMS Squads in Broome County, NY, 2019



SOURCE: Broome County GIS and Mapping Services

G 10. Health Professionals in Broome County, Southern Tier, Upstate New York & New York State, 2010-2014

		Broome		Southern Tier				Ups	tate N	ew Yor	k	New York State			
Health Occupations	Number	Per 100,000	Change	Per 100,000	Percent Age 50+	Percent Female	Percent URM	Per 100,000	Percent Age 50+	Percent Female	Percent URM	Per 100,000	Percent Age 50+	Percent Female	Percent URM
PHYSICIANS															
Family/ General Practice	96	48.1	11.9	58.3	46	100	0	30.5	38	90	11	36.2	39	84	33
General Surgeons	29	14.4	35.8	14.9	65	31	6	17.7	66	36	5	32	64	39	9
IM Subspecialists	82	41.3	7.6	10	49	12	0	8.6	50	17	5	9.2	51	16	9
Internal Medicine (General)	94	47.4	2.4	28.3	54	17	3	36.6	45	21	4	54.4	45	25	4
Obstetrics/ Gynecology	25	64.2	386.4	48.6	31	44	3	65.9	40	50	9	74.6	38	51	13
Pediatrics (General)	36	90	520.7	34.4	38	86	12	56.2	27	74	9	57.2	22	74	23
Podiatrist	22	11.1	NA	15.7	51	16	13	21.8	40	73	6	22.1	25	66	25
Primary Care Physicians	250	125.8	7.3	9.1	NA	29	NA	6.4	NA	19	NA	11.2	NA	24	NA
Surgery Subspecialists	93	46.8	28.6	80.6	17	60	13	31.9	35	58	5	22.1	31	58	10
All Physicians	664	334	NA	248.7	50	26	4	286.6	47	29	3	372.4	47	34	7
NURSES															
Licensed Practical Nurse	745	374.8	NA	33.8	49	28	6	39.9	50	31	5	57.1	49	34	9
Midwives/NP	9	4.5	NA	278.7	30	89	5	325.7	39	94	17	233.6	40	92	41
Nurse Practitioners	210	105.6	NA	76.6	30	90	0	55.4	44	93	6	46.2	41	92	16
Registered Professional Nurse	2,792	1,404.40	NA	24.6	45	48	1	24.7	43	59	8	23.8	41	53	32
PHYSICIAN ASSISTANT															
Registered Physician Assistant	89	44.8	NA	70	54	78	0	77.2	50	74	6	111.7	56	74	12

URM = Underrepresented Minority; NA = Data not available; Southern Tier Region Includes: Broome, Chenango, Delaware, Tioga, & Tompkins Counties; Data retrieved from: http://www.nyhealthdataguide.org/index.html

G 11. Allied Health Professionals in Broome County, Southern Tier, Upstate New York & New York State, 2010-2014

	Broome			Southern Tier				Ups	tate N	ew Yor	k	New York State			
Health Occupations	Number	Per 100,000	Change	Per 100,000	Percent Age 50+	Percent Female	Percent URM	Per 100,000	Percent Age 50+	Percent Female	Percent URM	Per 100,000	Percent Age 50+	Percent Female	Percent URM
Audiologist	8	4	NA	10.2	70	31	0	6.4	42	71	0	4.7	43	78	5
Chiropractor	43	21.6	NA	37	43	38	0	19.5	50	24	0	17.6	46	24	5
Dentist	125	62.9	NA	67.7	33	100	0	66	32	98	3	45.4	31	96	16
Occupational Therapist	103	51.8	NA	29.3	32	86	0	47.3	29	91	2	44.2	26	91	12
Pharmacist	185	93.1	NA	69.2	57	47	2	92.5	42	55	5	127	45	60	10
Physical Therapist	159	80	NA	45.9	29	60	0	86.3	32	50	2	87.1	29	52	8
Respiratory Therapist	58	29.2	NA	866.6	43	90	6	971.2	43	91	9	917.9	43	90	27
Social Worker	518	260.6	NA	360.9	34	82	6	374.2	34	81	17	398.2	34	80	44
Speech- Language Pathologist	116	58.4	NA	30.1	46	7	1	36.8	44	11	3	45.1	45	13	4
Veterinarian	40	20.1	NA	48.2	28	71	5	20.5	17	85	8	13.7	15	80	18

URM = Underrepresented Minority; NA = Data not available; Southern Tier Region Includes: Broome, Chenango, Delaware, Tioga, & Tompkins Counties; Data retrieved from: http://www.nyhealthdataguide.org/index.html

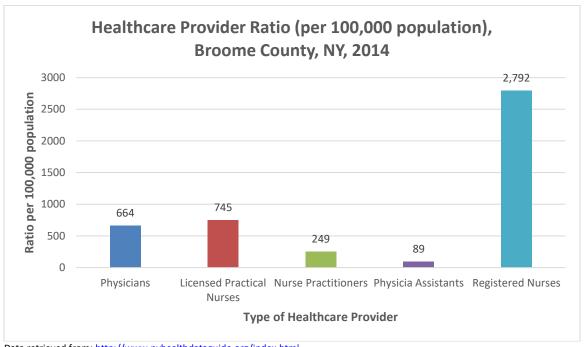
SOURCE: Center for Health Workforce Studies, New York State Health Workforce Planning Data Guide, 2016 edition, Data from 2010-2014

G 12. Other Health Professionals in Broome County, Southern Tier, Upstate New York & New York State, 2010-2014

		Broome	Southern Tier				Ups	tate N	ew Yor	k	New York State				
Health Occupations	Number	Per 100,000	Change	Per 100,000	Percent Age 50+	Percent Female	Percent URM	Per 100,000	Percent Age 50+	Percent Female	Percent URM	Per 100,000	Percent Age 50+	Percent Female	Percent URM
Clinical Laboratory Technologist	113	56.8	NA	79	46	79	0	106.6	43	77	12	111.5	43	72	31
Dental Hygienist	232	116.7	NA	323.2	36	68	8	316.3	32	68	20	287.9	32	68	44
Dietitian/ Nutritionist Certified	57	28.7	NA	14.9	27	36	10	44.2	64	21	3	66	53	29	11
Mental Health Counseling	20	10.1	NA	35.4	44	100	0	57	30	96	2	58	25	96	7
Occupational Therapy Assistant	9	4.5	NA	1.8	32	100	0	6.9	50	96	3	4.7	42	89	24
Optometrist	33	16.6	NA	12.2	93	33	0	7.5	44	36	5	9.3	31	51	10
Physical Therapy Assistant	137	68.9	NA	71.9	34	42	0	76.8	20	68	4	83.3	20	67	12

URM = Underrepresented Minority; NA = Data not available; Southern Tier Region Includes: Broome, Chenango, Delaware, Tioga, & Tompkins Counties; Data retrieved from: http://www.nyhealthdataguide.org/index.html

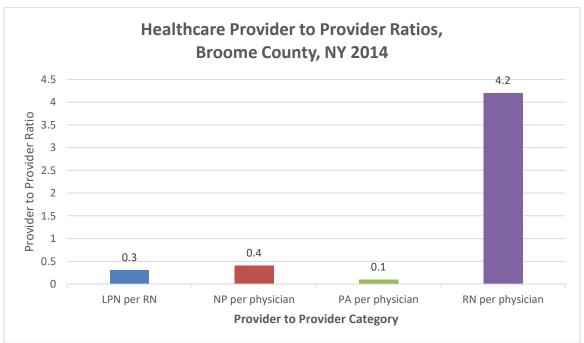
G 13. Healthcare Workforce: Healthcare Provider Ratios (per 1000,000 populaiton), Broome County, NY, 2014



Data retrieved from: http://www.nyhealthdataguide.org/index.html

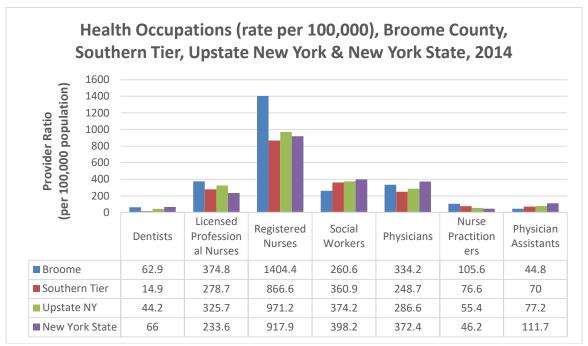
SOURCE: Center for Health Workforce Studies, New York State Health Workforce Planning Data Guide, 2016 edition, Data from 2010-2014

G 14. Healthcare Workforce: Healthcare Provider Ratios, Broome County, NY, 2014



Data retrieved from: http://www.nyhealthdataguide.org/index.html

G 15. Health Occupations (rate per 100,000), Southern Tier, Upstate New York & New York State, 2014

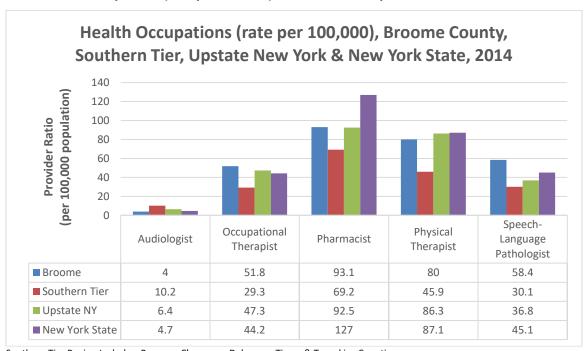


 $Southern\ Tier\ Region\ Includes:\ Broome,\ Chenango,\ Delaware,\ Tioga,\ \&\ Tompkins\ Counties$

Data retrieved from: http://www.nyhealthdataguide.org/index.html

SOURCE: Center for Health Workforce Studies, New York State Health Workforce Planning Data Guide, 2016 edition, Data from 2010-2014

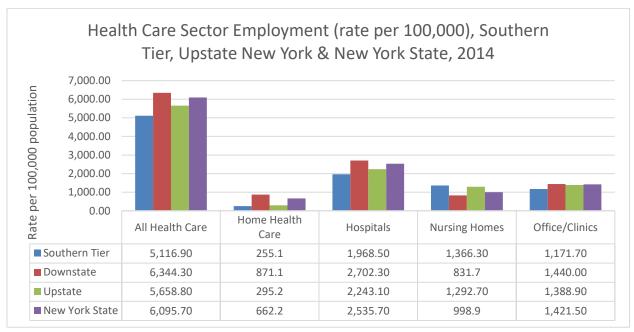
G 16. Health Occupations (rate per 100,000), Southern Tier, Upstate New York & New York State, 2014



Southern Tier Region Includes: Broome, Chenango, Delaware, Tioga, & Tompkins Counties

Data retrieved from: http://www.nyhealthdataguide.org/index.html





Southern Tier Region Includes: Broome, Chenango, Delaware, Tioga, & Tompkins Counties

Data retrieved from: http://www.nyhealthdataguide.org/index.html

SOURCE: Center for Health Workforce Studies, New York State Health Workforce Planning Data Guide, 2016 edition, Data from 2010-2014

G 18. Healthcare Education Programs, Number of Programs, Graduations/Completions, and Percent Change, Broome County, Southern Tier, Upstate New York, New York State, 2014

	В	roome Co	unty	Southern Tier			Upstate New York			New York State		
Education Programs	Number of Programs	Graduations/ Completions	Change	Number of Programs	Graduations/ Completions	Change	Number of Programs	Graduations/ Completions	Change	Number of Programs	Graduations/ Completions	Change
Dental Hygienists	1	26	0.00%	1	26	0	7	176	0.222	15	420	0.071
Licensed Practical Nurses	1	37	0.00%	3	66	0	37	2090	0.156	55	3302	0.122
Medical Residents	5	30	0.00%	5	30	0	204	939	0.121	963	5657	0.112
Nurse Practitioners	3	66	200.00%	3	66	2	21	305	0.611	40	725	0.636
Pharmacists	0	0	NA	0	0	NA	5	512	0.667	8	996	0.6
Physician Assistants	0	0	NA	0	0	NA	8	271	1	30	1037	1.727
Registered Nurses	2	276	0.00%	5	443	0.25	63	5085	0.068	118	10902	0.009
Social Workers	1	56	0.00%	1	56	0	27	1196	2.375	79	4805	2.292

Southern Tier Region Includes: Broome, Chenango, Delaware, Tioga, & Tompkins Counties

Data retrieved from: http://www.nyhealthdataguide.org/index.html

SOURCE: Center for Health Workforce Studies, New York State Health Workforce Planning Data Guide, 2016 edition

NOTE: The Integrated Postsecondary Education Data System (IPEDS) is a system of interrelated surveys conducted annually by the U.S. Department of Education, National Center for Education Statistics. IPEDS gathers information from every college, university, and technical and vocational institution that participates in the federal student financial aid programs. These data were used to report the counts of programs and total graduations for dental hygienists, licensed practical nurses, nurse practitioners, pharmacists, physician assistants and social workers. The American Medical Association conducts an annual survey of graduate medical education programs, called the National GME Census. These data were used to report the education programs and graduations for medical residents. Results of the 2013 survey of New York's registered nursing (RN) education programs conducted by the NY Center for Health Workforce Studies (CHWS) were used to report the counts of programs and graduations of RNs for 2011–2012. Deans and directors of nursing education programs are surveyed annually by CHWS and asked questions

about applications, admissions and RN graduations from their programs. Exclusively online RN education programs were not included in any regional totals but were counted in the statewide totals.

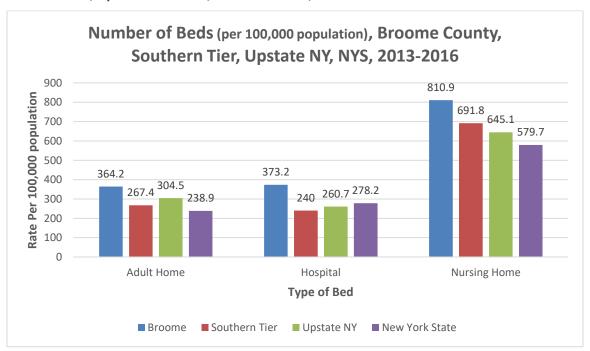
G 19. Healthcare Beds, Number, Ratio (per1000,000 population), and Percent Change, Broom	e County,
Southern Tier, Upstate New York, New York State, 2013-2016	

		Broom	e	Southern Tier			Upstate New York			New York State		
TYPE OF BED	Number	Per 100,000 Population	Change	Number	Per 100,000 Population	Change	Number	Per 100,000 Population	Change	Number	Per 100,000 Population	Change
Adult Home Beds	724	364.2	59.00%	1,202	267.4	79.60%	21,647	304.5	55.10%	46,810	238.9	59.10%
Hospital Beds	742	373.2	1.00%	1,079	240	0.10%	18,531	260.7	5.70%	54,516	278.2	3.90%
Nursing Home Beds	1,612	810.9	3.90%	3,110	691.8	2.40%	45,852	645.1	6.50%	113,592	579.7	2.90%

SOURCE: Center for Health Workforce Studies, New York State Health Workforce Planning Data Guide, 2016 edition Data retrieved from: http://www.nyhealthdataguide.org/index.html

NOTE: These data are reported at both the regional and county levels, and represent total available beds, regardless of the census at any given time. Number of beds is reported per 100,000 of the total population. The Health Facilities Information System (HFIS) provides information on beds and services throughout New York for hospitals and nursing homes. The Adult Care Facility data were used to report the number of beds in adult homes.

G 20. Healthcare Beds, Number, Ratio (per1000,000 population), and Percent Change, Broome County, Southern Tier, Upstate New York, New York State, 2013-2016



Southern Tier Region Includes: Broome, Chenango, Delaware, Tioga, & Tompkins Counties Data retrieved from: http://www.nyhealthdataguide.org/index.html

SOURCE: Center for Health Workforce Studies, New York State Health Workforce Planning Data Guide, 2016 edition, Data from 2013-2016 *NOTE*: These data are reported at both the regional and county levels, and represent total available beds, regardless of the census at any given time. Number of beds is reported per 100,000 of the total population. The Health Facilities Information System (HFIS) provides information on beds and services throughout New York for hospitals and nursing homes. The Adult Care Facility data were used to report the number of beds in adult homes.

G 21. Broome County Long Term Care Facilities and Services

LONG TERM CARE FACILITIES	Independent Living	Adult Care Facility	Enriched Housing Program	Assisted Living Residence	Skilled Nursing Facility	Rehabilitation	Assisted Living Program	Enhanced Assisted Living	Special Needs Assisted Living Residence	Designated Dementia Units
Absolut Care of Endicott					Х	Х				Х
(607) 754-2705 Bridgewater Center for										
Rehabilitation & Nursing (607) 722-7225					Х	Х				Х
Brookdale Vestal East (607) 249-5028		Х								
Brookdale Vestal West (607) 249-5029				Х				Х	Х	Х
Garden House (607) 724-5763		Х								
Good Shepherd Fairview Home & Apartments (607) 724-2477	Х			Х	х	Х	Х	Х	Х	Х
Good Shepherd Village (607) 757-3102	Х			Х	Х	Х		Х		Х
Metro Interfaith Housing Program (607) 772-6766			Х							
New York State Veterans Home at Oxford (607) 843-3100					х					Х
Susquehanna Nursing & Rehabilitation Center (607) 729-9206					Х	Х				х
The Hearth at Castle Gardens (607) 341-7017	Х	Х	Х							Х
UHS Senior Living at Ideal (607) 786-7300	Х	Х			Х	Х	Х			Х
United Methodist Homes Elizabeth Church (607) 722-3463	Х	Х			Х	Х	Х			Х
United Methodist Homes Hilltop (607) 798-7818	Х			Х	Х	х	х	Х	Х	Х
Vestal Park Rehabilitation Nursing Center (607) 754-4105					Х	Х	Х			х
Willow Point Nursing Home (607) 763-4400					Х	Х				х

SOURCE: Broome County Office for Aging, 2019

G 22. Services Provided by Broome County Office for Aging, 2017

Caregiver Services	
Information, training, consultation, respite and support for o	caregivers to the elderly
Unduplicated Caregivers Served	583
Participants in Caregiver Training	353
Respite Hours	427
Foster Grandparent Program	
Volunteers Work with Special Needs Children	
Unduplicated Number of Foster Grandparents	57
Hours of Service Provided by Foster Grandparents	49,236
Stipend Dollars Delivered to Low-Income Volunteers	\$130,325
Health and Wellness Program	
Fostering the Health and Wellbeing of Older People through Workshops and Physical Activities	Social Interaction, Educational
Attendance at Health Promotion Activities	27,514
Number of Recreational/Educational Activities Offered	5,608
·	•
Participants in Nutrition Education Classes	30,213
Health Insurance Information, Counseling and Assistance P	-
Free, Unbiased and Confidential Assistance with Health Ins Through Action for Older Persons, Inc. and the Office for Ag	
Unduplicated Number of Clients Receiving Individual	1,926
Counseling	
Estimated Annual Dollar Savings	\$2,922,446
Participants in HIICAP Educational Programs	800
Home Energy Assistance Program	
Certification of Low-Income Seniors for Help with Energy Ex	xpenses
Applications Received	2,049
Applications Certified for a Benefit	1,668
Total Benefits Awarded	\$754,547
In-Home Services Unit	1 - 7-
In-Home Assessment, Homemaker and Personal Care Servi	ces. Shopping and Personal Emergency
Response Services for the Homebound	,
Unduplicated Number of Clients Served	864
Personal Care and Chore Hours	
	1 23.569
	23,569 4.694
Case Management Hours	4,694
Case Management Hours Home Delivered Meals: Clients Served	4,694 649
Case Management Hours Home Delivered Meals: Clients Served Home Delivered Meals Provided	4,694 649 173,624
Case Management Hours Home Delivered Meals: Clients Served Home Delivered Meals Provided Home Delivered Meals: Average Clients Served Per Day	4,694 649 173,624 303
Case Management Hours Home Delivered Meals: Clients Served Home Delivered Meals Provided	4,694 649 173,624

Legal Services	
Legal Advice and Representation in Civil Matters to Seniors v	who Can't Afford Private Counsel
Provided Through the Legal Aid Society of Mid-New York	
Unduplicated Number of Clients	291
Hours of Service	548
Senior Centers	
Eight Sites Offering Socialization, Nutritious Meals, Wellness	Activities and Assistance
Unduplicated Number of Participants	2,262
Number of Meals Provided	76,679
Senior Helpers Program	
Employment Referral Service Matching Older Workers to Pri	vate In-Home Jobs
Number of Successful Job Matches	810
Unduplicated Number of Employers who Hired a Senior	621
Helper	
Unduplicated Number of Senior Helpers Matched to a Job	158
Transportation	
Transportation Provided by Broome Transit: OFA Mini Bus, B	BC Country, BC Lift
Unduplicated Number of Clients	568
Number of One-Way Trips	20,727

SOURCE: Broome County Office for Aging Annual Report, 2017

G 23. Apartment Options for Older Adults and People with Disabilities, 2019

Location	Apartment Name	Housing Provider	Age Restrictions	Rent Subsidy	# of Units
Binghamton	100 Chenango Place	ABC Housing	62 and Older, or any age with a disability	Yes	143
Binghamton	Binghamton Gateway Apartments	FWAC	Low income of any age	Yes	37
Binghamton	Carlisle Apartments	ВНА	Individuals or Couples, 18 and Older	Yes	20
Binghamton	Crandall Hall Apartments	CHIP	55 or Older, or any age with a disability	No	24
Binghamton	East Hills Senior Housing	OFB	55 or Older, or any age with a disability	Yes	32
Binghamton	First Antique Center	FWAC	Low income of any age	No	7
Binghamton	First Ward Action Council Housing Program	FWAC	Low-Income Seniors 55 and older, Families, or any age with a disability	Yes	*
Binghamton	Good Shepherd Fairview Home	Good Shepherd	62 or Older	No	40
Binghamton	Hamilton House Apartments	SEPP	55 or Older	Yes	37

Location	Apartment Name	Housing Provider	Age Restrictions	Rent Subsidy	# of Units
Binghamton	Henry Apartments	Metro Interfaith	Low-Income Elderly, or any age with a disability	Yes	12
Binghamton	Historic Dwightsville Gateway Apartments	FWAC	Low-Income Families and Individuals	Yes	27
Binghamton	Lincoln Court Apartments	Metro Interfaith	62 or Older, or any age with a disability	Yes	45
Binghamton	Metro Interfaith Housing Management Corporation	Metro Interfaith	Low-Income Elderly, or any age with a disability	Yes	*
Binghamton	Metro Plaza Apartments	Metro Interfaith	62 or Older, or any age with a disability	Yes	150
Binghamton	North Shore Towers and Village	ВНА	55 or older, or any age with a disability	Yes	224
Binghamton	Saratoga Apartments	ВНА	Individuals or couples, 18 or older	Yes	34
Binghamton	Schoolhouse Apartments	FWAC	55 or Older with Low Income	Yes	13
Binghamton	Stratmill Brook Apartments	Belmont Management Company	55 or Older with Low Income	Yes	32
Binghamton	United Methodist Homes Manor House	UMH	65 or Older	No	8
Binghamton	United Methodist Homes St. Louise Manor	UMH	65 or Older	No	22
Binghamton	Woodburn Court I	Woodburn Court I	62 and Older and those with a disability over the age of 50	Yes	147
Kirkwood	Valley View Apartments at Kirkwood	Belmont Management Company	62 or Older, or any age with a disability	Yes	32
Conklin	Conklin Senior Housing	Belmont Management Company	62 or Older, or any age with a disability	Yes	24
Deposit	Meadow Park Apartments	Capital Reality Group	62 or Older, or any age with a disability	Yes	81
Endicott	Cardinal Cove Apartments	SEPP	Low income individuals of any age	Yes	50
Endwell	Good Shepherd Village at Endwell	Good Shepherd	62 or Older	No	154

Location	Apartment Name	Housing Provider	Age Restrictions	Rent Subsidy	# of Units
Endicott	Ideal Senior Living Center	UHS	65 or Older	No	33
Endicott	Skye View Apartments	Skye View Heights	55 or older	No	154
Endwell	Marian Apartments	SEPP	62 or Older, or any age with a disability	Yes	102
Endicott	Nichols Notch Apartments	SEPP	55 or Older	Yes	57
Harpursville	Norma Gardens	CHIP	18 or Older	Yes	24
Johnson City	Century Sunrise Apartments	Century Sunrise	18 or Older	Income limits apply	104
Johnson City	Harry L Apartments	SEPP	55 or Older	Yes	60
Johnson City	Reynolds Pointe Senior Apartments	Clover Group	55 or Older	No	125
Johnson City	United Methodist Homes Hilltop Campus	UMH	65 or Older	No	196
Johnson City	Wells Apartments	SEPP	62 or Older	Yes	49
Vestal	The Hearth at Castle Gardens	The Hearth at Castle Gardens	55 or Older	No	126
Vestal	Vestal Pines Apartments	FWAC	Low-Income Seniors 55 or Older	Yes	24
Whitney Point	Whitney Point Apartments	SEPP	62 or Older, or any age with a disability	Yes	24
Windsor	Windsor Woods	SEPP	62 or Older, or any age with a disability	Yes	24
Broome County	Rental Assistance Program for Private Apartments	Call BHA or Town of Union	18 or Older	Yes	*

*Varies
SOURCE: Broome County Office for Aging Senior Apartment Housing Guide, October 2018

HEALTH INSURANCE COVERAGE

G 24. Health Insurance Coverage Status, Broome County, NY, 2017

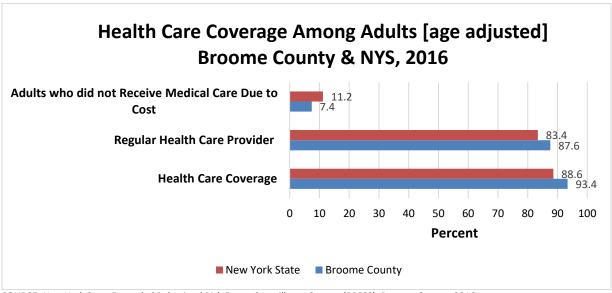
Health Insurance Coverage Status	Total	Number Uninsured	Percent Uninsured
Total civilian non-institutionalized population	190,886	8,115	4.3%
AGE			
Under 19 years	42,194	652	1.5%
19-64 years	113,806	7,379	6.5%
65 years and older	34,886	84	0.2%
GENDER			
Male	94,195	4,495	4.8%
Female	96,691	3,620	3.7%
RACE AND HISPANIC OR LATIONO ORIGIN			
White alone	16,233	6,376	3.9%
Black or African American alone	10,863	530	4.9%
Asian alone	8,895	681	7.7%
Two or more races	N	N	N
White alone, not Hispanic or Latino	158,575	6,049	3.8%
Hispanic or Latino (of any race)	8,078	803	9.9%
NATIVITY AND CITIZENSHIP STATUS			
Native Born	178,128	6,761	3.8%
Foreign Born	12,758	1,354	10.6%
Naturalized	6,953	464	6.7%
Not a citizen	5,805	890	15.3%
EDUCATIONAL ATTAINMENT			
Civilian non-institutionalized population 25 years and older	123,305	5,440	4.4%
Less than high school graduate	11,400	1,040	9.9%
High school graduate, GED or alternative	37,298	1,875	5.0%
Some college or associate's degree	40,046	2,147	5.4%
Bachelor's degree or higher	34,561	378	1.1%
EMPLOYMENT STATUS			
Civilian non-institutionalized population aged 19 to 64 years	113,806	7,397	6.5%
In labor force	81,755	5,447	6.7%
Employed	76,542	4,523	5.9%
Unemployed	5,213	924	17.7%
Not in labor force	32,051	1,932	6.0%

Health Insurance Coverage Status	Total	Number Uninsured	Percent Uninsured
WORK EXPERIENCE			
Civilian non-institutionalized population aged 19 to 64 years	113,806	7,397	6.5%
Worked full-time, year-round in the past 12 months	50,795	2,121	4.2%
Worked less than full-time, year-round in the past 12 months	35,643	3,318	9.3%
Did not work	27,368	1,940	7.1%
HOUSEHOLD INCOME (In 2014 inflation adjusted dollars)			
Civilian household population	183,206	7,730	4.2%
Under \$25,000	35,280	2,606	7.4%
\$25,000 to \$49,999	38,799	1,466	3.8%
\$50,000 to \$74,999	33,237	1,858	5.6%
\$75,000 to \$99,999	29,566	1,362	4.6%
\$100,000 and over	46,324	438	0.9%
RATIO OF INCOME TO POVERTY LEVEL IN THE PAST 12 MONTHS			
Civilian non-institutionalized population for whom poverty status is determined	183,875	7,793	4.2%
Under 1.38 of poverty threshold	44,585	3,347	7.5%
1.38 to 3.99 of poverty threshold	77,541	3,016	3.9%
400 of poverty threshold and over	161,749	1,430	2.3%

SOURCE: US Census Bureau, American Community Survey, 2017 (1-year estimates)

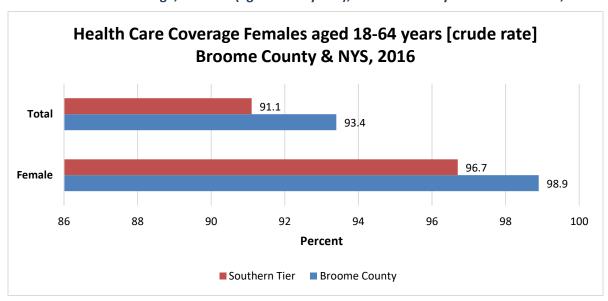
An 'N' entry in the estimate and margin of error columns indicates that data for this geographic area cannot be displayed because the number of sample cases is too small.

G 25. Health Care Coverage among Adults [Age-Adjusted], Broome County & New York State, 2016



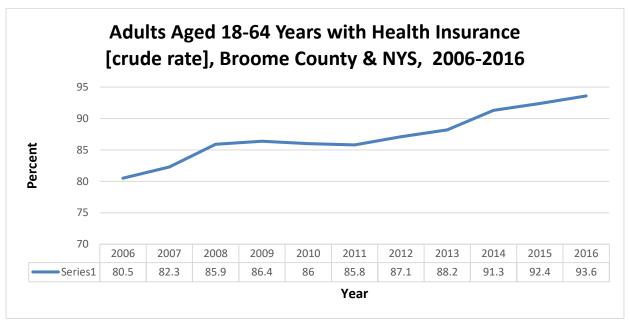
SOURCE: New York State Expanded Behavioral Risk Factor Surveillance System (BRFSS), Broome County, 2016

G 26. Health Care Coverage, Females (aged 18-64 years), Broome County & New York State, 2016



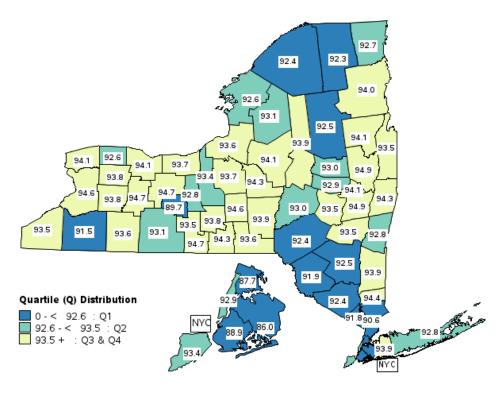
SOURCE: New York State Expanded Behavioral Risk Factor Surveillance System (BRFSS), Broome County, 2016

G 27. Percentage of Adults with Health Insurance (age 18-64 years), Broome County, 2006-2016 [Crude ate]



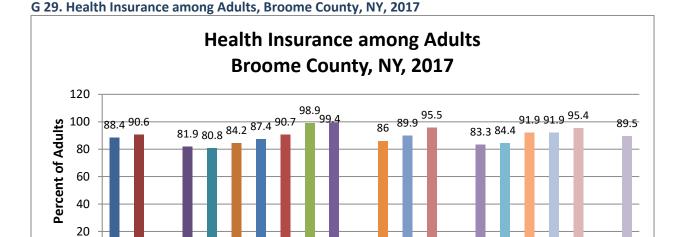
SOURCE: New York State Department of Health, County Health Indicator Reports, 2006-2016

G 28. Percentage of Adults (aged 18-64 years) with Health Insurance, 2016



 $SOURCE: New York State \ Department \ of \ Health, \ County \ Health \ Indicator \ Reports, \ 2016$

TOTAL



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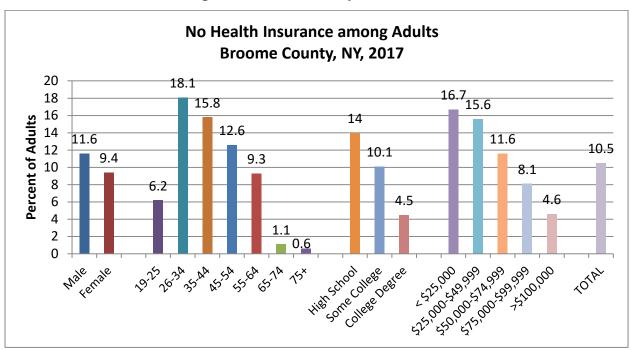
22,00,22,000,32,22,000

high school bisome college

SOURCE: U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimate

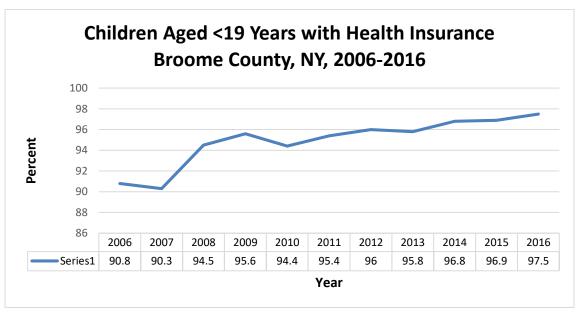


1975 1673 35 10 1576 1576 1576 15X



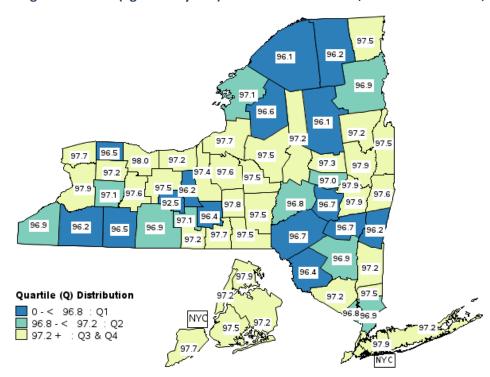
SOURCE: U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates

G 31. Percentage of Children with Health Insurance (aged < 19 years), Broome County, NY, 2006-2016 [crude rate]



SOURCE: New York State Department of Health, County Health Indicator Reports, 2006-2016

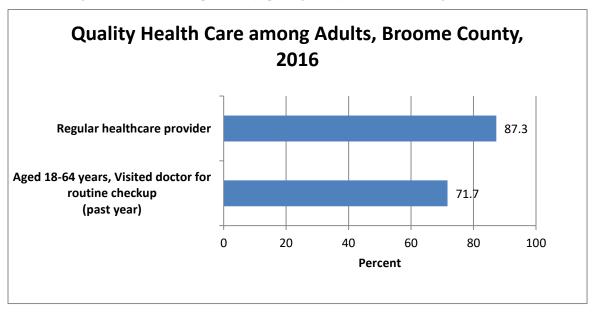
G 32. Percentage of Children (aged < 19 years) with Health Insurance, New York Counties, 2016



SOURCE: New York State Department of Health, County Health Indicator Reports, 2016

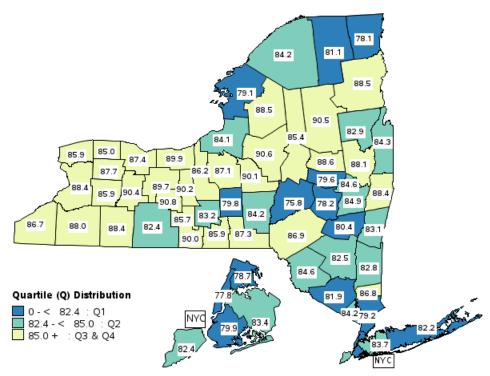
QUALITY HEALTH CARE

G 33. Quality Health Care among Adults [Age-Adjusted], Broome County, 2016



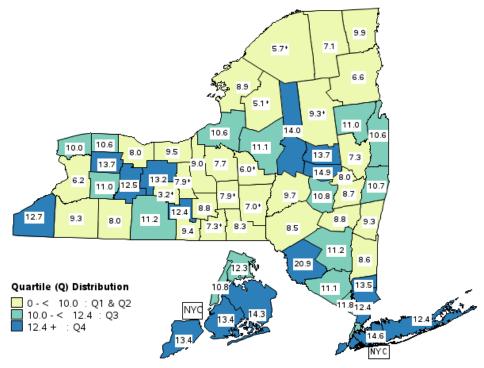
SOURCE: New York State Expanded Behavioral Risk Factor Surveillance System (BRFSS), Broome County, 2016

G 34. Age-adjusted Percentage of Adults with Regular Health Care Provider, New York Counties, 2016



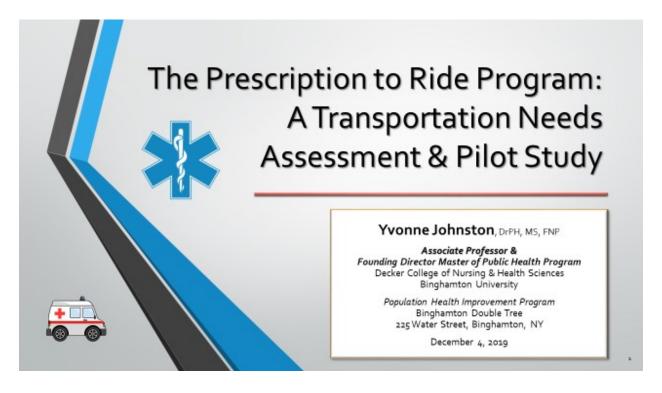
SOURCE: New York State Department of Health, County Health Indicator Reports, 2016

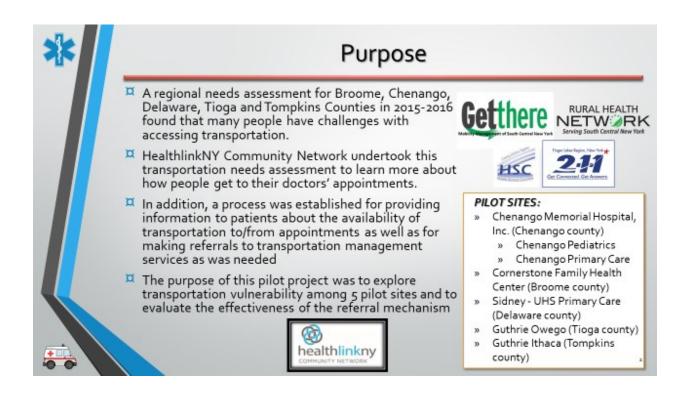
G 35. Age-adjusted Percentage of Adults who did not Receive Medical Care Because of the Cost, New York Counties, 2016



SOURCE: New York State Department of Health, County Health Indicator Reports, 2016

TRANSPORTATION SURVEY: A Pilot Study of Transportation Vulnerability





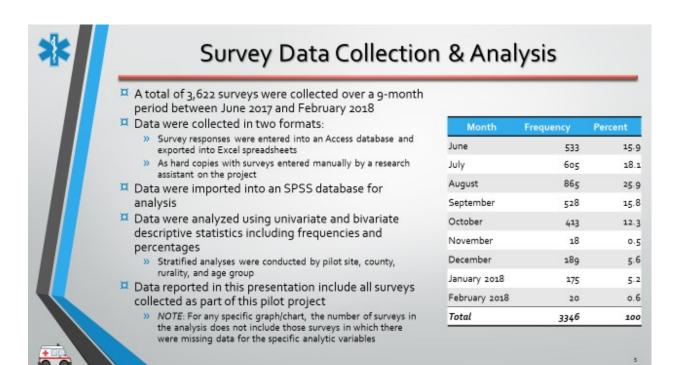
Transportation Vulnerability & Referral to Services Pilot Project Goals Collect data on transportation need Connect patients with transportation vulnerability to mobility management services that help them keep their appointments Improve: Patient access to health care & needed services Individual patient health Population health for region

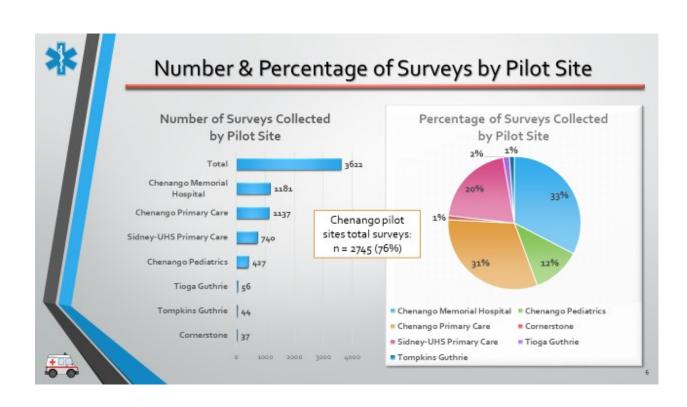
Mobility Management

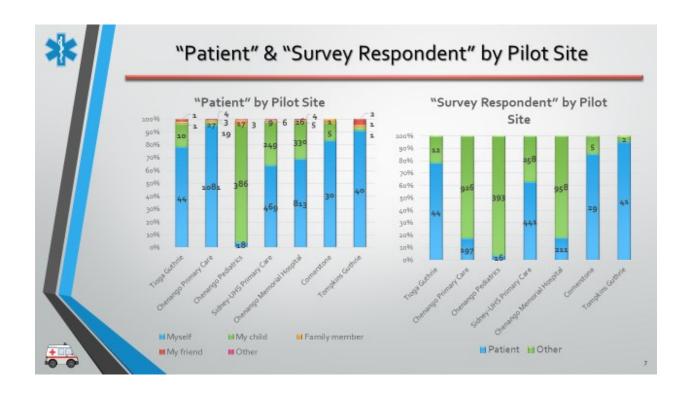
- Provides information about and referrals to the most appropriate transportation option for
- Ensures that the transportation options suggested meet customer needs

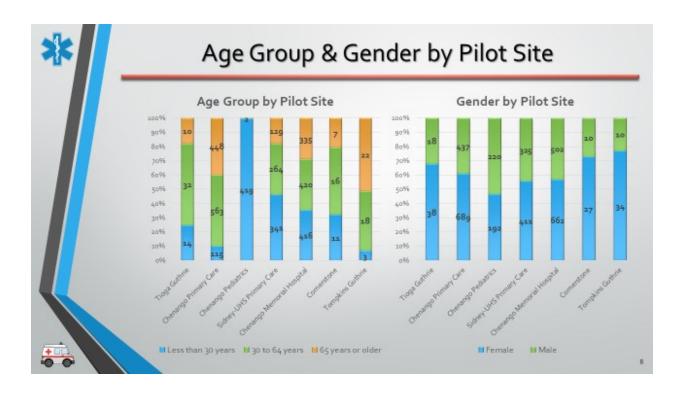


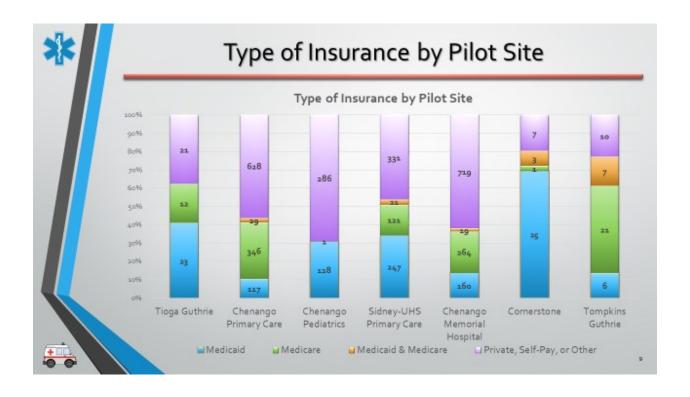
Prescription to Ride Program – Referral Process During check-in, patient or caregiver receives questionnaire Patient or caregiver returns questionnaire to staff at check-out Check out office staff asks two questions: Do you have any transportation concerns about getting to the next appointment? Would you like to receive a call about transportation assistance options for your next appointment? [Question only asked if transportation vulnerability indicated] Office staff makes soft or hard referral, based on patient Faxes or sends electronic referral through secure messaging to mobility management OR Provides information to patient about mobility management resources Mobility management services calls Within one week after initial appointment to inquire about any transportation or assistance needs. Approximately one week before appointment to inquire about any transportation or assistance needs. Protocol Number: 4092-17 Program Evaluation for the Prescription to Ride Transportation Pilot Project was reviewed by the HSRRC and After appointment (within one week) to see if patient was received an Exempt approval pursuant to the Department of Health and able to attend appointment Human Services (DHHS) regulations 45 CFR 46.101(b)(2)(4)(5)

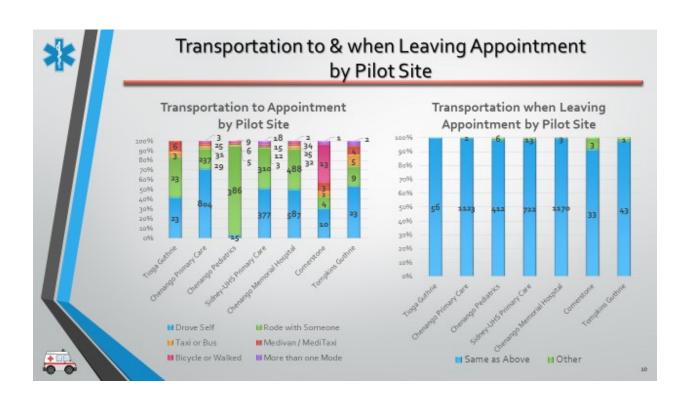


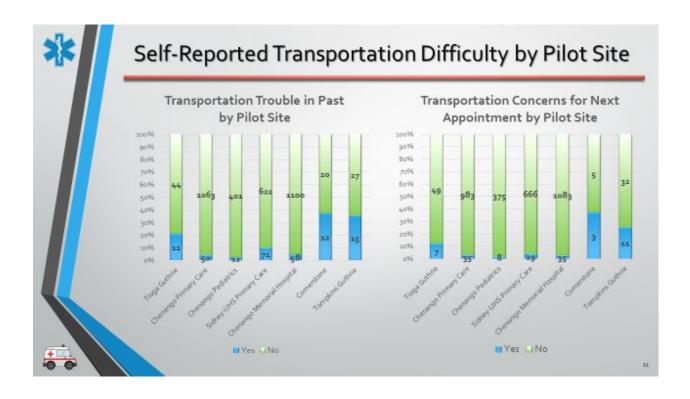
















Summary: Key Points by Pilot Site

Chenango Memorial Hospital (n = 1181)

- 82% of surveys were completed by someone other than the patient – a nurse assisted with completion of surveys
- · Gender: 57% female, 43% male
- Age: 36% < 30 years, 36% 30-64 years, 28% 65+ years
- Insurance: 14% Medicaid, 23% Medicare, 2% both, 62% private/self-pay/other
- Transportation to appointment: 50% drove self, 42% rode with someone, 2% medivan
- Transportation when leaving: 99.7% same as to appointment
- Self-reported transportation vulnerability: In the past 5%, Next appointment 3%
- Number requesting call for transportation assistance: 42
- Number of referrals: Soft referrals = 8, Hard referrals = 35

Chenango Pediatrics (n = 427)

- 96% of surveys were completed by someone other than the patient – parent, grandparent, or nurse
- Gender: 47% female, 53% male
- · Age: 99.5% < 30 years
- Insurance: 31% Medicaid, 69% private/selfpay/other
- Transportation to appointment: 92% rode with someone, 1% medivan
- Transportation when leaving: 98% same as to appointment
- Self-reported transportation vulnerability: In the past 3%, Next appointment 2%
- Number requesting call for transportation assistance: 7
- Number of referrals: Hard referrals = 1

13



Summary: Key Points by Pilot Site

Chenango Primary Care (n = 1137)

- Gender: 61% female, 39% male
- Age: 10% < 30 years, 50% 30-64 years, 40% 65+ years
- Insurance: 10% Medicaid, 31% Medicare, 3% both, 56% private/self-pay/other
- Transportation to appointment: 71% drove self, 21% rode with someone, 3% medivan
- Transportation when leaving: 99.5% same as to appointment
- Self-reported transportation vulnerability: In the past 4.5%, Next appointment 3.4%
- Number requesting call for transportation assistance: 44
- Number of referrals: Soft referrals = 4, Hard referrals = 35

Cornerstone (n = 37)

- · Gender: 73% female, 27% male
- Age: 32% < 30 years, 47% 30-64 years, 21% 65+ years
- Insurance: 69% Medicaid, 19% private/selfpay/other, 8% Medicare
- Transportation to appointment: 39% walked or rode a bicycle
- Transportation when leaving: 8% different mode of transportation
- Self-reported transportation vulnerability: In the past 38%, Next appointment 38%
- Number of requesting call for transportation
 assistance: 2
- Number of referrals: Soft referrals = 1





Summary: Key Points by Pilot Site

Tioga Guthrie (n = 56)

- Gender: 68% female, 32% male
- Age: 25% < 30 years, 57% 30-64 years, 18% 65+ years
- Insurance: 41% Medicaid, 21% Medicare, 38% private/self-pay/other
- Transportation to appointment: 41% drove self, 41% rode with someone, 11% medivan
- Transportation when leaving: 100% same as to appointment
- Self-reported transportation vulnerability: In the past 21%, Next appointment 12.5%
- Number requesting call for transportation assistance: 3
- Number of referrals: Soft referrals = 8

Tompkins Guthrie (n = 44)

- · Gender: 77% female, 23% male
- Age: 7% < 30 years, 42% 30-64 years, 51%
 65+ years
- Insurance: 14% Medicaid, 48% Medicare, 16% both, 23% private/self-pay/other
- Transportation to appointment: 53% drove self, 21% rode with someone, 9% medivan
- Transportation when leaving: 98% same as to appointment
- Self-reported transportation vulnerability: In the past 36%, Next appointment 26%
- Number requesting call for transportation assistance: 10
- Number of referrals: Hard referrals = 4

18



Summary: Key Points by Pilot Site

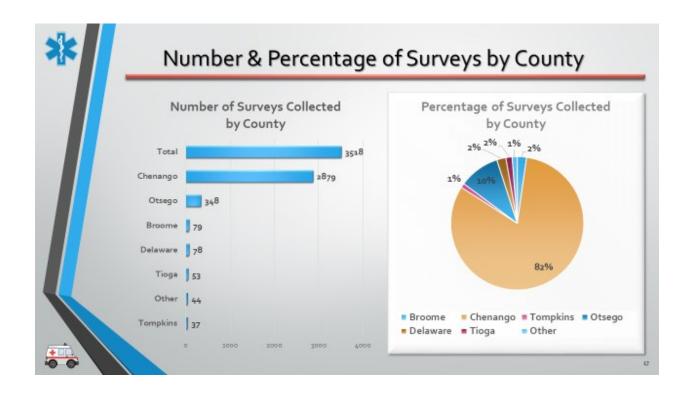
Sidney - UHS Primary Care (n = 740)

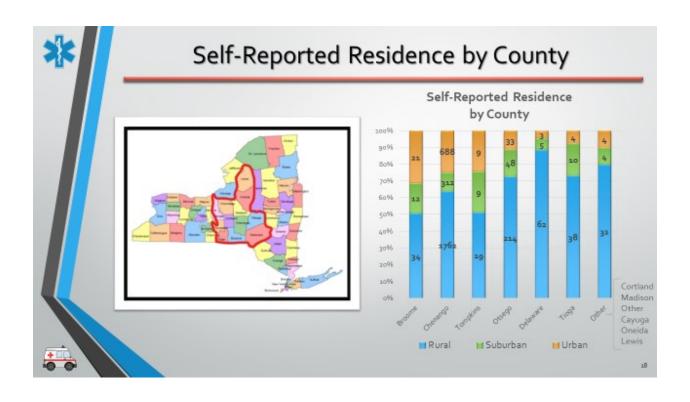
- . Gender: 56% female, 44% male
- Age: 47% < 30 years, 36% 30-64 years, 18% 65+ years
- Insurance: 34% Medicaid, 17% Medicare, 3% both, 46% private/self-pay/other
- Transportation to appointment: 51% drove self, 42% rode with someone, 2% medivan
- Transportation when leaving: 98% same as to appointment
- Self-reported transportation vulnerability: In the past 10%, Next appointment 4%
- Number requesting call for transportation assistance: 30
- Number of referrals: Soft referrals = 36, Hard referrals = 4



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Summary: Key Points by County

Broome County (n = 79)

- · Gender: 67% female, 33% male
- Age: 41% < 30 years, 44% 30-64 years, 15% 65+ years
- Insurance: 38% Medicaid, 13% Medicare, 4% both, 45% private/self-pay/other
- Transportation to appointment: 52% drove self, 23% rode with someone, 7% medivan
- Transportation when leaving: 97% same as to appointment
- Self-reported transportation vulnerability: In the past 21%, Next appointment 8%
- Number requesting call for transportation assistance: 2
- Number of referrals: Soft referrals = 2

Chenango County (n = 2879)

- . Gender: 57% female, 43% male
- Age: 35% < 30 years, 37% 30-64 years, 28% 65+ years
- Insurance: 17% Medicaid, 22% Medicare, 2% both, 59% private/self-pay/other
- Transportation to appointment: 52% drove self, 40% rode with someone, 2% medivan
- Transportation when leaving: 99.6% same as to appointment
- Self-reported transportation vulnerability: In the past 5%, Next appointment 3%
- Number requesting call for transportation assistance: 99
- Number of referrals: Soft referrals = 23, Hard referrals = 70

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Summary: Key Points by County

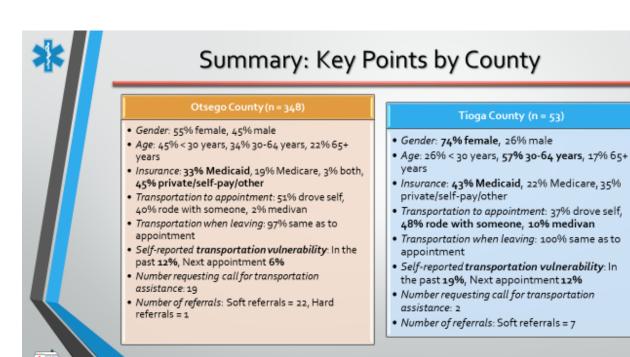
Delaware County (n = 78)

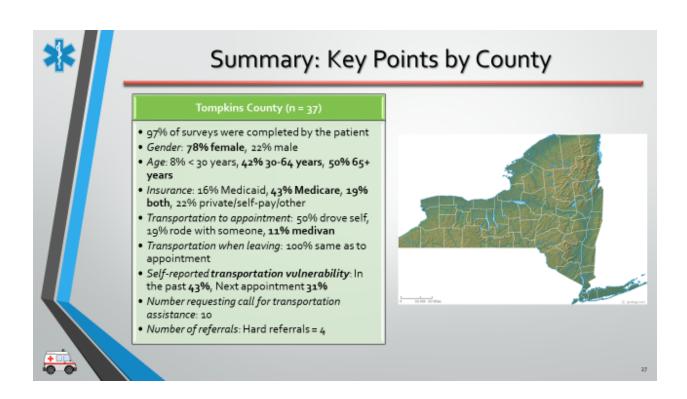
- 60% of survey respondents was someone other than the patient
- Gender: 50% female, 50% male
- Age: 66% < 30 years, 22% 30-64 years, 12% 65+ years
- Insurance: 30% Medicaid, 13% Medicare, 1% both, 57% private/self-pay/other
- Transportation to appointment: 40% drove self, 53% rode with someone, 1% medivan
- Transportation when leaving: 100% same as to appointment
- Self-reported transportation vulnerability: In the past 6%, Next appointment 1%
- · Number requesting call for transportation assistance: o
- Number of referrals: Soft referrals = 2, Hard referrals =

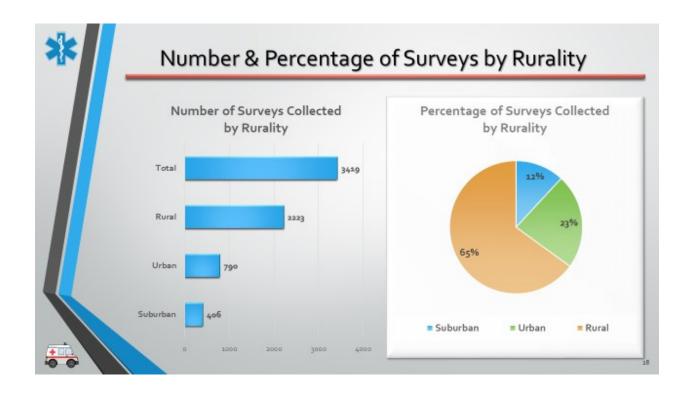
Other Counties (n = 44)

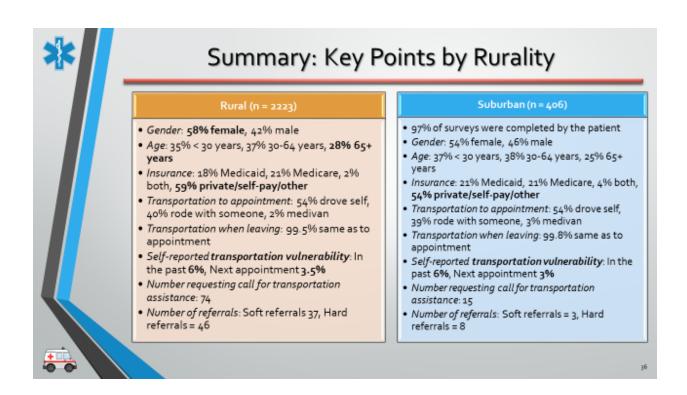
- Gender: 60% female, 40% male
- Age: 25% < 30 years, 36% 30-64 years, 39% 65+ years
- Insurance: 11% Medicaid, 41% Medicare, 48% private/self-pay/other
- Transportation to appointment: 61% drove self, 39% rode with someone
- Transportation when leaving: 100% same as to appointment
- Self-reported transportation vulnerability: In the past o%, Next appointment 2%
- Number requesting call for transportation assistance: 3
- Number of referrals: Soft referrals = 1, Hard referrals = 2

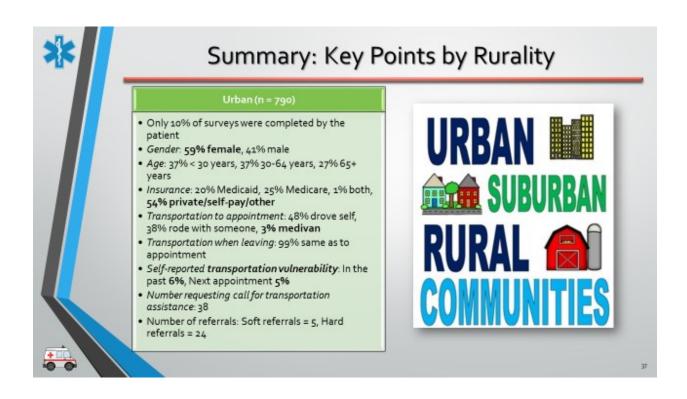


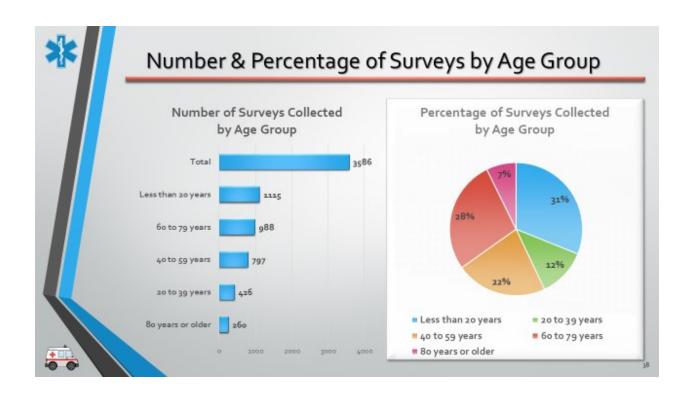














Summary: Key Points by Age Group

Less than 20 Years (n = 1115)

- 94% of surveys were completed by someone other than the patient – parent, grandparent, or nurse
- · Gender: 48% female, 52% male
- Insurance: 34% Medicaid, <1% Medicare, 66% private/self-pay/other
- Transportation to appointment: 6% drove self, 90% rode with someone, <1% medivan
- Transportation when leaving: 98% same as to appointment
- Self-reported transportation vulnerability: In the past 4%, Next appointment 2%
- Number requesting call for transportation assistance: 21
- Number of referrals: Soft referrals = 7, Hard referrals = 5

20 to 39 Years (n = 426)

- Gender: 69% female, 31% male
- Insurance: 25% Medicaid, 5% Medicare, 1% both, 69% private/self-pay/other
- Transportation to appointment: 76% drove self, 14% rode with someone, 2% medivan
- Transportation when leaving: 99.5% same as to appointment
- Self-reported transportation vulnerability: In the past 10%, Next appointment 4%
- Number requesting call for transportation assistance: 19
- Number of referrals: Soft referrals = 11, Hard referrals = 10





Summary: Key Points by Age Group

40 to 59 Years (n = 797)

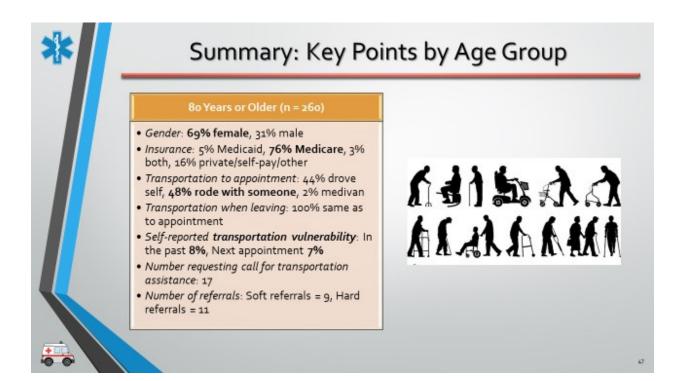
- · Gender: 56% female, 44% male
- Insurance: 16% Medicaid, 11% Medicare, 5% both, 68% private/self-pay/other
- Transportation to appointment: 77% drove self, 13% rode with someone, 3% medivan
- Transportation when leaving: 99.6% same as to appointment
- Self-reported transportation vulnerability: In the past 10%, Next appointment 6%
- Number requesting call for transportation assistance: 48
- Number of referrals: Soft referrals = 18, Hard referrals = 31

60 to 79 Years (n = 988)

- . Gender: 69% female, 31% male
- Insurance: 9% Medicaid, 46% Medicare, 3% both, 42% private/self-pay/other
- Transportation to appointment: 73% drove self, 18% rode with someone, 4% medivan
- Transportation when leaving: 99.7% same as to appointment
- Self-reported transportation vulnerability: In the past 5%, Next appointment 3%
- Number requesting call for transportation assistance: 30
- Number of referrals: Soft referrals = 12, Hard referrals = 21



46



Transportation Vulnerability & Service Needs # Hard Difficulty In the Difficulty for Next Request Call for # Soft Past Referrals Appointment **Next Appointment** Referrals N N N Gender ** Female 153 7.7 89 4-7 97 5.1 37 56 Male 2.8 22 5.2 39 41 3.0 21 Age Group ** < 30 years 57 4.4 23 1.9 28 2.3 7 5.8 30-64 years 124 9.7 68 46 70 5.7 33 65 years or 46 3.6 5.0 32 4.4 25 older ** Significant at p < 0.05

		Difficulty In the Past				Request Call for Next Appointment		# Soft Referrals	# Hard Referrals
	N	96	N	%	N	%	N	N	
Pilot Site **									
Tioga Guthrie	12	21.4	7	12.5	3	5.4	8	0	
Chenango Primary Care	50	4-5	35	3.4	44	4-3	4	35	
Chenango Pediatrics	12	2.9	8	2.1	7	1.8	1	0	
Sidney-UHS Primary Care	71	10.2	29	4.2	30	4-3	36	4	
Chenango Memorial Hospital	58	5.0	35	3.1	42	3.8	8	35	
Cornerstone	12	37-5	3	37-5	2	33-3	1	U	
Tompkins	15	35-7	11	25.6	10	23.3	0	4	

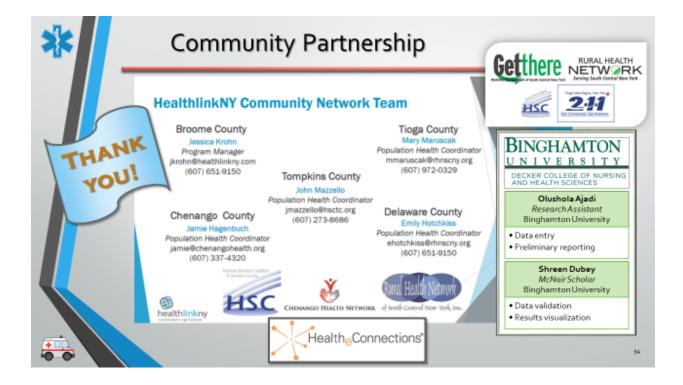
		culty e Past		for Next ntment	•	all for Next ntment	# Soft Referrals	# Hard Referrals
	N	%	N	96	N	%	N	N
County **								
Broome	15	20.5	4	7-5	2	4.1	2	0
Chenango	143	5.1	83	3.1	99	3.7	23	70
Tompkins	15	42.9	11	30.6	10	27.8	0	4
Otsego	39	11.8	18	5.6	19	5.9	22	1
Delaware	4	5.6	1	1.4	0	0	2	1
Tioga	10	18.9	6	11.5	2	3.8	7	0
Other	0	0	3	7.1	3	7.1	1	2
Rurality NS			-		100			
Rural	129	6.0	72	3.5	74	3.6	37	46
Suburban	23	5.8	12	3.4	15	4-3	3	8
Urban	49	6.3	36	4.9	38	5.2	5	24
Orban	49	0.5	30	4-9	30	5.4	,	-4
TOTAL	230	6.6	128	3.9	138	4.2	58	78



Questions for Discussion

- What do you see as the strengths and limitations of this pilot project?
- What groups experience the highest levels of transportation vulnerability?
- What groups do you think have unmet needs?
- How might information about transportation services be better customized to meet the needs of those who are most vulnerable?
- What information from this pilot study is most useful for improving transportation services?
- How can the referral linkage be strengthened so that transportation to medical appointments can be correlated to clinical care?
- To what extent is the pilot project scalable across health systems?
- What would you say are the key lessons learned from this pilot project?

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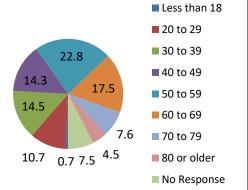
COMMUNITY SURVEY

G 36. Gender

	FREQUENCY	PERCENT
Female	745	70.7
Male	219	20.8
Other	5	0.5
No Response	85	8.1
TOTAL	1054	100.0

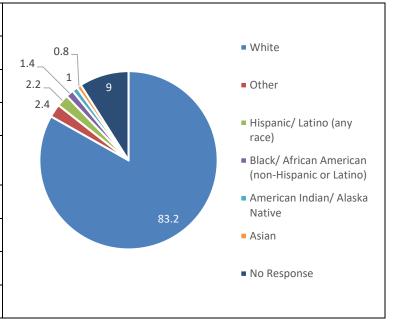
G 37. Age [grouped by 10-year increments]

	FREQUENCY	PERCENT	
Less than 18	7	0.7	
18 to 29	113	10.7	
30 to 39	153	14.5	22
40 to 49	151	14.3	14.3
50 to 59	240	22.8	14.3
60 to 69	184	17.5	14.5
70 to 79	80	7.6	
80 or older	47	4.5	
No Response	79	7.5	10.7 _{0.}
TOTAL	1054	100.0	



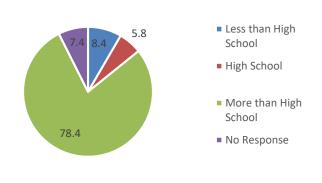
G 38. Racial group you most identify with

	FREQU ENCY	PERC ENT
White	877	83.2
Other	25	2.4
Hispanic/ Latino (any race)	23	2.2
Black/ African American (non- Hispanic or Latino)	15	1.4
American Indian/ Alaska Native	11	1.0
Asian	8	0.8
No Response	95	9.0
TOTAL	1054	100.0



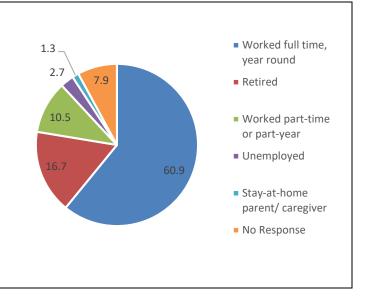
G 39. Highest education level achieved

	FREQUENCY	PERCENT	
Less than High School	89	8.4	
High School	61	5.8	
More than High School	826	78.4	
No Response	78	7.4	7
TOTAL	1054	100.0	



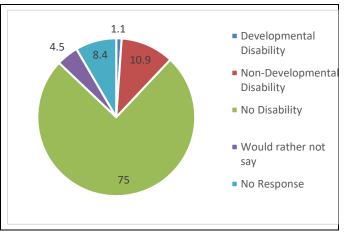
G 40. Employment in the past 12 months

	FREQUENCY	PERCENT
Worked full time, year round	642	60.9
Retired	176	16.7
Worked part-time or part-year	111	10.5
Unemployed	28	2.7
Stay-at-home parent/ caregiver	14	1.3
No Response	83	7.9
TOTAL	1054	100.0



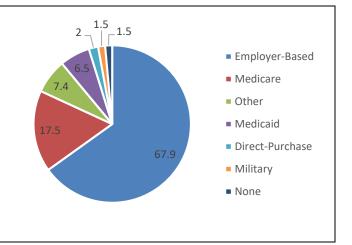
G 41. Do you have any kind of disability?

	FREQUENCY	PERCEN T
Yes, I have a developmental disability	12	1.1
Yes, I have another type of disability	115	10.9
No, I do not have a disability	791	75
Would rather not say	47	4.5
No Response	89	8.4
TOTAL	1054	100.0



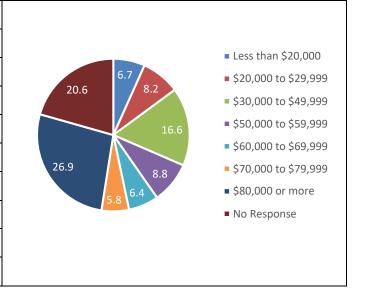
G 42. Insurance (Check all that apply)

	FREQUENCY	PERCENT
Employer-Based	716	67.9
Medicare	184	17.5
Other	78	7.4
Medicaid	69	6.5
Direct-Purchase	21	2.0
Military	16	1.5
None	16	1.5



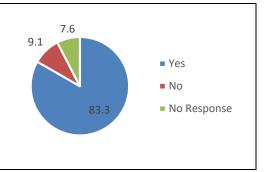
G 43. Household Income

	FREQUENCY	PERCENT
Less than \$20,000	71	6.7
\$20,000 to \$29,999	86	8.2
\$30,000 to \$49,999	175	16.6
\$50,000 to \$59,999	93	8.8
\$60,000 to \$69,999	67	6.4
\$70,000 to \$79,999	61	5.8
\$80,000 or more	284	26.9
No Response	217	20.6
TOTAL	1054	100.0



G 44. Are you a resident of Broome County?

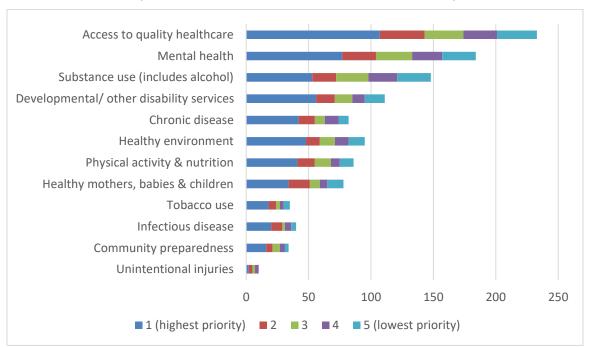
	FREQUENCY	PERCENT
Yes	878	83.3
No	96	9.1
No Response	80	7.6
TOTAL	1054	100.0



G 45. Rank the five most important areas of need or concern for our community

	1	2	3	4	5	No Response
Access to Quality Healthcare	107	36	31	27	32	0
Mental Health	77	27	29	24	27	97
Substance Use (includes alcohol)	53	19	26	23	27	96
Developmental/ other disability services	56	15	14	10	16	40
Chronic disease	42	13	8	11	8	55
Healthy environment	48	11	12	11	13	41
Physical activity & nutrition	41	14	13	7	11	49
Healthy mothers, babies & children	34	17	8	6	13	45
Tobacco use	18	6	3	3	5	30
Infectious disease	20	9	2	5	4	17
Community preparedness	16	5	6	4	3	19
Unintentional injuries	2	3	2	3	0	8

Rank the five most important areas of need or concern for our community



G 46. Health concerns and resource knowledge

	Perce	ntage	Co	unt
	Yes, this is a concern for me or someone I know	Yes, I know where I can go for help with this concern	Yes, this is a concern for me or someone I know	Yes, I know where I can go for help with this concern
Cancer	35.6	48.0	124	167
Lung disease	18.7	32.8	65	114
Heart disease	32.2	43.7	112	152
Hypertension	32.2	41.1	112	143
Diabetes	36.2	44.8	126	156
Adult overweight/ obesity	48.3	40.2	168	140
Child overweight/ obesity	23.6	23.6	82	82
Sexually transmitted diseases	13.5	33.3	47	116
HIV/AIDS	7.8	31.9	27	111
Teenage pregnancy	12.4	31.3	43	109
Stroke	17.0	35.9	59	125
Depression	51.4	43.7	179	152
Suicide	25.6	33.6	89	117
Post-traumatic stress disorder	27.9	26.7	97	93
Alcoholism	27.3	34.8	95	121
Tobacco use	31.3	33.3	109	116
Substance use (other than alcohol & tobacco)	32.5	34.2	113	119
Mental health	49.7	41.1	173	143
Child abuse	12.4	32.5	43	113
Domestic violence	18.7	31.9	65	111
Homelessness	18.1	22.7	63	79
Falls	20.7	30.5	72	106
Developmental disability	19.8	24.7	69	86
Other disability	15.8	24.4	55	85

G 47. Where do you get information about health resources available in your community?

	FREQUENCY	PERCENT			
Internet	54	80.6	Internet		80.6
Family	26	33.8	Family	38	.8
TV	22	32.8	TV - Health Department	32.8	
Health Department	18	26.9	Newspaper	23.9	
Newspaper	16	23.9	Neighbors -	20.9	
Neighbors	14	20.9	Other	17.9	
Other	12	17.9	School Church	9.0 7.5	
School	6	9.0	-		100.0
Church	5	7.5	U	.0 50	0.0 100.0

G 48. Do you have a healthcare provider?

	FREQUENCY	PERCENT
Yes	13	79.1
No	60	17.9
No Response	215	3.0
TOTAL	67	100.0

G 49. In the past 12 months, was there a time when you needed healthcare but did not seek it?

	FREQUENCY	PERCENT	1.5 ┌3	
No	43	64.2		■No
Yes	21	31.3	31.3	■ Yes
Other	1	1.5	64.2	Other
No Response	2	3.0		■ No Response
TOTAL	67	100.0		

G 50. If you needed medical care but did not seek it, what prevented you from getting the care you needed?

REASON	FREQUENCY
The wait for an appointment was too long	9
Cost	6
Fear/ distrust of the healthcare system	5
Location of healthcare/ no transportation	2
Too much paperwork	1
No doctor/ staff speak my language	0
Other	6

G 51. In your opinion, which of the following programs and services are either NOT AVAILABLE, NOT ACCESSIBLE, or INADEQUATE in Broome County? [frequency of responses]

General Health Services								
	Not Available	Not Accessible	Inadequate	Available/ Sufficient	Don't Know/ Not Applicable	No Response		
Primary care providers	1	4	17	36	0	9		
Specialty physicians	1	7	24	17	7	11		
Hospital care	0	1	20	35	0	11		
Family planning services	1	1	11	24	20	10		
Eye care services	1	2	9	41	4	10		
Pharmacies	0	1	4	51	0	11		
Nutrition counseling programs	2	3	17	17	18	10		
Diabetes case management	0	1	11	14	31	10		
Cancer Services	0	1	11	20	25	10		
	Not Available	Not Accessible	ency Services Inadequate	Available/ Sufficient	Don't Know/ Not	No		
	Available	Accessible			Applicable	Response		
Emergency room care	0	2	17	35	3	10		
Ambulance/ EMS services	0	1	3	40	13	10		
		Maternal & C	Child Health Serv	vices				
	Not Available	Not Accessible	Inadequate	Available/ Sufficient	Don't Know/ Not Applicable	No Response		
Maternal/ prenatal health services	0	0	13	23	21	10		
Child health services	0	0	11	22	24	10		
Child abuse and neglect services	1	0	18	12	26	10		
Youth programs that encourage physical activity	1	1	21	16	18	10		

treatment
Outpatient youth

alcohol & substance

use treatment

Elder Services									
	Not Available	Not Accessible	Inadequate	Available/ Sufficient	Don't Know/ Not Applicable	No Response			
Nursing homes	0	2	23	13	18	11			
Assisted living	0	2	18	13	23	11			
Home health care	0	1	15	13	26	12			
Personal care aides	0	2	16	9	29	11			
Transportation services for seniors	0	2	22	10	22	11			
Affordable senior housing	1	2	22	7	24	11			
Mental Health & Substance Use Services									
	Not Available	Not Accessible	Inadequate	Available/ Sufficient	Don't Know/ Not Applicable	No Response			
Inpatient mental health services	1	2	32	5	16	11			
Outpatient mental health services	2	2	30	9	13	11			
Inpatient alcohol & substance use treatment	2	2	21	7	24	11			
Outpatient alcohol & substance use treatment	2	2	19	12	21	11			
Inpatient youth mental health services	1	2	28	2	23	11			
Outpatient youth	1	3	26	5	21	11			
mental health services	_	,							

Disability Services								
	Not Available	Not Accessible	Inadequate	Available/ Sufficient	Don't Know/ Not Applicable	No Response		
Services for developmental disabilities	0	3	15	13	25	11		
Services for other disabilities	0	3	19	8	26	11		
		Food Access	s & Food Insecu	rity				
	Not Available	Not Accessible	Inadequate	Available/ Sufficient	Don't Know/ Not Applicable	No Response		
Grocery store	0	3	18	34	2	10		
Farmers' markets	1	5	15	29	7	10		
CSA	1	5	9	25	17	10		
Food pantry/ emergency food programs	1	1	13	32	10	10		
Summer lunch programs for children	1	0	14	20	22	10		
Fruit & vegetable prescription program	5	1	9	5	36	11		
		Other/ Comm	unity-Based Ser	vices				
	Not Available	Not Accessible	Inadequate	Available/ Sufficient	Don't Know/ Not Applicable	No Response		
Transportation	1	4	28	14	9	11		
Affordable housing	3	3	28	10	12	11		
Health promotion/ wellness services	3	1	21	19	13	10		
Worksite wellness programs	3	0	28	7	19	10		

G 52. How would you rate the overall quality of the following in Broome County? [percent of responses]

	Poor	Fair	Good	Very Good	Excellent	No Opinion
Quality of life	5.8	24.6	41.5	22.5	4.8	0.8
Healthcare	9.0	26.7	37.8	18.0	6.6	1.9
A place to raise children	9.0	24.5	34.3	22.9	5.6	3.7
A place to age	14.3	28.8	31.2	16.9	6.1	2.6
Schools	4.5	18.5	39.7	21.2	10.8	5.3
Other learning opportunities	7.4	28.4	33.7	19.6	5.3	5.6
Economic opportunities	25.7	40.1	24.4	6.0	0.5	3.3
Safety	14.4	29.6	37.2	14.9	2.7	1.1
Support from those you turn to during times of stress	8.7	17.9	35.5	18.7	13.6	5.7
Community engagement opportunities	7.0	24.9	36.5	21.1	8.1	2.4

G 53. For each item, do you think this issue is a problem in Broome County? [percent of responses]

	No Problem	Small Problem	Moderate Problem	Large Problem	Major Problem	l Don't Know	No Response
Drinking water	18.5	26.3	19.7	11.6	12.0	10.8	1.2
Untreated sewage	11.2	21.6	14.7	9.7	15.4	27.0	0.4
Flooding	3.1	10.4	26.6	27.4	30.1	1.9	0.4
Vacant lots	11.6	27.4	19.7	15.4	15.1	9.7	1.2
Littering/ illegal dumping	1.5	22.8	29.3	22.0	14.7	9.3	0.4
Abandoned buildings	0.8	8.9	27.8	24.3	34.4	3.1	0.8
Junk cars/ tires	9.7	36.7	22.4	8.9	5.8	14.3	2.3
Inadequate garbage collection	32.0	32.4	13.5	6.2	3.9	11.2	0.8
Contaminated land (brownfields)	8.9	13.9	21.6	17.0	11.6	25.1	1.9
Air pollution (smog)	26.3	39.0	18.5	3.1	2.3	9.3	1.5
Indoor air quality	17.8	32.0	20.1	6.6	5.8	16.2	1.5
Cigar/ cigarette smoke	15.8	31.7	18.1	14.7	12.7	5.4	1.5
E-cigs/ vapes	16.2	16.6	18.1	18.9	19.7	9.7	0.8
Pesticide use	16.6	19.7	15.4	6.9	5.0	35.1	1.2
Loss of green space (e.g. parks)	27.8	25.5	23.2	9.3	4.6	8.1	1.5
Lead exposure	10.4	19.7	19.3	11.2	9.3	29.3	0.8
Noise pollution	22.8	43.2	17.0	4.2	2.3	9.3	1.2
Animal control	18.9	36.3	18.5	10.4	5.0	9.3	1.5
Sewer lines maintenance/ repair	11.2	19.7	18.9	13.5	9.3	26.6	0.8
Road maintenance/ repair	0.8	3.5	17.8	25.5	50.6	1.5	0.4
Traffic	17.4	43.2	26.6	6.9	2.3	1.9	1.5
Public transportation	18.5	20.5	22.0	10.0	11.2	16.6	1.2
Sidewalk maintenance/ repair	3.5	23.6	27.4	23.6	15.1	6.2	0.8
Sidewalk availability	16.2	29.7	27.4	11.6	7.3	6.6	1.2
Pedestrian crosswalks	31.3	30.1	18.5	10.4	4.2	4.6	0.8
Accessibility of public spaces	9.7	24.3	27.0	10.0	6.6	21.6	0.8
Bike paths	23.6	29.3	18.1	6.6	6.2	15.4	0.8
Street lighting	21.2	32.8	22.8	8.1	8.5	5.8	0.8
Crime	0.8	7.3	28.6	31.7	25.9	4.6	1.2
Safe neighborhoods	3.5	14.7	32.8	25.5	19.7	3.1	0.8
Safe housing	6.2	18.9	24.3	17.4	20.8	10.8	1.5
Affordable housing	8.9	17.0	22.4	18.5	25.1	6.6	1.5

G 54. What keeps you from making healthier choices such as quitting smoking, exercising more, or eating healthier?

	FREQUENCY	PERCENT
Time constraints	146	13.9
Lack of willpower/ motivation	88	8.3
Other	83	7.9
Work-life balance	55	5.2
Cost of healthy food	50	4.7

G 55. What changes would you like to see in Broome County to make it a healthier place to live?

	FREQUENCY	PERCENT
Increase/ improve mental health services	109	10.3%
Improve walkability & bikability	78	7.4%
Reduce crime & improve neighborhood safety	74	7.0%
Increase/ improve primary & general healthcare services	66	6.3%
Reduce environmental impact & pollution	58	5.5%

APPENDIX H

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H 1. Broome County CHA Member CHIP Planning Document 2019-2024

TO: Members of the Broome County CHA Steering Committee

DATE: Friday, August 29, 2019

RE: Developing a Community Action Plan for the Broome County Community Health Assessment 2019-2024

As discussed in the last CHA Steering Committee Meeting on August 8th, a template was created during the last CHA planning cycle to examine what is currently being done to address the selected priority areas and to explore potential resources and evidence based strategies to consider. **Please complete the table and return it to Mary McFadden, September 10th,** so that we have time to process the information and share results with committee members prior to the next meeting on September 12.

1. SELECTED PRIORITY AREA/FOCUS AREAS/GOALS: PREVENT CHRONIC DISEASE Prevention Agenda - Chronic Disease Focus Areas and Goals	POTENTIAL SOCIAL DETERMINANTS/ Age Friendly Domains Reached	CURRENT STRATEGIES / INTERVENTIONS WHICH HEALTH DISPARITIES IMPACTED	KEY STAKEHOLDERS / PARTNERS LEADING INTERVENTIONS	POTENTIAL RESOURCES ASSETS TO ASSIST INTERVENTION, INNOVATIVE APPROACHES (WISH LIST)
Healthy Eating				
Food Security				
Chronic Disease Preventive Care and Management				

2.SELECTED PRIORITY AREA/FOCUS AREA: PREVENT MENTAL and SUBSTANCE USE DISORDERS Prevention Agenda - Mental and Substance Use Disorders Prevention Focus Areas and Goals	POTENTIAL SOCIAL DETERMINANTS/ Age Friendly Domains Reached	CURRENT STRATEGIES / INTERVENTIONS/METRICS USED TO ASSESS PROGRESS/ WHICH HEALTH DISPARITIES IMPACTED	KEY STAKEHOLDERS / PARTNERS LEADING INTERVENTIONS	POTENTIAL RESOURCES TO ASSIST INTERVENTION OR INNOVATIVE APPROACHES (WISH LIST)
Substance Use				
Mental Health				

H 2. Broome County Community Health Improvement Plan-Local Partner CHIP Interventions

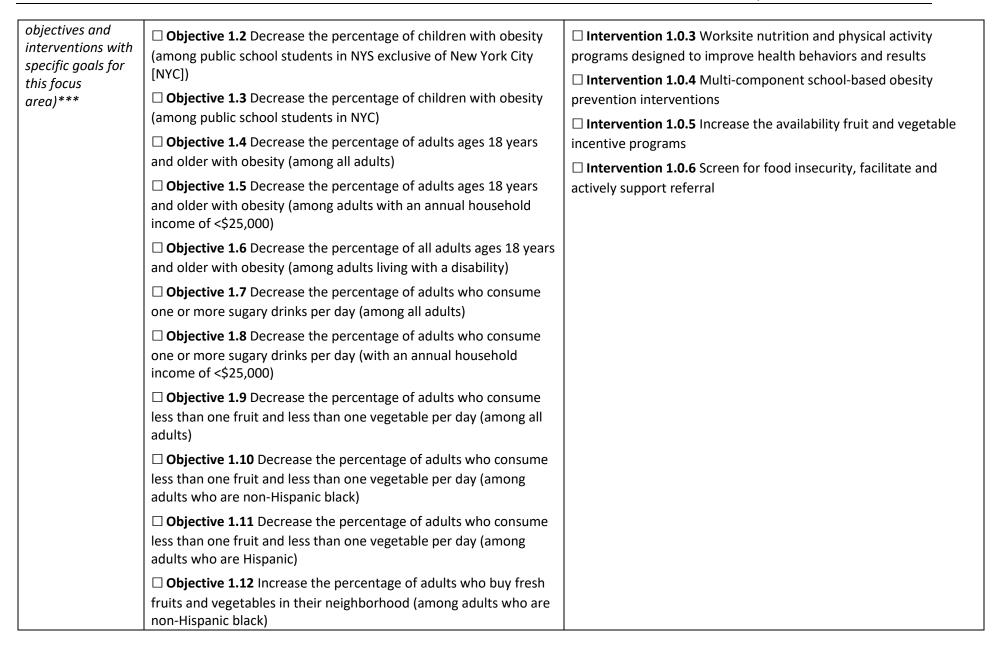
Broome County Community Health Improvement Plan Local Partner CHIP Interventions

Please use the checkboxes (\square) in the following tables to indicate which of the following Prevention Agenda priority areas, focus areas, goals, object	tives
and interventions your organization is working on. Please provide your contact information, so we may contact you about your responses, if neces	sary.

Name:	Organization:	
Phone:	Email:	

Table 1. Healthy Eating and Food Security

Priority Area	☐ Prevent Chronic Diseases		
Focus Area	☐ Healthy Eating and Food Security		
Goals	☐ Goal 1.1 Increase access to healthy and affordable foods and beverages		
	☐ Goal 1.2 Increase skills and knowledge to support healthy food and beverage choices		
	☐ Goal 1.3 Increase food security		
Objectives & Interventions	☐ Objective 1.1 Decrease the percentage of children with obesity (among children ages 2-4 years participating in the Special	☐ Intervention 1.0.1 Adopt policies and implement practices to reduce (over)consumption of sugary drinks	
***(NYSDOH has not aligned	Supplemental Nutrition Program for Women, Infants, and Children [WIC])	☐ Intervention 1.0.2 Quality nutrition (and physical activity) in early learning and child care settings	



☐ Objective 1.13 Increase the percentage of adults with perceived food security (among all adults)
☐ Objective 1.14 Increase the percentage of adults with perceived
food security (among adults with an annual household income of <\$25,000)

Table 2. Chronic Disease Preventive Care and Management

Priority Area	☐ Prevent Chronic Diseases		
Focus Area	☐ Chronic Disease Preventive Care and Management		
□ Goal 4.1 Increase Cancer Screening Rates	□ Objective 4.1.1 Increase the percentage of women with an annual household income less than \$25,000 who receive a breast cancer screening based on most recent guidelines □ Objective 4.1.2 Increase the percentage of women with an annual household income less than \$25,000 who receive a cervical cancer screening based on the most recent guidelines □ Objective 4.1.3 Increase the percentage of adults who receive a colorectal cancer screening based on the most recent guidelines (ages 50 to 75 years) □ Objective 4.1.4 Increase the percentage of adults who receive a colorectal cancer screening based on the most recent guidelines (adults with an annual household income less than \$25,000) □ Objective 4.1.5 Increase the percentage of adults aged 50-64 who receive a colorectal cancer screening based on the most recent guidelines	□ Intervention 4.1.1 Work with health care providers/clinics to put systems in place for patient and provider screening reminders (e.g., letter, postcards, emails, recorded phone messages, electronic health records [EHR] alerts). □ Intervention 4.1.2 Conduct one-on-one (by phone or in-person) and group education (presentation or other interactive session in a church, home, senior center or other setting). □ Intervention 4.1.3 Use small media such as videos, printed materials (letters, brochures, newsletters) and health communications to build public awareness and demand. □ Intervention 4.1.4 Work with clinical providers to assess how many of their patients receive screening services and provide them feedback on their performance (Provider Assessment and Feedback). □ Intervention 4.1.5 Remove structural barriers to cancer screening such as providing flexible clinic hours, offering cancer screening in non-clinical settings (mobile mammography vans, flu clinics), offering on-site translation, transportation, patient	

	navigation and other administrative services and working with employers to provide employees with paid leave or the option to use flex time for cancer screenings. □ Intervention 4.1.6 Ensure continued access to health insurance to reduce economic barriers to screening.
□ Objective 4.2.1 Increase the percentage of adults 45+ who had a test for high blood sugar or diabetes within the past three years by 5% □ Objective 4.2.2 Increase the percentage of low-income (<\$25,000) adults 45+ who had a test for high blood sugar or diabetes within the past three years by 5% □ Objective 4.2.3 Increase the percentage of children and adolescents ages 3 -17 years with an outpatient visit with a primary care provider or OB/GYN practitioner during the measurement year who received appropriate assessment for weight status during the measurement year by 5%	☐ Intervention 4.2.1 Promote strategies that improve the detection of undiagnosed hypertension in health systems. ☐ Intervention 4.2.2 Promote testing for prediabetes and risk for future diabetes in asymptomatic people in adults of any age with obesity and overweight (BMI 25 kg/m2 or 23 kg/m2 in Asian Americans) and who have one or more additional risk factors for diabetes, including first degree relative with diabetes, high risk race/ethnicity, and history of cardiovascular disease. Promote testing for all other patients beginning at 45 years of age. Promote repeat testing at a minimum of 3-year intervals, with consideration of more frequent testing depending on initial results and risk status.
□ Objective 4.3.1 Decrease the percentage of adult members with diabetes whose most recent HbA1c level indicated poor control (>9%) □ Objective 4.3.2 Decrease the percentage of adult Black Medicaid members with diabetes whose most recent HbA1c level indicated poor control (>9%) □ Objective 4.3.3 Decrease the percentage of adult Medicaid members aged 18-44 with diabetes whose most recent HbA1c level indicated poor control (>9%) □ Objective 4.3.4 Increase the percentage of adult members who had hypertension whose blood pressure was adequately controlled	□ Intervention 4.1.1 Work with health care providers/clinics to put systems in place for patient and provider screening reminders (e.g., letter, postcards, emails, recorded phone messages, electronic health records [EHR] alerts). □ Intervention 4.1.2 Conduct one-on-one (by phone or in-person) and group education (presentation or other interactive session in a church, home, senior center or other setting). □ Intervention 4.1.3 Use small media such as videos, printed materials (letters, brochures, newsletters) and health communications to build public awareness and demand. □ Intervention 4.1.4 Work with clinical providers to assess how many of their patients receive screening services and provide them
	test for high blood sugar or diabetes within the past three years by 5% Objective 4.2.2 Increase the percentage of low-income (<\$25,000) adults 45+ who had a test for high blood sugar or diabetes within the past three years by 5% Objective 4.2.3 Increase the percentage of children and adolescents ages 3 -17 years with an outpatient visit with a primary care provider or OB/GYN practitioner during the measurement year who received appropriate assessment for weight status during the measurement year by 5% Objective 4.3.1 Decrease the percentage of adult members with diabetes whose most recent HbA1c level indicated poor control (>9%) Objective 4.3.2 Decrease the percentage of adult Black Medicaid members with diabetes whose most recent HbA1c level indicated poor control (>9%) Objective 4.3.3 Decrease the percentage of adult Medicaid members aged 18-44 with diabetes whose most recent HbA1c level indicated poor control (>9%) Objective 4.3.4 Increase the percentage of adult members who

	□ Objective 4.3.5 Increase the percentage of adult Black Medicaid members who had hypertension whose blood pressure was adequately controlled during the measurement year □ Objective 4.3.6 Increase the percentage of adult Medicaid members 18-44 who had hypertension whose blood pressure was adequately controlled during the measurement year □ Objective 4.3.7 Decrease the Asthma ED visit rate per 10,000 for those aged 0-4, 0-17, and all age groups □ Objective 4.3.8 Decrease the Asthma hospitalization rate per 10,000 for those aged 0-4, 0-17, and all age groups □ Objective 4.3.9 Increase the percentage of members (ages 5-64) who were identified as having persistent asthma and were dispensed appropriate asthma controller medications for at least 50% of the treatment period during the measurement year □ Objective 4.3.10 Increase the percentage of members (ages 5-64), who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year □ Objective 4.3.11 Increase the percentage of adults with HTN who are currently taking medicine to manage their high blood pressure □ Objective 4.3.12 Increase the percentage of adults with arthritis who have been told by their doctor or health professional to be physically active/exercise to help with arthritis or joint symptoms by 5%	feedback on their performance (Provider Assessment and Feedback). Intervention 4.1.5 Remove structural barriers to cancer screening such as providing flexible clinic hours, offering cancer screening in non-clinical settings (mobile mammography vans, flu clinics), offering on-site translation, transportation, patient navigation and other administrative services and working with employers to provide employees with paid leave or the option to use flex time for cancer screenings. Intervention 4.1.6 Ensure continued access to health insurance to reduce economic barriers to screening.
☐ Goal 4.4 In the community setting, improve self-management skills for	☐ Objective 4.4.1 Increase the percentage of adults with chronic conditions (arthritis, asthma, CVD, diabetes, CKD, cancer) who have taken a course or class to learn how to manage their condition	☐ Intervention 4.4.1 Expand access to home-based multi-trigger, multicomponent visits by licensed professionals or qualified lay health workers to provide targeted, intensive asthma self-management education and to reduce home asthma triggers for individuals whose asthma is not well-controlled with NAEPP

individuals with chronic diseases,	☐ Objective 4.4.2 Increase the percentage of children (0-17) and adults (18+) with asthma who were ever given an asthma action	Guidelines' medical management and asthma self-management education (ASME).
including asthma, arthritis, cardiovascular disease, diabetes and prediabetes and obesity	plan by a doctor or health professional by 10% in both groups	☐ Intervention 4.4.2 Expand access to evidence-based selfmanagement interventions for individuals with chronic disease (arthritis, asthma, cardiovascular disease, diabetes, prediabetes, and obesity) whose condition(s) is not well-controlled with guidelines-based medical management alone. ☐ Intervention 4.4.3 Expand access to the National Diabetes Prevention Program (National DPP), a lifestyle change program for preventing type 2 diabetes.

Table 3. Mental and Substance Use Disorders Prevention

Priority Area	☐ Promote Well-Being and Prevent Mental and Substance Use Disor	☐ Promote Well-Being and Prevent Mental and Substance Use Disorders									
Focus Area	☐ Mental and Substance Use Disorders Prevention										
☐ Goal 2.1 Prevent underage drinking and excessive alcohol consumption by adults	□ Objective 2.1.1 Reduce the percentage of youth in grades 9-12 reporting the use of alcohol on at least one day for the past 30 days by 10% from 27.1% in 2017 to 24.4% □ Objective 2.1.2 Reduce the age-adjusted percentage of adult (age 18 and older) binge drinking (5 drinks or more for men during one occasion, and 4 or more drinks for women during one occasion) during the past month by 10% to no more than 16.7% □ Objective 2.1.3 Reduce the age-adjusted percentage of adult (age 55+ and older) binge drinking (5 drinks or more for men during one occasion, and 4 or more drinks for women during one occasion) during the past month by 10% from 21.7% in 2017 to 19.5%	☐ Intervention 2.1.1 Implement environmental approaches, including reducing alcohol access, implementing responsible beverage services, reducing risk of drinking and driving, and underage alcohol access ☐ Intervention 2.1.2 Implement School based prevention: Implement/Expand School-Based Prevention Services. Life Skills Training (LST) is a school-based program that aims to prevent alcohol, tobacco, and marijuana use and violence by targeting major social and psychological factors that promote the initiation of substance use and other risky behaviors. Teen Intervene is a brief, early intervention program for 12- to 19-year-olds who display the early stages of alcohol or drug involvement. Integrating stages of change theory, motivational enhancement, and cognitive-									

		behavioral therapy, the intervention aims to help teens reduce and ultimately eliminate their substance use.
		☐ Intervention 2.1.3 Integrate trauma-informed approaches into
		prevention programs by training staff, developing protocols and cross-system collaboration
		☐ Intervention 2.1.4 Implement routine screening and brief behavioral counseling in primary care settings to reduce unhealthy alcohol use for adults 18 years or older, including pregnant women
		□ Intervention 2.1.5 Implement Screening, Brief Intervention, and Referral to Treatment (SBIRT) Electronic screening and brief interventions (e-SBI) using electronic devices (e.g., computers, telephones, or mobile devices) to facilitate delivery of key elements of traditional SBI
		☐ Intervention 2.1.6 Integrate trauma-informed approaches and responses into prevention programs by training staff, developing protocols and engaging in cross-system collaboration
☐ Goal 2.2 Prevent opioid	☐ Objective 2.2.1 Reduce the age-adjusted overdose deaths involving any opioid by 7% to 14.0 per 100,000 population	☐ Intervention 2.2.1 Increase availability of/access and linkages to medication-assisted treatment (MAT) including Buprenorphine
and other substance misuse and deaths	☐ Objective 2.2.2 Increase the age-adjusted Buprenorphine prescribing rate for substance use disorder (SUD) by 20% to 43.1 per 1,000 population. Baseline: 35.9 per 1,000	☐ Intervention 2.2.2 Increase availability of/access to overdose reversal (Naloxone) trainings to prescribers, pharmacists and consumers
	☐ Objective 2.2.3 Reduce the opioid analgesics prescription for pain, age-adjusted rate by 5% to 343 per 1,000 population	☐ Intervention 2.2.3 Promote and encourage prescriber education and familiarity with opioid prescribing guidelines and limits as
	☐ Objective 2.2.4 Reduce all emergency department visits (including outpatients and admitted patients) involving any opioid overdose, age-adjusted rate by 5% to 53.2 per 100,000 population	imposed by NYS statutes and regulations ☐ Intervention 2.2.4 Build support systems to care for opioid users or at risk of an overdose
		☐ Intervention 2.2.5 Establish additional permanent safe disposal sites for prescription drugs and organized take-back days

		☐ Intervention 2.2.6 Integrate trauma informed approaches in training staff and implementing program and policy
☐ Goal 2.3 Prevent and address adverse childhood experiences (ACES)	□ Objective 2.3.1 Reduce the percentage of adults experiencing two or more adverse childhood experiences (ACEs) by 5% to no more than 12.9% □ Objective 2.3.2 Reduce indicated reports of abuse/maltreatment rate per 1,000 children and youth ages 0-17 years by 9% to 10 per 1,000 children and youth ages 0-17 years □ Objective 2.3.3 Increase communities reached by opportunities to build resilience by at least 10 percent	□ Intervention 2.3.1 Integrate principles of trauma-informed approach in governance and leadership, policy, physical environment, engagement and involvement, cross sector collaboration, screening, assessment and treatment services, training and workforce development, progress monitoring and quality assurance, financing and evaluation □ Intervention 2.3.2 Address Adverse Childhood Experiences and other types of trauma in the primary care setting □ Intervention 2.3.3 Grow resilient communities through education, engagement, activation/mobilization and celebration □ Intervention 2.3.4 Implement evidence-based Home visiting programs: These programs provide structured visits by trained professionals and paraprofessionals to pregnant women and families, particularly those considered at-risk, necessary resources and skills to raise children who are physically, socially, and emotionally healthy and ready to learn.
□ Goal 2.4 Reduce the prevalence of major depressive disorders	□ Objective 2.4.1: Reduce the past year prevalence of major depressive episode among adults aged 18 or older by 5% to no more than 6.2% Tracking Indicator □ Objective 2.4.2 Reduce the past-year prevalence of major depressive episodes among adolescents aged 12-17 years by 10% to no more than 10.4%	□ Intervention 2.4.1 Strengthen economic supports: strengthen household financial security; policies that stabilize housing □ Intervention 2.4.2 Strengthening resources for families and caregivers □ Intervention 2.4.3 Implement an evidence-based cognitive behavioral approach such as Peter Lewinsohn's Coping with Depression course, Gregory Clarke's Cognitive-Behavioral Prevention Intervention □ Intervention 2.4.4 Implement the Combined Parent-Child Cognitive-Behavioral Therapy (CPC_CBT): This is a short-term (16-20 sessions), strength-based therapy program for children ages 3-17 and their parents (or caregivers) in families where parents

☐ Goal 2.5	□ Objective 2.5.1 Reduce suicide attempts by New York	engage in a continuum of coercive parenting strategies. These families can include those who have been substantiated for physical abuse, those who have had multiple unsubstantiated referrals, and those who fear they may lose control with their child. □ Intervention 2.5.1 Strengthen economic supports: strengthen				
Prevent suicides	adolescents (youth grades 9 to 12) who attempted suicide one or more times in the past year by 10% to no more than 9.1%. Dijective 2.5.2 Reduce the age-adjusted suicide mortality rate by 10% to 7 per 100,000.	families can include those who have been substantiated for physical abuse, those who have had multiple unsubstantiated referrals, and those who fear they may lose control with their child. Intervention 2.5.1 Strengthen economic supports: strengthen household financial security; policies that stabilize housing Intervention 2.5.2 Strengthen access and delivery of suicide care - Zero Suicide: Zero Suicide is a commitment to comprehensive suicide safer care in health & behavioral health care systems. Intervention 2.5.3 Create protective environments: Reduce access to lethal means among persons at risk of suicide; integrate trauma informed approaches, reduce excessive alcohol use Intervention 2.5.4 Identify and support people at risk: Gatekeeper Training, crisis intervention, treatment for people at risk of suicide, treatment to prevent re-attempts, postvention, safe reporting and messaging about suicides Intervention 2.5.5 Promote connectedness, each coping and problem-solving skills: social emotional learning, parenting and family relationship programs, peer norm program Intervention 2.6.1 Implement a multilevel intervention model that focused at the individual, health systems, community and policy-levels Intervention 2.6.2 Integrated treatment: Concurrent therapy for mental illness and nicotine addiction have the best outcomes. Smokers who receive mental health treatment have higher quit rates than those who do not. For example, people with schizophrenia showed better quit rates with the medication bupropion, compared with placebo, and showed no worsening of psychiatric symptoms. A combination of the medication varenicline and behavioral support has shown promise for helping people with				
		☐ Intervention 2.5.3 Create protective environments: Reduce access to lethal means among persons at risk of suicide; integrate				
		Gatekeeper Training, crisis intervention, treatment for people at risk of suicide, treatment to prevent re-attempts, postvention, safe				
		problem-solving skills: social emotional learning, parenting and				
☐ Goal 2.6 Reduce the mortality gap	☐ Objective 2.6.1 Decrease by 20% the prevalence of cigarette smoking among adults who are diagnosed with serious mental illness to 27.4%	that focused at the individual, health systems, community and				
between those living with serious mental illness and the general population		mental illness and nicotine addiction have the best outcomes. Smokers who receive mental health treatment have higher quit rates than those who do not. For example, people with schizophrenia showed better quit rates with the medication bupropion, compared with placebo, and showed no worsening of psychiatric symptoms. A combination of the medication varenicline				

psychiatric symptoms. A clinical trial found that a combination of varenicline and cognitive behavioral therapy (CBT) was more effective than CBT alone for helping people with serious mental illness stop smoking for a prolonged period—after 1 year of treatment and at 6 months after treatment ended.
☐ Intervention 2.6.3 Support and strengthen licensing
requirement to include improved screening and treatment of tobacco dependence by mental health providers.

H 3. Prevention Agenda Focus Area Ranking Tool

Prevention Agenda Focus Area Ranking Tool

From the following 20 Focus Areas, <u>please rank only the top five</u> most important Focus Areas from 1 to 5, in order of importance (1 = most) important, 5 = least important).

You do <u>not</u> need to select one focus area from each priority area

Priority Areas	Focus Areas	Ranking
	Focus Area 1: Healthy Eating & Food Security	
Priority Area: Prevent	Focus Area 2: Physical Activity	
Chronic Diseases	Focus Area 3: Tobacco Prevention	
	Focus Area 4: Chronic Disease Preventive Care & Management	
	Focus Area 1: Injuries, Violence & Occupational Health	
Priority Area: Promote a	Focus Area 2: Outdoor Air Quality	
Healthy & Safe Environment	Focus Area 3: Built & Indoor Environments	
	Focus Area 4: Water Quality	
	Focus Area 5: Food & Consumer Products	
	Focus Area 1: Maternal & Women's Health	
Priority Area: Promote	Focus Area 2: Perinatal & Infant Health	
Healthy Women, Infants & Children	Focus Area 3: Child & Adolescent Health	
	Focus Area 4: Cross-Cutting Healthy Women, Infants & Children	
Priority Area: Promote Well-Being and Prevent	Focus Area 1: Well-Being	
Mental & Substance Use Disorders	Focus Area 2: Mental & Substance Use Disorders Prevention	
	Focus Area 1: Vaccine Preventable Diseases	
	Focus Area 2: Human Immunodeficiency Virus (HIV)	
Priority Area: Prevent Communicable Diseases	Focus Area 3: Sexually Transmitted Infections (STIs)	
	Focus Area 4: Hepatitis C Virus (HCV)	
	Focus Area 5: Antibiotic Resistance & Healthcare-Associated Infections	

H 4. Broome County Community Health Assessment Symposium Attendee List

Name	Organization
Mark Bowers	Binghamton-Broome Anti-Poverty Initiative
Rebecca Kaufman	Broome County Health Department
Laura Kelly	Broome County Health Department
Beth Smalt	Broome County Health Department
Marianne Yourdon	Broome County Health Department
Carrie Horton	Broome County Health Department
Kristin Canjura	Broome County Health Department
Christine Muss	Broome County Health Department
Amanda Farkas	Broome County Health Department
Sharon Fischer	Broome County Health Department
Kim Saunders	Broome County Mental Health
Lisa Schule	Broome County Office for Aging
Lucia Esposito	Broome County Office for Aging
Scott Reigle	Binghamton Metropolitan Transportation Study
Julie Raway	Broome-Tioga BOCES
Mark Bordeau	Broome-Tioga BOCES
Ron Hirst	BC Transit
Jen Wegmann	Binghamton University
Christine Podolak	Binghamton University
Maureen Gaylord	Binghamton University
Alyssa Joyce	Cornell Cooperative Extensive
Shelbi DuBord	Care Compass Network
Emily Pape	Care Compass Network
Lisa Bobby	Care Compass Network
Mark Ropiecki	Care Compass Network
Brooke Abramson-Singh	Care Compass Network
Julie Weisberg	Family Planning of South Central New York
Bernard Bush	Lourdes Hospital
Susan Bretscher	Lourdes Hospital
Christie Finch	Mothers & Babies Perinatal Network
Sharon Chesna	Mothers & Babies Perinatal Network
Pam Eshbaugh	New York State Department of Transportation
Chad Eldred	Southern Tier Independence Center
Bridget Talbut	United Health Services (UHS)
Leah Miller	United Health Services (UHS)
Karen Bayer	United Health Services (UHS)
Scott Rosman	United Health Services (UHS)
Alexis Savidge	United Way of Broome County
Kimberli Schwartz	United Way of Broome County
Lenore Boris	SUNY Upstate Medical

H 5. Community Health Assessment Symposium Agenda



Community Health Assessment Symposium

Broome County Health Department- Conference Room A April 12, 2019 Agenda

- 8:45am- 9am: Light Breakfast & Coffee
- 9:00am: Keynote Speaker Yvonne Johnston, DrPH, MPH, MS, RN, FNP, Binghamton University
- **9:30am:** Age-Friendly Communities Data *Lisa Schule, Broome County Office for Aging*
- **9:50am:** Population Health Improvement Program Data *Yvonne Johnston, DrPH, MPH, MS, RN, FNP, Binghamton University*
- 10:10am: Lourdes Hospital Data Bernard Bush & Jill Alford-Hammitt, Lourdes Hospital
- 10:30-10:45: Break
- 10:45am: Care Compass Network Data Emily Pape, Care Compass Network
- 11:05am: UHS Data Karen Bayer, UHS Stay Healthy Center
- 11:25am: CHA Community Input Survey Data Chelsea Reome, Broome County Health Department
- 11:45am- 12:40pm: Lunch & Prevention Agenda Updates *Mary McFadden, Broome County Health Department*
- 12:40pm: Prevention Agenda Breakout Groups
- 1:45pm- 2:30pm: Wrap up of Breakout Groups, vote on Focus Areas
- 2:30pm-3:00pm: Closing Discussion Yvonne Johnston, DrPH, MPH, MS, RN, FNP Binghamton University

H 6. Community Health Assessment Symposium Opening Keynote PowerPoint Presentation Slides



Community Health Assessment: NYS Public Health Law

- YS Public Health Law
- ARTICLE 6 Mandated for state aid reimbursement
- Assessment is a core public health function, along with policy development and assurance
- Assessment is a critical step in public health planning that provides the foundation for policy development, assurance, program implementation and evaluation



4

Community Health Assessment Process



Examines the relationship between health issues in a community and the resources available to address those issues in order to achieve desired population health outcomes

- · Basis for all local public health planning
- Recognize important issues with implications for the health of the community (e.g., needs, resources, gaps)
- · Understandable to wider community
- · Used for multiple purposes
- · Linked to Municipal Public Health Services Plan
- · Linked to Community Service Plan



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Mobilizing Action through Planning & Partnerships - Keys to Success



- <u>M</u>obilizing for <u>A</u>ction through <u>P</u>lanning and <u>P</u>artnerships (MAPP)
 - Developed by National Association of County and City Health Officials (NACCHO) in partnership with the Centers for Disease Control (CDC)
 - A community-wide strategic planning tool for improving public health.
 - A method to help communities prioritize public health issues, identify resources for addressing them, and take action.





PARTNERSHIPS

- Multisector, public-private partnerships including communityclinical are critical
- Increased investments in prevention from all sources
- Incorporated into NYS reform efforts including DSRIP & VBP pilots

DATA

- · State Health Rankings
- Prevention Agenda Dashboards
- · Local level data
- · Evidence-based interventions

Community Health Improvement Planning & the Prevention Agenda

Pre-Prevention Agenda

- Local health departments completed community health assessments (CHAs) and municipal health service plans as per Article 6 of public health law
- Non profit hospitals completed community service plans (CSPs) as per Article 28 of PH Law. Plans were retrospective descriptions of actions taken to support community health.

Prevention Agenda

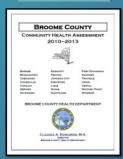
- LHDs asked to conduct a CHA and to collaborate with hospitals to identify shared local priorities aligned with Prevention Agenda for action to be described in hospital CSPs.
- CSPs became prospective plans.
- Development and implementation of community health improvement efforts challenging.

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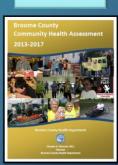
Broome County Community Health Assessment



2010-2012



2013-2017



2016-2018



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The NYS Prevention Agenda 2019-2024



- · New York State's health improvement plan
- Increased emphasis on primary and secondary prevention and the social determinants of health rather than health care design or reimbursement
- · Call to action for a broad range of stakeholders to:
 - Collaborate at the community level to assess local health status and needs
 - · Identify local health priorities
 - Plan, implement and evaluate strategies for local health improvement





Cross Cutting Principles

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To improve health outcomes, enable well-being, and promote equity across the lifespan, the Prevention Agenda:

- Focuses on addressing social determinants of health and reducing health disparities
- Incorporates a Health Across All Policies approach
- · Emphasizes healthy aging across the lifespan
- Promotes community engagement and collaboration across sectors in the development and implementation of local plans
- Maximizes impact with evidence-based interventions for state and local action
- Advocates for increased investments in prevention from all sources
- Concentrates on primary and secondary prevention, rather than on health care design or reimbursement



Examples of Social Determinants of Health



- Availability of resources to meet daily needs (e.g., safe housing & local food markets)
- Access to educational, economic & job opportunities
- · Access to health care services
- Quality of education & job training
- Availability of community-based resources that support healthy lifestyles & opportunities for recreational and leisure-time activities
- Transportation options
- · Public safety
- Social support
- Social norms & attitudes (e.g., discrimination, racism, distrust of government)
- Exposure to crime, violence & social disorder (e.g., presence of trash, lack of cooperation in a community)
- Residential segregation

- Socioeconomic conditions (e.g., concentrated poverty & accompanying stressful conditions)
- Language & literacy
- Access to mass media & emerging technologies (e.g., cell phones, the Internet & social media)
- Culture
- Natural environment, such as green space (e.g., trees & grass) or weather (e.g., climate change)
- Built environment such as buildings, sidewalks, bike lanes, roads
- Worksites, schools & recreational settings
- Housing & community design
- · Exposure to toxic substances & other physical hazards
- · Physical barriers, especially for people with disabilities
- · Aesthetic elements (e.g., good lighting, trees, benches)

Focus on Primary & Secondary Prevention:

Going Upstream

Provention

Provention

Provention

Provention

Primary Prevention

Primary Prevention

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NYS Health Assessment - 2018 Summary



- The NYS population is aging and becoming more diverse.
- Chronic disease continues to be a major burden including heart diseases, cancers, diabetes, and asthma
- We are making good progress in some maternal and infant health indicators including teen pregnancy and breastfeeding but more work to be done to address the disparities related to infant mortality, preterm birth, and maternal mortality
- · We are on the path to end AIDS but have challenges reducing STDs as well as Hep C
- In the past several years, water quality has become a major issue that warrants attention
- Most importantly we have identified opioid overdose as a major issue that is contributing to declining life expectancy

Framework for assessing and describing health status and what influences health

Widio and Pregram

County Health Rankings Model

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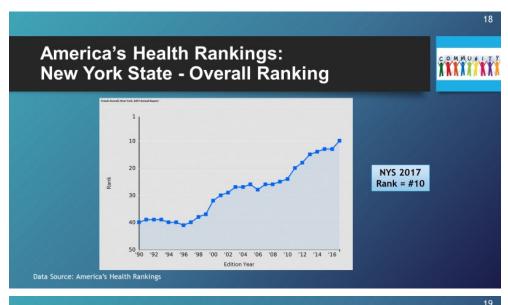
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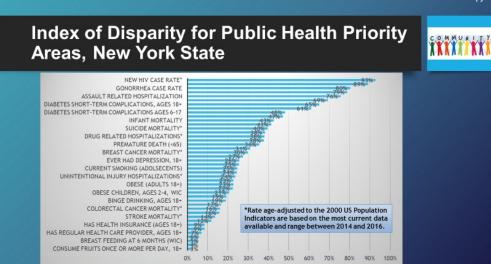
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Prevention Agenda 2019-2024 Priority Areas

COMMUNIT

- 1. Prevent Chronic Diseases
- Promote a Healthy and Safe
 Environment
- 3. Promote Healthy Women, Infants and Children
- Promote Well-Being and Prevent Mental and Substance Use Disorders
- 5. Prevent Communicable Diseases



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What do WE need to do?



- Local health departments, hospitals and other community organizations will conduct local collaborative community health assessment and improvement planning again starting 2019
- LHDs and hospitals will be strongly encouraged to develop single collaborative
- Hospitals will be asked to provide input into how they are investing their resources to support local Prevention Agenda efforts
- Hospitals have already been asked to connect the Prevention Agenda to their Certificate of Need application process

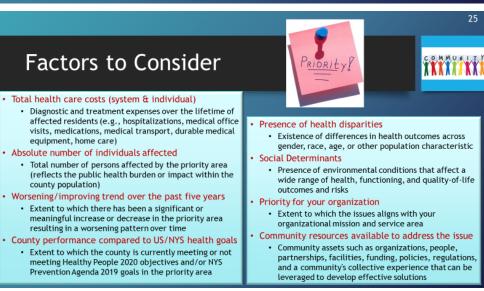
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Community Health Improvement Plan/Community Service Plan



- · Identification of at least two priorities
 - · At least one of these priorities must address a disparity and promote health equity
 - Could include two focus areas from one Prevention Agenda Priority (i.e. tobacco and chronic disease selfmanagement from Prevent Chronic Disease), or one focus area from Prevent Chronic Disease, and one focus area from Promote a Healthy and Safe Environment
- For each of at least two priorities, identify the goal(s) and objectives, the intervention strategies
 and activities you are now implementing or will in the future, and process measures with
 measurable and time-framed targets that will be used to track progress over the three-year
 period
 - · Interventions must be evidence-based or promising practices
 - 'Evidence-based' or 'best-practice' interventions are supported by a body of evidence that they are effective
 - Can include activities currently underway and/or new strategies to be implemented
 - Process measures must be selected to track progress in implementing the strategies







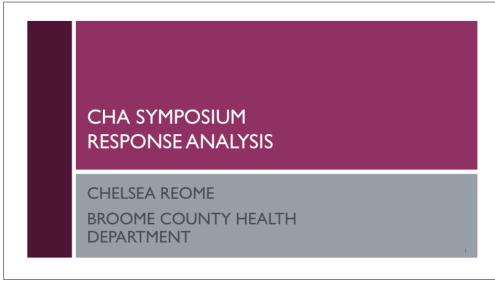


H 7. Ranked Focus Areas for Promote a Healthy and Safe Environment Priority Area Based on Weighted Scores for Assessment, Intervention, and Total

	1	1 Weighted	2	2 Weighted	3	3 Weighted	4	4 Weighted	5	5 Weighted	TOTAL	Weighted Total
Prevent Mental & Substance Use Disorders	18	18	9	8.55	3	2.7	6	5.1	1	0.8	37	35.15
Chronic Disease Preventive Care & Mgmt	8	8	6	5.7	8	7.2	2	1.7	3	2.4	27	25
Healthy Eating & Food Security	7	7	7	6.65	4	3.6	2	1.7	6	4.8	26	23.75
Maternal & Women's Health	1	1	4	3.8	1	0.9	3	2.55	4	3.2	13	11.45
Physical Activity	0	0	2	1.9	2	1.8	4	3.4	5	4	13	11.1
Well-Being	4	4	3	2.85	1	0.9	3	2.55	1	0.8	12	11.1
Cross-Cutting Healthy Women, Infants & Children	1	1	3	2.85	5	4.5	3	2.55	0	0	12	10.9
Tobacco Prevention	1	1	0	0	5	4.5	4	3.4	2	1.6	12	10.5
Vaccine- Preventable Diseases	0	0	4	3.8	1	0.9	3	2.55	4	3.2	12	10.45
Perinatal & Infant Health	1	1	0	0	2	1.8	4	3.4	1	0.8	8	7
Child & Adolescent Health	0	0	0	0	3	2.7	2	1.7	2	1.6	7	6

	1	1 Weighted	2	2 Weighted	3	3 Weighted	4	4 Weighted	5	5 Weighted	TOTAL	Weighted Total
Injuries, Violence & Occupational Health	0	0	1	0.95	0	0	2	1.7	4	3.2	7	5.85
Water Quality	0	0	0	0	2	1.8	2	1.7	1	0.8	5	4.3
HCV	0	0	0	0	0	0	1	0.85	3	2.4	4	3.25
Built & Indoor Environments	0	0	1	0.95	2	1.8	0	0	0	0	3	2.75
STIs	0	0	1	0.95	2	1.8	0	0	0	0	3	2.75
Food & Consumer Products	0	0	0	0	0	0	0	0	2	1.6	2	1.6
Antibiotic Resistance & HAI	0	0	0	0	0	0	0	0	2	1.6	2	1.6
Outdoor Air Quality	0	0	0	0	0	0	0	0	0	0	0	0
HIV	0	0	0	0	0	0	0	0	0	0	0	0

H 8. CHA Symposium Response Analysis- Results of Focus Area Ranking Tool and Breakout Session Themes



FOCUS AREA RANKING TOOL RESULTS Top 5 Focus Areas Top 5 Focus Areas Ranked by Unweighted Total Ranked by Weighted Total Unweighted Weighted Unweighted Weighted Total Total Total Prevent Mental & Substance Prevent Mental & Substance 35.15 35.15 Use Disorders Use Disorders Chronic Disease Preventive Chronic Disease Preventive 27 25 27 25 Care & Mgmt Care & Mgmt Healthy Eating & Food Healthy Eating & Food 26 23.75 26 23.75 Security Security Maternal & Women's Health 13 11.45 Maternal & Women's Health 13 11.45 Physical Activity 11.1 Physical Activity 11.1

Prevent Chronic Diseases 2 Promote a Healthy & Safe Environment 3 Promote Healthy Women, Infants & Children 4 Promote Well-Being and Prevent Mental & Substance Use Disorders 6 Prevent Communicable Diseases

Social determinants of health strongly influence chronic disease outcomes

PREVENT CHRONIC DISEASES

Improved patient navigation can lead to better patient outcomes

Prevention-based education and linkage to routine preventive care is crucial

PROMOTE A
HEALTHY & SAFE
ENVIRONMENT

Broome County residents need education on the availability of current resources and how to use/ access them

PROMOTE HEALTHY WOMEN, INFANTS & CHILDREN Maternal and child health affects all members of society

It is important to connect expectant mothers to healthcare and education during first trimester

Maternal support programs are beneficial to pregnant and post-partum women

Social determinants of health strongly influence maternal and child health outcomes

PROMOTE WELL-BEING AND PREVENT MENTAL & SUBSTANCE USE DISORDERS Sustainability of prevention-based programs must be attained

Early intervention may prevent or mitigate longterm mental health issues

Social determinants of health strongly influence mental health outcomes

Broome County residents need education on the availability of current resources and how to use/ access them

PREVENT COMMUNICABLE DISEASES As IV drug use increases, rates of acute Hepatitis C have increased

Increasing PrEP communication in community and healthcare settings may reach more people who would benefit from it

